



**Northern Lakes
Community Mental
Health Authority**

**Board of Directors
Packet**

January 18, 2024



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

BOARD AGENDA

The Northern Lakes Community Mental Health Authority Board will meet on
January 18, 2024 at 2:15 p.m. 527 Cobb Street, Cadillac, and Virtual Meeting Dial 1-810-258-9588 ID: 364
573 74#

<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 – December 21, 2023 – Approve 2 Committee of the Whole Minutes – December 21, 2023 – Approve 3 Board of Directors Minutes – November 15, 2023 - Approve	1.1, 3.1
2:30 p.m.		A. Citizen Comment (May be limited to three minutes by the Board Chairperson)	
2:35 p.m.	4	Chief Executive Officer’s Report - Brian Martinus	
2:45 p.m.	5	Chief Financial Officer’s Report – Desk Packet - Laura Argyle	
3:00 p.m.		Northern Michigan Regional Entity Report	3.4
3:05 p.m.		Assurance of Organizational Performance A. Receipt of CEO Monitoring Reports CEO Response to Monitoring Reports 6 2.6 Community Resources (Internal Inspection) * B. New Operational Worries C. January Monitoring Assignment 7 2.4 Financial Management (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 3.1 Board Job Description (Direct Inspection) * January Monitoring Assignment 9 3.10 Board Member Conflict of Interest (Direct Inspection)	3.2, 4.2

3:25 pm	Governance Policies Discussion and Assessment	3.1
	A. <u>Ends</u>	
	B. <u>Governance Process/Ownership Linkage</u>	3.4
	a. NLD Updates	
10	- NLD Minutes*	
11	- Board Self Assessments*	
	- Board Meeting Time*	
12	b. Ownership Linkage Plan*	
	c. Ad Hoc Finance Committee Updates	
	d. Ad Hoc By-Laws Committee appointments*	
	e. Amendment to the Enabling Agreement – Eric Ostergren	
3:35 p.m.	Citizen Comment (May be limited to three minutes by the Board Chairperson)	1.1, 3.1
3:40 p.m.	Announcements/Board Members Reports/Board Association	
3:45 p.m.	February 15, 2024, Agenda Planning – Grayling	
3:50 p.m.	Meeting Evaluation/Comments/Adjournment	
	NEXT MEETING: February 15, 2024	

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

* Action Items, ** Action from Committee of the Whole, *** Action Other



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

Board of Directors Meeting Minutes

December 21, 2023

2:15 p.m.

Board Members Present: Ben Townsend, Greg McMorrow, Mary Marois, Al Cambridge, Kate Dahlstrom, Ruth Pilon, Tom Bratton, Ty Wessell, Dean Smallegan, Penny Morris, Sherry Powers, Dave Freedman, Carol Blake

Virtual: Pam Babcock, Eric Ostergren - advance notice

Absent: Tony Lentych - advance notice

Others Present: Brian Martinus, Interim Chief Executive Officer; Stacy Maiville, Executive Secretary; Dean Baldwin, Network Administrator; Darryl Washington, Chief Operations Officer for Northern Health Care Management; Jeremiah Williams; IT Supervisor, Kim Silbor; Operations Manager; Nancy Stevenson, Chief Operations Officer, Mark Crane; Contracts Manager, Kari Barker Director of Quality and Compliance, Brian Newcomb Director of the Office of Recipient Rights, Curt Cummins, Medical Director

Virtual –Jessica Williams, Aimee Horton Johnson, Terri Henderson, Lisa Holmes, Chris Biggar, Amanda Ritchie, Alyssa Heider, Hilary Rappuhn, Melanie Schopieray, Tiffany Fewins, Lynn Pope, Mark Draeger, Melissa Bentgen, Kasie Morse, Rob Palmer, Deb Freed, Erica Smith, Kellee Hoag, Pamella Petroelje, Abby Schonfeld, Becky Brown, Deb Freed, Ann Ketchum, Teresa Cooper, Robert Sheehan, Neil Rojas, Amanda Taylor, Lisa Jones, Rob Veale, Laura Argyle, Nancy Stevenson, Kasie Morse, Melissa Trout, Jennifer Wisnieski, Travis Merz, Jan Pytlowany

Call to Order: Mr. Ben Townsend called the meeting to order at 2:15 p.m.

Timekeeper: Sherry

Approval of the Agenda:

The following items were requested to be added to the agenda under governance policies and assessment:

- Discussion of a finance and program services committee.
- Nancy Stevenson’s comment.
- Eight items listed by Ms. Dahlstrom along with the discussion of creating an Executive Committee and a discussion to consider modifying the governance model to a model that considers performance metrics.

MOTION:	Accept the agenda as amended
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	G. McMorrow
SECONDER	D. Freedman

Conflict of Interest Declaration: None.

MOTION:	Accept the Committee of the Whole minutes
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	T. Wessell
SECONDER	P. Morris

The Board of Directors' minutes were removed as part of Ms. Dahlstrom's list. Mr. Cambridge moved to review the minutes after the discussion.

Citizen Comment:

1. Allison Zimpfer, Leelanau County and Courtney Wiggins, Grand Traverse County- The two spoke about their experience with a friend receiving services. Feels there are barriers and systemic issues that impede a person from receiving the services they need. They expressed a desire for a massive shift on both the service delivery level and the institutional level. Would like to see more training for those in law enforcement when encountering a person with a mental illness. They expressed the need for paid navigator positions to assist people in securing benefits, maintaining housing, and safely transitioning consumers home from the hospital.
2. Pam Harris Kaiser, Grand Traverse County – Concerned about what is happening and not happening at NLCMHA. She is concerned that Kate is being disenfranchised. I would like to see Ms. Dahlstrom put on a committee and ask the Board and Chairman to put her on a committee. Ms. Kaiser also expressed concern that 1.8 million dollars has been given as a grant for a crisis residential unit, and the money will run out. She stated that there are not enough beds for children. She is also concerned about the Carver model being unyielding. Wants financial oversight. Urges the Board to find another model and is worried that the welcoming center is not open 24 hours.
3. John Despelder, Grand Traverse County – Felt like the CCBHC presentation left an issue hanging, in particular the mobile response teams. Interested in how law enforcement interfaces with Community Mental Health. Encourages the Board to explore ways of Integrating the services of law enforcement with Community Mental Health.
4. TJ Andrews, GT Commissioner – Reflected on a recent Board of Commissioners meeting that included many community partners. Ms. Andrews expressed appreciation for the work service providers do and feels that the positive work of the agency is sometimes getting lost in all the negativity.
5. Dr. Andrea Hentschel, Roscommon County- Wanted to introduce herself as Executive Director of Arc. Dr. Hentschel stated that she would like to see that the case managers are following up. She opened a case in July, and still has not heard back. Appreciates the good work the agency is doing, but really would like a call back from CMH and has heard that others have had the same experience.

6. Claire Survack, Grand Traverse County – Recently retired from Munson Psychiatric. Ms. Survack stated that she was stunned by the lack of services. Believes many people will benefit from inpatient residential beds, especially for teens. Encourages early prevention.
7. Carl Ketchum – Grand Traverse County – Applaud the Board for the changes they have recently made. Mr. Ketchum quoted Ralph Waldo Emerson. He concluded that he would like to see the Board break out of the consistency and make changes and improvements.
8. Carol Sheper, Grand Traverse County – Ran into someone recently whose son waited at Munson in the hallway for days for a bed. Pleaded to get more beds for those needed.
9. Kate Dahlstrom – Grand Traverse County, parent advocate - Son suffers from a serious mental illness. She spoke about the groups she is involved with and feels the Board doesn't understand that she wears many hats.
10. Penny Morris – Grand Traverse County – Has a grandchild who has SED. He had many doors slammed in his face despite his need for help. Wasn't finally given help until he committed a felony. There is a need to catch mental illness upstream before they fall in. Thanked the staff and community for participating and helping. Sees the agency and Board changing in a positive direction.

Chief Executive Officer's Report:

Brian Martinus, Interim Chief Executive Officer gave the CEO Report. Commented on upcoming dates of note. The agency is working towards finding a solution to replace Protocall. There is a possibility of an option like it in the Center of Mental Wellness. Mr. Martinus plans to collaborate with community partners such as CFS and colleges to make this happen. Stated that proper planning and logistics is essential for success. Hopes to see the initial audit results given to the NMRE Board in January 2024.

Mr. Freedman commented that at a recent community meeting, Northern Lakes Community Mental Health was spoken about in high regard for their efforts of collaboration and coordination of care. Mr. Martinus replied that the agency has been making great progress in rebuilding and strengthening its relationship with local law enforcement and community partners. After the new year, there will be a meeting with the Sheriff's departments from all six counties to develop collaborative ways to tackle issues across all six counties.

Chief Financial Officer's Report-

Laura Argyle gave an update regarding the financial report. Stated the 2.10 administrative cost monitoring reporting is no longer relevant since the data within it has not been required by MDHHS since 2021. It is not possible to put together that policy any longer, and it would need to be rescinded and revised. Additionally, there is not a financial report for October because the agency is one month into the fiscal year, and if the information was presented now, it would be incomplete. January's report will reflect the October and November results, February will bring the first quarter, and so forth.

The Board expressed frustration that there is not currently a finance report. Ms. Argyle explained that the CFO services began less than 45 days ago. The firm is combing through the financials and to translate the data into meaningful information, they first need to get a comprehensive understanding of the agency's financials. She assured the Board that there have been no interruptions of accounting or the agency function, and they hold that as a priority.

Mr. Cambridge brought up the concept of a standing Finance Committee and would like the ad hoc committee to meet with the Rehmann representatives. Emphasized that they are particularly interested in the contract information.

Northern Michigan Regional Entity Report: Recent NMRE updates were briefly discussed.

December Monitoring Report: The Board was given policies 2.6 Community Resources and 3.1 Board Job Description as homework.

Assurance Of Organizational Performance:

MOTION:	Receive the findings of policy 2.0 Global Executive Limitations at 90% in compliance.
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	S. Powers
SECONDER:	R. Pilon

A. Receipt of Board Monitoring Report & CEO Response to Monitoring Report.
The Board was reminded that they all need to complete their monitoring reports.

MOTION:	Receive the findings of policy 3.2 Governance Style at 36% in compliance.
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	S. Powers
SECONDER:	G. McMorrow

MOTION	Receive the findings of policy 3.4 Annual Workplan at 73% compliance.
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	T. Wessell
SECONDER	S. Powers

Governance Policies Discussion and Assessment:

A. Board Chair Discussion on Bylaws & Policy
The recent Ad Hoc Bylaws committee was postponed. The Chair reassured the Board that they will be briefed of all the progress and recommendations of the committee.

B. There was discussion about establishing a permanent committee regarding finance, it was clarified that at this time, the Board can only establish an ad hoc committee. When it is possible, the Board may change the ad hoc committee to a standing committee. Mr. Freedman withdrew his suggestion of a program committee. It was

requested to the Board to email Mr. Cambridge and Mr. Freedman any suggestions they may have for the Ad Hoc Finance Committee by the second week of January 2024.

MOTION	Establish an Ad Hoc Finance Committee
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	D. Freedman
SECONDER	A. Cambridge

C. Nancy Stevenson’s comment: Mr. Freeman told the Board members that they need to take the comments of Ms. Stevenson’s seriously and think about the statements she made last month.

D. Ms. Dahlstrom’s items: Believes the agency needs a standing Finance and Executive Committee. Ms. Marois stated that it would be appropriate to refer that suggestion to the Bylaws Committee. Mr. Cambridge cautioned the Board that they need to be careful about appointing an Executive Committee and any authority given to that committee. Ms. Dahlstrom spoke about the governance model and expressed her dislike of the Carver Model. Would like to see the agency explore the option of CCBHC. She referenced the performer indicator and stated she would like to see a committee put together to modify the performance indicators. Ms. Marois stated that she would like to see a model that has understandable and fair policies. The disagreement is how do we get there. These issues will be addressed as the Board develops the Bylaws.

Mr. Cambridge mentioned that he would like the Board to go on record and say that they would like to get rid of the Carver model.

MOTION	Recommended to the Bylaws Committee to get rid of the Carver Model
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	K. Dahlstrom
SECONDER	M. Marois

The Chair went through Kate’s Ms. Dahlstrom’s list of items.

She stated that she would like to set up a procedure for how to get items added to the agenda. There was much discussion regarding how Board members are appointed to committees. Mr. Cambridge mentioned that it has been the practice of the Board not to approve committee appointments unless there are objections from Board members. It was also clarified that there is no standing Policy Committee at this time.

The Board was reminded of the proper way to file a grievance with the Chair; it was mentioned that recently, a member did not follow the proper process.

Mr. Townsend clarified that he has not placed a certain Board member on any committee because they were under investigation for a breach by the previous Board Chair. He explained that he did not bring this issue up because he wanted to bring the Board together and did not want to expose the issue publicly.

Ms. Dahlstrom explained that she sent an email to her people with Hope Network to tell them that Joanie was about to be replaced to make sure they knew. She stated that she did have a conversation

with the previous Chairperson about that email. Mr. Townsend responded that is not what he was told when he consulted with legal and the previous Chairman. He commented that he did not bring the topic up with Ms. Dahlstrom because he did not want to pursue the matter any further.

Citizen Comment:

John Despelder – Deconstructed what he has just heard/ learned. Believes that the conversation was offensive. Stated “You stepped in it buddy”.

Claire Survack – In shock and appalled by what has happened to here today. Commented that there is a lack of respect.

Carlton Ketchum – Commented “Just when I thought this Board was making progress.... You stepped in it.”

Eric Ostergren Board Member – There are many issues the Board needs to work through. Agrees that the Board needs to address the issue of the Carver Model. There needs to be a working set of rules that people understand.

Judy Barrett – Take a minute to look at best practices. Suggested to have a committee to do some study.

Announcements/Board Member Reports/Board Association:

Mr. Wessell commented, “Merry Christmas to the hard-working staff”.

Ms. Morris clarified that the Welcoming Center hours have been shortened due to recent safety incidents that endangered the staff. When the Welcoming Center was developed, it did not keep staff safety in mind. Because of the recent incidents, the police recommended the Center shorten its hours. The new Wellness Center will eventually fulfill that need, until then, the Mobile Crisis Unit is available for those in crisis during those hours.

Ms. Dahlstrom commented on the recent NLCMH staff breakfast she attended. She recalled the five Fs Cindy Petersen spoke about during the breakfast and commended Ms. Petersen on her work. Faith, family, friends, furry friends, and fun.

Ms. Marois would like to hear future feedback from Mr. Martinus about the Mobile Crisis. Would like to know how long people wait for a response.

Mr. Townsend said he has nothing but respect for those around the table and will do everything he can to bring the six counties together. Consumers come first, staff a close second. The Board needs to lift up the staff members. Frustrated that there was not a meeting on Tuesday to discuss the Bylaws.

The next meeting is on January 18, 2024 in Cadillac.

Dean Smallegan moved to adjourn.

Adjournment: The meeting adjourned at 4:39 p.m.

Respectfully Submitted,

Ben Townsend, Chairperson

Sherry Powers, Board Secretary

Stacy Maiville, Executive Secretary



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

Committee of the Whole Meeting Minutes

December 21, 2023

12:30 PM

Board Members Present: Ben Townsend, Greg McMorrow, Mary Marois, Al Cambridge, Kate Dahlstrom, Ruth Pilon, Tom Bratton, Ty Wessell, Dean Smallegan, Penny Morris, Sherry Powers, Dave Freedman,

Virtual: Pam Babcock, Eric Ostergren - advance notice

Absent: Tony Lentych - advance notice

Others Present: Brian Martinus, Interim Chief Executive Officer; Stacy Maiville, Executive Secretary; Dean Baldwin, Network Administrator; Darryl Washington, Chief Operations Officer for Northern Health Care Management; Jeremiah Williams; IT Supervisor, Kim Silbor; Operations Manager; Nancy Stevenson, Chief Operations Officer, Mark Crane; Contracts Manager, Kari Barker Director of Quality and Compliance, Brian Newcomb Director of the Office of Recipient Rights, Curt Cummins, Medical Director

Virtual –Jessica Williams, Aimee Horton Johnson, Terri Henderson, Lisa Holmes, Chris Biggar, Amanda Ritchie, Alyssa Heider, Hilary Rappuhn, Melanie Schopieray, Tiffany Fewins, Lynn Pope, Mark Draeger, Melissa Bentgen, Kasie Morse, Rob Palmer, Deb Freed, Erica Smith, Kellee Hoag, Pamella Petroelje, Abby Schonfeld, Becky Brown, Deb Freed, Ann Ketchum, Teresa Cooper, Robert Sheehan, Neil Rojas, Amanda Taylor, Lisa Jones, Rob Veale, Laura Argyle, Nancy Stevensen, Melissa Trout, Jennifer Wisnieski, Travis Merz, Jan Pytlowany

Greg McMorrow called the meeting to order at 12:30 p.m.

Public Comment: None.

Office of Recipient Rights Director's Report:

Brian Newcomb, Director of the Office of Recipient Rights gave his monthly ORR report. The report was included in the packet. Additionally, Mr. Newcomb gave an explanation as to how the numbers of substantiations are found. He also clarified that the general public could submit a complaint and gave an example of a recent event where this occurred.

CCBHC:

Robert Sheehan, Chief Executive Officer of CMHA of Michigan presented to the Board about CCBHC. Mr. Sheehan gave an overview of what a CCBHC is (Certified Community Behavioral Health Clinic). Mr. Sheehan's presentation reported on the definition of CCBHC and how they work, along with the two different types of CCBHC. He also gave information about the dispersion of CCBHC, and the overview of the support provided by CMHA and the National Council related to CCBHC. Mr.

Sheehan’s report described the work that MDHHS, CMHA, the National Council, and Senator Stabenow’s office are doing to revise CCBHC to better meet the needs of rural communities. He remarked that CCBHC does not serve the IDD population, and if the Board would like to take the agency in that direction, they would need to make a strategic decision, as there are risks.

Compliance, Quality, and Customer Service Report:

Kari Barker, Director of Quality and Compliance presented the most recent information regarding compliance, quality, and customer service for the fourth quarter. Critical incidents are up (of natural causes), one sentinel event, and there are no issues of OIG reports or exclusionary reporting. The agency scored very well on the annual review with the NMRE. Staff continue to stay on top of their professional credentialing, and Medicaid encounter verification was recently completed. The customer service report was given, which included grievances, appeals, inquiries, fair hearing requests, and mediation.

Board members were given a list identifying term expiration for 2024.

Agenda Planning January 18, 2024: No remarkable items.

Other/Adjourn: Meeting adjourned at 2:05 p.m.

Respectfully Submitted,

Stacy Maiville, Executive Secretary



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

Board of Directors Meeting Minutes

November 16, 2023

2:30 p.m.

Board Members Present: Ben Townsend, Greg McMorrow, Mary Marois, Al Cambridge, Pam Babcock, Kate Dahlstrom, Ruth Pilon, Tom Bratton, Ty Wessell, Dean Smallegan, Penny Morris, Sherry Powers, Dave Freedman

Absent: Eric Ostergren, Tony Lentych, Carol Blake – all advance notice

Others Present: Brian Martinus, Interim Chief Executive Officer; Stacy Maiville, Executive Secretary; Dean Baldwin, Network Administrator; Darryl Washington, Chief Operations Officer for Northern Health Care Management; Jeremiah Williams; IT Supervisor, Kim Silbor; Operations Manager; Nancy Stevenson, Chief Operations Officer, Mark Crane; Contracts Manager, Neil Rojas; Human Resource Manager, Andy, Justin Reed

Virtual –Curtis Cummins, Jessica Williams, Aimee Horton Johnson, Terri Henderson, Lisa Holmes, Chris Biggar, Amanda Ritchie, Alyssa Heider, Hilary Rappuhn, Melanie Schopieray, Tiffany Fewins, Kari Barker, Lynn Pope, Dan Mauk, Judi Crane, Pam Sparks, Kaitlyn Reinink, Jennifer Hemmes, April Weinwick, Jessica Hedges, Keven Hartley, anonymous, Andrew White, Mark Draeger, Melissa Bentgen, Kasie Morse, Robe Palmer, Deb Freed, Angie Schroeder, Amy Kotulski, Judy Barrett, Erica Smith, Somer Quinlan, Mardi Link, Kellee Hoag, Kiley Fields, Lisa Jones, Patricia Macintosh, Richard Carpenter, Christina Hasty

Call to Order: Mr. Ben Townsend called the meeting to order at 2:15 p.m.

Timekeeper: Sherry Powers

Approval of the Agenda:

Ms. Marois requested to add community response to crisis calls to the agenda.

MOTION: Approve agenda as amended
RESULT: ADOPTED. [UNANIMOUS]
MOVER: M. Marois
SECONDER R. Pilon

MOTION: Approve the consent Agenda
RESULT: ADOPTED. [UNANIMOUS]
MOVER: G. McMorrow
SECONDER D. Smallegan

Conflict of Interest Declaration: None.

Citizen Comment:

Justin Reed gave a citizen comment. Mr. Reed stated that The CAC is leery about having the Board participate in their meetings. The members of the CAC lack trust in the Board.

He also requested that a link or email be added on the website for the public to contact the secretary if consumers have questions or request items to be added to the agenda.

Mr. Reed acknowledged that Utah has an accessible dashboard for people to help the homeless and would like to see NLCMHA provide more data about the homeless.

Chief Executive Officer's Report:

Mr. Martinus gave the CEO Report. He noted upcoming meeting dates and commented that the six counties had their first MDHHS Community Collaboration Meeting. These will be monthly meetings moving forward.

Mr. Martinus's report also responded to last month's citizen comments. The money recently lost during the GTI issue has been restored to GTI. Final plans for the GTCMW are being drawn up and will be presented in the upcoming months. Plans are on schedule and still within budget. There are shared staffing agreements in place.

Mr. Martinus gave an update about the recent County Administrators' Bylaws for the dispute resolution committee.

Trail/Brickways Contract Discussion – Mark Crane gave an update about the Trail/Brickways contract.

Mr. Crane clarified that NLCMHA offered a contract, and they decided not to renew it.

All CLS workers were offered a \$2.00 pay increase to \$24.50 an hour. Trail/Brickways asked for an increase of \$13.00 per hour to put the minimum pay of CLS at \$35.00 an hour. This is a 94% administration and overhead add-on to their base rate. Most businesses will have an overhead of 10-35%. consumers affected by that are being moved over to other providers.

The monthly contract report was requested to be presented to the board moving forward.

Chief Financial Officer's Report-

Richard Carpenter of the Rehmann Group gave the financial report. He noted that the audit is still ongoing, and more information will come. The financial processes have been reviewed at a 10,000-foot level; however additional review and analysis must be completed before the final year-end FSR and EQI filings can be submitted. The current projection includes a projected lapse of general funds of approximately 800,000. Northern Health Care Management, which primarily includes the MIChoice waiver, is expected to result in a \$100,000 surplus.

The group will need to evaluate the incurred but not reported claims. They plan to discuss some of the recommended changes to the Board's Finance Report moving forward that will more closely align with the end-of-the-year auditing. The estimated amount of Medicaid funds is expected to be under the available funding, of 2.3 million. 1.6 million can be carried forward. Mr. Carpenter will review if that is unrestricted funds.

Northern Michigan Regional Entity Report: Recent NMRE updates were briefly discussed. MDHHS has asked CMHA to stop the guardianship payments. The effectiveness of opioid home health home is

showing excellent results. The NMRE Board Chair approved the motion to assign a CEO search committee.

Assurance Of Organizational Performance:

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

Mr. Townsend noted that he appreciated Mr. Martinus's thorough completion of the policy 2.3 Monitoring Report.

MOTION:	Receive the motion of policy 2.3 Compensation of the Employed Workforce at 78% with the addendum of Mr. Martinus' completion
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	A. Cambridge
SECONDER:	M. Marois

It was commented that nine out of the sixteen filling out the monitoring reports is not enough.

MOTION:	Receive the findings of policy 3.0 Global Governance/Process Ownership Linkage at 78% in compliance.
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	P.Morris
SECONDER:	R. Pilon

The Board was given the November monitoring assignments; 2.0 Global Executive Limitation, 3.2 Governance Style & 3.4 Annual Workplan.

MOTION	Receive policy 4.0 Global Governance findings at 89% in compliance.
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	S. Powers
SECONDER	G. McMorrow

Governance Policies Discussion and Assessment:

A. Board Chair Discussion on Bylaws & Policy

Mr. Townsend asked the Board to set up an ad hoc committee with the attorney to review the proposed Board Bylaws and would like the committee to meet biweekly if possible.

The committee would consist of: Mr. Townsend (Chair), Ms. Morris, and Ms. Marois.

MOTION	Set up an Ad Hoc Bylaws Committee
RESULT:	ADOPTED. 12Y, 1 No – K. Dahlstrom
MOVER:	T. Wessell
SECONDER	D. Smallegan

Mr. Freedman stated that the Board should have standing finance and program committees.

Mr. Cambridge commented that the Board needs to get their act together before the CARF certification.

B. Governance Process/Ownership Linkage:

NLD Minutes & Update: The Board discussed the November 1, 2023, NLD Committee recommendations. Regarding the 2024 calendar and planning:

MOTION Not to move forward with the County Commissioner surveys. In lieu of the survey, have quarterly face to face meetings with the commissioners.
RESULT: ADOPTED. 12 Y, 1 Nay – K. Dahlstrom
MOVER: P. Morris
SECONDER D. Freedman

MOTION Approve the 2024 Board Meeting Schedule & Educational Work Plan
RESULT: ADOPTED. [UNANIMOUS]
MOVER: S. Powers
SECONDER T. Wessell

It was commented that the meetings should be shortened, and the Board Education Sessions will be included within the Committee of the Whole Meetings.

MOTION Accept the 2024 Policy Monitoring Schedule for the first three months.
RESULT: ADOPTED. [UNANIMOUS]
MOVER: M. Marois
SECONDER G. McMorrow

Ms. Marois expressed her desire for the Board to have a dashboard that would replace the Policy Monitoring Chart.

MOTION: Accept the 2024 Annual Planning Calendar
RESULT: ADOPTED. [UNANIMOUS]
MOVER: T. Bratton
SECONDER: D. Smallegan

MOTION Accept the October Special Meeting Minutes as amended. (Remove Mr. Smallegan from the attendance and add Mr. Freedman)
RESULT: ADOPTED. [UNANIMOUS]
MOVER: M. Marois
SECONDER T. Wessell

Response to Crisis Calls: The Board directed the CEO regarding the replacement of Protocall. Mr. Martinus commented that this will take a lot of planning, time, and patience. If the agency is going to change providers, he wants it to be successful and well thought out. Board members acknowledged that the process would take several months and requested Mr. Martinus to give monthly or bimonthly updates.

MOTION	Request the CEO to work with community partners to create a community response for crisis calls in the six counties area to replace Protocall.
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	M. Marois
SECONDER	P. Morris

Citizen Comment:

Justin Reed – Mr. Reed commented about Brickways and stated that it is unfair practice to ask for a 94% increase. Mr. Reed also mentioned that last year a consumer gave a speech in front of the commissioners and the consumer felt bullied by a commissioner in response to their comment. He also requested an after-hour drop box for agency vehicle items.

Announcements/Board Member Reports/Board Association:

Ms. Dahlstrom commented on upcoming legislation issues, Parity supports, bill 4707, and remote virtual participation bill.

Agenda Planning December 21, 2023:

Discussion of combining meetings
CCBHC
CAC presentation by Mr. Reed (in January)

Meeting Evaluation/Comments:

- #1 – We spent our time on the most important governance topics – Satisfactory
- #2 – We encouraged diversity of viewpoints – Satisfactory
- #3 – Our decisions were made collectively – Satisfactory
- #4 – The Board used its time effectively – Satisfactory

Adjournment: The meeting adjourned at 4:00 p.m.

Respectfully Submitted,

Ben Townsend, Chairperson

Sherry Powers, Board Secretary

Stacy Maiville, Executive Secretary

Interim Chief Executive Officer's

Report to the Board

January 18, 2024

Citizen Comment:

1. Allison Zimpfer, Leelanau County and Courtney Wiggins, Grand Traverse County- The two spoke about their experience with a friend receiving services. Feels there are barriers and systemic issues that impede a person from receiving the services they need. They expressed a desire for a massive shift on both the service delivery level and the institutional level. Would like to see more training for those in law enforcement when encountering a person with a mental illness. They expressed the need for paid navigator positions to assist people in securing benefits, maintaining housing, and safely transitioning consumers home from the hospital.

Response: Northern Lakes is committed to working with community partners and including law enforcement to address mental illness and looks towards training opportunities to collaborate to meet the needs of the community.

2. Pam Harris Kaiser, Grand Traverse County – Concerned about what is happening and not happening at NLCMHA. She is concerned that Kate is being disenfranchised. I would like to see Ms. Dahlstrom put on a committee and ask the Board and Chairman to put her on a committee. Ms. Kaiser also expressed concern that 1.8 million dollars has been given as a grant for a crisis residential unit, and the money will run out. She stated that there are not enough beds for children. She is also concerned about the Carver model being unyielding. Wants financial oversight. Urges the Board to find another model and is worried that the welcoming center is not open 24 hours.

Response: Children's beds are an issue statewide within the mental health system. Northern Lakes is committed to working with the state in hopes of addressing the issue of children's bed space.

3. John Despelder, Grand Traverse County – It Felt like the CCBHC presentation left an issue hanging, in particular, the mobile response teams. Interested in how law enforcement interfaces with Community Mental Health. Encourages the Board to explore ways of Integrating the services of law enforcement with Community Mental Health.

Response: Northern Lakes is working with law enforcement agencies across the six counties to improve the mobile crisis. Law enforcement is an essential partner to address the mental health needs within the community. The agency is looking for ways to continually improve our relationship within our six counties.

4. TJ Andrews, GT Commissioner – Reflected on a recent Board of Commissioners meeting that included many community partners. Ms. Andrews expressed appreciation for the work service providers do and feels that the positive work of the agency is sometimes getting lost in all the negativity.
5. Dr. Andrea Hentschel, Roscommon County- Wanted to introduce herself as Executive Director of Arc. Dr. Hentschel stated that she would like to see that the case managers are following up. She opened a case in July, and still has not heard back. Appreciates the good work the agency is doing, but really would like a call back from CMH and has heard that others have had the same experience.

Response: Northern Lakes Community Mental Health would like to partner with Roscommon County and Dr. Hentschel to help set up the Arc for our local community. We will look for ways to help support the Arc and the mission of Arc in Northern Michigan.

6. Claire Survack, Grand Traverse County – Recently retired from Munson Psychiatric. Ms. Survack stated that she was stunned by the lack of services. Believes many people will benefit from inpatient residential beds, especially for teens. Encourages early prevention.

Response: Northern Lakes agrees that the lack of inpatient beds, especially for teens, is a statewide problem. It should be addressed at all levels to include state legislation prioritizing the need for early prevention with adolescents and teens.

7. Carl Ketchum – Grand Traverse County – Applaud the Board for the changes they have recently made. Mr. Ketchum quoted Ralph Waldo Emerson. He concluded that he would like to see the Board break out of the consistency and make changes and improvements.
8. Carol Sheper, Grand Traverse County – Ran into someone recently whose son waited at Munson in the hallway for days for a bed. Pleaded to get more beds for those needed.
9. Kate Dahlstrom – Grand Traverse County, parent advocate - Son suffers from a serious mental illness. She spoke about the groups she is involved with and feels the Board doesn't understand that she wears many hats.
10. Penny Morris – Grand Traverse County – Has a grandchild who has SED. He had many doors slammed in his face despite his need for help. Wasn't finally given help until he committed a felony. There is a need to catch mental illness upstream before they fall in. Thanked the

staff and community for participating and helping. Sees the agency and Board changing in a positive direction.

Grants of Significant Value: No new grants of significant value.

Contracts: A list of contracts has been emailed to the board of directors.

ProtoCall Update: Verbal update - Currently researching other avenues for this service.

Dashboard Report: The NLD has requested a monthly Dashboard Report. See attached.

Center for Mental Wellness Update: The Architect and design team have met and have drafted initial plans that will be finalized based on the existing structure of the building. The team is working with state licensing requirements to see if the draft plans fully meet licensing standards before starting the project. The project is still scheduled to be completed by the December 2024 target date.

Phase 1 of the project was completed this week.

Phase 2 of the project has started. Construction bids have started for the project.

Interviews are being scheduled for the Center Director. We are hoping to have the director hired by February.

North Hope Numbers: See attached.

CMH Conference: Kalamazoo February 5-7, 2024. Contact Stacy if you would like to register.

Community Connections/Meetings:

- January 3rd, NLD Meeting – 10:00-11:30
- January 8th, NMRE SUD Oversight Committee Meeting
- January 16th, NMRE Operations Committee Meeting
- January 17th, Grand Traverse County presentation
- January 18th, NLCMHA Board Meeting
- January 24th, NMRE Board Meeting
- February 1st, RRAC Meeting
- February 5-7th CMH Conference
- February 5-9th, PTO, Military Orders, Germany
- February 12th, CMH/DHHS – 6 County Collaborative Meeting
- February 1st, RRAC Meeting – 1:00-3:30
- February 15th, NLCMHA Board Meeting
- February 16th, All Managers Meeting
- February 20-23rd, PTO, Military Orders, Washington D.C.
- February 20th, NMRE Operations Meeting
- February 22nd, NMRE Board Meeting

- February 28th, PTO
- March 4th, NMRE SUD Oversight Meeting

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

- Community email:
 - Nurturing your mental health during the holidays
 - Upcoming events & courses offered to the community (such as Mental Health First Aid)
- Staff Newsletter included the above information in addition to:
 - Staff changes & anniversaries
 - Upcoming events
 - Recap of December events
 - Continuing education opportunities
 - Enculturation Corner
 - RCA Spotlight
- A Community Collaborative Survey has been sent to community members and consumers. Data from this survey will be provided in the Annual Agency Performance Assessment next month.

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:

Respectfully submitted,
Brian Martinus, Interim CEO

https://www.record-eagle.com/news/local_news/crystal-lake-clinic-hit-with-cyberattack/article_43da2cb4-9927-11ee-b4fb-57aa30f334cd.html

https://www.record-eagle.com/news/local_news/good-samaritan-jane-lippert/article_fdfd6a0e-9ffb-11ee-80d8-2b276a0d4d02.html

https://www.record-eagle.com/news/local_news/really-groundbreaking-up-north-courts-weigh-in-on-juvenile-justice-bills/article_de72e93c-9b84-11ee-b2b3-bb711da433ba.html

<https://www.northernexpress.com/news/feature/mental-health-first-aid-nomi/>

<https://www.crawfordcountyavalanche.com/articles/news/building-community-resilience-a-free-in-person-gathering-sponsored-by-nlcmh/>

<https://www.crawfordcountyavalanche.com/articles/news/2024-mental-health-first-aid-classes-announced/>

https://www.record-eagle.com/news/local_news/grand-traverse-county-raises-higher-fees-sewer-line-replacement-under-consideration/article_431b9f5e-9ded-11ee-8bc0-df22b931de77.html

8-21-23 Beacon – No link, article attached

1/2/2024 Beacon – No link, article attached

https://www.record-eagle.com/news/local_news/newsmaker-struggles-and-successes-at-northern-lakes/article_dc755ce0-a5c1-11ee-914a-43f202982c52.html

https://www.record-eagle.com/opinion/opinion-i-am-not-sick-why-its-difficult-to-provide-care-for-the-mentally-ill/article_e5783386-9f49-11ee-ab28-772d38a28d5e.html

<https://www.tcbusinessnews.com/accounts/login/?next=/what-to-watch-2024/>

https://www.record-eagle.com/news/local_news/grand-traverse-county-appointees-to-sign-loyalty-oaths/article_c1aca10e-aa7e-11ee-a192-7fac36bc527a.html

https://www.record-eagle.com/news/local_news/community-in-brief-01-03-2024/article_e80b436a-a659-11ee-a225-5395d021c9f6.html

Dashboard Report

FY2023 Monthly Access Timeliness, Request to Assessment			
	October	November	
Within 14 days	71	60	
Outside 14 days	20	7	
Consumer Cancelled/Rescheduled	17	6	
Consumer Requested outside 14 days	13	1	
Consumer No Showed	47	38	
Consumer Chose to Not Pursue Svcs	22	25	
Other (denial, no follow up)	21	5	
FY2023 Monthly Access Timeliness, Assessment to Service			
	October	November	
Within 14 days	54	55	
Outside 14 days	8	8	
Consumer Cancelled/Rescheduled	5	6	
Consumer Requested outside 14 days	9	2	
Consumer No Showed	30	16	
Consumer Chose to Not Pursue Svcs	11	1	
Other (denial, no follow up)	4	5	
FY2023 Mobile Crisis Response Times, Monthly			
	October	November	December
30 Minutes or Less	46	65	49
31 Minutes to 1 Hour	5	5	5
Over 1 Hour	1	1	0

FY2023 Service Information For Grand Traverse County		
Area of Service	October	November
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing	\$ 127,118.63	\$ 153,751.36
Autism Services	\$ 94,434.43	\$ 131,340.38
Case Management, ACT and Treatment Planning	\$ 217,549.14	\$ 203,199.34
Community Living Supports	\$ 484,463.19	\$ 1,033,975.10
Crisis Services, Assessments and Testing	\$ 127,373.59	\$ 118,023.40
Evaluation and Management Physician Level	\$ 65,718.23	\$ 51,715.20
Psychiatric Inpatient	\$ 83,970.15	\$ 198,944.82
Psychotherapy and Outpatient Services	\$ 102,669.18	\$ 102,362.00
Vocational & Skills Building, Family and Health Services	\$ 72,372.66	\$ 73,282.66
Other	\$ 3,588.00	\$ 2,512.43
Total	\$ 1,379,257.20	\$ 2,069,106.69
Number of Registered People Receiving Services	933	930
Average Cost per Registered Person Served	\$ 1,478.30	\$ 2,224.85
Service Transactions Provided	74,049	78,424
Average Cost per Transaction	\$ 19	\$ 26
Count of Adult IDD	228	242
Count of Child IDD	75	70
Count of Adult SMI	478	464
Count of Child SED	152	154
Total	933	930
IDD Adult Cost	\$ 536,536.92	\$ 939,803.05
IDD Child Cost	\$ 139,308.97	\$ 197,073.76
Adult SMI Cost	\$ 519,036.96	\$ 699,578.44
Child SED Cost	\$ 184,374.35	\$ 232,651.44
Total	\$ 1,379,257.20	\$ 2,069,106.69
Adult IDD Cost per consumer	\$ 2,353.23	\$ 3,883.48
Child IDD Cost per consumer	\$ 1,857.45	\$ 2,815.34
Adult SMI Cost per consumer	\$ 1,085.85	\$ 1,507.71
Child SED Cost per consumer	\$ 1,212.99	\$ 1,510.72
Total	\$ 1,478.30	\$ 2,224.85

FY2023 Monthly Service Information for Crawford County		
Area of Service	October	November
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 29,574.97	\$ 30,176.40
Autism Services	\$ 30,852.65	\$ 21,869.01
Case Management, ACT and Treatment Planning	\$ 45,736.00	\$ 49,197.43
Community Living Supports	\$ 150,312.11	\$ 239,157.33
Crisis Services, Assessments and Testing	\$ 26,195.20	\$ 36,378.20
Evaluation and Management Physician Level	\$ 19,746.91	\$ 16,467.60
Psychiatric Inpatient	\$ 6,849.66	\$ 28,767.00
Psychotherapy and Outpatient Services	\$ 21,070.00	\$ 13,690.00
Vocational & Skills Building, Family and Health Services	\$ 1,650.69	\$ 2,666.87
Other	\$ 312.00	\$ -
Total	\$ 332,300.19	\$ 438,369.84
Number of Registered People Receiving Services	193	192
Average Cost per Registered Person Served	\$ 1,721.76	\$ 2,283.18
Service Transactions Provided	5,634	16,108
Average Cost per Transaction	\$ 59	\$ 27
Count of Adult IDD	35	40
Count of Child IDD	13	13
Count of Adult SMI	114	107
Count of Child SED	31	32
Total	193	192
IDD Adult Cost	\$ 129,772.03	\$ 200,249.12
IDD Child Cost	\$ 67,943.12	\$ 54,485.73
Adult SMI Cost	\$ 106,954.04	\$ 131,564.71
Child SED Cost	\$ 27,631.00	\$ 52,070.28
Total	\$ 332,300.19	\$ 438,369.84
Adult IDD Cost per consumer	\$ 3,707.77	\$ 5,006.23
Child IDD Cost per consumer	\$ 5,226.39	\$ 4,191.21
Adult SMI Cost per consumer	\$ 938.19	\$ 1,229.58
Child SED Cost per consumer	\$ 891.32	\$ 1,627.20
Total	\$ 1,721.76	\$ 2,283.18

FY2023 Service Information for Roscommon County		
Area of Service	October	November
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing Autism Services	\$ 36,251.39	45326.96
Case Management, ACT and Treatment Planning	\$ 18,586.02	11039.21
Community Living Supports	\$ 94,778.72	85229.25
Crisis Services, Assessments and Testing	\$ 215,300.36	393588.05
Evaluation and Management Physician Level	\$ 14,584.20	26998.55
Psychiatric Inpatient	\$ 30,208.14	29639.6
Psychotherapy and Outpatient Services	\$ 7,624.83	41874.95
Vocational & Skills Building, Family and Health Services	\$ 54,779.58	53007.58
Other	\$ 1,570.51	7580.43
Total	\$ -	240.03
	\$ 473,683.75	\$ 694,524.61
Number of Registered People Receiving Services	311	310
Average Cost per Registered Person Served	\$ 1,523.10	\$ 2,240.40
Service Transactions Provided	8,980	20,435
Average Cost per Transaction	\$ 53	\$ 34
Count of Adult IDD	60	68
Count of Child IDD	21	15
Count of Adult SMI	155	161
Count of Child SED	75	66
Total	311	310
IDD Adult Cost	\$ 203,234.37	\$ 334,027.30
IDD Child Cost	\$ 25,645.64	\$ 17,181.15
Adult SMI Cost	\$ 163,445.56	\$ 247,908.95
Child SED Cost	\$ 81,358.18	\$ 95,407.21
Total	\$ 473,683.75	\$ 694,524.61
Adult IDD Cost per consumer	\$ 3,387.24	\$ 4,912.17
Child IDD Cost per consumer	\$ 1,221.22	\$ 1,145.41
Adult SMI Cost per consumer	\$ 1,054.49	\$ 1,539.81
Child SED Cost per consumer	\$ 1,084.78	\$ 1,445.56
Total	\$ 1,523.10	\$ 2,240.40

FY2023 Service Information For Missaukee County		
Area of Service	October	November
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing Autism Services	\$ 25,710.28	\$ 23,032.20
Case Management, ACT and Treatment Planning	\$ 6,219.46	\$ 7,353.28
Community Living Supports	\$ 30,036.00	\$ 28,896.77
Crisis Services, Assessments and Testing	\$ 169,039.59	\$ 332,373.98
Evaluation and Management Physician Level	\$ 11,511.60	\$ 13,331.00
Psychiatric Inpatient	\$ 11,523.07	\$ 9,392.00
Psychotherapy and Outpatient Services	\$ 10,028.45	\$ 13,247.27
Vocational & Skills Building, Family and Health Services	\$ 31,976.00	\$ 23,752.25
Other	\$ 7,104.11	\$ 19,126.51
Total	\$ -	624
	\$ 303,148.56	\$ 471,129.26
Number of Registered People Receiving Services	152	149
Average Cost per Registered Person Served	\$ 1,994.40	\$ 3,161.94
Service Transactions Provided	10,647	20,037
Average Cost per Transaction	\$ 28	\$ 24
Count of Adult IDD	38	41
Count of Child IDD	13	9
Count of Adult SMI	62	65
Count of Child SED	39	34
Total	152	149
IDD Adult Cost	\$ 141,606.87	31632955%
IDD Child Cost	\$ 12,786.58	1209880%
Adult SMI Cost	\$ 111,665.66	10470891%
Child SED Cost	\$ 37,089.45	3799200%
Total	\$ 303,148.56	\$ 471,129.26
Adult IDD Cost per consumer	\$ 3,726.50	\$ 7,715.35
Child IDD Cost per consumer	\$ 983.58	\$ 1,344.31
Adult SMI Cost per consumer	\$ 1,801.06	\$ 1,610.91
Child SED Cost per consumer	\$ 951.01	\$ 1,117.41
Total	\$ 1,994.40	\$ 3,161.94

FY2023 Service Information For Leelanau County		
Area of Service	October	November
Additional Supports (Homebased, Respite, Residential, Clubhouse and	\$ 9,780.08	\$ 15,084.07
Autism Services	\$ 10,027.05	\$ 9,952.63
Case Management, ACT and Treatment Planning	\$ 21,955.12	\$ 21,616.60
Community Living Supports	\$ 72,767.35	\$ 155,497.06
Crisis Services, Assessments and Testing	\$ 5,937.00	\$ 11,364.20
Evaluation and Management Physician Level	\$ 9,094.13	\$ 3,995.60
Psychiatric Inpatient	\$ 6,849.66	\$ 14,000.00
Psychotherapy and Outpatient Services	\$ 13,480.76	\$ 17,684.00
Vocational & Skills Building, Family and Health Services	\$ 8,103.16	\$ 6,891.73
Total	\$ 157,994.31	\$ 256,085.89
Number of Registered People Receiving Services	100	97
Average Cost per Registered Person Served	\$ 1,579.94	\$ 2,640.06
Service Transactions Provided	9,572	9,407
Average Cost per Transaction	\$ 17	\$ 27
Count of Adult IDD	36	36
Count of Child IDD	5	4
Count of Adult SMI	40	39
Count of Child SED	19	18
Total	100	97
IDD Adult Cost	\$ 92,348.75	\$ 165,870.41
IDD Child Cost	\$ 13,207.05	\$ 13,409.43
Adult SMI Cost	\$ 31,348.11	\$ 55,156.45
Child SED Cost	\$ 21,090.40	\$ 21,649.60
Total	\$ 157,994.31	\$ 256,085.89
Adult IDD Cost per consumer	\$ 2,565.24	\$ 4,607.51
Child IDD Cost per consumer	\$ 2,641.41	\$ 3,352.36
Adult SMI Cost per consumer	\$ 783.70	\$ 1,414.27
Child SED Cost per consumer	\$ 1,110.02	\$ 1,202.76
Total	\$ 1,579.94	\$ 2,640.06

FY2023 Service Information for Wexford County		
Area of Service	October	November
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing	\$ 95,165.80	99875.12
Autism Services	\$ 51,004.61	79803.21
Case Management, ACT and Treatment Planning	\$ 145,154.00	121027
Community Living Supports	\$ 276,432.61	600185.33
Crisis Services, Assessments and Testing	\$ 93,702.40	55614.66
Evaluation and Management Physician Level	\$ 54,558.34	40328.2
Psychiatric Inpatient	\$ 38,191.45	54833.75
Psychotherapy and Outpatient Services	\$ 91,297.13	84687.86
Vocational & Skills Building, Family and Health Services	\$ 15,432.69	54466.23
Other	\$ 7,332.00	9644.58
Total	\$ 868,271.03	\$ 1,200,465.94
Number of Registered People Receiving Services	564	516
Average Cost per Registered Person Served	\$ 1,539.49	\$ 2,326.48
Service Transactions Provided	24,373	44,390
Average Cost per Transaction	\$ 36	\$ 27
Count of Adult IDD	106	105
Count of Child IDD	54	53
Count of Adult SMI	297	265
Count of Child SED	107	93
Total	564	516
IDD Adult Cost	\$ 314,837.93	\$ 597,105.57
IDD Child Cost	\$ 85,395.21	\$ 113,163.91
Adult SMI Cost	\$ 357,143.53	\$ 392,605.46
Child SED Cost	\$ 110,894.36	\$ 97,591.00
Total	\$ 868,271.03	\$ 1,200,465.94
Adult IDD Cost per consumer	\$ 2,970.17	\$ 5,686.72
Child IDD Cost per consumer	\$ 1,581.39	\$ 2,135.17
Adult SMI Cost per consumer	\$ 1,202.50	\$ 1,481.53
Child SED Cost per consumer	\$ 1,036.40	\$ 1,049.37
Total	\$ 1,539.49	\$ 2,326.48

Crisis Residential - North Hope Crisis

Dates: 1/1/2023 - 12/31/2023

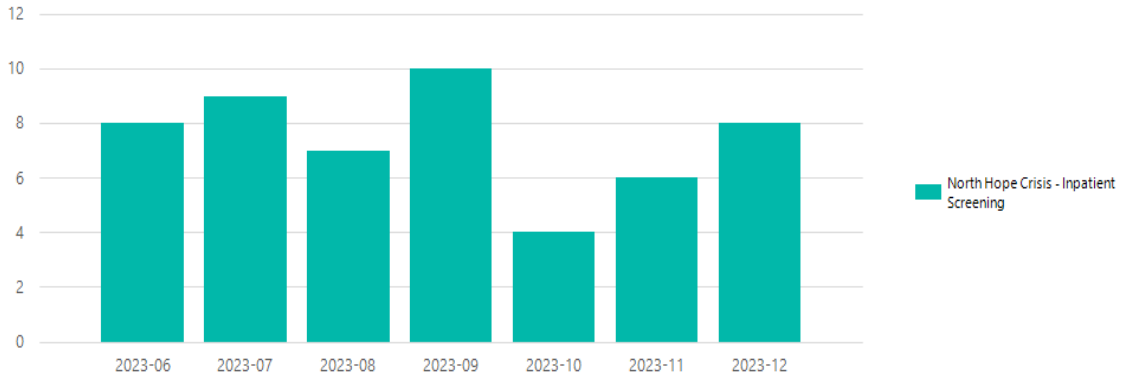
H0018 authorizations.

Screening Type: Inpatient Screening

Page 1: Charts and Data Table.

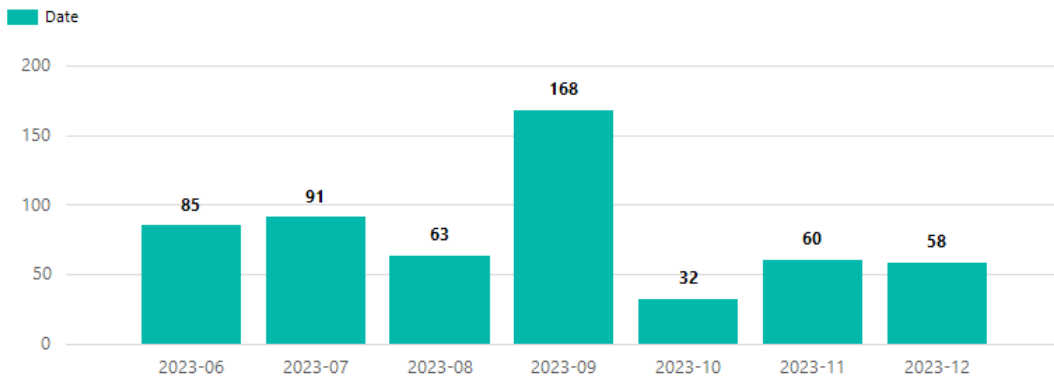
Page 2: Consumer detail - authorization info with Length of Stay.

Authorizations Per Month



	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	T
Inpatient Screening	8	9	7	10	4	6	8	52
Total	8	9	7	10	4	6	8	52

Days Per Month



https://www.record-eagle.com/news/local_news/crystal-lake-clinic-hit-with-cyberattack/article_43da2cb4-9927-11ee-b4fb-57aa30f334cd.html

Crystal Lake Clinic hit with cyberattack

- [By Mardi Link mlink@record-eagle.com](mailto:mardi.link@record-eagle.com)

BENZONIA — A healthcare provider with outpatient clinics in eight northern Michigan counties is the latest medical entity to fall victim to a data breach.

Crystal Lake Clinic President Dr. Jacob Flynn confirmed the outpatient care provider experienced a “cyber security incident” and is working with third-party investigators to assess the damage.

“The investigation is in its early stages and ongoing,” Flynn said in a statement. “Protecting our patients’ information is our highest priority and we continue to take significant measures to protect the information entrusted to us.”

[Cyber incident shuts down Otsego Memorial Hospital computers](#)

Details of the incident were posted last month on a website that announces such incidents, DataBreaches.net, run since 2009 by “Dissent Doe,” an anonymous healthcare professional and privacy advocate.

The HIPAA Journal, an academic publication covering patient data compliance issues, also in November, reported the incident on its [website](#).

These reports state a small amount of of Crystal Lake Clinic data was already released online, although hackers reportedly claimed to have 120 gigabytes of data, including names, Social Security numbers and health insurance information.

That amount of data — 120 gigabytes — is equal to the storage required for about 30,000 photographs or 2 million one-page text documents, according to data storage estimates and, while significant, is not as large as a hospital breach reported in October.

McLaren Health Care, a Grand Blanc-based provider operating McLaren Northern Michigan in Petoskey and 12 other Michigan hospitals, emailed 2.2 million patients and former patients, acknowledging a cyber incident, later confirmed to be a ransomware attack, in which hackers may have released patient data on the dark web.

McLaren, in the email, states that while there was no evidence their data was sold to identity thieves, the provider offered to pay for a year of identity protection services.

Also in October, Munson Healthcare officials began investigating a cyber incident at Otsego Memorial Hospital in Gaylord that prompted a shutdown of the hospital’s computer system.

Munson Healthcare acquired Otsego Memorial in 2018 and a Munson spokesperson said the shutdown was limited to Gaylord only, and officials had no reason to believe patient data was compromised.

Federal information on security breaches where patient data was compromised shows cyberattacks on hospitals are increasing, in both frequency and sophistication.

Brandon Smith, a cybersecurity intelligence analyst with the Michigan State Police, said one reason healthcare providers like hospitals and clinics are a big target for hackers is because the industry is technology dependent.

“There is not a lack of expertise, or resources — healthcare has a large attack vector due to the amount of technology used and cyber threat actors can send phishing emails 24/7/365,” Smith said.

An entire organization can be compromised by one employee clicking on a phishing link once and entering their credentials, Smith said.

Phishing is when someone with ulterior motives sends an email pretending to be from a reputable person or company, to lure unsuspecting recipients into providing personal information like passwords, credit card numbers or bank information.

Unnamed staff at Northern Lakes Community Mental Health Authority in August provided banking information to a hacker, resulting in a theft of \$283,000 in Medicaid funds, under investigation by officials with the U.S. Dept. of Homeland Security.

In 2022 and 2023, the U.S. Department of Health and Human Services recorded 29 cybersecurity breaches of Michigan healthcare providers, potentially impacting more than 4 million patients.

One scenario is for a hacker or hacker group to install ransomware on a hospital or a health clinic’s computers, locking up records until the hospital pays a ransom, usually in a currency called bitcoin, which is difficult – if not impossible – for law enforcement to trace.

If the provider doesn’t pay by the deadline, there’s a danger the hackers will release patient data on the dark web — a marketplace for illegal activity.

Crystal Lake Clinics did not report receiving — or paying — a ransom note, although specifics of cybersecurity incidents are rarely shared with the public as healthcare providers say they are bound by the Health Insurance Portability and Accountability Act — known as HIPAA — not to share protected patient information.

MSP’s Smith said ransomware is so prevalent because of how easy it is for a cyber threat actor to compromise an organization.

“Another reason is victims do not have up-to-date offline backups, so when they are compromised, they pay the ransom demand to avoid rebuilding the affected network,” Smith said.

“If we keep paying the ransoms, we will perpetuate the issue that is ransomware,” Smith said.

An FBI spokesperson with the Detroit office previously said she couldn’t confirm or deny the agency’s involvement with either the Munson cyber incident or the McLaren ransomware attack.

Anyone who believes their data was part of a breach, however, should file a complaint with the FBI’s Internet Crime Complaint Center.

https://www.record-eagle.com/news/local_news/good-samaritan-jane-lippert/article_fdfd6a0e-9ffb-11ee-80d8-2b276a0d4d02.html

GOOD SAMARITAN: Jane Lippert

- [By Elizabeth Brewer ebrewer@record-eagle.com](mailto:Elizabeth.Brewer@record-eagle.com)
- Dec 24, 2023

TRAVERSE CITY — In her office right next to the fellowship hall where she oversees community outreach Jane Lippert says she never imagined her clerical career would go down this path.

And she couldn't be happier that it did.

After a yearlong sabbatical eight years ago, she remembers exactly how it all started.

Lippert was sitting next to her daughter in church when she noticed something out of the corner of her eye.

Her daughter held up the Sunday bulletin and gestured toward a new opening at Central United Methodist Church. It was for a community outreach coordinator.

“Mom this is so you,” Lippert remembers her saying.

Now, at eight years, she's now done it longer than her predecessors ever had.

As a minister with the Methodist congregation, it's typical to receive placements for where the church needs staff members to go.

Prior to returning up north — Lippert is originally from Manistee — she served as a pastor in churches throughout the state. Her longest stint in ministry was 13 years co-planning a new church in Grand Rapids.

Lippert transformed Central United Methodist into a key stop on the trail of resources that homeless people use each weekday.

The church offers free breakfast in its fellowship hall Monday through Friday and serves as a place where people can have their mail sent and work with providers from different organizations.

It's become a morning spot where someone can take a shower, pray with Lippert and receive a hot and nutritious free meal. It's the only place in Traverse City that offers a free hot breakfast, Lippert said.

“The meals are obviously the big thing,” Leo Oram, a homeless man living in Traverse City, said at breakfast one morning when asked about the services that Lippert and Central provide. “Also, in the winter time they will open a bit earlier so we can come inside and warm up. If it’s really cold — they’ll open up early.”

According to Oram, most people who stay at Safe Harbor the night before will walk straight over to the church to have breakfast.

“Pastor Jane is one of my great friends, and I know all of the people that work back there by name,” he said. “I try to tell people that, listen, these people are volunteers. They could be at home watching TV right now, but they’re up here making you breakfast. I’m one of those people. You gotta show some respect.”

Mary Forness, a longtime volunteer cook for the program, said preparing breakfast each day is a small way she can give back to the community.

“I’ve had the privilege of working with Jane, who’s an amazing leader,” she said. “She provides great leadership and supports volunteers and then I have a really nice crew who I work with.”

Something Lippert has strived to expand during her tenure is community partnerships at the breakfasts.

That way, the homeless don’t need to walk to another location to receive vital services, including medical care from Street Medicine; HIV and other sexually-transmitted-disease testing; resources and housing vouchers from the Northwest Michigan Community Action Agency; a peer recovery counselor from Catholic Human Services; free haircuts from a hairdresser; counselors from Northern Lakes Community Mental Health; social work services from the Grand Traverse Band of Ottawa and Chippewa Indians; and individualized meetings with Goodwill Street Outreach coordinators.

Some people ask Lippert to pray for them. The 65-year-old has a practice each night of lighting prayer candles. She lights them in honor of both those who ask and those who don’t.

Lippert “is an incredibly inspiring and selfless individual,” Goodwill Northern Michigan officials said in a statement. “The impactful work carried out by Central United Methodist for people experiencing homelessness has a transformative effect on both individuals and our community.”

Lippert hasn’t always served in this community-organizing role. The program was in place before she took the job.

“It started real small,” she said. “It’s a downtown church, and so a lot of folks would drop in and ask for help in some form, and so the pastor hired someone to meet with folks a morning a week.”

It expanded into what it is today.

“It grew really organically from just doing what you could for a small circle of people in need – and it happened to be a need of a greater circle of folks,” she said.

One area that Lippert said she’s focused on in her new role is nutrition.

She said she put a moratorium on people delivering leftover cake and cookies to the church.

“If you don’t want to throw it away, then I’ll throw it away – but we’re not having cake for breakfast,” she said with a laugh. “We might have cinnamon rolls once a week with our oatmeal, but I’ve had a lot of fun with Food Rescue because when they come, you don’t know what’s coming.”

One week, for example, they might have cauliflower and broccoli as a vegetable for lunch. She said that’s when she gets creative and preps both, serving one and freezing the other for a later date.

“The nutrition has been really important and I’ve learned so much about how food is medicine,” she said. “This population, like young children and elderly, have a lower immune factor so you have to be really careful as to how you prepare, and the cleanliness standards as well as having types of food available that will give them a chance to be healthy.”

On Mondays, the church serves waffles and sausage. But in order to get extra protein in each serving, the cooks will put extra eggs in the waffle batter.

“Everyday, there’s fruit,” she said. “There’s always fruit at breakfast, whether it’s from Food Rescue or it’s canned.”

Some of the vegetable favorites they’ve served include squash, Brussels sprouts and asparagus.

“You just can’t make assumptions, they just hadn’t had it,” she said. “Usually, food that’s donated to food pantries and so on is not healthy. Macaroni and cheese is yummy — I like it — but it’s not very healthy.”

“A lot of foods that are devoid of nutritional value, they might fill you up, but they aren’t doing your bodies any favors.”

She said that’s something many who donate food items might not realize because she never did.

“They don’t think through, because they haven’t had to,” she said. “Or to think how important nutritious food could be, and how medical costs for a community could go down if we can help people with their mental health and their nutritional health, get dental care, be able to take medications. It’s just so important.”

Lippert said the range in age of people who are homeless has changed over the years. She said she sees more elderly people in addition to the young adults the church has been serving.

The primary reason, she said, is a lack of affordable housing, meaning that the average Social Security check can't afford to buy or rent a residence in Traverse City.

Zumper, a rental research firm, estimates that the median rent in Traverse City is \$1,695 a month. Meanwhile, national data from the Social Security Administration shows that the average check for recipients is \$1,781.63 a month.

Many of the resources that were available to help keep people in their homes in Michigan during the COVID-19 pandemic have ended, including eviction moratoriums, increased supplemental income and Bridge cards.

In Traverse City, Lippert said that means an increase in the number of people who are living in their cars.

"Because that's the first thing that happens, right? You lose your home, you have a vehicle, but then insurance, gas, repairs," she said. "So, we started focusing on the financial help that we had to be available for car repairs because it's easier — although it's not easy — to get help with utilities because it's not amorphous and it's set and easier to track."

The Father Fred Foundation, the Salvation Army and St. Vincent de Paul all offer grants for those repairs, too, she said.

"That's kind of a gap that we try to help with," Lippert said.

This year, the number of people the church serves has increased. "It used to be that we didn't see the types of numbers we are seeing again right now until January or February, when it was the coldest of months."

The church is now serving 80 to 90 people a day at breakfast; the church used to serve 30 to 50 breakfasts a day.

"Lunches have been high for a while — over 100 — but now they're up in the 130s," Lippert added. "For the first time since I've been here, we served 100 meals at a breakfast. The food costs have gone up. It takes a lot of creativity for me to figure it out."

Food pantries are also seeing an increase in customers.

"It's not just a blip for us either," she said.

In addition to receiving food from Food Rescue and the Northwest Food Coalition, Lippert said the funding for breakfasts also comes from the church, independent donors and fundraisers.

That money is used in part to help foot the weekly food bill at Gordon's Food Service for staples, the eggs, milk and cheese that, Lippert said, "we just have to have." They can almost fully cover lunches with Food Rescue donations.

About half of her daily volunteer staff come from the congregation at Central United Methodist. Others come from other area churches or no church at all, as Lippert put it.

“I really, until I got to Traverse City,... had not worked with folks who are everywhere but who are often hidden,” she said. “I feel very fortunate because every day I feel like I’ve done something right. It might be something small, but every day we’re feeding people and, as a Christian, the simplest thing Jesus ever said was, ‘When you feed somebody else, you’re feeding me.’ “

Returning to northern Michigan also feels like a gift, Lippert said.

“For me, I feel like I’m able to fulfill that commandment every day. On top of which, I really love people and I think everybody deserves to be respected and treated like a worthwhile, precious human being. All of us deserve that.”

https://www.record-eagle.com/news/local_news/really-groundbreaking-up-north-courts-weigh-in-on-juvenile-justice-bills/article_de72e93c-9b84-11ee-b2b3-bb711da433ba.html

‘Really groundbreaking’: Up north courts weigh in on juvenile justice bills

- By Elizabeth Brewer ebrewer@record-eagle.com and Michael Livingston michael.livingston@interlochen.org
- Dec 17, 2023

TRAVERSE CITY — As the state gears up to reform its juvenile justice system, northern Michigan courts say that the issue of finding placements still persists.

A bundle of 19 bills signed into law Tuesday by Michigan Lt. Gov. Garlin Gilcrist II in Detroit will take effect in 2024. They’re aimed at what juvenile justice advocates have criticized as a faulty system beset by issues of over-incarceration, lack of funding and policy backbone.

Specifically, the new laws will divert more funding to community-based services such as family counseling and mental health services — all of which are seen by experts as better alternatives than jail time for the youth’s well-being.

An investigation by the Record-Eagle and Interlochen Public Radio found the lack of in-patient mental health care for juvenile offenders was especially common in northern Michigan. Juveniles can sometimes be lodged in emergency rooms for weeks awaiting placement in a dedicated facility.

The problem stems from lack of staffing, funding and beds across the region. If juveniles are admitted, the facilities they are placed in can often be located hours away from their families.

[Senate Bill 418](#) says the state’s Child Care Fund Unit will issue 75 percent reimbursements to counties for diverting juveniles to community programs rather than putting them in jail — a 25-percent increase from the original 50 percent.

According to Grand Traverse County Probate and Family Court Judge Jennifer Whitten, that bill will have the biggest impact here.

“That money will be really great for the county,” she said.

With the additional funding the bill provides, Whitten said they may be able to hire an additional person to work on diversion programs in the county. Diversion programs offer additional resources for judges before having to think about placement as an option, she said.

Leelanau County Family Court Clerk Cameron Clark and Judge Marian Kromkowski agree.

Kromkowski added that Clark has been on “the ground floor,” of many of the committees that began re-evaluating some of these issues within the juvenile justice system at the state level.

“Cameron and many others really pushed this along to the finish line,” she said. “Kudos to him – and that Leelanau County was able to cooperate in such a way.”

“This legislation is really groundbreaking,” Clark said. “It’s really going to help move the needle for a lot of kids who need interventions earlier on in their lives to get them in and out of the system relatively quickly without any scar tissue.”

In Grand Traverse County, Family Court Administrator Kristyn Brendel said they currently offer diversion programs through community resources, as well as Reining Liberty, Peace Ranch and Butterfly Foundation.

Based on data provided by her office, the Family Court in Grand Traverse currently has 54 kids on probation and six in the diversion program, which just started in October.

“The point of this was to emphasize to courts to try and use community based programs instead of out-of-home placements,” Clark said. “That 75 percent reimbursement isn’t supposed to be a windfall for the counties, the intent for the legislation really is to reinvest that higher reimbursement rate for additional programming in order to strengthen our home-based programs.”

In Leelanau, he said their No. 1 tool is personal and individual relationships between court staff and children. Their wages and benefits are paid for through that fund.

With this increase in funding, they’ll be able to afford more therapy programs through Community Mental Health and Northern Lakes, which can be expensive.

“These aren’t problems, these are kids growing up and facing challenges,” Kromkowski reiterated.

But, in some cases, Whitten said some children have exhausted all diversion programs and have no option other than placement.

This past year, she hasn’t had to send any juveniles to out-of-state detention centers or treatment facilities, she said, but other counties in the state aren’t so lucky.

There’s still a backlog of finding beds for children who need them, she added. Nothing in this new legislation specifically addressed that.

”This achievement is a direct outcome of a thorough, data-driven review of Michigan’s juvenile justice system and highlights the dedication and leadership of a diverse coalition of stakeholders,” Nina Salomon, deputy division director of the Corrections and Reentry Division at The Council of State Governments Justice Center, said in a press release. “We are excited about the impact of this ambitious reform on Michigan’s youth and on public safety.”

In 2021, The Michigan Task Force on Juvenile Justice was charged with examining a system that was not working — one plagued with shortages of all kinds, confusion on a county-by-county basis, lack of data and even arbitrary cruelty where kids ended up confined for long periods.

The group brought together advocates, former justice-involved youth, and law enforcement. It released a slew of recommendations last year to inform the bills that were just signed.

They found that, in 2019, nearly half of all the cases initiated in juvenile court in Michigan were for minor issues, such as missing school or property crimes. Many of these cases ended in incarceration.

As for solving the shortages in residential mental health and detention facilities, the task force recommended forming a statewide residential advisory committee.

That group became a reality [in October 2022](#) and was tasked to review licensing, staff training, length-of-stay, and case management standards.

These new laws will officially take effect starting in 2024.

Mental Health First Aid

This two-day class helps prepare community members to respond to a mental health crisis

By [Anna Faller](#) | Dec. 23, 2023

If you witnessed a medical emergency—someone with a broken leg for instance, or a co-worker choking on their lunch—most of us would know just what to do: call an ambulance, administer the Heimlich, and maybe even start CPR.

But, would you be able to pinpoint a person struggling through an anxiety attack? A major depressive episode? Would you know how to help?

One in five adults will experience a mental illness in their lifetime, a statistic that could well be higher, as many mental health struggles go unreported. Experiencing poor mental health doesn't mean that you've failed or that you're not a good person. "It just means you might be undergoing some challenges," North Country Community Mental Health Training Coordinator Leslie Elrod explains.

Much like a traditional first aid course provides the skills to support the sick or injured, Mental Health First Aid classes through Northern Lakes Community Mental Health Authority (NLCMHA) and North Country Community Mental Health (North Country CMH) teach participants how to best support a person experiencing a mental health crisis.

(A quick note: NLCMHA serves Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford counties. North Country CMH serves Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, and Otsego counties.)

"It's all about having enough knowledge to step in and offer a listening ear," Elrod says. "Knowing that they're not going through [that struggle] alone is so important."

Australia, First Aid, and ALGEE

So, what is Mental Health First Aid? In short, exactly what it sounds like.

The curriculum was founded in Australia in 2001 by health education nurse Betty Kitchener and Anthony Jorm, a mental health literacy professor. (Together, the pair run the training and research nonprofit Mental Health First Aid Australia). Since arriving stateside in 2008, the program has graduated more than three million "first aiders" from all 50 states and territories.

Launched in Traverse City in the early 2010s, the courses are administered by the National Council for Mental Wellbeing and are geared toward equipping community members with the skills to both recognize and respond to mental health and substance abuse difficulties. "There's

been a lot of positive support to put this in place for mental health,” says NLCMHA Community Provider Relations Coordinator Cindy Petersen.

Mental Health First Aid courses are focused on supporting both youths and adults. The newly-updated teaching materials include two days of instruction divided into 10 content segments. Courses are available in face-to-face, online, and hybrid formats and can be reserved through the respective community mental health groups’ calendars. Private courses for larger groups can also be organized by special request.

The course’s content starts with defining a variety of mental health challenges—including illness and substance abuse—as well as the signs and symptoms of each and how a person experiencing those issues might present in real-time.

Then, they dive into the role the first-aider plays, which, as Petersen stresses, is never to treat. Instead, the goal is to help connect that person with the resources they need using a five-point action plan known as ALGEE: Assess for risk of suicide or harm; Listen nonjudgmentally; Give reassurance and information; Encourage appropriate professional help; and Encourage self-help and other strategies.

Thus the program’s “first aid” framework. “Your job is not to counsel or try to ‘fix’ a person in crisis,” says Elrod, but rather get them to safety and help connect them with the appropriate resources.

“I liken it to encountering a person experiencing cardiac arrest,” she adds. “I’m not medical personnel; I can’t fix that. But I can notify the people who can and hopefully get that person to a better place.”

As such, a key piece of the course is knowing how to connect those in crisis to local professional resources. Each attendee takes home a jam-packed Participant Processing Guide: a folder containing class notes, along with lists of nearby agencies, contacts, and clinics and the mental health services they provide.

Stigmas, Connections, and Community

No matter how prepared you are, approaching a mental health emergency can still feel awkward—and that goes for both the first aid responder and the person in crisis.

“Admitting that you’re not doing well [in the context of various cultural norms] can be an uncomfortable conversation to have,” says Amy Kotuski, the director of Club Cadillac, a community for people with a diagnosed mental health issue.

To help mitigate stigma, a key Mental Health First Aid objective is to provide attendees with the tools to broach uncomfortable interactions. Active listening is key—in fact, just stepping into the situation and understanding the individual’s need is about 90 percent of the first-aider’s role, trainer Clarisse Hartnett-Manny explains. “Taking a breath and saying, ‘Okay, I’m here and I’m listening,’ is huge,” she adds.

Within the program, the process of dismantling stereotypes begins by chipping away at the negative tags around mental health through a combination of activities, role play, videos, and notes, as well as by forging connections between group members.

“By the end of the day, we’re a community, because everybody shares out,” Petersen explains. “There’s value in that, because no one wants to feel like they’re different. Here, we’re forming skills [from those experiences] that can be carried throughout the community.”

Kotulski says that today, an increasing number of Mental Health First Aid graduates work in public service (e.g., medical personnel, case managers, policemen, firefighters, and the like), a population whose training impacts the outcome of crisis situations. She adds that when we look at social issues like suicide rates and overcrowding of jails—many of which are directly related to instances of mental illness—increasing trauma education in those sectors could prompt better long-term solutions.

To get there, though, we all have to join the growing movement toward mental health dialogue and awareness, and a first aid class is a great place to start.

“We listen to everyone that walks in our doors,” concludes Petersen. “We want them to leave with the skills to be fully present and know that they can make a difference.”

To learn more about Mental Health First Aid or to register for a course, visit northernlakescmh.org or norcocmh.org.

<https://www.crawfordcountyavalanche.com/articles/news/building-community-resilience-a-free-in-person-gathering-sponsored-by-nlcmh/>

Building Community Resilience, a free in-person gathering sponsored by NLCMH

December 27, 2023

Northern Lakes Community Mental Health (NLCMH) is hosting a free, in-person gathering for community members to celebrate the New Year on Jan. 11, 2024, from 10 a.m. to 2 p.m. at its Grayling office, 204 Meadows Dr.

With a theme of “Drop Into the New Year,” this is the first “Building Community Resilience” event that NLCMH has opened to the public. Lunch will be provided and an art project will be available.

“We have been holding these events for people we serve for several years, first in-person and then virtually during the pandemic,” Recovery Specialist Windy Near said. “Now we are opening it up for anyone in the community who would like a safe space to gather with others, participate in a few activities and learn some new things.”

The agenda includes learning about the progress being made by a grassroots group of people who are working to start a drop-in center for people with mental health challenges in the Grayling community.

Near, who is a co-host of the event, is participating in the planning group for that effort. “This is a need we have been trying to fill for many years in Grayling. We are very excited that we have momentum building and are hopeful that we can make this dream a reality soon.”

“There will also be information on how to protect your electronic devices such as phones, tablets, and laptops, and an activity to help with connectivity,” Recovery Specialist Karla Eisner, who is a co-host of the event, said.

Those who are interested should register by Jan. 5, 2024. The registration form and information can be found by visiting [northernlakescmh.org](https://www.northernlakescmh.org) or by emailing karla.eisner@nlcmh.org.

For 24/7 crisis intervention call (833) 295-0616. For access to services call (800) 492-5742. For general questions call customer services at (800) 337-8598.

<https://www.crawfordcountyavalanche.com/articles/news/2024-mental-health-first-aid-classes-announced/>

2024 Mental Health First Aid classes announced

December 27, 2023

Northern Lakes Community Mental Health (NLCMH) has announced its 2024 in-person Mental Health First Aid (MHFA) training schedule for the community.

MHFA is a public education program that teaches the skills needed to identify, understand and respond to signs of behavioral health challenges or crises. First Aid is given until appropriate supports are received.

“Taking the MHFA course may literally save someone’s life. It is an in-depth course that teaches people to know the signs of mental health issues, learn what to do to help, and when to reach out for professional assistance. It comes with a valuable resource manual that participants may keep for future reference,” said Cindy Petersen, NLCMH Community Relations Specialist and MHFA Trainer.

The evidence-based, early-intervention MHFA course is designed for people with little to no knowledge of mental health issues, and is a beneficial tool for employers, human resource professionals, faith-based leaders, first responders, community groups, teachers, coaches and others.

Mental health problems covered in the course include substance abuse, mood disorders, anxiety disorders and psychotic disorders. Crisis situations covered in the course include suicidal behavior, overdoses, panic attacks, reactions to traumatic events and psychotic episodes.

Anyone can attend a MHFA course and its techniques can be used with friends and family just as with acquaintances or strangers.

Both adult and youth versions of the MHFA course will be offered in person by NLCMH, with class sizes limited. In addition, special dates and locations for groups may be arranged by contacting Beth Burke (Beth.Burke@nlcmh.org).

Register and find information at www.northernlakescmh.org/latest-news/special-initiatives/mental-health-first-aid/.

https://www.record-eagle.com/news/local_news/grand-traverse-county-raises-higher-fees-sewer-line-replacement-under-consideration/article_431b9f5e-9ded-11ee-8bc0-df22b931de77.html

GRAND TRAVERSE COUNTY: Raises, higher fees, sewer line replacement under consideration

- By Peter Kobs pkobs@record-eagle.com
- Dec 19, 2023

TRAVERSE CITY — Grand Traverse County employees and elected officials will receive a 4% cost-of-living-allowance increase, if a \$47.8-million budget for next year is OK'd by commissioners Wednesday.

Currently, the county has more than 500 employees who work in 37 different departments, ranging from administration and public health to courts and public safety.

Plus, the new budget will allow for nine more employees, including a new community development coordinator. It also will allow for 12 new vehicles – nine for the sheriff's office and two for the public works department.

The budget, as proposed, represents a \$4.2-million increase over 2023.

The county board meeting will start at 9 a.m. Wednesday in the second-floor commission chambers of the governmental building, 400 Boardman Ave. in Traverse City.

The largest share of the county's 2024 financial pie – \$20.5 million – will go to the sheriff's office. This public safety portion of the budget includes everything from county patrols and jail operations to administration and special investigations.

At the last meeting, some commissioners said the rapid growth in expenditures for the sheriff's office is "unsustainable."

In other agenda items, the board is expected to approve \$2 million to replace a main sewer line in East Bay Township. The existing main, which runs 2.7 miles, carries all wastewater from Acme and East Bay townships to the wastewater treatment plant in Traverse City.

Installed in 1974, the 14-inch iron pipe is near the end of its useful lifetime and was not designed with redundant features to enable repairs and maintenance. Money for that project is coming from the American Rescue Plan Act (ARPA), a massive \$1.9 trillion bill passed by Congress in March 2021.

The county received a total of \$18.1 million from ARPA, most of which has already been allocated to public health and environmental projects.

Soil erosion and septic replacement permits will cost an extra \$50 in 2024, if commissioners approve the increase on Wednesday. Most construction projects involve moving or displacing soil, which present a hazard to waterways if not done correctly. The county requires regular inspections to prevent environmental damage. Fees range from \$1,200 (base rate) for commercial construction and \$650 for new residential construction to \$150 for septic system replacements.

In other health-related action, the board is expected to: Appoint Dr. Patrick Hansma as the Grand Traverse County medical examiner, effective Jan. 1; approve \$154,000 in grant money for a new electronic health records system from Patagonia Health; and approve \$225,000 for water supply and treatment upgrades in Blair Township using ARPA funds.

Lastly, the board is expected to approve an amended contract with Goodwill Northern Michigan (GWNMI), which previously received approval for \$400,000 in ARPA funding for an affordable housing project called “Annika Place 2.”

The 52-unit project on Hastings Street in Traverse City will include 19 units for homeless individuals, with the remaining units earmarked for people earning 30 to 80% of the area median income.

GWNMI will provide housing-based case management in collaboration with various health providers, including Community Mental Health, Traverse Health Clinic and Addiction Treatment Center.

Construction delays are requiring the contract to be amended.



Happy Thanksgiving

Tuesday November 21, 2023

GTBOC Has Special Meeting November 22nd 9 am

by Linda Pepper

Since the November 15th BOC meeting was canceled, they are meeting this Wednesday to discuss:

- 2023 Amended Apportionment Report - Long Lake Township has reduced their millage by one mil (I do not know the reasoning behind the reduction) and Mayfield has increased their levy for fire protection.
- Adopting a policy for PILOT (Tax Exemptions for Affordable Housing). They could automatically grant all, deny all or require a decision with a hearing each time.
- Funding of courts, sheriff's department and health department

The 2024 budget needs to be finalized by the end of December and until the October 25th and November 1st meetings there had been no discussion of the new budget. There are 5 new commissioners and they need to be informed in order to intelligently prioritize spending. Although this is the day before Turkey Day, you may want to carve out time for the discussion.

Per Diem AdHoc Discussion November 2nd

I did not attend the meeting, but Commissioner Walter said there was a lawyer-suggested clause to prevent someone from double billing. An example would be to bill both GT County and BATA for attending a BATA meeting. This is not allowed. Also, the name is now Meeting Compensation policy, not Per Diem. They will present this for acceptance at the December 6th regular Board meeting. I hope to attach the new policy wording to this newsletter but if not it will be in the December 5th Beacon. *It is being reviewed by legal counsel, so I will send it with the December 5th Beacon.*

Great Explanation of Medicare for All

by Linda Pepper

I have been to hundreds of political meetings since 2014. Saturday November 11th's discussion of Medicare for All by Dr. Bob Lorinser was one of the best. The Democratic Club at NMC sponsored Dr. Bob and he put together an understandable explanation of a complex issue.

Several important points:

- Current bills being considered make it a single-payer health care program for all Americans.
- It is not socialized medicine as the government would only pay the bills, not employ most of the doctors and other health care providers.
- It would include medical, dental, hearing and vision coverage.
- It would also cover long term care.
- Health care costs \$4.7 trillion in 2023 which is \$13 - 14K per person.
- Government (Federal, State and Local) already covers about 50 %
- A single payer system would certainly save 10 to 20% in efficiency.

Some questioned whether it would raise taxes and it probably would. We are already paying by receiving lower wages so employers can offer health insurance. Would the unemployed be covered? We are already covering most of them by paying for Medicaid (which covers low-income people). Would non-citizens be covered? Yes, in most cases.

If you would like to read more go to [The Medicare for All Act of 2023 - PNHP](#) They explain the nitty gritty of the current bills before congress. I want to thank Dr. Bob for simplifying this complex subject. He made me ready to tackle learning more.

New Laws Taking Effect February 13th

The legislature adjourned early and now many of the laws passed in 2023 can take effect. It takes a higher number than a majority to have a law take immediate effect. Most laws take effect 90 days after the legislature adjourns for the year. Please read this Bridge article to appreciate all the Democratic led legislature accomplished. [Gun reform, tax cuts among dozens of Michigan laws taking effect in February.](#)

Why did the legislature adjourn early? The first reason is so the Presidential primary can be 5th in the nation on February 27th. Also, the gun violence prevention laws and the tax changes for working families and seniors can take effect, as well as many other beneficial laws. The second is that two Democratic Representatives won mayoral races and resigned to start those positions. That makes the legislature 54 to 54 until special elections can be held in about 4 months.

Is there still more to do? There are just under 200 bills that have passed this year and been signed by the governor. That isn't a record, but it is steady progress on many issues that affect Michiganders. Family leave needs to be addressed as well as better FOIA rules for the legislature and many others. A busy 2024?

Ad Hoc Committee at the Pavilions Monday November 13th

Monday morning saw a positive meeting of the Ad Hoc committee of the BOC that is liaising with the Pavilions. As you all know, the county is helping the Pavilions to meet their bills. The amount at this time is about \$5 million and this will continue as the Pavilions put their finances in order. They are expecting money from the program that paid them to retain employees during the pandemic. That money has been approved and has one more hurdle to cross before they receive about \$6 million. They are owed about \$ 2.3 million from Medicaid settlements. that money will probably be received by Dec. 31st.

The most positive news was that their census of patients has been steadily climbing and on Nov. 9th it was 148 residents. They had been running in the 130's and, by streamlining their responses to patients who need care, they are having more people in the SNU. They also have an experienced interim CEO who has reorganized and refocused some positions to increase the number of patients and their quality of care.

They are focusing on training their staff in their new medical records and verification system. They are improving their serving of food quickly and are recruiting more staff to care for more patients. They are also developing their relationships with Munson to facilitate smooth movement of patients from hospital to skilled nursing care.

Lastly, they are close to settling the lawsuit with PACE (Program for All-Inclusive Care for the Elderly) and severing the current relationship with them. The Pavilions had been a major source of credit and expertise in developing this program for keeping elders in their homes. Another lawsuit is set for mediation right before Christmas. They will be interviewing for a permanent CEO after Thanksgiving and have a variety of talented candidates. Things are looking up at the Pavilions.

Betsy Coffia's Coffee at Lake Ann
Monday November 13th
How One Person Can make a Difference

By Linda Pepper

Small Groups Can Be Interesting!

There were only 7 people at the Red Door Cafe for the Coffee. However, we had a robust discussion of issues. An interesting fact is that a young man named Alex has been assigned as Betsy's "tracker". He is employed by a conservative entity to attend all of Betsy's events and take notes or record what she says. This is part of political strategies to catch candidates saying something that can be exploited. The funny part is that Alex had been working for Representative Roth in his legislative office right next to Betsy's on the 13th floor. We need to treat him kindly.

Betsy's highlights:

- HB 4516 to formally expand state domestic violence resources to Tribal service providers has been enacted into law.
- A bill to allow pre-registration for voting when 16 years old. They can only vote at 18 but this primes them to vote and forms the "voting habit". This has passed and will become law. It has increased voter participation in other states.
- Working on a package of bills to protect persons placed under guardianship or conservatorship. An Office of Guardianship will help enforce accountability.
- Election worker protection passed last week and would be handled by law enforcement (Health care workers are also similarly protected)

She is working on a package of 3 bills called the Safe Patient Care Acts that prevent nurses from being fired or disciplined because they refuse mandatory overtime. It also includes mandatory nurse to patient ratios by department and making this information available on hospital websites. A veteran nurse was there and related that they are being asked to care for more patients with fewer support workers each year. When asked why unions can't bargain this, it was explained that many nurses don't have unions. There was a recent hearing and the hospitals seem unwilling to work toward a compromise. The bills will probably be voted out of committee in the new year.

In case you were wondering, bills that got part way through the lawmaking process do not have to start over next year. 2024 is part of this legislative session. After the next election in November 2024 and seating of the new legislature, any unfinished bills must start at the beginning of the process again.

There was considerable discussion of the weak financial disclosure law in response to Proposal #1. Because it does not include spousal holdings and other necessary provisions, Betsy said a bipartisan caucus of mostly younger lawmakers will form to push for increased transparency and to rethink Freedom of Information Act (FOIA) and Open Meeting Acts (OMA). Currently the legislature and the governor's office is exempt from all provisions of these laws. That needs to change. As usual, it was a pleasure to see Betsy's command of our issues in northern Michigan.

Northern Lakes Community Mental Health (NLCMH)

Board Meeting: Two Steps Back

By Carlton Ketchum/Traverse Indivisible

Expanding on Mardi Link's excellent reporting in the November 17 Record-Eagle...

The contracted CFO firm, Rehmann, missed the 10/31 deadline to provide a “full report” on NLCMH’s finances. Rehmann was contracted at \$45,000 a month on October 1. October 19 BOD minutes reflect that “... Rehmann group will give a full report next month (November)”. The board didn’t question the delay.

After postponing governance discussion for months and an October board retreat that focused solely on the current governance model, Chairman Ben Townsend announced the formation of an ad-hoc committee to explore governance models. Townsend appointed himself, Penny Morris and Mary Marois to the committee. This committee’s duties also include review of by-laws changes necessitated by the change in the enabling agreement.

The acceptance of blown reporting deadlines and stifling of discussion of governance is both disappointing and unsurprising. More importantly, these actions represent two steps back in the board’s quest for transparency.

Why the continual focus on governance? Good corporate governance fosters a culture of integrity and leads to a positive performing and sustainable business. Good governance signals that an organization is well managed and that the interests of management are aligned with other stakeholders. When you think of NLCMH governance, are these objectives being met?

Public participation is required to meet these governance objectives. What can you do? Plan to attend, either in person or virtually, the next NLCMH board meeting, December 21, 2:15 pm at the NLCMH Traverse City office, 105 Hall Street. In the interim express your concerns to the NLCMH board. Links to the board’s email address, November 16 board meeting screencast, and December virtual meeting can be found at www.northernlakescmh.org/about-us/board-of-directors/

Linda's Corner

I have never attended the Christmas Parade of Lights until Saturday evening. It was a perfect evening, cold but not freezing or windy. There were so many floats and so many lights. My daughter in law who was in marching bands wondered why there were none in the parade. I will have to see if I can find out why. But all in all, we had a lovely evening starting the Holiday Season.

Many of us are excited and relieved that the UAW strike against the Big Three Automakers has been settled and approved. I had a conversation with Erin Slomers who belongs to Local 2145 of the UAW who are on strike against Blue Cross/Blue Shield. (UAW also represents other workers) Erin's Local handles setting up the BC/BS plans in businesses. They have been on strike for over two months. They have three issues. First, outsourcing to overseas contractors and second, health care for retirees. The third is wage increases. You may see Erin and her office mates picketing in Traverse City. Please give them encouragement as we know *when unions do better, the rest of workers also do better.*

At the last BOC meeting, my first public comment was for all the commissioners to use their microphones. When I can't get to the meetings, I depend on the recordings. With my computer volume to the maximum, I still struggle. They received it well and it provided some levity for the rest of the meeting. But it is an issue of transparency to the GT community. I did comment later telling them to hire a planner. They didn't enjoy that nearly as much.

I hope to see you at Wednesday's BOC meeting. But I understand how busy Thanksgiving time is.

Happy and Healthy Thanksgiving from all of us at the Beacon.

HELPFUL LINKS & INFO

BOC meetings are usually held at 9 a.m. on the first and third Wednesday of the month.

You can find a link to the agenda and minutes at:

<https://grandtraversecounty.civicweb.net/Portal/MeetingInformation.aspx?Org=Cal&Id=418>

You can watch a livestream of the meetings and view replays of previous meetings online at:

<http://www.co.grand-traverse.mi.us/184/Board-of-Commissioners>

You will have to attend the in-person meeting in order to make a public comment. The BOC permits public comment for three minutes at the beginning and end of each meeting.

The BOC has nine commissioners – six Republicans and three Democrats – each of whom represents a district. You can find your commissioner at this link: <https://www.grandtraversedems.com/bo c>

You can find contact info for the BOC members here:

<http://grandtraverse.org/184/Board-of-Commissioners>

You can email all the commissioners at this address:

commissioners@gtcountymi.gov



Tuesday January 2, 2024

Hentschel Makes Power Grab in Proposed Board Rule Changes and Appointment Policy
Wednesday January 3, 2024 9 am
by Linda Pepper

One of the tasks of the organizational meeting is to adopt rules for the BOC. On page 4 Section 2.9, it changes from 1/3 of the commissioners or 3 commissioners to 4 commissioners. This is a problem because the three Democratic Commissioners can never call for a special meeting without convincing a Republican to agree. This removes an important power from the minority party. There is also a change from “shall” to “may” concerning friendly amendments that puts more power in the hands of the Chair, who has quite a bit of power already.

Later in the Organizational meeting, the Chair appoints commissioners to committees. There is no prior notification to the public. I hope that Chair Hentschel has, at the very least, communicated his picks to the commissioners. I know that Commissioner Andrews is helpfully contributing to the DHHS - Pavilion Board meetings.

The Regular Meeting follows the Organizational Meeting. The Consent Agenda includes the minutes from the NLCMHA Board. There is a public comment given by Nancy Stevenson that you all should read. It is easily found on the meeting agenda. She has specific “asks” to improve the board’s function and thus the NLCMHA’s function. Here is the link.

<https://grandtraversecounty.civicweb.net/document/239417/November%202023%20Meeting%20Minutes.pdf?handle=F611D77FF40A46C5BF258C2E938DFFCE>

GTC Parks and Recreation has completed a 240-page five year plan. If you have knowledge of the parks and how they are used, I urge you to read this document. I did not have time today but will put it on my list to review. I would hope that Parks and Rec would be there to facilitate a discussion.

There is an updated policy to deal with setting salaries of Elected Officials and their Chief Deputies. One major consideration is that salaries of elected officials be set before they must file for elections. Salaries cannot be reduced during their term in office. This policy does seem reasonable and well planned.

There is an Appointment Policy that has been revised. It seems reasonable until I get to Section 5.4.4. which deals with appointees signing policies etc. It starts talking about the Constitution and I always get very nervous about that important document being invoked. They also speak about taxpayers. Are they referring to only property taxpayers? That sounds a lot like landowners being the only persons allowed to vote. That may have worked in the 1700's but not now. They also refer to "appointee's representation of the best interests of the taxpayers of Grand Traverse County and the Grand Traverse County Board of Commissioners". Why are their (the BOC) best interests important to a member of the Road Commission or BATA for example? So please read that carefully. Here is the link

https://grandtraversecounty.civicweb.net/document/239688/Appointment%20Policy%20Discussion_ .pdf?handle=6DAED7742A7B4395A77AB3A4308E22E5

We are starting another crucial year in our political life. I hope to see you there on Wednesday or please take the time to review the video. Local politics are extremely important to our everyday lives, and it starts at the BOC.

Hentschel Pushes to Consolidate Power on BATA Board and Spend More on Legal Fees Wednesday December 20

by Linda Pepper

The Public Hearing for the 2024 budget was opened and closed with not a single public comment. The projected millage for 2024 is 4.7268 mils and that is the basis for the budget revenue and expenditures.

There were a few questions on appointing two persons to two different committees. One of the appointees had indicated to Chair Hentschel that they wished to be more involved, and the other was a reappointment. Commissioners asked for applications to be included with the recommendations.

There will be interviews in January of at least two more applicants for the BATA Board. The dispute resolution meeting with BATA for Thursday Dec. 21st had been canceled. If a dispute resolution with BATA must be pursued, it is estimated to cost about \$10K for legal representation. The Board did pass a motion to request that BATA grant a two-week extension so the interviews can take place and actual recommendations to the whole BOC for BATA appointments take place. Chair Hentschel was very concerned that the question of whether the BOC can appoint two sitting commissioners to the BATA Board be resolved as it might arise in the future. *In the RE on Saturday morning, it was reported that the extension was granted.*

Other Discussion:

- MSU Extension and Commission on Aging will need to find other office space as the Fire Station on Front St. will be used for the Ambulance offices. This has raised issues about whether the city or the county owns several properties, and the administration is gathering information. There are agreements but there are no signed legal documents.
- PACE wants to negotiate a lease with the county for the property on Garfield. The lease had been with Pavilions. The administration was authorized to pursue discussions.
- The contract for interactive or static dashboards to inform the public about ARPA grants and other county information was deferred until January and the BOC would appreciate a demonstration.

- Antrim County is considering setting up their own judicial districts which must be authorized by the Legislature. They are currently joined with Grand Traverse and Leelanau counties. The issues are vague and GTC must wait for the Antrim BOC to act.

The discussion of the budget was short (20 minutes). The County is adding 9 full time positions and purchasing 14 more vehicles. These changes were the result of the study session on December 13th. To read the administrative synopsis please check this link. It is understandable and informative.

<https://grandtraversecounty.civicweb.net/document/239145/Changes%20requested%20during%20the%20December%202013,%202023%20.pdf?handle=EA8395B99B06455880116FAE683FBF55>

The budget was adopted with a 9 to 0 vote of the BOC.

There were two closed sessions for negotiations with one union and for a legal opinion about the BATA situation. When they returned to open session, the BOC ratified a contract with one union. And that is a wrap for 2023.

Pavilions Works to Fill Staff Openings, Adopt 2024 Budget Thursday December 29

by Sylvia McCullough and Linda Pepper

The Board Chair Mary Marois emphasized that they truly appreciate the Pavilions staff in this time of change. They have a new CEO selected and contract negotiations are ongoing with him. The Board is 1/3 new and they intend more transparency while increasing census numbers and increasing care staff to facilitate the increased number of residents.

There were two public comments that were concerning. A husband and wife from Alaska were intown to see his father who has been a resident in the SNU for at least 6 years. They related that they were having difficulty getting answers about compliance with regulations for SNU's. They were concerned that there were many less activities offered than in the past. They also mentioned that the dinner for Christmas Day was chicken with a supper of hamburger. That did not seem festive to them. They emphasized that 'rebranding' is fine, but the care and social opportunities are essential. The Chair did ask for specific questions to be emailed to her and that any future public comment could be emailed to her, and she would be sure it was added to the meeting. *After the meeting, the interim CEO explained that there were many activities in the weeks before Christmas Day. On Christmas Day itself, many residents are picked up by their families and taken out for the day, so special activities on Christmas Day are less.*

UpNorth Live (a Sinclair affiliate) presented a marketing plan for their TV channels to showcase the Pavilions SNU and rehab facilities. The plan would also encourage persons to apply for staff positions. They presented data on their reach in Northern Michigan. The morning and evening news programs do reach the most viewers. They are also able to follow up with potential staff members that check the Pavilions website with both Facebook and emails. The campaign has a total cost of \$50,100 for one year. Part of this (\$23,120) will be paid by a grant to increase staff recruitment.

The interim CEO, Mr. Hautamaki, announced that they have corrected all the citations from September and they have been cleared. They do have some staff openings. They are not rehiring in the positions that were cut earlier but some of those individuals have been rehired in different positions. They have a food committee covering all units and have made progress in getting food to residents more quickly. The outpatient rehab has been increasing. They have 5 full time physical therapists on staff which is an advantage.

The proposed budget was adopted. The Financial Director, Mr. Dood, said they based it on 145 census and 58 in the cottages. They are currently at 50 in the cottages and are working to increase that number. On page 117 of the meeting packet, the proposed budget expects that if they are paid the Retention credit \$7 million and the Medicaid \$7 million and after they pay the county \$6.4 million they will have an \$8.2 positive fund balance. There was mention of a phone call from Bergman's office indicating that the Retention credit money would arrive early in the new year. On the bottom of page 120, there is a line item for \$95K for marketing. After they pay the \$27K as their part of the UpNorth Plan, they would have enough to employ a fundraiser at least part time.

The Board did approve \$15K for necessary grout repair in the kitchen. They asked for more bids for sprinkler head replacement that was bid at about \$60K. They also authorized Chair Marois to negotiate with LeaderStat for continuing Mr. Hautamaki in the Interim CEO position into February at an increased rate.

Mr. Dood reported that the Pavilions expects to decrease rather than increase the amount they owe the county with the December revenues and expenses. I can't verify that statement as the figures are not finalized. However, that is a huge step forward. Also, the RE reported recently that the Whistleblower case is in mediation and they expect to settle shortly.

Northern Lakes CMH Ditches Carver Board Model, Gropes with Financial Uncertainty

by John DeSpelder and edited by Linda Pepper

Northern Lakes CMH meets—four steps forward, one step back

NLCMH held its December meeting at their offices on Hall Street in Traverse City. As you may know, the organization has been beset by a number of challenges such as the GT Board of Commissioners' 2022 decision to drop out of the six-county authority, which resulted in a revised enabling agreement, frequent leadership turnover, serious questions about fiscal stewardship, and more.

The December 21st meeting got off to a very good start, with a presentation to the Committee of the Whole by Bob Sheehan, Executive Director of the Community Mental Health Association of Michigan on CCBHCs, Certified Community Behavioral Health Clinics. CCBHCs essentially offer one-stop shopping to consumers of behavioral health services, whether they have public or private insurance. CCBHCs are currently either grant-funded or are demonstration sites. There are currently 30 such sites around Michigan. It's the hope that these first steps will show the effectiveness of the CCBHC model. There is a lot of interest in looking at this further because of the potential to substantially improve service.

Then during the full board meeting the Board agreed that the current Carver model of governance is not adequate and will be replaced. The issue of governance is currently with the newly created ad hoc committee charged with reviewing Board bylaws. There was palpable relief that the Board had agreed to replace the Carver model.

It's no secret that NLCMH has had major issues with its finances. The Board has been awaiting an audit report from the Rehmann group, now several months overdue. Deputy Chief Financial Officer Laura Argyle was questioned at some length about the lack of complete internal financial reports. The Board agreed to create an ad hoc Fiscal subcommittee, which is planned to become a permanent committee when the bylaws are revised. Al

Cambridge, a director from Roscommon County, will be the chair of the ad hoc. Mr. Cambridge has an extensive background as a CPA and with helping organizations struggling with financial issues.

Citizens Provide Valuable Comments: Courtney Wiggins of Northern Michigan E3 and Allison Zimpfer, social worker and Leelanau County resident, teamed up for a moving presentation of the barriers that they've experienced helping a friend navigate the mental health system. As they so effectively explained, the mental health system is not working. "Our friend, and countless others, are trapeze artists walking fine lines. You're functioning too well & your needs exceed our care, go back to work & take the time you need, . . . Self-harm one day & ready to discharge the next, You can stay here as long as you need to & we need you to transition..."

Concluding, Wiggins and Zimpfer called for a robust effort to engage and hear from those with mental health system involvement. They support the efforts of NAMI, BDAI, and aligned groups to ensure more crisis residential and crisis stabilization beds. They called for training and capacity building for those both within and outside of law enforcement, paid navigator positions to assist people, fewer catch 22s and more agility in responding to people's needs, and more funding so that people don't have to choose between their livelihood and their safety or mental health.

Citizen Involvement: Your involvement is making a difference. Citizens attending NLCMH meetings, either in person or virtually, writing letters to the editor and opinion pieces, speaking with concern to elected officials, have contributed to a more engaged NLCMH board. Despite the sparks described below, we hope the board continues to make progress in 2024. You can give the board a hand by writing a letter to your state legislator in support of House Bills 4707 (Insurance Parity) and 5184-5185 (Workforce Licensure Reform) We've created an [email template](#) so you're only a few keystrokes from engaging with your rep. Please feel free to adapt the template and make it your own.

With all of the constructive discussions and decisions that took place, it was unfortunate that the meeting ended on a low note. Commissioner Kate Dahlstrom has been asking to be given some committee assignments like those given to other commissioners. Dahlstrom has yet to be given any assignments. As Dahlstrom was reiterating her request, Board Chair Ben Townsend chose to throw shade on Kate by making some veiled and derogatory insinuations about her. We won't dignify those remarks by repeating them. It's enough to say that several citizens made public comments at the close of the meeting, saying that Mr. Townsend's remarks were unsupported, inappropriate and uncalled for. We hope that these issues can be addressed constructively, as the board needs to work together to address the many tough issues that NLCMH faces.

[View the NLCMH Meeting](#)

Opinion: 'I am not sick' — Why it's difficult to provide care for the mentally ill

BY TONI STANFIELD and KATE DAHLSTROM

Mental health care is difficult to deliver – and not just because services are not available.

A big challenge in providing effective mental health services and treatment is a symptom of mental illness called Anosognosia.

Anosognosia is the inability of individuals with mental illness to understand that they are ill; thus, they resist and refuse treatment. Families and loved ones bear the brunt of the stress of having an individual who is not well and does not understand the need for treatment.

So ... what to do? There are a number of good books available to help family and friends learn to communicate in a more persuasive way with their special person to get them into treatment. If that doesn't work, consider an Assisted Outpatient Treatment Order (AOT) or court-ordered mental health care that can be inpatient, outpatient or a combination.

In Michigan, our probate courts have a petition to ask the court for help getting persons into treatment. Once completed, a professional assessment is done, and a court hearing is held with all parties to determine the need.

Mediation can occur before the court becomes involved, if the parties agree to a plan of treatment. Treatment can be as simple as regular outpatient visits with a therapist or inpatient care (often one or two weeks, but sometimes a month), followed by outpatient therapy.

Anyone — family, friends, law enforcement/corrections, community mental health, Munson, criminal court — can file a petition when they become aware of someone needing, but not receiving, mental health care. Anyone. All that needs to exist is a risk of future harm or decompensation if the individual does not get care. No longer does someone need to be an immediate threat to self or others.

We hosted an AOT roundtable last August with the pre-eminent judicial expert on AOTs, Judge Milton Mack. Judge Mack explained many of the details of AOT programs to key stakeholders in our community. As a result of that roundtable, our Probate Court is meeting with Northern Lakes Community Mental Health, Munson, police and community stakeholders to implement an effective AOT program here in Grand Traverse County.

This program will help make a difference to many, including those in jail or without a current home.

The potential harms for delaying treatment are many: permanent incapacity, incarceration, isolation, poverty, poor health, homelessness, increased risk of drug abuse and suicide.

Mental illness can be treated and managed. Recovery is possible. Understanding mental illness makes a difference between treatment or tragedy.

For more information on AOT petitions, visit BDAIconnect.org.

What to Watch: What will make headlines in 2024 – Excerpts...

By Art Bukowski and Craig Manning

New Mental Health Resources

Discussions about a nationwide mental health crisis have been more than audible in northern Michigan for years. 2024 could change that conversation for the better, with several new mental health supports set to come online in northern Michigan.

Last fall, Traverse City Area Public Schools (TCAPS) announced plans to launch the TCAPS Child and Adolescent Health Center, a health clinic based on the campus at West Middle School and operated by Northwest Michigan Health Services Inc. (NMHSI). While that center offers both physical and mental health services to TCAPS students, Project Manager Nancy White sees the mental health component as the game-changer for the district.

“I can just tell that these are families that want behavioral health services,” White said. “It’s clear just from looking at the medications the students are on, or from the medical history notes families are including. These are not people who are looking for vaccines; they’re looking for mental health services. There is clearly a huge, huge need.”

In addition to the TCAPS center coming online, 2024 should also bring the opening of the Grand Traverse Center for Mental Wellness. That project is an ARPA-funded partnership between Northern Lakes Community Mental Health Authority (CMH), Munson Healthcare, Grand Traverse County, Northern Michigan Regional Entity (NMRE), Community Health Innovation Region, and United Way of Northwest Michigan and is intended to bring more mental health services and infrastructure to the region.

Per Munson, construction on the Grand Traverse Center for Mental Wellness will start in January, with “a projected opening for some services” occurring “by the end of 2024.” Those services will include a crisis hotline, mobile crisis services, referrals and scheduling for appointments, intervention services and more.

Later phases would add nursing and psychiatric assessments, as well as a crisis residential unit or stabilization unit with beds for youth and adults that require inpatient treatment.

The new center will be housed inside Munson’s 20,000 square-foot behavioral services building, located at 420 Brook St. Munson and its partners will renovate and convert the space to prepare for the new application.

ARPA Projects

In late 2022, Grand Traverse County commissioners took the county's nearly \$18.1 million in American Rescue Plan Act (ARPA) money and broke it into 30 different grants.

2023 saw the gears start moving on some local ARPA projects, many of which have already been reported about in the *Traverse City Business News*. In our October issue, for example, we paid a visit to the Legacy Aviation Learning Center, a new aircraft maintenance school on Aero Park Drive getting up and running thanks in part to a \$500,000 ARPA allocation from the county. Since *TCBN's* visit, Legacy Aviation has received its official air agency certificate from the Federal Aviation Administration and opened the application window for its first 12-month cohort.

2024 will be an even bigger year of forward momentum for local ARPA projects, due mostly to federal requirements. Congress has mandated that all ARPA funds be "obligated" to specific projects by December 2024 and spent by December 2026. That ticking clock will motivate ARPA grant recipients to get the wheels rolling on their projects sooner rather than later, which could mean significant progress this year.

The two biggest ARPA allocations to watch are the \$5 million set aside for mental health services in the county and the \$3 million that the county kept back for itself.

The mental health money will help pay for a new 24-hour behavioral health crisis center, discussed above. Munson will soon commence renovations on a space at 420 Brook Street to make way for the new center, which should open for some services by the end of 2024.

The \$3 million kept back for county operations, meanwhile, was not specifically allocated for any one project when county commissioners set it aside at the end of 2021. Deciding how and where to spend that money will be one of the county commission's top tasks this year.

Other recipients of big grants include the Traverse Bay Children's Advocacy Center, Mt. Holiday, Goodwill Northern Michigan and Michael's Place.

https://www.record-eagle.com/news/local_news/grand-traverse-county-appointees-to-sign-loyalty-oaths/article_c1aca10e-aa7e-11ee-a192-7fac36bc527a.html

GRAND TRAVERSE COUNTY: Appointees to sign 'loyalty oaths'

By Peter Kobs pkobs@record-eagle.com

Jan 5, 2024

TRAVERSE CITY – What may seem like an obscure government matter raised deep philosophical and practical questions for the Grand Traverse County Board of Commissioners as it grappled with conflicting loyalty oaths.

On Wednesday morning, following 30 minutes of intense discussion, commissioners voted 6-3 to approve a revised set of policies for citizen appointees to county boards and committees.

The most disputed section of the new policy reads:

“...appointees should avoid signing documents containing statements of loyalty to any particular organization or interested party that is inconsistent with the appointee’s representation of the best interest of taxpayers of Grand Traverse County and the Grand Traverse County Board of Commissioners.”

A similar policy revision was introduced, but not approved, in March 2023, officials noted.

The new policy language comes in the wake of a long-running dispute between the county board and the Bay Area Transportation Authority. BATA board members are threatening to sue the county if it doesn’t comply with their interpretation of an August 2023 “interlocal agreement” regarding appointees. On Dec. 28, the BATA board approved a two-week extension to allow for a possible resolution of that dispute before legal action begins.

Currently, Grand Traverse County has a total of 21 boards, authorities and committees with citizen representatives who are appointed by the county board. Their duties are diverse, ranging health care and elections to economic development and farmland preservation. Some of the most familiar boards include the airport authority, the county road commission and BATA.

While the new policy statement prohibits appointees from signing “inconsistent loyalty statements,” it does not preclude them from signing ethics statements, conflict-of-interest disclosures and similar policy acknowledgements “as they deem reasonable.” Nor does it forbid such oaths and statements that are required by state or federal law, including the freedom of speech clause of the First Amendment to the U.S. Constitution.

The three county commissioners who voted against the new policy — T.J. Andrews (District 7), Lauren Flynn (District 2) and Ashlea Walter (District 3) — argued that the new loyalty policy language is too vague and would therefore force appointees to second-guess the interests of taxpayers and the county board.

“Each organization [with appointees] has its own vision and mission,” said Walter. “The people we appoint to those boards have their own expertise and skills. They’re not there to guess what that county board thinks they should be doing.”

“What does it mean to sign a statement of loyalty?” asked board member T.J. Andrews. “For example, if you serve on the Northern Lakes [Community Mental Health] board, you’re there to represent the interests of Northern Lakes ...[The new policy] is too subjective.”

Many of the 21 agencies and authorities with citizen appointees require board members to sign an oath of office and documents pertaining to ethics, conflicts of interest and codes of conduct, including a statement of roles and responsibilities. Whether or not any of those documents conflict with the new policy language approved on Wednesday is yet to be seen.

Commissioner Darryl Nelson argued in support of the new loyalty clause, say that it’s necessary to preserve an important connection to the elected officials.

“We were put here by the voters,” he said. “The county board is really the ‘elected hook’ in this matter. I don’t want a person spending taxpayer money without any connection to [the county board]...An appointed person needs overarching, 30,000-foot view to understand his roles and goals.”

Penny Morris, who represents District 9 on the county board, said her hope is the new policy will spur greater dialogue between county commissioners and appointees.

“It’s our duty to promote that dialogue,” she said. “We appoint people to [agency] boards because we can’t be everywhere. We encourage appointees to talk with their commissioners.”

For his part, county board Chairman Rob Hentschel emphasized the new loyalty language didn’t appear “out of thin air.”

“Voters elect us and we appoint people to represent the voters’ interests,” he said. “They are there to serve both voters and taxpayers. Fiscal responsibility is foremost.”

Commissioner Scott Sieffert, who represents District 8, said that agency appointees “are our advocates and they serve us. They should know what’s expected of them.”

How the new loyalty clause will actually work in daily operations is a major questionmark. One agency leader interviewed after Wednesday’s county board meeting said the new policy is “so incredibly vague” that “it can’t possibly be put into practice in a practical way.”

The powers of a county board in Michigan are enumerated in Public Act 321, Section 46.11, which was passed during the 2023 legislative session. Among other duties and powers, a board is authorized to remove appointees who are deemed guilty “official misconduct, or habitual or willful neglect of duty” following a hearing and vote by the full county board. The precise meaning of “official misconduct” and “willful neglect” is not explained in the law.

The legality of the new loyalty clause in relationship to Public Act 321 is uncertain at best, according to one agency director. In other policy changes, the board voted to require all new appointees to receive training in the Michigan Open Meeting Act during their first 90 days of service on an agency board, committee or authority. Board chair Hentschel suggested that the county’s human resources department could provide materials for such training very quickly.

Another change to the policy forbids county appointees from serving on more than two agency boards at a time. They may, however, serve on more than two township, state and regional boards that are not subject to county board oversight.

https://www.record-eagle.com/news/local_news/community-in-brief-01-03-2024/article_e80b436a-a659-11ee-a225-5395d021c9f6.html

Community in Brief: 01/03/2024

Mental health training signup

TRAVERSE CITY — Northern Lakes Community Mental Health has scheduled its 2024 Mental Health First Aid training.

The course includes how to recognize a mental health issue, how to help and when to get professional aid. Adult sessions are March 5 and Oct. 9 in Traverse City and May 9 in Cadillac. Youth classes are March 12 and Oct. 30 in Traverse City and May 30 in Cadillac.

To register and learn more, visit northernlakescmh.org or contact 231-935-3099.

**CEO Response to December 15, 2022 Board Monitoring Report Evaluation
January 18, 2024**

Policy 2.6 – Community Resources – Internal Inspection

Eleven (11) Board Members completed and submitted the monitoring report. There are sixteen (16) Board Members.

Question 1 - Was this report submitted when due? 11 -Yes

Question 2 - Did the report lay out the CEO's interpretation of the request? 11 -Yes

Question 3 - Was I convinced that the interpretation is justified and reasonable? 9- Yes,
2- No

Question 4 - Did the interpretation address all aspects of the subject? 9- Yes,
2- No

Question 5 - Does the information show compliance with Board direction/policy? 9- Yes,
2- No

Question 6:

Other Comment:

1. I believe that we continue to operate as a silo. Very little collaboration – lots of networking, but not collaboration.
2. While we are collaborating with the other agencies better than in the past, I believe there is much more to be accomplished. It appears we do not collaborate well with: Traverse Health Clinic, Pine Rest, PaceNorth, ATS (Addiction Treatment Services). This is the responsibility of both the Board and CEO. Lets do better in 2024!

CEO Response:

I appreciate the Board's assessment that we are in 81% compliance with this policy.

Over the past year, the agency has worked hard to collaborate with many community partners, such as law enforcement from the six counties, GTI, Catholic Human Services, MDHHS, ISD, and many more. We are working towards developing and strengthening our relationship with many other partners as well.

Respectfully Submitted,

Brian Martinus
Interim CEO

**ASSURANCE OF ORGANIZATIONAL PERFORMANCE
POLICY 2.4 FINANCIAL MANAGEMENT / INTERNAL CONTROLS
INTERNAL INSPECTION - CEO
January 11, 2024**

2.4 Financial Management

Type of Report: Internal Inspection

The CEO shall not by omission or commission render the Authority insolvent or permit the expenditure of funds except in accordance with and in furtherance of the Board Governance Policies. Authority finances shall be managed in accordance with applicable laws, regulations, contract obligations and sound financial practices. Budgets prepared under the direction of the CEO shall be predicated upon an annual assessment of need and shall be consistent with a multi-year strategic plan approved by the Board. In managing the financial affairs of the Board, the CEO shall honor priorities formally adopted by the Board:

- 2.4.1 Clinical and administrative services;
- 2.4.2 Internal service fund; and
- 2.4.3 Existing unfunded liabilities.

With respect to the preparation of budgets the CEO shall not:

- 2.4.4 Fail to include a projection of revenues and expenses based on the most current and accurate data available;
- 2.4.5 Fail to identify and distinguish capital and operating expenditures;
- 2.4.6 Fail to project or account for cash flow; or
- 2.4.7 Fail to disclose assumptions upon which the budget is predicated.

With respect to the operations of the Authority, the CEO shall not:

- 2.4.8 Receive, process or disburse funds except in accordance with standards and controls satisfactory to the Authority's outside auditor and comply with generally accepted governmental accounting principles;
- 2.4.9 Take any action or fail to advise the Board of any event or projected event that the CEO, in the exercise of sound business judgment, believes will result in liabilities exceeding assets or the need to use internal service fund resources;
- 2.4.10 Provide less for Board prerogatives during the year than is set forth in the Costs of Governance Policy;
- 2.4.11 Conduct inter-fund shifting;
- 2.4.12 Absent good cause communicated to the Board, fail to settle payroll and other financial obligations of the Board when due;
- 2.4.13 Fail to timely and accurately file documents or make disclosures required by federal or state laws or regulations or contract obligations;
- 2.4.14 Allow records to be retained in violation of the Record Retention & Disposal Policy according to state and federal laws;
- 2.4.15 Fail to instruct the Board selected auditor to provide the copy of the audit to the Board at the same time as made available to the CEO;
- 2.4.16 Commit the Authority to any unbudgeted financial obligation or series of obligations with a value in excess of \$15,000 for any purpose other than the provision of direct consumer services;
- 2.4.17 Enter into contracts or other binding obligation that is inconsistent with governance policies;

- 2.4.18 Enter into contracts without sufficient assurance that the contractor is qualified and eligible to furnish the goods and services covered by the contract.
- 2.4.19 Acquire, encumber or dispose of real property [Does not apply to leaseholds to be used as housing for individual consumers];
- 2.4.20 Fail to exercise reasonable diligence in the collection of delinquent financial or contractual obligations to the Authority; or
- 2.4.21 Fail to place cash in interest-bearing accounts in accordance with P.A. 196 of 1997 as amended.
- 2.4.22 Fail to report dollar amounts on the Administrative Consent Agenda when identifying expense contracts exceeding \$15,000.
- 2.4.23 Fail to continually seek out and/or be open to securing opportunities/avenues for revenue enhancements that fits our mission.

In managing the financial affairs of the Board, the CEO shall honor priorities formally adopted by the Board:

- **2.4.1 Clinical and administrative services;**

January 2024 Update:

The 2023 and 2024 budgets were based upon forecasted revenue provided by NMRE based upon Milliman Actuarial Data. Budgets were based upon 100% of the capitated forecast. 2023 included additional funding in the form of carryforward revenue from NMRE to provide flexibility in service needs.

NLCMHA continues to use all grants and revenue sources available to support the local need for crisis services in settings such as the crisis welcoming center and the crisis residential unit managed by Hope Network in Traverse City. NLCMHA is fortunate to have a psychiatrist on staff that is also participating at a State level to formalize the rules and standards that will be expected in order to license a facility for crisis stabilization services. The opening of the North Hope location was delayed and the SAMSHA funding was extended until March 2024.

- **2.4.2 Internal service fund; and**

January 2024 Update:

NLCMHA holds no internal service funds for Medicaid. The final transfer of dollars occurred in February of 2015.

NLCMHA operates an internal service fund for employee self-funded health insurance. The primary insurance plan purchased by NLCMHA staff is a high deductible health plan which provides a health savings account component. Public Act 152 governs how much a governmental agency can charge for health insurance coverage per employee. Benefits are an important component to any employer in recruiting and retaining staff and it is hoped PA 152 will catch up with health care cost increases.

- **2.4.3 Existing unfunded liabilities.**

January 2024 Update:

NLCMHA's unfunded liability is within the defined benefit plan inherited from Grand Traverse County by the former Great Lakes CMH. GASB 68 reporting for fiscal year 2023 has not been yet finalized. The amounts will be included in the annual financial audit and be reported in April 2024.

No change in benefits under the defined benefit plan are allowable without Board approval.

With respect to the preparation of budgets the CEO shall not:

- **2.4.4 Fail to include a projection of revenues and expenses based on the most current and accurate data available;**
- **2.4.5 Fail to identify and distinguish capital and operating expenditures;**
- **2.4.6 Fail to project or account for cash flow; or**
- **2.4.7 Fail to disclose assumptions upon which the budget is predicated.**

January 2024 Update:

The recommendations for the FY 2024 budget are predicated on the NMRE capitation forecast, grant or contract values, or trends in experience. Any changes to expectations are reported to the Board in the monthly financial reporting.

With respect to the operations of the Authority, the CEO shall not:

- **2.4.8 Receive, process or disburse funds except in accordance with standards and controls satisfactory to the Authority's outside auditor and that accord with generally accepted governmental accounting principles;**

January 2024 Update:

The NLCMHA Board of Directors has chosen Roslund Prestage & Co as the outside auditing firm for the three years ending in 2021, 2022, and 2023. Each of the CMH's and the NMRE are all currently using the same auditor. Roslund Prestage will perform a financial audit, compliance audit, and a single audit for federal funds. As part of all the audits, internal control reviews occur. NLCMHA will review every recommendation that is made and implement each one that can be satisfactorily carried out with the resources available.

Rehmann has also been engaged to perform reviews of policies, controls, and various financial practices to assess how the activities compare to expected best practices. The findings and recommendations as expected during 1st quarter 2024. One significant initial finding is that that Standard Cost Allocation has not been fully implemented as required by the CMHSP contract.

- **2.4.9 Take any action or fail to advise the Board of any event or projected event that the CEO, in the exercise of sound business judgment, believes will result in liabilities exceeding assets or the need to use internal service fund resources;**

January 2024 Update:

NLCMHA and Finance staff believe the revenues for which the budget has been predicated will occur. The finance staff is closely monitoring Medicaid reenrollments as well as changes to the rates anticipated to be made by the State actuary. Adjustments to the budget will be considered and proposed as necessary.

- **2.4.10 Provide less for Board prerogatives during the year than is set forth in the Costs of Governance Policy;**

- **2.4.11 Conduct inter-fund**
- **2.4.12 Absent good cause communicated to the Board, fail to settle payroll and other financial obligations of the Board when due;**
- **2.4.13 Fail to timely and accurately file documents or make disclosures required by federal or state laws or regulations or contract obligations;**
- **2.4.14 Allow records to be retained in violation of the Record Retention & Disposal Policy.**

January 2024 Update:

It was identified that the administrative report for the Mi Choice Waiver program has consistently not been filed. The State Wavier governing body is aware of the deficiency and has not made any requests for the reports to be filed.

- **2.4.15 Fail to instruct the Board selected auditor to provide the copy of the audit to the Board at the same time as made available to the CEO;**

January 2024 Update:

Roslund Prestage, the auditors engaged financial, compliance, and single audits, will present the audits directly to the Board of Directors in April.

- **2.4.16 Commit the Authority to any unbudgeted financial obligation or series of obligations with a value in excess of \$15,000 for any purpose other than the provision of direct consumer services;**

January 2024 Update:

It is believed this has not occurred without authorization from the Board.

- **2.4.17 Enter into contracts or other binding obligation that is inconsistent with governance policies;**
- **2.4.18 Enter into contracts without sufficient assurance that the contractor is qualified and eligible to furnish the goods and services covered by the contract.**

January 2024 Update:

It is believed this has not occurred.

- **2.4.19 Acquire, encumber or dispose of real property [Does not apply to leaseholds to be used as housing for individual consumers];**
- **2.4.20 Fail to exercise reasonable diligence in the collection of delinquent financial or contractual obligations to the Authority; or**
- **2.4.21 Fail to place cash in interest-bearing accounts in accordance with P.A. 196 of 1997 as amended.**
- **2.4.22 fail to report dollar amounts on the Administrative Consent Agenda when identifying expense contracts exceeding \$15,000.**
- **2.4.23 Fail to continually seek out and/or be open to securing opportunities/avenues for revenue enhancements that fits our mission.**

January 2024 Update:

It is believed this has not occurred.

Respectfully Submitted,

Brian Martinus (Assisted by Laura Argyle)

Board Policy being monitored:
2.4 Financial Management – Internal Inspection
January 19, 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 December 21, 2023 Board Means Monitoring Report Evaluation
January 18, 2024**

Policy 3.1– Board Job Description – Direct Inspection

Eleven (11) Board Members completed and submitted the monitoring report. There are sixteen (16) Board Members.

Question One – Do you believe we are in strict compliance with the policy as stated for each provision? 7 – Yes, 4 – No.

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. We have to establish a governance model and we need to adhere to it and move forward.
2. Lack of metrics and KPI as required by the re-issued Enabling Agreement. However, these are extenuating circumstances that warrant more flexibility.
3. It seems to me that the Board is in compliance with the policy, but the Board is not satisfied with the organizational performance and blames it on the current governing model.
4. Does not address the Board’s statutory responsibilities.
5. We need a new governance policy

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

Comments:

1. Greater use of metrics, results data & KPIs, especially once we are done with the review. Our agency appears to be facing a large number of challenges at this time.
2. Develop a plan of action – seems like we are disorganized in how to improve our ability to grow.
3. Change governance.
4. Get a new governance policy immediately.

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

Comments:

1. Focus forward.
2. Governance model
3. Identify the problems of the Carver model and make the changes needed to make for better organizational performance.
4. We need to learn the process and abide by it, for retrieving information and asking for agenda items.
5. Need to rely more on utilizing Board member strengths and what we can gain by more open Board communication and oversight. We are seeing that: policy performance and agency performance.

Question Five – Does this policy remain in compliance with the Policy Governance model in terms of content and format? 8 -Yes, 2 unanswered, 1 No.

Comments:

1. I would like to serve on a KPI/metrics committee to review and recommend changes to the Enabling Agreement KPIS and additional metrics to be provided to the Board monthly.

CEO Response:

I appreciate the Board’s assessment that the Board is in 63% compliance with this policy.

During the last Board meeting, the Board voted to do away with the Carver model. Many of these concerns will be resolved as the Board decides and implements its new governance model. It is good for the Board to have structure, and once they decide on a new governance model, to follow that structure.

Respectfully Submitted,
Brian Martinus, Interim CEO

**BOARD MEANS SELF-ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
POLICY 3.10 BOARD MEMBER CONFLICT OF INTEREST
DIRECT INSPECTION - BOARD
January 18, 2024**

3.10 Board Member Conflict of Interest

The Board of Directors believes that potential conflict of interest situations should be identified in advance and avoided consistent with this policy. The Board seeks to protect the organization's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of a board member. Further it seeks to assure that board members who, by virtue of their position can influence decisions affecting the business, operations, ethical and/or competitive position of Northern Lakes Community Mental Health Authority, will perform their duties in an impartial manner free from any bias created by personal interests of any kind.

This policy clarifies the duties and obligations of board members in the context of potential conflicts of interest and, further, provides board members with a method for disclosing and resolving potential conflicts of interest. This policy supplements, but does not replace, any applicable federal or state laws governing conflicts of interest applicable to public institutions, along with nonprofit and charitable corporations.

Each board member shall avoid, to the extent possible, becoming involved in any financial or personal obligation, which might affect his/her judgment as to issues concerning Northern Lakes Community Mental Health Authority with outside individuals or entities. Each board member should carefully consider his/her own activities or those of his/her immediate family to make sure that no situation will create a potential conflict of interest with respect to transactions with Northern Lakes Community Mental Health Authority.

Members must refrain from arrangements which could result in personal benefit at the expense of Northern Lakes Community Mental Health Authority's interest, influence performance of Board duties, or result in improper gain or advantage by a third-party including, but not limited to:

- 3.10.1 Members are prohibited from receiving gifts, fees, loans, or favors from suppliers, contractors, consultants, of financial agencies, which obligate or induce the member to compromise board member responsibilities and are not in the best interest of Northern Lakes Community Mental Health Authority.
- 3.10.2 Members are prohibited from disclosing confidential consumer information and shall not disclose Northern Lakes Community Mental Health Authority information to any party or organization with whom he or she has a declared conflict of interest.
- 3.10.3 Members may not have a significant financial interest in any property Northern Lakes Community Mental Health Authority purchases, or a direct or indirect interest in a supplier, contractor, consultant, or other entity with which Northern Lakes Community Mental Health Authority does business.
- 3.10.4 Members may not use their board position to prevent Northern Lakes Community Mental Health Authority from competing with their business interest. It is expected that board members, even after they complete board service, will not use trade secrets, consumer information, or other confidential information acquired by virtue of being a board member.

- 3.10.5 Members must not make political contributions on behalf of Northern Lakes Community Mental Health Authority. If a member takes an active part in the political process, it must be done at the member's personal expense.
- 3.10.6 Board members will not use their board position to obtain employment in the organization for themselves, family members, or close associates. Should a board member apply for employment, he or she must first resign from the board.
- 3.10.7 Board members will not obtain personal loans from the organization.

Consistent with Michigan Act 317 of 1968, as amended, board members are required to make full disclosure of any conflict of interest. Any possible conflicts of interest must be disclosed to the other board members and made a manner of record either through an annual disclosure or when the interest becomes a matter of board action. All board members shall be required to complete the attached "Conflicts of Interests" form when they become a board member and no less than annually.

Any board member having a conflict of interest or possible conflict of interest shall refrain from the discussions and voting, or use her/his personal influence on the matter, and he/she shall not be counted as part of a quorum from the board action item. The minutes of the meeting shall reflect that a disclosure was made, the abstention from voting and the quorum situation, due to the fact a member recused from voting on a matter or potential conflict of interest.

These restrictions shall not be construed as preventing the member from briefly stating his/her position in the matter, nor from answering pertinent questions of other board members, since his or her knowledge could be of assistance to the deliberations.

ATTACHMENT: [Board Member Conflict of Interest Declaration Form](#)

**BOARD MEANS SELF-ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
POLICY 3.10 BOARD MEMBER CONFLICT OF INTEREST
DIRECT INSPECTION - BOARD
January 18, 2024**

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)

Jan. 2024

Northern Lakes Community Mental Health Authority *Board Member Conflict of Interest Declaration*

In accordance with the NLCMHA Board Governance Conflict of Interest policy, I hereby certify that a member of my family or I have the following interests, in the following entities or individuals, with which or with whom NLCMHA may enter into a relationship or transaction in which I may have a financial or conflicting interest.

Name of Entity/Individual

Address

Description of Interest: _____

Name of Entity/Individual

Address

Description of Interest: _____

I hereby acknowledge receiving a copy of the NLCMA Conflict of Interest policy.

I have disclosed any and all activities and interests that I or members of my immediate family have or have taken part in that, when considered in conjunction with my position with or relation to NLCMA, might possibly constitute a conflict of interest.

I agree to refrain from voting or using my personal influence on any matter that may represent a conflict of interest.

I agree to refrain from accepting gifts, gratuities or entertainment intended to influence my judgment or actions concerning the business of NLCMHA.

If any situation should arise in the future which may involve me in a conflict of interest in accordance with the Conflict of Interest policy, I will promptly notify the Board consistent with this policy.

NLCMHA Board Member

Date



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

Nominating and Leadership Development Committee Meeting Minutes

January 3, 2024

10:00 AM

Attendance:

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

Board Members Present: Pam Babcock, Ruth Pilon, Mary Marois, Carol Blake, Eric Ostergren
Greg McMorrow, Ben Townsend (virtual)

Others Present: Brian Martinus, Interim Chief Executive Officer; Stacy Maiville, Executive Secretary

MOTION:	Approve the Agenda
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	C. Blake
SECONDER	R. Pilon

MOTION:	Approve the November 1, 2023 Meeting Minutes
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	C. Blake
SECONDER	R. Pilon

NLD would like the Board to discuss removing the COW and start the NLCMHA Board meetings at 12:30 p.m. As mentioned, and voted on during the November 1, 2023, NLD meeting.

The committee discussed the results of the annual board self-evaluation assessment. After much dialogue, the NLD determined that the current board self-evaluation documents and processes are no longer relevant to the Board, and they would like to do away with them. They emphasized the importance of Board accountability, and there does need to be a way to do self-evaluations, but the current method is not working.

MOTION: Do away with the current annual Board self-evaluation documents. Recommend that the Board refer this matter to the By-Law Committee, expressing the importance of them developing a mechanism for self-evaluation going forward. Further recommend that whatever they come up with, there is a mechanism for taking action on the feedback.	
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	C. Blake
SECONDER	M. Marois

Strategic Planning Discussion:

The NLD discussed the strategic plan.

It was stated that there may need to be a staff strategic plan and a Board strategic plan. The help of a professional may be needed for the Board to develop their strategic plan. The first step could be a SWOT analysis.

Mr. Martinus commented that the Board would need to craft its strategic plan first so the Leadership team can map out the agency’s strategic plan with the Board’s plan in mind; this way, both the agency and the Board are on the same page.

It was identified that the committee would like to see more data presented to the Board and robust discussion was held regarding the topic. The NLD requested a standardized form of data on the different service populations to be presented at each monthly meeting. Mr. Martinus will include this in his CEO Report moving forward. This report would provide an overview of data for the services the agency provides and a breakdown of the counties served. The NLD expressed that this would be a starting point, and the members of the Board can request that this report be modified over time.

2024 Calendars:

Annual Planning Calendar:

MOTION:	Recommend to the Board to approve April-June Annual Planning Calendar
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	M. Marois
SECONDER	C. Blake

Policy Monitoring Calendar:

MOTION:	Recommend to the Board the monitoring reports April-June
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	M. Marois
SECONDER	R. Pilon

Board Education & Training Topics:

Jan- Redbook Training

NLD decided to hold off on planning any more education sessions until after the times and COW meetings are discussed.

Public Comment: None

Next Meeting March:

Board Education Schedule

Reflect on the Dashboard Report

Meeting adjourned at 11:45 am

Respectfully Submitted,

Stacy Maiville, Executive Secretary

NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY ANNUAL BOARD SELF ASSESSMENT RESULTS

Designates Highest Designates Lowest

FY 2023

KEY: 4-Excellent; 3-Satisfactory 2-Fair, 1-Poor

Enter Scores in Columns 1-14

FY 2022 FY 2020 FY 2019 FY 2018 FY 2017

Linkage with Owners	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Mean	Mean	Mean	Mean	
1. Board has planned strategy for obtaining owner input	3	3	1	2	4	3	3	3	2								2.67	3.60	3.43	3.54	3.50
2. Board has carried out its ownership linkage strategy	3	3	1	2	4	3	3	3	3								2.78	3.67	3.43	3.54	3.57
3. Board is knowledgeable about owners' expectations	2	2	1	2	4	3	3	1	3								2.33	3.33	3.36	3.38	3.29
4. Owners' input has been carefully considered when developing Ends	2	3	1	2	4	3	3	1	3								2.44	3.60	3.50	3.62	3.43
	3																2.56	3.55	3.43	3.52	3.45
																	2.56				

Policy Development

or more of Ends discussion or revision, board education on Ends related issues, or discussion on ownership input)	2	3	1	2	4	3	3	3	3								2.67	3.47	3.54	3.77	3.36
6. Board follows a regular schedule for review of Governance policies	3	4	2	3	4	3	4	2	4								3.22	3.80	3.86	3.92	3.79
7. Board has a process for identifying any additional policy development	1	2	1	2	2	3	3	1	3								2.00	3.60	3.21	3.62	3.29
8. Board receives adequate information to make informed policy choices	2	2	1	3	2	3	2	1	2								2.00	3.53	3.36	3.85	3.79
9. Board obtains policy development information from sources in addition to the CEO	1	2	1	2	2	3	3		3								2.13	3.53	3.14	3.54	3.36
10. Policy dialogue is future focused	2	2	1	3	4	3	3	1	2								2.33	3.53	3.43	3.62	3.36
																	2.39	3.58	3.42	3.71	3.49

CEO Evaluation

11. There is a current monitoring schedule	3	3	3	3	4	3	4	3	4								3.33	3.93	3.79	3.77	3.71
12. Monitoring schedule has been followed	3	1	1	3	4	3	4		4								2.88	3.93	3.86	3.83	3.64
13. Appropriate questioning of monitoring reports, no straying into administrative details during meeting	1	2	2	2	2	3	2		1								1.88	3.60	3.50	3.69	3.57
14. Agency evaluation is CEO evaluation		2	2	3	4	3			2								2.67	3.87	3.79	3.92	3.62
																	2.69	3.83	3.73	3.80	3.64

Board Process

15. Board has consistently followed Policy Governance principles	2	4	1	3	4	3	3	4	3								3.00	3.67	3.64	3.69	3.57
16. Board used meeting time effectively	2	4	1	3	3	3	3	1									2.50	3.40	3.57	3.54	3.36
17. Board owns and controls agenda, using an annual planning cycle		4	1	3	4	3	3		3								3.00	3.73	3.79	3.85	3.79
18. Committees have been only used to do Board work per policy	2	4	1	3	3	3	3		3								2.75	3.57	3.64	3.77	3.57
19. Board regularly assesses and discusses educational needs	1	3	1	3	4	3	2	3	3								2.56	3.40	3.23	3.23	3.20
20. Self-evaluation is completed at the end of each meeting	3	3	2	3	4	3	4	4	4								3.33	3.67	3.79	3.92	3.90
21. The Chair has provided leadership to assure that the board practices consistent with its policies	3	2	1	3	4	3	4		4								3.00	3.60	3.71	3.69	3.70
22. Board has a written Code of Conduct policy	3	4	3	4	4	3	4	4									3.63	3.93	3.86	3.85	3.60
23. Board has a written Conflict on Interest policy	3	4	3	4	4	3	4	4									3.63	3.93	3.86	3.85	3.80
24. Board has an effective new member orientation plan	2	4	2	2	2	3	2		3								2.50	3.27	3.21	3.54	3.20
25. Board no less than annually reviews board member terms		4	3	3	4	3	3		1								3.00	3.73	3.85	3.85	3.80
26. The board has accountability for its governance budget		4	2	2	4	3	3		1								2.71	3.79	3.57	3.77	3.80
																	2.97	3.64	3.64	3.71	3.60

Scores from FY 2022	2.65
Scores from FY 2020	3.64
Scores from FY 2019	3.56

**Annual Board Member Self-Evaluation 2023:
Comments from the Questions**

Question 1. Board has planned a strategy for obtaining owner input.

Comments:

I don't think the surveys are a good representation of each county.

Question 2. Board has carried out its ownership linkage strategy.

Comments:

I don't know how a board member gets ownership linkage & community.

Question 5. The primary focus at each meeting is related to Ends (one or more of Ends discussion or revision, board education on Ends-related issues, or discussion on ownership input)

Comments:

There really isn't any discussion after the Board Education Session, or don't see ownership input other than public comment".

Question 7. Board has a process for identifying any additional policy development.

Comments:

If we have this, I haven't seen it.

Question 8. Board receives adequate information to make informed policy choices.

Comments:

We get lots of info.

Question 9. Board obtains policy development information from sources in addition to the CEO.

Comments:

No CEO.

Question 10. Policy dialogue is future-focused.

Comments:

Not aware of any policy development info.

Question 13. Appropriate questioning of monitoring reports, no straying into administrative details during meeting.

Comments:

1. We do have a Board member that talks about administration at every meeting.
2. Occasionally get de-railed by un-related questions by board members.

Question 15. Board has consistently followed Policy Governance principles.

Comments:

1. There seems to be a difference in what the board expects from the interim CEO and a permanent CEO. Board members want a different governance model but can't identify the model they want and are unable and unwilling to work on the model we do have.

Question 20 Self-evaluation is completed at the end of each meeting.

Comments:

It's a courtesy eval without any meaning.

Question 21. The Chair has provided leadership to assure that the board practices are consistent with its policies.

Comments:

It appears the chair does not always share info w/ the full board.

Question 24. The board has an effective new member orientation plan.

Comments:

2 hours of orientation without any follow-up or mentoring.

Question 25. Board no less than annually reviews board member terms.

Comments:

This led to a heart-breaking situation in April 2023.

Question 26. The Board has accountability for its governance budget.

Comments:

The board should look more closely at new significant dollar contracts & should compare budgeted detail to actual.

Additional Comments:

1. Our Board Education is limited to presentations about various programs at NLCMH. The Annual Work Plan policy 3.4 has a list of education events that are designed to provide Board members with the greatest possible insight into Board governance policy options. How can we do this?
2. Meetings need to be more directed and extraneous discussions need to be minimized. There is a need for additional eg. Finance, program, etc.
3. This board has been failing to live up to its standards but we are working earnestly on taking responsibility and taking corrective action.

4. The Board has incorrect records of board members' terms that led to a terrible situation in April 2023. Both the counties and board members should be notified at least 6 months in advance of term expiration. Contracts such as Rehmann for interim CFO should have been reviewed and discussed more thoroughly by the board. Also, we need to treat the CEO as a partner and hope that he/she will trust us with the good, bad, and other info.

**NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY ANNUAL BOARD
INDIVIDUAL SELF ASSESSMENT RESULTS**

Designates Highest
KEY: 4-Excellent; 3-Sa

FY 2023

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Sum	Denom	HIGH	LOW	FY 2023 MEAN	FY 2022 MEAN
1. I have tried my best to make decisions based on the best interests of the owners, not just the geographic or interest group that I belong to	4	4	4	3	3	3	4	3	4	4	4						40	11	4	3	3.64	3.60
2. I have exercised the degree of care, diligence and skill that a reasonably prudent person would exercise in comparable situations	4	4	4	3	3	3	4	4	4	4	4						41	11	4	3	3.73	3.53
3. I am familiar with the Board Bylaws, policies and the rules of order that our Board has chosen to use, and have respected them	4	4	4	4	3	3	4	3	4	3	4						40	11	4	3	3.64	3.27
4. I have disclosed any involvements that might be seen as a conflict with my board duties	4	4	4	3	4	4	4	4	4	3	4						42	11	4	3	3.82	3.93
5. I have maintained confidentiality regarding sensitive information discussed at board and committee meetings	4	4	4	4	4	4	4	4	4	4	4						44	11	4	4	4.00	3.87
6. I have attended board and committee meetings regularly, arrived on time, and stayed for the entire meeting	4	4	4	4	3	4	4	3	4	4	4						42	11	4	3	3.82	3.67
7. I read the board packet carefully prior to the meeting and came prepared to discuss the items on the agenda	4	4	4	4	4	3	4	3	4	4	4						42	11	4	3	3.82	3.53
8. I thoughtfully completed all monitoring reports prior to the board meeting and came prepared to participate in monitoring discussion	4	4	4	4	4	3	4	3	3	4	4						41	11	4	3	3.73	3.60
9. In board meetings I tried to focus on the impact NLCMH has on the people it serves rather than on the details of how staff operates	4	4	4	4	3	4	4	4	4	4	3						42	11	4	3	3.82	3.67
10. I have been a team player, but have asked tough questions when necessary	4	4	4	3	4	3	3	3	3	4	4						39	11	4	3	3.55	3.33
11. I have minimized questions about day-to-day operational details except as appropriate in assessing monitoring reports	4	4	4	3	3	4	4	3	3	3	3						38	11	4	3	3.45	3.67
12. I have listened respectfully to the viewpoints of other board members	4	4	4	4	4	4	4	4	4	4	4						44	11	4	4	4.00	3.80
13. Once a board decision has been made I have respected it even if I disagreed	4	4	4	4	3	4	4	4	4	4	4						43	11	4	3	3.91	3.87
14. I have participated in educational activities to assist me in carrying out my board member responsibilities	4	4	3	3	4	4	4	3	3	3	4						39	11	4	3	3.55	3.27
15. I have participated in Board ownership linkage as assigned	4	4	4	3	4	4	3	4	3	3	4						40	11	4	3	3.64	3.40
16. If I was approached by someone outside NLCMH with a problem, I listened carefully, but did not try to solve the problem. Rather I notified the CEO of the concern and requested that he/she deal with it	4	4	4	3	3	4	3	4	4	4	4						41	11	4	3	3.73	3.92
17. I have spoken "for the board" to the media only when I have been specifically authorized by the Board to do so	4	4	0	3	4	0	3	4	0	4	4						30	11	4	0	2.73	3.50
18. I have refrained from telling the CEO or staff how things should be done.	4	4	4	4	3	4	4	4	3	4	3						41	11	4	3	3.73	3.80

Scores from FY 2021	729	198	3.68
Scores from FY 2020	939	259	3.62

Annual Board Individual Self Evaluation 2023
Comments to Questions

Question 3. I am familiar with the Board Bylaws, policies and the rules of order that our Board has chosen to use, and have respected them.

Comments:

1. I have read but need to review.
2. Need more rules of order training”

Question 8. I thoughtfully completed all monitoring reports prior to the board meeting and came prepared to participate in the monitoring discussion.

Comments: Working on it now that I know more about it.

Question 10. I have been a team player, but have asked tough questions when necessary.

Comments: Working on stepping up more.

Question 13. Once a board decision has been made, I have respected it even if I disagreed.

Comments: Very Difficult to do when decisions are made w/o informed discussion.

Question 16. If I was approached by someone outside NLCMH with a problem, I listened carefully, but did not try to solve the problem. Rather I notified the CEO of the concern and requested that he/she deal with it.

Comments:

1. Yes. Or I advised the person to contact the CEO, email the full board, or speak at a board meeting.”
2. I would do this, but it hasn’t happened yet, should have been mentioned at orientation”.

Question 17. I have spoken "for the board" to the media only when I have been specifically authorized by the Board to do so.

Comments: Never

Question 18. I have refrained from telling the CEO or staff how things should be done.

Comments: I have sometimes made suggestions to the CEO and full board based on my particular understanding of best practices and new initiatives being done elsewhere in MI.

The areas in which I feel the need for more education to increase my governance ability are:

1. Orientation should help new members learn what is expected of them and what they can do. I need more info about if it's okay for members to talk to each other outside of the board meeting and who to talk to if there is a problem with the board.” “ Need more info about policy governance.”
2. I intend to complete the boardworks”.
3. Medical reimbursements, etc., parliamentary procedure.

NLCMHA Ownership Linkage Plan

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

The organizations and individuals include but not limited to:

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

Frequency of Contact:

Methods:

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

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

1/2021