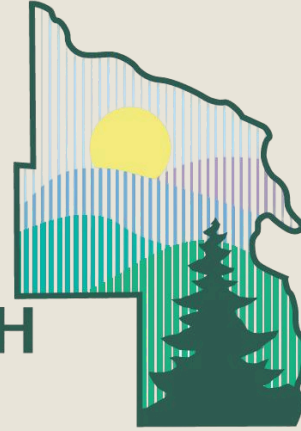


NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY



APRIL BOARD MEETING

April 9, 2026
3:00 p.m.

400 Johnson St.
Alpena, MI 49707

(989) 356-2161



(800) 968-1964

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

Meeting Agenda | Thursday, April 9, 2026 | 3:00 p.m.

I. Call to Order

II. Seating of Board Members

Bonnie Cornelius, Alcona County
Lynnette Grzeskowiak, Alpena County
Lloyd Peltier, Montmorency County

MISSION STATEMENT
To provide comprehensive services and supports
that enable people to live and work
independently.

III. Roll call & Determination of a Quorum

IV. Pledge of Allegiance

V. Appointment of Evaluator

VI. Acknowledgement of Conflict of Interest

VII. Information and/or Comments from the Public

VIII. Election of Officers(Verbal)

IX. Approval of Minutes (Pages 1 – 3)

X. Audit Reports: Financial and Compliance (Straley, Lamp & Kraenzlein PC) (Booklets)

XI. April Monitoring Reports

- 1. Budgeting 01-004.....(Page 4)
- 2. Communication and Counsel to the Board 01-009 (Pages 5 – 6)

XII. Board Policies Review and Self-Evaluation

- 1. Financial Condition 01-005 [Review].....(Page 7)
- 2. Communication and Counsel to the Board 01-009 [Review] (Pages 8 – 9)
- 3. Governing Style 02-002 [Review & Self-Evaluate].....(Page 10)
- 4. Cost of Governance 02-013 [Review, Approve Annual Revisions & Self-Evaluate] (Handout)

XIII. Linkage Reports

- 1. NMRE Board(Verbal)

XIV. Operations Report(Page 11)

XV. Board Chair’s Report

- 1. Section 222 & Conflict of Interest Forms (Pages 12 – 14)
- 2. Establishment of Regular Meeting Date(Verbal)
- 3. Appointment of Standing Committees(Page 15)
- 4. CMHA Summer Conference (Handout)

XVI. Executive Director’s Report (Pages 16 – 19)

XVII. Information and/or Comments from the Public

XVIII. Information and/or Comments for the Good of the Organization

XIX. Next NeMCMHA Board Meeting – Thursday, May 14 at 3:00 p.m.

- 1. Proposed May Agenda Items(Page 20)

XX. Meeting Evaluation(Verbal)

XXI. Adjournment

**Northeast Michigan Community Mental Health Authority Board
Board Meeting – March 12, 2026**

- I. **Call to Order**
Chair Eric Lawson called the meeting to order in the Board Room at 3:01 p.m.

- II. **Roll Call and Determination of a Quorum**
Present: Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Dana Labar, Eric Lawson, Lloyd Peltier, Anne Ryan, Terry Small
Absent: Bob Adrian (Excused), Kara Bauer LeMonds (Excused), Charlotte Helman (Excused)
Staff & Guests: Carolyn Bruning, Connie Cadarette, Rebekah Duhaime, Erin Fletcher, Jason Lepper, Brooke Paczkowski, Kerry Rastigue, Amanda Richardson, Debbie Sayers, Nena Sork, Kara Steinke, Kayla Wikaryasz

- III. **Pledge of Allegiance**
Attendees recited the Pledge of Allegiance as a group.

- IV. **Appointment of Evaluator**
Lynnette Grzeskowiak was appointed as evaluator of the meeting.

- V. **Acknowledgement of Conflict of Interest**
No conflicts of interest were acknowledged.

- VI. **Information and/or Comments from the Public**
Lloyd Peltier stated he saw Larry Patterson, and that he wanted to pass on a “hello.”

- VII. **Approval of Minutes**
Moved by Dana Labar, supported by Lloyd Peltier, to approve the minutes of the February Board meeting.
Motion carried.

- VIII. **Educational Session: Court Orders with Brooke Paczkowski**
Brooke Paczkowski, NeMCMHA’s Court Liaison, provided the Board with an overview of court ordered mental health treatment. She reviewed Assisted Outpatient Treatment (AOT), deferrals, and orders. AOT is a way for adults to receive court ordered mental health treatment in the community without hospitalization, allowing individuals to get help before they harm themselves or others, or end up in the criminal justice system. Brooke reviewed the petition process. Individuals must be screened at the emergency department and then clinical certificates will be completed, which are used by the probate judge to provide reasoning for why an individual should be placed on an order. The judge must find one of three scenarios to be true for an individual to be placed on an order: the individual is a danger to themselves or others, they are unable to attend to their needs, and/or they have a lack of understanding of their need for treatment. Brooke and Agency providers have a monthly Deferral/AOT Case Review meeting where they discuss orders that are coming due for expiration. These meetings help them determine whether an individual still meets criteria for the court order.

- IX. **March Monitoring Reports**
1. Budgeting 01-004
Connie Cadarette reviewed the Statement of Revenue and Expense and Change in Net Position for the month ending January 31, 2026, with 33.33% of the year elapsed. She is pleased with how line items are tracking. Line 36, Property and Liability Insurance, will smooth out this summer once the rebate is received. Medicaid is currently underspent by \$1.2 million and Healthy Michigan is underspent by \$115,251, for a total underspent amount of \$1,357,466. Behavioral Health Home (BHH) is underspent by \$45,682. BHH is looking to add more staff so they can serve more individuals.

Moved by Lynnette Grzeskowiak, supported by Bonnie Cornelius, to accept the March Monitoring Report.
Motion carried.

X. Board Policies Review

1. Budgeting 01-004

The Board agreed that the policy is still adequate.

2. Board Members' Ethical Code of Conduct 02-008

Board members discussed item 2.C., to ensure it reflected the recently revised Board bylaws regarding employment of family members. They did not find any necessary revisions.

3. Asset Protection 01-004

The Board reviewed the presented grammar revisions.

Moved by Lloyd Peltier, supported by Bonnie Cornelius, to approve the revisions to the Asset Protection policy. Motion carried.

XI. Board Member Recognition

Eric recognized Lynnette Grzeskowiak and Terry Small for reaching five years of service to NeMCMHA. They were presented with certificates for reaching the milestone.

Moved by Terry Small, supported by Lynnette Grzeskowiak, to recess the Board meeting for refreshments at 3:43 p.m. Motion carried.

Chair Eric Lawson called the meeting back to order at 3:51 p.m.

XII. Linkage Reports

1. NMRE Board

Dana reported they received positive updates regarding Northern Lakes CMHA. Their new Executive Director, Lynda Zeller, is methodically reviewing all aspects of the CMH. Northern Lakes will have a greater deficit than expected for FY25, which will pull from the NMRE's internal savings fund.

XIII. Operations Report

Erin Fletcher reported on operations for the month of February. Crisis services saw 28 individuals and completed 39 prescreens, resulting in 19 hospital authorizations. Outpatient counseling served 105 individuals, including 26 children. The total number of individuals served for the month of February was 963. Erin introduced Amanda Richardson, who just returned to the Agency as the new MI Adult Case Management Supervisor.

XIV. Report of the Nominations Committee

Jennifer reported the committee met before the meeting, and their suggestion is to keep the seats for Chair, Vice Chair, and Secretary the same as they currently are, with Eric, Lloyd, and Bonnie, respectively. As there is not currently a Past Chair on the Board, this seat on the Executive Committee will be changed to Member at Large. The Nominations Committee would like to nominate Charlotte Helman for this seat. Elections will occur at the April Board meeting, and additional nominations can be voiced at that time.

XV. Board Chair's Report

1. Executive Director's Contract

Moved by Bonnie Cornelius, supported by Lloyd Peltier, to open the Executive Director's contract for the sole purpose of discussing an amendment to Article II – Compensation /Contract Payments. Motion carried, as amended.

Board members and Nena discussed adding an economic opener for the third year of the contract under Article

II – Compensation/Contract Payments 2.2.c., to read, “at the September 2027 Board meeting, either party may initiate negotiations regarding the economic provisions of this agreement. Such negotiations may be opened either by mutual consent or by one party providing written notice to the Board Chair of its intent to negotiate compensation for the final year of this agreement.”

Moved by Lynnette Grzeskowiak, supported by Lloyd Peltier, to adopt the proposed language as an amendment to the Executive Director’s contract. Roll Call: Ayes: Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Dana Labar, Eric Lawson, Lloyd Peltier, Anne Ryan, Terry Small; Nays: None. Absent: Bob Adrian, Charlotte Helman, Kara Bauer LeMonds. Motion carried.

2. PAC Reminder

Eric reminded Board members to review the CMHA PAC flyer. Board members typically contribute a per diem.

XVI. Executive Director’s Report

Nena detailed her activities over the last month including meeting with Cam Cavitt, attending NMRE Ops, meeting with ACC and WMU to discuss the promotion of their BSW and MSW programs they offer in Alpena, hosting the biennial community stakeholder meeting, and meeting with Judge Curtis. The five directors of the NMRE’s CMHs met to problem solve and set goals for the region. Work is starting on creating evidence-based practices for rural settings for SIP monitoring and court ordered mental health treatment. She would like the Agency to become a residency rotation for psychiatry. Jeff Wirgau hosts many PA interns, and it is a very successful program. Nena reported that she gets monthly reports on employment and this is the first time since COVID that the Agency is below 50 open positions. The Agency received over 800 applications in the last year.

XVII. Information and/or Comments from the Public

None were presented.

XVIII. Information and/or Comments for the Good of the Organization

Lloyd Peltier presented a monetary donation to Bayview Center on behalf of the Hillman Knights of Columbus. Connie reported they will use the money for good as they are very creative with their community offerings.

XIX. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, April 9, 2026, at 3:00 p.m.

1. April Agenda Items

The proposed April agenda items were provided.

XX. Meeting Evaluation

Lynnette felt everyone came prepared and that it was a productive and informative meeting. She always appreciates Nena’s detailed reports. She was satisfied with what the Board accomplished, and the provided materials were sufficient. She is happy that Nena’s contract was revised and she loved the court training today. She would like to see updated questions for the meeting evaluation.

XXI. Adjournment

Moved by Dana Labar, supported by Lloyd Peltier, to adjourn the meeting. Motion carried.

This meeting adjourned at 4:43 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Fifth Month Ending February 28, 2026
41.67% of year elapsed

| | Actual February Year to Date | Budget February Year to Date | Variance February Year to Date | Budget FY26 | % of Budget Earned or Used |
|------------------------------------------------|------------------------------------|------------------------------------|--------------------------------------|-------------------|----------------------------------|
| Revenue | | | | | |
| 1 State Grants | 90,611.00 | 122,348.00 | (31,737.00) | 293,636.00 | 30.9% |
| 2 Grants from Local Units | 133,319.00 | 111,099.00 | 22,220 | 266,638.00 | 50.0% |
| 3 NMRE Incentive Revenue | - | 108,333.35 | (108,333) | 260,000.00 | 0.0% |
| 4 Interest Income | 6,604.29 | 2,916.65 | 3,688 | 7,000.00 | 94.3% |
| 5 Medicaid Revenue | 13,713,540.22 | 15,266,723.40 | (1,553,183) | 36,640,136.00 | 37.4% |
| 6 General Fund Revenue | 501,160.00 | 501,161.15 | (1) | 1,202,787.00 | 41.7% |
| 7 Healthy Michigan Revenue | 748,802.80 | 847,397.05 | (98,594) | 2,033,753.00 | 36.8% |
| 8 3rd Party Revenue | 157,706.30 | 166,666.65 | (8,960) | 400,000.00 | 39.4% |
| 9 Behavior Health Home Revenue | 210,582.00 | 166,666.65 | 43,915 | 400,000.00 | 52.6% |
| 10 Food Stamp Revenue | 46,455.22 | 39,820.80 | 6,634 | 95,570.00 | 48.6% |
| 11 SSI/SSA Revenue | 249,918.50 | 259,675.00 | (9,757) | 623,220.00 | 40.1% |
| 12 Revenue Fiduciary | 108,810.82 | 0.00 | - | 0.00 | 0.0% |
| 13 Other Revenue | 32,385.27 | 15,462.05 | 16,923 | 37,109.00 | 87.3% |
| 14 Total Revenue | 15,999,895 | 17,608,270 | (1,717,185) | 42,259,849 | 37.9% |
| Expense | | | | | |
| 15 Salaries | 6,398,315.00 | 6,991,570.90 | 593,256 | 16,779,770.00 | 38.1% |
| 16 Social Security Tax | 246,179.00 | 301,149.65 | 54,971 | 722,759.00 | 34.1% |
| 17 Self Insured Benefits | 865,554.00 | 1,167,465.00 | 301,911 | 2,801,916.00 | 30.9% |
| 18 Life and Disability Insurances | 91,529.00 | 118,479.00 | 26,950 | 284,349.00 | 32.2% |
| 19 Pension | 589,923.00 | 614,815.00 | 24,892 | 1,475,555.00 | 40.0% |
| 20 Unemployment & Workers Comp. | 46,392.00 | 54,802.00 | 8,410 | 131,524.00 | 35.3% |
| 21 Office Supplies & Postage | 20,012.00 | 25,327.00 | 5,315 | 60,785.00 | 32.9% |
| 22 Staff Recruiting & Development | 841.00 | 3,063.00 | 2,222 | 7,350.00 | 11.4% |
| 23 Community Relations/Education | 20,080.00 | 27,875.00 | 7,795 | 66,900.00 | 30.0% |
| 24 Employee Relations/Wellness | 15,222.00 | 46,183.00 | 30,961 | 110,838.00 | 13.7% |
| 25 Program Supplies | 190,737.00 | 331,677.00 | 140,940 | 796,024.00 | 24.0% |
| 26 Contract Inpatient | 708,849.69 | 812,500.00 | 103,650 | 1,950,000.00 | 36.4% |
| 27 Contract Transportation | 0.00 | 5,844.00 | 5,844 | 14,025.00 | 0.0% |
| 28 Contract Residential | 2,445,879.00 | 2,532,958.00 | 87,079 | 6,079,098.00 | 40.2% |
| 29 Local Match Drawdown NMRE | 49,284.00 | 49,284.00 | - | 98,568.00 | 50.0% |
| 30 Contract Employees & Services | 2,853,832.31 | 3,406,824.00 | 552,992 | 8,196,104.00 | 34.8% |
| 31 Telephone & Connectivity | 94,581.00 | 112,500.00 | 17,919 | 270,000.00 | 35.0% |
| 32 Staff Meals & Lodging | 19,835.00 | 35,592.00 | 15,757 | 85,420.00 | 23.2% |
| 33 Mileage and Gasoline | 152,825.00 | 193,413.00 | 40,588 | 464,190.00 | 32.9% |
| 34 Board Travel/Education | 1,791.00 | 5,708.00 | 3,917 | 13,700.00 | 13.1% |
| 35 Professional Fees | 0.00 | 54.00 | 54 | 130.00 | 0.0% |
| 36 Property & Liability Insurance | 89,270.00 | 41,042.00 | (48,228) | 98,500.00 | 90.6% |
| 37 Utilities | 98,836.00 | 98,063.00 | (773) | 235,350.00 | 42.0% |
| 38 Maintenance | 100,370.00 | 83,875.00 | (16,495) | 201,300.00 | 49.9% |
| 39 Interest Expense Leased Assets | 15,382.91 | 15,197.55 | (185) | 36,474.00 | 42.2% |
| 40 Rent | 2,630.00 | 2,417.00 | (213) | 5,800.00 | 45.3% |
| 41 Food | 60,624.71 | 58,333.00 | (2,292) | 140,000.00 | 43.3% |
| 42 Capital Equipment | 0.00 | 0.00 | - | 0.00 | 0.0% |
| 43 Client Equipment | 5,569.00 | 16,667.00 | 11,098 | 40,000.00 | 13.9% |
| 44 Fiduciary Expense | 100,006.00 | 0.00 | - | 0.00 | 0.0% |
| 45 Miscellaneous Expense | 44,155.14 | 51,729.00 | 7,574 | 124,150.00 | 35.6% |
| 46 Depreciation & Amortization Expense | 379,093.00 | 398,863.00 | 19,770 | 957,270.00 | 39.6% |
| 47 MI Loan Repayment Program | 0.00 | 5,000.00 | 5,000 | 12,000.00 | 0.0% |
| 48 Total Expense | 15,707,598 | 17,608,270 | 2,000,678 | 42,259,849 | 37.2% |
| 49 Change in Net Position | \$ 292,298 | \$ (0) | \$ 292,298 | \$ - | 0.7% |
| 50 Contract settlement items included above: | | | | | |
| 51 Medicaid Funds (Over) / Under Spent | \$ 1,576,554 | | | | |
| 52 Healthy Michigan Funds (Over) / Under Spent | 155,551 | | | | |
| 53 Total NMRE (Over) / Under Spent | \$ 1,732,105 | | | | |
| 54 General Funds to Carry Forward to FY26 | \$ - | | PA423 Charged to General Funds | | |
| 55 General Funds Lapsing to MDHHS | 65,374 | | 54,631 | | |
| 56 General Funds (Over) / Under Spent | \$ 65,374 | 120,005 | Actual GF | | |
| 57 Behavior Health Home Revenues | 210,582 | | | | |
| 58 Behavior Health Home Expenses | (153,154) | | | | |
| 59 BHH Funds (Over) / Under Spent | 57,428 | | | | |
| 60 Total BHH (Over) / Under Spent | \$ 57,428 | | | | |

POLICY CATEGORY: Executive Limitations
POLICY TITLE AND NUMBER: Communication and Counsel to the Board Policy # 01-009
REPORT FREQUENCY & DUE DATE: Annual: April 2026

POLICY STATEMENT:

With respect to providing information and counsel to the Board, the Executive Director may not permit the Board to be uninformed or unsupported in its work. Accordingly, the Executive Director may not:

1. Neglect to submit monitoring data required by the Board (see policy on Monitoring Executive Performance) in a timely, accurate, and understandable fashion, directly addressing provisions of the Board policies being monitored.
 - **Interpretation**
Monitoring reports required by Board policy are included on the monitoring schedule, and are prepared, delivered, and presented clearly to the Board on a timely basis, including any necessary data or evidence.
 - **Status**
Monitoring reports have been submitted on a timely basis in accordance with the monitoring schedule. Lead staff from various departments continue to be included in the development and presentation of various reports to more accurately relay information.
2. Let the Board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, and particularly changes in the assumptions upon which any Board policy has previously been established.
 - **Interpretation**
The Executive Director will keep the Board apprised of any significant information or events that bear on the Board's responsibilities.
 - **Status**
The Executive Director has apprised the Board of significant information during her Executive Director Report at each Board meeting. Information and/or events requiring more immediate notice have been communicated to the Board Chair prior to the relevant Board meeting.
3. Fail to advise the Board if, in the Executive Director's opinion, the Board is not in compliance with its own policies on Governance Process and Board-Staff Relationships, particularly in the case of Board behavior, which is detrimental to the work relationship between the Board and the Executive Director.
 - **Interpretation**
The Executive Director has the opportunity and responsibility to raise concerns related to the Governance Process, Board Relationships, and Board-Staff Relationships.
 - **Status**
The Board's commitment to Policy Governance is strong. Open conversation between the Board and Executive Director provides a supportive environment, allowing the sharing of critical information without placing Board Members in the role expected of the Executive Director or other employees.
4. Fail to marshal for the Board as many staff and external points of view, issues, and options as needed for fully informed Board choices.
 - **Interpretation**
The Executive Director is the only employee that reports directly to the Board and is expected to ensure that the expertise of staff and valued input from other community resources are available for the Board.
 - **Status**
The Chief Financial Officer and Clinical Director report to the Board monthly. Quality Improvement, Human Resources, and the Office of Recipient Rights report on a quarterly basis. Educational presentations from staff concerning programs and services occur throughout the year, and occasional presentations from community partners and the NMRE's Executive Director are included on the Board's agenda.

5. Present information in unnecessarily complex or lengthy form, or in a form that fails to differentiate among information of three types: monitoring, decision preparation, and other.
 - **Interpretation**
Monitoring reports and other materials prepared to assist the Board in its responsibilities should be concise and logical in presentation.
 - **Status**
Monitoring Reports to the Board occur using a perpetual calendar of review. While some presentations require lengthy detailed discussions, most presentations meet the tests of this policy.

6. Fail to provide a mechanism for official Board, officer, or committee communications.
 - **Interpretation**
The Executive Director is to assist with and facilitate meetings of the Board, and provide whatever support, including administrative, is necessary to ensure communication among Board members and officers.
 - **Status**
The Recipient Rights Committee, Consumer Advisory Council, Nominations Committee, and Executive Committee meetings continue to be facilitated and supported by Agency staff. Communication with Board members assigned to the NMRE continues to be sufficient.

7. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the Board.
 - **Interpretation**
The Executive Director is to respond to directives of the whole Board rather than to individual members, except when an individual member or committee is duly authorized by the Board for a specific purpose.
 - **Status**
The Board has continued to act as an entire body and does not place individual demands on the Executive Director or leadership staff.

8. Fail to report, in a timely manner, actual or anticipated noncompliance with any Board policy.
 - **Interpretation**
The Executive Director is to inform the Board when issues of noncompliance, either actual or anticipated, with any Board policy occurs, either through communication at the next Board meeting or via contacting the Board Chair directly to inform him of the noncompliance.
 - **Status**
The Executive Director maintains proper and timely communication with the Board Chair in regards to any actual or anticipated Board policy noncompliance.

9. Fail to supply for the consent agenda all items delegated to the Executive Director required by law or contract to be Board approved, along with the monitoring assurance pertaining thereto.
 - **Interpretation**
The Executive Director is to report all items required by law or contract to the Board on the agenda for the next Board meeting. If there is an occasion where contracts or actions need to be addressed or signed prior to the next Board meeting, the Executive Director will contact the Board Chair for approval and will report to the Board at the meeting.
 - **Status**
The Executive Director has presented consent agendas for contract obligations when received by the State or contract providers. Any contracts requiring immediate execution were handled appropriately by contacting the Board Chair and then notifying the Board at their next meeting.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

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EXECUTIVE LIMITATIONS

(Manual Section)

FINANCIAL CONDITION – POLICY 01-005

Board Approval of Policy:

August 8, 2002

Policy Last Reviewed:

April 10, 2025

Last Revision to Policy Approved by Board:

April 09, 2020

●1 POLICY:

With respect to the actual, ongoing condition of the organization’s financial health, the Executive Director may not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from board priorities established in Ends policies.

Accordingly, he or she may not:

1. Expend more funds than have been received in the fiscal year to date unless the debt guideline (below) is met.
2. Borrow money in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 60 days.
3. Use any designated reserves other than for established purposes.
4. Conduct inter-fund shifting in amounts greater than can be restored to a condition of equal or greater to the original discrete fund balances by certain, otherwise unencumbered revenues within 30 days.
5. Fail to settle payroll and debts in a timely manner.
6. Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.
7. Acquire, encumber, or dispose of real property.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

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EXECUTIVE LIMITATIONS

(Manual Section)

COMMUNICATION AND COUNSEL TO THE BOARD – POLICY 01-009

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

April 10, 2025

Last Revision to Policy Approved by Board:

April 9, 2020

•1 POLICY:

With respect to providing information and counsel to the board, the Executive Director may not permit the board to be uninformed or unsupported in its work. Accordingly, he or she may not:

1. Neglect to submit monitoring data required by the board (see policy on Monitoring Executive Performance) in a timely, accurate and understandable fashion, directly addressing provisions of the board policies being monitored.
2. Let the board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, particularly changes in the assumptions upon which any board policy has previously been established.
3. Fail to advise the board if, in the Executive Director's opinion, the board is not in compliance with its own policies on Governance Process and Board-Staff Relationship, particularly in the case of board behavior which is detrimental to the work relationship between the board and the Executive Director.
4. Fail to marshal for the board as many staff and external points of view, issues and options as needed for fully informed board choices.
5. Present information in unnecessarily complex or lengthy form or in a form that fails to differentiate among information of three types: monitoring, decision preparation and other.
6. Fail to provide a mechanism for official board, officer or committee communications.
7. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the board.
8. Fail to report in a timely manner an actual or anticipated noncompliance with any policy of the Board.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

9. Fail to supply for the consent agenda all items delegated to the Executive Director yet required by law or contract to be board-approved, along with the monitoring assurance pertaining thereto.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

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GOVERNANCE PROCESS

(Manual Section)

GOVERNING STYLE – POLICY 02-002

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

April 10, 2025

Last Revision of Policy Approved by Board:

April 9, 2020

●1 POLICY:

The board will govern with an emphasis on outward vision encouraging diversity of viewpoints, strategic leadership more than administrative detail, clear and concise roles of board and Executive Director, collectively and proactively focusing on the future.

The board will:

1. Function as a unit, be responsible for governing itself, and initiate its own practices. The board will use the expertise of individual members to enhance the ability of the board as a body.
2. Focus its primary efforts on the intended long-term impact outside the operating organization, and will direct the organization through the development of written board policies.
3. Enforce upon itself whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policymaking principles, respect of roles, and ensuring the continuity of governance capability. Continual board development will include orientation of new members in the board's governance process and periodic board discussion of process improvement.
4. Monitor and discuss the board's process and performance at each meeting. Self-monitoring will include comparison of board activity and discipline to policies in the Governance Process and Board-Staff Relationship categories.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

| | Program | Consumers served March 2026 (3/1/26 - 3/31/26) | Consumers served in the Past Year (4/1/25 - 3/31/26) | Running Monthly Average(year) (4/1/25 - 3/31/26) |
|----|-----------------------------------|------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|
| 1 | Access | 42 | 507 | 41 |
| | Routine | | | |
| | Emergent | 0 | 1 | 0 |
| | Urgent | 1 | 3 | 0 |
| | Crisis | 39 | 429 | 39 |
| | Prescreens | 51 | 584 | 41 |
| 2 | Doctors' Services | 369 | 1130 | 377 |
| 3 | Case Management | | | |
| | Older Adult (OAS) | 70 | 116 | 75 |
| | MI Adult | 73 | 215 | 62 |
| | MI ACT | 17 | 28 | 15 |
| | Home Based Children | 32 | 72 | 24 |
| | MI Children's Services | 44 | 131 | 43 |
| | IDD | 136 | 304 | 150 |
| 4 | Outpatient Counseling | 92(18/74) | 272 | 76 |
| 5 | Hospital Prescreens | 51 | 584 | 41 |
| 6 | Private Hospital Admissions | 23(3/20) | 230 | 16 |
| 7 | State Hospital Admissions | 1 | 2 | 0 |
| 8 | Employment Services | | | |
| | IDD | 49 | 69 | 47 |
| | MI | 39 | 94 | 40 |
| | Touchstone Clubhouse | 69 | 90 | 66 |
| 9 | Peer Support | 38(6/32) | 79 | 48 |
| 10 | Community Living Support Services | | | |
| | IDD | 83 | 95 | 81 |
| | MI | 50 | 95 | 60 |
| 11 | CMH Operated Residential Services | | | |
| | IDD Only | 46 | 49 | 46 |
| 12 | Other Contracted Resid. Services | | | |
| | IDD | 36 | 39 | 37 |
| | MI | 26 | 33 | 28 |
| 13 | Total Unduplicated Served | 969 | 2121 | 964 |

| County | Unduplicated Consumers Served Since April 2025 |
|------------------|------------------------------------------------------|
| Alcona | 204 |
| Alpena | 1274 |
| Montmorency | 265 |
| Presque Isle | 285 |
| Other | 78 |
| No County Listed | 15 |

Northeast Michigan Community Mental Health Authority

M E M O R A N D U M

To: NeMCMHA Board Members
From: Nena Sork
Date: April 1, 2026
Subject: Mental Health Code Section 222

The Board **must** annually certify its compliance with Section 222 of the Mental Health Code. That section of the Code (a copy of which is attached) sets certain requirements and limitations for participation by individuals as Board members. These requirements and limitations may be summarized as follows:

- At least four members must be primary consumers or family members of primary consumers;
- At least two of the above four members must be primary consumers;
- No more than four county commissioners;
- No more than six public officials, including the above mentioned county commissioners

(Please use the definitions on the survey form.)

It is important that Board members understand the use of this information. We are required to disclose to MDHHS (or anyone who might ask) the composition of our Board, and prove that we are in compliance with these provisions. It is MDHHS's interpretation that those Board members who we "count" as primary or family members be willing to have that information publicly disclosed. Therefore, please have this in mind as you complete this form.

Section 222 also addresses avoidance of conflict of interest. The attached form has been revised to address these items as well. Board members must not be:

- employed by MDHHS or Community Mental Health;
- a party to a contract with Community Mental Health; or
- serve in a policy making position with an agency under contract with Community Mental Health (except under certain circumstances)

Please complete this form return it to Rebekah Duhaime. Thank you.

Attachment: Sec. 222(1)(4)(5)

Printed Name

Signature

Date

Board Composition

1. Are you currently or have you ever been a primary consumer* of mental health services?

A Primary Consumer means an individual who has received or is receiving services from MDHHS or a community mental health services program, **OR services from the private sector equivalent to those offered by MDHHS or a community mental health services program. Having ever received therapy/counseling from the private sector counts you as a Primary Consumer.*

Yes

No

2. Are you a family member* of a Primary Consumer who is receiving, or has received, mental health services?

**Family Member means a parent, stepparent, spouse, sibling, child, or grandparent of a Primary Consumer, or an individual upon whom a primary consumer is dependent for at least 50% of their financial support.*

Yes

No

3. Are you a county commissioner?

Yes

No

4. Are you a public official*?

**Public Officials are individuals serving in an elected or appointed public office or who are employed more than 20 hours per week by an agency of federal, state, city, or local government.*

Yes

No

Conflict of Interest

1. Are you employed by MDHHS or Community Mental Health?

Yes

No

2. Are you party to a contract with NeMCMHA?

Yes

No

3. Do you serve in a policy-making position with an agency under contract with NeMCMHA?

Yes

No

4. Do you serve in other than a policy-making position with an agency with which the Board holds a contract or is considering a contract? [If so, the procedure required by Sec. 222 (5) must be followed regarding disclosure and voting.]

Yes

No

MENTAL HEALTH CODE (EXCERPT) Act 258 of 1974

330.1222 Board; composition; residence of members; exclusions; approval of contract; exception; size of board in excess of MCL 330.1212; compliance. Sec. 222.

- (1)** The composition of a community mental health services board shall be representative of providers of mental health services, recipients or primary consumers of mental health services, agencies and occupations having a working involvement with mental health services, and the general public. At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3 at least 1/2 of those members shall be primary consumers. All board members shall be 18 years of age or older.
- (2)** Not more than 4 members of a board may be county commissioners, except that if a board represents 5 or more counties, the number of county commissioners who may serve on the board may equal the number of counties represented on the board, and the total of 12 board memberships shall be increased by the number of county commissioners serving on the board that exceeds 4. In addition to an increase in board memberships related to the number of county commissioners serving on a board that represents 5 or more counties, board memberships may also be expanded to more than the total of 12 to ensure that each county is entitled to at least 2 board memberships, which may include county commissioners from that county who are members of the board if the board represents 5 or more counties. Not more than 1/2 of the total board members may be state, county, or local public officials. For purposes of this section, public officials are defined as individuals serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government.
- (3)** A board member shall have his or her primary place of residence in the county he or she represents.
- (4)** An individual shall not be appointed to and shall not serve on a board if he or she is 1 or more of the following: **(a)** Employed by the department or the community mental health services program.
(b) A party to a contract with the community mental health services program or administering or benefiting financially from a contract with the community mental health services program, except for a party to a contract between a community mental health services program and a regional entity or a separate legal or an administrative entity created by 2 or more community mental health services programs under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, or under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536.
(c) Serving in a policy-making position with an agency under contract with the community mental health services program, except for an individual serving in a policy-making position with a joint board or commission established under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, or a regional entity to provide community mental health services.
- (5)** If a board member is an employee or independent contractor in other than a policymaking position with an agency with which the board is considering entering into a contract, the contract shall not be approved unless all of the following requirements are met:
(a) The board member shall promptly disclose his or her interest in the contract to the board.
(b) The contract shall be approved by a vote of not less than 2/3 of the membership of the board in an open meeting without the vote of the board member in question.
(c) The official minutes of the meeting at which the contract is approved contains the details of the contract including, but not limited to, names of all parties and the terms of the contract and the nature of the board member's interest in the contract.
- (6)** Subsection (5) does not apply to a board member who is an employee or independent contractor in other than a policy-making position with a joint board or commission established under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, a separate legal or administrative entity established under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, a combination of municipal corporations joined under 1951 PA 35, MCL 124.1 to 124.13, or a regional entity to provide community mental health services.
- (7)** In order to meet the requirement under subsection (1) related to the appointment of primary consumers and family members without terminating the appointment of a board member serving on March 28, 1996, the size of a board may exceed the size prescribed in section 212. A board that is different in size than that prescribed in section 212 shall be brought into compliance within 3 years after the appointment of the additional board members.

**Northeast Michigan Community Mental Health Authority Board
COMMITTEE ROSTER
April 2026**

April 2026 (New)

EXECUTIVE COMMITTEE

_____, Chair
_____, Vice Chair
_____, Member at Large
_____, Secretary

RECIPIENT RIGHTS COMMITTEE

_____, (Board Representative)
_____, (Board Representative)
Lorell Whitscell
Tom Fredlund
Renee Smart-Sheppler
Barb Murphy
Patricia Przeslawski
Liz Kowalski, Recipient Rights Officer

NOMINATIONS COMMITTEE

ADVISORY COUNCIL

_____, (Board Rep.)
_____, (Board Rep. (Optional))
Janet Freeman
Angela Lane
Heather Miller
Anne Ryan
Rebecca Stockford
Deanna Yates

(Current)

EXECUTIVE COMMITTEE

Eric Lawson, Chair
Lloyd Peltier, Vice Chair
Vacant, Past Chair
Bonnie Cornelius, Secretary

RECIPIENT RIGHTS COMMITTEE

Lynnette Grzeskowiak (Board Representative)
Kara Bauer LeMonds (Board Representative)
Lorell Whitscell
Tom Fredlund
Renee Smart-Sheppler
Barb Murphy
Patricia Przeslawski
Liz Kowalski, Recipient Rights Officer

NOMINATIONS COMMITTEE

Terry Small, Alcona County
Jennifer Graham, Alpena County
Lynnette Grzeskowiak, Alpena County
Anne Ryan, Presque Isle County

ADVISORY COUNCIL

Lloyd Peltier (Board Representative)
Anne Ryan (Board Representative)
Janet Freeman
Angela Lane
Heather Miller
Rebecca Stockford
Deanna Yates



Rural and Frontier Caucus

A Caucus of the Community Mental Health Association of Michigan

3/27/2026

NeMCMHA Board of Directors,

The attached FY27 budget boilerplate proposal from the Rural and Frontier Caucus of the Community Mental Health Association of Michigan is presented for your review and approval.

This proposal centers on a straightforward objective: ensuring that rural communities are treated consistently, thoughtfully, and proactively in state policy decisions that affect access to behavioral health services. Currently, varying definitions of “rural” across MDHHS programs create instability for providers and counties. These inconsistencies can impact funding eligibility, disrupt service planning, and ultimately affect access to care. In addition, rural stakeholders are often engaged late in the policymaking process, limiting the ability to address practical challenges before implementation.

The proposed boilerplate addresses these issues in three ways. It establishes a single, consistent definition of rural, partially rural, and frontier areas across all department programs. It reinforces the need to account for the realities of rural service delivery, including workforce shortages and geographic barriers. It also creates a formal Rural Consultation Caucus to ensure rural perspectives are incorporated before major policy decisions are finalized. The Rural Caucus is actively engaging regional healthcare leaders across rural Michigan, alongside Boards such as this one, to build broad support for this initiative. With that collective backing, the intent is to present a unified voice to the Michigan Legislature that compels action and advances inclusion of this language in the FY27 state budget.

Approval from this Board signals alignment with this coordinated effort and positions this organization as part of a broader coalition advocating for fair, consistent, and effective rural health policy.

Respectfully,

Rural and Frontier Caucus

Alan Bolter, CMHA
Bryan Krogman, CMH of Central MI
Brian Babbitt, North Country CMH
Carol Mills, Newaygo CMH
Chip Johnston, Centra Wellness
Courtney Grant, Hiawatha Behavioral Health
Eric Kurtz, Northern Michigan Regional Entity
Lynda Zeller, Northern Lakes CMH

Mandy Padget, Northpointe Behavioral Health
Matt Maskart, Pathways CMH
Megan Rooney, NorthCare Network
Mike Bach, Copper Country CMH
Nena Sork, Northeast Michigan CMH
Tess Greenough, Gogebic CMH
Trish Otremba, Wellvance
Wilbert Morris, Sanilac CMH

Protecting Rural Access to Behavioral Health Services Proposed FY27 Budget Boilerplate

The Rural and Frontier Caucus of the Community Mental Health Association of Michigan (CMHA) is proposing the attached boilerplate language for the FY27 budget. This proposal ensures that rural communities are defined consistently across all programs administered and/or funded (either directly or via a pass through/fiduciary arrangement) by the Michigan Department of Health and Human Services (MDHHS), recognizes the unique challenges faced by frontier areas, and establishes a structured process for rural consultation on policies that affect access to care.

The Challenge:

- Rural communities are often defined inconsistently, which can affect eligibility for funding, grants, and program participation.
- Rural communities are often consulted late or not at all, limiting opportunities to address unintended impacts on rural service delivery.
- Rural and frontier communities face structural barriers such as workforce shortages, long travel distances, and limited provider networks that must be recognized in program design.

What the Proposed Boilerplate Language Does:

1. Protect Access to Behavioral Health Services in Rural and Frontier Communities

- Rural and frontier counties face persistent barriers to behavioral health access, including limited workforce availability, long travel distances, and transportation challenges.
- CMHSPs and other rural providers must organize services around these realities. When definitions of “rural” change across programs, it disrupts planning and can affect access to funding and program eligibility.
- Stable policy definitions and predictable program rules are necessary to support workforce recruitment, service placement, and transportation solutions.

2. Establish a Clear and Consistent Definition of Rural

- MDHHS programs currently rely on multiple and sometimes conflicting definitions of “rural,” creating uncertainty for counties and providers trying to plan services and access funding opportunities.
- The proposed boilerplate establishes a single statewide framework for defining rural, partially rural, and frontier areas, based on the U.S. Department of Agriculture’s Frontier and Remote Area (FAR) methodology.
- A consistent definition promotes fairness, transparency, and predictable policy implementation across department programs

3. Ensure Rural Communities Have a Voice in State Policy Decisions

- State policy changes related to Medicaid, behavioral health delivery, and program funding can have unintended consequences for rural communities.
- The proposed language establishes a Rural Consultation Caucus to ensure that rural counties, providers, and residents have a formal opportunity to provide input before major policy decisions are finalized.
- Early consultation improves policy outcomes and helps the department identify rural implementation challenges before policies are adopted.

Why It Matters:

Consistent definitions and meaningful consultation help ensure that rural communities are treated fairly across state programs, and that policies affecting access to care reflect the realities of rural service delivery.

Proposed FY 2027 MDHHS Budget Boilerplate

Standard Definition of Rural

Sec. XXXX. To assist in providing policy-relevant information about conditions in sparsely-settled, remote areas of the Michigan, the following has been established to use a single definition of rural, partial rural, and frontier that is applied consistently across all department programs for the purposes of administering and implementing department programs, services, grants, and policies.

- (1)** For purposes of this section, the department's standard definition of rural and frontier shall be based upon the U.S. Department of Agriculture's Economic Research Service Frontier and Remote Area Codes.
- (2)** The department may designate counties as rural, partially rural, or frontier counties for purposes of program eligibility, service delivery, funding flexibility, or policy implementation based on the following criteria in (3), (4), or (5).
- (3)** The department shall designate counties that meet the criteria described in this section as rural counties for department programming purposes if the county meets one or more of the following criteria:
 - (a)** Frontier and Remote Area (FAR) Level One - consists of rural areas up to 50,000 people that are 60 minutes or more driving time from an urban area of 50,000 or more people.
 - (b)** Frontier and Remote Area (FAR) Level Two - consists of rural areas up to 25,000 people that are 45 minutes or more driving time from an urban area of 25,000-49,999 people and 60 minutes or more from an urban area of 50,000 or more people.
- (4)** The department may designate counties as partially rural if those counties include census tracts meeting the following criteria:
 - (a)** Census tracts located within metropolitan counties that are designated with Rural-Urban Commuting Area (RUCA) codes 4 through 10.
 - (b)** Census tracts located within metropolitan counties that are at least 400 square miles in area, have a population density of 35 or fewer persons per square mile, and are designated with RUCA codes 2 or 3.
 - (c)** Census tracts located within metropolitan counties that are designated as Rural-Rural Strong (RRS) level 5, have RUCA codes 2 or 3, and are at least 20 square miles in area.
- (5)** The department shall designate counties that meet the criteria described in this section as frontier counties for department programming purposes if the county meets one or more of the following criteria:
 - (a)** Frontier and Remote Area (FAR) Level Three - consist of rural areas and urban areas up to 10,000 people that are: 30 minutes or more from an urban area of 10,000-24,999; 45 minutes or more from an urban area of 25,000-49,999 people; and 60 minutes or more from an urban area of 50,000 or more people.
 - (b)** Frontier and Remote Area (FAR) Level Four - consist of rural areas that are: 15 minutes or more from an urban area of 2,500-9,999 people; 30 minutes or more from an urban area of 10,000-24,999 people; 45 minutes or more from an urban area of 25,000-49,999 people; and 60 minutes or more from an urban area of 50,000 or more people.
- (6)** The department shall apply the standard definition established under this section consistently across department programs to the extent practicable, except where a different definition of rural is required by federal law or regulation.

(7) To ensure meaningful and ongoing consultation with rural communities regarding Medicaid and other department programs, the department shall establish a Rural Consultation Caucus.

(8) The Rural Consultation Caucus shall include:

- (a)** One representative appointed by each county is designated as rural.
- (b)** A proportional number of representatives from partially rural and frontier counties.
- (c)** Representatives of rural health providers, rural community mental health authorities, and other rural serving organizations identified by the department.
- (d)** Up to four at large members representing rural consumers, families, or caregivers.
- (e)** Legislators representing rural districts may participate in an advisory capacity.

(9) The department shall engage in consultation with the Rural Consultation Caucus before proposing, adopting, amending, or implementing any policy, state plan amendment, waiver, operational change, funding methodology, or administrative action that has a substantial effect on rural access, service availability, financing, or delivery.

(10) Consultation under this section shall include:

- (a)** Written notice of the proposed action provided at least 60 days before finalizing or submitting the proposal, including a summary of the proposed action and its expected impact on rural communities.
- (b)** A minimum of one scheduled consultation meeting, virtual or in person, at which department officials with decision-making authority are present.
- (c)** Opportunities for written and verbal comments from caucus members.
- (d)** A written departmental response summarizing rural input and explaining how such input was incorporated or the reasons for declining specific recommendations.

(11) When federal requirements or urgent circumstances do not permit a 60-day notice period, the department may initiate an expedited consultation process, with consultation occurring within 21 days of notice.

(12) The department shall maintain written records of all consultation activities conducted under this section, including notices, meeting summaries, written comments, and the department's responses.

(13) The department shall report to the senate and house appropriations subcommittees on health and human services no later than March 1, 2027, on the implementation of the standard rural definition, including a list of counties designated as rural, partially rural, or frontier.

MAY AGENDA ITEMS

Policy Review & Self-Evaluation

Board Job Description 02-003

Board Core Values 02-014

Disclosure of Ownership 02-016

Monitoring Reports

Budgeting 01-004

Treatment of Individuals Served 01-002

Activities

Review Meeting Evaluation Questions

Educational Session

Part I of Strategic Planning – Environmental Scan