



**Northern Lakes  
Community Mental  
Health Authority**

**Board of Directors  
Packet**

**February 15, 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 February 15, 2024 at 2:15 p.m., 204 Meadows Drive Grayling, MI 49738  
Virtual Meeting: 1-810-258-9588 ID: 364 573 74#

<u>TIME</u>	<u>ID #</u>	<u>ITEMS</u>	<u>POLICY #</u>
2:15 p.m.		<b>Confirmation of Quorum</b> <b>Pledge of Allegiance</b> <b>Appoint Timekeeper</b> <b>Consideration of Agenda</b> <b>Conflict of Interest Declaration</b>	
2:20 p.m.		<b>Consent Agenda - Board</b> 1 Board of Directors Minutes – 1/18/2024 <i>Approve*</i> 2 Committee of the Whole Minutes – 1/18/2024 <i>Approve*</i> 3 Special Meeting Minutes – 1/30/2024 <i>Approve*</i>	
2:30 p.m.		Citizen Comment (May be limited to three minutes by the Board Chairperson)	1.1, 3.1
2:40 p.m.		<b>Northern Michigan Regional Entity Report</b>	
2:45 p.m.		<b>Assurance of Organizational Performance</b> A. Receipt of CEO Monitoring Reports CEO Response to Monitoring Reports: 4 2.4 Financial Management B. New Operational Worries C. February Monitoring Assignment 5 2.2 Treatment of Employed Workforce Members (Internal Inspection)	3.0, 3.2
2:55 p.m.		<b>Board Means Self-Assessment</b> A. Receipt of Board Monitoring Report CEO Response to Monitoring Report 6 3.10 Board Member Conflict of Interest (Direct Inspection) * February Monitoring Assignment 7 3.5 Meeting Agendas and Schedules (Direct Inspection)	3.2, 4.2
3:05 p.m.		<b>Governance Policies Discussion and Assessment</b> A. <u>Ends</u> B. <u>Governance Process/Ownership Linkage</u> 8 - RRAC Minutes – 2/1/24 <i>Approve*</i>	3.1 3.4

- 3:10 p.m. Citizen Comment 1.1, 3.1  
(May be limited to five minutes by the Board Chairperson)
- 3:15 p.m. **Announcements/Board Members Reports/Board Association**
- 3:20 p.m. **March 21, 2024, Agenda Planning**
- 3:25 p.m. **Meeting Evaluation/Comments**
- 3:30 p.m. **Adjournment**

**NEXT MEETING: March 21, 2024**

- \* Action Items
- \*\* Action from Committee of the Whole
- \*\*\* Action Other

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



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

### Board of Directors Meeting Minutes

January 18, 2024

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, Eric Ostergren, Tony Lentych, Carol Blake

**Absent:** None.

**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, Andy

**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 Weinwrick, Jessica Hedges, Keven Hartley, anonymous, Andrew White, Mark Draeger, Melissa Bentgen, Kasie Morse, Robe Palmer, 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:**

<b>MOTION:</b>	<b>Approve agenda</b>
<b>RESULT:</b>	<b>ADOPTED. [UNANIMOUS]</b>
<b>MOVER:</b>	<b>T. Wessell</b>
<b>SECONDER</b>	<b>D. Smallegan</b>

**Conflict of Interest Declaration:** None

<b>MOTION:</b>	<b>Approve the consent Agenda – December 2023 Committee of the Whole minutes</b>
<b>RESULT:</b>	<b>ADOPTED. [UNANIMOUS]</b>
<b>MOVER:</b>	<b>D. Freedman</b>
<b>SECONDER</b>	<b>T. Lentych</b>

The December 21, 2023, and November 16, 2023, Board of Directors meeting minutes were requested to be removed from the consent agenda.

**MOTION:** Correction to December 21, 2023, Board of Directors minutes: Change motion on page 5 of the minutes to read: "Get rid of the Carver model."  
**RESULT:** ADOPTED. [UNANIMOUS]  
**MOVER:** K. Dahlstrom  
**SECONDER:** M. Marois

The December 21, 2023, Board minutes were approved with correction.

Ms. Dahlstrom requested a change in the November 2023 minutes. She requested her reason for voting no to be added after the motion regarding the By-Laws.

**MOTION:** Amend the November 2023 Board minutes to include under the By-laws committee vote, "Ms. Dahlstrom voted no because the Board already has a Governance Committee and a Governance Policy Committee".  
**RESULT:** ADOPTED. [UNANIMOUS]  
**MOVER:** T. Lentych  
**SECONDER:** T. Bratton

The Chair stated that there is currently no standing Governance Committee or Governance Policy Committee meeting.

**Citizen Comment:** Carlton Ketchum commented that his issue had already been addressed.

**Chief Executive Officer's Report:** Brian Martinus, the Interim Chief Executive Officer, gave the CEO Report. Mr. Martinus referenced the new Dashboard Report that he included within his report. The Dashboard Report provides service information by county and a breakdown of the agency's timeliness for Access and Mobile Crisis. He noted that the Mobile Crisis Team is knocking it out of the park and doing very well.

It was indicated by more than one Board member that they were pleased with the Dashboard Report. The Chair asked the NLD to review the Dashboard Report for any changes they may want for the report and instructed Board members to write the NLD Chair if they would like any changes as well.

Mr. Martinus also gave an update about the development of the Grand Traverse Center of Mental Wellness. Phase 1 of the CMW is complete, and they are now on to Phase 2, construction and remodeling of the facility.

**Chief Financial Officer's Report-** The Deputy Chief Financial Officer, Laura Argyle presented the monthly Financial Report. The report provided information regarding the assets, operating revenue, operating expenses, statement of net position, statement of revenue, and AP claims.

She explained that the balance sheet lists the agency's assets, liabilities, and accounts payable. In addition, she noted that financial transactions will have to be reported monthly.

Ms. Argyle stated that there is currently an overspend and reviewed the areas of concern with the Board. She hopes the state will do a Medicaid recalculation, so the agency is compensated more closely to the eligibles. There may need to be budget revisions.

**Northern Michigan Regional Entity Report:** Skipped.

**Assurance Of Organizational Performance:**

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

<b>MOTION:</b>	<b>Receive policy 2.6 Community Resources findings at 81% in compliance.</b>
<b>RESULT:</b>	<b>ADOPTED. [UNANIMOUS]</b>
<b>MOVER:</b>	<b>M. Marois</b>
<b>SECONDER:</b>	<b>C. Blake</b>

The Board was given Policy 2.4 Financial Management and Policy 3.10 Board Member Conflict of Interest as their monitoring assignment.

<b>MOTION</b>	<b>Receive policy 3.1 Board Job Description findings at 63% in compliance.</b>
<b>RESULT:</b>	<b>ADOPTED. [UNANIMOUS]</b>
<b>MOVER:</b>	<b>T. Wessell</b>
<b>SECONDER</b>	<b>S. Powers</b>

Ms. Babcock would like to add language on each agenda and before each citizen comments that their comments will be recorded, and these are open meetings.

The Board monitoring assignment policy 3.10 Board Member Conflict of Interest was given to the Board to complete.

**Governance Policies Discussion and Assessment:**

No Ends given.

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

**a. NLD Updates:**

There was a motion and a second to remove Committee of the Whole meetings and start Board of Directors meetings at 12:30. After much discussion, the Board decided to table the topic and refer it to the NLD to identify the format regarding how the new meetings would look and bring it back to the Board.

**MOTION** Remove Committee of the Whole meetings and start Board of Directors meetings at 12:30  
**RESULT:** Tabled by A. Cambridge and seconded by T. Wessell, 11 – Y, 5- N  
**MOVER:** D. Smallegan  
**SECONDER** K. Dahlstrom

**MOTION** Approve January 3, 2023, NLD minutes.  
**RESULT:** ADOPTED. [UNANIMOUS]  
**MOVER:** M. Marois  
**SECONDER** R. Pilon

The Board discussed the current Annual Board Self-assessment and determined that the current documents are not effective. The Board agreed with the NLD’s suggestion to no longer use those documents.

**MOTION** Receive the annual self-assessments.  
**RESULT:** ADOPTED. [UNANIMOUS]  
**MOVER:** T. Lentych  
**SECONDER** S. Powers

**MOTION:** Receive the annual individual self-assessments.  
**RESULT:** ADOPTED. [UNANIMOUS]  
**MOVER:** T. Lentych  
**SECONDER** S. Powers

**MOTION:** Do away with the current annual Board self-evaluation documents. Recommended by the NLD, that the Board refer this matter to the By-law Committee to develop a mechanism for self-evaluation going forward.  
**RESULT:** ADOPTED. [UNANIMOUS]  
**MOVER:** G. McMorrow  
**SECONDER** E. Ostergren

b. Ownership linkage Plan:

The Ownership Linkage Plan was presented in the Board packet and discussed. The Chair referred the accountability of the implementation of the plan to the NLD and the possibility of finding a new name for the Ownership Linkage Plan.

**MOTION:** Approve the Ownership Linkage Plan  
**RESULT:** ADOPTED. [UNANIMOUS]  
**MOVER:** T. Wessell  
**SECONDER** M. Marois

c. Ad Hoc Finance Committee Updates:

Mr. Cambridge stated that Ms. Argyle did a good job giving the finance update and that next month the first quarter contracts will be presented.

d. Ad Hoc By-Laws Committee Appointments:

The Ad Hoc By-Laws Committee appointments were discussed. Members were identified and voted on. Ben Townsend (Chair), Mary Marois, Penny Morris, Dave Freedman, and Greg McMorrow.

**MOTION:** Appoint Ben Townsend as Chair, Mary Marois, Penny Morris, Dave Freedman and Greg McMorrow to the By-laws committee.  
**RESULT:** ADOPTED. [UNANIMOUS]  
**MOVER:** S. Powers  
**SECONDER** C. Blake

e. Amendment to the Enabling Agreement:

Mr. Ostergren explained that he would like to amend the Enabling Agreement so the counties can delegate a community member in place of a commissioner to sit on the NLCMHA Board of Directors. Several Board members responded with their discomfort with the statement and commented that the counties put together the Enabling Agreement, and the Board does not have control of the rules within the document.

Many Board members expressed a desire to end the discussion, so a motion was made to end the discussion of this topic.

**MOTION:** End the discussion of Mr. Ostergren's Letter  
**RESULT:** ADOPTED. 13- Y, 2- N (1 Board member left the meeting prior to the vote)  
**MOVER:** D. Freedman  
**SECONDER** P. Morris

**Citizen Comment:** None

**Announcements/Board Member Reports/Board Association:**

Ms. Dahlstrom visited the Traverse City drop-in center, Kandu Island, and commented that it is a neat facility. She also referred to upcoming bills to look out for from the legislature.

Mr. Freedman referenced an email he received from Stabenow's office regarding money being offered for IT in mental health.



**Agenda Planning February 15, 2024 -Grayling**

**Meeting Evaluation/Comments:**

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

How to improve future meetings: Have shorter meetings.

**Adjournment:** The meeting adjourned at 4:07 pm

Respectfully Submitted,

Ben Townsend, Chairperson

---

Stacy Maiville, Executive Secretary

---

Sherry Powers, Board Secretary

---

DRAFT



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

## Committee of the Whole Meeting Minutes

---

January 18, 2024

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, Pam Babcock, Eric Ostergren, Tony Lentych, Carol Blake

**Virtual:**

**Absent:**

**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; Vickie McDonald, Administrative Specialist, Andy

**Virtual** –Jessica Williams, Curt Cummins, 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, Ann Ketchum, Teresa Cooper, Robert Sheehan, Neil Rojas, Amanda Taylor, Lisa Jones, Rob Veale, Laura Argyle, Nancy Stevenson, 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. There are currently 77 open investigations. In-person training started this month. The department is 100% in compliance. The substantiation rate is at 51%. Mr. Newcomb commented that ORR training is available and open to anyone who would like it.

**Redbook Training:** Chip Johnson, Executive Director of Centra Wellness, presented the Redbook Training to the Board.

The Redbook gives insight into the Board’s responsibility and the Mental Health Code. The Redbook also provides information regarding administrative rules and highlights the areas of the Constitution regarding the rights of people receiving services, among other guidance for boards involved in the mental health industry.

**Annual Review:** The Annual Review was included in the packet and reviewed by the Board. Brian Martinus, the Interim Chief Executive Officer, presented some highlights of 2023. The highlights included the Enabling Agreement being signed and agreed upon by the six counties, the productive meetings resulting from the feedback provided in the Public Hearings, and the emphasis placed on community collaboration. He also noted the success in repairing the relationship with law enforcement and strengthening the relationships between the counties.

Ms. Pilon commented that she recently ran into her county's jail administrator, and they mentioned that they are pleased with the crisis services provided by NLCMHA.

Mr. Martinus was asked what his main objectives are for the new year. He responded that some of his objectives are to get the financial house in order, which will help identify services that can be expanded; additionally, to develop and follow a Dashboard Report that would look at areas that need improvement and a focus on efficiency improvement.

Ms. Morris suggested the board have a staff listening session. The Vice Chair endorsed the idea. Mr. Cambridge mentioned that it was good all 16 members showed up for today's meeting.

**Agenda Planning** February 15, 2024 – Grayling

- Agency Performance Assessment
- Annual Recipient Rights Review

**Meeting Evaluation/Comments:**

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

**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 Special Meeting

January 30, 2024

2:00 p.m.

**Board Members Present:** Ben Townsend, Greg McMorrow, Mary Marois, Pam Babcock, Ruth Pilon, Tom Bratton, Ty Wessell, Dean Smallegan, Penny Morris, Sherry Powers, Dave Freedman, Tony Lentych, Carol Blake

**Virtual:** Kate Dahlstrom, Al Cambridge

**Absent:** Eric Ostergren- 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, Cindy Peterson, Brian Newcomb, Curtis Cummins, Aimee Horton-Johnson, Tiffany Fewins, Hilary Rappuhn, Andy

**Virtual** – Abby Schonfeld, Alexander Zeits, Amanda Link, Andrea Weiss, Angela Boven, Clarisse Hartnett- Manny, Angie Schroeder, Ann Ketchum, Ann Puruleski, April Weinrick, Becky Moore, Bobbi Hudson, Beth Milligan, Brandy Bray, Carrie Hubbell, Casey McCotter, Cassie Garland, Cate Bearss, Catherine Edwards, Christa Vasicek, Christa Hasty, Dan Mauk, Corrine Pree, Dave Simpson, Emily Friske, Eric Kurtz, Erica Smith, Gina Schlegel, Jen Hemmes, Jennifer Rostamabadi-Cook, Jennifer Wisniewski, Jennifer Schultz, Jerica Brown, Jessica Riddle, Jessica Williams, Jillian Smithingell, Joan Honeman, Jodi Schwind, John DeSplender, Jordan Byington, Joseph Barkman, Joshua Emery, Judi Crane, Hali McRoberts, Karen Cass, Karen Duczyminski, Kari Barker, Kathryn Mikel, Kellee Hoag, Kerreen Conley, Kerry Thompson, Kevin Hartley, Krista Patz, Kristin Page, Kristina Woodworth, Julie Lanczki, Laura Nerone, Lori Bernard, Lori Stendel, Leah Tvardek, Leane Letts, Leslie Burns, Lisa Holmes, Lisa Jones, Lisa Wiesemann, Liz Stier, Lori Campbell, Lynn Pope, Mackenzie Desmond, Manda Clements, Margaret Henning, Marie Jones, Mark Draeger, Mackenzie Desmond, Mats Andtbacka, Marsha Brown, Melanie Michels, Melanie Schopieray, Melissa Bentgen, Melissa Trout, Mindy Crick, Molly Caminta, Pam Petrolje, Rebbaca Wing, Rex Wolfxen, Rhonda Cottrell, Richard Capreuter, Rob Ordiway, Corrine Konley, Rob Palmer, Rob Veale, Robina Walter, Sara Bush, Sara Houchin, Sara Saddler, Scott Legleitner, Shelly Schmidt, Somer Quinlan, Sophorn Klingelsmith, Teri Dougherty, Terri Henderson, TJ Andrews, Trapper Merz, Teresa Cooper, Vivkie McDonald. Traverse City Clubhouse, 10 others/name not known.

**Call to Order:** Mr. Ben Townsend called the meeting to order at 2:00 p.m.

**Audit Assessment Findings, Rehmann Group** - Richard Carpenter and Corrine Konley:

Mr. Carpenter and Ms. Konley gave a verbal update regarding the recent Human Resources and financial assessment for NLCMHA. There will be a written Human Resources report distributed in February.

**HR Assessment:**

The Rehmann Group met with 49 employees for face-to-face interviews. There was also an employee engagement survey distributed agency-wide. 66% of the employees (233) completed the survey. Ms. Konley reviewed the results with the Board.

Ms. Konley commented that the current HR team is relatively new, so most of their findings reflect on time prior to the current team's arrival.

The assessment revealed that there has been an environment of fear, intimidation, and lack of respect in the past. The employee engagement survey reflected a desire for transparency, accountability, teamwork, and support from the Board.

There needs to be a full I-9 audit and FLSA audit. The EEO statement also needs to be updated. There are also safety concerns that need to be addressed.

The Rehmann Group recommends developing and implementing an objective process for making wage adjustments. In the past, these have not always been given consistently or fairly. Additionally, in the past, the hiring process lacked consistency. There is room for improvement in both the hiring and onboarding process.

It was also mentioned that during the previous CEO Search, certain applications may not have been given to the Board as they should have been.

The performance management process needs an overhaul. There needs to be employee performance evaluations and exit interviews. Supervisors need more training and growth.

There is a lot to overcome from the past. The Human Resources department is making positive strides, such as working on an employee handbook to help set the foundation for employees.

Overall, the employees were cooperative and eager to discuss issues with the Rehmann Group. Many noted in the survey that stability of having the current CEO has been helpful and has made many impactful changes.

**Financial Assessment:**

The group's first observation was that standard cost allocation had not been properly implemented. There are plans to give training to staff to help get things coded correctly and sorted.

Some financial policies have been too flexible, causing inconsistent practices and treatment for certain transactions. At the same time, there have been some policies and procedures which have not been flexible enough.

Grant writing has been well written with good intentions but has lacked the proper planning of the grant funds, and money may not have been properly allocated.

During the assessment, they struggled to find evidence of how overhead or administration costs were being allocated to grants and other business operations. That process was either not occurring or not occurring consistently.

There is a suspicion of collusion. The financial assessment stage has been put on hold so a forensic investigation can take place. This will identify if there have been any inappropriate financial activities.

The assessment showed that there may have been two or more people who have participated in collusion within the finance department. There may have been things intentionally hidden. This results in a situation where they cannot rely on the organization's internal controls, as documents and reports could have been fabricated. In the presence of suspected collusion, certain information is not reliable.

There is suspicion that documents were fabricated to support transactions that may have never existed.

Forensic investigation is a specialized group under a private investigation firm license that works with law enforcement and authorities. NMRE Board has authorized this. It will take a few months. They will start by looking at 2023 and go further back if needed. One of the goals of the forensic investigation is to determine if there has been misappropriation of assets or intentional or unintentional false reporting.

One of the concerns is the appropriate use of Medicaid dollars, which may result in a return of funds to the NMRE.

**Adjournment:** Motion to adjourn By T. Bratton, seconded by T. Lentych.

Respectfully submitted,

Stacy Maiville

\_\_\_\_\_  
Executive Secretary

Ben Townsend

\_\_\_\_\_  
Chairman of the Board

Sherry Powers

\_\_\_\_\_  
Secretary of the Board

**CEO Response to January 18, 2024 Board Monitoring Report Evaluation  
February 15, 2024  
Policy 2.4 – Financial Management – Internal Inspection**

Eleven (11) of the sixteen (16) Board Members completed the monitoring report.

**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? – 11 Yes

**Question 4** - Did the interpretation address all aspects of the subject? -11 Yes

**Question 5** - Does the information show compliance with Board direction/policy? –10 Yes, 1 No.

Comments:

**Question 6 –**

1. "I am concerned about 2.4.13 highlighted as it does not state that reports will be filed".
2. "Standard cost and Mi Choice Issues need to be resolved."

**CEO Response 2024:**

I appreciate the Board's assessment that we are in 91% compliance with this policy. Our new Deputy CFO, Laura Argyle, is seeing to those concerns. If you still have questions, please ask her at the end of her report.

Respectfully Submitted,

Brian Martinus  
Interim CEO

**ASSURANCE OF ORGANIZATIONAL PERFORMANCE  
POLICY 2.2 TREATMENT OF EMPLOYED WORKFORCE MEMBERS  
INTERNAL REPORT - CEO  
February 15, 2024**

**2.2 Treatment of Employed Workforce Members**

- 2.2.1 The CEO shall refrain from activity detrimental to the values of integrity, dignity, respect, diversity of opinion and tolerance of non-disruptive dissent in the workplace.
- 2.2.2 The CEO shall not fail to manage the human resources of the Authority according to written personnel policies that are commensurate in scope, detail and clarity with the size and diverse functions of the Authority's employed Workforce.
- 2.2.3 The CEO shall not fail to promulgate reasonable policies for the timely resolution of human resource issues raised by employed members of the Workforce, provided, however, that except as otherwise specifically permitted under a collective bargaining agreement, the CEO shall not enter into any agreement or approve any policy permitting an employed member of the Workforce to pursue a work-related grievance before the Board.
- 2.2.4 With respect to the compensation of employed members of the Workforce, the CEO shall not jeopardize the fiscal integrity of the Authority or knowingly commit any violation of employment laws or regulations.

**CEO Interpretation:**

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



working relationship with all unions. The Residential Home Administrator also has a very productive working relationship with the AFSCME Union Vice President as well as staff. There was a total of 3 grievances filed across all labor unions for FY2023, which is a significant drop from the previous year, and exemplifies the agency's commitment to sound employment practices. The culture and the environment are expected to promote dignity (respectful and worthy), allow for diversity (range) of opinions, and permit expressing disagreement if it does not disrupt the work needing to be done. As such, it is a work atmosphere that most people would seek which provides an organizational culture that reduces unnecessary stress and supports effective and efficient performance and accountability while achieving the overall goal of delivering quality services to our consumers and superior patient care.

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

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

Description of Measure – Dispute resolution policies exists and evidence of staff utilization.

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

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

#### **A. INFORMAL DISPUTE RESOLUTION**

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

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

**Procedure:**

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

**B. FORMAL DISPUTE RESOLUTION**

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

**Procedure**

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

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

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

General Provisions:

- (1) At each Step of the appeal procedure, the Workforce Member may be accompanied and assisted by a fellow WM. Neither the Workforce Member nor the Authority will be represented by an attorney or any other person who is not a WM.
- (2) At Steps 2 and 3, the HRM and CEO, respectively, may extend their hearing if, in their discretion, such extension is necessary. However, every effort will be made to conclude the hearing in a timely manner.
- (3) This Discipline Review Policy (DRP) applies only to discipline. It does not apply to other matters. Although each Workforce Member may have the opportunity to address other co-policy numbers via the chain of command, such matters are not covered by this DRP. In this regard, this DRP does not apply when a WM's position is eliminated, reduced, or otherwise affected by a reorganization or reduction in force. However, if a Workforce Member believes that such an action was a pretext for discipline, such a claim is subject to the DRP.
- (4) Northern Lakes CMHA regards its Workforce Members as valued resources, and Northern Lakes CMHA will exercise its discretion in issuing discipline according to the following considerations:
  - The seriousness of the offense.
  - The work record of the Workforce Member, including prior discipline.
  - The likelihood, in the estimation of Northern Lakes CMHA, that corrective discipline would be effective.
  - Other circumstances and factors that Northern Lakes CMHA determines to be relevant.

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

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

Per this policy, NLCMHA promotes a positive work environment through policies that communicate expectations and guide actions and decisions.

Description of Measure – Administrative policies specific to human resources exist and are used to support practice.

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

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

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

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

**2023 Workforce Policy.** Human Resources reviews numerous policies annually and updates as needed:

- 101.103 Equipment and Facility Usage (Revised 2023)
- 108.113 Attendance, Time Recording, and Schedules (Revised 2023)
- 108.118 Professionalism Dress Code (Revised 2023)
- 108.119 Management Expectations (Revised 2023)
- 108.122 Recognition (Revised 2023)
- 108.123 Workforce Member Accident Injury or Property (Under Review)

- 108.127 Hybrid Workforce (Under Review)
- 108.401 Benefits (Revised 2023)
- 108.402 Worker Compensation (Under Review)
- 108.502 Holidays (Revised 2023)
- 108.602 Discipline Review Policy (Revised 2023)
- 108.701 Required Training and Educational Opportunities (Under Review)
- 108.901 Safety Committee (Revised 2023)

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

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

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

Description of Measures – Number of substantiated violations of employment law or regulations

Data – Number of EEOC 2023

**Equal Opportunity Commission Complaints (EEOC)**

2023- 2 EEOC claims. 2 Open

Respectfully Submitted,

Brian Martinus (with Neil Rojas, Human Resources Manager)

Interim CEO

**ASSURANCE OF ORGANIZATIONAL PERFORMANCE  
SUMMARY OF BOARD COMPLIANCE MONITORING  
2.2 TREATMENT OF EMPLOYED WORKFORCE MEMBERS  
INTERNAL REPORT - CEO  
February 15, 2024**

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 January 18, 2024 Board Monitoring Report Evaluation  
February 15, 2024**

**Policy 3.10 – Board Conflict of Interest – Direct Inspection**

Twelve (12) of the sixteen (16) Board Members completed the monitoring report.

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

No comment.

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

No Comment.

**For Question 3** – How do you think we could improve our process to be in full compliance?

Comment: “Remind ourselves that although we all wear many hats, keep our purpose foremost while here”.

**For Question 4** -- What do we need to learn or discuss in order to live by this policy more completely?

No comment.

**For Question 5** --Does this policy remain in compliance with the Policy\_Governance model in terms of content and format? – 9 yes, 2 unanswered.

**CEO Response 2024:**

I appreciate the Board’s assessment that we are in 100% compliance with this policy.

Respectfully Submitted,

Brian Martinus  
Interim CEO

**BOARD MEANS SELF-ASSESSMENT**  
**SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION**  
**3.5 MEETING AGENDAS AND SCHEDULES – DIRECT INSPECTION - BOARD**  
**February 15, 2024**

**3.5 Meeting Agendas and Schedules**

**Meeting Agendas.** Meetings of the Board shall be conducted in accordance with Roberts Rules of Order and pursuant to a formal Agenda approved by the Board at the commencement of each meeting. The formal Agenda shall consist of the following elements, which correspond with the appropriate governance policy number:

- Roll Call
- Confirmation of a Quorum
- Pledge of Allegiance
- Appoint Timekeeper
- Consideration of Agenda
- Conflict of Interest Declaration
  
- Consent Agenda
  
- Ownership Linkage
  - A. Citizen Comment
  - B. Ownership Communication
  
- Chief Executive Officer’s Report
  
- Chief Financial Officer’s Report
  
- Northern Michigan Regional Entity Report
  
- Assurance of Organizational Performance
  - A. Receipt of CEO Monitoring Report
  - B. New Operational Worries
  - C. Monthly Monitoring Assignment
  
- Board Means Self-Assessment
  - A. Receipt of Board Monitoring Report
  - B. Monthly Monitoring Assignment
  
- Governance Policies Discussion and Assessment
  - A. Ends
  - B. Executive Limitations
  - C. Governance Process/Ownership Linkages
  - D. Board CEO Linkage
  
- Ownership Linkage
  - A. Citizen Comment
  
- Announcements/Board Members Reports



Meeting Evaluation

Next Meeting Agenda

Adjournment

Consent Agendas shall be handled as expeditiously as possible.

**Location and Frequency.** Regular Board meetings shall be held on a monthly basis as provided in the following Table:

<b>Location</b>	<b>Number of Meetings per Calendar Year</b>
Grand Traverse County	4
Wexford County	3
Leelanau County	1
Roscommon County	2 , but not in winter
Crawford County	2

Committee of the Whole and Board meeting times shall be established at the time the Annual Calendar is completed.

Committee of the Whole and Board meetings will be held in one location.

**BOARD MEANS SELF ASSESSMENT**  
**SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION**  
**3.5 MEETING AGENDAS AND SCHEDULES – DIRECT INSPECTION - BOARD**  
**February 15, 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)



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

## Recipient Rights Advisory Committee Meeting Minutes

February 1, 2024

1:30 PM

Northern Lakes Community Mental Health Authority is located at 527 Cobb Street, Cadillac. The meeting is also virtual.

### **Attendance:**

**Recipient Rights Advisory Committee Members Present:** Tony Lentych, Marleen Cassidy, Al Cambridge, Chuck Corwin, Rose Denny

**Remotely:** Rudy Wright

**Absent:** None

**Others Present:** Brian Martinus, Interim CEO; Brian Newcomb, Director of Recipient Rights; Erica Smith, Recipient Rights Advisor; Lisa Jones, Recipient Rights Advisor; Mark Draeger, Recipient Rights Advisor; Alyssa Heider Recipient Rights Specialist; Vickie McDonald, Administrative Specialist

**Virtual:** Clarisse Hartnett-Manny Training and Community Relations, Cindy Petersen Training and Community Relations; Anne Ketchum, Programmer Analyst II

**Tony Lentych called the meeting to order at: 1:30 PM**

**Note from T. Lentych:** There is a position open on this board for a Grand Traverse/Leelanau County Consumer. Please contact Stacy Maiville, Board Secretary or a board member if interested.

**Conflict of Interest Declaration:** None.

### **Review and Approve Agenda:**

<b>MOTION:</b>	<b>Approve the agenda</b>
<b>RESULT:</b>	<b>ADOPTED [UNANIMOUS]</b>
<b>MOVER:</b>	<b>R. Denny</b>
<b>SECONDER:</b>	<b>A. Cambridge</b>

### **Receive and Review October 11, 2023, Meeting Minutes:**

The minutes were reviewed and included in the packet. Minutes were accepted with the revision to add Chuck Corwin to October Meeting as present.

<b>MOTION:</b>	<b>Approve October 11, 2023 Meeting Minutes with revision</b>
<b>RESULT:</b>	<b>ADOPTED [UNANIMOUS]</b>
<b>MOVER:</b>	<b>C. Corwin</b>
<b>SECONDER:</b>	<b>R. Denny</b>

**Public Comment:** None.

**Culture of Gentleness Presentation:**

Cindy Petersen, 35 years as a trainer for NLCMH and Clarisse Hartness-Manny, 28 years as a trainer at NLCMHA and Center for Positive Living Support from Macolm County, introduced by Brian Martinus, gave the Culture of Gentleness presentation to the RRAC.

The core Value of NLCMHA is looking at the Culture of Gentleness, which creates relationships and increases communication with consumers. It is important to be proactive and intentional in what we do and treat others with kindness and respect.

Four Main concepts:

\*The Central Purpose of the Culture of Gentleness is to nurture, teach, and sustain the experience of connectedness, companionship, and community.

\*Four Pillars :

- Safe, Loved, Loving, Engaged

\*Four Tools:

- Eyes, Words, Hands, Presence - How are we Perceived? Kindness is everything!

\*Six Elements of Culture of Gentleness:

- Safe, Loved, Positive Interactions, Demands, Structure, Transition.

Best Practices for the people we serve is to stay with the person through the difficulty and nurture.

**Recipient Rights Director's Report:**

Numbers for this have been updated to include dates 10/1/24 through 1/31/24. This increases the total number of complaints to 170 with 25 of those outside our jurisdiction and 129 currently open. Completed investigations rose from 25 to 63. This increase is partially due to coming off short weeks during the holiday season and increased availability of information, allowing them to complete reports for review. We are still 100% compliant 63/63 and approval 57/57.

The January 2024 ORR Provider Investigation Report has been updated to include NLCMH providers and services as requested.

Comment: A. Cambridge – Thank you to the team for full compliance. Great Job.

**Annual Recipient Rights Director's Report:**

For the Fiscal Year, October 1, 2022, through September 30, 2023, the number of consumers served was 6218. 560 complaints received. The largest category, Code 72271-Neglect III, received 138 complaints with sleeping on the job being the most common reason. These complaints were frequently received by phone call and a picture. Second largest category, Code 7081 Mental Health Services Suited to condition received 124 complaints which is a large umbrella of items resulting in larger numbers. The third largest category, Code 7480 Disclosure of Confidential Information received 29 complaints. Code 7480 internal examples are discussing case information in front of non-authorized personnel, outside examples are email with forms attached passing to wrong person, and data breach due to hacking. This report also included remediation data with the break down of action categories such as written reprimand, training, employment termination, with verbal counselling being the most common. In the instance of possible employment termination, many employees quit before the termination process is complete to avoid this being on their record. There is not a current state reporting system, but we offer a Recipients Rights background check if another provider is reviewing for hire. There were 3 appeal requests. Annual staff training was submitted with special attention for Lisa Jones receiving Critical Incident Stress Management (CISM) training. She is now in charge of our CISM peer support program sponsored by Northern Lakes. The team is made of community members and Northern Lakes staff. They provide peer support for the community and Northern Lakes staff. Staff training is required and will increase as in person. NLCMH also provides training to our providers.

**Goals for 2024**

- Returning to all in-person training for fiscal year 2024.
- Review for enhanced education for contracted providers.
- On-site training for large providers.
- Goal for 60-day investigation completions.
- Providing training to all guardians of the consumers we serve.

**Review of the ORR Budget:**

The budget was sent from Laura Argyle and presented by Brian Martinus. The team will attend a conference for training, which is not local, and will be approximately \$6000, including fees, hotel, and food. They are also required to provide the Rights booklet to every consumer, which is distributed twice a year.

**RRAC Calendar & Planning:**

The calendar is accepted with the proposed dates. Will add the Recipient Rights training before the August 1st meeting. Guardianship training will also be added to a future date.

**Public Comment: No comments**

**Next Meeting: April 4, 2024**

- **Review RRAC Self Evaluations**
- **Site Review Process and Guidelines**

**Meeting Comments:**

A. Cambridge – Roscommon County Selects person of the year. The person who provided excellent support and service to my family during a crisis is Chuck Corwin. Would like to give a formal thanks and recognition to that person.

M. Cassidy Attended Club Cadillac for help with her anxiety. They were very helpful and wanted to thank them.

<b>MOTION:</b>	<b>Adjourn Meeting</b>
<b>RESULT:</b>	<b>ADOPTED [UNANIMOUS]</b>
<b>MOVER:</b>	<b>R. Denny</b>
<b>SECONDER:</b>	<b>A. Cambridge</b>

Meeting adjourned at 2:25

Respectfully Submitted,

Victoria McDonald,  
Administrative Specialist