



**Northern Lakes
Community Mental
Health Authority**

**Board of Directors
Packet**

April 20, 2023



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

BOARD AGENDA

The Northern Lakes Community Mental Health Authority Board will meet on April 20, 2023 at 2:15 p.m. Northern Lakes Community Mental Health Authority, Virtual Meeting and 527 Cobb Street, Cadillac Dial 1-810-258-9588 Conference ID

<u>TIME</u>	<u>ID #</u>	<u>ITEMS</u>	<u>POLICY #</u>
2:15 p.m.		Roll Call Pledge of Allegiance Appoint Timekeeper Confirmation of Quorum Consideration of Agenda Conflict of Interest Declaration	
2:20 p.m.		Consent Agenda - Board Consideration of Board Consent Agenda* 1 Board of Directors Minutes – , March 16, 2023 – <i>Approve</i> 2 Committee of the Whole Minutes – March 16, 2023 – <i>Approve</i>	
2:30 p.m.		Ownership Linkage A. Citizen Comment (May be limited to three minutes by Board Chairperson)	1.1, 3.1
2:35 p.m.	3	Chief Executive Officer's Report	
2:45 p.m.	4	Chief Financial Officer's Report	
3:05 p.m.	5	Northern Michigan Regional Entity Report NMRE Minutes	3.4
3:10 p.m.		Assurance of Organizational Performance A. Receipt of CEO Monitoring Reports CEO Response to Monitoring Reports 6 1.0 Consumer and Community Ends (Internal Inspection)* (1.0.1 – 1.0.5) B. New Operational Worries C. April Monitoring Assignment 7 2.8 Communication & Support to the Board (Internal Inspection)	3.0, 3.2
3:15 p.m.		Board Means Self-Assessment A. Receipt of Board Monitoring Report CEO Response to Monitoring Report 8 3.3 Board Member Code of Conduct (Direct Inspection)* 9 3.6 Board Chair Functions (Direct Inspection)*	3.2, 4.2

Northern Lakes Community Mental Health Authority
Board of Directors Annotated Agenda
April 20, 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 three minutes by the Board Chairperson), Written Public Comment (Past Meeting and Current Meeting) and allows time for planned Ownership Communication with other community agencies or individuals.

2:35 p.m. Chief Executive Officer's Report

The Interim CEO Report will be reviewed with the Board.

2:45 p.m. Chief Financial Officer's Report

The CFO will give the financial report.

3:05 p.m. Northern Michigan Regional Entity Report

The NMRE Board meeting minutes will be shared if available.

3:10 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 – 1.0 Consumer and Community Ends (1.0.1 – 1.0.5 (Internal Inspection). 2. New Operational Worries – This allows time for Board Members to raise and discuss any new concerns they have that are not on the agenda and may be worries that would be added to a future agenda. 3. April 2023 Monitoring Assignment – 2.8 Communication & Support to the Board (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 – 3.3 Board Member Code of Conduct (Direct Inspection) and 3.6 Board Chair Functions (Direct Inspection). 2. April 2023 Monitoring Assignment – 3.7 Governance Committees (Direct Inspection), 3.7A Recipient Rights Advisory Committee (Direct Inspection) and 3.7B Recipient Rights Appeal Committee (Direct Inspection).

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

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

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

- Ends
- Executive Limitations
- Governance Process/Ownership Linkage
 - RRAC Minutes – February 14, 2023 – *Review & Approve**
 - Draft RRAC Minutes – April 6, 2023 - *Review*

- Draft NLD Special Meeting Minutes – April 5, 2023 - *Review*
 - Ad Hoc Finance Committee Policy Change Recommendations:
 - 2.7 Policy Change*
 - 3.8.6 Policy Change*
 - Board Chair Election *
- 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 three 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. May 18, 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 – May 18, 2023



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

Board of Directors Meeting Minutes

March 16, 2023

2:15 p.m.

Board Members Present: Penny Morris, Ben Townsend, Rose Denny, Barb Selesky, Dan Dekorse, Tony Lentych, Mary Marois, Tom Bratton, and Greg McMorrow, Lynn Pope, Pam Babcock, Al Cambridge, Sherry Powers

Virtual: Kate Dahlstrom, Angie Griffis

Absent: Ty Wessell – advance notice

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

Virtual: Ann Ketchum, Programmer Analyst II; Jessica Williams, Performance Improvement Specialist; Aimee Horton Johnson, Office Administrator; Michelle Dosch, Compliance Secretary; Aimee Horton-Johnson, Office Administrator; Melissa Bentgen, Accounts Payable Team Lead; Curtis Cummins, Medical Director; Kellee Hoag, Administrative Specialist, Joanie Blamer, Chief Population Officer for Mental Health Services; Kari Barker, QI Compliance Director, Darryl Washington, Director of Long-term Care

1. Call to Order:

The meeting was called to order at 2:17 p.m. by Dan Dekorse

Timekeeper – Rose

Confirmation of a Quorum: Yes

Conflict of Interest Declaration: No

Consideration of the Agenda:

The Chairman, Dan Dekorse, requested the following agenda changes:

- Remove the election for Chair
- Add recommendations for the Ad Hoc Finance Committee

2. Consent Agenda:

MOTION:	Approve the February 16, 2023, Board of Directors & Committee of the Whole Minutes
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	Barb Selesky
SECONDER:	Tony Lentych

3. Ownership Linkage:

A. Citizen Comment:

Judy Barret – Speaking as a guardian. Would like to see a way to provide feedback to the agency about services. Commented that she had a marvelous meeting with Brian Martinus and was happy he met with her group. She would like to see the board collaborate with the community groups more in the future.

Justin Reed - Justin spoke about last year when he was removed off the Board and is concerned that Grand Traverse County Board of Commissioners are now doing the same scenario with members of the Bata Board. Justin encouraged the NLCMHA Board take it up with the county administrators and to review Michigan Mental Health Code. Justin stated that it wasn't right that a member of the NLCMHA Board called an award he received as a consumer, "suspicious" and as result got him kicked off the Board.

Kate Dahlstrom– Expressed shock that Rose is not being re-appointed. Kate claimed that Wexford County had "backroom political dealings" that prevented Rose to be reappointed. Stated that "we should find this very alarming."

Pam Kaiser – Mother of a son who died by suicide and a former client. Her concern is the mission statement of NLCMHA and would like it to be updated. The culture of gentleness is great, but there is no concept of recovery. NLCMHA desperately needs to educate people about recovery and needs recovery in its mission statement. Furthermore, a person is never to be known by their diagnosis. This hinders a person's ability to see themselves as anything beyond their illness.

4. Chief Executive Officer's Report:

Brian, the Interim Chief Executive Officer, reviewed the CEO Report. Brian spoke about the new grant for the clubhouse in Cadillac. He also mentioned that it has been a good month for recruiting. The agency has had nine new hires and six more in the queue for other positions. Brian went over his upcoming meetings and events. Brian discussed the make-up of the Board and the ratio of the consumers / public officials/public. At this time the Board is not in compliance with the amount of consumers/family members needed to meet the MHC.

Brian reminded the Board that the attorney, Haider is there for the Board as a whole and not to provide personal legal services for individual Board members. Board members should not be reaching out to the attorney as individuals.

Brian also brought up a recent news article and clarified that the Northern Lakes staff does provide services and has not stopped providing services. It is offensive that Board members are claiming that the staff do not provide services. Brian thanked the staff of Northern Lakes for their hard work.

5. Chief Financial Officer's Report:

Lauri Fischer gave the Chief Financial Officer's Report. Lauri spoke about HSW, the compliance audit, the changes on the financial spreadsheet, and the MDHHS direct care wage. She also discussed the NMRE provided budgets and Medicaid spending as compared to the regional funding advanced, Lauri stated that Public Act 152 has harmed the employees of governmental entities, causing the staff to pay more for health care.

6. Northern Michigan Regional Entity Report:

The minutes were included in the packet. Mary spoke about the recent NMRE meeting.

Mary asked the members of the Board to consider contributing to an upcoming fundraiser the NMRE will hold during the June CMH conference. Mary also spoke about the PA2 dollars, she is worried that legislature might take the money away and it is important for the counties to use the money effectively.

Mary asked the Board if the topic of the PA2 dollars can be taken back to the NLD for a discussion at the COW.

7. Assurance Of Organizational Performance:

A. Receipt of Board Monitoring Report & CEO Response to Monitoring Report:

MOTION:	The Board finds the organization 100% in compliance with Policy 2.2 Treatment of Employed Workforce Members
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	Rose Denny
SECONDER	Lynn Pope

Dan reminded the Board that the monitoring reports are a CARF requirement.

B. New Operational Worries:

Penny mentioned that Medicaid has significantly reduced the reimbursement for providers. Dan stated that the agency is funded separately.

Penny also mentioned that she heard from a separate source that the state is meeting with the Recipient Rights office twice a month. Brian assured her that this is false and there are currently no issues that have been elevated to that level. If there was anything on that level the Board would be informed. The rumor is completely unfounded.

Mary stated that she continues to be concerned that there is not a mechanism within the Board for people to come forward with complaints, comments, and suggestions and that the Board needs a way to act upon suggestions and issues.

C. March Monitoring Assignment:

The Board was given the March monitoring report homework Policy 1.0.

8. Board Means Self-Assessment:

A. Receipt of Board Monitoring Report & CEO Response to Monitoring Report:

MOTION:	The Board finds the organization 78% in compliance with Policy 3.5 Meeting Agendas and Schedules
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	Rose Denny
SECONDER:	Greg McMorrow

B. March Monitoring Assignment:

The Board was given the March monitoring report homework, policy 3.3 and 3.6.

9. Governance Policies Discussion and Assessment:

A. Ends: None.

B. Executive Limitations: None.

C. Governance Process/Ownership Linkage:

Ad Hoc Finance Committee Recommendations:

The Board reviewed and voted on the items identified on the Ad Hoc Finance Committee's recommendation list.

Item 1:

MOTION: The Finance Report and Contract Summary be permanently removed from the Consent Agenda and listed under a report by the CFO

RESULT: **ADOPTED. [UNANIMOUS]**

MOVER: **Al Cambridge**

SECONDER: **Ben Townsend**

Item 2:

MOTION: The Board receive from the CEO each month, a review of significant revenue and provider contracts that will be finalized in the next month

RESULT: **ADOPTED. 12 Yes, 1 No**

MOVER: **Al Cambridge**

SECONDER: **Ben Townsend**

Item 3:

MOTION: The Board receive from the CEO a monthly update of major grant requests in progress with expected application dates.

RESULT: **ADOPTED. 11 Yes, 2 No**

MOVER: **Al Cambridge**

SECONDER: **Ben Townsend**

Item 4:

MOTION: The Board Chair appoint an Ad Hoc Budget Committee that will meet with the CEO and staff three times this year.

RESULT: **ADOPTED. 12 Yes, 1 No**

MOVER: **Al Cambridge**

SECONDER: **Ben Townsend**

Discussion: Al clarified that the committee will be involved in making the annual budget and report to the Board. The committee should be re-appointed every year and be dissolved after their work is done. This is not regarding the monthly finances, only the annual budget.

Item 5: Recommended Policy Changes:

2.2.2 –The Board should be informed of all complaints such as EEOC and lawsuits.

2.7 – The CEO 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 -Add that a Board Member shall complete at least 1 year to be recognized when they leave The Board.

It was decided to table the vote for these policies until the April meeting. The Chair stated that he will seek clarification from the attorney about policy 2.2.2

NLD Update:

MOTION:	Approve the January 4, 2023, NLD Minutes
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	Rose Denny
SECONDER:	Greg McMorrow

The Board reviewed and discussed the draft NLD minutes from the March 1, 2023, meeting. There was conversation around Kate’s committee proposal and the reasoning behind it. Members of the Board expressed desire to have a better way to address the community’s needs or complaints. The idea of a up ombudsman or public affairs person came up. It was acknowledged that Brian has been doing a great job meeting with community members and working towards resolving any outstanding issues.

The Board read the NLD committee’s decision about the proposal from the draft NLD minutes:

The proposal is operational in nature. The Board does not approve or disapprove operational proposals. Furthermore, the agency cannot direct other organizations to participate. It was agreed that the NLD cannot move forward with the creation of the Cross-Sector Advisory team.

The NLD committee had also decided to ask the Board to request the CEO to look into the items addressed in Kate’s proposal. Mary stated that she trusts Brian to do the right thing.

Dan appointed Ben to the NLD committee. Dan asked the NLD to look at the NLCMHA mission/vision statement and take recovery into consideration.

RRAC Draft Minutes: The Board reviewed the RRAC draft minutes. Dan Appointed Tony to be the Chair of the RRAC.

Policy 3.8.6: The Board discussed policy 3.8.

MOTION:	Remove the line “A full day per diem rate shall be \$75/day and the partial day per diem rate shall be \$50.” From policy 3.8.6
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	Tony Lentych
SECONDER:	Rose Denny

D. Board/CEO Linkage:

MOTION:	Ask the CEO to address the issues presented in Kate’s proposal
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	Ben Townsend
SECONDER:	Penny Morris

10. Ownership Linkage:

A. Citizen Comment:

Justin Reed: Stated that when he was on the Board, he considered rumors without evidence to be hearsay. Justin mentioned that there is no protection from county commissioners and commented that they operate with a stance that “If it is not proven, it is ok.”

11. Announcements/Board Member Reports/Board Association:

Ben stated that he was not involved in the appointment of the new NLCMHA Board member that will be replacing Rose when her term is up. He commented that he has supported Rose and defended her voting in the way of her conscious.

The Chairman of the Board thanked Brian for meeting with members of the community.

12. Agenda Planning: April 20, Traverse City – Gateway Center

13. Meeting Evaluation/Comments:

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

#2 – We encouraged diversity of viewpoints – Excellent

#3 – Our decisions were made collectively –Satisfactory

#4 – The Board used it’s time effectively – Fair

Barb commented that she would like the speaker to be on and ready to go next time and system tested before the board meeting. Al asked for microphones for the speaker.

14. Adjournment:

The meeting adjourned at 4:24 p.m.

Respectfully Submitted,

Dan Dekorse, Chairperson

Sherry Powers, Board Secretary

Stacy Maiville, Executive Secretary

**Committee of the Whole Meeting
Minutes**

March 16, 2023

12:30 PM

Attendance:

Rose Denny called the meeting to order at 12:30

Board Members Present: Tony Lentych, Dan Dekorse, Penny Morris, Ben Townsend, Rose Denny, Barb Selesky, Greg McMorrow, Mary Marois, Tom Bratton, Lynn Pope, Al Cambridge, Sherry Powers, Pam Babcock

Absent: Ty Wessell – advance notice

Virtual: Kate Dahlstrom, Angela Griffis

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; Brian Newcomb, Recipient Rights Director; Stacy Maiville, Executive Secretary; Jeremiah Williams, Information Technology Supervisor; Daniel Mauk, Chief Information Officer; Dean Baldwin, Network Administrator; Matt Leiter, Director of Human Resources

Virtual –Ann Ketchum, Programmer Analyst II; Jessica Williams, Performance Improvement Specialist; Kari Barker, QI Compliance Director; Aimee Horton Johnson, Office Administrator; Kellee Hoag, Administrative Specialist – Finance; Curtis Cummins, Medical Director; Joanie Blamer, Chief Population Officer

Public Comment: Kate Dahlstrom –Kate spoke about the fact that the board decided to replace Rose Denny. Kate praised Rose and her dedication to the board. Kate went on to talk about the way that Rose’s removal took place and how we should find this alarming. She suggested that it may be violation of the OMA.

Recipient Rights Monthly Report - 151 complaints since start of FY23. Currently have 59 open investigations. New RR Advisor Erica Smith, who comes from Wexford County CPS started on Monday, the 13th. Currently at a 65% substantiation rate. Feedback on the in-person trainings is positive. Training locations alternate between Cadillac and TC and take place every other week. We can look at virtual as an option.

FY Compliance and Customer Service Report - Quality -Consumer objectives – currently lacking sufficient data to analyze the percentage of objectives being met. Risk events – 3 events of police assist for challenging/aggressive behavior. Critical incidents – 6 total, 5 by natural causes and 1 by auto accident. Sentinel events/reviews – none in FY 2023. **Compliance** – Compliance/HIPAA reports received – 2 were HIPAA privacy one was found not to be a violation and the other was resolved with re-education and counseling. All were resolved within 60 days. Exclusionary reporting – all clear. OIG reporting – no submissions received. Compliance training – staff are completing as required. Professional credentialing continues to be completed as required. Program integrity review – non requested at this time. **Customer Service** – Grievances – 16 received and all resolved within 30 days. Appeals – 2 received, both were resolved in 30 days and 100% were upheld. Inquiries 100% were resolved within one day. Fair hearing requests – none requested during the quarter.

Security Annual Report: NLCMHA has implemented appropriate administrative, physical, and technical safeguards to protect PHI in compliance with HIPAA regulations. The security management process is up to date, all employees receive regular HIPAA training, and all access controls are regularly reviewed and updated. The Agency has established a security incident response plan, and appropriate physical and technical safeguards are in place to protect PHI. We strive to make continual improvements and are in the process of migrating to a new platform for our hardware devices to improve patch management. There have been no reportable incidents, and we continue to monitor and update our security measures to ensure the confidentiality, integrity, and availability of PHI.

Nominee Discussion: Dan DeKorse (current Board Chair) stated he informed the NLD committee in January that he was not going to seek reappointment to the Board, and that nominations would need to be made for the appointments he holds as the Board Chair, RRAC, and CMHA Committee. There had been discussion with the NLD that the Vice Chair could perform the duties of normal elections if deemed necessary. However, the current Vice Chair will not be present next month either, as her term is up and has not been renewed. That then leaves the Secretary, and this task may be a great burden for one individual to carry. Policy and By-laws state that the Secretary can indeed do this. Al mentioned that the by-laws do not provide for elections unless it is a special meeting. Dan reads the by-laws as special elections rather than special meetings. The question of whether or not we should hold an election for the chair today was raised and Al explained how the by-laws work surrounding this issue and stated that the proper procedure needed to be followed as well as whether or not this qualifies as a “special meeting or election”. Discussion amongst board members regarding the role of the current chair during this process and when/how an election should take place. It was suggested to hold a special election after the April NLD meeting. Dan has agreed to stay on as the chair for another month allowing the board a chance to elect the new chair at the April Board meeting. Ben Townsend gave a very thorough update on the status of the Enabling Agreement. Very in-depth discussion ensued around the enabling agreement, specifically the dispute resolution process and whether or not we would remain an independent authority.

Agenda Planning:

Next meeting is April 20, 2023, in Traverse City

Meeting Evaluations/Comments:

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

Other/Adjourn:

Meeting adjourned at 1:51 p.m.

Respectfully Submitted,

Heather Sleight,

Administrative Specialist

Interim Chief Executive Officer's

Report to the Board

April 20, 2023

Citizen Comment: None

Grants of Significant Value: \$68,000 Workforce Stabilization Grant

Community Connections/Meetings:

- April 5th, NLD Meeting
- April 6th, RRAC Meeting
- April 12th, GTI Open House
- April 13th, Law Enforcement Meeting
- April 18th, NMRE Operations Committee Meeting
- April 20th, NLCMHA Board Meeting
- April 26, NMRE Board Meeting
- May 8-11, Military Training PEC, AK
- May 11th, Law Enforcement Meeting
- May 16th, NMRE Operations Committee Meeting
- May 18th, NLCMHA Board Meeting
- May 24th, NMRE Board Meeting
- June 5-7, CMH Summer Conference – Grand Traverse Resort
- June 6th, RRAC Meeting
- June 8th, Law Enforcement Meeting
- June 13-16, Military Training
- June 15th, NLCMHA Board Meeting
- June 20th, NMRE Operations Committee Meeting
- June 28th, NMRE Board Meeting

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

- Anniversaries
- New hires & staff changes
- Upcoming public education events
- Spotlight on our specialized residential services
- Information on staff meetings
- Good News in the Media
- Law enforcement partnership

Conducted Chief Operations Officer Interviews: Making an offer to the top candidate.

Currently looking to fill the Human Resource Director vacancy.

Posted for RRAC Positions: Over social media and in person advertisements. Currently there are two vacant spots for consumers/family members of consumers.

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:

Schools focusing on mental health of students since COVID pandemic

https://www.cadillacnews.com/news/schools-focusing-on-mental-health-of-students-since-covid-pandemic/article_97ccade2-ce3e-11ed-9f7c-d7d3d1b2ff84.html

Three Dems skip Grand Traverse County special meeting

https://www.record-eagle.com/news/local_news/three-dems-skip-gtc-special-meeting/article_dfe255e0-bdeb-11ed-9363-b359f22967f2.html

Resurrecting Northern Lakes: County board takes first look at enabling agreement

https://www.record-eagle.com/news/local_news/resurrecting-northern-lakes-county-board-takes-first-look-at-enabling-agreement/article_ca9a81ee-c359-11ed-8e2d-275c29145cc4.html

Letter: Wakefield

https://www.record-eagle.com/opinion/letters_to_the_editor/letter-wakefield/article_edc1d814-c4d7-11ed-8043-97bef2bcbcd6.html

Carter Kits help first responders take better care of patients with Autism Spectrum Disorder

<https://www.secondwavemedia.com/features/040423carterkits.aspx>

Opinion: Parity for mental health care - and how to achieve it

https://www.record-eagle.com/opinion/opinion-parity-for-mental-health-care---and-how-to-achieve-it/article_4e0a6c56-d3ae-11ed-a474-4bad2b5f02ce.html

Respectfully submitted,
Brian Martinus, Interim CEO

https://www.cadillacnews.com/news/schools-focusing-on-mental-health-of-students-since-covid-pandemic/article_97ccade2-ce3e-11ed-9f7c-d7d3d1b2ff84.html

Schools focusing on mental health of students since COVID pandemic

- By Rick Charmoli Cadillac News

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

Just because the light has been shone, however, it doesn't mean the issues are fixed or went away. They remain. For that reason, 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 was law enforcement, the second was about a March symposium that looked to find out what the state of mental health in the community is. The symposium was scheduled earlier this month but was postponed until March 16 due to the weather.

The third focused on the challenges Northern Lakes Community Mental Health Authority faces when providing mental health services to the six counties it serves, including Missaukee and Wexford counties.

The next focus is on schools and what it has been like since the pandemic and the issues they face related to the mental health of the students they are trying to educate.

Tara Horton has been the student and family success worker at Cadillac Area Public Schools' Forest View Elementary for the past three years. When she first started working in the elementary, it was the same year that COVID-19 hit the country and the world.

She said all kids were isolated as a result, but many younger students have been isolated for most of their lives, in particular, this year's class of kindergartners. She said that has resulted in behavioral issues and students lacking coping skills. Just like everything else, there are theories about why these behavioral issues are happening.

It could be from the pandemic and isolation, methamphetamine and other drug-related issues and addictions, exposure to the internet and social media and the parenting styles used today. Whether it is one or a combination of all, Horton said there is something affecting children in numbers.

"Kids don't know how to cope or react to hard feelings and it's coming out in different behaviors," Horton said. "The good news is we have so many supports and resources."

This includes CAPS inclusion of social and emotional learning at all levels. She said it is having an impact because she sees some of the things that are being taught used in the hallways, playground and lunchroom of Forest View.

Social Emotional Learning, or SEL, might seem new to those who came across its content under another name, but the program was developed in the 1990s, and it's been implemented in one way or another throughout the state of Michigan ever since.

SEL programs were selected for each CAPS building based on developmental appropriateness.

The district's elementary schools are using an SEL program called Friendly, which has a focus on friendship-building and improving school culture. Middle school students are

using a branch of SEL called Second Step, a program that provides social lessons that are relevant to kids of pre-teen and early teen ages.

Cadillac High School has been working with Habits of Mind. Its content touches on skills like managing impulsivity, listening to others with empathy and understanding and thinking interdependently. Cadillac Innovation High School uses a separate curriculum called Dynamic Mindfulness, which targets the concepts of empathy, equity and empowerment.

While she would like to say that the social and emotional learning tools would be the thing that fixes everything in a matter of years, it is only part of the solution and schools are only part of the messenger. Home life also plays a role in some of the problems and if home life isn't great then it could very easily undo all the positives that are occurring at school.

Horton also serves as the McKinney-Vento liaison for the district.

In districts across the area, a percentage of the student population deals with poverty or homelessness. While homelessness, in the classic sense of the term, can refer to a person who is living on the streets, that's not necessarily the case when defining a student as "homeless." The McKinney-Vento Homeless Assistance Act is the barometer that is used to define homelessness.

The act defines a homeless person as anyone who is living with friends or relatives because of loss of residence due to financial hardships; anyone living in a motel, hotel or campground because they have nowhere else to go; those living in a shelter, substandard housing or place not ordinarily used for sleeping, such as a garage, barn or abandoned building; and anyone who has been placed in foster care for less than six months.

Every area district is dealing with this issue and has a staff member who works as the district's homeless liaison. It should come as no surprise homelessness has a big impact on a student's success.

Horton said, statically speaking, any district in any part of the nation can expect that 10% of its population qualifies under McKinney-Vento. She said there was an uptick in that population when the rent and mortgage deferment program related to the COVID-19 pandemic ended.

“We have a ton of families living with other families. They are coming from all over the place because this is where the closest relatives lived,” she said. “We also have had families move out.”

Amber Herlein started working within Manton Consolidated Schools as a result of the COVID-19 pandemic.

She is a social-emotional support specialist for the district but also is a Licensed Masters Social Worker. Before the pandemic, Herlein said she wasn't working in the district. Instead, she was working as the Director at the Oasis Family Resource Center in Cadillac. Her daily job was to help those experiencing trauma, and, while it is different working in the schools, there is still trauma that she helps students deal with.

While some of the issues they are seeing today were coming to the surface before the pandemic, Herlein said it went into overdrive since the pandemic started. In large part, that is why she has the job she has now as COVID relief funding is how her position was created.

She said part of the issue is technology. Children are not getting the nurturing by parents in the same way as they might have previously. She doesn't say that as a judgment of today's parents as everyone has to do what is right for them, but it is an issue nonetheless.

Oftentimes, when a child is crying or upset in public, the quick and easy thing to do is hand them a phone or device instead of trying to get them to regulate the stress of hard feelings. She said you throw in a global pandemic and you get a lot of what schools and parents may be dealing with in their daily lives.

“There was no human connection. No routine. Families were stressed. Coming out of that you have teens and their ability to connect is limited,” she said. “They need connection, but they don’t know how to foster that. They also don’t know how to resolve conflict.”

Herlein said during the teen years one of the biggest things everyone has to come to terms with is a sense of belonging. Schools used to provide that, but after the pandemic, it is no longer a place where teens feel they belong.

During the pandemic, there weren’t extracurricular things to attend or take part in. You couldn’t be within six feet of someone and now people are used to functioning in an isolated bubble, but human beings are not wired that way, Herlein said.

“The whole culture has shifted to individualistic and looking out for yourself. You can’t think about what is better for the greater good,” she said.

Like Horton, Herlein said she sees the kids at school, but families are struggling. While the pandemic changed children’s abilities to function it also changed the climate of the entire world we live in. People are anxious, they are financially stressed and struggling to get along, she said.

She said families have conflicts and by the end of the day parents are tapped out and a lot of people are barely getting by.

Nicole Richardson is the counselor at Cadillac Innovation High School but has been in the education profession for 20 years. As has been mentioned previously, social media and the pandemic have made mental health issues increase.

“At all levels but speaking from the high school level, stress and anxiety have been higher. More students are not able to come to school. It has been debilitating for some students,” she said. “At innovation (high school), we have a virtual program and more students are utilizing that due to their anxiety.”

As Herlein said, Richardson believes more and more families are under stress. It's not just students who are struggling but parents too. Resources are limited and the available ones are overbooked with waiting lists. Substance abuse has increased.

Simply put, Richardson said families just don't know how to handle all the added issues for their children or themselves.

For that reason, Richardson said the recent mental health symposium was a good first step in helping address some of these needs. Richardson said she would like to think things are going to be better because there is more focus on the issues of mental health and there is an effort to address them.

"We are bringing social-emotional learning in at all levels. We are teaching coping skills and showing support. If we are doing these things at a young age, they hopefully will learn ways to deal with the struggles they encounter," she said.

Sheri Sheese has been working to help the member districts of the Wexford-Missaukee Intermediate School District help their students who are struggling with mental health issues.

As the school-integrated behavioral health and WMISD-31n coordinator, she has been working to help member districts and their students since the summer of 2019 when grant dollars started coming in. The overall intent of 31n is to increase the provision of mental health and support services in schools for general education students throughout Michigan. Since the fiscal year 2018-19, the Michigan Legislature has allocated funds to intermediate districts and the network of child and adolescent health centers to add licensed behavioral health providers in schools.

"I work for Munson Healthcare and so do my employees. It is a collaboration between the ISD and Munson Healthcare to provide licensed mental health providers integrated into schools," she said.

Currently, Sheese said she has seven employees, including herself, and that number has grown over the past few years. Although they are not in every district within the ISD, Sheese said that number has increased over the past few years.

When she started, she only had one other employee and they would reach out to schools and help the counselors the best they could. Now they have providers in several districts, including Pine River Area Schools, Mesick Consolidated Schools, Lake City Area Schools and Cadillac Area Public Schools.

“We are functioning as integrated services meaning we don’t move around the different schools. The providers in the schools are only assigned to those schools, so it gives them the ability to get to know the staff, administration and students to meet their needs on a daily basis,” she said.

She said the way it works is the providers serve mental health needs by increasing access to services while decreasing the barriers to getting such services. Some of the barriers could be transportation or being able to consistently get to an appointment or outpatient office.

The grant allows the 31n staff to work with the district’s school social workers to get referrals that best fit the needs of the student, Sheese said.

“It breaks down the barriers because we are there (in the school). It provides the level of service a person would receive at an outpatient mental health office but it is located at the school. We are available to meet the need,” she said. “Again it increases access but decreases the barriers for students and families.”

It should come as no surprise that each of these mental health service professionals is working at the maximum capacity of patients in the school they are located, but that caseload varies based on the district. To put that in perspective, Sheese said they are at the schools five days a week for five or six hours a day and they easily see four to five students a day if not more.

If a student can access outpatient services, Sheese said they are supportive of that and that is why the referrals they get are generally for students who need those types of services but may not have access to them any other way. She said the grant also allows a student to receive short-term management while they are waiting to gain access to some other mental health program, agency or provider.

While school is only in session for roughly nine months of the year, Sheese said the grant is for services the entire year.

“We continue to support the student over the summer. It is not just a school year function. We work out what is best for the students and during the pandemic we used Telehealth and technology and we have the ability to do that securely,” she said. “We also have established office hours where they can come in during the summer or we can meet them in a community environment.”

Since the pandemic, Sheese said information about mental health and mental health services have become more mainstream in discussions. There is still a need to continue to educate people on the signs and symptoms of mental health issues, how to cope with day-to-day stressors and trauma and de-stigmatizing when someone needs help, she said.

Until all people realize the prevalence of those, children and adults, who are struggling or suffering from mental health issues and make it a community conversation, it will persist.

“Your neighbors, friends and co-workers. Many people are suffering. It’s OK to help and it’s OK to talk about it,” she said. “It is the beginning part of what we need to do to heal. The gist of it is kids are willing to come in and talk and work on themselves. It doesn’t just touch the schools or emergency rooms, it’s all over the community.”

https://www.record-eagle.com/news/local_news/three-dems-skip-gtc-special-meeting/article_dfe255e0-bdeb-11ed-9363-b359f22967f2.html

Three Dems skip Grand Traverse County special meeting

By Patti Brandt Burgess pburgess@record-eagle.com

TRAVERSE CITY — The three Democrats on the Grand Traverse County board, as well as the board chairman, did not show up for a special meeting Wednesday.

“I don’t believe this was a proper meeting and I don’t want to condone it by participating,” said Commissioner T.J. Andrews, who, along with Commissioners Lauren Flynn and Ashlea Walter, did not attend.

Andrews, an attorney, said the meeting was not properly noticed since the notice came from an administrative assistant and not the county clerk, and commissioners were not given 10 days’ notice, as required by state law.

According to MCL 46.10, a written request addressed to the county clerk must come from one-third of the members of the board, after which “... the clerk shall give notice to each of the commissioners ... at least 10 days before the time of the meeting.”

County Administrator Nate Alger said the notice went out to commissioners via email at 4:46 p.m. Monday, when it also was posted publicly. The Michigan Open Meetings Act specifies that a special meeting must be posted at least 18 hours before the meeting.

The only item on the agenda was changing the date of a hearing for Richard Cochrun and Robert Fudge, GTC-appointed Bay Area Transportation Authority board members who were last week charged by the county with willful neglect of duty.

Walter said, in the end, their votes didn't matter, as the change was approved on a vote of 5-0, with the hearing now taking place March 15 at the county board's regular meeting. It was originally set for April 5.

Andrews, Walter and Flynn voted against charging the two board members.

The charges against Cochrun and Fudge, brought by Commission Vice Chair Brad Jewett, stem from their votes to increase the BATA board to nine members, with the two new seats to be at-large members appointed by the BATA board, which Jewett says is improper.

"I'm concerned about what appears to be bringing charges against people because the county doesn't like the way they voted," Andrews said. "That has a chilling effect on getting people to serve on an appointed board or committee in the community."

Walter agreed, saying these are well-meaning people who shared their time, experience and passion by stepping up.

"Publicly shaming them for not doing what you think they should do feels completely wrong to me," Walter said.

Kelly Dunham, the authority's executive director, has said the recommendation to increase came from a consultant hired last year and would bring better representation of the community.

Jewett, who also serves on the BATA board, said he heard Cochrun say at a meeting that the new members would give the BATA board a way to appoint two members who were not re-appointed by the GTC board.

Cochrun told commissioners during public comment Wednesday that he returned from a vacation Friday and hasn't had time to prepare a defense.

"I'm here so you can put a face and person with who you have accused of willful neglect of duty in regards to my position on the BATA board," said Cochrun, who filed a Freedom of Information Act request for documents stating what duty he neglected – documents he believes he won't get before his hearing.

Moving the meeting up deprives him and Fudge of the due process and the right to defend themselves against "defaming and slanderous accusations," he said.

According to the minutes from the March 1 county meeting, the approved motion charges Cochrun and Fudge with "willful neglect of their duty to represent the county on the Bay Area Transportation Board," and that they will "consider recalling these appointees for violating their fiduciary duty to the voter."

Jewett declined to answer questions from the Record-Eagle.

Flynn said she didn't attend the special meeting because she wants no part in the two men's removal.

"That's not why I was elected," Flynn said. "This is just a waste of time, in my eyes. I feel that, when someone is appointed, we put our faith in them to do what they feel is right."

Andrews, Flynn and Walter said they are not clear what duty Cochrun and Fudge violated.

"We have been given absolutely no information other than the allegations that Jewett brought to us," Walter said, adding that the county board has no right to dictate how a BATA board member should vote.

"Their role isn't to serve me directly, or to serve the board directly. Their mission is to serve BATA and the community," Walter said.

Commissioner Darryl V. Nelson said the hearing is being held three weeks early because March 15 also is the deadline for applications for those interested in the new BATA at-large positions. BATA has a board retreat set for March 16.

"It was the fear that they could make these changes at the end of that meeting," Nelson said, adding that he feels the authority wants less control by elected officials.

Nelson said, if the BATA board wanted more members, they should have first gone to the GTC county board and the Leelanau County board to discuss it instead of making an “end run” around them.

BATA has an \$11.7 million budget, Nelson said, adding that he feels it’s his duty as an elected official to protect the interests of the taxpayers.

BATA’s revenues come from a voted millage, fares and federal and state dollars. It does not get any money from the county.

In July, Nicole Miller and Justin Reed were removed from the Northern Lakes Community Mental Health Authority board after not voting the way some on the county board thought they should. Their removal is being challenged by a local arm of the American Civil Liberties Union.

“There’s a pattern that our county board is setting,” Walter said. “That kind of vendetta is very damaging to our democracy.

“It’s very alarming to me that that’s what’s going on.”

https://www.record-eagle.com/news/local_news/resurrecting-northern-lakes-county-board-takes-first-look-at-enabling-agreement/article_ca9a81ee-c359-11ed-8e2d-275c29145cc4.html

Resurrecting Northern Lakes: County board takes first look at enabling agreement

- [By Patti Brandt Burgess pburgess@record-eagle.com](mailto:pburgess@record-eagle.com)

March 16, 2023

TRAVERSE CITY — Grand Traverse County commissioners got their first look at a draft of an enabling agreement between the six counties that make up Northern Lakes Community Mental Health Authority.

The agreement is intended to replace one that was written in 2003, when Northern Lakes was created. What commissioners saw Wednesday was the sixth draft of the agreement. The agreement will likely be finalized by April or May.

Commissioners were invited to give their input on anything they felt was lacking or unclear. County Administrator Nate Alger will take their input back to a committee that has met regularly over the past several months to rewrite the agreement.

The committee is made up of administrators and board chairs from the six counties that also include Crawford, Leelanau, Missaukee, Roscommon and Wexford counties.

Alger said areas in the draft agreement that garnered the greatest discussion are the Grand Traverse County jail, powers and purpose of the authority and a new section on dispute resolution, which is not addressed in the current agreement.

Disputes between Northern Lakes, its member counties and/or Northern Michigan Regional Entity that can't be resolved will be presented to a seven-member NLCMHA Dispute Resolution Committee, with one member from each county board except for GTC, which will have two. The CEO of NMRE will act as chairman and will not be a voting member.

The committee will render a written decision within 30 days that must be approved by a supermajority of five members of the committee.

Alger said an ongoing dispute that could have been resolved — had the committee been in place — is that the sheriff's department asked for more services in the jail, with Northern Lakes always saying "no."

“That discussion went on for years,” Alger said. “The county had no recourse at that point.”

Under the new language, the county could go to the committee rather than to the Northern Lakes CEO, he said.

Commissioner Penny Morris, who also serves on the Northern Lakes Authority board, said she is OK with the dispute process.

“The process of dispute resolution may take a couple of months, but at least we’re not looking at years of losing services we should have had,” Morris said. “Had we had this process in place, maybe our jail services would not have languished so long. Maybe we could have prevented some suicides in our jail.”

The authority is funded by each county, with Grand Traverse, the most populous of the six, contributing the largest amount at \$682,200 per year. To compare, Leelanau contributes \$139,700; Wexford, \$76,543; Roscommon, \$57,425; Crawford, \$35,600; and Missaukee, \$35,272.

Commissioner Ashlea Walter wondered why funding levels, which were set in 2003, have never changed.

“Where is the discussion about that?” Walter said. “Costs have grown significantly by the minute and we’re still at 2003 funding levels.”

Alger said the levels were set and frozen by a 1996 agreement written when Grand Traverse and Leelanau counties formed an authority that later merged with an authority made up of the other four counties.

Costs could increase because GTC is asking for additional services to be provided to the jail, he said, although there may be alcohol tax money or a Northern Lakes surplus that could help pay those costs. Part of the problem is that, under federal law, Medicaid is cut off when a person is incarcerated.

The county paid Northern Lakes an additional \$196,000 in a two-year contract for more services in the jail, but the contract was not renewed in late 2021 after jail administrators were not satisfied with what had been provided. A study had shown the services did not reach enough inmates and that those who needed psychiatric care were put on long waiting lists.

Northern Lakes provides crisis stabilization for jail inmates and continues care for those inmates who are already clients. Those services are covered under the county’s \$682,200 annual payment.

After what commissioners said was decades of inadequate mental health services from Northern Lakes, they voted in May to dissolve the enabling agreement that created the authority in 2003. Dissolving the agreement would mean Northern Lakes would no longer exist.

The board action sent shock waves through the community as clients and their families worried they would no longer receive services, or that those services would change. Employees wondered if they would still have jobs and those in the other five counties were distraught about having to form a new authority, saying the board had acted rashly.

Leaving the authority requires a notice of intent be given to the Michigan Department of Health and Human Services, after which Grand Traverse County would have had one year to form a new service agency, since state law outlines there can be no disruption in services. But a notice was not sent.

The county hired attorney H. Kirby Albright of Fraser Trebilcock and consultant Sarah Bannon from Lakeview Consulting to lead the board through the transition. Instead, they are leading the rewrite of the agreement that leaves the authority intact.

https://www.record-eagle.com/opinion/letters_to_the_editor/letter-wakefield/article_edc1d814-c4d7-11ed-8043-97bef2bcbed6.html

Letter: Wakefield

- Mar 19, 2023

Observations of Grand Traverse County board

Once again, I read that certain members of the Grand Traverse County Board of Commissioners are exceeding their parameters.

Commissioners Brad Jewett, Penny Morris and Darryl Nelson have presumed to take over the Bay Area Transportation Authority because, according to them, two legally appointed members of the BATA board aren't doing their jobs to the trio's satisfaction. Hmmm. The public that voted on and passed a millage recently seems to disagree with that unproven assessment. I thought boards were created to oversee public entities, not bow down to county commissioners.

Even stranger is that the so-called "accused" have not been made aware of their supposed shortcomings. (It seems like they're guilty without knowing what the problem is.)

Is this yet another example of "get rid of any administrator with whom you have a difference of opinion (such as Northern Lakes Community Mental Health Authority?)"

I'd hoped, with Ron Clous off the commission, some better judgments would prevail. Unfortunately, it seems not.

The only positive note I can see is that, so far, the chairman of the commission hasn't weighed in on this egregious power play. (Could he have gained some wisdom over the winter or is he still laughing about gun-waving in virtual meetings?)

Commissioners: Please avoid personal agendas. Use common sense and practice working together rather than sticking to a single viewpoint.

Pamela J. Wakefield
Traverse City

Carter Kits help first responders take better care of patients with Autism Spectrum Disorder

RYLEE BARNSDALE | TUESDAY, APRIL 4, 2023

SHARE    

North Country Community Mental Health and Northern Lakes Community Mental Health provide Carter Kits to first responders. The kits contain sensory items that help distract children with Autism Spectrum Disorder from the stress of being involved in an emergency situation.

During an emergency situation like a fire or car accident, keeping a level head can be difficult, especially when a parent and children are involved. In the event of an emergency involving children with Autism Spectrum Disorder (ASD) present, first responders may not always have the skills or knowledge to prevent a situation from escalating further.

In response, [North Country Community Mental Health \(North Country CMH\)](#) and [Northern Lakes Community Mental Health \(Northern Lakes CMH\)](#) are taking great strides in providing training to first responders and emergency medical services (EMS) to ensure that they can provide the best care to not only children with ASD, but to all children and adults with neurodivergence or sensory issues.

North Country CMH and Northern Lakes CMH are partnered with [Carter Kits](#), a Frankenmuth-based organization providing EMS supplies designed for children with ASD. Brandon Hausbeck, co-founder and president of Carter Kits, explains that Carter Kits are named after Carter, the son of the organization's vice president, Justin Severs, who expressed concerns about Carter being in an emergency situation without his parents there to take care of him.

“Together, we came up with Carter Kits and brought aboard Dr. Ellen Preen, a clinical neuropsychologist who helped us build the kits and develop the training curriculum,” Hausbeck says.

The kits contain various sensory items to help relieve the physical stress an emergency situation can bring, such as noise canceling ear muffs, a weighted blanket, sunglasses, and sensory toys to help distract children from the situation if necessary. Carter Kits replaces these items for little to no cost when a provider doesn't get an item back after using the kit in the field.

What started as a small project with Hausbeck and the team donating ten kits to their local providers has turned into a large-scale operation. Six-thousand Carter Kits are in circulation across 34 states and one Canadian province. Hausbeck has plans to get kits in downstate Michigan, both at the county and municipal level, in addition to the 21 northern Michigan counties where they are already available.

“It has been amazing to see the difference that Carter Kits is making,” says Hausbeck. “To be able to help so many people across the United States means so much to me.”

In addition to the work Carter Kits has been doing with health and safety agencies in northern Michigan, the organization also works with the [Michigan Department of Health and Human Services](#). Dr. Samantha Mishra, program coordinator for Michigan's [Emergency Medical Services for Children](#) program (EMSC) explains that their goal is to increase awareness of children's specific physical and mental health needs when they require emergency assistance.

“Something that we know and is well established is that children will need more emergency services in their lifetime and are particularly vulnerable,” says Mishra. “This is why it's such a specific effort of the EMS for Children program, as there's an increased chance of a call.”

Mishra also understands that the needs of children with ASD or other neurodivergent behaviors are going to look different than those of neurotypical children. For example, children with ASD may be unable to make eye contact or effectively communicate with emergency personnel. Due to the stress, they may attempt to run away or lash out toward those

trying to provide assistance.

This is where Carter Kits come in handy for first responders. Sunglasses can block out the flashing lights on a police car or ambulance. Earmuffs can muffle a loud siren. Sensory and fidgets toys can provide positive stimuli or distraction.

“The collaboration between EMSC and Carter Kits, is really making a difference in the communities they’re serving,” says Mishra.

A unique aspect, Carter Kits provides free training with their distribution. Designed to bring various emergency service teams together, it ensures that training can be replicated in each first-response department individually.

North Country CMH Director of Children and Family Services Christine Dillon facilitates these train-the-trainer sessions and emphasizes the importance of communication between emergency personnel and the parents or caretakers of neurodivergent children and adults.

“We always talk about the importance of first responders talking to parents or caregivers,” Dillon says. “That rapport is so important for people on the spectrum. It can be very calming if someone they already know is able to respond.”

Dillon says that the response to the training has been overwhelmingly positive. First responders receiving the training feel much more confident going into emergency situations when individuals with ASD are involved.

“Being able to understand the ‘Why?’ is helpful,” she says. “We have done training with our local first responders throughout our six counties, and we’re continuing to do that training, including training in our local schools. I’m really happy about the opportunity to continue that training.”

The train-the-trainer model has allowed for Carter Kits training to be shared with even more emergency response teams. Stacey Kaminski, operation manager for Northern Lakes CMH crisis services, explains that

Carter Kits have made their way to several other agencies in addition to emergency response services – schools, courthouses, and the local Department of Health and Human Services office.

“We have tried to get them out where we can. If there is anyone else in our counties that we serve [that wants them], they would just need to reach out,” Kaminski says. “Not understanding the symptoms can escalate a situation. Recognizing the symptoms and having these tools to de-escalate or prevent escalation is what helps.”

Carter Kits and the associated training aims to assist first responders and others to recognize signs of autism in children and ensure that, when they do need help, they’re able to provide assistance adequately. Methods of approaching neurodivergent individuals during emergency situations are a primary focus of the Carter Kit training program.

“The important thing is the approach if someone is in distress,” says Kaminski. “They may have some of the unusual behaviors, may not be able to make eye contact or respond to questions. Those are important things for first responders to know and understand when they’re approaching someone on the spectrum in distress.”

Carter Kits have not only helped first responders in emergency situations, they have also pointed out gaps in training and education among emergency response staff. [EMS director for Boyne City](#) Brenda Willson says that even though emergency staff may have the best of intentions, not understanding the necessary signs of children with ASD in distress can hurt more than help.

“We need to be susceptible and listen,” says Willson. “I’ve made mistakes in my career, and when people tell me, I can change them.”

As the parent of a special needs child, Willson believes that care and understanding is just as important as medical treatment in her line of work. Carter Kits, while used as a tool to ensure the health and safety of children in emergency situations, also show those children that emergency staff isn’t scary – that they truly care about their wellbeing.

“The kits have come in handy more times than I can count,” Willson says. “It’s all about patient comfort. We’re able to provide them some kind of break from the chaos that’s going on in our truck. It’s the simplest of things, but it makes the biggest difference.”

With Carter Kits available to first responders, the safety of neurodivergent children and children with ASD can be achieved a bit more easily. But training and educating first responders is just as — if not more — important, as it also battles stigmas and stereotypes that individuals may have about these children. With Carter Kits making the training as accessible as possible, hopefully the Kits will make their way to the rest of Michigan very soon.

“Some people need to be communicated with differently,” Mishra concludes. “If we can take that pause and use that training, we can deliver the best quality care to any patient.”



Carter Kits



Kit earmuffs soothe patients highly sensitive to loud noise.



Carter Kits help first responders care for children with autism.



Paramedic and EMS director Brenda Willson, left, talks Carter Kits with EMT Jamie Dean, right



Carter Kit items relieve stress and keep a patient busy.

Opinion: Parity for mental health care - and how to achieve it

BY KATE DAHLSTROM

While we are making reasonable strides in some areas of treating mental illness, we are falling behind in others.

We are inching ahead with better “parity in insurance coverage” for mental health care, but we have a long way to go before we have benefits equal to what we receive for neck-down ailments of our bodies.

The Affordable Care Act of 2010 built on the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and requires coverage of mental health and substance use disorder services for certain conditions and plans, but there is much yet to be done. How do we fix this disparity? Answer: We advocate to our legislators to require that health insurance companies provide better parity and health insurance coverage for behavioral health, especially for longer inpatient stays when necessary and for newer initiatives such as crisis services.

“Parity in services” is a different issue and also is lacking. One of the best examples is the treatment received in many hospital emergency departments. While you and I cannot possibly imagine being stuck in a sterile, windowless emergency room for days, weeks, even a month, waiting for treatment for a broken ankle, heart irregularities or asthma complications, this happens all too often in the case of getting treatment

for a mental health emergency. It has been happening to both kids and adults in northern Michigan for years.

But here's the good news: Hospitals around the country are adding EmPATH units to their emergency departments. EmPATH (emergency psychiatric assessment, treatment and healing) have been shown to improve care while avoiding unnecessary time in the emergency department. These are mental health crisis units designed to treat people quickly in a more peaceful setting so they can stabilize patients and send them home with a follow-up recovery plan or on to more intensive inpatient care elsewhere. These settings have ample food, games and other things to do and are usually furnished with comfortable recliners for stays exceeding several hours.

Part of the solution was getting people out of a setting that can aggravate mental distress.

“That environment itself, within the ED, can be very frightening,” says Dr. Scott Zeller, Vituity vice president for acute psychiatry and previous chief of Psychiatric Emergency Services at the Alameda Health System in Oakland, Calif., and developer of EmPATH units. “It's claustrophobic. There are lights and noises and scary equipment and uniformed personnel running all around, and they're not allowed to move.”

In Grand Rapids, Spectrum Health and Pine Rest Christian Mental Health Services partnered in November 2020 to open an EmPATH unit adjacent to the Butterworth Hospital emergency room for patients seeking help for mental health conditions.

When first opened in November 2019, Holland Hospital’s mental health emergency room served about 140 to 150 patients a month, according to an 2021 article in MiBiz about health systems building capacity for “rapidly growing” mental health needs.

EmPATH units have been found to de-escalate approximately 70% or more of individuals who arrive in crisis, eliminating the need for longer-term in-patient psych hospital stay. These units benefit from being in — or adjacent to — the hospital where there is access to the hospital lab, medical nurses and doctors for integrated care and medication, and mental health clinicians to provide immediate therapy and follow-up plans for folks to use for continued recovery as they return to the community.

While similar to an independent and off-site CSU (Crisis Stabilization Unit), there are some obvious advantages to embedding this care in hospitals — another of which is staff and security sharing, particularly in this time of scarce staffing.

“Traditional models are not working. The EmPATH model offers a vastly improved patient experience, which we believe will lead to improved treatment outcomes and become a model practice in rural areas across the nation,” says Eric Arzubi, M.D., former psychiatry chairman at Billings Clinic.

You catch that? They work well in rural areas ... for youth and adults.

“Parity in services” means that no one should have to travel farther than their closest emergency department for any kind of health crisis or

emergency. There are approximately 10 hospital emergency departments in the 21 counties of northern Michigan. Eight of these are part of the Munson Healthcare System.

Is it unreasonable for us to ask that at least half of these emergency departments begin providing EmPATH-type services? Answer: No, it isn't unreasonable and, yes, we should ask.

It's time to end the lack of parity, inhumane emergency department boarding, and lack of care afforded to individuals suffering from mental illness — and it starts with each and every one of us demanding more.

About the author: Kate Dahlstrom is a Traverse City community mental health care advocate/activist. As a retired CPA by profession, the lack of access and coordinated care for her youngest son and other families in the community, especially in northern Michigan, prompted her dive into mental health care and new initiatives. She currently serves on the boards of National Alliance on Mental Illness-GT; Before, During and After Incarceration and Northern Lakes Community Mental Health. She writes this as a community mental health care advocate in hopes of recovery for persons suffering from mental health disorders.

**Northern Lakes Community Mental Health Authority
Financial Reporting for 3/31/2023**

Highlights:

- During the month of March, NLCMHA had 161 active habilitation support waiver enrollees. That is a net decrease of 4 from February. The average monthly HSW capitation so far in FY 2023 is \$911,051 per month. The average capitation payment in FY 2022 for HSW was \$1,031,391 per month.
- NLCMHA net position as of 9/30/2022 is \$18,565,583. The change in net position is detailed by program below.

Description	Balance
10/1/2021 Beginning Net Position	\$ 7,938,090
Behavioral Health Home	\$ 201,694
Local Funds	\$ 1,251,678
MI Choice and Transition Navigation	\$ 1,257,127
Net Fixed Assets Change	\$ 255,455
GASB 68	\$ 1,168,577
	<u>\$ 12,072,621</u>
Net Fixed Assets 2022	\$ 6,364,796
Internal Service Fund-Self Insurance	\$ 128,165
9/30/2022 Ending Net Position	<u>\$ 18,565,582</u>

- The latest guidance received from MDHHS regarding redeterminations is that they will begin in June. Any individual being redetermined will receive a notice 3 months prior. Please reinforce to all individuals and guardians the necessity of updating any necessary information in their MiBridges account and to be sure the person's bank account has less than \$2,000 in it.
- The State of Michigan Department of Treasury issued the Public Act 152 limits a governmental agency can charge for employee health insurance coverage. The increase was 4.1%. This may not be adequate for the internal service fund growth that NLCMHA would like to see for the following year.
- NLCMHA is beginning the personnel portion of the budget process. Some statistics of the employed workforce are:
 - There are currently 343 employed staff with 54 of them employed in the board operated homes.
 - There are 13 staff vacancies in the board operated homes and 33 staff vacancies in all other departments.
 - The average annual salary of an employed staff is \$56,068.
 - Of the 343 employed staff 85% are female.
 - There are 56 baby boomers, 158 gen x's, 106 gen y's, and 23 gen z's. The average age being 44.
 - The average seniority of the employed workforce is 8.2 years.
 - The average bi-weekly salary expense of NLCMHA is \$829,800.
 - On average 5-7 people are hired monthly.

Medicaid Spending as compared to Regional Funding Advances:

- Services provided to individuals with traditional Medicaid coverage will be reported at \$30,964,939 with \$206,960 available in coordination of benefit reimbursements. This is \$1,213,806 below capitated advances provided by the NMRE and 6/12ths of the FY 2022 carryforward made available to NLCMHA.
- Services provided to individuals with Healthy Michigan Plan coverage will be reported at \$3,927,842. This is \$379,151 below capitated advances provided by the NMRE and 6/12ths of the FY 2022 carryforward made available to NLCMHA.
- Services which must be paid for by General Funds total \$886,342. This is \$702,837 below the year's allocation. Services which are paid for by general funds due to Medicaid Deductibles total \$37,768 through February 28th. This will be a very important indicator to monitor monthly as redeterminations are processed.

Residential/Inpatient Usage:

- At the end of March, it is expected there were 242 people in contractual specialized residential placements, 22 people in semi-independent homes, and 32 people in the direct run or board operated homes including Glen Oaks apartments. This is a total of 296 people in supported residential living arrangements. The average daily cost of a person in a contracted specialized residential home is \$234. The average daily cost of a person residing in a semi-independent placement home is \$557 and all SIP arrangements are contractual placements. The average daily cost of a person residing in the board operated home is \$433. It must be noted the board operated homes are based on last year's internal rate setting. The Board operated homes are now 81% staffed. NLCMHA considers a program generally self-sufficient at 80% with no special staffing provisions available.
- The amount paid to community inpatient hospitals, on a cash basis, was \$261,771 in the month of March. This is a full \$500,000 less than the previous month. This is very good news for the inpatient budget.

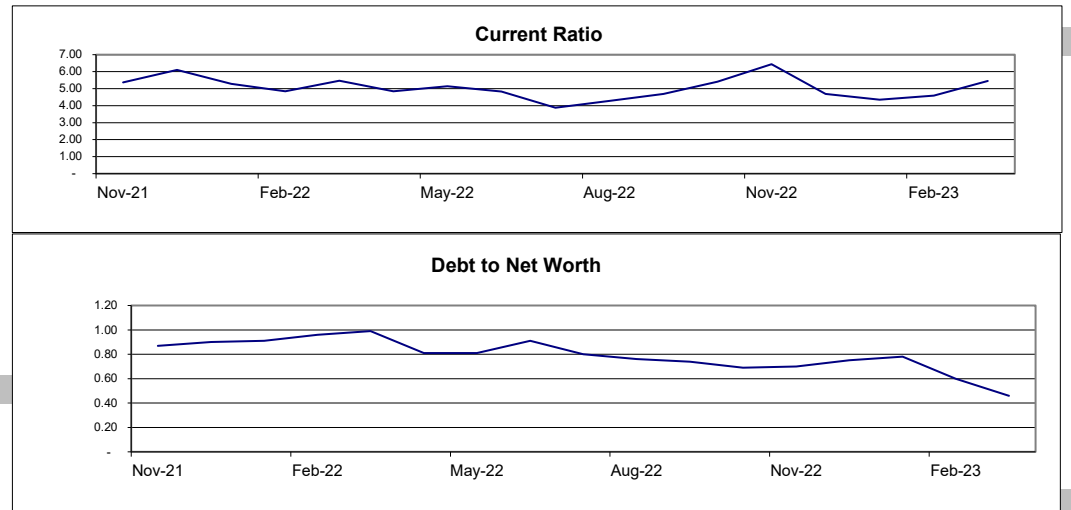
Revenues and Spending:

- Revenues exceed expenses by \$1,869,869 through March 31, 2023.
- Cash on hand increased \$4,646,167 in March. The NMRE advanced the March capitation in March.

Northern Lakes Community Mental Health Authority
Finance Report As of 3/31/2023
Fiscal Year Ending September 30, 2023

Revenues	2023-#1	2023-#1	Actual	Actual	Percentage	Capitated Category	Provided Advances	Earned Revenues	Worries (Over)/Under
	Total Budget	YTD Budget	YTD Revenues	Over/(Under)	YTD				
State Sources	\$ 5,222,029	2,611,015	2,915,911	304,897	56%				
Local Sources	\$ 2,031,467	1,015,733	827,848	(187,886)	41%	General Funds	1,589,179	886,342	702,837
Medicaid Sources	\$ 68,140,272	34,070,136	35,200,231	1,130,095	52%	Medicaid	31,971,785	30,757,979	1,213,806
Reimbursements	\$ 2,745,124	1,372,562	545,702	(826,860)	20%	Healthy Michigan	4,306,993	3,927,842	379,151
Northern Health Care Mgmt	\$ 11,952,470	5,976,235	5,344,649	(631,586)	45%	Behavioral Health Home	273,578	141,234	132,344
Total Revenues	\$ 90,091,362	45,045,681	44,834,341	(211,340)	50%	Northern Health Care Mgmt	5,344,649	4,831,319	513,330
						Local Requirements	827,848	420,873	406,974
							44,314,033	40,965,591	3,348,442
Expenditures		0%	Actual	Actual	Percentage	Earned and allowable to retain			1,132,108
	Total Budget	YTD Budget	YTD Expenses	(Over)/Under	YTD				
Personnel	\$ 30,356,676	15,178,338	14,056,030	1,122,308	46%				
Direct Operations	\$ 2,570,154	1,285,077	1,452,231	(167,154)	57%	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 NM			
Contractual Services	\$ 12,967,971	6,483,986	5,204,672	1,279,314	40%				
Contract Agencies	\$ 7,891,208	3,945,604	4,632,767	(687,163)	59%				
Residential Contracts	\$ 26,547,018	13,273,509	12,610,086	663,423	48%				
Inpatient Services	\$ 6,491,000	3,245,500	3,350,050	(104,550)	52%	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.			
Transportation	\$ 1,535,132	767,566	781,555	(13,989)	51%				
Occupied Space	\$ 1,732,203	866,102	877,082	(10,980)	51%				
Total Expenses	\$ 90,091,362	\$ 45,045,681	\$ 42,964,472	\$ 2,081,209	48%				
Net Revenues over Expenditures			\$ 1,869,869						

Monthly Indicators	Previous Month	Current Month
Current Ratio	4.59	5.46
Cash on Hand	\$ 25,379,628	\$ 30,025,795
Short Term Liabilities	\$ 5,525,643	\$ 5,499,205
<i>According to Financial Performance Indicators the goal is greater than 2.</i>		
Debt to Net Worth	0.60	0.46
Short Term Liabilities	\$ 5,525,643	\$ 5,499,205
Long Term Liabilities	\$ 5,614,910	\$ 2,968,615
Compensated Absences	\$ 1,419,832	\$ 1,386,866
Net Pension Liability	\$ 4,195,078	\$ 1,581,749
Unrestricted Fund Balance (unaudited)	\$ 12,076,514	\$ 12,072,621
Net Assets (Undepreciated Value-unaudited)	\$ 6,360,903	\$ 6,360,903
<i>According to Financial Performance Indicators the goal is less than 2.5.</i>		
Proforma YTD Fund Balance	\$ 13,341,265	\$ 13,204,729
Self Funded Health Insurance ISF	\$ 19,135	\$ 183,178
Directly provided services	37.9%	38.9%
Contractually provided services	62.1%	61.1%



Northern Lakes Community Mental Health Authority			
List of Contracts and Agreements Entered Into			
For the Month of March 2023			
	Vendor by Category	Comments or Details	Estimated Annual Financial Value of Contract or Amendment
1	Specialized Residential Services and Community Living Supports		
*	Hillcrest AFC Fifth Amendment	Extend SRS Contract	\$ 745,000
*	Beacon Specialized Living Third Amendment	Add Breakwater East and Remove Breakwater West	\$ 105,600
*	Beacon Specialized Living Second Amendment	Revise Rate for Home at Ludington	\$ 145,000
*	Spectrum Community Services Fifth Amendment	Bremer Rate Change	\$ 192,000
*	Rose Hill Center Second Amendment	Extend SRS Contract	\$ 175,200
2	Inpatient and Hospital Contracts Including Single Case Agreements		
*	Memorial Healthcare - Owosso	Single Case Agreement	\$ 10,000
3	Independent Contractors and Leases		
*	Sharon Johnson, Jones Lake Lease Agreement	Board Operated Home	\$ 27,600
4	Northern Health Care Management		
*	None		
5	Other Administrative Services (Software agreements)		
*	None		
6	Other Professional Services (Legal and Accounting)		
*	None		
7	Grants-Revenue Contracts		
*	None		

Northern Lakes Community Mental Health Authority

Financial Terms and Acronyms-Second Edition

Internal Service Fund: CMHSP's and PIHP's use many types of internal service funds to set aside funds. NLCMHA has an internal service fund to pay for employee health benefits. Blue Cross Blue Shield requires NLCMHA to be self-funded because there are over 100 employees purchasing health insurance coverage.

The Northern Michigan Regional Entity has an internal service fund for Medicaid and Healthy Michigan Plan. The MDHHS allows a regional entity (also known as the PIHP or prepaid inpatient health plan) to set aside up to 7.5% of available advances in an internal service fund for future use when Medicaid funds run short. Each CMHSP has the ability to request access to the internal service fund. The NMRE collects approximately \$192,000,000 of behavioral health traditional Medicaid, approximately \$6,350,000 in substance use disorder traditional Medicaid, approximately \$22,100,000 in behavioral health Healthy Michigan Plan Medicaid, and approximately \$13,000,000 in substance use disorder Healthy Michigan Plan Medicaid. The behavioral health Medicaid plans amount to about \$214,000,000 and 7.5% would support a maximum internal service fund for Medicaid of about \$16,000,000.

Carryforward Funds: Similarly to the internal service fund which can be accumulated over time is Carryforward funds. The MDHHS allows for a one time carry forward of up to 7.5% of advances in one year into the following year only. Carryforward funds are considered the first dollar spent by most Regional Entity's because it must be spent in the following year. It is by calculation that the NMRE has \$16,369,542 of both internal service fund Medicaid dollars and carryforward dollars.

7.5%: The MDHHS contract with the NMRE for behavioral health services to individuals with Medicaid coverage is not considered to be full risk because by contract the NMRE is responsible for any overruns of service expenses for the first 5% over the capitation received and one half of the second 5% overrun of service expenses. The calculation being 5% plus $\frac{1}{2}$ of the next 5% is 7.5%.

Mental Health Block Grants: MDHHS has special grant opportunities for CMHSP's and regional entities that are considered non-competitive. They are referred to as Comprehensive Services for Behavioral Health. The grant opportunities do require application documents meeting requirements but are usually supported by MDHHS. NLCMHA has used block grant funding for a variety of services and in ways to pre-plan for new services. For example, NLCMHA applied for and received block grant funding in support of the behavioral health home expansion. This allowed NLCMHA to hire staff before the behavioral health home could support it on its own.

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – MARCH 22, 2023
GAYLORD BOARDROOM**

ATTENDEES:	Kate Dahlstrom, Ed Ginop, Gary Klacking, Eric Lawson, Terry Larson, Mary Marois, Michael Newman, Gary Nowak, Jay O'Farrell, Richard Schmidt, Karla Sherman, Don Smeltzer, Don Tanner, Chuck Varner
NMRE/CMHSP STAFF:	Bea Arsenov, Brian Babbitt, Chip Johnston, Eric Kurtz, Brian Martinus, Diane Pelts, Pam Polom, Brandon Rhue, Sara Sircely, Nena Sork, Deanna Yockey, Carol Balousek, Lisa Hartley
PUBLIC:	Christine Gebhard, 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 all NMRE Board Members were in attendance for the meeting 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 GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR MARCH 22, 2023; SUPPORT BY GARY KLACKING. MOTION CARRIED.

APPROVAL OF PAST MINUTES

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

MOTION BY TERRY LARSON TO APPROVE THE MINUTES OF THE FEBRUARY 22, 2023 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY JAY O'FARRELL. MOTION CARRIED.

CORRESPONDENCE

- 1) The minutes from the January 3rd PIHP CEO meeting.
- 2) The minutes from the March 2nd MDHHS PIHP CEO meeting.

- 3) CMHAM "Proposal for Rural-Oriented Public Mental Health Policies and Practices in Michigan" document dated February 2023.
- 4) Letter to Timothy Engelhardt at CMS from Farah Hanley, Chief Deputy Director for Health at MDHHS dated February 8m 2023 regarding the implementation of an integrated Dual Eligible Special Needs Plan (D-SNP).
- 5) Memorandum to PIHP and CMHSP CEO's and Executive Directors from Jeff Wieferich at MDHHS dated February 28, 2023 regarding the discontinuation of the Supports Intensity Scale (SIS) contract with the American Association of Intellectual and Developmental Disabilities (AAIDD) effective March 23, 2023.
- 6) Michigan Medicaid Policy Bulletin 23-10, Telemedicine Policy Post-COVID Public Health Emergency dated March 2, 2023.
- 7) Press release from MDHHS dated March 8, 2023 titled, "Michigan Launches OpiRescue Smartphone App to Help Michigan Residents Prevent and Reduce Opioid Overdoses."
- 8) Memorandum to PIHP and CMHSP CEO's and Executive Directors from Jeff Wieferich at MDHHS dated March 15, 2023 regarding Intensive Community Transition Services.
- 9) Flyer announcing Michigan Statewide Housing Plan Regional Partnership Kick-Off sites and dates.
- 10) Flyer for the NMRE Day of Recovery Education for individuals with substance use disorders on May 8, 2023 at Treetops Resort.
- 11) The draft minutes of the March 8, 2023 regional Finance Committee meeting.

Mr. Kurtz highlighted March 15th Rural Mental Health meeting with CMHAM held in conjunction with UP/NorthCare. Mr. Tanner noted that the bulleted list of allies listed in the proposal should also include courts. Mr. Larson suggested changing "Michigan Sheriff Association" to "Law Enforcement Entities." Ms. Sherman voiced appreciation for the straight-forward, succinct language. It was noted that this document is not yet final.

Mr. Kurtz explained that the State Medicare-Medicaid plans (like MI Health Link) will terminate on December 31, 2023, unless the program is converted to an "integrated" Dual Eligible Special Needs Plan (D-DNP). MDHHS plans to transition its MI Health Link program to a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP), that integrates long-term supports and services (LTSS). Managed care plans will provide most covered benefits for the dual-eligible enrollees, but specialty behavioral health services will remain carved out.

Debbi Andrews will be leading the Ability to Pay Workgroup fo MDHHS. Michigan Public Act 91 of 2022 changed the state's ability to pay standards to match to Federal guidelines for mental health and substance use disorder services.

Mr. Lawson referenced a discussion that occurred during the January 3rd PIHP CEO meeting. Moving the Medicaid benefit (physical and behavioral health) for children in the state's foster care system to the private health plans continues to gain momentum. Bob Sheehan indicated that he spoke with Director Hertel, and it became clear that there are some misunderstandings about how this benefit works. Placement issues are not the responsibility of the CMH system.

Clarification was made that the Regional Housing Partnership Kickoff is not just for individuals in public mental health system.

The requirement for the SIS Assessments will be ending with a hard stop on March 23, 2023. The Adult Needs and Strengths Assessment (ANSA) is a possible replacement.

Mr. Kurtz drew attention to the flyer for the NMRE Day of SUD Recovery Education on May 8th at Treetops Resort.

ANNOUNCEMENTS

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

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 February Board Meeting.

CEO Report

The NMRE CEO Monthly Report for March 2023 was included in the materials for the meeting on this date. Mr. Kurtz highlighted the rural health meeting on March 15th and the NLCMHS/Munson Crisis Workgroup meetings on February 27th and March 17th. Grand Traverse County has committed \$5M for infrastructure. Northern Lakes CMHA Interim CEO, Brian Martinus, and Medical Director, Dr. Curtis Cummins are also attending the meetings. It was noted that there is potential for attracting private funding. Ms. Dahlstrom voiced support for creating empath units. Mr. Kurtz noted that the McLaren Cheboygan 16-bed adult facility may eventually include that type of model. McLaren has also indicated that the Petoskey Emergency Department may move toward a model that moves psychiatric patients to a separate area for specialized emergency care.

January 2023 Financial Report

- Net Position showed net surplus Medicaid and HMP of \$3,370,898. Medicaid carry forward was reported as \$16,369,542. The total Medicaid and HMP Current Year Surplus was reported as \$19,740,440. Medicaid and HMP combined ISF was reported as \$16,369,542; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$36,109,982.
- Traditional Medicaid showed \$66,143,817 in revenue, and \$64,187,913 in expenses, resulting in a net surplus of \$1,955,904. Medicaid ISF was reported as \$9,306,578 based on the current FSR. Medicaid Savings was reported as \$10,913,028.
- Healthy Michigan Plan showed \$11,674,745 in revenue, and \$10,259,752 in expenses, resulting in a net surplus of \$1,414,993. HMP ISF was reported as \$7,062,964 based on the current FSR. HMP savings was reported as \$5,456,514.
- Health Home showed \$692,197 in revenue, and \$583,200 in expenses, resulting in a net surplus of \$108,997.
- SUD showed all funding source revenue of \$9,593,085, and \$8,195,611 in expenses, resulting in a net surplus of \$1,397,474. Total PA2 funds were reported as \$5,200,852.

Ms. Yockey reported that four months into FY23, revenue is above projections and spending is in line with estimates.

Ms. Yockey reviewed the PA2 page of the report, noting projected vs. actual numbers for FY23.

Projected FY23 Activity			
Beginning Balance	Projected Revenue	Approved Projects	Projected Ending Balance
\$5,413,044	\$1,568,386	\$2,720,209	\$4,261,221

Actual FY23 Activity			
Beginning Balance	Current Receipts	Expenditures	Ending Balance
\$5,413,044	240,837	\$453,029	\$5,200,852

Mr. Larson emphasized that PA2 funds need to be spent on services, not saved.

Clarification was made that I/DD revenue is included in the PIHP Mental Health total.

MOTION BY MARY MAROIS TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR JANUARY 2023; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.

Operations Committee Report

The minutes from March 21, 2023 were distributed during the meeting. Mr. Kurtz drew attention to the discussion about the update provided by the State’s Conflict-Free Access & Planning (CFA&P) workgroup; four options were presented. The state will decide on an option in July 2023. PIHPs will be asked to develop, submit, and begin implementing a plan of action between October 2023 and October 2024. Full implementation is planned for October 2024. Mr. Kurtz clarified that the intent is so people aren’t assessing individuals and then referring them to themselves for treatment. CMHAM has expressed “deep concerns” with the proposed options.

It was noted that the Alpine CSU located in Gaylord is currently open. The CMHSPs are using single case agreements until contracts have been finalized.

Mr. Tanner referenced the meeting between Michigan’s tribal nations, PIHPs, and MDHHS on March 1st. Mr. Kurtz noted that the group agreed to meet regularly to keep communications flowing.

The final amount of the FY22 Performance Bonus Incentive Pool (PBIP) earned by the region was stated a \$2,352,351.23.

NMRE SUD Oversight Board Report

The notes from the March 6, 2023 meeting were included in the materials for the meeting on this date. There was not a quorum present for the meeting, so no voting took place; however, the SUD Oversight Board did review topics and made recommendations for the NMRE Governing Board to consider.

MOTION BY RICHARD SCHMIDT TO APPROVE THE REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR A VAPING MEDIA CAMPAIGN IN THE AMOUNT OF THREE THOUSAND ONE HUNDRED SEVEN DOLLARS AND SIXTY-FOUR CENTS (\$3,107.64) FOR MANISTEE COUNTY ONLY; SUPPORT BY MARY MAROIS.

Discussion: Mr. Schmidt expressed frustration that NMRE SUD Oversight Board members met for 1½ hours without a quorum present. No voting could occur since several counties participated in the meeting virtually. He questioned why the liquor tax requests can’t just be presented to the

NMRE Governing Board. Mr. O’Farrell noted that a quorum wasn’t present due to weather conditions which will always be a factor in northern Michigan. Mr. O’Farrell stressed that the role of the SUD Oversight Board needs to be ironed out. The question of whether the SUD Oversight Board is subject to the Open meetings Act was raised; Mr. Kurtz agreed to address the issue with the NMRE’s legal counsel. Mr. Varner added that an adjustment may be made to the Open Meetings Act post-COVID to allow for remote voting.

Voting took place on Mr. Schmidt’s motion. MOTION CARRIED.

Mr. Kurtz acknowledged that a review of the SUD Oversight Board Bylaws is also needed. There is some conflicting language between the law (PA 500), the NMRE SUD Oversight Board Bylaws, and the agreements that the NMRE has with each of the 21-counties. A meeting of the NMRE Board Executive Committee will be called to begin a review of the SUD Oversight Board Bylaws.

MOTION BY GARY NOWAK TO AUTHORIZE A REVIEW OF THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD BYLAWS; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.

NEW BUSINESS

FY2023 Changes to Approved PA2 Projects

Since final FY22 liquor tax fund balances have been calculated, the need to revise some amounts previously approved became evident. Ms. Sircely summarized the following:

Funding adjustments REDUCING liquor tax funds:						
County	Project	Provider	Approved Amount	Reduced By:	Updated Amount	Notes
Kalkaska	Opioid Use Prevention and Stigma Reduction Campaign	Catholic Human Services	20,387	\$13,000	\$7,387	Funding is not available for Kalkaska. Cuts to the project will minimize the impact to the fund balance.
Leelanau	Opioid Use Prevention and Stigma Reduction Campaign	Catholic Human Services	25,038	\$18,500	\$6,538	Funding is not available for Leelanau. Cuts to the project will minimize the impact to the fund balance.
Missaukee	Jail Services	Catholic Human Services	\$26,779.79	\$11,000	\$15,779.79	

Funding adjustments ADDING liquor tax funds:						
County	Project	Provider	Approved Amount	Added Amount	Updated Amount	Notes
Grand Traverse	Opioid Use Prevention and Stigma Reduction Campaign	Catholic Human Services	\$90,218.31 (Original request was for \$106,139.19)	\$17,967.25	\$108,185.56	Additional funding is available for Grand Traverse.

Grand Traverse	Recovery Coach Patient Engagement with Healthcare Practices	Munson	\$86,908.50 (Original request was for \$173,817.00)	\$10,000.00	\$96,908.50	Additional funding is available for Grand Traverse.
Grand Traverse	Best Medical SBIRT	Catholic Human Services	\$32,036.50 (Original request was for \$37,690.00)	\$1,100.50	\$33,137	Additional funding is available for Grand Traverse.
Cheboygan	Coalition	Catholic Human Services	\$127,919.24 (Original request was for \$136,084.00)	\$8,164.76	\$136,084	Additional funding is available for Cheboygan.

Overall, the Opioid Use Prevention and Stigma Reduction Campaign Stigma campaign budget was reduced by \$29,454, from \$151,564 to \$122,110.

MOTION BY ERIC LAWSON TO TABLE APPROVAL OF THE CHANGES TO PREVIOUSLY APPROVED FISCAL YEAR 2023 LIQUOR TAX AMOUNTS UNTIL CLEARER NUMBERS ARE PRESENTED; SUPPORT BY TERRY LARSON. MOTION CARRIED.

PA2 Requests

The new requests recommended by the SUD Oversight Board were reviewed for approval.

Requested By	Project	County(ies)	Amount
1) 53 rd Circuit Recovery Court	Drug Testing Supplies	Cheboygan	\$6,500.00
2) Bear River Health	Substance Use Recovery Focused (SURF) Club	Antrim, Charlevoix, Crawford, Emmet	\$119,576.00
3) Bear River Health	Peer Recovery Coach Services	Charlevoix, Emmet	\$75,880.00
4) 13 th Circuit Court Community Corrections	Peer Recovery Coach Services	Antrim, Grand Traverse	\$15,170.00
5) Bear River Health	Jail Case Management Services	Cheboygan	\$23,364.00
6) Health Department of Northwest Michigan	Vaping Prevention Media Campaign	All 21 Counties (except Manistee)	\$64,500.00
Total			\$301,882.36

It was noted that the Vaping Prevention Media Campaign was approved for Manistee County in the amount of \$3,107.64 earlier during the meeting.

MOTION BY MARY MAROIS TO APPROVE THE LIQUOR TAX FUNDING REQUESTS RECOMMENDED BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD ON MARCH 6, 2023 IN THE TOTAL AMOUNT OF THREE

HUNDRED ONE THOUSAND EIGHT HUNDRED EIGHTY-TWO DOLLARS AND THIRTY-SIX CENTS (\$301,882.36); SUPPORT BY CHUCK VARNER. ROLL CALL VOTE.

“Yea” Votes: K. Dahlstrom, E. Ginop, G. Klacking, E. Lawson, M. Marois, M. Newman, G. Nowak, J. O’Farrell, K. Sherman, D. Smeltzer, D. Tanner, C. Varner

“Nay” Votes: T. Larson, R. Schmidt

MOTION CARRIED.

Clarification was made that the peer support services request would apply only to non-reimbursable services.

Mr. Kurtz expressed that multi-county requests will also be reviewed moving forward as they create a lot of confusion when projecting budgets.

Review of SUD Oversight Policy Board Bylaws

This topic was discussed under the SUD Oversight Board report. A date will be selected for the NMRE Board Executive Committee to meet.

OLD BUSINESS

Grand Traverse County and Northern Lakes CMHA

Mr. Kurtz noted Grand Traverse County took the draft version of the Enabling Agreement through the commission for discussion. A letter from Munson to the six counties that comprise the Northern Lakes CMHA region (Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford) in support of maintaining Northern Lakes CMHA was distributed to the Board during the meeting.

PRESENTATION

Information Technology (IT) Security Assessment

NMRE CIO/Operations Director, Brandon Rhue, presented on the IT Security Assessment conducted by Open Systems Technologies (OST) in January 2023.

- Attempts to crack into user accounts to help identify weak passwords resulted in 0, compared to 6 in 2022.
- The Current Vulnerability Index was calculated as 0.074, down from 0.345 in 2022.
- Final Security Rating was calculated at 7.8 (out of 10), compared to 7.1 in 2022.
- Recommendations were provided as:
 - Implement a visitor and contractor sign-in process.
 - Move identity services from local servers to cloud servers.
 - Move SQL services to the latest SQL offerings on the Cloud.
- Auditor comments were provided as:
 - The auditor was impressed and surprised by the improved security footing in only the past year.
 - The auditor encouraged the NMRE to move away from physical servers and toward an even more cloud-based environment.
 - The auditor stated he is looking forward to next year’s audit given the results this year.

MOTION BY MARY MAROIS TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY INFORMATION TECHNOLOGY SECURITY ASSESSMENT BY OPEN SYSTEMS TECHNOLOGIES DATED JANUARY 2023; SUPPORT BY KATE DAHLSTROM. MOTION CARRIED.

COMMENTS

Board Members

There were no comments from Board members at the close of the meeting on this date.

Staff/CMHSP CEOs

Ms. Sircely announced that this would be her last Board meeting as she has resigned from the NMRE effective April 6th. The Board wished her well.

Public

Sue Winter, NMSAS Recovery Center Executive Director, thanked the Board for their support of the Day of Recovery Education.

NEXT MEETING DATE

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on April 26, 2023.

ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 12:00PM.

DRAFT

**CEO Response to March 16, 2023 Board Monitoring Report Evaluation
April 20, 2023**

Policy 1.0 – Consumer and Community Ends – Internal Inspection - CEO

Two (2) out of the thirteen (13) board members who attended the meeting completed the report.

Question 1 - Was this report submitted when due? – 2 Yes

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

Question 3 - Was I convinced that the interpretation is justified and reasonable? – 2 Yes

Question 4 - Did the interpretation address all aspects of the subject? – 2 Yes

Question 5 - Does the information show compliance with Board direction/policy?- 2 Yes

Other Comment: None.

CEO Response: 2023

I appreciate the Board's assessment that we are 100% compliant with this policy.
Respectfully Submitted

Brian Martinus
Interim CEO

**ASSURANCE OF ORGANIZATIONAL PERFORMANCE
POLICY 2.8 COMMUNICATION AND SUPPORT TO THE BOARD
INTERNAL REPORT - CEO
April 20, 2023**

2.8 Communication and Support to the Board

The CEO shall not withhold information or data that the CEO knows, or in the exercise of sound business judgment should know, is necessary for the Board to make informed decisions and to carry out its obligations properly. By way of example and not by way of limitation, the CEO shall not:

- 2.8.1 Fail to submit monitoring data required by the Board in a timely, accurate and understandable fashion directly addressing provisions of Board Governance Policies being monitored.
- 2.8.2 Fail to advise the Board of anticipated adverse media coverage, threatened or pending lawsuits, material changes in federal and state laws or regulation, material changes in the terms of MDHHS and NLCMHA provider contracts and material changes in assumptions upon which existing Board Governance Policies are predicated.
- 2.8.3 Fail to advise the Board if, in the opinion of the CEO or the Compliance Officer, the Board is not in compliance with Board Governance Policies or is in violation of laws and regulations applicable to the governing body of a governmental entity constituted as an Authority under the Michigan Mental Health Code.
- 2.8.4 Fail to advise the Board if, in the opinion of the CEO, the Authority is or may become noncompliant with a Board Governance Policy.
- 2.8.5 Fail to advise the Board if, in the opinion of the CEO or the Compliance Officer, a compliance violation has been substantiated and the violation, if and when disclosed to regulators or law enforcement, may subject the Authority to criminal, civil or administrative liability or sanction.
- 2.8.6 Fail to advise the Board Chairperson if one or more members of the Board engages in conduct that is or may be detrimental to the working relationship of the Board and the CEO.
- 2.8.7 Fail to present information and data to the Board in clear and concise format that identifies the relevance of the information to discrete Board obligations such as monitoring and decision preparation.
- 2.8.8 Fail to deal with the Board as a single unified whole by communicating with individual Board members outside of established formal channels. [A request by an individual Board member to the CEO for facts or data is not subject to this prohibition.].
- 2.8.9 Fail to provide a mechanism for official Board, officer or committee communications.
- 2.8.10 Fail to supply for the consent agenda all items delegated to the CEO that are subject to Board Approval.
- 2.8.11 Failure to maintain official minutes of Board committees and meetings.

CEO Interpretation - 2023

The monitoring of Board Policy follows the Governance Policy Monitoring Schedule. There is a plethora of information to review and analyze, including monitoring data, media coverage, lawsuits, rules and regulations, and federal and state laws. I work diligently to provide updates to assist the Board in making informed decisions and properly carry out its obligations.

Information and data are submitted in a variety of forms. Some monthly monitoring reports contains data points. Financial Statements are presented each month for the Board. Our formal financial audit findings are provided in April of each year. Clinical, operational, and administrative information is provided in my CEO report each month. Additionally, the FY 2022 Annual Review Report was provided in January 2023, and the Agency Performance Assessment for 2022 was provided in April 2023.

Each month I share any media coverage that I am aware of with the Board via email and in my monthly report. I have made Board members aware of pending lawsuits and significant compliance concerns. NLCMHA continues to use an anonymous compliance hotline and I work closely with our Director of Quality and Compliance to ensure we remain in compliance with Board Governance Policies and do not violate laws and regulations applicable to our governing of a governmental entity. I am not aware of any violations or non-compliance by the Board regarding laws or regulations pertaining to Mental Health Authorities. Thus far this year we have not experienced any material changes in the terms of MDHHS and NLCMHA provider contracts.

I appreciate the Board's willingness to work with myself and staff in meeting the requirements of this policy.

I appreciate any receiving any suggestions from the Board to improve my compliance in meeting expectations.

Respectfully Submitted,

Brian Martinus
Interim CEO

Board Policy being monitored

2.8 Communications & Support to the Board

April 20, 2023

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 March 16, 2023 Board Means Self-Assessment
Board Monitoring Report Evaluation
April 20, 2023**

Policy 3.3 - Board Member Code of Conduct - Direct Inspection

Nine (9) out of the Thirteen (13) Board Members who attended the meeting completed the report.

For Question One: Do you believe we are in strict compliance with the policy as stated for each provision? 7- Yes, 2 - No

For 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. Members from some counties are expected to vote as instructed by the county, rather than making their own decision & considering all 6 counties impacted.
2. I do not believe all members have had the best interest of the authority or stakeholders in mind as the speak.

For Question Three: How do you think we could improve our process to be in full compliance?

Comments:

1. Better understand the lines that separate the roles each of us have.
2. Appoint members who are strong enough to adhere to this code of conduct/members who do not try to bypass the Board process.
3. Coming more prepared for board meetings. Having a better understanding of how to interact in Board meetings.

For Question Four: What do we need to learn or discuss in order to live by this policy more completely?

Comments:

1. Are you or this board to serve all consumers (6 counties) or not?
2. Board conflict resolution

For Question Five: Does this policy remain in compliance with the Policy Governance model in annual terms of content and format?

7- Yes, 2- Unanswered.

CEO Response 2023:

The Board's direct inspection assessment indicates that we are in 78% compliance with this policy.

Respectfully Submitted,

Brian Martinus
Interim CEO

**CEO Response to March 16, 2023 Board Means Monitoring Report Evaluation
April 20, 2023**

Policy 3.6 - Board Chair Functions - Direct Inspection

Eight (8) of the Thirteen (13) Board Members who attended the meeting completed the report.

Question One (Do you believe we are in strict compliance with the policy as stated for each provision?) 8 -Yes

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

Question Three (How do you think we could improve our process to be in full compliance?)

Comments:

1. I think a training for new officers would be good.
2. Understanding Roberts Rules more thoroughly.

Question Four (What do we need to learn or discuss in order to live by this policy more completely?)

Comments:

1. See above.

Question Five (Does this policy remain in compliance with the Policy Governance model in annual terms of content and format?) – 9 Yes

Other Comment: None.

CEO Response 2023:

The Board's direct inspection assessment indicates that we are in 100% in compliance with this policy.

Respectfully Submitted

Brian Martinus
Interim CEO

BOARD MEANS SELF-ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
3.7 GOVERNANCE COMMITTEES – DIRECT INSPECTION – BOARD
April 20, 2023

3.7 Governance Committees

This Policy shall not apply to committees appointed by the CEO.

Subject to Board bylaws, the Chair of the Board shall have exclusive authority to determine the size, membership, duration, authority and jurisdiction and charge of all Board committees, all of which information shall be recorded in Board minutes. No Board committee shall have or exercise authority or jurisdiction exceeding that granted at the time of its creation without further action by the Chair of the Board, and no Board committee may exercise authority or jurisdiction inconsistent with Board Governance Policies.

Standing Committees. The Board shall have only those standing committees established herein. The membership and chair shall serve at the pleasure of the Board Chair. Membership on standing committees, other than the Recipient Rights Advisory Committee, or other Board created advisory committees, is limited to members of the Board.

Committee of the Whole. The Committee of the Whole is charged with:

- 3.7.1 Receipt and consideration of monitoring reports and data;
- 3.7.2 Consideration of the need for new or amended Governance Policies and formulating substantive recommendations to the Board concerning same;
- 3.7.3 Formulation of recommendations to the Board Chair for items to be included on the Board Consent Agenda;
- 3.7.4 Hosting joint activities with the governing bodies of other public and private entities;
- 3.7.5 Provision of a forum for the presentation of the views and concerns of stakeholders in the mental health system;
- 3.7.6 Provision of a forum for Board development programs not included as part of the Annual Work Plan; and
- 3.7.7 Provision of a forum for the consideration of legislative, political, and regulatory changes on the delivery of mental health services
- 3.7.8 The Committee of the Whole shall serve as the CEO Compensation Committee.

Nominating & Leadership Development Committee. The Nominating and Leadership Development Committee is charged with:

- 3.7.9 Assisting the counties as needed in identifying potential board members. Screening shall be completed not later than 60 days before the terms opens up;
- 3.7.10 Planning Board training and education; and
- 3.7.11 Assuring ongoing orientation regarding the Board Governance Policies.

Recipient Rights Advisory Committee. The Board shall appoint a Recipient Rights Advisory Committee, which shall have and exercise those powers granted to such committees by the Michigan Mental Health Code. The Recipient Rights Advisory Committee shall hold its meetings in accordance with the Michigan Open Meetings Act. See also Policy 3.7A Recipient Rights Advisory Committee.

Recipient Rights Appeals Committee. The Board designates the Recipient Rights Advisory Committee as the Recipient Rights Appeals Committee, which shall have and exercise those powers granted to such committees by the Michigan Mental Health Code. Recipient Rights Appeals Committee meetings are confidential, privileged, and separate from the Recipient Rights Advisory Committee and are not subject to the Michigan Open Meetings Act. See also 3.7B Recipient Rights Appeals Committee.

Audit Committee. The Audit Committee is charged with:

- 3.7.12 Presenting a selection of at least two independent outside auditors at least once every five years. Ensure that lead auditor Rotation will occur if the present auditor is one of the firms selected.
- 3.7.13 Receiving and reviewing copies of the annual Management Representation Letter(s).
- 3.7.14 Ensuring that results of the Annual Audit and Management Letter are reviewed with the Independent Auditor by the Committee of the Whole.
- 3.7.15 Ensuring that the scope of an outside audit is sufficient to meet the legal obligations of the Authority and the responsibilities of the Board with respect to CMHSP financial matters; and
- 3.7.16 Ensuring that outside audits are conducted in a timely manner;

Ad Hoc committees shall be appointed only to the extent and only for so long as necessary to assist the Board in carrying out its governance responsibilities.

The Board Chair may from time to time appoint ad hoc committees. Membership in an ad hoc committee is not limited to members of the Board. Where the membership of an ad hoc committee includes individuals that are not members of the Board, the minutes of the committee shall separately show the votes of each committee member.

A Board ad hoc committee whose work product includes recommendations later adopted in whole or in part by the Board shall not thereafter be charged with monitoring the recommendations as adopted and implemented.

BOARD MEANS SELF-ASSESSMENT
Board Means Policy Being Monitored:

3.7 Governance Committees

April 20, 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)

BOARD MEANS SELF-ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
3.7A RECIPIENT RIGHTS ADVISORY COMMITTEE – DIRECT INSPECTION-BOARD
APRIL 20, 2023

3.7A Recipient Rights Advisory Committee

The Recipient Rights Advisory Committee, defined by the Michigan Mental Health Code as “a committee of a community mental health program services board” (sec. 330.110c) is a committee of the Northern Lakes Community Mental Health Authority, appointed by the Board of the Authority in accordance with section 757 of the Michigan Mental Health Code. The Recipient Rights Advisory Committee shall hold its meetings in accordance with the Michigan Open Meetings Act, and shall act in accordance with the policies and by-laws of the Northern Lakes Community Mental Health Board Authority. Meetings shall be held according to the latest edition of Robert’s Rules of Order, Newly Revised. A simple majority of the members must be present to conduct a meeting. An annual list of meetings shall be presented to the Northern Lakes Community Mental Health Authority Board of Directors and be made available to individuals upon request. Northern Lakes Community Mental Health Authority Board policies and by-laws supersede Robert’s Rules of Order. A simple majority of the members must be present in person or by other visual electronic means to conduct a meeting”.

FUNCTIONS:

The Recipient Rights Advisory Committee (RRAC) is granted the authority, in accordance with sections 755, 757, and 774 of the Michigan Mental Health Code, to carry out the following functions:

- 3.7A.1 Meet at least semiannually or as necessary to carry out its responsibilities.
- 3.7A.2 Maintain a current list of members’ names to be made available to individuals upon request.
- 3.7A.3 Maintain a current list of categories represented to be made available to individuals upon request.
- 3.7A.4 Keep the NLCMH Board of Directors informed of RRAC membership needs.
- 3.7A.5 Protect the Office of Recipient Rights from pressures that could interfere with the impartial, even-handed, and thorough performance of its functions.
- 3.7A.6 Recommend candidates for Recipient Rights Director to the Chief Executive Officer, and consult with the Chief Executive Officer regarding any proposed dismissal of the Recipient Rights Director.
- 3.7A.7 Serve in an advisory capacity to the Chief Executive Officer and the Recipient Rights Director.
- 3.7A.8 Review and provide comments on the report submitted by the Chief Executive Officer to the Northern Lakes Community Mental Health Authority under section 755.
- 3.7A.9 Review the process for funding the office of recipient’s rights and make recommendations concerning resources.
- 3.7A.10 Receive education and training in recipient’s rights policies and procedures.
- 3.7A.11 As designated by the Northern Lakes Community Mental Health Authority, serve as the Appeals Committee for a recipient’s appeal under section 784.

MEMBERSHIP CRITERIA:

In accordance with section 757 of the Michigan Mental Health Code, membership of the committee shall be broadly based so as to best represent the varied perspectives of the community mental health services program's geographic area. At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3, at least 1/2 shall be primary consumers.

3.7A.12 For the purpose of consistency with the Michigan Mental Health Code, RRAC shall consist of a minimum of 7 members and a maximum of 9 members as the Board determines: at least 2 of which are primary consumers (currently receiving or have previously received services provided by or under contract with Northern Lakes Community Mental Health Authority), at least 1 of which is a family member of a consumer, 2 of which are Northern Lakes Community Mental Health Authority Board members

3.7A.13 With the intent of best representing the varied perspectives of the Northern Lakes Community Mental Health Authority's geographic area, of the 5 to 7 non-board members appointed to the committee, at least: member shall reside in Wexford/Missaukee counties, one member shall reside in Grand Traverse/Leelanau counties, AND one member shall reside in Roscommon/Crawford counties.

3.7A.14 None of the members shall be employed by the Michigan Department of Health and Human Services (DHHS), Northern Lakes Community Mental Health Authority, another community mental health services program, or a provider under contract with DHHS.

APPOINTMENTS:

Board members appointed to RRAC shall be appointed for 1-year terms by the Chairperson of the Northern Lakes Community Mental Health Authority, with appointments occurring each year at the May Board meeting. The Chairperson of the Board shall appoint one of the Board members as the Chairperson of RRAC. Non-board members appointed to RRAC shall be appointed for 3-year staggering terms. Committee members may reapply for multiple terms. The appointment process for non-board members shall occur as follows:

3.7A.15 Board approved RRAC applications can be obtained at any time by verbal or written request to the NLCMH Executive Office or the Office of Recipient Rights.

3.7A.16 If there is a vacant seat on the committee, either because a member's term will/has expired or due to a member's resignation or dismissal, the Northern Lakes Community Mental Health Authority will assure, via the Chief Executive Officer, that the vacancy is advertised in a timely and public manner.

3.7A.17 All applications shall be turned in to the Executive Office. At the end of the posting period, the Executive Office shall forward all applications to the Chairperson of the Northern Lakes Community Mental Health Authority Nominating & Leadership Development Committee.

3.7A.18 At the end of the posting period, the NLD Committee shall review all applications received and interview eligible applicants in a meeting or meetings held in accordance with the Open Meetings Act. The NLD Committee will provide a recommendation of candidates to the Northern Lakes Community Mental Health Authority for consideration of appointment to RRAC. Candidates will be invited to attend the Board meeting and will be recognized by and given an opportunity to address the Board prior to the Board's decision for appointment.

MEMBER EXPECTATIONS

- 3.7A.19 Members are expected to attend all committee meetings or give notice in advance if an absence is unavoidable.
- 3.7A.20 Three consecutive absences without notice will be considered resignation.
- 3.7A.21 Members are expected to read all materials sent in advance of meetings and to be actively engaged in discussions at meetings.
- 3.7A.22 Committee members will be paid per diem and mileage reimbursement in accordance with Board policy and procedure.

BOARD MEANS SELF-ASSESSMENT
Board Means Policy Being Monitored:

3.7A Recipient Rights Advisory Committee

April 20, 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)

**BOARD MEANS SELF-ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
3.7B RECIPIENT RIGHTS APPEALS COMMITTEE – DIRECT INSPECTION-BOARD
APRIL 20, 2023**

3.7B Recipient Rights Appeals Committee

The Northern Lakes Community Mental Health Authority Board of Directors has designated the Recipient Rights Advisory Committee as its Recipient Rights Appeals Committee consistent with the Mental Health Code (PA 258 of 1974, MCL 330.1774). The Northern Lakes Community Mental Health Authority Office of Recipient Rights shall provide education and training in recipient rights policies and procedures to the Appeals Committee. The Appeals Committee may request consultation and technical assistance from the Michigan Department of Community Health Office of Recipient Rights. A simple majority of the members must be present in person or by other visual electronic means to conduct a meeting”.

The Recipient Rights Appeals Committee shall do all of the following:

- 3.7B.1 Review appeals in accordance with Northern Lakes Community Mental Health Authority Policy 105.106 Complaint, Investigation, and Appeal.
- 3.7B.2 Ensure that any member who has a personal or professional relationship with an individual involved in an appeal shall abstain from participating in that appeal as a member of the committee.
- 3.7B.3 Ensure that Appeals Reviews, as well as all documentation resulting from Appeals Reviews, are confidential and shall not be open to public disclosure or inspection, except as allowed by law.

BOARD MEANS SELF-ASSESSMENT
Board Means Policy Being Monitored:

3.7B Recipient Rights Appeals Committee

April 20, 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)



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

**Recipient Rights Advisory Committee Meeting
Minutes**

February 14, 2023

1:30 PM

1. Call to Order/Roll Call:

Northern Lakes Community Mental Health Authority located at 527 Cobb Street, Cadillac as well as virtual. Rose called the meeting to order at 1:30 p.m.

Recipient Rights Advisory Committee Members Present: Rose Denny, Dan Dekorse, Chuck Corwin

Virtual - Armandina Zamora, Marleen Cassidy

Others Present: Brian Martinus, Interim CEO; Brian Newcomb, Director of Recipient Rights; Deb Lavender, Executive Secretary; Brittany Moen, Recipient Rights Advisor; Lisa Jones, Recipient Rights Advisor; Mark Draeger, Recipient Rights Advisor; Alyssa Heider, Recipient Rights Specialist

Virtual – Stacy Maiville, Executive Secretary; Clarisse Hartnett, Training Coordinator; Cindy Peterson, Public Relations

Conflict of Interest Declaration – None.

Review and Approve Agenda:

The agenda was included in the packet.

MOTION:	Approval of Agenda
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Chuck Corwin
SECONDER:	Dan Dekorse

Receive and Review December 6, 2022 Meeting Minutes:

The minutes were included in the packet.

MOTION:	Receive and Review Meeting December 6, 2022 Minutes.
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Dan Dekorse
SECONDER:	Marleen Cassidy

Public Comment:

None.

Recipient Rights Director’s Report:

The Office of Recipient Rights Director, Brian Newcomb, presented the ORR Report. 127 complaints, which is down from the prior year. Around 60 investigations currently. The office is at 100% compliance. The department is looking for a new ORR advisor. There is an in- person training scheduled for tomorrow. On site visits are going well and are now doing all digital site-visit tracking.

Required Protections of the ORR:

Brian Newcomb spoke about an issue and requested the required protections.

Recently, the HR Director had approached the ORR Director and the CEO to change the outcome and disciplinary result of a neglect 1 case.

By requesting this, the ORR Director is obligated to report it to the committee and ask for the required protections.

The ORR Director gave the committee some background of the situation and explained that the allegation referenced was substantiated and was a neglect 1. By law, neglect cases are classified by a medical professional. It is policy that a neglect 1 would have been a termination.

The staff member involved voluntarily resigned instead of taking the disciplinary measures. Since then, there have been emails from certain staff members and the HR Director asking the ORR Director to change the outcome of the investigation.

The committee agreed that this is an issue and would like the Interim CEO to investigate the matter further.

MOTION:	Recommend to the Board to ask the Interim CEO investigate the protections of the ORR as mandated under the MHC 330.1757 Sec 757 (2) (d)
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Dan Dekorse
SECONDER:	Chuck Corwin

Culture of Gentleness Presentation:

Cindy Peterson and Clarisse Hartnett-Manny gave the presentation “The Culture of Gentleness”.

The culture of gentleness is pro-active and the foundation of for all treatment approaches used by NLCMHA.

Spirit of Gentleness:

Every human longs to feel safe, unconditionally loved and valued, and respected

The Central purpose:

To nurture and sustain the experience of connectedness, companionship, and community.

Four pillars:

- Safe – All persons must feel safe
- Loved – To feel valued, honored, and respected
- Loving – Valuing, caring, and supporting towards others
- Engaged – It is good to do things with and for others

The Four tools used:

- Our Eyes – How we connect with our compassion through our eye contact
- Our Words – What we say and how we say them
- Our Hands – Gentle touch, respect boundaries
- Our Presence – Non-demanding, relaxed, peaceful, providing a positive environment

Six Elements:

- Safe– Physically & emotionally. Based on the perceptions of the other person, not our own
- Loved
- Positive Interactions – Feelings of support and encouragement
- Understand Demands – Reduce and lower demands. Ask permission, don’t assume. Have a calm environment.
- Structure- Routines and systems in place
- Transition - Changing from one activity to another

Review of Annual Report

Brian reviewed the annual report. The ORR Director went over the numbers and results from the Office of Recipient Rights in 2022. He noted that many employees left employment before the complaints were substantiated. Brian also spoke about the many trainings that his department attend.

Discussion on RRAC Vacancies

There was a discussion of the current and upcoming vacancies within the RRAC.

Dan will be appointing Ben to the RRAC to take his place in March. The committee still needs one additional person for the other vacancy.

Public Comment

None.

Meeting Agenda:

The next meeting is scheduled for April 6, 2023. No items were discussed.

Meeting Evaluation

Comments –

Other/Adjourn:

Meeting adjourned at 2:48 p.m.

Respectfully Submitted,

Stacy Maiville, Executive Secretary



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

**Recipient Rights Advisory Committee Meeting
Minutes**

April 6, 2023

1:30 PM

1. Call to Order/Roll Call:

Northern Lakes Community Mental Health Authority located at 527 Cobb Street, Cadillac as well as virtual.

Tony called the meeting to order at 1:30 p.m.

Recipient Rights Advisory Committee Members Present: Tony Lentych, Dan Dekorse, Chuck Corwin, Ben Townsend

Virtual - Armandina Zamora, Marleen Cassidy

Others Present: Brian Martinus, Interim CEO; Brian Newcomb, Director of Recipient Rights; Stacy Maiville, Executive Secretary; Erica Smith, Recipient Rights Advisor; Lisa Jones, Recipient Rights Advisor; Mark Draeger, Recipient Rights Advisor; Alyssa Heider, Recipient Rights Specialist

Conflict of Interest Declaration – None.

Review and Approve Agenda:

The agenda was included in the packet.

MOTION:	Approval of Agenda
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Ben Townsend
SECONDER:	Chuck Corwin

Receive and Review February 14, 2023 Meeting Minutes:

The minutes were included in the packet.

MOTION:	Receive and Review Meeting February 14, 2023 Minutes.
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Ben Townsend
SECONDER:	Chuck Corwin

Public Comment:

None.

Recipient Rights Director's Report:

The Office of Recipient Rights Director, Brian Newcomb, presented the ORR Report. Brian introduced a new staff member, Erica. There are currently 183 investigations year to date. 54 open cases. Substation rate 64%. The ORR staff has had ongoing training and has been educating other staff and community members regarding the rights of consumers.

Site Review Presentation:

Alyssa gave a presentation about the site visits. The goal of the visits are to see that the facilities follow the Michigan Mental Health Code. The visits ensure that the consumers feel comfortable reaching out to the ORR if they need to. After a visit they send out a letter stating whether the site is in compliance or needs corrective action. They visit 130 contracted facilities per year.

The presentation reviewed:

Visit locations, areas of focus, what the officers look for on these visits, staffing, and chart review. The ORR department uses a review tool that includes the states' standards along with extra categories added by NLCMHA. The process is in place to ensure the recipients are receiving encompassing care and ongoing support in their daily lives.

There were questions if site visits were announced or not. Alyssa clarified that they do give the home notice to coordinate with staff so as not to be disruptive to the consumer's schedule.

RRAC Appointee Application Review:

There was not an application to review.

Required Protections of the ORR:

None. Brian N. stated that he is working with the CEO to resolve the issue stated at the last ORR meeting, which needed the required protections.

Public Comment:

None.

Brian N. recommended to the committee doing 2-3 policies at a time during each meeting, instead of having one meeting to cover all the ORR policies. The Chair, Tony, agreed this would be a good idea.

Meeting Agenda: Next meeting, June 6, 2023 Tony hopes to have the RRAC member spot filled by the June 6 meeting.

Meeting Evaluation:

None.

Other/Adjourn:

Meeting adjourned at 2:08pm

Respectfully Submitted,

Stacy Maiville,
Executive Secretary



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

Nominating and Leadership Development Committee Meeting Minutes

April 5, 2023

1:30 PM

Pam Babcock called the meeting to order at 1:37 p.m. at 527 Cobb Street, Cadillac and virtual.

Attendance:

Committee Members Present: Pam Babcock, Mary Marois, Ben Townsend

Committee Members Absent: Angie Griffis, Greg McMorrow, Barb Selesky

Others Present: Brian Martinus, Interim Chief Executive Officer; Stacy Maiville, Executive Secretary; Dan Dekorse, Chairman of the Board

There was not a quorum. The members of the NLD recommended approval of the agenda and minutes but no vote was made due to a lack of a quorum.

Slate of Officers Discussion:

There was a great deal of discussion regarding the slate of officers. It was confirmed that the slate of officers be presented at the April 20, 2023, board meeting. The Board Chair will be elected at the April 20, 2023, board meeting. The election for the Vice Chair and Secretary will take place at the May board meeting.

The NLD recommends that the position for the Board Chair be thirteen months this time, instead of twelve. This would prevent complication for the election process.

It was mentioned that ideally, members should not hold a position of office for more than two years.

Slate of Officers:

- Chair- Ben Townsend and Tony Lentych
- Vice Chair: Greg for Vice Chair (election to take place at the May board meeting)
- Secretary: Greg, Sherry (election to take place at the May board meeting)

Next Meeting: May 3rd, 10 am. Please note, this will be held in a different space at the Cadillac office. Meeting will be held in the Cadillac "Couch Room."

Topics: Importance of community collaboratives, mission, and vision statement.

Public Comment:

None.

Meeting adjourned at: 2:13 p.m.

Respectfully Submitted,

Stacy Maiville,
Executive Secretary

Policy 2.7.2

No less than annually communicate with the board chairperson one member of the Executive Team who will serve as Interim CEO. In addition, if said member is unavailable the CEO will no less than annually communicate with the board chairperson a second member of the Executive Team who will serve as Interim CEO.

Policy 3.8:

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.

NORTHERN LAKES COMMUNITY MENTAL HEALTH

2023 PROPOSED SLATE OF OFFICERS

Chairperson – April Election
Ben Townsend
Tony Lentych

Vice-Chairperson – May Election
Greg McMorrow

Secretary- May Election
Sherry Powers
Greg McMorrow

In addition, nominations will be taken from the floor.

Process/Questions – Roberts Rules of Order

1. Any board member can make a nomination in addition to committee slate of officers
2. Nominations do not need a second
3. If a board member seconds a nomination he/she cannot nominate or second another candidate for the same office
4. Nominations one at a time
5. Will accept nominations until there are no more nominations
6. If motion is supported will vote – 2/3 majority to pass
7. Motion to reopen nominations can be made by a simple majority vote
8. Question – Per Roberts Rules elections must be by a majority vote.

Majority – May require more than one vote if have more than 2 candidates nominated for the same office. If more than 2 candidates have 2 options. Usual rule is to drop the candidate with the smallest vote after each ballot until a majority is reached, or
After first ballot all but the two with the highest number of votes are dropped – second vote on final 2 candidates

If only one candidate has been nominated for an office, the chair may declare the nominee elected which is referred to as an election by acclamation.

9. Will be a public vote.
10. Per Roberts Rules a flip of the coin should select the winner in the case of a tie