Northern Lakes Community Mental Health Authority

Board of Directors Packet

February 16, 2023

Northern Lakes
COMMUNITY MENTAL HEALTH AUTHORITY

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

BOARD AGENDA

The Northern Lakes Community Mental Health Authority Board will meet on February 16, 2023 at 2:15 p.m. Kirtland Community College 4800 W 4 Mile Rd, Grayling, MI 49738
Virtual Meeting: 1-810-258-9588 ID: 986 665 315#

TIME	ID #	ITEMS	POLICY #
2:15 p.m.		**Roll Call** **Pledge of Allegiance** **Appoint Timekeeper** **Confirmation of Quorum** **Consideration of Agenda** **Conflict of Interest Declaration**	
2:20 p.m.		**Consent Agenda - Board** Consideration of Board Consent Agenda*	
	1	Board of Directors Minutes – December 15, 2022 -*Approve*	
	2	Board of Directors Minutes -January 19, 2023 – *Approve*	
	3	Committee of the Whole Minutes – December 15, 2022- *Approve*	
	4	Committee of the Whole Minutes -January 19, 2023 – *Approve*	
	5	Ad Hoc Finance Committee Minutes – November 14, 2022 -*Approve*	
	6	Ad Hoc Finance Committee Minutes - January 9, 2023 - *Approve*	
	7	NLD Minutes – November 4, 2022 - *Approve*	
2:30 p.m.		**Ownership Linkage** A. Citizen Comment (May be limited to five minutes by Board Chairperson)	1.1, 3.1
2:40 p.m.	8	**Chief Executive Officer's Report**	
2:50 p.m.	9	**Chief Financial Officer's Report**	
3:00 p.m.	10	**Northern Michigan Regional Entity Report** NMRE Minutes	3.4
3:05 p.m.		**Assurance of Organizational Performance** A. Receipt of CEO Monitoring Reports CEO Response to Monitoring Reports	3.0, 3.2
	11	2.6 Community Resources (Internal Inspection) – From January Board Meeting*	
	12	2.10 Administrative Cost (Internal Inspection) - From January Board Meeting*	
		B. New Operational Worries Follow-up on Previous Interim CEO's Concern Raised in September 2022	
		C. February Monitoring Assignment	
	13	2.2 Treatment of Employed Workforce Members (Internal Inspection)	

3:15 p.m. **Board Means Self-Assessment** 3.2, 4.2

A. Receipt of Board Monitoring Report

CEO Response to Monitoring Report

14 3.1 Board Job Description (Direct Inspection) -From January Board Meeting*

15 3.9 CEO Compensation (Direct Inspection) *

16 3.10 Board Member Conflict of Interest (Direct Inspection) *

February Monitoring Assignment

17 3.5 Meeting Agendas and Schedules (Direct Inspection)

3:25 p.m. **Governance Policies Discussion and Assessment** 3.1

A. Ends

Cross-sector advisory proposal

B. Executive Limitations

C. Governance Process/Ownership Linkage 3.4

18 Ad Hoc Finance Committee Recommendations (see attached list)

19 Board By- Laws – Review and Approve - From January Board Meeting*

20 Policy 3.8.6 - From January Board Meeting*

D. Board/CEO Linkage

3:35 p.m. **Ownership Linkage** 1.1, 3.1

A. Citizen Comment

(May be limited to five minutes by Board Chairperson)

3:40 p.m. **Announcements/Board Members Reports/Board Association**

3:45 p.m. **March 16, 2023 Agenda Planning**

3:50 p.m. **Meeting Evaluation/Comments**

3:55 p.m. **Adjournment**

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

NEXT MEETING: March 18, 2023

* Action Items

** Action from Committee of the Whole

*** Action Other

Northern Lakes Community Mental Health Authority

Board of Directors Annotated Agenda
February 16, 2023

2:15 p.m. **Call to Order and Start Up**
Please note that Consideration of the Agenda has been moved to this section of the agenda and that each meeting Board Members may declare any new conflict of interest.

2.20 p.m. **Consent Agenda**
Board Members can request any item be removed to allow for discussion as part of the board agenda.

2:30 p.m. **Ownership Linkage**
Definition - Connecting the authority and accountability to the owners.
As shown, this includes Citizen Comments (May be limited to five minutes by the Board Chairperson), Written Public Comment, and allows time for planned Ownership Communication with other community agencies or individuals.

2:40 p.m. **Chief Executive Officer's Report**
The Interim CEO Report will be reviewed with the Board.

2:50 p.m. **Chief Financial Officer's Report**
The CFO Report will be reviewed with the Board.

3:00 p.m. **Northern Michigan Regional Entity Report**
The NMRE Board meeting minutes will be shared if available.

3:05 p.m. **Assurance of Organizational Performance**
Definition – Monitoring of how NLCMHA is complying with policy.
There are three components.
1. Receipt of CEO Monitoring Report – 2.6 Community Resources (Internal Inspection), 2.10 Administrative Cost (Internal Inspection)
(From January Board Meeting)
2. New Operational Worries – This allows time for Board Members to raise and discuss any new concerns they have that are not on the agenda and may be worries that would be added to a future agenda.
3. February 2022 Monitoring Assignment – 2.2 Treatment of Employed Workforce Members (Internal Inspection). Please complete in advance and submit to the Chairperson.

3:15 p.m. **Board Means Self-Assessment**
Definition – Review of policies that the Board is responsible for.
There are two components.
1. Receipt of Board Monitoring Report – 3.1 Board job description (From January Board meeting)
3.9 CEO Compensation (Direct Inspection), 3.10 Board Member Conflict of Interest (Direct Inspection).
2. February 2022 Monitoring Assignment – 3.5 Meeting Agendas and Schedules (Direct Inspection).

3:25 p.m. **Governance Policies Discussion and Assessment**
Definition – The Board's definition of, and rules, for its own job.
We have placed in bulleted format the four monthly standing policy topics by Policy Governance title. Board Members are encouraged to bring items they would like discussed.

A. Ends
Cross- Sector advisory proposal
B. Executive Limitations 3.4
C. Governance Process/Ownership Linkage

- Ad Hoc Finance Committee Recommendations (see attached list)
- Board By- Laws – Review and Approve - From January Board Meeting*

D. Board/CEO Linkage

3:35 p.m. Ownership Linkage

Definition - Connecting the authority and accountability to the owners.

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

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

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

3:45 p.m. March 16, 2023 Agenda Planning

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

3:50 p.m. Meeting Evaluation/Comments

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

3:55 p.m. Adjournment

NEXT MEETING – March 16, 2023

Northern Lakes
COMMUNITY MENTAL HEALTH AUTHORITY

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

Board of Directors Meeting Minutes

December 15, 2022 2:15 p.m.

The Gateway Center Microsoft Teams Meeting (Virtual) Called to order at 2:15 pm

Board Members Present: Penny Morris, Ben Townsend, Rose Denny, Barb Selesky, Sherry Powers, Al Cambridge, Dan Dekorse, Tony Lentych, Mary Marois, Kate Dahlstrom, Tom Bratton, and Greg McMorrow, Ty Wessell

Virtual: Angie Griffis, Pam Babcock
Absent: Lynn Pope

Others Present: Brian Martinus, Interim CEO; Joanie Blamer, Chief Population Officer for Mental Health Services; Lauri Fischer, Chief Financial Officer; Heather Sleight, Administrative Specialist; Deb Lavender, Executive Secretary; Stacy Maiville, Executive Secretary; Jeremiah Williams, Information Technology Supervisor; Daniel Mauk, Chief Information Officer; Kari Barker, QI Compliance Director, Tracy Andrews, Director of Integrated and Managed Health Services; Matthew Leiter, Human Resources Officer

Virtual: Ann Ketchum, Programmer Analyst II; Jessica Williams, Performance Improvement Specialist; Aimee Horton Johnson, Office Administrator; Brie Molaison, Customer Service Specialist; Dean Baldwin, Network Administrator; Michelle Dosch, Compliance Secretary;; Aimee Horton-Johnson, Office Administrator; Melissa Bentgen, Accounts Payable Team Lead; Rob Palmer, Reimbursement Manager; Curtis Cummins, Medical Director; Kellee Hoag, Administrative Specialist

Confirmation of a Quorum – Yes

Timekeeper – Ben Townsend

1. Call to Order:
The meeting was called to order at 2:15 p.m. by Dan Dekorse

2. Conflict of Interest Declaration:
None was declared.

3. Consent Agenda:
It was requested to move the Ad hoc Finance committee meetings to the Governance Process/Ownership Linkage section.

MOTION:	**Approve the Committee of the Whole and Board of Director Minutes from the November 17, 2022 meeting.**
RESULT:	**ADOPTED. [UNANIMOUS]**
MOVER:	**Al Cambridge**
SECONDER:	**Ty Wessell**

Draft

Kate requested changes to the special meeting minutes. It was agreed upon to remove Kate's narrative from the minutes and instead, include the handout she brought to the meeting.

MOTION:	**Approve the Special Meeting minutes with the changes as directed by Kate.**
RESULT:	**ADOPTED. [UNANIMOUS]**
MOVER:	**Tony Lentych**
SECONDER:	**Mary Marois**

4. Ownership Linkage:

A. Citizen Comment:

The Board recognized two emails and a letter sent by two judges. Kate read the judge's letter. The letter addressed mental health youth services.

B. Ownership Communication:

None.

5. Chief Executive Officer's Report:

The Interim CEO, Brian Martinus, gave an update reflecting the status of the organization. Brian gave status on the two 597 & 598 legislative bills. Brian also noted his upcoming meetings, the stakeholder listening sessions and presentations to the county.

6. Chief Financial Officer's Report:

The Chief Financial Officer, Lauri Fischer, went over the financial report. Lauri discussed the contracts report for November. The CFO also reported on the year-end closing of services, grants, and programs. Lauri also discussed the Teamsters union negotiations and highlighted the agreement conclusions. Lauri also went over Medicaid spending, residential/inpatient usage, and revenues and spending. The CFO answered questions from the Board.

7. Northern Michigan Regional Entity Report:

No minutes were available or provided.

8. Assurance Of Organizational Performance:

The Board reviewed the CEO Response to Monitoring Reports.

MOTION:	**The Board finds the organization 100% in compliance with Policy 2.0 Global Executive Limitations**
RESULT:	**ADOPTED. [UNANIMOUS]**
MOVER:	**Rose Denny**
SECONDER	**Barb Selesky**

New Operational Worries:

The Board Chair stated that if anyone has any suggestions or comments regarding the attorney's conversation from the Committee of the Whole discussion, to email him and it will be addressed at the next Board meeting.

Kate asked the Interim CEO, Brian, about grants for juvenile services. It was clarified that Northern Lakes applies for many grants, but the grants she is inquiring about do not exist.

Draft

9. Board Means Self-Assessment:

MOTION:	**The Board finds the organization in compliance for policy 64% 3.4 Annual Workplan**
RESULT:	**ADOPTED. [UNANIMOUS]**
MOVER:	**Rose Denny**
SECONDER:	**Sherry Powers**

MOTION:	**The Board finds the organization 93% in compliance with Policy 3.2 Governance Style**
RESULT:	**ADOPTED. [UNANIMOUS]**
MOVER:	**Rose**
SECONDER:	**Sherry**

10. Governance Policies Discussion and Assessment:

a. Ends: None.

b. Executive Limitations: None.

c. Governance Process/Ownership Linkage:

RRAC Minutes: - The RRAC committee asked for the December 6th RRAC minutes to be put in the February Board packet after the RRAC reviews them at their next meeting.

CEO Search Committee: The minutes were included in the desk packet. Mary read the email that she sent to the CEO Search Committee.

Letter to NLCMHA from the six counties:
Tony made a motion to delay in hiring a CEO until there is a new Enabling Agreement in place

There was discussion around this motion, what the letter would mean for the search and what the timeline would be. Ben stated that The Board would hire the CEO and there would be an oversite committee. It was stated that the Board most likely would resume the CEO search by April 2023.

MOTION: Delay the CEO search process until the April 20, 2023 Board meeting. If the Enabling Agreement has not been finalized by that time then the Board will have a discussion on whether to continue the search process at that time.

Roll Call Vote : 13 Y- P. Morris, B. Townsend, R. Denny, B. Selesky, S. Powers, A. Cambridge, D.Dekorse, T. Lentych, M. Marois, K. Dahlstrom, T.Bratton, and G.McMorrow, T. Wessell. **0 N.**

RESULT:	**ADOPTED. [UNANIMOUS]**
MOVER:	**Tony Lentych**
SECONDER	**Ty Wessell**

There was a motion that was withdrawn about the Board hiring a Headhunter at this time. It was decided that the Board will not look for a headhunter until a later date.
The Chairman asked Mary, the Chair of the CEO Search Committee, to provide notice to the candidates that the Board is pausing the CEO search and to remove the ad for the CEO position. Mary stated that the CEO Search Committee will not meet until further notice.

It was requested that there be a document in place about the NMRE lending NLCMHA a CEO. Dan said that he will touch base with Eric about this.

Ad Hoc Finance Committee: Not discussed

d. Board/CEO Linkage:

Members thanked Brian Martinus for coming to their counties to present his report, they mentioned that the report was well received and went very well.

11. Ownership Linkage:

a. Citizen Comment:

Joanie Blamer spoke and provided an update relating to the Board's discussion surrounding the crisis continuum of care for children and families. Joanie stated that Northern Lakes is not writing any grants on behalf of the community center, the community center is a separate organization from Northern Lakes and not part of the agency.
Joanie also stated that the agency has searched, and there are not any youth crisis residential grants available at this time. She noted MDHHS has not developed the crisis stabilization criteria for children and the best estimate for its completion is January of 2025. She further noted that NLCMHA will be poised to apply for youth CSU grants when they become available.
Joanie also recognized Deb Lavender's 41 years of service with Northern Lakes Community Mental Health.

Pam made a citizen comment to inform the Board that if any of them wanted to participate with the county's listening session that the Board members need to contact their county administrators for that information.

Kate made a comment in response to Joanie's and stated that she did not ask Northern Lakes to apply for grants for the Center, but she believed that Northern Lakes would contract with the Center for youth crisis residential services and should apply for grants for services.

12. Announcements/Board Member Reports:

Grand Traverse County will be holding a special meeting on Monday December 19th.

13. Agenda Planning:

Next meeting to be held, January 19, 2023 in Cadillac.

14. Meeting Evaluation:

Not discussed.

15. Adjournment:

The meeting adjourned at 4:10 p.m.

Respectfully Submitted,

Dan Dekorse, Chairperson

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Sherry Powers, Board Secretary

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Stacy Maiville, Recording Secretary

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Draft

Northern Lakes
COMMUNITY MENTAL HEALTH AUTHORITY

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

Board of Directors Meeting Minutes

January 19, 2023 2:15 p.m.

Board Members Present:, Ben Townsend, Rose Denny, Al Cambridge, Pam Babcock, Lynn Pope, and Tom Bratton

Virtual: Angie Griffis, Penny Morris, Barb Selesky, Sherry Powers, Mary Marois, Kate Dahlstrom, Greg McMorrow, Ty Wessell, Dan Dekorse, Tony Lentych

Others Present: Brian Martinus, Interim CEO; Joanie Blamer, Chief Population Officer for Mental Health Services; Lauri Fischer, Chief Financial Officer; Heather Sleight, Administrative Specialist; Deb Lavender, Executive Secretary; Stacy Maiville, Executive Secretary; Jeremiah Williams, Information Technology Supervisor; Daniel Mauk, Chief Information Officer; Kari Barker, QI Compliance Director, Tracy Andrews, Director of Integrated and Managed Health Services; Matthew Leiter, Human Resources Officer

Virtual: Ann Ketchum, Programmer Analyst II; Jessica Williams, Performance Improvement Specialist; Aimee Horton Johnson, Office Administrator; Brie Molaison, Customer Service Specialist; Dean Baldwin, Network Administrator; Michelle Dosch, Compliance Secretary; Aimee Horton-Johnson, Office Administrator; Melissa Bentgen, Accounts Payable Team Lead; Rob Palmer, Reimbursement Manager; Curtis Cummins, Medical Director; Kellee Hoag, Administrative Specialist

Confirmation of a Quorum – No

Timekeeper – Ben Townsend

1. Call to Order:
The meeting was called to order at 2:15 p.m. by Rose Denny

2. Conflict of Interest Declaration:
None was declared.

3. Consent Agenda:
The Board was made aware of the minutes available to them. The Board was unable to vote due to the lack of a quorum.

4. Ownership Linkage:
A. Citizen Comment:
None

B. Ownership Communication:

None.

5. Chief Executive Officer's Report:

Brian, The Interim CEO, presented the CEO report. Brian noted that the agency is actively looking to hire more employees. The agency is currently 13% below staffing levels and is working hard to fill those vacancies. Brian reviewed his upcoming meetings and spoke about the waiver training for employees and the All-Managers Meeting. He also expressed the importance of getting everyone in leadership on the same page.

Brian discussed the community survey, which would need the Board approval for the contract since it is over $15,000. The Board encouraged Brian to see if he could get the cost under $15,000 since they could not vote on it today due to the lack of a quorum.

6. Financial Officer's Report:

Lauri, the CFO gave the Chief Financial Officer's Report. Lauri reviewed the contracts entered into and finance report. Lauri also spoke about the Habilitation Supports Waiver (HSW), Medicaid redetermination, Medicaid spending as compared to regional funding advances, residential/inpatient usage, and revenues and spending.

It was asked if there is a dedicated DHHS worker. Lauri responded that we do have a dedicated worker for this, and she assists all six of the counties.

7. Northern Michigan Regional Entity Report:

The December 2022 Minutes were referenced and presented within the packet.

Mary commented that there was significant conversation at the NMRE about the many new players in the house and senate and how to use that for the agency's benefit.

8. Assurance Of Organizational Performance:

A. Receipt of the CEO Monitoring Reports:

Review of the CEO Response for policies 2.6 and 2.10 were deferred to next month due to the lack of quorum.

B. New Operational Worries:

None.

C. January Monitoring Assignments

The Board was given policy 2.4 Financial Management as completed by the CFO and interim CEO.

Kate expressed the need for pediatric psychiatrists and asked how many we currently have at NLCMHA. Brian answered that we have one on staff and an offer has been extended to another for the summer.

9. Board Means Self-Assessment:

A. Receipt of the CEO Monitoring Reports:

Review of the CEO Response for policy 3.1 was deferred to next month due to the lack of quorum.

B. January Monitoring Assignment:

January monitoring reports, Policy 3.9 and 3.10, along with the conflict-of-interest declaration forms were distributed to the Board for their completion.

10. Governance Policies Discussion and Assessment:

a. **Ends: None.**

b. **Executive Limitations:**
Cost for Community Survey. The Board was unable to vote on this topic due to lack of a quorum. The Interim CEO said he will try to get the cost reduced.

c. **Governance Process/Ownership Linkage:**

NLD Updates: None given.

Ad Hoc Finance Committee Updates:
Al presented the Ad Hoc Finance Committee report and stated his recommendations regarding policies and contracts. He also stated that the Ad Hoc Finance Committee recommends forming an Ad Hoc Budget Committee, that would meet three times in 2023. The meeting would cover the following three areas:
1. Directly provided services
2. Provider network
3. Revenue

The committee felt that they did not need a standing finance committee.

The Ad Hoc Finance Committee has also requested that the Chief Financial Officer's monthly balance sheet will include a proforma area moving forward. Additionally, the Interim Chief Executive Officer will add to his report a review of significant contracts.

The Ad Hoc Finance Committee will present their recommendations to the Board again at the next meeting to be voted on. The recommendations to the Board will be separate from the committee's minutes.

Board By-Laws: The Bylaws were included in the packet. No action due to lack of quorum.
Ownership linkage plan: No action due to lack of quorum.
Board Terms: The Board terms were in the packet, for the Board to reference.
Policy 3.8.6: No action due to lack of quorum.

d. **Board/CEO Linkage:**

11. Ownership Linkage:

a. **Citizen Comment:**

None

12. Announcements/Board Member Reports:

Brian reminded the Board about the CMHA conference.

13. Agenda Planning:

Next meeting to be held on February 16, 2023, at Kirtland Community College
- Ad Hoc Finance Committee recommendations.

14. Meeting Evaluation:

Barb suggested that there needs to be a better way for the Board members to share and act on ideas.

15. Adjournment:
The meeting adjourned at: 3:45 p.m.

Respectfully Submitted,

Dan Dekorse, Chairperson

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Sherry Powers, Board Secretary

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Stacy Maiville, Recording Secretary

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Northern Lakes
COMMUNITY MENTAL HEALTH AUTHORITY

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

Committee of the Whole Meeting
Minutes

December 15, 2022 **12:30 PM**

The Gateway Center Microsoft Teams Meeting (Virtual) Called to order at

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

Board Members Present: Tony Lentych, Dan Dekorse, Penny Morris, Ben Townsend, Rose Denny, Barb Selesky, Al Cambridge, Greg McMorrow, Mary Marois, Tom Bratton, Kate Dahlstrom, Sherry Powers, Ty Wessell

Absent: Lynn Pope

Virtual: Pam Babcock, Angela Griffis

Others Present: Brian Martinus, Interim Chief Executive Officer; Joanie Blamer, Chief Population Officer for Mental Health Services; Lauri Fischer, Chief Financial Officer; Tracy Andrews, Director of Integrated and Managed Health Services; Heather Sleight, Administrative Specialist; Deb Lavender, Executive Secretary; Stacy Maiville, Executive Secretary; Jeremiah Williams, Information Technology Supervisor; Matt Leiter, Director of Human Resources; Brian Newcomb, Recipient Rights Director; Dave Simpson, Residential Services Administrator; Kari Barker, QI Compliance Director;

Virtual –Ann Ketchum, Programmer Analyst II; Jessica Williams, Performance Improvement Specialist; Aimee Horton Johnson, Office Administrator; Brie Molaison, Customer Service Specialist; Dean Baldwin, Network Administrator; Kellee Hoag, Administrative Specialist – Finance; Michelle Dosch, Compliance Secretary; Chris Biggar, Finance Manager; Curtis Cummins, Medical Director

1. **Public Comment:**
   No public comment

2. **Update on Recipient Rights:** Brian Newcomb –. From 10/1 to present, complaints have slowed down. FY 22 investigations wrapping up with only 14 to be completed. NLCMHA will finish FY 22 at 100% time frame compliance. Currently hiring for an upcoming opening. Triennial review Corrective Action Plan has been submitted for approval. FY 23 site visits are going well. The agency has moved to all digital tracking.
   There was Discussion as to why there is so much turnover in Recipients Rights and what would keep people in the positions. No complaints about pay or benefits. Different things contribute to why people leave these positions – personal needs/reasons, burnout factor, among others. No concerns as a supervisor as it appears to be the natural flow of things.
   Once the Corrective Action Plan is approved by the state, it can be distributed.

3. **Discussion with Attorney:** Questions regarding email communications between board members/CEO as well as board members/board members. There is currently no email policy in place for the board. **Answer:** typically, with governmental entities, it revolves around what is acceptable and what is not. You can't send anything that contains inappropriate, harassing, bullying, or threatening content. Basic rule is that as board members, you cannot engage in any conduct that leads to any deliberation on any matter that is currently

before the board or is going to be brought before the board. Deliberation (as defined by the OMA) is discussion or debate that leads to a decision. You can send/forward an email to other board members strictly for the purpose of making them aware of an issue/complaint, but board members are NOT allowed to communicate back and forth about actions that the board should take regarding the issue/complaint. If you send out an email to all board members stating that you want to change a policy and you ask for recommendations, the recommendations received must be discussed in a meeting. It is okay to send an email to solicit input on an issue, you just cannot discuss the issue amongst board members via email. Also, emails sent for informational purposes only, such as updates on a particular issue are acceptable. The board should not use private email addresses to communicate for board related issues as anything communicated becomes a public document. A separate email account should be set up to use strictly for board related communications. It was also recommended to have a policy in place that regulates Board emails.

4. **Presentation: –Compliance, Quality, and Customer Service:** Kari Barker – In April, the NRME delegated the Exclusionary Reporting to the CMHSPs. Professional Credentialing was moved from HR to our team. Anything that was behind is now up to date as of two weeks ago. We are now credentialing in real time. 100% of appeals were resolved within 30 days and 100% of inquiries were resolved within 1 day. We are gearing up for review season - February is our annual NMRE review, the waiver review will be in April and CMH recertification submission at the end of summer.
There was discussion about the consumer objectives not being met and why. There was additional discussion about the patient portal, the information it offers to consumers and whether or not it is a compliance issue. Kari will look into this.

5. **Board Member Terms:** For those board members whose terms expire in March of 2023. NLCMHA needs to know by January the intentions of those board members. If you are one of those six, please let the Executive Secretary know so she can reach out to the prospective counties if necessary.

6. **Recipient Rights Limitations:** Brian Newcomb – Freedom of Movement/Limitation – The freedom of movement for a recipient shall not be restricted more than is necessary to provide mental health services to prevent injury to the individual or others.

   Services Suited to Condition – the appropriate treatment or support for the recipient's unique condition by which the recipient is legally entitled. Services are provided in compliance with any/all standards of care required by law, rules, policies, procedures, written guidelines, written directives, and/or the recipient's IPOS.

   Freedom of expression in residential settings includes communication by phone, mail and in person. They shall have access to newspaper, magazines, music, internet, etc. Communication shall be private, unimpeded, uncensored, and accessible. Limits on times and places for phone and visits are allowed only if they are reasonable, in writing and posted. Additional restrictions are allowed only if they are authorized in the plan of services. A limit can never be placed on legal inquiries, including ORR.

   Freedom of movement may not be restricted unless it is necessary to prevent injury to the recipient or others. Absolutely no mechanical or chemical restraint is allowed. Physical management may be used but only after positive approaches have failed. Only approved techniques may be used and in the least restrictive manner. Seclusion – placing or requiring a recipient to stay in a room alone and preventing egress by any means is also prohibited. Time out is voluntary.

   Property and financial rights – recipients have the right to us, possess and access all personal property including money. Certain types of property such as weapons, illegal drugs, alcohol, and undeclared medications may be prohibited by a facility, but it must be posted in writing. Other restrictions are allowed only if authorized in the IPOS. Search and seizure of a recipient's personal property is allowed only with reasonable cause to suspect, a witness present, resident given the choice to be present, receipt given to recipient and the search must be documented in the recipient's record.

Privacy – Recipient must have “personal” space, no intrusive interventions unless stated in their IPOS. There must be ample space for each recipient in the home, no overcrowding. Must use a knock before entering approach. Recipient’s information must be kept confidential.

BTRC – Behavior Treatment Review Committee review and approve/disapprove the plans that include intrusive interventions or interventions that restrict or limit the recipient’s rights. This is in accordance with Administrative Rule 330.7199(2)(g). The plans must receive special consent of the recipient’s legally empowered representative prior to implementation. It is required that plans utilizing intrusive or restrictive interventions be developed as a formal behavior treatment plan. All approved plans are reviewed on a quarterly basis to ensure a continued need for the approved procedures.

7. **Letter to NLCMHA from the six counties:** The NLCMHA board received a letter from the Chairs of the Board of Commissioners requesting that the board hold off on the CEO search until the Enabling Agreement is complete. It is expected that the Enabling Agreement will be complete and ratified in April. This was placed on the BOD agenda for today’s meeting for discussion/vote.

8. **Agenda Planning:**
   Next meeting is January 19th, 2023, at Northern Lakes Community Mental Health, 527 Cobb Street, Cadillac, MI 49601

9. **Meeting Evaluations/Comments:**
   #1 – We spent our time on the most important governance topics – good
   #2 – We encouraged diversity of viewpoints – good
   #3 – Our decisions were made collectively – good
   #4 – The Board used it’s time effectively – good
   #5 – What is the most important thing the Board could do to improve our function as a Board?

10. **Other/Adjourn:**

Meeting adjourned at 2:15 p.m.

Respectfully Submitted,

Heather Sleight,

Administrative Specialist

DRAFT

Northern Lakes
COMMUNITY MENTAL HEALTH AUTHORITY

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

Committee of the Whole Meeting
Minutes

January 19, 2023 **12:30 PM**

Northern Lakes Community Mental Health, 527 Cobb St, Cadillac, MI 49601

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

Board Members Present: Ben Townsend, Rose Denny, Al Cambridge, Tom Bratton, Pam Babcock, Lynn Pope

Virtual:, Angela Griffis, Tony Lentych, Dan Dekorse, Penny Morris, Barb Selesky, Greg McMorrow, Mary Marois, Sherry Powers, Ty Wessell, Kate Dahlstrom,

Others Present: Brian Martinus, Interim Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Tracy Andrews, Director of Integrated and Managed Health Services; Heather Sleight, Administrative Specialist; Stacy Maiville, Executive Secretary; Jeremiah Williams, Information Technology Supervisor; Matt Leiter, Director of Human Resources; Brian Newcomb, Recipient Rights Director; Andy

Virtual –Ann Ketchum, Programmer Analyst II; Jessica Williams, Performance Improvement Specialist; Michelle Dosch, Compliance Secretary; Curtis Cummins, Medical Director

1. **Public Comment:**
   No public comment

2. **Update on Recipient Rights:**
   Investigations are down over previous three years. Still achieving 100% compliance within the time frame. Still have the open Advisor position.The state has accepted all corrective action for the triennial review. Two openings on the Recipient's Rights Advisory Committee (RRAC).

3. **2022 Annual Review Highlights -**

Dr. Cummins:
For Medical Director

- 1639 persons were served by Psychiatric Services.
- 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.
- 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.

Carrie Gray:
IDD Adults:

- 130 Self Determination arrangements
- 12 consumers are being served by PERS (Personal Emergency Responses System) supporting independent living.

- NLCMHA is hiring community living support staff and has provided support in home and community to 39 consumers this year.

IDD Children:

- Expanded our current contract provider network to include 2 additional ABA providers.
- NLCMHA Board Operated Homes:
- Trained 100% of SRS Unit workforce in the Culture of Gentleness.
- Completed ORR (Office of Recipient Rights) Annual Audits with no corrective actions.
- Completed Network Management Audits with no corrective actions.
- Maintained staffing compliance ratios.

Board Operated Homes – Dave Simpson:

Resident Care and Support:

- The most recent BOH intakes (4) have come from Emergency Departments as an outcome of provider home closures.
- BOHs operated at 99% occupancy rate in 2022.

Workforce:

- Direct Care Worker (RCA) staffing level finished 2022 at >80% staffing level.
    - Focus in 2023 is on workforce training, development, and retention.
- In-unit trainers for CPI, First Aid/CPR and Medication Administration Refresher courses were developed this year to sustain direct care worker (RCA) training levels.
- AFSCME contract for RCAs was re-negotiated for the 3rd consecutive 3-year term.

Operations:

- 16 of 18 audits (Network Management; ORR and LARA) were successfully completed between June and December including 4 of 6 LARA biennial re-certification license reviews. The remaining 2 LARA recertification audits will be completed in February/ March of 2023.

Joanie Blamer, Chief Population Officer
Children & Families:

- Growing the MC3 program that allow local pediatricians to consult with a U of M Child Psychiatrist, this is available to all SED, including mild to moderate.
- Completed the DBTA and now offer this in all locations.
- Juvenile Justice program continues to grow with the Prosecuting Attorney's office and schools as our primary referral sources.
- Distributed Carter Kits to community partners, including law enforcement, schools, DHHS offices, primary care clinics, and homeless.

MIA:

- Expanding the Crisis Continuum of Care: increased iPads to all law enforcement, opened the Crisis Welcoming Center, working with Hope Network to develop a crisis residential for adults.
- Expanding Justice Diversion: working with law enforcement, prosecuting attorneys, and judges to develop pre and post justice diversion services.
- Enhanced employment services through our Clubhouses as we move away from COVID-19 restrictions.
- Two staff members trained to provide Assessing and Managing Suicide Risk training in our community

Dan Mauk, Chief Information Officer
IT Department

- Improved security
- Enhanced workforce mobility
- Improve collaboration tools
- FCC COVID funding enabled us to make significant improvements I all the above.

Matt Leiter, Human Resources:

- Focus on workplace safety including a 40% decrease in claims reported to Accident Fund and achieving our Lag Time reporting goal.
- Implementation of a new HR system (Paychex)
- All collective bargaining agreements ratified with new three-year contracts.
- Successful year of several Wellness Committee events focused on staff engagement and appreciation.
- Held two All Staff Training/Celebration events both summer and winter with key speakers and training on Active Shooter, Self-Care and more.

Tracy Andrews, Director of Managed and Integrated Health:

Network Management –

- Completed 186 contracts and 115 in person site visits.
- Worked with Providers and Finance to pass through over $1 million in Provider Stability payments.
- Worked with an existing Provider to develop Specialized Residential Services Program for persons with autism spectrum disorder.

Integrated Care Services –

- Provided primary care services through the Integrated Health Clinic for more than 400 persons in both the Grayling and Traverse City office locations.
- FY23 plans to become a Behavioral Health Home provider, to provide BHH services to all patients of IHC, regardless of eligibility.
- BHH (CHAT Program) increased enrollment by over 100%, with supports to 201 people throughout the year.
- Working with NMRE in FY23 to expand to become an Opioid Health Home provider.

Access has moved back under Managed Care Division, effective November 2022.

Darryl Washington, Director of Long-Term Care Services – Northern Health Care Management:

- Successful transition to a new Electronic Health Record (new system a third of the cost of the old system, better performance)
- Now fully staffed after two years of low staff levels
- 8% Increase in available slots.
- Phase one of Technilodge Project submitted for review.
- Implementing a evidence based falls program (success will help ensure avoidance of quality withhold from budget).
- Preparation for NCQA accreditation Renewal
- Successful outcome for AQAR audit

Brian Newcomb, Director of the Office of Recipient Rights:

- Finished FY2022 with 100%-time frame compliance on all investigations.
- Returning to partial In-person trainings for Recipient Rights Refreshers.
- Beginning in FY23 transitioned to all digital tracking and record keeping for all required provider site visits.

Lauri Fischer, Chief Financial Officer:

Finance:

- Full implementation of a cloud-based payroll system, Paychex.
- Restructuring of General Ledger and Cost Centers to accomplish Standard Cost Allocation by mandate from MDHHS.
- Accomplished over $1M of provider stability to 17 providers and almost $3M in direct care wage premiums to providers and RCA's.
- Successful AFSCME Union negotiations.

Reimbursement:

- Reimbursement Officer accomplished ArchPro coding certification in support of the Integrated Health Clinic.
- Data Team interviewed, documented, and created a training manual for the direct run residential staff and supervisors.

Maintenance:

- Replaced Club Cadillac roof.
- Glen Oaks Apartments-2 units remodeled, and each unit had decking and walkways upgraded.
- Sites are sanitized every time a covid exposure is reported.

Kari Barker, Director of Quality Improvement, Compliance and Customer Service:

Consumer Satisfaction:

- Northern Lakes had 146 respondents to the NMRE satisfaction survey, which was 4x the amount we have seen historically.

Professional Credentialing:

- This ongoing task was transferred to our team in April, as of this date all overdue new hire and renewal credentialing have been completed and we are now credentialing in real time. We are using an all-electronic format.

Medicaid Exclusionary reporting:

- This monthly task was transferred from the NMRE in March, it has been completed in a timely manner with no negative results.

Facts & Snacks:

- The Customer Services Specialist conducted monthly educational opportunities for staff on different subjects relevant to their jobs. The turnout was excellent, having 20-30 participants in each session and received very positive feedback.

4. **County Commissioner Survey Results:**
   The survey results indicate that we are average and with that there is room for improvement. There were a few new commissioners on the board that may not be familiar with what NLCMHA does and the results of the survey reflect this. It was suggested that a handout be created that provides an overview of what we do – the people we serve and the services we provide. This would be distributed to commissioners or anyone who may not know what we do. It could also be used as part of the commissioner orientation. Discussion as to the length, content, and distribution of the handout.
   .

5. **FY 2023 Ownership Linkage Plan**
   Rose read the goal/purpose of the Ownership Linkage Plan as stated in Policy 3.0 – Governance Process/Ownership Linkage. The individuals/organizations served were listed as well as the methods of contact for those individuals/organizations. It was suggested that housing and organizations that work with people in poverty be added to the list.

6. **Agenda Planning:**
   Next meeting is February 16th, 2023, at Kirtland Community College, 4800 W 4 Mile Rd, Grayling.

10. **Other/Adjourn:**
    Meeting adjourned at 1:53 p.m.

Respectfully Submitted,

Heather Sleight, Administrative Specialist

Northern Lakes COMMUNITY MENTAL HEALTH

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

Ad Hoc Finance Committee Meeting
Minutes

November 14, 2022 **10:30 AM**

Attendance:

Al Cambridge called the meeting to order at 10:30 a.m. at 105 Hall St. Traverse City and virtual.

Board Members Present: Al Cambridge, Ty Wessell, Ben Townsend
Virtual: Tom Bratton

Others Present: Brian Martinus, Interim CEO; Lauri Fischer, Chief Financial Officer; Stacy Maiville, Executive Secretary; and Deb Lavender, Executive Secretary.

MOTION:	**Approve the October 10, 2022 minutes**
RESULT:	**ADOPTED. [UNANIMOUS]**
MOVER:	**Ben Townsend**
SECONDER:	**Ty Wessell**

Contract Discussion:

The Committee went through the list of Contracts entered into and discussed the sections to determine conclusions for the following:

1. Is this what they want to go before the Board?
2. Does the Board need to pre-approve before they are signed or only be informed afterwards?

Specialized Residential Contracts:
Conclusion: Provide the Board with information and any possible or potential issues.
No prior approval needed.

Inpatient and Hospital Contracts including single case agreements:
Conclusion: Provide the Board with information and any possible or potential issues.
No prior approval needed.

Independent Contractors and Leases:
Conclusion: Provide the Board with information and any possible or potential issues.
No prior approval needed.

Northern Health Care Management (MI Choice Contracts):
Conclusion: Provide the Board with information and any possible or potential issues.
No prior approval needed.

Software:
(Will change to be listed under administrative services)
Conclusion: Provide the Board with information and any possible or potential issues.
No prior approval needed.

Capacity Arrangements:
There are not always new capacity arrangements every year. The chair expressed that this category should be moved under category 3 with independent contractors.
Conclusion: Provide the Board with information and any possible or potential issues.
No prior approval needed.

Accountants and Attorneys:
Conclusion: The Board should do prior approval for accountants.
Conclusion: Every June the Board will discuss the attorneys and the history of the prior year with those attorneys. Prior approval needed.

Office Equipment Communication and IT Software:
This will be relabeled under "Other".
Conclusion: No prior approval needed.

Medicaid:
Conclusion: NLCMHA's representation on the regional Board is the Board's representative in approving the Medicaid contracts.

General Funds:
It was stated that it would not be practical for the Board to approve the state contracts before they are entered into.
Conclusion: The Board relies on the CEO to inform them in a timely manner, if there are any pending issues regarding general fund or other contracts with the state.
No prior approval needed.

Review of tentative policy recommendations
The Chair of the committee is pulling together all the recommendations and would like to present those recommendations to the policy committee.

Recommendations to the Board:
Possible Board Budget committee that meets three times a year during the budgeting process. Details to be worked out with the CEO and CFO.

The Chair would like to see the finance report and contracts report be removed from the consent agenda and put within the Chief Financial Officer's report.

Role and need for Finance/Budget Committee:

There was discussion around the role and need for a finance or budget committee.
It was identified that there does not need to be a monthly finance committee. Instead of a finance committee, there would be a Budget Committee that meets in May, June, and July.
The committee recommended three to one that they would develop a standing budget committee.
It was identified that the purpose of the budget committee is for the Board to have participation in the budget process and opportunities to have input at three different stages before being asked to approve the final budget

Agenda Planning/Schedule of Next Meeting:

Possible" wrap up meeting" in January.

Meeting Evaluations/Comments

None.

Meeting adjourned at: 12:30 p.m.

Respectfully Submitted,

Stacy Maiville
Executive Secretary

Northern Lakes COMMUNITY MENTAL HEALTH

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

Ad Hoc Finance Committee Meeting
Minutes

January 9, 2023 **10:30 AM**

Attendance:

Al Cambridge called the meeting to order at 10:30 a.m. at 105 Hall St. Traverse City and virtual.

Board Members Present: Al Cambridge, Ty Wessell, Ben Townsend, Tom Bratton, Dan Dekorse

Others Present: Brian Martinus, Interim CEO; Lauri Fischer, Chief Financial Officer; Stacy Maiville, Executive Secretary

MOTION:	**Approve the November 14, 2022 minutes**
RESULT:	**ADOPTED. [UNANIMOUS]**
MOVER:	**Ty Wessell**
SECONDER:	**Tom Bratton**

Contracts:

Al revisited the conclusion about contracts from the last meeting. He clarified the conclusion about contracts, and referred to the handout he wrote and distributed:

"The committee recommends that we receive from the CEO each month, a review of significant revenue and provider contracts that will be finalized in the next month, so the Board has an opportunity to ask appropriate questions".

The committee discussed Al's recommendation and concluded that they would like the CEO to include pending contracts and grants in his report.

The CFO mentioned that this may be challenging at times depending on the timing available to respond to a crisis.

Al stated that it is the CEO's responsibility to report about any current or pending contracts or grants of significant value. There was additional discussion about the definition of "significant", it was concluded that this would be at the CEO's discretion and could include significant dollar values or significant changes to a current process or service. If there are not significant contracts for the month, the CEO would write "no significant contracts".

The committee agreed that they would like to request that the CEO add significant grants and contracts to his report each month.

Review of Recommendations

Al discussed the possibility of the board putting out an employee survey. Brian stated that the agency just had a climate survey, which some of those results will be listed in the agency assessment that is given to the board in February.

It was clarified that the Ad Hoc Finance Committee is not taking responsibility for revising any policies. These are the recommendations to the board, for the Policy Committee to review and change when the Policy Committee meets again.

Al reviewed the policy recommendations as stated on his handout.
(Hand out attached)

Policy 2.4 - No recommendations.
Policy 2.5 – No recommendations.
Policy 2.7 – It was requested that the CEO share the name of his/her successor with the Board, in the event the CEO is not available.
Policy 2.9 – No recommendations.
Policy 2.10 - No recommendations. The state is moving to a new approach on this. The policy should be reviewed when those changes are made by the state.
Policy 3.7 – No recommendations.
Policy 3.8.6 – Recommend that a Board Member should complete at least 1 year to be recognized when they leave the Board.

The committee discussed the fund balance sheet, and requested to the CFO, to add a proforma area.

There was discussion around financial training for board members.
It was agreed that there should be financial training for the new board members, shortly after they are appointed. Additionally, the committee would like to request that the NLD adds a financial training presentation to the Board Education Session schedule.

It was stated that it would be very helpful to have a simple list of financial definitions to handout to the Board.

Role and need for Finance/Budget Committee:

The committee unanimously agree that there should be an Ad Hoc Committee that would meet with the CEO and staff three times this year. The meetings would cover 1. Directly Provided Services, 2. Provider Network and 3. Revenue Projections. The purpose of The Committee would be to communicate the process and assumptions to The Board after each meeting. The Committee should include newer as well as seasoned Board Members to optimize educational opportunities.

Agenda Planning/Schedule of Next Meeting:
The committee will meet fifteen minutes before the January 19, 2023, NLCMHA Board meeting to review and approve minutes, so they can be part of the board desk packet.

Meeting Evaluations/Comments
None.

Meeting adjourned at: 12:00 p.m.

Respectfully Submitted,

Stacy Maiville
Executive Secretary

POLICY REVIEW

The Committee reviewed policies that affect the financial activities of The Authority with the following observations and recommendations. We further recommend that the Policy Review section of this report be referred to the Policy Committee for action.

The following Policies were reviewed:

Policy 2.2 Treatment of Employed Workforce Members

2.2.1 No recommendations but we did discuss ways that we could measure compliance such as employee surveys.

2.2.2 Recommend adding that the Board should be informed of all formal complaints such as EEOC and Lawsuits.

2.2.3 No Recommendations.

2.2.4 No Recommendations.

Policy 2.3 Compensation of the Employed Workforce

No recommendations but we did discuss that State and Regional surveys are used to review pay rates.

Policy 2.4 Financial Management
No recommendations but we did discuss Monthly Financial reporting and several changes have been implemented as a result of these discussions.

Policy 2.5 Asset Protection
No recommendations but we discuss that we get very detailed information when this policy is reviewed by The Board.

Policy 2.7 Continuity of Executive Functions
Recommend that the policy be changed to have the Board Chair share the name of the person who would act as interim CEO in the event the CEO is not available.

Policy 2.9 Investments
No recommendations, we do get very detailed information when this policy is reviewed by The Board.

Policy 2.10 Administrative Cost
No recommendations, our CFO did mention that The State is moving to a new approach, this policy should be reviewed when that is final.

Policy 3.7 Governance Committees

3.7.8 No recommendations.

3.7.12 No recommendations.

Policy 3.8 Cost of Governance

3.8.6 Recommend that a Board Member should complete at least 1 year to be recognized when they leave the Board

MONTHLY FINANCIAL REPORTING

We had considerable discussion regarding monthly financial reporting and several changes have been made to the monthly report and it has been removed from the Consent Agenda and replaced by a monthly report from the CFO.

We also discussed the possibility of receiving a current Balance Sheet each month, our CFO is looking into this, we do not do a formal monthly closing so it might be on a pro forma basis. It should be noted that the fund balance on the monthly report is the balance at the last formal audit and can be over a year old.

CONTRACTS

We have implemented much more detail on the monthly contracts report. The report has also been pulled from the consent agenda for separate review. However, the report list only approved contracts. We reviewed each category of contracts and did conclude that contract with auditors must be approved by the Board and that in June we will review our arrangements with attorneys. Staff believes it is not practical for the Board to approve other contracts. The Committee recommends that we receive from the CEO each month a review of significant revenue and provider contracts that will be finalized in the next month so the Board has opportunity to ask appropriate questions. This will also allow Board Members to become familiar with our providers and sources of revenue.

GRANTS

We also recommend that we ask our CEO to provide us with monthly updates of major grant requests in process and expected application dates.

PERMANENT FINANCE COMMITTEE

The Ad Hoc Committee does not believe we need a permanent Finance Committee. We have a very professional Finance Department and hear directly from them rather than filtering through a committee.

BUDGET COMMITTEE

The Ad Hoc Committee did feel that the Board should have more participation in the Budget process. This was a 3 to 1 conclusion. The committee would meet with the appropriate staff three time during the process and would be able to inform the Board regarding assumptions and processes during the budget cycle. This could be done as an Ad Hoc committee and made permanent is desired. We would recommend that the committee have newer as well as seasoned members.

Minutes of our meetings provide further details of discussion regarding this summary report. We appreciate the participation of key staff in supporting our meetings.

Northern Lakes COMMUNITY MENTAL HEALTH

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

Nominating and Leadership Development Committee Meeting Minutes

November 2, 2022 **10:00 AM**

1. ATTENDANCE:

Pam Babcock called the meeting to order at 10:02 a.m. at 527 Cobb Street, Cadillac and virtual.

Board Members Present: Rose Denny, Pam Babcock, Dan Dekorse

Board Members Virtual: Greg McMorrow, Mary Marois

Board Members Absent: Angie Griffis

Others Present: Brian Martinus; Interim CEO; Stacy Maiville, Executive Secretary; Deb Lavender, Executive Secretary, Joanie Blamer, Chief Population Officer for Mental Health Services

Virtual: Chuck Corwin, Marleen Cassidy

2. Approval of Agenda

Unable to approve due to lack of quorum.

3. Approval of the Minutes:

Unable to approve due to lack of quorum.

4. Interview Candidate for RRAC

The NLD Committee did a round table interview for RRAC candidate, and current member, Chuck Corwin. Chuck emphasized his interest in staying on the committee, his background, and level of commitment to the Committee. Chuck stated that he has enjoyed serving on the committee for the past three years and feels a sense of accomplishment and pride after leaving the meetings. Chuck sees the importance in the mission of the RRAC.

5. Education

The NLD Committee discussed the upcoming Board Education Sessions for November, December and January.

The following ideas were discussed:

- MI/DD Services, a three-part series including:

1st part - Discuss the medically necessity of IPOS plan

DRAFT

2nd part - Difference between the IDD and MI services when people look at the budget. (Eric Kurtz to possibly present part one and two)
– Access

It was found that during the meeting, Eric would not be available in November to present for the education sessions.

Mary presented possibly having a presentation that showcases the entire intake process for different consumer members.
Mary stated that there is a desire to have a “one stop shop” for anyone who walks through the door, even if it is mild to moderate individual who needs to be directed to a different organization.
Mary suggested the presentation include:

- What happens to an individual after they walk through the door
- If needed, how does NLCMHA hand them off to other places in our community
- How long it takes
- What the steps are involved
- The hoops to jump through
- What control Northern Lakes has to make that an easier process

Pam mentioned that perhaps they could do something similar for the Recipient Rights process. From A to Z with Recipient Rights and the process they have.

The idea of having a Board Access training was discussed.

The NLD committee discussed different options for the next few months:
November – Tour a home, include a fact sheet – what it takes to keep the home open. money, staff, resources
December – Intake process/Access
January- Keep open/ TBD
February- Person centered process training

The possibility of a follow up home tour to tie in the intake process was also discussed.

Greg mentioned that there needs to be some flexibility to the schedule to adapt to the current circumstances. It was decided to wait to decide on January’s plan for the Board Education Session due to the current CEO search process.

It was suggested to let the Board discuss/plan for the education session for January’s meeting.

It was determined to wait until after the first of the year to put the Board Retreat back on the agenda

6. 2023 Planning Calendars-

Dan suggested that the NLD educate the Board on the annual planning calendar and invite the Board to provide feedback.

DRAFT

The following 2023 calendars were reviewed:

- Annual Planning Calendar
- Board Education and Work Plan
- Policy Monitoring Chart
- Board Meeting Schedule

The idea was discussed to have the ORR out of Lansing present at a COW meeting to show the comparisons between the state's data and NLCMHA's data. Pam referred this topic to Rose and asked her to discuss with the RRAC if this is still a priority for them, and if it is, then the NLD can re-visit the topic at that time.

For the 2023 Board Education
The NLD Committee discussed the listed Board Education topics. Additions were: Possible site visits, Access, and jail diversion.

2023 Policy Monitoring Chart
No changes or additions requested.

Board Meeting Schedule
No changes or additions requested.

7. PUBLIC COMMENT: None

January 4 meeting topics:
Possible additions to the planning calendar, such as jail diversion and access.
Discuss other non-profits for consideration for the Board community meetings

8. MEETING EVALUATION/COMMENTS:
None.

Meeting adjourned at 11:30 am

Respectfully Submitted,

Stacy Maiville, Executive Secretary

DRAFT

Interim Chief Executive Officer's

Report to the Board

February 16, 2023

Citizen Comment: None.

Staffing Concerns: NLCMHA has several staffing shortages in many departments and our leadership is working hard to cover any gaps.

Community Connections/Meetings:

- January 30th, NLCMHA All Managers Meeting
- January 31st, MDHHS CEO Training
- February 3rd-7th, Bucharest, Romania – Military Orders
- February 6th-8th, 2023 Annual Winter Conference, Kalamazoo
- February 9th, Stakeholder Public Mental Health Listening Session, Leelanau County
- February 13th, NMC Community Forum
- February 14th, RRAC Meeting
- February 16th, NLCMHA Board Meeting
- February 21st, NMRE Operations Committee Meeting
- February 22nd, NMRE Board Meeting
- March 1st, NLD Meeting
- March 16th, NLCMHA Board Meeting
- March 21st, NMRE Operations Committee Meeting
- March 22nd, NMRE Board Meeting

Community Telephone Survey: $15,467

Update: Re-Worked contract and survey is being conducted.

NLCMHA Organizational Climate Survey: Attached are results from the 2022 Organizational Climate Survey. A special thank you to the 194 staff who took the time to participate. Compared to the prior year, the overall average slipped 4%, from 78% to 74%. This is still one of the highest ratings in the last decade when this survey began to be administered. While we are not perfect, considering the year we had, this reflects just how much we have to feel proud about here at Northern Lakes.

See attachment.

NLCMHA Law Enforcement Survey: Attached are results from the 2022 Law Enforcement Survey.

See attachment.

NLCMHA Community Stakeholders Survey: Attached are results from the 2022 Stakeholder Survey.

See attachment.

NLCMHA Email Blast: In our most recent email blast we shared information on the following topics:

- New Hires
- Employee Anniversaries
- Employee Changes
- Office Events
- Virtual Office Meetings & Townhall Reminders
- Board Of Directors Meeting Details
- RCA Spotlight

Media Coverage: There were some articles in the last month. I am attaching a word document of that article to this report and links are included below should you want to access them yourselves:

Community mental health meets Northern Michiganders where they're at with mobile crisis intervention.
https://www.secondwavemedia.com/features/012423northernlakesmobile.aspx

Built-in conflict hurts Michigan's most vulnerable, advocates say.
https://www.freep.com/in-depth/news/local/2022/09/09/built-conflict-hurts-michigans-most-vulnerable-advocates-say/9461250002/

Child psychiatrist shortage plagues rural areas.
https://news.jrn.msu.edu/2023/01/cns-budget-jan-27-2023/
https://news.jrn.msu.edu/2023/01/child-psychiatrist-shortage-plagues-rural-areas/

Addressing mental health issues in jails a challenge for local law enforcement.
https://www.cadillacnews.com/news/addressing-mental-health-issues-in-jails-a-challenge-for-local-law-enforcement/article_c6d2f680-a0a5-11ed-9e20-0b47378e51a5.html

Respectfully submitted,
Brian Martinus, Interim CEO

Organizational Climate Survey

Northern Lakes' employees had an opportunity to complete an organizational climate survey during a 21-day period from December 13, 2022 to January 3, 2023. The scores are the mean (average) of all the responses by NLCMHA employees, converted to a 100-point scale for interpretation. For example: completely agree equals 100, completely disagree equals 0.

Data is available from surveys conducted in 2010, 2011, 2016, 2017, 2018, 2019, 2021, and 2022*. This year 194 staff responded (compared to a high of 206 respondents in 2021 and a low of 120 in 2011).

In the past year, slippage occurred in 22 of the 25 questions, with the largest reductions occurring in these five questions:

- Question 2: *We have an adequate number of staff to do our jobs* (-15.0%)
- Question 14*: I am satisfied with the benefits that are made available* (-14.2%)
- Question 9: *Leadership keeps us well-informed* (-10.4%)
- Question 17: *Adequate safeguards are in place to protect the safety of employees* (-8.4%)
- Question 11: *This place is well-organized* (-8.0%)

Gains were made in two questions: Question 6: *There are good opportunities here to learn and grow* (3.6%), and Question 19: *The staff here provide high quality care* (1.0%).

While the overall average culture of 74.0% in 2022 was a decline of 4.3% in the past year (from 78.3% in 2021 which was its all-time highest rating), it has improved 15.5% since its lowest rating of 59.5% in 2010, the year the organizational climate surveys were begun.

The five highest rated items were:

- Question 8: *My direct supervisor shows interest in me as a person* (85.2%)
- Question 19: *The staff here provide high quality care* (84.4%)
- Question 16: *I have the materials and supplies that are necessary to do my job properly* (81.8%)
- Question 3: *My co-workers treat one another with respect* (81.2%)
- Question 22: *I am proud to work here* (81.2%)

Consistent with prior years, the lowest rated item is Question 2: *We have an adequate number of staff to do our jobs.* This question had not only the largest reduction from the previous year (-15%) but was the lowest rated question of the year (39.6%). Scores had been rising in recent years from the lowest rated year in 2016, at 20%, to the highest in 2021, at 54.6%.

The ongoing staff shortages and uncertainty at the county/NLCMH board level together are stressing staff and have been noted as being significantly challenging. In addition to the widespread staffing shortages experienced by all in our industry since the pandemic, several staff noted comments similar to this: "The Grand Traverse County Commissioners and our NLCMH board have done a lot to damage the integrity and reputation of our organization, making it harder to hire people because they have created a culture of fear and uncertainty for our future existence." And: "The chaos created by and behaviors from our NLCMH board and the GT county commissioners, as well as the severe understaffing…have made it hard to say that it is very well organized right now." Further, there are several comments related to stressors from "upheaval," being "blasted" by the NLCMH Board, and being embarrassed by the board and the media coverage in the past year, particularly from the *Traverse City Record Eagle*.

Several expressed that keeping up morale is a challenge. At the same time, several expressed that staying focused on the good work done at the agency helps; many commented they are proud of the work they do.

For the most part, the teams are strong. Co-workers value one another, treat each other with respect, and back each other up. Many staff are trying their best and believe, with a couple of exceptions, that their co-workers are also doing their best in these difficult times. "Everyone keeps a positive attitude when things get rough, we support each other when one of us is going through something (personal or work related)." Many mentioned they would appreciate more opportunities for teambuilding and training. While several expressed beliefs that most of the executive team has demonstrated commitment to client care, others expressed concerns, asking for more feedback and notifications, better listening and connections with the people giving, more hiring, smaller caseloads, and less focus on money. Town Hall meetings were cited several times as a valued improvement to learn firsthand about the internal and external environment.

County Sheriffs, Jail Administrators, Judges, Prosecutors
Legal - Law Enforcement Survey

The survey was sent to a list of 113 recipients. 53 recipients opened the email. There were 9 responses.

Q1. In what county or counties do you work?

Two respondents were from Crawford County, two were from Grand Traverse County, three were from Leelanau County, three were from Roscommon County, and one was from Wexford County. There were no respondents from Missaukee County.

Q2. How aware are you of the services provided by NLCMHA?

On a scale of 1-5 where 1 is not at all aware and 5 is very aware, the weighted average score is 4.0.

Q3. Based on what you know how do you rate the job NLCMHA is doing in your community?

On a scale of 1-5 where 1 is poor and 5 is excellent, the weighted average score is 2.7.

Q4. Based on your knowledge of NLCMHA how well do you think NLCMHA uses your community resources?

On a scale of 1-5 where 1 is poor and 5 is excellent, the weighted average score is 2.7.

Q5: In your opinion, how can persons with mental illnesses and developmental disabilities live productive lives in and be meaningful members of your community?

There were six comments:

1. With follow up and communication
2. Find employment and/or hobbies that focus on their strengths. Comply with treatment plans. Complete daily chores consistent with their skill levels.
3. Better facilitation and utilization of resources - such as community living support and respite care as a start. Coupled with that is retention of employees so that persons receiving services are not changing workers and therapists often.

4. Proper medications and talk therapy.
5. They need active services and greater hospitalization/long-term placements
6. Have services available and accessible. Reduce stigma.

Q6: If you were going to recommend one thing NLCMHA could do better in your community, what would that be?

There were six comments:

1. make sure everyone is on the same page when it comes to dealing with subjects in jail needing hospitalization
2. Assist residents in filing mental health petitions if necessary by assessing/screening individuals for mental health needs instead of leaving to family members/friends. Also, follow up on individual cases to ensure that individuals with serious issues do not get forgotten.
3. Community relations - often NLCMH has their administrators attend community meetings and they are either disinterested or out of touch with what actually happens vs. what they claim NLCMH provides
4. More contact with patients and better safety plans. Not having dementia patients taken to mental facilities.
5. Consistency/Staff Retention
6. A better handoff to service providers. Better explain to a family if their needed services are not offered by CMH. Give them the Whys and provide direction for services elsewhere.

Q7: What do you believe is the most important mental health issue or need in your community?

1. facilities to accept subjects that have criminal charges
2. Low-income individuals are less likely to follow through on mental health plans due to lack of resources (i.e. working vehicles, cell phones, internet). CMH can assist with ensuring these individuals have the resources necessary so they can comply with their plans by providing assistance with obtaining internet/cell phones and gas cards or transportation to appointments if necessary.
3. sub acute services and placements
4. Methamphetamine use and the mental issues from that.
5. Post-Covid issues, residential placements other than jail
6. Youth mental health. Our youth have especially suffered during covid. Struggling youth are more likely to try suicide, do not have the requisite judgment to do self help and if not resolved early, become mental health challenged adults. If nothing else, help the youth 18 and younger.

Q8: What do you think is a main strength of NLCMHA?

1. jail liaison
2. CMH is having better communication in order to try and improve services to our community in general and individuals within the community. As an example, surveys such as this assist NLCMHA in getting valuable feedback.
3. location / care for developmental disability clients
4. The ipad uses for police.
5. I haven't witnessed anything I would describe as a "strength"
6. Willing to dive in on community health issues, such as the Crisis Wellness Center and the proposed GTMHW project.

Northern Lakes Community Mental Health Authority
Stakeholders - County Commission Assessment 2022 Summary

- On a scale of 1-5 (1 worst - 2-3-4-5 or excellent)

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

County	Total Commissioners	Responses	Sum	County Mean
Crawford	7	5, 3, 4, 4, 3, 2	21	3.5
Grand Traverse	9	4, 4, 3	11	3.7
Leelanau	7	2, 3, 4	9	3.0
Missaukee	7	2, 3, 3, 5, 3, 2, 3	21	3.0
Roscommon	5	1, 4, 0, 4, 1	10	2.0
Wexford	9	5	5	5.0
	Six County Mean			3.4

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

County	Total Commissioners	Responses	Sum	County Mean
Crawford	7	3, 3, 4, 4, 4, 3	21	3.5
Grand Traverse	7	3, 3, 2	8	2.7
Leelanau	7	2, 3, 3	8	2.7
Missaukee	7	3, 4, 3, 5, 3, 2, 4	24	3.4
Roscommon	5	3, 1, 5,	9	3.0
Wexford	9	5	5	5.0
	Six County Mean			3.4

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

County	Total Commissioners	Responses	Sum	County Mean
Crawford	7	4, 3, 3, 4, 3	17	3.4
Grand Traverse	7	3, 3, 2	8	2.7
Leelanau	7	2, 3, 3	8	2.7
Missaukee	7	4, 3, 4, 4, 3, 2, 4	24	3.4
Roscommon	5	5, 1, 3,	9	3.0
Wexford	9	5	5	5.0
	Six County Mean			3.4
	Total Mean			**3.4**

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

Crawford:
1. Unanswered
2. Focus on restoring & supporting individual needs – not cookie cutter services
3. Yes
4. Engagement in activities
5. Work in the community
6. With proper support most can function properly

Grand Traverse:
1. In my opinion, anyone who receives the proper and needed would be a value to our community. Each person has value in their own way
2. Family support, who in turn must be supported by NLCMH or other community organizations
3. Integration and assistance

Leelanau:
1. With CMH Assistance
2. Persons need to feel safe and respected for where they are now in their lives. To be offered empathy along with professional services.
3. Must have easy access to all available services, find alternatives to jails and emergency room services. Job training support for caregivers.

Missaukee:
1. Unanswered
2. Unanswered
3. Unanswered
4. With support and communication from a caseworker
5. Unanswered
6. Yes
7. Unanswered

Roscommon:
1. Unanswered
2. Unanswered
3. By getting individuals proper care from trained specialist who actually care about the person they are trying to help. Trying to help the person be productive, instead just throwing medicine at them
4. Less stigma
5. By gaining meaningful employment

Wexford:
With help from their case workers and family members putting them in the best environment for their success

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

Crawford:
1. More services for more people

2. Increase services at beginning of need
3. Communication
4. More outreach, help with youth being held in the ER for days to find a MH placement
5. Knowledge – people need to know about services & services not covered
6. Get people more aware

Grand Traverse:
1. Counseling services and communication with staff to make them aware of important decisions that are being made that may concern them
2. More collaboration with community resources & communication with counties to determine their goals
3. New CEO (permanent), integrate with BOC better

Leelanau:
1. Unknown
2. More education about the services and diversity of clients utilizing services.
3. Improved communications, better collaboration between all available partners, improved relationships with caregivers and local NAMI groups, solve board & top administration, retention of staff, improved relationships with jails and emergency rooms, support caregivers, improved board & administration, expand community supports, and find a way to deliver services to al in need.

Missaukee:
1. Information on services provided and support of those in jail with mental health issues
2. Respond favorably to requests from the county jail
3. Work with prosecutors and jails to help those acting out from mental illness, sometimes drug induced
4. Advocacy – education
5. Unanswered
6. Let people know about your institution
7. From what I know, you are doing a great job. Maybe more public knowledge as to what is going on

Roscommon:
1. Unanswered
2. Unanswered
3. Letting the community know about your services and what services are available to the public, getting word out that you actually exist
4. No
5. I don't know what the abilities or services they offer

Wexford:
Continue with innovative solutions like Techno-lodge and other homes.

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

Crawford:
1. Suicide, depression
2. More resources and outreach
3. Unknown

4. Identifying needs and meeting with services “where they are”
5. Local inpatient beds for Medicaid and pediatric
6. Drugs

Grand Traverse:
1. Youth services/beds, jail diversion & jail services
2. Access to crisis units, and making sure the patients that are in the state of crisis are not sent home or away from family
3. Ability for those with needs to have easy access and direction

Leelanau:
1. Illegal Drugs
2. Depression, loneliness, and drug/alcohol dependence
3. Addiction, homelessness, support for caregivers, job training, coordination of all available services, improved 24/7 referral line.

Missaukee:
1. Kids
2. Support for county corrections/jails
3. Unanswered
4. Within School-aged children
5. Unanswered
6. Young children having mental issues due to drugs from parents
7. Unanswered

Roscommon:
1. Unanswered
2. Unanswered
3. Health issue: Depression of all varieties, Need: Caring professionals that actually care about the patient
4. Quick action
5. Illegal drug use

Wexford:
Properly diagnosing and helping true mental health youth

7. What do you think is a main strength of NLCMHA?
Crawford:
1. Excellent on getting & searching for more grants
2. Staff on location to help with services
3. Unknown at this time
4. Unanswered
5. Unanswered
6. Existence

Grand Traverse:
1. Services for IDD population
2. Unanswered

3. Willingness to finally explore being better

Leelanau:
1. Unknown
2. Coordinating professional services on multiple county basis
3. Talented staff and professionalism of front-line service workers.

Missaukee:
1. Knowledge of staff
2. New leadership that uses a "we can do that" approach
3. Unanswered
4. It's staff!
5. Unanswered
6. I do not know
7. Unanswered

Roscommon:
1. Unanswered
2. Unanswered
3. I do not know as I do not know much about your organization
4. The people you employ
5. I do not know what the NLCMHA does

Wexford:
It's staff and how well it works together as a team in patient's lives.

8. Based on the information provided by Northern Lakes Community Mental Health Authority, what questions do you want addressed by NLCMHA? (We will respond in writing.)
Crawford:
1. Unanswered
2. Unanswered
3. 0
4. I want assistance or knowledge to help those who do not qualify for CMH service – someone who can tell us what or where to go
5. ???
6. Unanswered

Grand Traverse:
1. Unanswered
2. Are your Board members working together for common goals, and communicating with the county commissioners who appointed them to determine goals and hitting marks for improvements?
3. N/A

Leelanau:
1. I am a new commissioner with no personal connection to the agency yet
2. None at this time
3. Unanswered

Missaukee:
1. Unanswered
2. Unanswered
3. Unanswered
4. Covered it with the annual update
5. Unanswered
6. Involve community and out laying areas. Rurals.
7. Unanswered

Roscommon:
1. Unanswered
2. Unanswered
3. How are you getting your information out to the public about your services so that people possibly patients know about you and your services
4. N/A
5. Hope to learn more at the upcoming meeting in January

Wexford: None.

https://www.secondwavemedia.com/features/012423northernlakesmobile.aspx

Community mental health meets Northern Michiganders where they're at with mobile crisis intervention

DIANA STAMPFLER | TUESDAY, JANUARY 24, 2023

Every mental health crisis is different. So, it makes sense that services rendered to those experiencing a mental health crisis accommodate their unique individual needs. While many associate a mental crisis with suicide, self-harm, or thoughts of injuring others, the range of overwhelming situations can include catastrophic life events such as the death of a loved one, disruptions to daily life like the loss of a job, and intense personal distress or depression brought on by unexpected events like a global pandemic. Essentially, a crisis is self-defined by the individual and can vary greatly from person to person, day to day.

The Northern Lakes Community Mental Health Authority (NLCMHA) recognizes its region's need for crisis care — and that some situations warrant immediate attention outside of the confines of the mental health facility. For those who simply need someone to talk to in times of crisis, NLCMHA offers a 24/7 toll-free line, 833-295-0616, which is available at no charge. In addition, Its mobile crisis intervention services reach across a six-county area: Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford counties.

"One fantastic part about NLCMHA being a six-county organization is that crisis workers across the six counties are able to back one another up to provide 24/7 coverage even in the face of illness such as we have experienced in the pandemic," says Stacey Kaminski, NLCMHA Crisis Services operation manager.

In addition, NLCMHA has distributed tablets to local law enforcement that let them dispatch the mobile crisis team to situations that call for mental health intervention of police or county sheriff's departments.

The NLCMHA Mobile Crisis Intervention team – including master's and bachelor's level clinicians – command a fleet of vehicles that allows them to respond to crisis situations off-site as quickly as possible. They go to homes, schools, hospitals, office buildings, jails, and other community settings where individuals may experience mental health crises.

NLCMHA has provided mobile crisis services for adults and children since 2016. Over the past year, December 1, 2021 to November 30, 2022, they assisted 5,742 people – 4,959 adults and 782 children – with mobile crisis services throughout the geographic region. By comparison, its mobile crisis team served 4,681 in 2020-2021, 3,288 in 2019-2020, 3,572 in 2018-2019, and 3,451 in 2017-2018 – an ever increasing upward tick in these much needed services.

“The ultimate goal is to assist those in crisis and work side by side with them,” Kaminski says.

After the initial interaction, the crisis team assists with providing follow-up resources like the location of food pantries or shelters as well as helping individuals schedule appointments for services such as substance use disorder treatment, counseling, or primary physician care.

F.A.S.T. help for children and youth

Mental health challenges know no age limit. The number of children and teenagers experiencing emotional distress across the country is growing at an alarming rate. According to a U.S. Department of Health and Human Services (HHS) study, between 2016 and 2020, the number of children ages 3 and 17 diagnosed with anxiety grew 29% and those with depression by 27%. A report from the Centers for Disease Control and Prevention notes that in 2020, suicide was the second leading cause of death for young people aged 10-14 and 25-34 and among the top nine leading causes of death for people ages 10-64 in the U.S.

To deal with this rise in youth mental crisis, NLCMHA introduced its Family Assessment and Safety Team, F.A.S.T., in 2017. These teams are specially equipped to provide care for families with children up through age 20. They make at-home interventions that help children and families resolve issues and de-escalate situations in a more familiar environment. When a mobile crisis team is dispatched to handle a child or family situation, a peer support person travels with the licensed clinicians to help in any way possible.

“Peers are individuals with lived experience that can share those experiences and work with individuals, side by side, to advocate, encourage and promote recovery,” Kaminski says.

F.A.S.T.’s enhanced mobile crisis services include initial stabilization of the situation,

development of a recovery plan, and follow-up care for up to 90 days. This allows for solution-focused, short-term care until individuals are linked to a provider for ongoing care.

“The immediate crisis may have ended but it is just a small part of the journey in mental health,” Kaminski says. “Moving towards recovery and feeling well looks different for everyone. Our teams at NLCMHA are there to assist the individual in getting to that place one step at a time.”

Dianna Stampfler has been writing professionally since high school and is the president of Promote Michigan.

RIGHTS & WRONGS

'Totally broken': Investigation reveals big flaws in Michigan's mental health oversight

Michigan gives people with mental illness and other disabilities their own rights, but leaves the investigating to the agencies accused of violations.

Jennifer Dixon Detroit Free Press

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She was her Brigi, the daughter born with a form of dwarfism, the daughter who lost her sight by age 4, the daughter with hearing impairments, intellectual disabilities, diabetes and bipolar disorder.

Bridget Cavanagh was also the daughter who threw a perfect bowl on her first try at the potter's wheel, who could match every sock in a basket of clean laundry, who loved beads and crystals, and who read the Bible in Braille. She was her mother's soul mate.

But she was neglected by a Canton group home as her health deteriorated and she stopped eating, according to an investigation by the community mental health agency overseeing the home.

By the time she got to the hospital, she was nearly comatose, severely dehydrated, her organs failing. She died less than three months later. She was 37.

A photo tribute board created by Lois Mulkey to honor her late daughter, Bridget Cavanagh, who was blind and medically fragile when she was placed in an unlicensed group home.

RYAN GARZA, DETROIT FREE PRESS

"I lost the most precious human being I have ever met in my whole life," her mother, Lois Mulkey, said. "She was God's child."

Cavanagh's case prompted a neglect investigation by the office of recipient rights at the Detroit Wayne Integrated Health Network. But the only person who was punished was the home's manager, who was suspended briefly and demoted. Prosecutors are reviewing the case, but no criminal charges have been filed.

Built-in conflict

In 1974, the Michigan Legislature gave patients in psychiatric hospitals and the recipients of community mental health services, like Cavanagh, a list of pioneering rights: to be treated with dignity and respect; to be treated in the least restrictive environment; to be free from abuse and neglect.

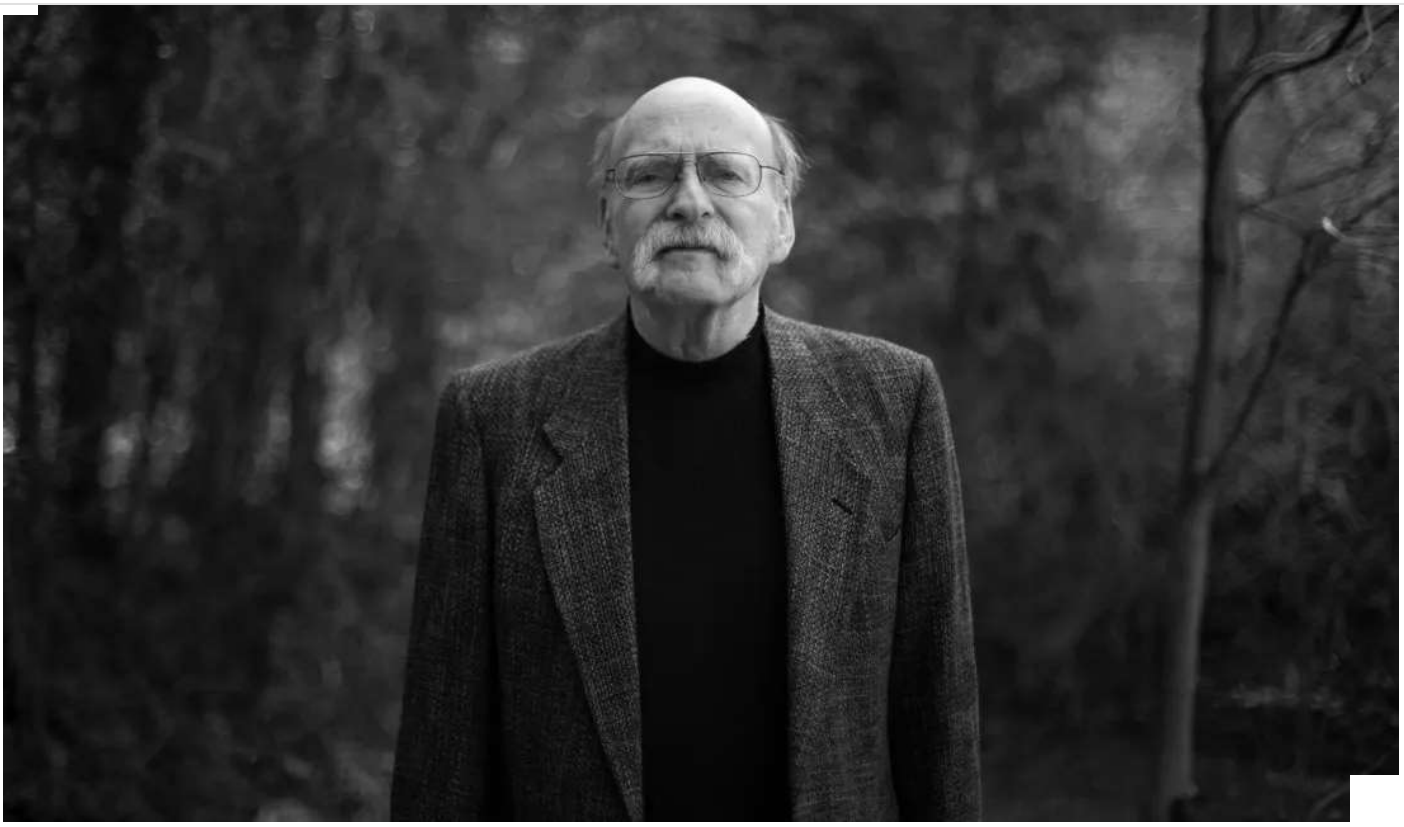
But the system has a built-in conflict. When family members and others complain that rights have been violated, community mental health agencies are in charge of investigating

Today, nearly half a century after the system was born, a Free Press investigation finds a troubled recipient rights system and some of the state's most vulnerable children and adults — those with mental illness or developmental or intellectual disabilities — are suffering.

The Free Press interviewed more than 70 experts, family members, recipient rights officers and others for its investigation, and examined thousands of pages of documents, including lawsuits, state and local investigative reports and state licensing reports. It found:

- The state's 46 community mental health agencies investigate themselves and the caregivers they hire.
- A state commission on mental health — appointed by the governor — almost a decade ago concluded that recipient rights officers in the community mental health system should report to a third party. The recommendation went nowhere.
- The Office of Recipient Rights within the Michigan Department of Health and Human Services has dramatically undercounted the number of cases of abuse and neglect, including those that result in death or serious injury, in its annual report to the Legislature.

"The whole thing is totally broken," said Mark Reinstein, who ran the Mental Health Association in Michigan for 18 years before retiring in 2020 from the nonprofit advocacy organization.



Mark Reinstein, former CEO of Mental Health Association in Michigan, poses for a portrait outside his Ann Arbor home on Tuesday, April 13, 2021.

ANTRANIK TAVITIAN, DETROIT FREE PRESS

The Free Press investigation also found the quality and quantity of rights investigations vary wildly by where a recipient lives; recipient rights officers and recipients themselves have faced retaliation for raising questions; and when a complaint is confirmed, the recommended discipline is often vague — and no guarantee a wrong will be righted.

In the case of Cavanagh's death, the office of recipient rights at the Detroit Wayne Integrated Health Network investigated and found a single violation of severe neglect.

The agency in its report then recommended that the manager of the Ford II Home receive "firm but fair" discipline — which amounted only to a demotion and a five-day, unpaid suspension for Danielle Hooper, the home's manager.

Advertisement

The Free Press contacted the Wayne County agency about the Cavanagh case and others, asking to interview officials. The network instead requested questions in writing through a Freedom of Information request, which was provided. The agency responded this week but did not provide any comment on specific cases.

hasn't received any complaints about recipient rights, and that "it's my understanding that everything is working well."

For Lois Mulkey, recipient rights "is a joke." She wondered how such a mild punishment for one employee in her daughter's group home could be enough to right the wrongs of her daughter's death.

Unique rights

Representatives of the community mental health system say it is unique and largely works to protect its consumers.

Robert Sheehan, executive director of the Community Mental Health Association of Michigan.

PROVIDED BY ROBERT SHEEHAN

Robert Sheehan, executive director of the Community Mental Health Association of Michigan, said the state has a sophisticated rights protection system for those with mental illness and developmental and intellectual disabilities. And no other group in Michigan has these kinds of rights — not recipients of public assistance, not school students, not private health care patients, not prisoners, he said.

Sheehan said those served by community mental health "are owed the right to get redress for what they view as being wronged by the system."

Sheehan, whose group represents the state's community mental health agencies and dozens of private providers, said that of the thousands of recipients or others who file a complaint, most are satisfied with the results.

"The system is working but there is always opportunity for improvement," Oakland Community Health Network CEO Dana Lasenby said in a statement. "As a community safety-net, we are committed to providing quality services and ensuring the rights of the people we've taken a responsibility to serve."

Recipient rights investigators can intervene to resolve a complaint when the facts are clear and the remedy is easily obtainable, according to the state. But such interventions are very rare.

Longtime recipient rights investigator Jonathan Bennett on agencies in charges of investigating themselves.

More often, when recipient rights investigators find violations, they can make recommendations about imposing discipline and revising an agency's policies and procedures.

"It's the fox guarding the henhouse," said longtime recipient rights investigator Jonathan Bennett, who was fired from the Northern Lakes Community Mental Health Authority in Traverse City after investigating neglect of clients traveling on buses to and from their day programs. He sued for wrongful termination and won a half-million-dollar settlement.

The relationships between providers and their community mental health agencies can be so incestuous that a local mental health agency had a provider interview a candidate for its director of recipient rights, according to a longtime recipient rights officer who spoke anonymously for job protection reasons.

A failing system?

Fred Cummins, president of the Alliance for the Mentally Ill of Oakland County, a nonprofit for mental health consumers, said the system is failing. "Recipient rights is supposed to be there to hold people accountable. It's clear it's not. Most recipient rights investigators "don't find much in the way of problems," he said. All too often, the low-wage direct care worker is blamed, Cummins added.

As the anonymous rights investigator told the Free Press, "consumers don't really have any power in the system."

Liz Bauer — who was the executive director of the organization now known as Disability Rights Michigan, a statewide advocacy group for people with mental illness and other disabilities — concluded that the system "hasn't done what I think was intended when the law was written; to keep an eye on individuals, to keep them safe and supported and to be able to call and get a remedy from the service provider."

enforcement, adult or child protective services, the courts, or state Department of Licensing and Regulatory Affairs, among others. In some cases, multiple agencies may investigate.

At the time the Legislature drafted the Michigan Mental Health Code, which gave recipients their rights, some critics argued that people with mental illness didn't deserve such rights. But supporters won out, arguing that people with mental illness didn't deserve to be treated like criminals and locked away in a psychiatric hospital. At the time, the law was seen as progressive.

Paul Tarr was the legislative affairs director at the state Department of Mental Health and helped lead the effort to implement the mental health code in the 1970s. He said in an interview that the rights system has made a huge difference in the lives of recipients, but he conceded that "it needs to evolve. It needs more independence."

Paul Tarr, of Williamston, stands in his home on Friday, March 25, 2022. Tarr helped secure the rights of people with mental illness and developmental and intellectual disabilities in Michigan.

RYAN GARZA, DETROIT FREE PRESS

"has faded into the woodwork. ... It's been awfully quiet for the last 15-20 years. It needs an overhaul. It needs to be more autonomous, more independent, more transparent and more aggressive in assuring the rights" of recipients.

Bennett agreed, saying there is no "real oversight" of recipient rights agencies by the state. He said state oversight focuses on the technical (was a form filled out correctly or on time?), not the substantive (was an investigation thorough enough, the remedy sufficient?).

The veteran rights officer echoed Bennett, saying: "You can have the worst rights system and the state won't shut it down."

Another longtime rights investigator, who spoke on condition of anonymity for job protection reasons. agreed, saying: "This system protects itself."

Faulty numbers

The state health department has a tough time keeping its numbers straight when it comes to recipient rights.

The Free Press compared the numbers of the most serious cases that the state lists in its annual report to the Legislature with the numbers submitted by community mental health agencies to the state.

And there were discrepancies. The Office of Recipient Rights' statewide annual report for fiscal 2021 said there were four confirmed cases of abuse that resulted in serious injury or death, while the Free Press found eight cases in the individual agency reports. The annual report listed 25 cases of serious neglect, while the Free Press found 31 cases in individual reports.

In total, the differences were stark. The annual report listed 1,067 substantiated cases of abuse and neglect, while the Free Press calculated 1,404 cases, a 32% increase.

Mental health advocate Mark Reinstein on the Free Press' finding on undercounting the number of cases of abuse and neglect

A department spokesman acknowledged problems with some of the numbers in its annual report to the Legislature. The reports submitted by each community mental health agency "should be considered the most accurate for any given year," spokesman Bob Wheaton wrote in an email.

Reinstein, the advocate, said the underreporting "can create an unrealistic, false sense of security. ... It could be an indication to people in the Legislature that the extent of the problem is less than it really is."

The state auditor general also found data problems in a 2014 report. It said the Office of Recipient Rights did not flag issues in a timely way that could affect clients of mental health services, as required by law. In response, the recipient rights office said it would analyze its data more often.

Every year, tens of thousands of people in Michigan receive services from community mental health agencies, including therapy, psychiatric services, case management and assistance with living arrangements.

The state's community mental health agencies served more than a quarter-million people in Michigan every year. In fiscal year 2021, the agencies completed 7,830 investigations, but only found rights violations in less than half of them, or 3,389, according to the state Office of Recipient Rights.

To substantiate a violation, a recipient rights officer needs only to find a "preponderance of evidence." That standard is lower than a prosecutor's burden of proof at criminal trial, which is beyond a reasonable doubt.

Credibility questioned

In the case of a disabled man in his 30s, the recipient rights office at the Oakland Community Health Network didn't initially find a violation of his rights when he said the manager of his group home had an inappropriate sexual relationship with him.

In an interview with the Free Press, the man, who the Free Press is not identifying because of the nature of the relationship, said he didn't think anyone believed him.

A disabled man in his 30s, talking about the manager of his group home who had a sexual relationship with him, later deemed inappropriate.

The relationship started in 2020 when Michael LaPlante chatted with the man outside as LaPlante dropped off and picked up his wife, Crystal, who managed the home, according to investigations by local law enforcement and state officials. LaPlante asked the man whether he had ever been with a woman. The man said no.

LaPlante emailed the man racy photos of his wife. After that, according to investigators, Crystal LaPlante had sex with the man, including in the back of the group home's van driven by her husband.

"This was a tragic event for me," the man told the Free Press in a recent interview. "I'm still hurting. I get PTSD from it. I deal with it on a daily basis."

The state Mental Health Code prohibits sexual contact between staff and recipients. The law protects a consumer from sexual abuse, which is defined as any sexual contact involving an employee or others associated with the community mental health agency.

The recipient rights office at the Oakland Community Health Network investigated the case and said it was unable to establish enough evidence to confirm that the man had been abused, according to a summary of its investigation. But the agency's findings changed once law enforcement took its own look.

coerced into it, and that the LaPlantes would buy him "weed and cigarettes." (The sheriff's office declined to comment to the Free Press about the case.)

According to a state licensing report, an Oakland County sheriff's detective said he believed the man had been sexually assaulted by Crystal LaPlante. Even if the man had consented to the relationship, the detective said the victim was "a vulnerable adult" and "it is still a crime." The detective asked the Oakland County Prosecutor's Office to issue a warrant in the case, according to the licensing report.

But the prosecutor's office declined to pursue criminal charges. The office also declined to comment to the Free Press.

The Oakland recipient rights office ultimately recommended "firm but fair disciplinary action" in the case. Crystal LaPlante was fired, according to investigative reports.

The Free Press visited the LaPlantes' home in Holly twice, seeking comment. A man at the property during both visits declined to speak with a reporter**.** The Oakland Community Health Network declined to comment, citing privacy.

Recommendation ignored

Advocates say recipient rights investigations can be compromised because investigators work for the very same agencies — or their providers — that were the subject of a complaint.

"I don't think anyone should be investigating themselves, which is why recipient rights is such a mess in Michigan," Reinstein said. "The fact that we allow it, in all aspects of the system, we'll never fulfill the promise of recipient rights."

That was also the conclusion of then-Gov. Rick Snyder's Mental Health and Wellness Commission, which studied ways to strengthen mental health services in the state. Chaired by Lt. Gov. Brian Calley, the commission issued its final report in December 2013 and recommended community mental health recipient rights officers report to a third party.

The recommendation was ignored.

"It just got lost in the process," said James Haveman, who was on the commission and director of the state Department of Community Health at the time.

the legislative votes, or the momentum to make a big change." He added that he still supports making recipient rights independent.

Lynn Sutfin, a spokeswoman for the Michigan Department of Health and Human Services

Opponents of independent oversight say there is no reason to take recipient rights investigations away from the local agencies. Sheehan, who represents community mental health agencies, said recipient rights officers "know the system, they know the players, they know the context" and can address violations rapidly and make clear recommendations.

He said the current system is a robust one trusted by recipients. The state health department agrees.

"Having a rights office that is local and understands the needs of the community they serve is a strength of the current system. This does not mean that there are not risks of retaliation and undue influence when the office answers to the agency director," said Lynn Sutfin, a spokeswoman for the Michigan Department of Health and Human Services, in a statement.

The 46 community mental health agencies cover every corner of the state and are often governed by prominent local people, including politicians, medical and business professionals, labor and church leaders. These agencies may be part of county government or independent authorities serving one or more counties.

In an interview, Calley, the former lieutenant governor, said the community mental health system in Michigan has a well-connected network that can oppose change — and prevail.

Michigan Lt. Gov. Brian Calley speaks about the rights of people with mental disabilities Tuesday, Dec. 20, 2016 at the Macomb Oakland Regional Center. Next to him are David Taylor, left, a community advocate, and The Arc Michigan Director of Public Policy Dohn Hoyle.

ROBERT ALLEN, DETROIT FREE PRESS

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Pressure all around

In interviews with the Free Press, several current and former recipient rights officers said they face incredible pressures on the job that interfere with their work.

They say they are under pressure to look the other way. Pressure to be a team player. Pressure to stop being "mean" or "negative." Pressure to "dumb down" a violation to a lesser

Bennett, who was the director of the recipient rights office for Northern Lakes Community Mental Health, felt that pressure too, according to a lawsuit he filed against his former employer.

In 2011, he investigated a complaint that a developmentally disabled woman had been beaten on a public bus in Traverse City, according to the lawsuit. The woman, who was tiny, nonverbal and had lost an arm in a previous bus accident, was struck more than 100 times, grabbed and choked by another passenger receiving mental health services from Northern Lakes, according to court records and a 2015 speech by Bennett to a recipient rights conference.

Bennett's internal investigation widened, ultimately finding that, over time, the rights of 67 bus passengers with developmental disabilities, including the woman, had been violated, according to his lawsuit. The passengers endured sexual and physical abuse, engaged in self-harm and experienced seizures and other medical emergencies.

The disabled passengers, who rode the buses for as long as five hours a day, should have been supervised as required by Northern Lakes, but were not, according to Bennett's speech and lawsuit.

He relayed his findings to the agency's executive director and a supervisor. "My recommendations fell on deaf ears," he said in his speech.

After weeks of inaction, Bennett turned to adult protective services and his bosses eventually agreed under pressure to have aides supervise passengers on the buses, according to his lawsuit and the speech.

In his lawsuit, he said he was retaliated against by Northern Lakes and its top leader. He was fired from his job in October 2012. He sued Northern Lakes that December for wrongful termination and retaliatory harassment.

The Michigan Department of Community Health investigated the case and found in a December report that the rights office at Northern Lakes "has been subjected to a pattern of retaliation and harassment" by agency staff and the administration.

The Northern Lakes chief executive officer at the time, Greg Paffhouse, did not return calls from the Free Press seeking comment. He told state investigators he had taken "a lot of

personnel actions taken.

In May 2013, Bennett settled for $510,000, according to the Traverse City Record-Eagle newspaper. Bennett told the Free Press his lawsuit was settled amicably, but declined further comment.

No open-ended questions

In another episode, investigator Stefanie Heath also sued her employer after she was accused of timecard fraud and fired from her job as recipient rights officer in Newaygo County. She resolved the case and said she cannot discuss it.

But Heath's lawsuit alleges that she had been on the job for less than a year, and had tangled with her CEO at Newaygo County Mental Health, who had repeatedly harassed her and impeded her recipient rights investigations.

At one point, Chief Executive Carol Mills told Heath she was not allowed to ask open-ended questions, according to her lawsuit. Mills said the investigative questions need to be direct and to the point.

According to her lawsuit, the Office of Recipient Rights received a half-dozen complaints during the last week in January 2019 alone, including claims that recipients were given new medicines without their consent.

Heath claimed in the lawsuit that her downfall came after one of the agency's clients killed herself and her three young daughters on Feb. 18, 2019.

A Newaygo County employee told Heath she suspected staff assigned to work with the mother, Aubrianne Moore, had failed to provide appropriate services. The employee told Heath she worried these failures may have contributed to the deaths, according to Heath's lawsuit.

More: Report: Michigan mom picked kids up for fake appointment, killed them

According to news reports, Moore, 28, shot her three daughters in a wooded area in Kent County, put their bodies in her car and then took her own life. Heath's lawsuit did not provide details of Moore's treatment plan with Newaygo County Mental Health.

Heath was fired four days later on March 8 over timecard violations and immediately escorted out of the office, the lawsuit said.

The state Office of Recipient Rights investigated Heath's dismissal and did not find a timecard violation. But it did find that her boss, Mills, had interfered "with the duties of the rights office," according to the state's March 2020 report.

In an interview with the state investigators, Mills was asked about Heath's claims about restricting open-ended questions. Mills said she had no idea how Heath did her investigations, but that she told Heath not to interview staff who were not involved in her investigations. Ultimately, the state ruled in Heath's favor.

"Heath was terminated in retaliation for her rights-related activities by Newaygo CMH Authority CEO Carol Mills," the state concluded.

The report recommended the agency's board impose an "appropriate penalty" against Mills.

Mills remains CEO and told the Free Press that her penalty involved taking recipient rights training and attending a conference on supervision. She declined further comment.

Recipients suffer

When people in the system complain that things aren't working properly, it's often the recipients themselves who suffer.

Recipients or those who complained on their behalf have faced retaliation, according to rights investigators and others.

"Providers are retaliating against the clients who complain," said a current recipient rights officer who insisted on anonymity for job protection reasons.

According to a Free Press examination of local mental health agency records, recipient rights officers across Michigan investigated nearly four dozen complaints of retaliation and harassment in fiscal 2021, and found 12 of them to be credible. The records do not identify who was the subject of the retaliation.

for those with a mental health diagnosis.

She said she reported to the recipient rights office at the Oakland Community Health Network that a group home had sent two participants with bedbugs to My Place.

She has also reported rights violations when group homes sent participants to her program in the middle of winter with no coat or gloves. They also have arrived with no lunch, broken eyeglasses, bruises and high fevers. She said recipient rights confirms some cases, but not others.

Bidigare said that when she gets recipient rights involved, "I don't see those members anymore."

Christine Burk, a spokeswoman for the Oakland Community Health Network, said the agency "strongly encourages all community members to report any suspected rights violation." After the Free Press asked the network about Bidigare's concerns, a member of the network's staff reached out to her last month.

Geographical disparity

The Free Press also found that recipient rights investigations in Michigan vary wildly by where someone lives.

In Macomb County, the recipient rights office completed nearly 1,200 investigations in the most recent fiscal year.

Wayne County, on the other hand, has more than five times the number of recipients as Macomb. But Detroit Wayne Integrated Health Network, the county's community mental health agency, launched fewer than 900 investigations with more than double the number of staff as Macomb. Officials with the Wayne County network did not answer questions from the Free Press about the disparity.

Dave Pankotai, CEO of Macomb County Community Mental Health, said he has a very active recipient rights department and that "we are definitely out there trying to protect people's rights. I know we're doing a good job of it."

about the rights office.

"People in the community are very aware of their ability to contact our rights department at any time," Pankotai said. The rights staffers, he said, "are very energetic, very knowledgeable, very outgoing and friendly."

According to the Mental Health Code, the state is supposed to review the rights systems of each community mental health agency to "ensure a uniformly high standard of recipient rights protection throughout the state."

Sutfin, the state health department spokeswoman, said the state recipient rights office provides training and consultation to lessen the inconsistencies among local rights systems. She added that the state has not examined the differences in staffing and investigations for recipient rights among different community mental health agencies.

"People should have equal protection under the law. It doesn't happen in Michigan," Bennett, the former recipient rights investigator, said. "It's all based on the discretion, preferences and the integrity of the director of recipient rights and the influence of the director of community mental health."

A high bar

In some cases, recipient rights investigators have refused to confirm a complaint despite compelling evidence.

Rose Mary Washam, 58, lived in a group home in Oscoda run by the AuSable Valley Community Mental Health Authority in 2003.

Washam, who was nonverbal with intellectual disabilities, a seizure disorder and major depression, needed help in all areas of self-care. In January of that year, one of the employees in the home put her in the shower where the water temperature reached 176 degrees. The staff had noticed that morning that the water in the kitchen was hotter than usual, according to a federal lawsuit filed in the case.

Washam's shower was so hot several layers of her skin peeled back from her face and legs. She was seen crying. She died of complications from her burns less than a month later, the lawsuit said.

pattern of direct care workers seriously injuring residents."

The federal case was eventually dismissed. But according to Joseph Lucas, a lawyer for Washam's estate, a related state lawsuit was settled for more than $600,000.

The AuSable Valley recipient rights officer investigated Washam's death, but concluded that she had not been neglected, according to Dianne Baker, who was director of community and field operations for the state recipient rights office. Baker, a lawyer, said she intervened and concluded that Washam had been neglected.

As a result of Washam's case and others, the state Office of Recipient Rights recommended that the state take over AuSable's rights office, Baker said. AuSable appealed and the Department of Community Health dropped the idea of a takeover, Baker said.

Advertisement

When she found that out, "I burst into tears," she said. Baker retired in 2015.

Diane Pelts, chief executive officer of the AuSable Valley Community Mental Health Authority, said in an interview that the Washam case "was way before my time," adding "the agency today has a very robust recipient rights office."

Floyd Smith, who was the AuSable CEO at the time of Washam's death, said his memory doesn't go back that far. He said he wasn't the recipient rights officer in the Washam case, and "beyond that, I'm not prepared to say anything more about the case."

Dismissing complaints

When investigators probe the most serious allegations of neglect, abuse, retaliation and harassment, they dismiss the complaints more often than not.

The state's community mental health agencies investigated 230 of those cases in fiscal 2021 and substantiated just 66 of them, according to agency records submitted to the state. Those records do not describe what investigators found.

Doug and Cindy Berry say they don't understand why investigators in Wayne County failed to conclude that their son, who has autism, had been at grave risk in a vocational day program.

hallway bathroom on his hands and knees, his pants and underwear around his ankles, according to records from Detroit Wayne Integrated Health Network.

And the 28-year-old wasn't alone in the bathroom that morning. He was in there with a 59-year-old man who had a history of inappropriate sexual behavior, according to the records.

Cindy Berry and her husband, Doug, are seen reflected on an old photo of their son at their home on Wednesday, March 16, 2022. The Berrys say they don't understand why investigators in Wayne County failed to conclude that their son, who has autism, had been at grave risk in a vocational day program.

RYAN GARZA, DETROIT FREE PRESS

Recipient rights investigators with Detroit Wayne looked into the incident, but said they did not find a violation in the way employees at Services to Enhance Potential, or STEP, supervised the two men. (Detroit Wayne did not respond to Free Press questions about its recipient rights investigation.)

thrift stores, and case management. It served 1,400 people last year and has been in business for 50 years.

In the case of the Berrys' son, an incident report signed by three STEP employees noted that the older man's inappropriate sexual behavior "was not new" and "has been going on for over 20 years."

But Brent Mikulski, president and CEO of STEP, told the Free Press that the older man's inappropriate behaviors were well in his past. He said there was no evidence of an assault of the Berrys' son, no proof that "anything occurred" in the bathroom.

Considering the older man's time at STEP and his group home, any inappropriate behavior would have been detected, Mikulski said.

"It's not like a behavior can be hidden with that amount of supervision," he said.

Appeals denied

Doug and Cindy Berry refused to let the case go.

The Berrys appealed to the Michigan Department of Health and Human Services, and lost.

So they wrote directly to Elizabeth Hertel, the department's director, but said they did not hear back. In their February letter, they told Hertel that their son liked going to STEP so much that he insisted on having his hair washed the night before, "so he would look his best for the staff there."

A state health department spokeswoman confirmed the department had received a letter from the Berry family, but did not have information about a response.

Cindy Berry, of Dearborn, stands before a mirror smudged with face prints from her autistic son as her husband, Doug Berry, sits in the living room of their home on Wednesday, March 16, 2022.
RYAN GARZA, DETROIT FREE PRESS

The Berrys' son is largely nonverbal and functions at a second-grade level. The other man was diagnosed with schizophrenia and intellectual disabilities, according to records from Detroit Wayne.

Doug Berry questioned how Mikulski can be sure the other man's history of inappropriate sexual behavior was long ago. Berry also worried that no one had been watching him closely.

"If the janitor hadn't been walking by, it wouldn't have been detected," Berry said as his son, now 29, watched a Disney video in their Dearborn home on a recent afternoon. "This is a vulnerable human being."

"Bottom line, our son is handicapped and nonverbal and he can't tell us what he felt; he can't express what happened," Doug Berry said.

The Berrys' son has not been back to STEP, where he was learning life skills, doing art projects and working toward greater independence. Doug Berry said his son stays home with his parents.

Burning on the pavement

When recipient rights officers find that someone has been abused or neglected, they often simply recommend "firm but fair" discipline be handed out. But they leave it up the provider to decide who gets punished and the kind of discipline they will receive.

Under state law, the responsible party must correct the violation and attempt to prevent it from happening again. It must also document its handling of the situation and submit those records to recipient rights.

But that didn't happen in the death of Lank Wilson Jr., according to a Free Press review of investigative reports by police and local and state officials.

“

A firefighter who found Lank Wilson Jr. after he fell out of his wheelchair outside his group home

Wilson, a longtime resident of the Wayne Adult Foster Care Home in Romulus, wanted to sit on the porch to look at the cars passing by on the morning of June 5, 2021. Wilson had a developmental disability leaving him with the mental capacity of a 10-year-old, and used a wheelchair.

It was hot, with no shade when Wilson fell out of his wheelchair and onto the pavement.

The caregiver on duty that afternoon saw Wilson on the ground and helped him back into his chair. She later told police that the home should have had another employee to help her with the residents, but didn't that day.

nearly three hours, according to investigative reports.

When paramedics found him, Wilson was unresponsive with a body temperature of nearly 109 degrees and a bruised and swollen eye, according to a police report.

"He's got like burns from the concrete on the side of his arms. He was definitely laying out there an extended period of time. ... He's completely out of it. He has no gag reflex, nothing. The staff said that she put him outside while she was cleaning inside," a firefighter who responded to the scene told police.

Wilson died the next day. He was 50.

Listen to the firefighter's call after he responded to the scene involving Lank Wilson Jr. on June 5, 2021:

The Detroit Wayne Integrated Health Network, which provided services for Wilson, also investigated and found he had been neglected by his group home. Recipient rights investigators for Detroit Wayne concluded that "an appropriate penalty" was necessary. The caregiver was terminated on July 7, 2021, records show.

But the group home in the network's report did not spell out how, as required by state rules, it intended to prevent another tragedy.

MAKA SIL & Group Home Inc. of Southfield ran the group home at the time. Evonne Williams was listed as the Romulus home's administrator. State records show MAKA SIL closed the home in August 2021. Reached by the Free Press, Williams declined to comment.

Reinstein said the case points up the need for recipient rights investigations to spell out a how a similar death could be prevented in the future.

or otherwise a victim that there be a thorough explanation on how we can prevent this in the future."

Waiting for help

Even when a recipient rights investigation finds a violation, it's no guarantee that the wrong will be righted.

For years, the Northern Lakes Community Mental Health Authority helped ensure that Cody Masson would receive care 23 hours a day, 365 days a year. Masson, 33, has cerebral palsy and seizure disorder with extremely limited mobility.

In March 2020, Masson alleged the agency that provided her care did not follow through with the level of promised services. She filed a complaint and Northern Lakes substantiated that her rights were violated and promised to fix the problem.

Yet she continued to be left alone.

Cody Masson, 33, of Traverse City, takes her dog, Pluto, for a walk as children pet him outside her apartment complex on Thursday, March 31, 2022.

RYAN GARZA, DETROIT FREE PRESS

So that June, she filed a recipient rights complaint against Northern Lakes itself, and Northern Lakes found that it had indeed neglected Masson.

The agency's chief executive at the time, Karl Kovacs, told recipient rights investigators he would issue written and verbal warnings to three Northern Lakes employees. Kovacs also said he developed an internal task force to ensure that people like Masson had their needs met.

Yet she continued to be left alone.

So she sued in July 2020, and a state judge ordered Northern Lakes to use all reasonable efforts to ensure that Masson received appropriate care. Joanie Blamer, interim CEO at Northern Lakes, declined comment on Masson's situation, citing privacy laws.

But Masson says she's still not getting what she needs. There are days, every week, when she is left alone, sometimes as long as five hours.

During one of her shifts earlier this year, a caregiver helped settle Masson onto a commode seat parked in the middle of the living room of her Traverse City apartment. She made sure that Masson had her book, snacks, phone and TV remote on the tray in front of her before the caregiver left for the day. Masson started using the commode seat after soiling herself in her wheelchair during her alone time, causing infections.

But Masson said the commode numbs her legs. The man she calls her grandfather, a physician in Grand Rapids, and one of her doctors in Traverse City have warned her about possible nerve damage.

Cody Masson, 33, of Traverse City, sits on a commode seat in the living room of her apartment on Thursday, March 31, 2022, where she is left for hours in between shifts of caregivers.

RYAN GARZA, DETROIT FREE PRESS

"I don't know what else to do," she said.

"This is where I sit and wait. I write a little. I read a little. I munch a little — anything to forget where I'm at," Masson said. "This is pretty much my life right now."

"I never expected a system to be perfect, but to serve Cody adequately," Ball said.

A mother's loss

In the case of Cavanagh, the 37-year-old who died after being placed in an unlicensed group home in Canton, the home's manager was demoted and suspended for five days. She could have been fired.

Recipient rights at the Detroit Wayne Integrated Health Network singled out just one person for discipline, home manager Hooper, even though there were other employees in the home and multiple agencies involved in Cavanagh's care.

Recipient rights in its investigative report also did not make any recommendations to prevent another tragedy.

Before she moved into the group home, Cavanagh was able to live in a house on the same street as her mother in Dearborn Heights. She had caregivers, but she also treasured her independence, like being able to walk down the street to meet a friend, said Mulkey, her mother.

But after Cavanagh underwent surgery to improve her hearing, her behavior — and her relationship with her mother — began to change, Mulkey said. She experienced strong bouts of anger, was abusive and would walk away from home.

Lois Mulkey looks at the belongings of her late daughter, Bridget Cavanagh, in Southgate on Tuesday, March 29, 2022.

JUNFU HAN, DETROIT FREE PRESS

She was evaluated by a psychologist at Henry Ford Hospital who determined she could not return to her mother's home in Dearborn Heights.

"The interactions between mother and patient are mutually toxic and will lead to increased disruptive behavior," according to the psychologist's notes provided to the Free Press by Mulkey. The psychologist said in the notes that Cavanagh would need a higher level of supervision than a group home. In a statement, the Henry Ford Health System said: "Unfortunately, because of patient privacy laws, we're unable to provide any comment or details."

She was assigned a guardian, Faith Connections of Dearborn. Rebecca Bringman, who is listed as president of Faith Connections, said she had no comment when reached by the Free Press by telephone.

At that time, Cavanagh's care was coordinated by Community Living Services of Wayne. In May 2019, she was given a bed in Canton in the Ford II group home run by Quest Inc., a Livonia-based company that operates about three dozen group homes in the tri-county area.

Mulkey said the home was not prepared to care for someone as medically fragile as her daughter.

Her mother said while at Ford II, Cavanagh regressed: She became more childlike, needing help grooming and feeding herself. She could also be abusive toward staff, according to incident reports, throwing chairs at them or kicking a manager in the leg. But investigators who looked into two complaints also found that a staff member had been disrespectful with Cavanagh, snatching away her phone while she was speaking with her mother.

The same recipient rights office also investigated a third complaint — that she had been neglected — and its findings describe how the already-frail 37-year-old wound up dead.

Cavanagh's decline began in early 2020 as she struggled to eat. During one lunch, she began to feel sick after eating just a few bites of salad. Days later, she took one bite of her dinner and threw it up. She was also lethargic. One group home staffer told recipient rights investigators that every vein in her face was visible.

Witnesses told investigators that 911 was called to the group home for Cavanagh on April 2, 2020.

What happened next is in dispute, according to the investigation. Mulkey said paramedics told her Cavanagh's vitals were fine, and she should follow up with her daughter's doctor the next day.

But according to the only staffer on duty that evening at Ford II home, it was Mulkey who told paramedics on the phone during the visit that her daughter didn't need to go to the hospital.

The next day, on April 3, one staff member at the home told recipient rights she found her in bed, covered in blood. Another staff member said that when she got to work that day, Cavanagh was sitting at the kitchen table, her breathing erratic, dried blood on her clothes.

Hooper, the home's manager, took Cavanagh to the Beaumont Emergency Center in Canton. When Cavanagh got there, she was barely breathing. She was suffering from a heart attack, her kidneys were failing and she was dehydrated, her doctor later told recipient rights investigators.

Dr. Najib-Abraham Orabi, Cavanagh's primary care doctor, told the recipient rights investigator that the group home had endangered her well-being and her life.

"She was not only bordering consciousness but medically speaking at high risk for sudden death," Orabi wrote in a statement to investigators.

After weeks in the hospital, she was still very sick when she was released on April 25 to her mother. Cavanagh was taken home to Dearborn Heights and received hospice care.

"I knew ... that would be the last day Bridget would walk into that house," Mulkey said.

She died on June 18, 2020.

Detroit Wayne investigators concluded that the group home manager, Hooper, had seriously neglected Cavanagh because the manager should have called Cavanagh's doctor to report her declining health. Hooper's neglect also included putting a note on Cavanagh's door ordering staff not to disturb her or go into her room, Detroit Wayne said in its report.

"As a result of Ms. Cavanagh not being monitored properly, she became very ill and was hospitalized," the report found.

Meanwhile, back in April, the Canton Police Department received a tip about possible adult abuse involving Cavanagh and opened an investigation, according to a police report obtained by the Free Press.

Prosecutors are reviewing the case, according to Maria Miller, a spokeswoman for the Wayne County prosecutor.

View | 26 Photos

Recipient rights in Michigan

Michigan gives people with mental illness and other disabilities their own rights, but leaves the investigating to the agencies accused of violations.

Quest, which ran Ford II group home, said in a statement while it could not comment on any individual case, "we can assure that our mission is to provide the highest standard of care to all of our residents at all times." Ford II is now closed, the company's spokesman said.

Hooper said she was unfairly singled out by investigators for neglecting Cavanagh.

Cavanagh's mother talks to On the Line:

She said Cavanagh's decline began after COVID-19 hit Michigan in March 2020 and Cavanagh was unable to leave the home. She became aggressive with staff and refused to eat.

Hooper said she and her staff documented it all, filing incident reports with various groups.

"Everybody knew about this," Hooper said in an interview. "I was reporting everything to my supervisors. ... There was always a paper trail."

Hooper, who quit after Cavanagh's death, said Mulkey shares responsibility for what happened to her daughter.

In response, Mulkey said, it wasn't just Hooper who failed Cavanagh, "it was the system that failed her." But Mulkey disputes Hooper's claim that she shared responsibility for her daughter's decline. Hooper, she said, was "the direct caretaker of my daughter. She wasn't under my power and control."

After Cavanagh's death, Mulkey turned her Dearborn Heights home into a shrine to her daughter. She hung bulletin boards from the walls with photos of Bridget from childhood through her last days. She put Cavanagh's gems, crystals and beaded jewelry on display. Her daughter's precious cash — a handful of bills — placed on a living room shelf and clasped together.

Lois Mulkey, mother of the late Bridget Cavanagh, shares stories of her daughter in Southgate on Tuesday, March 29, 2022.

JUNFU HAN, DETROIT FREE PRESS

"The simplest things brought her so much joy," Mulkey said.

Two years after her death, Mulkey said, she is still in pain.

"I can't allow myself to acknowledge it, how horrid it was," she said. "She literally was the whole purpose of my life.

"I was so honored to be her mother. She was just magical, so defenseless."

For help with mistreatment of someone who is mentally ill, or developmentally or intellectually disabled, contact the state office of recipient rights at www.michigan.gov/recipientrights.

Contact Jennifer Dixon: 313-447-1654 or jbdixon@freepress.com.

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Capital News Service

Child psychiatrist shortage plagues rural areas

LANSING – Michigan hospitals are still recovering from the pandemic, but a shortage of child adolescent psychiatrists has exacerbated the high demand for mental health care.

Abishek Bala is an assistant professor of psychiatry at Central Michigan University and a child and adolescent psychiatrist in Saginaw. He's training medical residents and fellows to combat the shortage.

Bala, who manages an inpatient child and adolescent unit at HealthSource Saginaw, said the city has about five or six child and adolescent psychiatrists.

Children from all over the state are admitted to the unit, especially from Northern Michigan and the Thumb.

In many rural areas in Michigan, there is a severe shortage of child and adolescent psychiatrists, Bala said. There is only one practicing child psychiatrist in the Upper Peninsula according to the American Academy of Child and Adolescent Psychiatry.

"We have to ensure that we have solid mental health support for (these children), especially after they go through a crisis phase in their lives with a lot of stressors, a lot of trauma," Bala said. "We have to return them to the community where we have no child psychiatrists, and we have limited community resources, which can be hard."

General psychiatrists do treat children as patients, but Bala said it's crucial to have specialized psychiatrists who can support their "developmental journey."

"As a child psychiatrist, we have to essentially piece all of those very important aspects of their lives together while we formulate treatment," Bala said. "Our job isn't necessarily just to explore pharmacological options – we have to look into the holistic model."

In 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association declared a national state of emergency in child and adolescent mental health.

Bala said there has been an increase in psychiatric and mental health illnesses like anxiety and depression over the past few years.

He said the goal of Central Michigan's fellowship program is to address this growing need by adding to the mental health workforce and collaborating with the community.

"I think we're on the right track from what we've done so far, but we have quite a long journey yet," Bala said. "That requires a lot of support, a lot of collaboration. But I'm optimistic."

The Northern Lakes Community Mental Health Authority in Traverse City serves residents of Grand Traverse, Leelanau, Crawford, Roscommon, Missaukee and Wexford counties.

Medical director Curtis Cummins said the authority employs only one child and adolescent psychiatrist and is in the process of hiring another.

Cummins said he thinks that will be enough to meet the needs of the authority's counties. He said other entities without access to child and adolescent psychiatrists may have pediatricians or primary care providers provide mental health support.

“We are fortunate enough that we are able to provide those services,” Cummins said. “We don’t need to look at people that are not trained.”

He said a lack of job openings may be contributing to the shortage of child and adolescent psychiatrists.

Cummins said smaller community mental health centers might not see a high need for a specialized child psychiatrist.

“Sometimes in rural America, it’s hard for them to land and search for that employment,” Cummins said. “I know a number of child and adolescent psychiatrists in Northern Michigan that serve adults or they’re in administrative roles.”

Laura Appel, the executive vice president of government relations and public policy of the Michigan Health and Hospital Association, said the association hopes to bring more psychologists into the state and improve the safety of hospital emergency departments.

People without access to psychiatric care might use only emergency services, “not because we want a psych ward inside an emergency department, but because we actually have that going on,” Appel said. “We have to meet the responsibility of covering the cost of that.”

https://www.cadillacnews.com/news/addressing-mental-health-issues-in-jails-a-challenge-for-local-law-enforcement/article_c6d2f680-a0a5-11ed-9e20-0b47378e51a5.html

- By Rick Charmoli Cadillac News

CADILLAC —Ever since the COVID pandemic, a light has been shone on the issues many people face regarding mental health.

Just because the light has shone, however, it doesn't mean the issues are fixed or went away. They remain. For that reason, the Cadillac News is looking at issues surrounding mental health and how they impact local people.

The purpose of this is to bring attention to the problems with the ultimate goal of finding solutions, but as readers will see, the problem isn't going to be easy to address. The fixes will take time, money and other resources.

The first focus point is going to be with law enforcement.

They are the first responders who are called to protect and serve the community when there is a problem. In some cases, this leads to arrests and incarceration in jail. What happens, however, when the person is having a mental health crisis, or once a person is incarcerated they experience one?

Both law enforcement and corrections officers have hours of training, which includes mental health training, but they are not equipped or prepared to address the issues many people they interact with are experiencing.

With this in mind, the Cadillac News reached out to Wexford County Sheriff Trent Taylor to talk to him about the challenges his agency faces on the law enforcement side and the corrections side.

First and foremost, Taylor said while his deputies and corrections officers have annual mental health training, they are not mental health professionals. The most common call his deputies will respond to involves people who are contemplating, attempting or completed the act of suicide. He said these types of calls are stressful, dangerous and taxing on his staff.

“Those types of incidents can have a negative impact and they can escalate to suicide by cop. Those types of incidents are happening around the country,” Taylor said.

While there have been incidents where it appeared a person was trying to have that be the outcome locally, Taylor said it has not happened locally. While it hasn’t happened yet, he said it is entirely possible.

A few years ago an incident occurred that appeared to be someone looking for that outcome, but training, compassionate individuals and cool heads prevailed, according to Taylor.

The incident in question occurred on April 23, 2017, near Manton, and it involved a man who had left his home with a long gun and was threatening to harm himself. After they secured the man’s home, they searched the surrounding wooded area, and that is when deputies found him.

After several incidents of the man pointing the gun at the officers and them taking cover, he retreated to his home. After a short while, he came outside and continued to point the weapon at officers. Eventually, police were able to disarm him and take him into custody using less-than-lethal measures.

Taylor also said deputies are often called to a home where a person claims some people are chasing them, looking in their windows, stalking them or harassing them but there is no evidence to support that. He said they possibly damage their property and become destructive in their behavior and the people around them who are not in crisis have to deal with it.

That is when law enforcement is thrust into the middle of the situation, Taylor said.

Toward the end of January, Taylor said 88 people were incarcerated in the Wexford County Jail, which is more than half of the total capacity of the jail.

Of that 88, Taylor said 27 of those inmates are seeing someone from community mental health regularly or weekly. While that number includes some of the same people multiple times, roughly 10 of the 27, he said it is not uncommon for 75 to 80% of the inmates to have had at least one visit with community mental health during their incarceration.

Advanced Correctional Healthcare is the vendor Wexford County has contracted with to provide medical service. Mary Jackson, who is a registered nurse with the company, said without looking at numbers she would estimate that at least 75% of the inmates incarcerated at the Wexford County Jail have mental health issues as part of their story.

While a lot of those issues are in the realm of anxiety and/or depression, she said there also are other issues inmates are dealing with. Of that 75%, Jackson also said it is likely that 75% of them also have a drug or alcohol issue.

“What we see is they have an underlying mental health condition and that prompts them to be substance users,” she said. “They are trying to fix the mental health issues they have been covering up with drugs or alcohol.”

She said regardless of where a person is working in the healthcare field, mental health is an issue.

For Taylor, the No. 1 issue is not having a place to take the inmates who are in crisis to allow them to get the help they need.

Wexford County Jail Administrator Lt. Mike McDaniel said his staff is doing the best it can to help address some of the issues. There is the training they receive, including at least four hours devoted to mental health, but it is not enough.

He said before the pandemic, it wasn't uncommon to have five to seven inmates request a regular visit from community mental health and, as mentioned earlier, it's nearly four times that amount.

"During the pandemic, (mental health issues) affected a lot of people and we are seeing that on the law enforcement and corrections side," he said. "More facilities would help, but it is not a fix-all."

Where it would help is when there is someone in crisis, they could take them to a location and have them placed in the first 24 hours. Currently, that isn't the case and they are lucky if placement can be found in a few weeks. If the inmate is violent and in a mental health crisis, the chances for placement are even less.

Wexford County Undersheriff Rick Dohring said regardless of whether it is deputies or corrections officers, they both are dealing with so many people on drugs that it is hard to know if they are in crisis, on drugs or both until a few days after they have been arrested and put in jail. If they are experiencing a mental health crisis, Dohring said being in jail is probably the worst place for them to be.

Taylor agreed.

"If they are in jail and in crisis, they will decline. They get worse. It's sad to see," Taylor said. "The judges are willing to give (personal recognizance) bonds if you can find a bed (in a mental health facility), but there are no beds."

What they have are two medical cells and six segregation cells. That allows for there to be a closer eye kept on them, but also allows them to not be able to harm themselves, other inmates or staff. They also utilize tablets that can help connect inmates in crisis with a mental health professional. Again, it has helped but it doesn't address everything.

Northern Lakes Community Mental Health Authority
Financial Reporting for 1/31/2023

Highlights:

- NLCMHA is holding steady at 170 habilitation supports waiver slots. The amount of funding for HSW Medicaid in the month of January was $915,000. October and November averaged just over $1M with December closer to $800K. December is one of the look back months where retro changes are corrected such as disenrollments due to nursing home placements.

- Auditing processes are continuing with no surprises. It is important to have all administrative functions of the Agency at about the same point between manual, semi-manual, semi-automated, and fully automated. Auditing standards are the same no matter how automated an Agency is but the proofs of meeting those standards become more challenging when multiple methods are used between manual and automation. One example of this is policy management. The Quality and Compliance department has implemented Doctract, which tracks the life cycle of a policy. Proof of review by the policy owner is able to be tracked from inception forward for annual reviews, updates, and changes in practice. All policy owners must use the same method or the internal tracking for CARF or any other standard becomes challenging to prove compliance with.

- A recommendation from the Auditors, Roslund Prestage & Co, was to journalize GASB standard 87. What that means is the amortization of long-term leases must be captured within the income statement. An amortization expense has been recorded with the offsetting credit in the liability section of the balance sheet. Due to this change the occupied space category of expenditures is now showing overspent. The next budget amendment will include both an interest expense and an amortization expense within the occupied space category.

- Financial closing forms and documents are due to the NMRE on February 14th and the State of Michigan, MDHHS on February 28th. This includes annual submissions, encounter quality initiative, financial status reports, executive salaries, special fund reporting, Medicaid deductibles by code, and the direct care worker wage premium. Although standard cost allocation is strenuously recommended by MDHHS mandatory reporting on Milliman forms is not mandated until FY 2023 close outs.

Medicaid Spending as compared to Regional Funding Advances:

- Services provided to individuals with traditional Medicaid coverage will be reported at $21,009,196 with $137,981 available in coordination of benefit reimbursements. This is $762,704 above capitated advances provided by the NMRE. Approximately half of the “worries” on Medicaid are from the decline in HSW enrollments.

- Services provided to individuals with Healthy Michigan Plan coverage will be reported at $2,394,392. This is $50,025 below capitated advances provided by the NMRE.

- Services which must be paid for by General Funds total $498,181. This is $606,750 below the year’s allocation. Year to date services showed a 0.25% change in insurance coverage to Medicaid from HMP and no coverage or services that must be paid for by General Funds.

Residential/Inpatient Usage:

- At the end of January, it is expected there were 246 people in contractual specialized residential placements and semi-independent homes representing a net decrease of two. The average SRS per diem increased $1.17 to $220.03.

- The amount paid to community inpatient hospitals, on a cash basis, was $437,972 in the month of January. Of that total 53.5% was paid to Munson Medical Center.

Revenues and Spending:

- Revenues exceed expenses by $1,053,268 through January 31st. Earned and allowable to retain does not include the General Funds under spent amount since it is not allowable to keep unspent general funds.

- Cash on hand increased $105,383 in January. The NMRE advanced the January capitation in February.

Northern Lakes Community Mental Health Authority
Finance Report As of 1/31/2023
Fiscal Year Ending September 30, 2023

Revenues	2023-#1 Total Budget	2023-#1 YTD Budget	Actual YTD Revenues	Actual Over/(Under)	Percentage YTD
State Sources	$ 5,222,029	1,740,676	1,806,633	65,957	35%
Local Sources	$ 2,031,467	677,156	559,503	(117,653)	28%
Medicaid Sources	$ 68,140,272	22,713,424	23,580,126	866,702	35%
Reimbursements	$ 2,745,124	915,041	404,737	(510,304)	15%
Northern Health Care Mgmt	$ 11,952,470	3,984,157	3,567,886	(416,271)	30%
Total Revenues	$ 90,091,362	30,030,454	29,918,885	(111,569)	33%

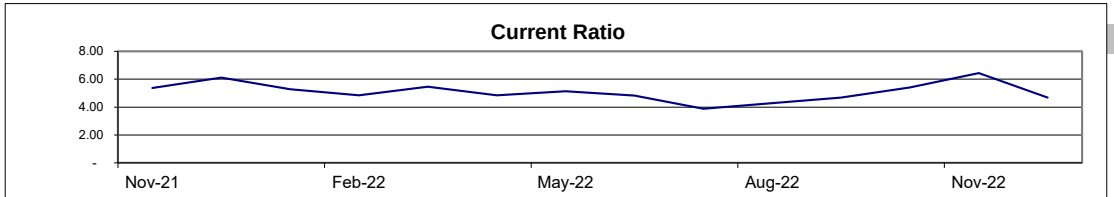
Expenditures	Total Budget	0% YTD Budget	Actual YTD Expenses	Actual (Over)/Under	Percentage YTD
Personnel	$ 30,356,676	10,118,892	9,558,185	560,707	31%
Direct Operations	$ 2,570,154	856,718	973,863	(117,145)	38%
Contractual Services	$ 12,967,971	4,322,657	3,517,024	805,633	27%
Contract Agencies	$ 7,891,208	2,630,403	2,950,349	(319,947)	37%
Residential Contracts	$ 26,547,018	8,849,006	8,468,995	380,011	32%
Inpatient Services	$ 6,491,000	2,163,667	2,226,950	(63,283)	34%
Transportation	$ 1,535,132	511,711	549,875	(38,164)	36%
Occupied Space	$ 1,732,203	577,401	620,375	(42,974)	36%
Total Expenses	$ 90,091,362	$ 30,030,454	$ 28,865,616	$ 1,164,838	32%
	Net Revenues over Expenditures		$ 1,053,268		

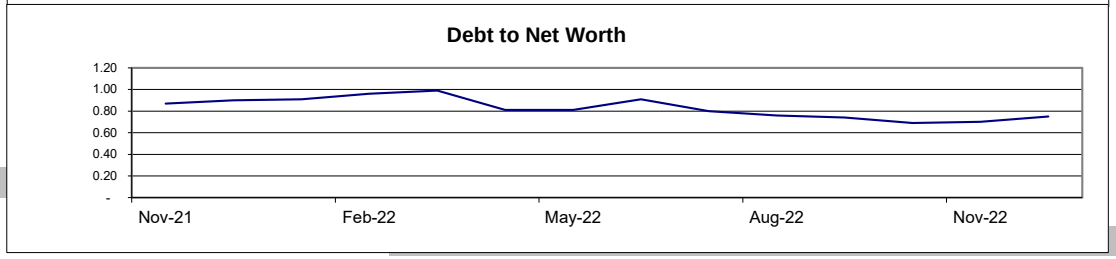
Capitated Category	Provided Advances	(Expenses) Earned Revenues	Worries (Over)/Under
General Funds	1,104,931	498,181	606,750
Medicaid	20,108,511	20,871,215	(762,704)
Healthy Michigan	2,444,416	2,394,392	50,025
Behavioral Health Home	178,719	139,791	38,928
Northern Health Care Mgm	3,567,886	3,002,512	565,373
Local Requirements	559,503	221,030	338,473
	27,963,966	27,127,121	836,845
Earned and allowable to retain			1,053,268

Medicaid and Healthy Michigan Plan expenses that exceed capitation advances would need to be requested to be covered by Medicaid savings or the Medicaid Internal Service Fund held by the NI

Services/expenses which must be covered by General Funds that exceed the General Funds allocation must be covered by Local Sources or NLCMHA Fund Balance.

Monthly Indicators	Previous Month	Current Month
Current Ratio	4.69	4.35
Cash on Hand	$ 24,663,769	$ 24,769,152
Short Term Liabilities	$ 5,257,586	$ 5,693,182
According to Financial Performance Indicators the goal is greater than 2.		
Debt to Net Worth	0.75	0.78
Short Term Liabilities	$ 5,257,586	$ 5,693,182
Long Term Liabilities	$ 5,614,910	$ 5,614,910
Compensated Absences	$ 1,419,832	$ 1,419,832
Net Pension Liability	$ 4,195,078	$ 4,195,078
Unrestricted Fund Balance	$ 7,938,090	$ 7,938,090
Net Assets (Undepreciated Value	$ 6,620,251	$ 6,620,251
According to Financial Performance Indicators the goal is less than 2.5.		
Directly provided services	36.6%	39.5%
Contractually provided services	63.4%	60.5%





Northern Lakes Community Mental Health Authority

List of Contracts and Agreements Entered Into

For the Month of January 2023

		Vendor by Category	**Comments or Details**	**Estimated Annual Financial Value**
1	Specialized Residential Services and Community Living Supports			
	*	Commnity Living Center, Inc.	New SRS Contract	$ 100,000
	*	Hillcrest AFC Amendment	Extend SRS Contract	$ 825,000
	*	Grand Traverse Industries Third Amendment	Change Modifier Unit Rates	$ 2,100,000
	*	Grand Traverse Industries Fourth Amendment	Add New Modifiers CPT Codes	$ 2,100,000
	*	GT Indepdence First Amendment	Self Determination Fiscal Intermediary - Revise Training Grid Per ORR	$ 1,300,000
	*	Spectrum Community Services Third Amendment	Revise the CLS Unit Rates SIP Homes	$ 1,275,000
	*	Hope Network West Michigan Fifth Amendment	Add New Modifiers CPT Codes	$ 1,350,000
	*	Hope Network Behavioral Health Second Amendment	Add 993xx CPT Codes	$ 350,000
	*	MORC, Inc. First Amendment	Add Service Codes H2015 H2000	$ 138,000
				$ 9,538,000
2	Inpatient and Hospital Contracts Including Single Case Agreements			
	*	McLaren Physician Partners Second Amendment	Update ORR Wording	$ 50,000
	*	Havenwyck Mental Health System	Update ORR Wording	$ 575,000
	*	Forest View Hospital First Amendment	Update ORR Wording	$ 815,000
				$ 1,440,000
3	Independent Provider Contractors			
	*	Behavioral Medicine Associates First Amendment	Remove Drs. Burkhead-Weiner and Mahar - Contract rate for psychiatry services is $175 / hour	$ 1,300,000
	*	Coastal Behavioral, PLLC	Psychologist Contract at $80 / hour	$ 15,000
	*	Repertoire Development	Psychology Contract for ABA assessments $80 / hour	$ 10,000
	*	Nursing Care Coordinates	Nursing Assessments Capacity for OBRA/PASARR $85 / hour	$ 120,000
	*	Northern Clinical Diagnostics	Psychological Services at $85 / hour	$ 135,000
	*	North West Community Action Agency	Memo of Understanding for Homeless Prevention Program	$ -
				$ 1,580,000
4	Northern Health Care Management			
	*			
	*			
5	Other Administrative Services (Software agreements)			
	*			
6	Other Professional Services (Legal and Accounting)			
	*			
7	Grants-Revenue Contracts			
	*	Evidence Based and Research Supported Svcs for Juvenile Justice Youth	MDHHS agreement from 1/1/2023-9/30/2023 to support 2 multisystemic Therapists and the training requirements to serve juveniles involved in the Justice system	$ 205,000
	*	Community Mental Health Services Program General Fund Contract	The purpose of the amendment is to modify Part II, Statement of Work to add C6.3.2.1B Mediation in Mental Health Dispute Resolution	$ 2,905,487
	*	MI Choice Home & Community Based Services Waiver Program-2023	MDHHS update of allocation from $11,737,470 to $12,100,160	$ 12,100,160
	*	Comprehensive Services for Behavioral Health-Engagement Center	MDHHS supplemental amendment for the purpose of a carryforward of unused FY 2022 funds, $550,000, into FY 2023. Extends expiration to 9/30/2023 from 3/31/2023.	$ 1,445,160
				$ 16,655,807

NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – JANUARY 25, 2023
GAYLORD BOARDROOM

ATTENDEES:	**Ed Ginop, Angie Griffis, Gary Klacking, Eric Lawson, Christian Marcus, Mary Marois, Gary Nowak, Jay O'Farrell, Richard Schmidt, Karla Sherman, Don Smeltzer, Don Tanner, Chuck Varner**
VIRTUAL ATTENDEES:	**Kate Dahlstrom**
ABSENT:	**Terry Larson**
NMRE/CMHSP STAFF:	**Chip Johnston, Eric Kurtz, Brian Martinus, Tema Pefok, Diane Pelts, Kim Rappleyea, Brandon Rhue, Nena Sork, Deanna Yockey, Carol Balousek, Lisa Hartley**
PUBLIC:	**Chip Cieslinski, Susan Pulaski, Sue Winter**

CALL TO ORDER
Let the record show that Chairman Don Tanner called the meeting to order at 10:00AM.

ROLL CALL
Let the record show that Terry Larson was excused from the meeting on this date; all other NMRE Board Members were in attendance either virtually or in Gaylord.

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST
Let the record show that no conflicts of interest to any of the meeting Agenda items were declared.

APPROVAL OF AGENDA
Let the record show that no changes to the meeting agenda were proposed.

MOTION BY DON SMELTZER TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR JANUARY 25, 2023; SUPPORT BY GARY KLACKING. MOTION CARRIED.

APPROVAL OF PAST MINUTES
Let the record show that the December minutes of the NMRE Governing Board were included in the materials for the meeting on this date.

MOTION BY MARY MAROIS TO APPROVE THE MINUTES OF THE DECEMBER 7, 2022 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY GARY NOWAK. MOTION CARRIED.

CORRESPONDENCE

1) The minutes from the December 1st MPHI PIHP CEO meeting.
2) The minutes from the December 6th MDHHS PIHP CEO meeting.
3) The MDHHS Michigan Psychiatric Care Improvement Project (MPCIP) December 2022 update.
4) The MDHHS Service Delivery Transformation Section January 2023 update.
5) Email correspondence from CMHAM advocating for defending and advancing the public mental health system.
6) Substance Abuse and Mental Health Association (SAMHSA) Presentation from David deVoursney on the Certified Community Behavioral Health Clinic (CCBHC) criteria dated January 5, 2023.
7) Information from the Health Department of Northwest Michigan on Syringe Service Programs (SSP).
8) The fourth quarter FY2022 statewide Performance Indicator report.
9) The draft minutes of the January 11, 2023 regional Finance Committee meeting.

Mr. Kurtz explained that the information on the Syringe Service Program was provided at the request of the Board during the December meeting, in response to a request for liquor tax funds to fund an SSP in Antrim County. The Health Department of Northwest Michigan's Medical Director, Josh Myerson, MD, presented the material to the NMRE Substance Use Disorder Oversight Board on January 9, 2023. Since that time, however, the Chair of the Health Department of Northwest Michigan's Board of Health indicated that he is opposed to funding the program and approval will not be sought.

ANNOUNCEMENTS

It was announced that the IRS reimbursable mileage rate was increased to $0.655/mile effective January 1, 2023. North Country CMHA Chief Operating officer, Kimberly Rappleyea, sitting in for Brian Babbitt, was introduced to the Board.

PUBLIC COMMENT

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

Executive Committee Report

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

CEO Report

The NMRE CEO Monthly Report for December 2022 and January 2023 was included in the materials for the meeting on this date. Mr. Kurtz drew attention to a series of dialogues occurring with CMHAM to determine an approach to take with MDHHS on the Standard Cost Allocation (SCA) process and Self-Determination arrangements; a draft will be included in future correspondence.

Mr. Tanner asked whether there has been any movement on a rural exemption. Mr. Kurtz noted that there has been a change at the CEO level at NorthCare Network; Megan Rooney, CFO has taken on the additional position of Interim CEO. There has been some interest in policy discussions regarding tailoring Medicaid services to be less prescriptive in rural areas. Another meeting with regional legislators may be warranted at this time.

Mr. O'Farrell asked how medical services are paid for immigrants placed in sanctuary cities. Mr. Kurtz responded that there is targeted funding; MDHHS works directly with immigration. Ms. Marois referenced a state-level refugee program.

Ms. Dahlstrom asked whether anything is being done at the state to address the worker shortage. Ms. Pelts responded that the TPM Behavioral Healthcare Talent Development Project, an employer-led collaborative, is utilizing sector strategies, industry-focused approaches, to building skilled workforces.

November 2022 Financial Report

- Net Position showed net surplus Medicaid and HMP of $2,728,460. Medicaid carry forward was reported as $16,357,583. The total Medicaid and HMP Current Year Surplus was reported as $19,096,043. Medicaid and HMP combined ISF was reported as $16,357,583; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as $35,463,626.
- Traditional Medicaid showed $32,887,425 in revenue, and $31,034,045 in expenses, resulting in a net surplus of $1,853,380. Medicaid ISF was reported as $9,302,629 based on the interim FSR. Medicaid Savings was reported as $10,911,722.
- Healthy Michigan Plan showed $5,545,287 in revenue, and $4,670,207 in expenses, resulting in a net surplus of $875,080. HMP ISF was reported as $7,064,954 based on the interim FSR. HMP savings was reported as $5,455,861.
- Health Home showed $327,575 in revenue, and $240,911 in expenses, resulting in a net surplus of $86,664.
- SUD showed all funding source revenue of $4,767,058, and $4,087,902 in expenses, resulting in a net surplus of $679,156. Total PA2 funds were reported as $5,175,945.

Ms. Yockey clarified that the DCW will not be cost settled in FY23.

Emphasis was placed on the need for County Commissioners to receive education regarding the use of liquor tax/PA2 funds. Clarification was made that PA2 funds may only be used for Substance Use Disorder prevention and treatment. Making sure actual county balances are precise is somewhat difficult or adds to confusion at the end of the year; block grant funds are reconciled and if there are excess funds those are exhausted before tapping into liquor tax funds.

MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR NOVEMBER 2022; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.

Operations Committee Report

The minutes from December 20, 2022 and January 17, 2023 were included in the materials for the meeting on this date. Mr. Kurtz announced that Medicaid redeterminations are being uncoupled from COVID Public Health Emergency and are scheduled to resume June 1, 2023. It is hoped that some beneficiaries may opt to migrate back to Medicaid from the Healthy Michigan Plan.

NMRE SUD Oversight Board Report

The minutes from the January 9, 2023 Substance Use Disorder Oversight Board meeting were included in the materials for the meeting on this date. Liquor tax requests will be reviewed under "New Business."

NEW BUSINESS

PA2 Requests

The NMRE Substance Use Disorder Oversight Board reviewed liquor tax request applications during its meeting on January 9, 2023. Fund balances for Cheboygan, Grand Traverse, and Otsego counties were in jeopardy of falling below the recommended balance equivalent of one year's receipts; as such, requests that included these counties were reduced by the amounts allocated to them. Mr. Kurtz questioned the appropriateness of multi-county requests.

Ms. Sircely reported that she intends to review all FY23 requests to address the disparity between approved and requested funding.

Ms. Marois voiced that it is unrealistic to pass the adjusted liquor tax requests without first addressing the issue with the providers making the requests. Ms. Marois also stressed the need for feedback to the SUD Board (and ultimately the Governing Board) on the efficacy of PA2 funded projects.

MOTION BY MARY MAROIS TO REQUIRE RECIPIENTS OF LIQUOR TAX FUNDS TO PROVIDE A PROGRAM EVALUATION TO THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD AT THE END OF THE FISCAL YEAR; SUPPORT BY GARY NOWAK. MOTION CARRIED.

MOTION BY RICHARD SCHMIDT TO INSTRUCT THE NORTHERN MICHIGAN REGIONAL ENTITY TO COMPOSE LETTERS BACK TO THE PROVIDERS WHO REQUESTED LIQUOR TAX FUND APPROVALS ON THIS DATE INFORMING THEM OF THE FUND BALANCE ISSUES AND REQUESTING DIRECTION ON HOW TO PROCEED; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.

Mr. Kurtz recommended that future PA2 requests obtain a buy-in from the counties prior to being submitted to the NMRE for approval, though he acknowledged that this would cause a delay in the process.

Milliman Internal Service Fund (ISF) Analysis Proposal

A proposal from Milliman (Wisconsin) to perform an analysis of the NMRE's Internal Service Fund (ISF) was included in the materials for the meeting on this date. The NMRE has never had a study of its ISF performed. Mr. Kurtz noted that the 7½% cap to the ISF has been contractually required since around 2002 but during a change in the contract template beginning in 2021 ISF language was inadvertently removed. Due to bringing this issue to the department's attention, Mr. Kurtz believes it is a prudent time to have the ISF study completed.

MOTION BY MARY MAROIS TO APPROVE OF THE PROPOSAL FROM MILLIMAN TO CONDUCT AN ANALYSIS OF THE NORTHERN MICHIGAN REGIONAL ENTITY'S INTERNAL SERVICE FUND AT A COST NOT TO EXCEED TWENTY THOUSAND DOLLARS ($20,000.00); SUPPORT BY ERIC LAWSON. ROLL CALL VOTE.

"Yea" Votes:	**E. Ginop, G. Klacking, E. Lawson, M. Marois, G. Nowak, J. O'Farrell, R. Schmidt, K. Sherman, D. Smeltzer, D. Tanner, C. Varner**
"Nay" Votes:	**Nil**

MOTION CARRIED.

MDHHS-PIHP Contract Change Order No. 8

A summary of MDHHS-PIHP Contract Change Order No. 8 was sent to Board Members on January 24, 2023.

1) Language was added that the State may request from the PIHP, on an ad hoc basis, reporting to ascertain compliance with the provisions of the Contact with 30 days' notice.
2) Letters d – g were added under Section 8, Payment Terms, Subsection B, State Funding, Number 1, Medicaid Payments.
   a. Savings and Reinvestment
      Provisions regarding the Medicaid, Healthy Michigan Plan, and the Flint 1115 Waver savings and the PIHP reinvestment strategy were included in sections e – f below. It was noted that only A PIHP may earn and retain Medicaid/Healthy Michigan Plan savings.
   b. Medicaid Savings
      The PIHP may retain unexpended Medicaid Capitation funds up to 7.5% of the Medicaid/Healthy Michigan Plan pre-payment authorization. These funds must be included in the PIHP's reinvestment strategy. All Medicaid and Healthy Michigan Plan savings reported at fiscal year-end must be expended within one fiscal following the fiscal year earned for Medicaid or Healthy Michigan Program services to Medicaid or Healthy Michigan Plan covered consumers.
   c. Reinvestment Strategy
      The PIHP must develop and implement a reinvestment strategy for all Medicaid savings according to item g below. Any funds that remain unexpended at the end of the fiscal year must be returned to MDHHS as part of the year-end settlement process.
   d. Community Reinvestment Strategy
      Funds must be expended in the fiscal year following the year they are earned and directed toward services and supports to the Medicaid population. Community reinvestment funds must be invested in accordance with the following criteria:
      i. Development of new treatment, supports, and/or service models as allowed under the 1915(c) waiver.
      ii. Expansion or continuation of existing state plan or 1915(c) approved treatment, supports, and/or service models to address projected demand increases.
      iii. Community education, prevention, and/or early intervention initiatives.
      iv. Treatment supports and/or services model research and evaluation.
      v. The PIHP may use up to 15% of Medicaid savings for administrative capacity and infrastructure extensions, augmentations, conversions, and or developments to:
         1. Assist the PIHP to meet new federal and/or state requirements related to Medicaid or Medicaid-related managed care activities and responsibilities.
         2. Implement consolidation or reorganization of specific administrative functions related to the Application for Participation and pursuant to a merger or legally constituted affiliation.
         3. Initiate or enhance recipient involvement, participation, and/or oversight of service delivery activities, quality monitoring programs, or customer service functions.
         4. Identify benefit stabilization purposes.

      The PIHP's reinvestment strategy will become a contractual performance objective. Any funds that remain unexpended at the end of the fiscal year must be returned to MDHHS as part of the year-end settlement process.

MOTION BY MARY MAROIS TO APPROVE AND AUTHORIZE THE NORTHERN MICHIGAN REGIONAL ENTITY CHIEF EXECUTIVE OFFICER TO SIGN CHANGE ORDER NUMBER EIGHT (NO.8) TO THE CONTRACT BETWEEN THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE NORTHERN MICHIGAN REGIONAL ENTITY; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.

OLD BUSINESS

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

Mr. Kurtz announced that this topic will be removed as a standing agenda item as the bills failed to move through the legislature.

It was noted that in September of 2022, MDHHS indicated to CMS that it intends to pursue the creation of a Dual Enrollees Special Needs Plan (D-SNP), operated by private health plans - that would manage the Medicaid and Medicare benefit for persons who are dually enrolled in both Medicaid and Medicare.

Grand Traverse County and Northern Lakes CMHA

The six County Administrators (Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford) continue to meet monthly and are working on revising the Enabling Agreement that formed Northern Lakes CMHA. An additional meeting is scheduled for January 30th.
The dismissal of two Northern Lakes CMHA Board Members by the Grand Traverse Board of Commissioners has been taken up by the ACLU and has been referred to the Attorney General's office. No official response has been released to date.

Ms. Marois thanked Mr. Kurtz and Mr. Martinus for their involvement with and on behalf of Northern Lakes CMHA.

PRESENTATION

Compliance Program Plan and Quality Assurance and Performance Improvement Program (QAPIP) Plan

NMRE Compliance Director, Tema Pefok, was in attendance to present the Compliance Program and QAPIP FY22 evaluations and FY23 workplans.

FY22 Compliance Program Evaluation

- The NMRE updated several policies/procedures and consumer materials.
- The NMRE successfully transitioned the Excluded Provider check function to its member CMHSPs; the NMRE continues to run EPS checks for SUD services providers.
- A total of 275 grievances were closed in FY22.
- A total of 51 appeals were reviewed in the region; 66.67% were upheld.
- A total of 1,502 denials were reported in FY22, 86% of which were made timely.
- The NMRE provided several trainings both to internal and provider staff.
- The NMRE conducted Medicaid Encounter Verification audits of its CMHSP (99.5% validated) and SUD providers (85% validated).
- The NMRE conducted audits of its four prevention program providers.
- The NMRE held a regional Day of Mental Health Education on May 20, 2022.

- The NMRE worked with its member CMHSPs to try to bring facilities into compliance with the HCBS Final Rule.
- The NMRE implemented DocuSign to improve its contracting process.

FY23 Workplan (each Goal includes Objectives that are not listed)

Goal 1: Transition Substance Use Disorder (SUD) exclusion check activities from the NMRE to the SUD Providers. (The NMRE will continue to run exclusion checks for the SUD providers until the transition is complete.)
Goal 2: Improve Medicaid Encounter Verification (MEV) reporting capability by transitioning into Power BI.
Goal 3: Strengthen the Medicaid Encounter Verification (MEV) review process.
Goal 4: Update training material.
Goal 5: Update some existing policies and create new policies and procedures. These policies are required to ensure the effectiveness of the Compliance Program.

FY22 QAPIP Evaluation

- The NMRE increased enrollment in the Opioid Health Home (OHH) 2.8 percentage points from the previous year.
- The NMRE implemented a Performance Improvement Project to increase the percentage of individuals who are enrolled in the Behavioral Health Home (BHH) by the end of FY23.
- The NMRE implemented a Performance Improvement Project to decrease the no-show/missed appointment rate for psychiatric appointments by the end of FY23.
- The NMRE completed the Health Services Advisory Group (HSAG) audit of 7 program standards.
- The NMRE conducted site reviews of its CMHSP and SUD providers.
- The NMRE team worked with the CMHSPs and MDHHS to complete the initial 2022 (c) Waiver (HSW, CWP, SEDW) review.
- The NMRE conducted satisfaction surveys for CMHSP and SUD programs.
- The NMRE reviewed critical incident, risk events, sentinel events data quarterly.
- The NMRE reviewed performance indicator data quarterly.
- The NMRE implemented a regional Utilization Review Committee.
- THE NMRE implemented a regional Behavior Treatment Review Committee.
- The NMRE used Power BI to build reporting structures to measure network adequacy.

FY23 QAPIP Workplan (each Goal includes Objectives that are not listed)

Goal 1: The NMRE will conduct Performance Improvement Projects (PIPs) that achieve ongoing measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical and non-clinical services that can be expected to have a beneficial effect on health outcomes and member satisfaction.
Goal 2: The NMRE QOC, as part of the QAPIP, will continue to review and follow-up on sentinel events and other critical incidents and events that put people at risk of harm.
Goal 3: The NMRE will conduct quantitative and qualitative assessments (such as surveys, focus groups, phone interviews) of members' experiences with services. These assessments will be representative of persons served, including long-term supports and services (i.e.,

individuals receiving case management, respite services, or supports coordination) and the services covered by the NMRE's Specialty Supports and Services Contract whit the State. Assessment results will be used to improve services, processes, and communication.

Goal 4: The NMRE will monitor its network providers at least annually.

Goal 5: The reginal Behavioral Treatment Plan Committee (BTRC) will conduct quarterly reviews and review data analyses from the CMH providers where intrusive, or restrictive techniques have been approved for use with members and where physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis.

Goal 6: The NMRE will establish regional HEDIS measures to demonstrate the effectiveness of improvements in the quality of health care and services for members as a result of the NMRE quality assessment and improvement activities and interventions carried out by the NMRE provider network.

Goal 7: The NMRE will implement the Supports Intensity Scale (SIS) Assessment in the region. SIS is a strengths-based, comprehensive assessment tool that measures an individual's support needs in personal, work-related, and social activities to identify and describe the types and the intensity of the supports an individual requires.

Goal 8: The Compliance Director will continue to provide quarterly updates to QOC, network providers, the Governing Board, and other stakeholders regarding routine QAPIP activities.

Goal 9: The NMRE and its network providers will implement a process to adopt and adhere to practice guidelines established by MDHHS, which can be found on the MDHHS Policies and Practice Guidelines page. The NMRE will also develop and adopt additional regional practice guidelines.

Goal 10: The NMRE will update Sub-contractual Relationships and Delegation Agreements to include the recommendation from HSAG during the compliance review.

Goal 11: The NMRE will update its credentialling standards to align with its Specialty Supports and Services Contract with the State and federal regulations.

MOTION BY RICHARD SCHMIDT TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY COMPLIANCE PROGRAM DESCRIPTION, FISCAL YEAR 2022 EVALUATION, AND FISCAL YEAR 2023 WORKPLAN AND THE QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PROGRAM DESCRIPTION, FISCAL YEAR 2022 EVALUATION AND FISCAL YEAR 2023 WORKPLAN; SUPPORT BY JAY O'FARRELL. MOTION CARRIED.

COMMENTS

Board Members

Mr. Lawson commented that he is an Alpena County School Board Member. He asked what might account for the increasing number of students with behavioral health issues and a large increase in the number of students with Individualized Education Plans. Others responded that the impact of COVID and the shutdown, the increase in school shootings, social media, and cell phone usage all likely play a role. Mr. Kurtz noted there may have also been changes to IEP criteria.

Ms. Dahlstrom requested an update on the Alpine CRU adult crisis residential unit scheduled to open in Gaylord. Mr. Kurtz said the facility's license is currently pending.

NEXT MEETING DATE

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on February 22, 2023.

ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 12:15PM

DRAFT

CEO Response to December 15, 2022 Board Monitoring Report Evaluation
January 19, 2023
Policy 2.6 – Community Resources – Internal Inspection

Eight (8) Board Members completed and submitted the monitoring report. There were thirteen (13) Board Members in attendance.

Question 1 - Was this report submitted when due? 8 -Yes
Comment: No comment.

Question 2 - Did the report lay out the CEO's interpretation of the request? 8-Yes
Comment: No comment.

Question 3 - **Was I convinced that the interpretation is justified and reasonable?** 8- Yes
Comment: No comment.

Question 4 - **Did the interpretation address all aspects of the subject?** 8 - Yes
Comment: No comment.

Question 5 - **Does the information show compliance with Board direction/policy?** 8- Yes
Comment: No comment.

Question 6:
Other Comment:
1. "The Board seems continually concerned that there is little communication about grants and similar resources."
2. "Would like update on studies being done to determine crisis services needs in 5 outlying counties. Munson & NLCMH need to develop better communication regarding service recipients in common. Need to take advantage of CHIR Action Team resources like "Recruit/Retain workers". Can we have CHIR presentation at a Bd mtg?"

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

Respectfully Submitted,

Brian Martinus
Interim CEO

CEO Response to December 15, 2022 Board Monitoring Report Evaluation
January 19, 2023
Policy 2.10 – Administrative Cost – Internal Inspection

Nine (9) Board Members completed and submitted the monitoring report. There were thirteen (13) Board Members in attendance.

Question 1 - **Was this report submitted when due?** 9 - Yes
Comment: No comment.

Question 2 - **Did the report lay out the CEO's interpretation of the request?** 9 - Yes
Comment: No comment.

Question 3 - **Was I convinced that the interpretation is justified and reasonable?** 9- Yes
Comment: No comment.

Question 4 - **Did the interpretation address all aspects of the subject?** 8- Yes, 1 No
Comment: No comment.

Question 5 - Does the information show compliance with Board direction/policy? 8- Yes, 1- Maybe
Comment: No comment.

Question 6- Other Comment:
"Why do we focus on admin for 4 non-profits when we don't know what net profits or mgmt. salaries are for almost 100 other, many for-profit providers. Is there a limitation on profits & salaries by the state that I am not aware of? Reason & benefits to new procedure-std cost allocation?"

CEO Response:
I appreciate the Board's assessment that we are in 90% compliance with this policy.

Respectfully Submitted,

Brian Martinus
Interim CEO

2.2 Treatment of Employed Workforce Members

2.2.1 The CEO shall refrain from activity detrimental to the values of integrity, dignity, respect, diversity of opinion and tolerance of non-disruptive dissent in the workplace.

2.2.2 The CEO shall not fail to manage the human resources of the Authority according to written personnel policies that are commensurate in scope, detail and clarity with the size and diverse functions of the Authority's employed Workforce.

2.2.3 The CEO shall not fail to promulgate reasonable policies for the timely resolution of human resource issues raised by employed members of the Workforce, provided, however, that except as otherwise specifically permitted under a collective bargaining agreement, the CEO shall not enter into any agreement or approve any policy permitting an employed member of the Workforce to pursue a work-related grievance before the Board.

2.2.4 With respect to the compensation of employed members of the Workforce, the CEO shall not jeopardize the fiscal integrity of the Authority or knowingly commit any violation of employment laws or regulations.

CEO Interpretation:

It is imperative that the employed workforce of NLCMHA is treated in a manner that reinforces their importance and value in providing, administering and arranging services for the people we serve. This also reinforces the importance of the effectiveness and efficiency of the Human Resources Director and staff as well as the importance of consistent application of workforce policies especially on workforce performance evaluation and discipline. This policy communicates the value that the NLCMHA Board of Directors places on the employed workforce and its expectations for the environments in which they work. Performance evaluations are all reviewed and approved by the Human Resource Director. When a position significantly changes in job scope, job descriptions are updated, and the Human Resource Director performs analysis and market review to determine if a new wage scale may be appropriate. The market and position review is completed by a small team, or subset of the Executive Team. Each summer, staff and leaders can make a formal request to have a position reevaluated, should a position significantly change in size and scope to ensure the revised role is still appropriate when compared to other internal positions within the agency. The subset team also reviews the summer reclassification requests as well as organizational structure reviews that are currently ongoing. The Human Resource Director has developed a good working relationship with both unions. The Residential Home Administrator also has a very productive

working relationship with the AFSCME Union Vice President as well as staff. Less than five grievances were filed in all labor unions in FY2022 within NLCMHA. These numbers are exceptional and display great collaboration across the agency and staff. The culture and the environment are expected to promote dignity (respectful and worthy), allow for diversity (range) of opinions, and permit expressing disagreement as long as it does not disrupt the work needing to be done. As such it is a work atmosphere that most people would seek and provides an organizational culture that reduces unnecessary stress and supports effective and efficient performance and accountability.

NLCMHA has written personnel policies, including policies for the timely resolution of human resource issues raised, to ensure workforce members are aware of the formal dispute options. It also clearly states that compensation must be consistent with financial resources and employment practices consistent with employment laws or regulations.

The CEO shall refrain from activity detrimental to the values of integrity, dignity, respect, diversity of opinion and tolerance of non-disruptive dissent in the workplace.

Description of Measure – Dispute resolution policies exists and evidence of staff utilization
Data – **Policy 108.602 – Discipline Review**

It is the policy of Northern Lakes CMH to provide a means of communication between Workforce members, supervisors, and officers to ensure a prompt, orderly, and fair response to a Workforce Member's grievance, appeal or dispute. Workforce Members may file a Dispute as a way to seek a resolution of disputes that may arise during employment. This Policy does not apply to workforce members where the matter is covered by a collective bargaining agreement or would be inconsistent with a collective bargaining agreement.

A "Dispute" is a written claim or complaint filed by the Workforce Member. Disputes are limited to matters of interpretation or application of express provisions of Northern Lakes CMH policy. This procedure is the exclusive remedy through which to address complaints.

A. INFORMAL DISPUTE RESOLUTION

It is intended that Informal Dispute Resolution process shall serve as an opportunity to resolve disputes that may arise concerning the application or interpretation of any conditions of employment. This process is designed to support a dispute resolution process as an alternative to the Formal Dispute Resolution process.

All applicable Workforce Members who have a dispute, including those alleging discrimination, may avail themselves of this process, unless covered under a collective bargaining agreement. When this informal dispute resolution process is

implemented the 15-day initial timeline for the Formal Dispute Resolution procedure is placed on hold and remains a Workforce Member's option subsequent to the completion of this process.

Procedure:
Any Workforce Member having a dispute shall present it in writing within five (5) working days after the occurrence of circumstances giving rise to the dispute or five (5) working days from when the Workforce Member should reasonably have known of the occurrence, otherwise the right to file a dispute is forfeited. The written dispute statement must state all facts in detail and any supporting documents attached. The Workforce Member shall meet with their immediate Supervisor or designee to discuss the dispute. Another Employer representative may accompany the Supervisor. Through this negotiation process the goal is to reach consensus on a solution, which resolves the dispute. If agreement is not reached the Workforce Member may access the Formal Dispute Resolution process.

B. FORMAL DISPUTE RESOLUTION

A Workforce Member who has completed their orientation period and has been discharged or otherwise disciplined has a right to appeal the discipline under the following procedure:

Procedure

Step 1. The Workforce Member (WM) may present a written appeal to the Human Resource Office. The written appeal must state the grounds for the appeal. The written appeal must be received by the Human Resource Office within 15 calendar days after the discipline was issued to the Workforce Member. If a written appeal is not submitted to the Human Resource Office within the 15-day period, the discipline will be final and binding on the WM.

Step 2. Within 15 days after the written appeal is received by the Human Resource Officer (HRO), a hearing will be held. The HRO will preside at the hearing. At the hearing, a member of management will present the grounds for discharge or other discipline, and the Workforce Member will then have the opportunity to respond and to state all of the reasons why he/she believes that the discipline should be revoked or modified. The Human Resource Office shall issue a written decision within 15 calendar days after the hearing is concluded. The decision of the HRO will be final and binding on the Workforce Member in all cases involving discipline other than discharge or suspension without pay. In cases involving discharge or suspension without pay, the decision of the HRO will be final and binding unless it is appealed as provided in Step 3.

Step 3. In a case of discharge or suspension without pay, the Workforce Member may appeal the decision of the HRO by submitting a written notice of appeal to the CEO. The written notice of appeal must be submitted to the CEO within 15 calendar days of the Workforce Member receipt of the decision of the

HRO at Step 2. The CEO shall convene a hearing within 45 calendar days after receiving the written notice of appeal. The CEO shall preside at the hearing. The discipline and grounds for discipline shall be reviewed and the Workforce Member will have the opportunity to respond, to state their reasons for challenging the discipline, and to state whether they think that the discipline should be rescinded or changed. Within 15 calendar days after the conclusion of the hearing, the CEO will issue a written decision. That decision will be final and binding.

General Provisions:

(1) At each Step of the appeal procedure, the Workforce Member may be accompanied and assisted by a fellow WM. Neither the Workforce Member nor the Authority will be represented by an attorney or any other person who is not a WM.

(2) At Steps 2 and 3, the HRO and CEO, respectively, may extend their hearing if, in their discretion, such extension is necessary. However, every effort will be made to conclude the hearing in a timely manner.

(3) This Discipline Review Policy (DRP) applies only to discipline. It does not apply to other matters. Although each Workforce Member may have the opportunity to address other co-policy numbers via the chain of command, such matters are not covered by this DRP. In this regard, this DRP does not apply when a WM's position is eliminated, reduced, or otherwise affected by a reorganization or reduction in force. However, if a Workforce Member believes that such an action was a pretext for discipline, such a claim is subject to the DRP.

(4) Northern Lakes CMHA regards its Workforce Members as valued resources, and Northern Lakes CMHA will exercise its discretion in issuing discipline according to the following considerations:
- The seriousness of the offense;
- The work record of the Workforce Member, including prior discipline;
- The likelihood, in the estimation of Northern Lakes CMHA, that corrective discipline would be effective;
- Other circumstances and factors that Northern Lakes CMHA determines to be relevant.

Based on this assessment Northern Lakes CMHA will issue discipline. Such discipline, for a first offense or subsequent offenses, may range from a verbal warning (which will be documented) up to and including termination.

The CEO shall not fail to manage the human resources of the Authority absent written personnel policies that are commensurate in scope, detail and clarity with the size and diverse functions of the Authority's employed Workforce.

Per this policy, NLCMHA promotes a positive work environment through policies that communicate expectations and guide actions and decisions. I have attached the most current NLCMHA Administrative List of Personnel Policies.

Description of Measure – Administrative policies specific to human resources exist and are used to support practice.
Data – Attached List of Personnel Policies

The CEO shall not fail to promulgate reasonable policies for the timely resolution of human resource issues raised by employed members of the Workforce, provided, however, that except as otherwise specifically permitted under a collective bargaining agreement, the CEO shall not enter into any agreement or approve any policy permitting an employed member of the Workforce to pursue a work-related grievance before the Board.

Specifically, the Board expects that, within these policies or by contract where there is a collective bargaining agreement, there be mechanisms for the timely resolution of human resource issues. The expectation is that such steps in resolution do not include the pursuit of any work-related grievance before the Board.

NLCMHA has both informal and formal disputed resolution mechanisms. Staff is encouraged to discuss workplace concerns with their immediate supervisor and may also access others in the chain of command and the Human Resource Office. Monthly office meetings are held, which support regular team or unit meetings all of which provide a forum for dispute resolution. In addition, an All Managers Meeting is scheduled quarterly providing a forum for the discussion of any employee issues. The CEO also holds monthly Town Hall Meetings for agency updates.

There are specific steps in the Collective Bargaining Agreement (CBA) that are laid out for addressing discipline and employee concerns. The Human Resource Director works closely with management and the union to address such items according to the timeframes set forth by the CBA.

In 2022 the following policies have been updated.

100.403 Rule Adherence (Revised)
106.106 Grievance and Appeals (Revised)
106.201 Access (Revised)
107.610 Medications-Physical Control-Administration (Revised)
108.118 Professionalism (Revised)
108.127 NLCMHA-Intermittent Work Location Attestation (Revised)
108.501 Paid Time Off (Revised)
110.100 Policy Review (Revised)

Description of Measure – Administrative policies specific to the timely resolution of human resource issues raised by employed members of the Workforce. These are in addition to dispute resolution actions present in the AFSCME and Teamsters collective bargaining agreements.
Data – Attached policies 108.602 and 108.604

With respect to the compensation of employed members of the Workforce, the CEO shall not jeopardize the fiscal integrity of the Authority or knowingly commit any violation of employment laws or regulations.

The executive team generally meets weekly, participates in the preparation of the budget and receives the monthly financial reports prepared by the Chief Financial Officer for each monthly Board meeting and monitors the cost of the employed workforce.

Workforce disputes are costly to the Authority in several ways, e.g., emotionally, time, loss of Ends focus, financial, etc. Ideally such disputes can be identified early and addressed internally and timely prior to becoming major problems. It is expected that the CEO be knowledgeable about employment laws or regulations and that he prevents any known violation. The CEO, the Director of Human Resources and outside legal counsel confer as needed on matters of employee disputes and discipline. Information is promulgated by the Authority so that staff are aware of their employment rights.

Description of Measures – Number of substantiated violations of employment law or regulations
Data – Number of EEOC, Department of Labor, Employee Litigation

Equal Opportunity Commission Complaints (EEOC)

1. 2010 Allegations

EEOC - Pending 2010 Violation of the American Disabilities Act (ADA) – EEOC Dismissed. Note of Lawsuit received in 2011. Lawsuit since dismissed on motion.
EEOC – Civil Rights/ ADA Disability – Closed with negotiated settlement
EEOC – Age Discrimination – EEOC Closed with no judgment or settlement

2. 2011 EEOC

2011 #1 – Sexual Discrimination – EEOC Dismissed
2011 #2 – Sexual and Disability Discrimination – EEOC Dismissed
2011 #3 – Civil Rights – EEOC Dismissed

3. 2012 EEOC: None
4. 2013 EEOC: None
5. 2015 EEOC

2015 #1 –EEOC-ADA Accommodation-EEOC Dismissed

6. 2016 EEOC: None
7. 2017 EEOC: None

8. 2018 EEOC: None
9. 2019 EEOC: None
10. 2020 EEOC: None
11. 2021 EEOC:
2 EEOC Claims. 1 closed
12. 2022 EEOC
1 EEOC Claim

Michigan Department of Labor Complaints (MDL)

2011 – None
2012 – None
2013 – None
2014 #1 – Insurance Deduction Complaint – AFSCME Employee – matter settled
2014 #2 – Mileage Reimbursement Complaint – AFSCME Employee – matter settled
2014 #3 – DOL Unauthorized Deduction Complaint – AFSCME Employee – Closed
2014 #4 – DOL Wage Claim – AFSCME Employee – Closed
2014 #5 – DOL Wage Claim – AFSCME Employee – Closed

2015 EEOC –None.
2016 – None
2017 – None
2018 – None
2019 – None
2020 – None
2021 - None
2022 - None

Litigation

2022 – Claim of Wrongful Termination of a contract. Preliminary messaging is case will be dismissed shortly.
2022 - Claim of Malpractice-resolved with summary disposition issued for NLCMHA staff.
2022 - Outstanding EEOC claim-in process

Respectfully Submitted,

Brian Martinus (with Matt Leiter)
Interim CEO

Title 1 **Northern Lakes Policies**
Part 108 **Workforce Policies**
Subpart F **Discipline and Termination**
Policy No. **108.602**
Subject **Discipline Review Policy**

Applicability

Policy applies to all Northern Lakes CMHA activities, operations, and sites and to all employees except members of the governing body. Does not apply to employees where the matter is covered by a collective bargaining agreement or would be inconsistent with a collective bargaining agreement.

Policy

It is the policy of Northern Lakes CMHA to provide a means of communication between employees, supervisors, and officers to ensure a prompt, orderly, and fair response to an employee's grievance, appeal, or dispute. Employees may file a Dispute as a way to seek a resolution of disputes that may arise during employment.

A "Dispute" is a written claim or complaint filed by the employee. Disputes are limited to matters of interpretation or application of express provisions of Northern Lakes CMHA policy. This procedure is the exclusive remedy through which to address complaints.

A. INFORMAL DISPUTE RESOLUTION

It is intended that Informal Dispute Resolution process shall serve as an opportunity to resolve disputes that may arise concerning the application or interpretation of any conditions of employment. This process is designed to support a dispute resolution process as an alternative to the Formal Dispute Resolution process.

All applicable employees who have a dispute, including those alleging discrimination, may avail themselves this process, unless covered under a collective bargaining agreement. When this information dispute resolution process is implemented the 15-day initial timeline for the Formal Dispute Resolution procedure is placed on hold and remains an employee's option subsequent to the completion of this process.

Procedure:
Any employee having a dispute shall present it in writing within five (5) working days after the occurrence of circumstances giving rise to the dispute or five (5) working days from when the employee should reasonably have known of the occurrence, otherwise the right to file a dispute is forfeited. The written dispute statement must state all facts in detail and any

supporting documents attached. The employee shall meet with their immediate Supervisor or designee to discuss the dispute. Another Employer Employee representative may accompany the Supervisor. Through this negotiation process the goal is to reach consensus on a solution, which resolves the dispute. If agreement is not reached the employee may access the Formal Dispute Resolution process.

B. FORMAL DISPUTE RESOLUTION

An employee who has completed their orientation period and has been discharged or otherwise disciplined has a right to appeal the discipline under the following procedure:

Procedure

Step 1. The employee may present a written appeal to the Human Resource Office. The written appeal must state the grounds for the appeal. The written appeal must be received by the Human Resource Office within 15 calendar days after the discipline was issued to the employee. If a written appeal is not submitted to the Human Resource Office within the 15-day period, the discipline will be final and binding on the employee.

Step 2. Within 15 days after the written appeal is received by the HRO, a hearing will be held. The Human Resource Officer (HRO) will preside at the hearing. At the hearing, a member of management will present the grounds for discharge or other discipline, and the employee will then have the opportunity to respond and to state all of the reasons why he/she believes that the discipline should be revoked or modified. The Human Resource Office shall issue a written decision within 15 calendar days after the hearing is concluded. The decision of the HRO will be final and binding on the employee in all cases involving discipline other than discharge or suspension without pay. In cases involving discharge or suspension without pay, the decision of the HRO will be final and binding unless it is appealed as provided in Step 3.

Step 3. In a case of discharge or suspension without pay, the employee may appeal the decision of the HRO by submitting a written notice of appeal to the CEO. The written notice of appeal must be submitted to the CEO within 15 calendar days of the employee receipt of the decision of the HRO at Step 2. The CEO shall convene a hearing within 45 calendar days after receiving the written notice of appeal. The CEO shall preside at the hearing. The discipline and grounds for discipline shall be reviewed and the employee will have the opportunity to respond, to state their reasons for challenging the discipline, and to state whether they think that the discipline should be rescinded or changed. Within 15 calendar days after the conclusion of the hearing, the CEO will issue a written decision. That decision will be final and binding.

General Provisions:

(1) At each Step of the appeal procedure, the employee may be accompanied and assisted by a fellow employee. Neither the employee nor the Authority will be represented by an attorney or any other person who is not an employee.

(2) At Steps 2 and 3, the HRO and CEO, respectively, may extend their hearing if, in their discretion, such extension is necessary. However, every effort will be made to conclude the hearing in a timely manner.

(3) This Discipline Review Policy (DRP) applies only to discipline. It does not apply to other matters. Although each employee may have the opportunity to address other co-policy numbers via the chain of command, such matters are not covered by this DRP. In this regard, this DRP does not apply when an employee's position is eliminated, reduced, or otherwise affected by a reorganization or reduction in force. However, if an employee believes that such an action was a pretext for discipline, such a claim is subject to the DRP.

(4) Northern Lakes CMHA regards it's employees as valued resources, and Northern Lakes CMHA will exercise its discretion in issuing discipline according to the following considerations:

- The seriousness of the offense;
- The work record of the employee, including prior discipline;
- The likelihood, in the estimation of Northern Lakes CMHA, that corrective discipline would be effective;
- Other circumstances and factors that Northern Lakes CMHA determines to be relevant.

Based on this assessment Northern Lakes CMHA will issue discipline. Such discipline, for a first offense or subsequent offenses, may range from a verbal warning (which will be documented) up to and including termination.

Adoption Date: April 1, 2006

Review Dates:
June 9, 2009
March 28, 2012
April 15, 2013–Draft–30 day review
February 24, 2015
January 29, 2020 – JB
August 31, 2021 – ML

Revision Dates:
June 3, 2013
February 21, 2018
May 1, 2020 DL

Title 1 **Northern Lakes Policies**
Part 108 **Workforce Policies**
Subpart F **Discipline and Termination**
Policy No. **108.604**
Subject **Disciplinary Procedures**

Applicability

Policy applies to all Northern Lakes CMHA activities, operations and sites and to all employees except members of the governing body.

Policy

Disciplinary procedures are those actions listed below and are designed to correct the problem, prevent recurrence and prepare the employee for satisfactory service in the future. However, some actions by employees warrant immediate dismissal and not progressive discipline. Additionally, where the employee's overall work record establishes that further efforts toward corrective discipline would not work regardless of the status of any progressive discipline, dismissal may result. Employees eligible for assistance with correcting unsatisfactory conduct in the workplace through disciplinary procedures are those in regular status positions.

Northern Lakes CMHA disciplinary procedures are a guideline only and Northern Lakes CMHA reserves the discretion to adjust the discipline to the offense, including termination for serious violations. Nothing in this policy is intended or should be interpreted as modifying Northern Lakes CMHA's previously established modified "At-Will" employment relation with any of its employees unless covered by the terms of a collective bargaining agreement. See policy 108.601 Discharge and Other Discipline. Corrective action may or may not follow the standard of progressive discipline (counseling, verbal warning, written warning, suspension and termination) based on management's assessment on the seriousness of the incident and also the discipline and performance history of the employee. Any dispute regarding the level of discipline must be addressed through the Discipline Review policy 108.602 and is subject to policy 108.603.

"Loudermill Notice" provides due process for a pre-disciplinary meeting to be conducted prior to suspending, demoting, or terminating an employee. A Loudermill hearing provides an opportunity for the employee to offer their explanation of events and gives them the opportunity to hear evidence against them. Employees covered by a collective bargaining agreement may have union representative but may not have an attorney present unless the attorney is a representative of the union.

Non-Discrimination – Supervisors must apply discipline in a non-discriminatory manner consistent with Northern Lakes CMHA's EEO and Non-Discrimination policy. Discipline may be considered as discriminatory if employees of a protected class are given discipline

disproportionate to the amount or severity of discipline given to non-protected class persons. Amounts or severity of discipline imposed must be justifiable based on the facts of each specific situation, incident, or event.

Employees who receive disciplinary action, which is released to a third party, will receive a Bullard-Plawecki Right to Know Act Notice that will be issued through the Human Resource Office or in the case of a recipient rights violation Summary Report by the CEO.

A. Non-Disciplinary Corrective Actions

Verbal Counseling – A verbal counseling is a non-disciplinary action. Verbal counseling is an opportunity for face-to-face communication between the supervisor and the employee conducted in private and is intended to have a constructive goal of providing feedback to the employee to correct the job performance issue.

Written Counseling - Written counseling is a non-disciplinary action. A counseling session may occur if an employee's performance has begun to decline, or if there is a specific issue that needs to be addressed. Counseling allows the supervisor to work one on one with the employee and come up with a written plan for improvement.

Failure to improve performance following counseling may result in discipline. There is no expectation that counseling will occur before discipline is initiated.

B. Disciplinary Corrective Actions

Northern Lakes CMHA regards it's employees as valued resources, and Northern Lakes CMHA will exercise its discretion in issuing discipline including consideration of, but not limited to the following considerations:

- How long the individual has been an employee
- The presence of mitigating circumstances
- The consequences of the action/inaction of the employee
- The seriousness of the offense;
- The work record of the employee, including prior discipline (including for similar offenses);
- The likelihood, in the estimation of Northern Lakes CMHA, that corrective discipline would be effective;
- Other circumstances and factors that Northern Lakes CMHA determines to be relevant.

Based on this assessment Northern Lakes CMHA will issue discipline. Such discipline for a first-time offense, or subsequent offense, may range from a written warning (which will be documented) up to and including termination of employment. Such discipline may be repeated as deemed appropriate by NLCMHA.

Written Warning – A Written Warning must be identified as a written warning in the meeting with the employee; this distinguishes it from any other supervisor/employee conversation about job performance. This is typically the first disciplinary step, although other discipline may be provided consistent with this policy.

Written Reprimand – A Written Reprimand is a formal notification of employee behavior as typically the second step (although other discipline may be provided consistent with this policy) that is deemed to be unacceptable. (In most cases the issuance of a Written Warning occurs after the employee has received a written warning or been previously counseled by

his/her Supervisor or Manager regarding the need to correct the inappropriate behavior, unless the behavior or performance is judged to be serious enough to justify a written warning.)

Suspension With/Without Pay – A Suspension Without Pay is a formal action taken which removes an employee from employment with Northern Lakes CMHA for a specified period of time for actions or behaviors that are of a more serious or chronic nature than those which would warrant a Written Warning. The CEO will determine if suspension is with or without pay in consultation with the Human Resource Officer or Supervisor.

Termination (Discharge) – A Termination is action taken by a Supervisor or Manager with the CEO approval, which permanently removes an employee from employment with Northern Lakes CMHA.

"Last Chance Agreement" – As an alternative to termination/discharge or other discipline, Northern Lakes CMHA may, but is not required to, offer a Last Chance Agreement. These agreements usually detail the employment misconduct, set forth Northern Lakes CMHA's expectations for continued job performance and define the employment consequences for failure to meet those expectations – usually termination/discharge of employment.

C. Documentation

Verbal and Written Counseling Form – While not formal discipline, records of such counseling shall be maintained in the employee's personnel record and are part of the employee's overall work record.

Performance Report Form – All formal disciplinary actions must be recorded on a "Performance Report" form by the employee's Supervisor or designee and signed by the Human Resource Officer detailing the reasons for the actions being taken. This form is to be reviewed with the employee and signed by the employee to acknowledge receipt prior to being placed in the employee's personnel file. If the employee refuses to sign the form, the supervisor should note this on the form. The employee's refusal to sign the form does not impact the effect of the discipline.

In those cases where the "Performance Report" form cannot be presented in person, the notice will be sent to the employee's last known address by certified and first-class mail, with return receipt requested on/or prior to the effective date of the action.

The "Performance Report" shall clearly identify Northern Lakes CMHA's assessment of the particular reason(s) for the action taken. Conduct or job performance that indicates or demonstrates:

a. a lack of ability to adequately perform the duties of the position held or failure to produce work at an acceptable quality or quantity level.

b. insubordination or refusal to follow appropriate direction of one's supervisor or Department Head.

c. a deliberate attempt to disrupt the operations of or care of persons served by Northern Lakes CMHA.

d. being under the influence of alcohol, narcotics, or other controlled substance on the

job. Unlawful manufacture, distribution, dispensing, or possession of such substances in the workplace.

e. the solicitation or acceptance of money or anything of value to influence decisions of an employee with regard to care of persons served or the performance of job responsibilities.

f. verbal or physical abuse towards any employee or person served by Northern Lakes CMHA.

g. absence from work without reasonable cause or permission, or excessive absence from work.

h. habitual tardiness.

i. stealing or misappropriation of property from Northern Lakes CMHA or other employee or persons served by Northern Lakes CMHA.

j. conviction on a felony charge or a misdemeanor charge involving moral turpitude or casting doubt on the employee's ability to properly perform his/her job duties or suitability for continued employment.

k. failure to notify supervisor or manager of any criminal drug statute conviction for a violation occurring in the workplace within two (2) calendar days after such conviction.

l. if it has been determined through an investigation that a recipient's right has been violated.

m. violation of the Northern Lakes CMHA Code of Conduct 102.107 and/or any other HIPAA privacy or security policy.

n. non-Compliance with Northern Lakes CMHA's Management Expectations 108.119 and Professionalism 108.118 policies.

In addition, disciplinary action may be taken for reasons or "cause" other than those listed above. The above list is included for example and is not intended to be all-inclusive.

D. Recipient Rights/Mental Health Code Violations.
The following guidelines will be used in situations involving recipient rights violations. Although a range of specific penalties are indicated, these guidelines will be applied based on the particular facts and the overall work record of the employee involved; discipline may be of a greater or lesser degree than listed in these guidelines in a particular situation. This listing is not exhaustive.

1. Freedom from Abuse and Neglect:

A. Class I Abuse or Neglect I	Dismissal
B. Class II Abuse or Neglect II	Suspension thru Dismissal
C. Class III Abuse or Neglect III	Written Warning thru Dismissal

2. Rights Protection System

A. Access to Rights Protection System	Written Warning thru Dismissal

B. Failure to report incidents of suspected Abuse or Neglect	Written Warning thru Dismissal
C. Retaliation or Harassment	Written Warning thru Dismissal
3. Violation of other recipient rights specifically guaranteed by the Mental Health Code	Non-Disciplinary thru Dismissal

NOTE: Violations by contract providers will be subject to contract sanctions consistent with the provider contract.

E. Management

When disciplinary action involves a member of management, the supervisor shall notify the employee, Human Resource Officer (HRO) and the Chief Executive Officer (CEO). After consulting with the HRO and CEO, the supervisor shall notify the employee of the disciplinary action to be taken.

When disciplinary action involves the CEO, the HRO shall approach the CEO and bring such matter to the attention of the Board Chairperson. After consultation, the Board Chairperson and HRO, shall notify the CEO of the disciplinary action to be taken.

Procedures

None.

Adoption Date: April 15, 2013

Review Dates:
February 24, 2015
February 21, 2018
January 29, 2020 – JB
August 31, 2021 – ML

Revision Dates:
June 3, 2013
May 1, 2020 DL
July 29, 2022 - JJW

ASSURANCE OF ORGANIZATIONAL PERFORMANCE
SUMMARY OF BOARD COMPLIANCE MONITORING
2.2 TREATMENT OF EMPLOYED WORKFORCE MEMBERS
INTERNAL REPORT - CEO
February 17, 2022

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

Comment:

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

Comment:

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

Comment:

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

Comment:

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

Comment:

6. Other Comment: _____

_____

_____

_____

CEO Response to December 15, 2022 Board Means Monitoring Report Evaluation
January 19, 2023
Policy 3.1– Board Job Description – Direct Inspection

Nine (9) Board Members completed and submitted the monitoring report. There were thirteen (13) Board Members in attendance.

Question One – Do you believe we are in strict compliance with the policy as stated for each provision? 7 – Yes, 1- No, 1- Not sure.

Question Two – If you indicated that the Board is not in full compliance with the policy as stated, please indicate what areas and what you notice that gives evidence that we are not in compliance?
Comments:
1. "I don't believe we are effective at conceiving, monitoring, and carrying out our own task."
2. "It is all too confusing. Can we please use plain English? That goes for the agenda too. Doesn't it bother anyone that the public makes fun of our agenda language?"

Question Three – How do you think we could improve our process to be in full compliance?
Comments:
1. "Stop making every point a battleground, and instead view it as an opportunity to become more cohesive with compromise."
2. "Change the governance policy. Carver model is not yielding optimal results."
3. "I feel members of the Board try to run the organization, which is not our job."

Response: The governance model is currently be discussed by County Administrators during Enabling Agreement meetings.

Question Four – What do we need to learn or discuss in order to live by this policy more completely?
Comments:
1. "See above"
2. "Need governance policies that are positive in direction and easy to understand by all."
3. "Do not let your personal feelings get involved."

Question Five – Does this policy remain in compliance with the Policy Governance model in terms of content and format? 6 – Yes, 1- No, 2- unanswered.
Comment:
"If we are really committed to better communications with the public, it starts with understandable policies & procedures."

Response: In order to be self-correcting organization, better communication with the public is essential.

CEO Response 2022:
The Annual Reviews completed each year shares information about our communication with other agencies and our collaborative efforts. I appreciate the Board's assessment that we are in 78% compliance with this policy.

Respectfully Submitted,

Brian Martinus
Interim CEO

CEO Response to January 19, 2023 Board Monitoring Report Evaluation
February 16, 2023
Policy 3.9 – CEO Compensation – Direct Inspection

Eleven (11) of the sixteen (16) Board Members who attended completed the monitoring report.

Question 1 - Do you believe we are in strict compliance with the policy as stated for each provision? – 9 Yes, 1 Maybe, 1 N/A

Question 2 – If you indicated that the Board is not in full compliance with the policy as stated, please indicate what areas and what you notice that gives evidence that we are not in compliance?
Comment:
1. We have an Interim CEO paid for by the Region.
2. Re. 3.9.3 As we search for a new CEO, we must realize that we are in a moment, not previously experienced in regard to shortage of innovative, energetic and trustworthy leaders and staff.

For Question 3 – How do you think we could improve our process to be in full compliance
Comment:
1. Use a professional CEO search firm & search nationwide. Other states have much to be learned from. MI is considered a middle-of-the-road in regard to advancement in BH services. We are at the bottom with regard to BH beds per capita.

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

For Question 5 -- Does this policy remain in compliance with the Policy Governance model in terms of content and format? – 10 Yes, 1 Not sure.

CEO Response 2023:
I appreciate the Board's assessment that we are in 81% compliance with this policy.

Respectfully Submitted,

Brian Martinus
Interim CEO

CEO Response to January 19, 2023 Board Monitoring Report Evaluation
February 16, 2023
Policy 3.10 – Board Conflict of Interest – Direct Inspection

Ten (10) of the sixteen (16) Board Members who attended completed the monitoring report.

Question 1 - Do you believe we are in strict compliance with the policy as stated for each provision? – 9 Yes, 1 No
Comment:
1. I believe that I am in strict compliance, how would I know about others?

Question 2 – If you indicated that the Board is not in full compliance with the policy as stated, please indicate what areas and what you notice that gives evidence that we are not in compliance?
Comment:
1. I'm not aware of any conflicts of interest.

For Question 3 – How do you think we could improve our process to be in full compliance?
No comment.

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

For Question 5 --Does this policy remain in compliance with the Policy Governance model in terms of content and format? – 8 Yes, 1 Did Not Respond, 1 Probably

CEO Response 2023:
I appreciate the Board's assessment that we are in 90% compliance with this policy.

Respectfully Submitted,

Brian Martinus
Interim CEO

BOARD MEANS SELF ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
3.5 MEETING AGENDAS AND SCHEDULES – DIRECT INSPECTION - BOARD
February 16, 2023

3.5 Meeting Agendas and Schedules

Meeting Agendas. Meetings of the Board shall be conducted in accordance with Roberts Rules of Order and pursuant to a formal Agenda approved by the Board at the commencement of each meeting. The formal Agenda shall consist of the following elements which correspond with appropriate governance policy number:

Roll Call
Confirmation of a Quorum
Pledge of Allegiance
Appoint Timekeeper
Consideration of Agenda
Conflict of Interest Declaration

Consent Agenda

Ownership Linkage
A. Citizen Comment
B. Ownership Communication

Chief Executive Officer's Report

Chief Financial Officer's Report

Northern Michigan Regional Entity Report

Assurance of Organizational Performance
A. Receipt of CEO Monitoring Report
B. New Operational Worries
C. Monthly Monitoring Assignment

Board Means Self-Assessment
A. Receipt of Board Monitoring Report
B. Monthly Monitoring Assignment

Governance Policies Discussion and Assessment
A. Ends
B. Executive Limitations
C. Governance Process/Ownership Linkages
D. Board CEO Linkage

Ownership Linkage
A. Citizen Comment

Announcements/Board Members Reports

Meeting Evaluation

Next Meeting Agenda

Adjournment

Consent Agendas shall be handled as expeditiously as possible.

Location and Frequency. Regular Board meetings shall be held on a monthly basis as provided in the following Table:

Location	Number of Meetings per Calendar Year
Grand Traverse County	5
Wexford County	3
Leelanau County	
Roscommon County	2 , but not in winter
Crawford County	2

Meeting Times. Committee of the Whole and Board meeting times shall be established at the time the Annual Calendar is completed.

Committee of the Whole and Board meetings will be held in one location except during the months of November through March. For the months of November through March the meetings may be conducted using interactive video conferencing. Will follow video conference etiquette.

BOARD MEANS SELF ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
3.5 MEETING AGENDAS AND SCHEDULES – DIRECT INSPECTION - BOARD
February 16, 2023

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

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

Yes No (requires comment)

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

_____
_____
_____
_____

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

_____
_____
_____
_____

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

_____
_____
_____
_____

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

THE AD HOC FINANCE COMMITTEE RECOMENDS THE FOLLOWING BOARD ACTIONS

1. That the Finance Report and Contract Summary be permanently removed from the Consent Agenda and listed under a report by the CFO. (We have been doing this on a trial basis)

2. That The Board receive from the CEO each month a review of significant revenue and provider contracts that will be finalized in the next month.

3. That The Board receive from the CEO a monthly update of major grant requests in progress with expected application dates.

4. That The Board Chair appoint an Ad Hoc Budget Committee that will meet with the CEO and staff three times this year. The meetings will cover 1. Directly Provided Services, 2. Provider Network and 3. Revenue Projections. The purpose of The Committee will be to communicate the process and assumptions to The Board after each meeting.

5. That The Board refer the following policy recommendations to the Policy Committee.

   2.2.2 Add that The Board should be informed of all complaints such as EEOC and lawsuits.

   2.7 Add that the Board Chair share with the entire Board the name of the person who would act as interim CEO in the event the CEO is not available.

   3.8.6 Add that a Board Member should complete at least 1 year to be recognized when they leave The Board

NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY
BY-LAWS

ARTICLE 1: NAME AND AUTHORITY

SECTION 1. NAME

The name of the organization is the Northern Lakes Community Mental Health Authority, (hereinafter called “Northern Lakes”).

SECTION 2. AUTHORITY

Northern Lakes was established under Public Act 258 of 1974 as amended (Michigan Mental Health Code), and the 2003 Enabling Resolutions adopted by the counties of Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford.

ARTICLE 2: PURPOSE AND FUNCTIONS

SECTION 1. ORGANIZATIONAL PURPOSE

Northern Lakes is a Community Mental Health Services Program as defined in Public Act 258 as amended. As a CMHSP Northern Lakes is responsible to manage and provide a comprehensive array of mental health services and supports. Northern Lakes is a MI Choice provider. Northern Lakes is a member of the Northern Michigan Regional Entity (NMRE) along with AuSable Valley Community Mental Health Authority, Manistee-Benzie Community Mental Health Organization (d/b/a Centra Wellness Network), North Country Community Mental Health Authority, and Northeast Michigan Community Mental Health Authority. The NMRE is the Prepaid Inpatient Health Plan for the twenty-one counties served by these five Community Mental Health Service Programs. As the PIHP the NMRE contracts with the Michigan Department of Health and Human Services to manage the Specialty Services Waiver Programs approved by the Federal government and implemented concurrently by the State of Michigan to provide a comprehensive array of Medicaid mental health and substance abuse services and supports effective January 1, 2014.

SECTION 2. BOARD PURPOSE

The purpose of the Board of Directors, hereinafter called the “Board”, shall be to establish policy and to carry out the powers and duties identified in Public Act 258 of 1974 as amended.

ARTICLE 3: BOARD MEMBERSHIP

Membership of the Board, appointed by the county commissions, shall be consistent with that required by Public Act 258 of 1974 as amended and as specified in the Enabling Resolution.

ARTICLE 4: TERMS OF OFFICE, VACANCIES AND REMOVAL

SECTION 1. TERMS

The term of office of a Board member shall be three years from April 1 of the year of Appointment other than identified initial appointments as specified in the Enabling Resolution creating Northern Lakes. Any member whose term expires will remain seated until a new member is appointed unless this provision conflicts with policy of the appointing county commission.

SECTION 2. VACANCIES

The Board shall assist the respective County Boards of Commissioners in recruitment of board member candidates to fill vacancies. This will help assure that any new appointment would meet eligibility requirements in order for the Board to remain compliant with composition requirements.

SECTION 3. REMOVAL

The Board may recommend, to the respective County Board of Commissioners, removal of any member for neglect of duty or misconduct in office. Such recommendation shall take place only after the Board member in question has had an opportunity to be heard thereon.

ARTICLE 5: OFFICERS AND DUTIES

SECTION 1. OFFICERS

The officers of the Board shall be a Chairperson, Vice Chairperson, Secretary, and any other officers the Board may deem necessary. Terms of office shall be for a period of one year beginning with the May Board meeting and ending when the new officers assume their duties at the following May Board meeting other than the year in which Northern Lakes was established when the term shall be for a period of eighteen months beginning from October 1. However, officers shall remain in office until their successor is elected.

SECTION 2. ELECTION OF OFFICERS

Officers shall be initially elected at the October organizational meeting of the year Northern Lakes is created and then subsequently at the May Board meeting. The Nominating and Leadership Development Committee, at the April Board meeting, shall nominate a slate of candidates for each office. Nominations may also be submitted from the Board floor. The Nominating and Leadership Development Committee shall consist of a minimum of one Board member from each county the Board represents.

SECTION 3. SPECIAL ELECTIONS

In cases of departure from office, the Board may hold special elections for a successor officer.

SECTION 4. DUTIES

A. The Chairperson shall preside at all meetings of the Board, is responsible to assure the integrity of board process, and occasionally represents the Board to outside parties. Additionally the Chairperson will (with the approval of the Board) appoint members to Board standing or special committees and task forces; The Chairperson has the right to vote on issues.
B. The Vice Chairperson shall preside at all Board meetings in the absence of the Chairperson, perform all duties of the Chairperson during the absence or inability of the Chairperson to act, perform all duties as prescribed by the Chairperson and shall assume the responsibilities of the Secretary in her/his absence.
C. The Secretary shall attend all meetings of the Board and shall assure accurate minutes of all Board meetings are taken as required by the Open Meetings Act. The Secretary shall sign, after Board adoption and approval, a copy of all Board minutes and shall perform all duties of the Chair in the absence or inability of the Chairperson and Vice Chairperson to act.

ARTICLE 6: COMMITTEES

The Board may establish a committee structure by which to assist it in meeting Board responsibilities. The Chairperson may establish special committees or task forces as necessary. Special committee or task force membership may include non-members of the Board. All non-members shall serve in a voluntary capacity, although may receive a per diem, travel, and other expenses necessary. Non-members will not be entitled to any of the powers that come through Board membership.

ARTICLE 7: MEETINGS

SECTION 1. MEETINGS OF THE BOARD

The Board shall hold regular meetings each month at such times and places as the Board shall from time to time determine. The agenda and materials shall be provided to each member of the Board at least five (5) calendar days prior to each meeting and shall state the date, time, and place of such meeting. Public notice of regular meetings shall be given once for each calendar year and shall show the regular dates, time, and place of meetings. That notice shall be posted in a place visible to the public at all facilities directly operated by the Board. All notices shall comply with the Open Meetings Act**.** Committee meetings will also be posted as required by the Open Meetings Act.

SECTION 2. SPECIAL MEETINGS

Special meetings of the Board may be held at the call of the Chairperson, or in his or her absence, the Vice Chairperson or if requested by a combination of one board member from each of the six counties. The method by which meetings may be called is as follows:

A. Upon receipt of specifications in writing (written communication by email or other**),** setting forth the date, time, place and objects of such proposed special meeting, the Secretary or Designee shall notify each Board member at least thirty-six (36) hours in advance.
B. Further, the Secretary or Designee shall prepare a certificate stating that notice was given thirty-six (36) hours before the meeting or, in the alternative, the Board member shall sign an acknowledgment that he or she received such notice, or sign a waiver of receipt of such notice.
C. Public notice of a special meeting or a rescheduled meeting shall be given by posting in a prominent place in all Board directly operated facilities and shall comply with the Open Meetings Act.

SECTION 3. MEETING ATTENDANCE

Board members shall attend all Board meetings as they are able. In the event of an absence advance notification is requested.

SECTION 4. QUORUM

The majority of all seated members of the assembly constitutes a quorum for the transaction of business. Whenever a majority is not present during the meeting, formal action will not be taken. For the final passage or adoption of any measure or resolution, the majority of all members must be present.

ARTICLE 8: CONDUCT OF MEETINGS

SECTION 1. ROBERT'S RULES

Robert's Rules of Order shall govern the sessions of this Board unless the by-laws conflict therewith, in which event the by-laws shall supersede as long as they are not in conflict with the Constitution and Laws of the State of Michigan.

SECTION 2. SUSPENSION OF RULES

These Roberts Rules may be temporarily suspended by a 2/3 vote of those present at any regular meeting of the Board if a quorum is present to facilitate the accomplishment of the legal objectives of the Board.

ARTICLE 9: POWERS TO CONTRACT

SECTION 1. AGENTS

The Board shall be authorized to employ agents to carry out its purposes consistent with the training and experience established by the Michigan Department of Health and Human Services.

SECTION 2. CONTRACTS

The Board shall be authorized to enter into contracts, consistent with the budget, not exceeding the funding period, as it deems necessary to carry out its purposes. Contracts, agreements, and other documents as approved by the Board may be executed by signature of the Board Chairperson; or by the signature of the Chief Executive Officer; or by the signature of both.

ARTICLE 10: POWERS TO HOLD ASSETS

SECTION 1. FINANCIAL

The Board shall be authorized to establish such bank accounts as may be necessary to carry out its purposes.

SECTION 2. PROPERTY

The Board shall receive and hold interest in such real or personal property as may in any manner be acquired, bequeathed, conveyed, granted, or given, or in any way invested in the Board in trust for its purposes.

ARTICLE 11 - CONFLICT OF INTEREST

SECTION 1. CONTRACT

Any Board member who shall in any way be a contractor for purposes of remuneration from this Board or its contracting agencies will make full disclosure of such fact before discussion and will refrain from discussion of and voting on any Board decision relating to that relationship**.**

SECTION 2. EMPLOYMENT

Employment by Northern Lakes of a Board member is prohibited.

ARTICLE 12: BY-LAWS

SECTION 1. AMENDMENTS

These By-Laws may be amended at any time by a 2/3 vote of the total Board at any regular meeting of the Board, provided that written notice of the proposed amendment shall be given to all members not less than five (5) calendar days prior to such meeting.

SECTION 2. DISSOLUTION

In the event it is deemed advisable that the Northern Lakes Community Mental Health Authority should be dissolved the dissolution shall be pursuant to any and all laws governing the counties served, and the Enabling Resolution.

REFERENCE AND LEGAL AUTHORITY:

Public Act 258 of 1974 as amended (Michigan Mental Health Code)
2003 Enabling Resolutions

SUPERSEDES
POLICY # DATE

APPROVED BY: DATE:

Board of Directors October 2, 2003

REVIEW HISTORY:

Board of Directors	January 20, 2005
Board of Directors	March 16, 2006
Board of Directors	April 20, 2006
Board of Directors	January 15, 2009
Board of Directors	April 15, 2010
Board of Directors	May 20, 2010
Board of Directors	January 20, 2011
Board of Directors	January 19, 2012
Board of Directors	January 17, 2013
Board of Directors	February 20, 2014 Revised
Board of Directors	February 19, 2015 Revised
Board of Directors	February 18, 2016 Revised
Board of Directors	February 16, 2017 Revised
Board of Directors	January 18, 2018
Board of Directors	February 21, 2019
Board of Directors	January 16, 2020
Board of Directors	January 21, 2021
Board of Directors	January 20, 2022

3.8 Costs of Governance

Because excellence in governance produces tangible financial benefits and is dependent on the Board's level of skill and support, the Authority shall commit financial resources to accomplish the following:

3.8.1 Introduction of new members to the mental health system;

3.8.2 Orientation of new members to Board Governance Policies and to the functions and responsibilities of the Board as a whole and of its individual members;

3.8.3 Orientation of new members to the Authority's management structures and functions;

3.8.4 Provision of opportunities for the education and training of Board members;

3.8.5 Utilization of outside resources to promote a culture of civility and genuine openness to and fair consideration of the views and values of stakeholders; and

3.8.6 Enabling participation on the Board through payment of per diem and reasonable expenses.

Prior Approval for Conferences. A member must obtain the prior approval of the Board Chair to attend conferences and meetings (other than Board or assigned committee meetings) as a condition of payment of per diem and reimbursement of expenses by the Authority. Subject to budget parameters, the Board Chair shall make a good faith effort to ensure equal access among members to conferences, meetings and activities.

Per Diem Rates. Board members are entitled to per diem for time associated with attendance at meetings of the Board, meetings of Board committees, and conferences and meetings for which a member has received the prior approval of the Board Chair. The per diem rate shall be reviewed annually by the Board. Changes in per diem approved by the Board shall become effective on the first day of the next succeeding fiscal year. Per diem rates paid to Board members shall not be less than the highest per diem rate paid to county commissioners among the Counties with authority to appoint members of the Board as of October 1 of each year unless modified by board action. Board members may request to waive their per diem and/or mileage by indicating on their expense voucher.

A full day per diem rate shall be $75/day and the partial day per diem rate shall be $50.

Per Diem Limitations. A Board member is entitled to the full per diem rate only when his or her time in meetings plus travel time equals or exceeds 4 hours in a single day. A Board member shall be entitled to partial per diem where meeting time plus travel time is less than 4 hours in a single day.

Transportation Expenses. The Authority shall reimburse Board members for reasonable transportation expenses incurred in the course and scope of Board-approved business. Where a member uses his or her own vehicle, the mileage eligible for reimbursement shall be the lesser of actual mileage or the round trip mileage to the member's home. The reimbursement shall be at the same rate per mile applicable to employed members of the Workforce. Board members are encouraged to car pool with staff and other Board members when possible.

Eligible Lodging Expenses. The Authority shall reimburse Board members for reasonable lodging expenses incurred in the course and scope of Board-approved business, but only if the claimed expense is eligible for reimbursement under the following criteria:

3.8.7 The site of the meeting exceeds 100 miles from the member's home; and

3.8.8 To attend, the Board member must leave home prior to 6:00 a.m.; or

3.8.9 Due to the event, the Board member cannot return to his or her home prior to 7:00

p.m.; or

3.8.10 The event is scheduled for multiple days.

Limitations on Reimbursement of Eligible Lodging Expenses. Reimbursement of an eligible lodging expense incurred by a Board member is limited to the following:

3.8.11 Where the event is a conference, reimbursement shall not exceed the conference room rate at the facility where the conference is held. In the event rooms are not available at the conference facility, the amount reimbursed shall not exceed the cost of a comparable room in a comparable facility. Proof of unavailability of rooms at the conference facility is required.

3.8.12 In all other cases, reimbursement shall not exceed the scheduled maximum allowable lodging expense applicable to Authority Employees.

Meal Expenses. Meal expenses are eligible for reimbursement, subject to the following limitations:

3.8.13 Reimbursement shall not exceed the scheduled maximum allowable meal expense applicable to employed members of the Workforce; and

3.8.14 Reimbursement for the expense does not constitute income to the Board member under federal tax laws and regulations.

Incidental Expenses. Incidental expenses for items such as office supplies and copying are reimbursable in the discretion of the Board Chair.

Reimbursement Procedure. Claims for reimbursement are subject to the approval of the Board Chair or, in his or her absence, to the approval of the CEO. A Board member seeking reimbursement shall complete and submit to the Board Chair or CEO an expense voucher in approved form setting forth each expense for which reimbursement is claimed. The voucher must clearly disclose the business nature of the claimed expenses and must be accompanied by receipts. Claimed expenses not verified by receipts are not reimbursable. Vouchers may be submitted on a monthly basis at the member's option. Expenses are not reimbursable if the claim therefore is not submitted by the earlier of 90 days after the expense is incurred or 5 days after the close of the fiscal year.

Budget Provisions for Cost of Governance. The CEO shall ensure that the budget annually includes line items for Board per diem and for Board development and expenses. The following amounts shall be budgeted.

LINE ITEM	NUMBER OF UNITS
Board Per Diem	16
Board Development and Expenses	16

Discretionary Exceptions. The CEO, Board Chair or the full Board may, for good cause shown, make exceptions to this Policy provided, however, that the fact of the exception is disclosed to the full Board at its next regular meeting.

Board Member Recognition. Board members leaving the Board will be recognized for their term on the Board. A framed certificate of recognition identifying their term on the Board will

be provided. The presentation will occur at the regular Board meeting one month prior to their leaving the Board or other arrangements will be made. Northern Lakes Community Mental Health Authority will also recognize former Board members through a plaque displayed at the administrative office.