



Northern Lakes
Community Mental
Health Authority

Committee of the
Whole Packet

January 19, 2023



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

COMMITTEE OF THE WHOLE - AGENDA

DATE: January 19, 2023
TIME: 12:30 p.m.
PLACE: NLCMHA Cadillac Office - 527 Cobb Street, Cadillac
 And Virtual Meeting
 Dial 1-810-258-9588 Conference ID 979 184 765#

TIME	ID #	ITEM	POLICY #
12:30 p.m.		Call to Meeting	2.8
12:35 p.m.		Public Comment <i>(May be limited to three minutes by the Committee Chairperson)</i>	
12:40 p.m.	1	Update on Recipient Rights	
12:50 p.m.	2	2022 Annual Review	3.4
1:35 p.m.	3	County Commissioner Survey Results – Desk Packet	
1:50 p.m.	4	FY 2023 Ownership Linkage Plan	
2:00 p.m.		February 16, 2023, Agenda Planning - Update on Recipient Rights -Annual Recipient Rights Report to the Board - 2022 Agency Assessment	
2:05 p.m.		Evaluation/Comments	
2:10 p.m.		Other/Adjourn	

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

NEXT MEETING: February 16, 2023

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

**Northern Lakes Community Mental Health Authority
Committee of the Whole
Annotated Agenda
January 19, 2023**

- 12:30 p.m. Receive and Review December 15, 2022 Meeting Minutes**
- 12:35 p.m. Public Comment**
This is an opportunity for the public to provide input consistent with board policy.
- 12:40 p.m. Update on Recipient Rights – Brian Newcomb**
The Board will receive the monthly update.
- 12:50 p.m. 2022 Annual Review – Brian Martinus and Executive Team**
- 1:35 p.m. County Commissioner Survey Results – Brian Martinus and Board Members**
- 1:50 p.m. FY 2022 Ownership Linkage Plan –**
The Board will review and discuss any changes they would like.
- 2:00 p.m. February 16, 2023 Agenda Planning Options**
-Update on Recipient Rights
-Annual Recipient Rights Report to the Board
-2022 Agency Performance Assessment
- 2:05 p.m. Meeting Evaluation/Comments – Board Members**
In keeping with our focus on continued improvement of Board operations, time is scheduled for review and comment on the effectiveness of this meeting using the Board adopted evaluation form.
- 2:10 p.m. Other/Adjourn**

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

NEXT MEETING: February 16, 2023

Office of Recipient Rights Director's Report
January 2023

Investigation Information:

Dates represented	10/1/20-1/09/21	10/1/21-01/09/22	10/1/22-01/09/23
Complaints	66	145	93
OJ, No Right Inv.	11	21	11
Interventions	1	7	4
Investigations	54	117	78
Investigations Comp	54	116	27
Investigations open	0	1	51
Inv > 90 days	17	0	0
Inv < 90 days	37/54(68.5%)	116/116 (100%)	27/27 (100%)
Summary Report Avg	52/54 (96.3%)	115/115 (100%)	24/24 (100%)
NLCMHA staff alleg.	7	18	4
NLCMHA Staff W/I 1 yr	0	5	1

NOTES:

Still have an opening for an advisor.

State has accepted all corrective action for the triennial review (discuss information)

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights

NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY
FY 2022 Annual Review
12/29/22

Dear NLCMHA Board of Directors,

FY 2022 was an extraordinary year that saw many internal and external challenges to the organization. The Executive Team is proud to present the eighth edition of Northern Lakes Community Mental Health Authority's (NLCMHA) Annual Reviews reflecting the Accomplishments of FY 2022 and the Works in Progress for FY 2023. Each summarized their Team's accomplishments associated with our Ends policies (Attachment A) and their Works in Progress for next year. I will provide a summary of the year.

Administrative Activities

The Executive Team Members and Organizational Leaders had a busy year full of activities to support our vision, mission, and values. This review highlighted our top strengths as well as areas we need to improve. Overall, our review went well, and we look forward to the formal report.

The Executive Team developed a Strategic Plan for FY 2022-2024. Our focus supported our vision, mission, and values and included efforts to support healthy individuals, healthy staff, healthy communities, and financial stability. In addition to our focus on the populations we serve (SMI/SED/IDD) there is a focus to treat the mild to moderate behavioral health conditions through our Integrated, Primary Health Care Clinic and the Behavioral Health Home program. I would like to highlight this year, Northern Lakes has opened a 24-hour Crisis Welcoming Center in Traverse City where anyone experiencing a mental health crisis (self-defined) can come for assistance 24/7. This is one steppingstone in a larger vision underway to create a crisis residential unit (CRU) and crisis stabilization unit (CSU) for Northern Michigan.

Remarkably, we managed all administrative activity with a 6.84% administrative cost, which is well below the required 9%.

Integrated and Managed Health Care

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

There continues to be growing interest by the Michigan Department of Health and Human Services (MDHHS) to include Long Term Supports and Services into a managed care model. These services have been transferred to the Medical Services Administration (MSA) within

MDHHS. NLCMHA is the only Community Mental Health Service Program (CMHSP) to serve as a MI Choice Waiver Agent. We serve the elderly in providing these long term supports and services through this program as well as providing nursing home monitoring and supports. These services are invaluable in ensuring NLCMHA is positioned to meet the needs should these funds be moved to a managed care model.

Clinical Operations

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

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

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

Community Collaboration

We have maintained support and collaboration with our six Community Collaboratives, schools, the Community Health Innovation Region (CHIR), and many other agencies and units of government. Collaboration partnership was formed between Grand Traverse County, Munson Healthcare, NMRE, and NLCMHA will be essential in getting the CSU project off the ground.

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

Please contact me with any questions that you may have about this FY 2022 Annual Review.

Respectfully submitted,

Brian S. Martinus
Interim CEO

Medical Director - Curtis Cummins, M.D., FAPA

Accomplishments and Updates:

- In FY 2022, 1639 persons were served by Psychiatric Services (1673 persons in FY 2021, 1577 persons in FY 2020) and 114 persons were served by ACT (141 persons in FY 2021, 120 persons in FY 2020).
- In FY 2022, within Psychiatric Services, 292 unique persons served cumulatively received 1965 long-acting medication injections.
- Welcomed NLCMHA's partnership with Munson Healthcare and Pine Rest, the inaugural year of hosting two (2) third-year psychiatric resident physicians as part of the MSU-Pine Rest Rural Track Psychiatry Residency Program.
- Welcomed a new Psychiatric Services nurse and psychiatrist (hired 11/2022). In FY 2022, Psychiatric Services experienced 18% turnover of staff (0% turnover for FY 2020 and FY 2021).
- Over FY 2022, Psychiatric Services has consistently demonstrated a No-Show rate of less than 10%.
- In partnership with many others, developed an initiative across multiple teams to better facilitate treatment planning with those who we serve, which has proven to be a challenge exacerbated by the COVID-19 pandemic.
- Ongoing support to NLCMHA's Nursing Supervisor, who provides clinical guidance and leadership to nursing staff across multiple NLCMHA teams.
- Ongoing support to NLCMHA Integrated Health Clinic's Family Nurse Practitioner utilizing Collaborative Care Model practices to support patient care.
- Ongoing education of ~18 medical students yearly from Michigan State University's College of Human Medicine and College of Osteopathic Medicine.
- Ongoing Peer Review within Psychiatric Services, which is incorporated into NLCMHA's Quality Improvement Plan.
- Continuing to foster a Community of Practice within Psychiatric Services.

Works in Progress:

- Maintaining high quality person served care amid workforce shortage challenges and a workforce that is both in-office and remote in nature.
- In partnering with NLCMHA's Nursing Supervisor, monitoring compliance and quality improvement-related projects within Psychiatric Services.
- Ongoing advocacy for enhancing 24/7 direct admissions to Munson Medical Center's behavioral health inpatient unit (D6) across Munson Healthcare's regional emergency rooms. This past year MMC has had limited D6 inpatient bed capacity given ongoing workforce shortages.

1.0.6

**Chief Population Officer, Adults with Intellectual and Developmental -Carrie Gray,
LMSW, QIDP, QMHP**

Case Management/Operations:

- 696 Adults with Intellectual and Developmental Disabilities were served in 2021-22; 221 individuals resided in Specialized Residential Homes, 414 utilized Community Living Supports, 62 received respite services and 130 had Self Determination arrangements. 1.0.4, 2.0.5, 1.0.7
- Currently have 99 Self Determination arrangements 1.0.1, 1.0.2, 1.0.4, 1.0.5, 1.0.7
- NLCMH currently has 173 Hab Waiver slots. 1.0.1, 1.0.2, 1.0.4, 1.0.5, 1.0.7, 1.0.9, 1.0.10, 1.0.11

Support Intensity Scale:

- Support Intensity Scale (SIS-A) is a standardized assessment tool designed to measure the pattern and intensity of supports that a person aged 16 and older with an intellectual disability requires to be successful in community settings. 1.0.2, 1.0.4, 1.0.5, 1.0.7, 1.0.9, 1.0.10, 1.0.11
- In July 2022, a new staff was hired to assist part time with assessments and part time completing clerical work. This has allowed for an increase in assessments completed.
- Each SIS staff will work towards averaging 6 assessments a week.
- SIS Team will continue to educate units on the SIS assessment and how it benefits consumers.

Personal Emergency Response System:

Personal Emergency Response System (PERS) also known as Medical Emergency Response Systems; lets you call for help in an emergency by pushing a button. PERS has 3 components: a small radio transmitter, a console connected to your telephone and an emergency response center that monitors calls.

- NLCMHA has developed an assessment tool to assist with clinical necessity.
- 5 homes are currently being serviced in our 6 counties. 1.0.1, 1.0.2, 1.0.4, 1.0.5., 1.0.7, 1.0.10, 1.0.11
- 12 consumers are being serviced with PERS. 1.0.1, 1.0.2, 1.0.5, 1.0.7, 1.0.10, 1.0.11
- Will continue to train different departments on the PERS program and process to increase persons served.

Community Living Supports:

Community Living Supports (CLS) services are meant to increase and maintain a person's independence and support an individual's achievement of their goals promoting community.

- NLCMHA staff have provided services to 39 consumers this year and continue to provide support in the home and community. 1.0.1, 1.0.2, 1.0.4, 1.0.5, 1.0.7, 1.0.9, 1.0.10, 1.0.11
- Skills staff assist with include but are not limited to, budgeting, cooking, cleaning, socializing and community access. 1.0.1, 1.0.2, 1.0.4, 1.0.5, 1.0.10, 1.0.11
- 7 staff have been hired for the Community Living Supports position. One staff has resigned and 1 has retired.
- Staff will be attending Crisis Prevention Intervention training.

- Will continue to educate clinical staff, consumers, and guardians about our program. 1.0.10, 1.0.11

Community Connections:

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

Children's and IDD Team:

- The Children's IDD Team covers the 6 counties of NLCMH; with the disruption of school and the lack of community supports (CLS/Respite) many families had to rely on natural supports and themselves to push forward in response to COVID.
- With the utilization of Telehealth services, families have been more engaging with services and have provided feedback that supports the continuation of this service. 1.0.3
- Through the collaboration between the Children's SED team and Children's IDD teams, a Multi-Disciplinary Team was developed to address more intense and high risk families for both crisis and inpatient; meet with Children's psychiatry team once a week.
- Children's IDD service work predominately with children diagnosed with Autism Spectrum Disorder; our main service/support/treatment is ABA (Applied Behavior Analysis). 1.0.1, 1.0.2, 1.0.3, 1.0.4
- Expanded our contract provider network to include 2 additional ABA providers that can support our NLCMH community. 1.0.10, 1.0.11

R.O.O.C

- We continue to grow and expand in our communities, volunteering and working with many organizations including: The ARK, The Commission on Aging, Habitat Restore, Gerrish Township Hall, Riverhouse Resale, Baby Pantry of Wesleyan Church, Resurrection Life Church and the United Way of Roscommon. 1.01, 1.02, 1.05, 1.07
- Connecting with our community we have enjoyed the outdoors at many local parks and recreation areas as well as indoor activities at the Artesia Youth Park and movie days at the Rialto Theater in Grayling. 1.01, 1.02, 1.05, 1.07, 1.10, 1.11
- We continue to work with MSU Extension expanding our skill building opportunities and have also begun working with Disability Network as they assisted with improvements to our flower garden and future vegetable garden planning. 1.01, 1.05, 1.07, 1.10, 1.11

Hope Network Report:

- Maintaining working contracts with Avon Protection products, Borg Warner, Ebels, Four Winns, Arvoc, Michigan Rubber, Rexair, King Bags, Inland Lakes and FIAMM; jobs include inspection, assembly, cleaning and packaging, pickups and deliveries. Production demands for all companies has increased slightly overall. 1.0.1, 1.0.2, 1.0.7
- FIAMM and Borg Warner have onsite production jobs with great relationships being established and increased production in both sites. We were given the opportunity to do a second 1:1 position over at Fiamm. We are now supporting 10 different participants in learning this community job! When at the site participants are earning minimum wage. 1.0.1,1.0.2, 1.0.5, 1.0.7
- Hope Network has welcomed two individuals from Michigan Rehabilitation Services for light industrial work. One individual is deaf and communicates mainly through ASL. She reentered the work force after 15 years. Continues to work with MRS for Job Readiness training and job placement services. 1.0.1, 1.0.2, 1.0.5, 1.0.7
- Sensory Room provides a variety of activities that offered learning new skills while experiencing different cultures through the use of senses. Activities included: baking, cooking, crafts, dancing, sharing stories, music and tending to the fish aquarium. All activities relevant to life enrichment.
1.0.1, 1.0.2
- Adult Job Club focuses on more individualized planning with interviewing skills and job shadowing opportunities. 1.01, 1.02, 1.0.5, 1.0.7
- Continued our vending program, growing our sites and adding several soda and snack machines throughout the past year. 1.01, 1.02, 1.05, 1.07
- Utilizing mock training stations (hotel room and grocery store), for work preparedness 1.0.1, 1.0.2, 1.0.7

Grand Traverse Industries:

- GTI fiercely advocates, strengthens and advances the dignity and opportunities of people with disabilities through services and employment. 1.01, 1.02, 1.05, 1.07, 1.0.10, 1.0.11
- 384 individuals served: 210 earned paychecks, 57 participated in Supported Employment and 10 have been competitively placed 1.01, 1.02, 2.05, 1.07, 1.0.10, 1.0.11
- We volunteered in our community: J&S feed the kids, Grace Episcopal community meal, Double Edge Resale MDOT, United Methodist Church community meal 1.0.1, 1.0.2, 1.0.5, 1.07, 1.0.10, 1.0.11
- The FTI LIS'N program (Local Interpreter Services Network) continues to provide American Sign Language interpreters in all areas of need. Services have included community, medical, mental health, educational and legal interpreting. 1.01., 1.02, 1.0.5, 1.0.7, 1.0.10, 1.0.11

OBRA Program:

The NLCMH OBRA program continues to provide comprehensive OBRA services to our six-county service area. 1.02, 1.04, 1.05, 1.06, 1.07, 1.09

OBRA had been directed by our state office that when evaluations are being conducted, we must have in-person contact with the client. We may still utilize remote review of records which we are able to do with most of the 13 nursing facilities we service as well as by utilizing Powerchart & VIPR to access various medical records.

With the implementation of the OBRA electronic referral system in September 2021, we have experienced significant challenges with its utilization by referral sources. Due to the complexity of the system, the state removed the requirement that community referrals use the electronic referral (this includes home health agencies, physicians office practices, human services agencies, etc.). Hospitals and nursing facilities are still mandated to use the electronic system. As anticipated, OBRA Coordinators are the primary contact for referrals needing assistance with the process which has increased need for one-on-one case consultation exponentially. Our OBRA office has implemented a more aggressive triage process for screening and determining the need for in-person OBRA evaluations. We have also implemented a department Service Activity Log system to better identify activities and possible realignment of duties. Findings are showing exceptional productivity, essentially due to an extensive list of clients needing evaluation. Volume of activity has increased nearly 4 times over last fiscal year (953 cases vs. 275 – see attached Fiscal Year End Evaluation Totals). This is primarily due to the new administrative requirement of screening & triaging incoming cases to determine level of involvement.

Although OBRA maintains a contract with Catholic Human Services to provide psychosocial & psychiatric reports for our Southeast area, the only provider available is compromised by COVID and other health difficulties and has not been available to provide the requisite in-person evaluations needed for the OBRA reports. We have been assigning staff to address those evaluations as able, but this is resulting in excessive delays beyond standards of completion required by our contract (Pre-Admission Screenings should be completed in 4 days; Annual Resident Reviews, Change in Condition, Hospital Exempted Discharge & Re-Evaluations should be completed in 14 days)

2022 Traverse region: Pre-Admission Screening Avg. time for completion -- 18.5 days
All other evaluations Avg. time for completion – 34.33 days

2022 Southeast region: Pre-Admission Screening Avg. time for completion – 10.2 days
All other evaluations Avg. time for completion – 39.23 days

The monthly average times of completing cases are increasing due to demand for PAS which require priority service and delay of all other evaluations. This is resulting in a recent request for additional staffing.

Until such time that timeliness can be rectified, assignments will continue to be absorbed by existing OBRA staff in the Traverse City office. Nursing service evaluations for the Southeast area are unaffected as we maintain contractual services with Healthcare Coordinates LLC.

Now that OBRA Coordinators are tasked with providing consultative services to locally assist nursing facilities and hospitals with problem-solving electronic data submission issues, outreach

and contact has become an important and expanding role. Our office has one staff member beside the coordinator who has authority to perform preliminary OBRA case opening and registration but is not able or available to perform such training and problem-solving as regularly needed. Offers of assistance to hospitals have not resulted in corrective actions needed from hospitals to correct system irregularities. This challenge will continue.

Therapy services for those Seriously Mentally Ill and Intellectually/Developmentally Disabled clients in our 13 nursing facilities in our region identified as needing OBRA mental health monitoring and/or specialized services continues to be provided for the Southeast Counties by the CMH OBRA Therapist, Dona Veddler, M.A. and by Marilyn Madison, LMSW for Grand Traverse & Leelanau counties. On average, Ms. Madison has an active, open case load of 35 – 40 cases that have been determined by the Michigan Dept. of Health & Human Services as meeting criteria of serious mental illness and/or intellectual/developmental disability as well as meeting Medicaid criteria for requiring nursing facility care. Ms. Veddler has 18 – 20 clients. A trail program was implemented to utilize Ms. Veddler in providing case management assistance to the IDD and MI programs for 6 months. The project did not fare well and was discontinued. 1.0.4, 1.0.6, 1.0.7

OBRA offices relocated to the second floor of the T.C. building in May '22. The conference room, storage, cubes and offices are all working out very well.

OBRA continues to utilize virtual Team meeting technology for meeting with the T.C. team as well as the contracted workers of the Cadillac team. This has actually improved contact with the Cadillac area team since we no longer worry about travel conditions and can make much better use of time rather than traveling. Most staff are utilizing the home office option for remote work since visitations occur at nursing and hospital facilities and reports are relayed electronically. 1.09, 1.0.10, 1.0.11

Another creative utilization of community resources has been realized as staff have continued to take advantage of Webinar video presentations offered by the Michigan Center for Rural Health. Such video presentations occur over the lunch hour and offer Free Continuing Education Unit hours for nursing and social work participants. Over the past year, staff have cumulatively realized over 60 CEU's at NO CHARGE to address state mandated credentialing requirements. 1.09, 1.10, 1.11

Challenges will include continued training and implementation of the electronic OBRA referral process with providers which is something the OBRA team shall tackle creatively and effectively over the next year.

WORKS IN PROGRESS:

- Michigan Developmental Disabilities Institute has the contract with MDDHS to conduct surveys for the National Core Indicators Project for FY 2022-2023. This has been an ongoing national project designed to determine how well supports and services are meeting the needs of people being served by community mental health agencies across the country. The next phase of in person surveys will begin in January 2023.
- Michigan Home and Community Based Services Transition

- The HCBS Rule makes sure individuals have the opportunity to make decisions about their lives, support their participation in the community and have their rights.
- Currently Community Mental Health Services Programs (CMHSP) are working with respective providers identified to be on Heightened Scrutiny to support them in being able to meet the HCBS Rule. CMHSP's are also working with consumers and guardians educating and supporting them with any transitions that may need to occur from settings that are not compliant with the HCBS Rule.

NLCMHA Specialized Residential Unit:

Board Operated Homes (BOH), David H. Simpson MA

- Our Mission and Purpose is to operate Happy Homes that residents, staff members, clinicians and guardians are proud to be associated with. 1.0.1, 1.0.2, 1.0.4, 1.0.5, 1.0.7, 1.0.9
- Compliant with ORR and Network Management Annual audits.

Residents:

- 1.0.9:
 - 13 of 16 residents (81%) from NLCMHA'S Board Operated Homes located in Grayling, Roscommon and Houghton Lake are now being served as their PCP by the NLCMHA Integrated Health Clinic (IHC) operating out of Grayling.
 - 100% of residents from Grayling and Houghton Lake homes utilize the IHC as their primary care provider.
 - Three of the remaining six residents from the Roscommon home are in the process of transitioning to the IHC as their primary care provider.
- 1.0.9:
 - Four residents have transitioned into a BOH in the last year. Most have come via emergency departments because of sudden closures of contract provider homes. These transitions are progressing positively and with encouraging outcomes from guardians/ family members.

Staff:

- Since November 2021 when direct care staffing levels were at a historic low (<50%) the SRS Unit has maintained >80% staffing levels for the last 2 months of FY/22.
 - To sustain these workforce additions a focus on conflict resolution techniques has been emphasized by all SRS Unit managers and their assistants.
 - Compliant levels of training for all staff have been confirmed via annual audits by ORR and NLCMHA Network Management.
 - 3 of 6 homes have successfully completed biennial license recertification by LARA with the next three scheduled for December and March/23.
- All Board Operated Homes now have at least one First Aid/ CPR instructor on staff to support training compliance requirements in this important operational area. This training option was implemented in response to the pandemic related halt to in-person trainings.
- The SRS Unit now has an in-house CPI (Crisis Prevention Intervention) instructor on staff who has conducted three 2-day trainings in Q1 of FY/23. Quarterly trainings will continue to be scheduled in calendar year 2023. In-person trainings had been halted during the pandemic and are now being caught up for all staff designated to receive or benefit from exposure to this important skill set.

- 5 of 6 homes have maintained a +70% staffing level for the year despite the challenges presented by the pandemic.

Operations:

- 5 of 6 Board Operated Homes maintained a 99% bed occupancy rate for the year. One home's bed occupancy rate was reduced from six beds to four beds during the year due to staffing challenges. Once the home staff/ resident census stabilized the bed occupancy rate for that home was also 99%.
- The Assistant Home Supervisor II position was implemented this year (assuring that a Person in Charge (PIC) is present on most shifts). All homes now have a full complement of supervisors in place to assure quality of both client care and support as well as staff supervision.
- Electronic charting levels have increased significantly this year with full conversion expected to be complete in the coming year.
- Outdoor landscape improvements were made at 5 BOH sites to make them more energy efficient, to reduce upkeep/ maintenance expense, and to improve external appearance of the homes.
- Deck/ porch replacements were completed at Glen Oaks apartments.
- Furniture and equipment purchases provided updated furniture and equipment to enhance the homelike atmosphere of the Board Operated Homes this year.

**Chief Population Officer for Mental Illness Services-Joanie Blamer, MSA, LMSW,
CAADC
Clerical Support, Resiliency and Recovery Accomplishments FY2022**

Clerical Support

Accomplishments:

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

Works in Progress for FY 2022:

1. In partnership with Psychiatric Services Department, refine clinical workflow for people receiving psychiatric services.
2. Continue to work with the Safety Committee in conducting agency wide safety trainings.
3. Co-lead the Safety Committee and finalize an agency Emergency Action Plan.
4. Support Recovery by having a representative serve with the Recovery Logistics Workgroup.
5. Support employee wellness by having representatives on the Wellness Committee.
6. Continue to support Community Outreach by having representatives on the MyStrength Committee.
7. Monitor and support building maintenance by contributing to the Facilities Committee.

Resiliency: Children and Families Experiencing Serious Emotional Disturbance

Accomplishments:

- 1) We have a multidisciplinary team to review children and families for high risk of out-of-home placement and/or inpatient hospitalization on a weekly basis. **1.0.5, 1.0.3, 1.0.6**
- 2) The Michigan Child Collaborative Care (MC3) has successfully enrolled new providers. **1.0.6, 1.0.9**
 - a. We offer perinatal and pediatric webinars on various topics.
- 3) We enhanced our expertise in evidenced based practices (EBP) and have participated in the second cohort for the State of Michigan for Dialectal Behavioral Therapy for Adolescents. We have 4 clinicians and one supervisor working on the certification process. **1.0.2, 1.0.3, 1.0.7**
- 4) We enhanced our expertise in trauma focused care. **1.0.2, 1.0.3, 1.0.7**
 - a. Two clinicians and a supervisor were certified in Trauma Focused Cognitive Behavioral Treatment.

- b. Staff who have completed the Trauma Caregiver Resource Training Cohort have provided Trauma Informed Caregiver Groups to caregivers via telehealth and in person.
 - c. We are working with Cadillac Area Public Schools to provide Trauma Informed Caregiver Groups in the school setting.
- 5) Community Collaboration **1.0.1, 1.0.5, 1.0.7, 1.0.10, 1.0.11**
- a. Participated in the TRUST (Trauma & Resilience Unified Support Team) meetings, including the Handle with Care Program.
 - b. Participated in County Child Death Review meetings.
 - c. Participated in the MDHHS Children’s Administration Forum Meetings.
 - d. Participated in the Region 2 Home Visiting Leadership Group.
 - e. Participated in the Child Abuse Prevention Council meetings.
 - f. Participated in the System of Care Meetings.
 - g. Participated in the Clinical Community Linkage Workgroup in Traverse City.
 - h. Participated in the Multidisciplinary Team for Children with the Children’s Assessment Center.
 - i. Participated in the Roscommon and Crawford County Substance Use Coalition.
 - j. Participated in the Roscommon and Crawford County Collaborative Body Meetings, monthly.
 - k. Operation Manager’s participated in Infant Mental Health Reflective Supervision sessions.
 - l. Participated in Case Coordination meetings with Crawford County Juvenile Court.
 - m. Participated in Case Coordination meetings with Grayling School Social Worker.
 - n. Participated in Case Coordination meetings with Houghton Lake Community School.
 - o. Participated in Case Coordination meeting with Cadillac Community Schools and ISD.
 - p. Participated in Case Coordination meeting with Wexford and Missaukee DHHS monthly
 - q. Staff serve as the Secretary on the Child Protection Council Board in Crawford and Roscommon counties.
 - r. Collaborated with Child and Family Services who have identified crisis and planned respite homes in the Grand Traverse, Leelanau, and Wexford Counties.
 - s. Youth Peer Support Services in Roscommon and Crawford Counties.
 - t. Facilitate Quarterly Wraparound Staffing to collaborate
- 6) Worked with Grand Traverse County Prosecuting Attorney, Schools, MDHHS, and primary care providers to assess for justice diversion services prior to referring cases to the Family Court.
- 7) Worked with Grand Traverse County Family Court to provide post adjudication services to reduce out of home placements and reduced sentencing.

- 8) The Justice Diversion Program Staff completed Community Presentations:
 - a. We Fight Community Mental Health Summit
 - b. Community Conversations: Mental Health Matters
 - c. Recovery Feature Segment on 9 & 10 News: The Four
 - d. Community Recovery Celebration
- 9) Clinical Treatment provided by NLCMHA Children and Family staff: **1.0.1, 1.0.2, 1.0.3, 1.0.4, 1.0.6**

Child and Family Service Numbers for FY 22022 (10/1/2021—9/30/2022)				
Program	Distinct Consumers	Contacts	Units	Total Cost
Outpatient Therapy	516	5,181	5,194	\$1,095,924.00
Psychiatric Services	86	447	447	\$87,798.00
Parent Support Partners	38	570	570	\$140,220.00
SED CSM	149	1,106	2,758	\$253,376.00
Wraparound	35	762	2,605	\$251,699.00
Homebased, including Infant Mental Health	171	3,698	15,143	\$1,199,256.00
Juvenile Justice Diversion Program	264	1,379	2,122	\$387,744.00
Totals		13,143	28,839	\$3,416,017.00

Works in Progress for FY 2023:

- 1) Assist the Grand Traverse County 13th Circuit Court Family Division develop and implement a Child Behavioral Health Court.
- 2) Build awareness of our justice diversion services and increase referral sources.
- 3) Promote Resiliency by celebrating the accomplishments children and families have achieved (Similar to the Recovery and Culture of Gentleness Celebrations).
- 4) Increase Caregiver Trauma Education Training Groups for Caregivers.
- 5) Work with Child and Family Services in expanding their services for crisis respite services to divert from psychiatric hospitalizations.
- 6) Partner with community partners to explore more options to create homes available to provide planned respite services.
- 7) Continue training and expansion of Dialectical Behavior Therapy for Adolescents (DBT-A) service in all counties.

Access/Utilization Management

Accomplishments: 1.0.1—1.0.11

1. Community outreach, providing education regarding NLCMHA Access process, denial, and grievance and appeals to multiple community service providers and stakeholders.
2. Coordinated and trained with Crisis Services Team (CST) to provide Access screenings during crisis contacts in order streamline processes to ensure timely response for Initial Clinical Assessment. This collaboration also resulted in meeting Performance Indicators required for post-hospital discharge timeframes.

3. Working with NLCMHA Operations Managers to acclimate new staff on processes and procedures of the role and practices of the Access Department.
4. Completed 2,447 Access screens.
5. Completed 1,734 Initial Clinical Assessments for individuals requesting NLCMHA services.
6. Referrals and linking to community resources for persons who did not meet medical necessity for NLCMHA services.
7. Completion of 2,250 Continued Stay Reviews to determine ongoing medical necessity for persons being served in an inpatient setting.
8. Completion of 14 Second Opinions for Clinical Assessment denials.
9. Increased coordination with other areas of NLCMHA, with NLCMHA Operations Managers participating in Access team meetings.
10. Collaboration with MIA team to establish Peer/Navigator system for persons new to NLCMHA services, at risk of hospitalization or lack of engagement.
11. Completion of 11 authorizations for Peer Support Services upon completion of assessments were made.
12. Continued to remote work, coordinating video/telehealth for completing Screening and Initial Clinical Assessments, while continuing to provide face to face services when requested or medically necessary.
13. Provided education for community stakeholders and providers regarding the process for determining if an individual meets criterion for NLCMHA services.
14. Traveled to community locations including jails, hospitals, and Michigan Department of Corrections to complete Initial Clinical Assessments and utilized telehealth sessions as appropriate to COVID-19 precautions.
15. Collaboration with PMQI membership to review and manage General Fund spending.

Recovery: Adults with Mental Illness:

Accomplishments:

Clubhouse:

1. Traverse House received a full 3-year unconditional accreditation
2. Traverse House received a \$2000 wellness grant through the Groundwork Center
3. Traverse House became a member of the Sunrise Rotary in Traverse City
4. Club Cadillac hired a Clubhouse Generalist to become fully staffed
5. Club Cadillac Director and Member completed Two-Week Comprehensive Training
6. Club Cadillac Advisory Board gained 8 new board members from the community
7. Club Cadillac Advisory Board is the non-profit affiliate for starting a NAMI Wexford/Missaukee Chapter
8. 9 members enrolled in higher education
9. Attended and advocated for mental health awareness at the Walk a Mile Rally in Lansing
10. Attended and presented at the Clubhouse Michigan Conference in Kalamazoo
11. Attended and presented at the Clubhouse International World Seminar in Baltimore

Recovery and Peer Services:

Ten staff earned their Certification for Certified Peer Support Services!

Recovery Celebration: We had a very successful Recovery Celebration, held in person at The Barn Hall in Manton, MI. 83 people attended a fun filled day with games, a Scavenger hunt, a

raffle, and an Awards Ceremony. Our keynote was Joseph Reid, a person in Recovery who is now an author and motivational speaker.

Provided Peer Support groups in the Crawford County Jail.

Crisis Services, including Jail and Diversion Services:

Training:

1. Operations Managers for Crisis services became train the trainers for Assessing and Managing Suicide Risk (AMSR) in July.
2. NLCMHA provided mental health first aid training to all of the Grand Traverse County Sheriff Departments in February.
3. Provided annual mental health and de-escalating training to Wexford County Sheriff department corrections and road patrol in May.
4. Continue to provide crisis assessment training to new staff on a monthly basis
5. Participated in training regional paramedics through Munson Regional EMS Education. This involved verbal education as well as 8 hours of shadowing with our crisis workers.
6. Provided training to Northwest Michigan College Police academy recruits on mental health.

Community Connections:

1. Provided over 20 ipads to the Grand Traverse County Sheriff department road patrol. Provided 1 ipad to the Manton City Police Chief. Provided 3 ipads to Missaukee County Sheriff department.
2. Provided over 500 carter kits to community partners including all area fire departments, police departments, EMS, schools, courthouses, and wellness centers. Included presentations regarding the Carter Kits to each agency.
3. Provided cell phones and ipads to area shelters in Wexford County, and Grand Traverse County. Provided cell phone and 1 staff once a week to Grand Traverse County library.
4. Met quarterly with Roscommon County, Crawford County, Missaukee County and Wexford County for interagency agreements.
5. Met monthly with Wexford and Missaukee counties on jail diversion programming.
6. Attended threat assessment training with Wexford/Missaukee ISD staff to assist in developing a team.
7. Met with Grand Traverse County on jail diversion programming.
8. Established a jail diversion team consisting of a clinician and a peer.
9. Attended National First responders night out in St Helen to provide educational materials to residents, had over 500 attendees.
10. Attended 9/11 event in Cadillac MI and provided educational materials to attendees. Had over 300 attendees.
11. Provided educational materials to open houses for Cadillac Area Public Schools on FAST program and Team.

e. Quantitative Data for Services

ACT provided 17,639 transactions for 141 cases.

- Case Management provided 19,765 transactions for 776 cases.

- **Pre-Case Management hospitalization** = 121 and Post Case Management hospitalization = 56.
- **Employment status post case management services (Using BHTED Data that was collected):**
 - Full-time competitive employment: 5%.
 - Part time competitive employment: 4.2%.
 - Unemployed: 55%.
 - Not in competitive labor force: 36%
- **Clubhouse (Club Cadillac and Traverse House) Employment data:**
 - Transitional Employment: 7 members employed earning \$12,937.00 and 5 positions vacant
 - Supported Employment: 5 members earning \$49,076.00
 - Independent Employment: 47 members earning \$457,053.00
- **The Crisis Services Team provided the following services:**
 - 5,905 crisis contacts, a 17.5% increase from last FY.
 - 2,572 inpatient screens, an 13% increase from last FY.
 - The FAST Team provided 758 transactions for 291 cases. This is a 77% increase in the number of families served.
 - Outpatient Services provided 7,558 transactions for 639 cases.
 - Peer Support Specialists provided 2,678 transactions for 155 cases.
 - Pre CPSS hospitalizations totaled 32 and post hospitalizations 16.
 - **Jail contacts totaled 2,582 which is an increase of 74% from last FY, and we completed 512 Jail Diversion assessments which is an increase of 180% from last FY.**
 - **Crisis Welcoming Center (opened for services, 12 hours a day, June 20, 2022):**
 - provided 186 contacts to 92 distinct individuals
 - I/DD Child: 1
 - I/DD Adults: 6
 - SED Child: 5
 - MI Adult: 80

WORKS IN PROGRESS:

Meeting with Wayne State University to improve data collection for ipad contacts with law enforcement.

Providing AMSR training to clinical staff (Two in November 2022, more to be scheduled for calendar year 2023.)

Providing Critical incident stress management training to the community and staff in January 2023

Creating a critical incident stress management team (CISM) for community response in all 6 counties.

Increasing numbers of jail diversions, working with community partners to have more pre jail diversion plans.

Provide more carter kits to the community.

We will partner with the court in their upcoming Behavioral Treatment Court (BTC) that is pending.

MST therapists and supervisor will also become trained in the MST Substance Abuse. Building awareness through community groups to increase referral sources (i.e. Families Against Narcotics, 217 Recovery, Students Against Negative Decisions, The Porch Recovery Center, Various AA/NA/Recovery Coach groups)

Building Community Resilience

Continue to focus on providing community events, such as Building Community Resilience, for those we serve to be heard by community partners and stakeholders. Building Community Resilience is an educational event sponsored by NLCMH three to four times a year. Consumers and staff work together on developing the program for these events.

Continue treatment efforts using evidenced based practices.

Continue our work around the LOCUS to improve consistency. A MIFast review of the LOCUS will be completed the end of November.

- Ongoing community outreach with stakeholders, building collaborative relationships.
- Continued collaboration with other areas of NLCMHA to increase quality of services provided.
- Access/crisis services continue to assist each other in completion of screens.
- Initial Clinical Assessments completed face to face, unless requested otherwise by consumer.
- Reintegrating back into the office, full time.

Chief Information Officer – Daniel Mauk

Accomplishments for all Consumer and Community Ends for FY 2022:

As a purely support department, the IT accomplishments are linked to the Consumer and Community Ends through the services provided by other departments.

Distributed workforce support continues and expands

Continued COVID 19 protocols have kept most staff off-site. From an IT perspective, the landscape for our support has changed radically. We continue to do everything we can to make sure individual staff members have the resources they needed to deliver services regardless of the chair they were sitting in. Fortunately, we were in the process of upgrading our phone system from a on-premises Cisco system to a cloud-based solution using our Microsoft Teams environment. This move meant that all staff could have a “desk phone” no matter where they were located. In fact, their Teams phone could ring on their laptop, their smartphone, or their iPad if they had an internet connection. Teams became our virtual office, where all forms of collaboration could be supported.

Mobile device Migration to FirstNet

FirstNet is a first responder service provider that was established after the 9/11 terrorist attack. The network is part of the AT&T network and has the same basic service areas. The main difference is how the service is provided. FirstNet is committed to providing and maintaining service for first responders and will prioritize the re-establishing of service in the event of a disaster, while prioritizing traffic to always guarantee first responders the maximum access. Unlike other networks, FirstNet will never throttle data or bandwidth to ensure that first responders can access information and resources efficiently to serve the public in their role. NLCMHA is recognized as a first responder agency and was invited to join the FirstNet network. In December 2021, we began migrating from Verizon to FirstNet. We migrated all mobile device to FirstNet, iPhones and iPads.

Expanding mobile access for Law Enforcement

To better support access for mobile devices that are provided by Law Enforcement (LE) agencies, we have added the ability to make conventional phone calls from the devices to contact our Crisis center. Prior to this change LE had to call the crisis team, identify the device they had and then the crisis team would contact the mobile device to create the video connection. The new process allows LE to call the crisis team directly from the mobile device and switch to a video encounter immediately. This has streamlined the process, simplifying the engagement process for these crisis contacts.

Reporting and Data Migration

The team assisted with a couple of data migration tasks as we moved to a new platform to support time and attendance called PayChex, and a new platform to support Northern Health Care Management called MemberCore. The data team created several custom reports to align the current data to the new format to support the transition to these applications. As these applications are adopted, we have also investigated and developed new custom reporting using these new data sources.

As the agency prepares to unwind the COVID protocols, the need for reporting has grown. In example, a report that Emails notifications for Medicaid Redetermination dates was created. During COVID, Medicaid determinations were suspended and will be reinstated when the Emergency Order is lifted. Getting the information to the primary worker to assist in this process will enable staff to efficiently schedule this activity.

FCC COVID Relief Funding

As part of our COVID response we applied for FCC COVID funding. We did not receive any funding in the first round in July of 2020 but did get awarded \$404,812 in the second round on November 9, 2021. This funding allowed us to recover costs on everything from software to headsets that were needed to support a more mobile workforce and the immediate needs of a pandemic response. A more mobile workforce takes its toll on hardware, and we were experiencing an increase in laptop failures. The FCC COVID relief funding allowed us to retire 50 marginal laptops that had varying states of damage. We also upgraded our internal routers and firewalls to improve our connectivity supporting our increased network and VPN traffic.

Supply Chain Issue stalled projects

In many respects we were forced to look more toward soft solutions due to the increasing hardware supply chain issues. For instance, in 2021-2022 fiscal year we had budgeted and planned to add a new file storage device in the Cadillac facility that would have greatly improved our on-site storage capacity and allowed us to migrate internal resources from the Traverse City facility to the Cadillac facility where a backup generator would help keep resources online in the event of a power outage. This new storage device would also have enabled us to more fully support hot standbys of essential resources that remained in the TC facility to improve our disaster recovery efforts. This new storage was also a key element in our plan to retire aging hardware in the TC facility. Due to supply chain issues, one critical component for the new storage device took 11 months to get delivered. To make matters worse, during this period one of the aging file servers we had planned to retire had a catastrophic failure. This forced us to leverage cloud-based storage that we had readily available. The controller card that had been backordered for 11 months was just delivered putting this project back on track and it will now be part of our 2023 accomplishments.

Identifying Risks

In November of 2021 we deployed a product called Arctic Wolf. At that time our Risk Score was 9.1. We have been mitigating known risks and have been able to get our risk score down to 7.9. This is compared to the Industry Average of 7.1. A major roadblock in reducing our risk score is our current deployment of EOF hardware and software. We have struggled to retire older servers, like our old EHR (Avatar) and old servers hosting internal file shares. We cannot upgrade in place on the current hardware because of Operating Systems compatibility issues and the expense of new hardware cannot be justified or supply chain issues have prevented the implementation. Other issues for retiring older hardware are the time it takes to re-organize the data as it is moved to a new location, all staff are struggling to find the bandwidth to complete these tasks.



Figure 1 – Monthly Risk scores

We review our current Network Risk Summary daily. Risks are resolved and new risks emerge. Our risk score will fluctuate but has been consistently over the Industry Risk Score. This is primarily due to known issues that we are managing individually until we can retire the hardware and software. Once we retire the Avatar systems and the hardware/software that is in place to support the data migration to cloud solutions we hope to see our numbers closer, if not below the Industry Risk Score.

Network Risk Summary

Based on the latest set of risks, the following is a snapshot of your companies' risk landscape.



Figure 2 – Daily Risk Summary

A summary of our Risk assessment at any given time will look much like figure 2, indicating nearly 1100 unresolved risks. At any given moment, a new risk can emerge and be associated to every single device in the agency that is running the afflicted operating system. This can cause the unresolved risk count to fluctuate significantly from day to day. Each risk has its own individual score and most pose very low risk overall. Through regular patching many of these risks are addressed over time and will be automatically handle. This means that many risks are unresolved for a short period of time, but pose little or no real risk to our environment. Our current risk score considers the individual risk scores and the period the risk has been present. The fact that we have older systems that we are working to retire means we have several high risks that have been identified and present for long periods of time. These long-standing risks are a much bigger target and have caused our risk score to remain elevated. None of this has come to us as a surprise, but Arctic Wolf has provided a way to quantify and prioritize the risks that are present environment provide a road map to resolve them.

Staff Support

In 2021, we implemented a Help Desk Ticketing system to help us manage the support needs for staff members. The system has enabled us to provide faster more consistent support. Below is a record of the number of Help Desk tickets that have been logged on a monthly basis. The trend line indicates that we are making improvements in our systems that reduce the number of tickets, making things more stable for staff members.

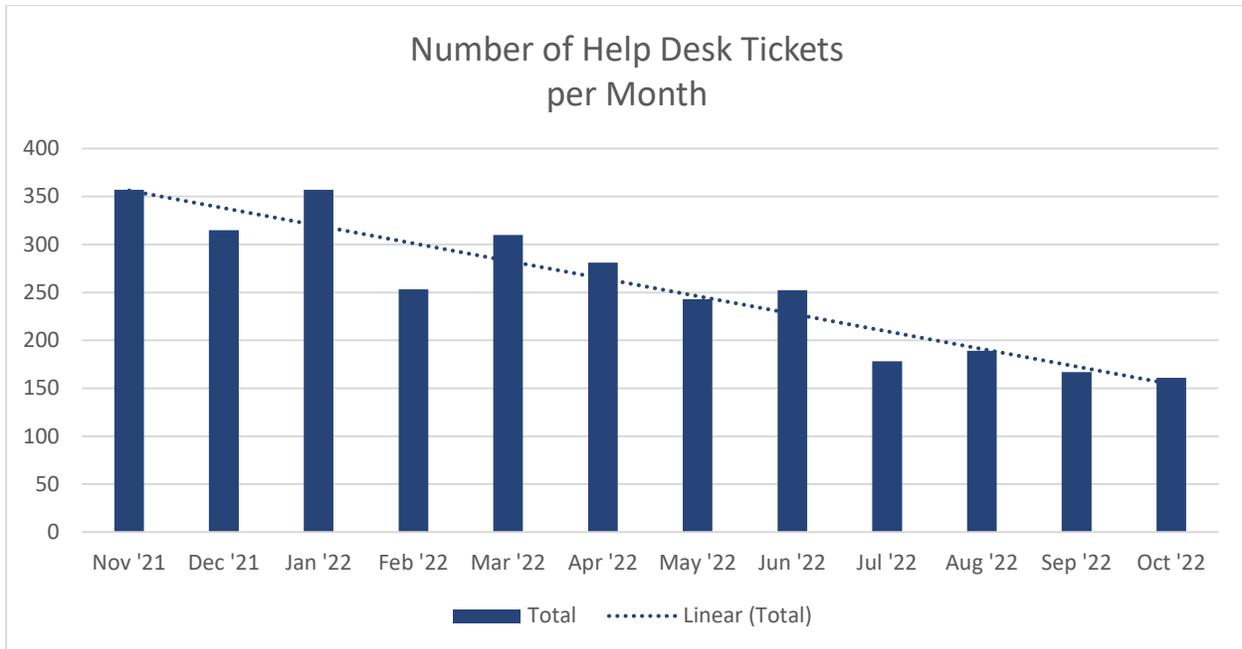


Figure 3 – Help desk tickets trending down

Table 1- Help desk tickets by source

Source	Nov '21	Dec '21	Jan '22	Feb '22	Mar '22	Apr '22	May '22	Jun '22	Jul '22	Aug '22	Sep '22	Oct '22
Email	335	293	327	233	270	235	204	231	166	161	148	146
Other	5	4	4	11	3	3	1	1	0	0	1	0
Phone	4	6	5	2	2	0	0	2	0	1	0	0
Recurring	0	0	0	0	0	0	0	0	0	1	1	3
Verbal	12	12	21	7	33	43	38	18	12	26	17	12
Voice Mail	1	0	0	0	2	0	0	0	0	0	0	0
Total	357	315	357	253	310	281	243	252	178	189	167	161

Table 1 - Help desk tickets by source

Help desk tickets have been instrumental in developing How-To documents to guide staff. We watch for patterns in requests and have developed countless guides on how to accomplish new tasks for both new and existing staff members. These guides form an extensive library to support staff through everyday tasks and through transitions as hardware and software are updated.

Privacy and Security

We continue to identify and address Privacy and Security issues and address those that have clear solutions. In example, we recently identified several issues with our faxing solution that could leave information exposed to staff members that have parted from the Authority. The current system was also being used to insecurely store faxed documents. We have made a significant effort to migrate the faxing of PHI into the NoLa system. This migration has made significant improvements in protecting the information and provided clear record of all faxing activity. In this example we worked directly with staff for many months to adjust the process in

NoLa and provide guidance on a one-to-one basis. Many other Privacy and Security issues are far more distributed, involving a single computer or staff member. The tools we use can identify suspicious login attempts and we evaluate each incident. A suspicious login attempt can indicate an attack and we investigate each event. Upon evaluating the risk, we will work with staff members if necessary to change their password to reduce the risk.

2022 Human Resources Year in Review – Matt Leiter

Accomplishments with Consumer and Community Ends

- Worker’s Compensation Lag Time (time from injury to reporting claim to Accident Fund) Goal is within 48 hours.
 - 2022 – 1.54 days (Massive accomplishment for HR term to reduce to 1.54)
 - 2021 – 7.1 days (one claim was reported 23 days after the date of injury and another was reported 11 days after the date of injury. These two claims adversely impacted the overall average. Without these 2 claims, the lag time average would be 3.2 days)
 - 2020 – 2.4 days
 - 2019 – 5.3 days
 - 2018 – 4.8 days
 - 2017 – 4.4 days

- Number of claims reported to Accident Fund:
 - 2022 - 13
 - 2021 – 7
 - 2020 – 13
 - 2019 – 24 (reduced number of claims due to improved winter maintenance of NLCMHA parking lots resulting in the reduction of slip and falls)
 - 2018 – 83
 - 2017 – 26

- Annual incurred claim costs:
 - 2022 – \$29,360
 - 2021 – \$2,915
 - 2020 – \$5,489
 - 2019 – \$37,813
 - 2018 – \$68,127
 - 2017 – \$32,000

- Average cost per claim:
 - 2022 - \$2258
 - 2021 – \$416
 - 2020 – \$422
 - 2019 – \$1,576
 - 2018 – \$820
 - 2017 – \$1,230

- Postings:
 - 2022 – 86 (38 Exits, 15 New, 25 Position Changes, 6 Retire, 2 Emp stay in POS (probationary period)
 - Access Utilization MGMT Specialist: 2
 - Administrative Staff: 12
 - Case Manager: 12
 - Clinical Therapist: 23
 - Community Support Worker: 3
 - Management Staff: 4
 - Medical Assistant: 1
 - Nurse: 5
 - Nurse Care Manager: 2
 - Parent Support Partner: 1
 - Peer Support Specialist: 5
 - Psychiatrist: 1
 - Psychologist: 1
 - Recipient Rights Specialist: 1
 - Residential Home Supervisor: 4
 - Residential Home Supervisor Assistant: 1
 - SIS Assessor: 2
 - Supports Coordinator: 6
 - 2021 – 119
 - 2020 – 60
 - 2019 – 105
 - 2018 – 98
 - 2017 – 102

1.0.9. Ends

- Exits for 2022 (12% were Retirees - 6)
 - Administrative Staff – 8
 - Case Manager – 6
 - Community Supports – 3
 - Executive Staff – 1
 - Management Staff – 6
 - Supports Coordinator – 4
 - Nurse – 3
 - Peer Support Specialist – 3
 - Recipient Rights – 1
 - Therapist – 15
 - Residential Home Supervisor Asst – 1
 - Team Lead -1

- New hires regular staff:
 - 2022 - 53
 - 2021 – 47
 - 2020 – 29
 - 2019 – 62
 - 2018 – 64
 - 2017 – 59
- Turnover rate:
 - 2022 – 18%. This is based on 283 positions with 51 separations.
 - 2021 – 16%. This is based on 275 positions with 44 separations.
 - 2020 – 10.5%. This is based on 275 positions with 29 separations.
 - 2019 – 19.1%. This is based on 288 positions with 55 separations.
 - 2018 – 14.7%. This is based on 285 positions with 42 separations.
- Average age of staff:
 - 2022 – 46
 - 2021 – 46
 - 2020 – 46
 - 2019 – 45

Committee Updates

Wellness:

We believe our employees represent our most important resource. To ensure a healthy workforce within our organization, Northern Lakes CMHA is committed to promoting a culture of physical, mental, and emotional wellness of our entire staff and their families on a continual basis.

- Employee Assistance Program
- Wellness Activities:
 - Monday & Wednesday Wellness Emails - Positive Quotes, Staff Appreciation, Tips and Tricks, Reminders for stress relief, stretching and moving, weather and environment tips, Self-care, and Wellness
 - Apples – Our Employees are awesome to the Core Day! Apples provided to staff with recipes.
 - Halloween Costume (optional) Virtual Pot-Luck October 28– Prizes were given to the winners of the virtual scavenger hunt
 - Holiday Virtual Potluck - December 14– Prizes were given to the most holiday spirit and holiday humor attire.
 - St. Patrick’s Day Virtual Pot-Luck March 17 – Gift baskets were provided for 3 lucky Bingo game winners
 - Smoothie Day July 27th & August 4th - Wellness Committee Members located in each office made smoothies for employees, with their choice of ingredients – Members also took smoothies to directly operated home staff.
 - Employee Spotlight
 - Get to know your E-Team PowerPoint
 - Chili Cook Off October 18 – Two best Chilis receive a prize, certificate, and bragging rights

Safety:

Develop and monitor proper safety policies, procedures, and practices to prevent injury and to comply with federal, state, local, and CARF regulations. Promote and maintain safe work practices and conditions. Promote staff education to maintain safe environments and work programs. Review Workforce Member Incident Reports for trends and corrective action. To monitor that all required building and facility inspections are completed, and corrective action occurs.

- Working on recommendations from CARF 2021
- Creating drills (bomb threat, hazardous materials, missing person, medical emergencies, weapon hostage/shelter in place, severe weather, active shooter, combative person) to be conducted annually – except for fire drills which are required quarterly.

- Completed EAP, purchased emergency preparedness boxes for each office which include mylar blankets, glucose tablets, water pouches, radio crank flashlights, and CPR masks. These boxes will be housed near but separate from our first aid kit boxes.
- Started monthly Safety Newsletter for agency that includes safety tips, any safety related updates, and seasonal/external safety tips and information.
- Orchestrated Active Shooter Training conducted by Traverse City Police Department during our August 2022 All-Staff Meeting.
- Naloxone training was conducted at our agency All-Staff meeting. As a result, we now have Naloxone kits housed at all our offices. We are working on a plan to house them in agency vehicles and select Board Operated Homes as well.
- Working with Facilities Committee on the purchase of AEDs for each office through Cintas.
- Approved through Facilities to purchase all new updated car seats for each office to be used as needed.

All Staff Planning Committee:

- All Staff training day was held August 16, 2022, at Grand Traverse Resort, covering the following topics: Naloxone, Active shooter Safety, Critical Incident Stress Management. This training also provided staff with 4.5 CEU's for SW. Very positive feedback was received from staff, as for many, it was the first time they were able to gather with co-workers across all counties.

Staff Development Education & Training Committee:

To ensure Northern Lakes CMHA develops and maintains a competent work force committed to effective and efficient services through planned staff development and training activities. Meets 3rd Tuesday of every month.

Our training department has been very creative and busy building and providing new training programs that are in line with the State and National topics of interest, which are Wellness, Self-Care, Trauma Informed, Suicide Prevention, Crisis Prevention, and Stress Reduction. We are a small entity but large in providing training for staff, consumers, and community.

- We continue to provide monthly live virtual Health & Wellness, Medication Administration training for our direct care staff and providers. We are grateful to our nurses for providing these trainings, as they add credibility following high nursing protocols.
- We continue to provide monthly live virtual Recipient Rights training provided by or ORR staff.
- May is Mental Health month virtual series: Northern Lakes CMHA trainers teamed up with North Country CMH to provide 1-hour programs on Tues/Wed/Thu throughout the month of May. Over 1,000 flyers were distributed to the community, newspaper release, Facebook and emails to area agencies, staff, consumers & families. Over 130 staff, consumers and community members registered to attend the programs.

- September 2021, 1-hour virtual training series offered each Thursday; Dealing with Depression: From Darkness into the Light, Somewhere Over the Rainbow, In Search of Health, Humor and Happiness, Rockin, Rollin and Strollin: Taking the Next Step to Wellness, Suicide Awareness.
- NLCMHA Cindy Petersen and the Co-Occurring Conference Coalition offered the 24th annual Gender & Trauma: The Evolution of Crisis & Addictions conference at the Hagerty Center in TC. Speaker and pioneer in the field of addiction and trauma, internationally recognized clinician, Organizational consultant, lecturer, and Author, Stephanie S. Covington, PhD, LCSW who is the Co-Director of the Institute for Relationship Development and the Center for Gender & Justice. attendees were provided with 6 SW CEU's, MCBAP, and Nursing for license. Conference was offered in-person and virtually, total of 270 attended with 11 sponsors.
- Group Home Curriculum training materials have been enhanced and Training Department continues to communicate directly with home managers to provide required training materials for Direct Care professionals.
- NLCMHA continues to support the myStrength application for staff, consumers, and community members. The program increases awareness and provides valuable tools for both clinicians and client support. myStrength program was used for the virtual training series provided in May & September.
- Relias on-line learning program is utilized by all staff to obtain initial and annually required training. The program adds additional benefit for staff to obtain CEU's for credentialing and licensing and provides opportunity for staff to receive additional training without travel by utilizing an extended library of course offerings.

Other Committees:

- Multiple CV 19 workgroups/committees were created 18 months ago during the beginning of the pandemic to ensure both staff safety and to help navigate the ever-changing guidelines set by the governor during the CV19 pandemic. Leaders and staff meet monthly to ensure business continuity occurs with continuing to offer and support the public the best and safest ways possible. Health and safety as well as staff related concerns are a few regular items reviewed. The CEO of NLCMHA currently sends monthly all staff communication with COVID health and wellness as well as building updates and any modifications and changes NLCMHA makes. NLCMHA Covid Task Force Team continues to monitor our local health departments, MIOSHA, OSHA and other pertinent and relevant information available. Staff continue to complete a daily health screening, which is an automatic pop up on their screen when they log into their laptop each day. Should they indicate they are symptomatic or have been exposed, HR monitors the screenings and follow up with staff and leadership as necessary.

New Staff Development Training this year:

- Provided opportunities for licensed professionals to obtain the New Implicit Bias training requirement.
- Crisis Prevention Intervention (CPI) training - two staff stepped up to become new certified CPI Instructors and we are again able to provide CPI certification training for

agency staff.

- Compliance Department is providing bimonthly Compliance & Ethics training for all staff
- The new Mental Health First Aid (Adult & Youth) training program was offered 6 times this year. 7.5 SW CEU's are provided for each of the 2-days staff and community members attend. Our MH FA Certified instructors have scheduled 6 classes in 2023.
- New certified AMSR trainers will provide training yet this fall, with more classes schedule in 2023. Assessing and Managing Suicide Risk teaches best practices recommended by the nation's leading experts in the research and delivery of suicide care. AMSR training teaches clinicians and other healthcare professionals who conduct suicide risk assessments how to determine the level of suicide risk for an individual.
- We are currently coordinating Group Crisis Intervention and Individual Crisis Intervention and Peer Support training for January 2023

Submitted by: Matt Leiter, HR Director NLCMHA 10/01/2022

Director of Managed and Integrated Health
Tracy Andrews, JD, MHA

Network Management

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

Accomplishments:

- Completion of 186 contracts, amendments, and agreements, including 26 single case agreements. **1.0.1, 1.0.5, 1.0.10**
- Updated NLCMHA contract templates to align with region, while maintaining Appendices for NLCMHA-specific contract requirements. **1.0.1-1.0.11**
- Review and consultation with NLCMHA attorney to ensure appropriate creation and implementation of contracts. **1.0.1-1.0.11**
- Participation at provider meetings with the NMRE, CMHSPs in our region, and other providers throughout the state. **1.0.10-1.0.11**
- Lead Quarterly Provider Quality Council meetings for all NLCMHA Providers, with an increase in attendance and diverse subjects. **1.0.1-1.0.11**
- Engaged in roundtable discussions with provider by type in order to identify and support provider needs. **1.0.1-1.0.11**
- Collaboration with Training Department and Compliance to review and ensure Provider compliance with training requirements. **1.0.1-1.0.11**
- Ongoing review of clinical documentation to authorize rates for services provided by SRS homes. **1.0.1-1.0.11**
- Completed 115 annual in person site visits, with an additional 16 shared site visits for new and existing Providers to monitor compliance with contract requirements. Completion of Corrective Action Plans, follow up, and/or heightened scrutiny, as needed based on outcome of review. **1.0.1-1.0.11**
- Provided support for providers in obtaining resources to ensure compliance with contract requirements. **1.0.1-1.0.11**
- Worked collaboratively with Finance to review and support requests for Provider Stability Payments, with a total of \$1,063,435 paid to 16 Providers, ensuring financial stability of the Network. **1.0.1-1.0.11**
- Monitored monthly attestations provided by SRS Providers to ensure use of DCW Premium Pay passed through to staff, in compliance with MDHHS requirements. **1.0.1-1.0.11**
- Monthly updates to Provider Directory for ease of use by community, providers, and clinical staff. **1.0.1-1.0.11**
- Collaborated with ORR in coordinating oversight and site visits/audits of NLCMHA providers. **1.0.1-1.0.11**

- Collaboration and development with a Provider to develop a Specialized Residential Services (SRS) Program for persons with autism spectrum disorder (ASD). **1.0.2, 1.0.4-1.0.7, 1.0.10-1.0.11**

Works in Progress:

- Development of additional SRS programming for persons with ASD.
- Review of options for new provider channel in Teams or Nola for submission of documents.
- Review and update of reciprocity tool for site visits to share with the region.
- Working with providers to prepare for Electronic Visit Verification (EVV).
- Ongoing coordination with Training Department and Compliance to ensure ongoing education for providers in a virtual environment.

Integrated Health Clinic (IHC)

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

Accomplishments:

- Provided Primary Care Services in Traverse City four days per week and in Grayling one day per week, with one additional day established in Grayling each month in response to increased demand. **1.0.5-1.0.9**
- Provided ongoing primary care services directly in NLCMHA Board Operated Homes. **1.0.5-1.0.9**
- Increased current patient census to 408 individuals receiving primary care services. **1.0.1-1.0.11**
- Expanded onsite laboratory services and obtained necessary equipment to perform a number of diagnostic tests onsite, in addition to blood draws. **1.0.5-1.0.9**
- Completed review of patient census and initiated reengagement efforts for patients who had not been seen in more than one year. **1.0.5-1.0.9**
- Ongoing consultation with NLCMHA Medical Director for psychiatric needs of shared patients as well as other patients of IHC with severe mental illness. **1.0.1-1.0.11**
- Ongoing development of care integration with NLCMHA staff. **1.0.1-1.0.11**
- Continued to foster and develop positive, productive, and trusting relationships with patients served by IHC. **1.0.1-1.0.11**
- Completed Substance Use Disorder screens for new patients and annual screening for current patients. **1.0.1-1.0.11**
- Provided evidence-based outpatient therapy for those who do not meet criteria for NLCMHA services, including adults with mild to moderate mental illness. **1.0.1-1.0.11**
- Provided support to the Behavioral Health Home Program through primary care medical consultation. **1.0.1-1.0.11**
- Provided ongoing referrals for BHH, with follow up to work collaboratively to ensure care coordination and patient needs were met. **1.0.1-1.0.11**
- Continued telehealth, as appropriate, in order to provide primary care services to patients during pandemic response. **1.0.1-1.0.11**
- Developed marketing messages and materials to use in a community education campaign, including a television commercial. **1.0.5-1.0.11**

- Worked collaboratively with Finance to engage in ongoing review and follow up of Explanation of Benefits received from payors to increase revenues for IHC. **1.0.1-1.0.11**
- Increased third party claims by 54% and increased reimbursement of paid claims by 47%. **1.0.1-1.0.11**
- Continued to pursue completion of contracts with Medicaid Health Plans who have previously declined to contract for primary care services. **1.0.1-1.0.11**

Works in Progress:

- Development of work plan and/or work group to explore additional opportunities for marketing.
- Continue to pursue completion of contracts with Medicaid Health Plans who have previously declined to contract for primary care services.
- Increase third party claims and reimbursement rate.
- Evaluation of new models of collaborative care to improve service to patients with severe mental illness.
- Continue to emphasize preventative care for IHC patients.
- Enhance and optimize options for use of NoLa for primary care purposes.
- Continue to increase patient census.
- Expansion of time in Grayling location.
- Complete needs assessment for further expansion of IHC in to other NLCMHA offices.
- Expand care coordination services through IHC by leveraging Medicare care coordination service codes.
- Become a Behavioral Health Home Provider, providing BHH services to all patients of IHC, regardless of eligibility.

Communications and Public Relations

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

Accomplishments:

- Participation in multiple conferences and trainings, providing continuing education units for nursing, social work, and addiction counseling. **1.0.1-1.0.11**
- Participated in providing Mental Health First Aid for Adults and Youth. **1.0.10, 1.0.11**
- Ongoing participation in planning for NLCMHA All Staff celebrations. **1.0.1-1.0.11**
- Participated in promoting myStrength program at community events and health fairs, as well as NLCMHA new hire orientation. **1.0.1-1.0.11**
- Preparing, presenting, and displaying posters throughout our catchment area created by persons served and involved in the Photo Voice program, producing posters from pictures or graphics with statements about experiences. **1.0.1-1.0.11**
- Completed multiple large conferences to ensure options of live stream programs and social distancing, including a virtual education series called #Tools for Resilience, and partnering with North Country CMH to provide 12 programs during May Mental Health Awareness Month. **1.0.10, 1.0.11**
- Additional events including Walk a Mile in My Shoes, Suicide Awareness Walk, and Art of Recovery, and the 24th Annual Co-Occurring Conference. **1.0.1-1.0.11**

- Collaboration with Training Department to transition Provider required trainings to virtual environment. **1.0.1-1.0.11**

Works in progress:

- Planning for placing nurse interns from Northwest Michigan College with several teams throughout NLCMHA in January 2023.
- Traveling Art show from the Board Association at libraries in our six-county area for month of April 2023.
- Collaborating to develop new virtual Youth Photo Voice program at area libraries for April 2023.
- Collaboration with Training Department to create video programming and develop live streaming for new staff, providers, and contract staff in the areas of Cultural Diversity, Equity & Inclusion; Bullying and Social Media; Healthy Choices for Wellness; How to Protect Computer Security; and There is No Expiration Date on Grief.
- Participate with groups to identify methods of marketing and outreach for areas of NLCMHA, including IHC, BHH, myStrength, FAST, Crisis Welcoming Center, Services to Children with Severe Emotional Disturbance and their families, Services to persons with an Intellectual/Developmental Disability, Services to Adults with Mental Illness, and the Crisis Services Team in virtual and socially distant community events.
- Continue to participate in planning and coordinating All Staff Celebration training and celebrations.
- Continue to participate in Recovery Celebration 2023 and Community Resilience programs held quarterly.

Behavioral Health Home

The NLCMHA Behavioral Health Home (BHH) was a pilot project implemented in 2014 through MDHHS in two counties, one of which was Grand Traverse County. In FY2020, MDHHS expanded BHH to three regions in the state including Region 2 and all 21 counties served through the NMRE. The services included in BHH are comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family support, and referral to community and social support services. This service is available to individuals who have Medicaid and meet diagnostic criteria for Serious Mental Illness or Severe Emotional Disturbance. The program assesses and supports the needs for persons in their physical health, behavioral health, and psychosocial needs. During the rollout of this expansion, based on feedback from persons served, the Behavioral Health Home was “rebranded” and is now known as our own CHAT Program (Comprehensive Health Assistance Team). CHAT receives a bundled payment each month for the benefit being provided, at minimum, once to each person enrolled. We also continue to receive funding through the COVID-19 Grant for Adults with Serious Mental Illness through March 2023.

Accomplishments:

- Continued to provide CHAT services to all six counties. **1.0.1-1.0.11**
- Ongoing collaboration with IHC, enhancing coordination of care opportunities for persons served. **1.0.1-1.0.11**
- Ongoing participation in team meetings with other NLCMHA departments to introduce, teach, and support behavioral health clinicians in the development and implementation of CHAT. **1.0.1-1.0.11**

- Enhanced care coordination, including supporting enrollees at medical appointments, obtaining preauthorization for medical services, medication education and management,
- Increased enrollment by 104% in FY22 to 153 enrollees. Unduplicated count of persons served in FY22 was 201 persons. **1.0.1-1.0.11**
- Participation in NMRE discussions and reviews of current Health Home programming and growth. **1.0.1-1.0.11**
- Collaborated with other CMHSPs to support regional efforts. **1.0.1-1.0.11**
- Implemented care team meetings with primary care providers and other care team members. **1.0.1-1.0.11**
- Increased staff training in community health work, motivational interviewing, and evidence-based practices. **1.0.1-1.0.11**
- Increased knowledge and awareness of community services and opportunities to persons served. **1.0.1-1.0.11**
- Established community relationships, resulting in more than 10% of referrals coming from community partners. **1.0.1-1.0.11**
- 1.97 contacts per enrollee, per month for FY2022. **1.0.1-1.0.11**

Works in Progress:

- Continue to identify and introduce new community services and opportunities to persons served by CHAT.
- Completion of development and implementation of processes and procedures.
- Continue to assess staffing needs and create plan as needed to serve enrollees and meet MDHHS requirements.
- Continue to build relationships with community partners to increase accessibility of persons in the community who meet criteria for CHAT.
- Establish methodology for collecting, recording, and tracking health indicators for performance measure.
- Increase health promotion and education to persons served, with a focus on management of chronic health issues, preventative care, and emotional/mental health care.

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

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

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

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

Planned Improvements:

- **MI Choice Waiver-** Increase slot utilization.
- **NFT-** Increase geographical area, and numbers of transitions.
- **MATF-** Develop a brochure highlighting this offering to increase the number of recipients that receive respite services.
- **MIPPA-**Identify Medicare beneficiaries likely to be eligible for Medicare Part D Low-Income Subsidy (LIS) or Medicare Savings Program (MSP) and Assist beneficiaries to apply for those benefits. Ultimately to advance the education and outreach activities about Medicare prevention and wellness benefits
- **Technilodge Project:** To eliminate barriers to receiving services through the increased utilization of technology

Budget:

The grant amount for MI Choice services for FY22/23 is \$12,100,160 586 slots.

The CTS budget was increased during FY 2021 from approximately \$ 54,000 for FY 2019 to \$165,000 in FY21and the allocation has remained the same for FY22. NHCM added 10 additional counties to our services area, so we anticipate further growth. NHCM exceeded CTS benchmarks and therefore received a substantial increase in funding. There was a 9% increase in services delivered in FY 2021-22. Overall, the increase brings NHCM closer to covering expenses for the program.

NHCM renewed the Merit Award Trust Grant through Aging and Adult Services Agency for \$89,374. This supported respite services for six caregivers in the community and individuals in Adult Day Programs in the 10-county region. The impact of the pandemic continues to negatively affect Adult Day Services, although this FY providers are gearing up to

restart services. Additionally, we have seen more requests for respite care services. Currently, there are two outstanding requests for Adult Day Home purchases that have not been approved by MDHHS, however if they are we will potentially expend the full amount of the grant.

Financial Breakdown Fiscal Year 2022: Total Award= \$89,374.00

ADH & CAREGIVER RESPITE= \$62530.00 [\$18000 pending] ADMIN= \$5,627.00

Staffing

Accomplishments:

Staffing has progressively become a more challenging issue for NHCM, and is likewise reflected in a natural trend, where credentialed staff are less available. Beginning the later part of early 2022 Community Health Worker staff have filled vacancies left by credentialed staff. Non-credentialed staff can fulfill the nonclinical aspects of the work, allowing clinical staff to increase their capacity to maintain a case load. This new approach has substantially helped NHCM since its inception. We will be looking at other creative staffing options in the upcoming year to address staffing needs **.1.0.4, 1.0.7, 1.0.10**

- Additional changes have been added to staff responsibilities, with the intent on continued improvements in program efficiency.
- **Supports Coordinator (Case management) staff have been partnered** in groups of two, four and six. This team approach allows for each grouping to serve specified regions within our 10-county region. Instead of individuals being assigned participants throughout the 10 regions one group manages all cases within a group. Overall, this helps to decrease travel, time, and expense, and improves the continuity of care for participants. This has now been our practice for nearly two years and has been quite successful in helping maintain current staffing and helping to provide continuity for participants paid. **1.0.4, 1.0.7, 1.0.10**
- The remote work option instituted 3 years ago has proven to demonstrate the following:
 - Increased efficiencies and decrease costs in delivering quality care. Clinicians will be geo-located with the participants they serve. The cost of travel will be decreased substantially.
 - Attract and sustain a quality workforce. This is a national trend that is ever increasing in every business sector of the workforce, and workers are seeking this option wherever they can find it. *When hiring staff over the past two years, candidates have said that the flexibility in working remotely was a factor that attracted them to our agency.*

- Offer this option as an incentive for employees, providing them the opportunity to achieve a healthy work-life balance. Human service work is complex and can be physically and emotionally draining. This offers employees a better opportunity to address self-care. *Workers have voiced that this work option has helped them maintain the balance of work and lifestyle.*
- The model has been expanded to include all staff who are engaged in work in the field.
- **Process Improvement/Quality Improvement:**

NHCM has a weekly program administration meeting to address all areas that need process improvement. We address every aspect of programming and identify potential improvements. We have also created a Quality Review Committee to address the increasing requirements and demands of improving quality within the program.

- **Improved hiring process:**

Extensive evaluation occurs in order to more thoroughly vet potential employees, in coordination with and with the support of Human Resources. We have created an objective interview assessment tool, specifically designed to ensure our hiring process is objective, fair and all inclusive. **1.0.10**

Staffing:

Planned Improvements:

- **Continue to Develop all Internal Processes:** Document, improve processes, implement and train.
- **Develop the Eligibility Team:** This team was created a year ago and it has proven to be successful in being far more efficient and effective. It also helps to ensure that participants entering the program receive consistency in the assessment, intake and enrollment process. Supports Coordinator (RN) to eligibility team in order to preemptively assess potential participants to be served. This was implemented and has proven to be effective in expediting referrals received. There are planned improvements for this team that will be implemented in the upcoming year.
- **Develop a Training & Orientation:**

We continue to offer new hires a comprehensive training plan that extends approximately 60 days on average. The training team will be enhanced as we have added a separate training component that covers the use of the EHR system based on the staff role. This level of training ensures that staff are prepared to provide quality services.

Community Engagement

Accomplishments/Planned Improvements:

MHCSN- NHCM has been an associate member of the Michigan Home and Community Services Network (MHCSN) since its inception in 2014. NHCM has partnered with the association to distinguish itself from Area Aging on Agency, and other Waiver agents' providers. During the past two years the association has re-focused its efforts to present as a more unified body and to strengthen the mission and to promulgate more influence as a statewide healthcare system.

In order to advance the Associations impact and reach, the MHCSN has partnered with the AAA association, and have begun to engage in joint ventures including contracting with another actuarial firm in order to review and comment on MDHHS's Milliman Report as appropriate.

The leadership of MHCSN has changed, Steve Velzen-Haner is not the president, and Darryl Washington is the vice president.

1.0.10

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

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

Consumer satisfaction surveys were not completed this year due in part to COVID-19. MDHHS requested that Waiver Agents not mail correspondence to participants. The surveys will go out but there will be a delay. Michigan Peer Review Organization (MPRO) MI Choice Waiver charts are reviewed by MPRO for quality measures related to Nursing Facility Level of Care Determinations. NHCM has not yet received any MPRO request or communication during FY 2020. **1.0.4, 1.0.7, 1.0.10.**

Clinical Quality Assessment/Review (CQAR) is currently underway for FY23. NHCM State surveyors conducted in-person home visits. In addition, records were reviewed during the clinical record review by the CQAR team. Each participant record was reviewed utilizing CQAR standards with multiple requirements in place in order to meet each standard. CQAR on hold due to COVID-19. NHCM

is awaiting the request from CQAR State Surveyors on when the home visits will be conducted. **1.0.4, 1.0.7, 1.0.10**

Health Care Improvement Initiatives and Related Community Engagement

NHCM is advancing initiatives to engage with the community to advance health care in our community and region.

- NHCM introduced and is implementing Empowered@Home to our community. Empowered at home is an MSU program that supports the elderly population that is experiencing depression manage it using a tablet were interactive exercises to help cope with depression are available in the app. NHCM will be offering access to this service to program participants as requested.
- The Director, Darryl Washington, will be working with the Michigan Health Council and will attempt to partner with them to implement a grant to address the DCW shortages in the upcoming year.
- The Director, Darryl Washington was certified to provide training in Cultural Intelligence, and Unconscious Bias. Subsequent he has provided training for CMHA & MDHHS, the Provider Network and the MHCSN associate members.
- The Director, Darryl Washington was appointed to be a member of the Grand Traverse/Chippewa County Health Equity Advisory Committee.

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Director, Office of Recipient Rights – Brian Newcomb

ORR Accomplishments for FY 2022

- ✓ Our department has completed 488 recipient rights allegations for FY 2021. **1.0.4, 1.0.5, 1.0.7**
- ✓ A total of 152 site visits for FY 2022. **1.0.4**
- ✓ Completed Recipient Rights training for persons in FY 2022. **1.0.4, 1.0.5, 1.0.7**
 - 60 persons trained as New Hire Direct Care staff
 - 259 persons received training as a Refresher for Direct Care staff
 - 53 persons trained in Recipient Rights as Licensed Mental Health Professionals
- ✓ Continued to provide training for contract providers. **1.0.4, 1.0.5, 1.0.7**
- ✓ Ongoing consultations for staff regarding protection of recipient rights including voting rights, limitations, and the freedoms protected by the Mental Health Code **1.0.4, 1.0.5, 1.0.7**
- ✓ ORR continued to provide vetting of potential candidates for hire as Residential Care Aides. **1.0.4, 1.0.7**
- ✓ Participation and recommendations to Behavior Treatment Committee on all developed Behavior Support Plans that were created and reviewed for persons served with such a plan. **1.0.5, 1.0.6, 1.0.7**
- ✓ Continued coordinated efforts with Network Management to share in site visits and Corrective Action Plans to provide consistency and ensure ongoing compliance for contract providers. **1.0.1, 1.0.4, 1.0.5, 1.0.7, 1.0.10**
- ✓ Continue to participate with New Hire Orientation to provide an introduction to the Recipient Rights system and ORR team. **1.0.1, 1.0.11**
- ✓ Continued to coordinate with Adult Foster Care (AFC) Licensing Consultants and Adult Protective Services (APS)/Child Protective Services (CPS) as needed for investigations and reporting. **1.0.3, 1.0.4, 1.0.6, 1.0.7**
- ✓ Established ORR staff presence in all four NLCMHA office locations. **1.0.3, 1.0.5, 1.0.7**
- ✓ Continue to present monthly ORR reports to the Board of Directors to ensure state compliance **1.0.11**

ORR Works in Progress for FY 2023:

- Pre-schedule site visits and work closely with providers to ensure all requirements are met **1.0.4, 1.0.5, 1.0.7**
- Increase training opportunities for ORR staff beyond the yearly annual conference. **1.0.4, 1.0.5, 1.0.7**
- Continue ongoing monitoring and consulting for Behavior Treatment Plans that include restrictions and intrusions. **1.0.4, 1.0.5, 1.0.7**
- Develop and provide training to guardians, covering the role of the guardian and how this role fits into the recipients' protected rights as established in the mental health code. **1.0.5, 1.0.7**
- Provide timely and thorough investigations and advocacy for persons we serve.

To include reducing the investigation time frames for all abuse and neglect investigations to be completed within 60 days. **1.0.4, 1.0.5, 1.0.7**

- Return to in-person training for Recipient Rights Refresher and LMHP professionals to enhance the quality of the training **1.0.1, 1.0.5, 1.0.7**
- Continue to increase ORR presence in each facility site that is served to provide rights consultations to both recipients and direct care staff, along with detailed training information that has been learned from previous investigations pertaining to each individual location. **1.0.1, 1.0.2, 1.0.4**

Fiscal Year 2022 – Year in Review
Chief Financial Officer-Lauri Fischer, BBA

Accomplishments with Consumer and Community Ends:

Financial:

- Implemented a cloud-based solution of payroll processing called Paychex. Paychex is an all-inclusive human resources software that brings benefits, timekeeping, payroll processing, dashboard data, on-boarding, and much more into one solution. Payroll processing time has been decreased by a day per bi-weekly pay period. The direct run residential staff have the ability to capture timekeeping in an electronic visit verification compliant method. **1.0.1-11**
- In 2021 restructuring of cost centers occurred to meet requirements of Standard Cost Allocation. A method of tracking time for grants and standard costing is further integrated at the point of transaction in Paychex. The first standard cost allocation filing with the Michigan Department of Health and Human Services will occur in February of 2023 for fiscal year ended 9/30/2022. **1.0.1-11**
- Northern Health Care Management (NHCM) implemented an electronic health record, Member Core, with the capability of electronic uploads directly to the general ledger. In the past the NHCM billing staff printed a summary of adjudicated services per provider each week to provide to the accounting staff to input for payment. NHCM now has a similar process used in NoLa where a provider directly inputs service encounters, and a file is processed for direct upload to general ledger. Once payment is processed, accounting staff download back to Member Core the check numbers for providers to access an explanation of benefits for each payment made. Because of the shared providers within behavioral health and NHCM, accommodations were necessary to ensure Member Core and NoLa independently processed the explanation of benefits. **1.0.1-11**
- Accounting continues to support direct deposit for providers. Approximately 20% of vendors are now paid as an ACH and 80% continue to be paid by a paper check. However, the 20% of vendors receiving direct deposit account for 44% of the dollars. Approximately 120 vendors have been provided or requested automated payments with almost 80 providing banking information. **1.0.1-11**
- Processed about \$3.3M of direct care wage premiums to behavioral health direct care workers including the residential care aides employed by NLCMHA. **1.0.1-11**
- NLCMHA processed provider stability requests totaling \$1,090,997 to 17 providers within the provider network. **1.0.1-11**
- The internal service fund for healthcare benefits to staff decreased by 82%. The State of Michigan Public Act limiting the amount that can be charged to publicly funded Agencies for employee health coverage is not keeping up with health care expenses.

The public act increased the amounts chargeable by 1.3% while the cost of health coverage increased by 19.2% for calendar year. **1.0.1-11**

- The defined benefit pension plan improved overall funding deficit from \$4.7M to \$2.1M. All minimum required deposits were made with additional deposits totaling \$172,764 based on MERS supplemental valuations from 2012. Majority of movement was from the valuation assets increase based on December 31st of 2021 reporting. **1.0.1-11**
- Cash on hand decreased \$4.7M during Fiscal year 2022. The Northern Michigan Regional Entity advanced Septembers Medicaid capitation in October accounting for change in cash position. **1.0.1-11**
- General Fund expenditures will remain within funding limits in FY 2022. The freezing of Medicaid redeterminations and deductibles continued throughout the year. **1.0.1-11**
- Successful union negotiations with the direct run residential union, AFSCME. **1.0.1-11**

Staffing:

- Fiscal year 2022 brought two staffing changes to the finance department and none to the data and maintenance teams. Of the two staffing changes, one was due to retirement and the other was a position closer to home. Of the two position changes one was replaced and the other was not replaced because of the efficiencies that have been gained through the implementation of technologies. **1.0.1-11**

Technology and Data:

- The direct care worker wage premium was rolled into rates which were reported as per diems or daily codes and the 15-minute unit codes. Center based services continue to require independent monthly calculations based on hours of staff time divided by the units of group services provided. This reconsideration of rates requires at least two staff, one to calculate and one to update the unit rates of each code for each center-based provider. **1.0.1-11**
- The data team transitioned from Web-DENIS to Availity to allow quick reviews of payments and eligibilities for consumers with commercial insurance including Blue Cross Blue Shield. **1.0.1-11**
- Reimbursement Officer who earned ArchPro coding certification in 2021 increased integrated health clinic reimbursements in FY 2022 81% to \$59,761. **1.0.1-11**
- In anticipation of the expiration of redeterminations and deductibles much effort is being put into maintaining anticipated deductible values and dates of redeterminations. Automated updates of both data and alerts to case holders have been accomplished. **1.0.1-11**
- Data team assisted in the implementation process and reporting data so the Cadillac, Houghton Lake, and Grayling offices could be approved sites for the NHSC loan repayment program. **1.0.1-11**

- Data team interviewed, documented, and created a training manual for the direct run residential staff use of the electronic health record, NoLa. **1.0.1-11**

Self Determination:

- Approximately 100 consumers participate in a self-determination arrangement for behavioral health services and approximately 180 from Northern Health Care Management. **1.0.1-11**
- Successfully implemented process for fiscal intermediaries to upload budgets directly into NoLa based on the individual plan of service. **1.0.1-11**

Maintenance:

- Maintenance staff replaced back decks on all apartments at the Glen Oaks Apartments with APEX decking. **1.0.1-11**
- Replaced flooring in two apartments at Glen Oaks. **1.0.1-11**
- Club Cadillac roof was replaced. **1.0.1-11**
- The generator in Grayling was replaced and maintenance was performed on generators in Cadillac and Houghton Lake. **1.0.1-11**
- Property in Cadillac was evaluated for Techni^lodge including fair market value, negotiations with property owner, and City and County viability discussions. **1.0.1-11**
- Parking lots in Traverse City, Cadillac, and Houghton Lake were maintained with crack filling and striping. **1.0.1-11**
- Carpeting was replaced at Seneca Place and Wright Street residential homes. **1.0.1-11**
- Continued replacement of lighting to LED fixtures in offices and hallways. **1.0.1-11**
- Updated 5 offices by removing old wall paper, skim coating and sanding and painting. **1.0.1-11**
- Replaced desks and office furniture in each office or cubicle space for either broken equipment or staff turnover needing updates. **1.0.1-11**
- General maintenance is performed on a regular schedule for cars, offices, buildings, and equipment. **1.0.1-11**
- Electric heat was installed at the Woodland TC semi-independent home. **1.0.1-11**
- Replaced the shower bathroom at the East Bay home due to water leaks in the shower pan. **1.0.1-11**
- West end of Traverse City office building was surveyed, and continued work is occurring to resolve the property encroachment by owner building condominiums. **1.0.1-11**
- Offices are sanitized every time a covid exposure is reported. Personal Protective Equipment is stored with assistance to nursing staff in inventory, ordering, delivery, and reporting as needed. **1.0.1-11**

Works in Progress into Fiscal Year 2022:

- Further integration of the Paychex human resources and payroll software. **1.0.1-11**

- Review of standard cost allocation process upon completion of first year reporting. **1.0.1-11**
- Analysis of the employee health insurance internal service fund options and opportunities to increase its viability. **1.0.1-11**
- Teamster's union negotiations. **1.0.1-11**
- Research options of increasing participation of staff in retirement accounts. **1.0.1-11**
- Continued monitoring of the expiration of the public health emergency for changes in telehealth/telemedicine codes. **1.0.1-11**
- Management of redeterminations and deductibles when reinstated by MDHHS. **1.0.1-11**
- Provide backup process to billing in Member Core data with NHCM. **1.0.1-11**
- Continue process of feasibility of the Techni^lodge. **1.0.1-11**
- Replace carpeting or flooring at the Cadillac office and Traverse City 2nd floor hallways. **1.0.1-11**
- Replace bathroom at Seneca Place home. **1.0.1-11**
- Seal Grayling parking lot. **1.0.1-11**
- Exterior painting of two owned residential homes. **1.0.1-11**
- Replace two accessible vans with lifts. **1.0.1-11**

Director of Quality Improvement, Compliance, and Customer Service Kari Barker
MSW, LBSW Team: Jessica Williams, Brie Molaison, Michelle Dosch

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

Accomplishments-Quality Improvement:

- **PMQI:** We have gained momentum with our new format, having individuals present their data and objective outcomes. As a committee we'd had the ability to analyze, request follow up, and make recommendations for improved processes. From this committee, a Utilization Management subcommittee has been created and focuses on outliers in services, inpatient stats, non-Medicaid consumers and service packages to name a few. **1.0.10, 1.0.11**
- **SEDW(Serious Emotional Disturbance Waiver) and CWP(Child Waiver Program):** The entire team attended 3 training sessions mandated by MDHHS, to review in depth the process for both of these waivers. **1.0.1-1.0.9 & 1.0.10, 1.0.11**
- **CARF:** We completed our CARF survey in December of 2021 and received a 3year accreditation. We received a Quality Improvement Plan, with some recommendations that provided guidance to continue to improve our services. Our next survey will go back to our original date which is May of 2024. **1.0.10, 1.0.11**
- **Doc Tract:** This Agency policy management software was implemented and is proving to be most helpful already. It will allow all staff to have the policies at their fingertips, with an advanced search, tracking of when policies need to be reviewed, when they've been reviewed, and citations and resource references. The Board of Directors will also be able to access the system.

NMRE Quality Indicators:

- **Diabetes Performance Improvement Project (PIP):** After successful years of completion, the region has retired this PIP, but we will continue to practice A1C screening for the target population. **1.0.7**
- **Telehealth's effect on No-Shows:** Newly adopted, we will be looking at the effectiveness of telehealth services in combating no-shows and cancellation rates. **1.0.6, 1.0.7**
- **Decrease in Hospitalization due to BHH:** Newly adopted, we will be looking at the effectiveness of wellness services provided through the Behavioral Health Home in reducing the number of Emergency Room visits and Hospital admissions due to medical conditions.

Works in Progress-Quality Improvement

- **QI Campaign:** As the Public Health Emergency has been again extended, through April of 2023, we haven't completed a QI campaign throughout our office buildings. However, our intent is to resume our efforts to engage in a campaign effort agency wide. The monthly Quality and Compliance newsletter is allowing us the opportunity to continue to reach staff and reinforce those standards as we continue to strive to build a culture of integrity. **1.0.1-1.0.9 & 1.0.10, 1.0.11**
- **Satisfaction:** We have continued to conduct a 5-question satisfaction survey over the phone for our consumers with IDD and their families. We've received positive feedback generally, and also some negative feedback that we have followed up on.
- **Inpatient screen review:** As Munson Medical Center in Traverse City has contracted with us to complete our inpatient screens at the ED, we are randomly and regularly reviewing inpatient screens to monitor the frequency of, and justification for, inpatient admission.
- **iSPA Waiver:** MDHHS is rolling out a new service waiver, Michelle Dosch, team member will serve as the Administrative point person for enrollment.

Accomplishments-Compliance:

- **MEV:** Medicaid Encounter Verification (MEV) audits have been conducted quarterly by the NMRE during the last fiscal year and were met at 100% each quarter. This indicates that when random claims were pulled, all pieces of documentation to support that claim were in the clinical record. **1.0.10**
- **Virtual Compliance & Ethics training:** Is being conducted every other month, with good turnout. This training is in addition to the annual mandatory Relias Compliance training modules and is part of our ongoing efforts towards a Culture of Integrity. **1.0.10, 1.0.11**
- **Agency Plans:** All agency plans (Quality, Regulatory Compliance, Utilization Management, Risk Management, Accessibility, Cultural Diversity, and Agency Integrated Workplan) were reviewed and updated as required for FY22, through PMQI. **1.0.10, 1.0.11**
- **Compliance training for the board:** Training was completed with Board members by Tema Pefok, the NMRE Compliance Officer. Disclosure of ownership forms had previously been completed by NHCM so are currently up to date. **1.0.1.0, 1.0.11**
- **Newsletter:** The Quality & Compliance Newsletter is a monthly one-page publication that highlights the things that are going well and reinforces with staff areas that need attention in an engaging way. Its purpose is to highlight our shared responsibility to guard against fraud, waste and abuse of Medicaid funds. **1.0.10, 1.0.11**
- **Performance Indicators:** We have met the standards as we continue to measure ourselves internally by the 95% standard that was dropped by the state of MI. We have dipped a bit getting children with SED in for 1st appointment within 14 days and recidivism is up as well. with **1.0.1-1.0.9 & 1.0.10, 1.0.11**
- **The Clinical Record Review:** Due to several situations that have taken time and resources, our clinical record review has not been completed consistently this year. Improvements have been seen, specifically in the areas of measurable objectives, coordination of care, and authorizations. **1.01.0**

- **Professional Credentialing:** This responsibility was transferred from HR to Quality & Compliance 4/1/22. Since that time, all new hires that had not been credentialed at the time of hire are now credentialed and all individuals who had not been re-credentialed have now been re-credentialed. We are current in the process, credentialing new hires and current employees in real time. Credentialing of Professional staff allows them to bill for services being provided, it is a mandated requirement with time limits, so it is critical to the agency's well being. **1.01.0**
- **Exclusionary Reporting:** This responsibility was transferred from the NMRE to the CMHSPs on 3/1/22, our team has taken responsibility. All checks have been clear, with no employees or contract providers having Medicaid sanctions. **1.0.11**

Works in Progress-Compliance:

- **Compliance staff training:** The compliance team attended the International Compliance Virtual 3day Conference this summer and earned certificates of accomplishment. Many relevant topics were covered by Compliance entities across the globe, providing us the latest information and meeting our ongoing expectation to stay current in the field. **1.0.10, 1.0.11**
- **Compliance Survey:** In 2022, we did not conduct a compliance survey amongst the staff to assess the level of staff awareness of compliance issues, and their perception of the importance of compliance among leadership. We have identified 3 possible providers and will complete this in 2023.
- **Additional Staffing:** As demands increase for our team, we will be requesting an additional full-time person so we can continue to expand our proactive activities.

Accomplishments - Customer Service:

- **Lobby materials:** New monitors have been purchased for each office building as well as Opti-sign software which will enable us more flexibility to present information to consumers and visitors in a more engaging way. Customer Service continues to oversee the videos and educational/informational brochures in the lobbies of all 4 buildings in cooperation with Deb Freed who monitors the appropriate use of Northern Lakes logo etc. **1.0.1-1.0.11**
- There were 23 Second Opinions requested, with 23 being completed. Of those 23, the initial decision was upheld 17 times (74%) and overturned 6 times (26%).
- There were 26 Local Appeals requested with 20 being completed. Of those, the initial action was upheld 15 times (75%) and overturned 5 times (25%).
- There were 2 Administrative/Fair Hearing decisions. Both of the Fair Hearing appeals were upheld by the Administrative Law Judge. **1.0.1-1.0.11**
- 164 Customer Service Inquiries were received and resolved.
- 74 Grievances were received. Of those, 60 (82%) were requests for a change of provider, which HSAG now requires us to classify as a Grievance. Of those 60 change of provider requests, 33 (55%) were granted. **1.0.1-1.0.11**
- Accommodations were requested and provided 67 times.
- Review of documentation to ensure accurate, updated, and relevant information presented to persons served, including guidelines for Mediation. **1.0.1-1.0.11**
- Attempted over 150 Consumer Discharge Surveys and completed 46, with overall

satisfaction post-discharge being a 4/5. **1.0.1-1.0.11**

- Attempted over 50 I/DD Services Surveys and completed 30, with overall satisfaction of current I/DD recipients and families being a 3.9/4.
 - **Highlighted improvement comments include:**
 - Satisfied with services, but concern over lack of Respite staff and SRS choices in this area
 - Concerns with proper training of provider and ADL services. Worry of the staff not completing them properly; more the staff doing them than supporting the recipient in completing them
 - Concerns regarding the turn-over in staff. Consistency is needed in order for recipients to improve. Also, social workers understand case management and the way it works, more so than nurses.
 - Lack of communication and follow-up from the Office of Recipient Rights
 - Self Determination staff need more support. Seems like they're left on their own with no support from Northern Lakes
 - We received very little communication from our case manager. When we did, she didn't listen to us. We didn't have a voice in what services we received.
 - Children's team is lacking knowledge of children's waiver.
 - CMH called CPS on us multiple times and they were never substantiated. All we wanted was help and we got more hassle. We wanted our son in one program, and we were told no.
 - There really needs to be an increase in communication from everyone in the agency. It seems like I can't receive a return call, and when I do, it seems like no one talked to the other person and I have to retell them everything. It's exhausting.
- Customer Service provided 5 trainings to staff via Facts & Snacks with Customer Service. Over 180 staff participated in the trainings. **1.0.11**

Works in Progress:

- **Training:** Customer Service will continue to offer quarterly training to staff. Customer Service is developing a Grievance and Appeals training for recipients and guardians to be up and running in 2023. **1.0.11**
- **Data:** We continue to streamline the process for tracking and reporting Customer Service data. All reports were submitted to the NMRE in a timely manner. **1.0.1-1.0.11**

- **Post-Discharge surveys:** Customer Service has shown an improvement of over 100% in survey participation due to the new 5-question format. **1.0.1-1.0.11**
- **New Staff:** Our Customer Service Representative Brie Molaison, has accepted a position at the NMRE as their new Customer Services Coordinator. She will be missed as we go about filling her position. We do look forward to working with her in that context.**1.0.11**

NLCMHA Ownership Linkage Plan

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

The organizations and individuals include but not limited to:

Residents of the various communities the six-county region
County boards of commissioners
Veterans
Sheriffs, jail services and jail diversion
Peer support services
Crisis intervention
Families of youth transitioning out of intermediate school district services
Legislative representatives and senators
Stakeholders, owners
Consumers, clients, families
Judges, prosecutors
Agencies that use the services of the NLCMHA
School districts and school boards
Hospitals
Community Collaboratives
NAMI and other advocacy groups
Legislative update
CMH Association
Federal, State and Local Officials

Frequency of Contact:

Methods:

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

- Use of surveys which include measurable objectives; send the surveys to the person(s) in the organization who can best respond to the survey
- NLCMHA invite officials and others to offices of NLCMHA for food, conversation and discussion. Those invited include stakeholders, owners, consumers, clients, families, judges, prosecutors, sheriffs, jail administrators, agencies that use the services of the NLCMHA, county boards of commissioners, school districts and school boards, hospitals, etc.

1/2021