NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

AUGUST BOARD MEETING

August 13, 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, August 13, 2026 | 3:00 p.m.

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

I. Call to Order

II. Roll call & Determination of a Quorum

III. Pledge of Allegiance

IV. Acknowledgement of Conflict of Interest

V. Information and/or Comments from the Public

VI. Approval of Minutes ..... **(Pages 1 – 3)**

VII. August Monitoring Reports
1. Budgeting 01-004 ..... **(Page 4)**
2. Financial Condition 01-005 ..... **(Page 5)**
3. Staff Treatment 01-003 ..... **(Handout)**
4. Treatment of Individuals Served 01-002 ..... **(Pages 6 – 9)**

VIII. Board Policies Review
1. Chairperson's Role 02-004 [Review & Self-Evaluate] ..... **(Pages 10 – 11)**
2. Board Members' Per Diem 02-009 [Review & Self-Evaluation] ..... **(Pages 12 – 13)**
3. Board Self-Evaluation 02-012 [Review & Self-Evaluate] ..... **(Page 14)**

IX. Linkage Reports
1. NMRE Board ..... **(Verbal)**
2. Advisory Council ..... **(Verbal)**

X. Operations Report ..... **(Page 15)**

XI. Strategic Plan: Approve & Finalize ..... **(Pages 16 – 19)**

XII. Board Chair's Report
1. Executive Director's Evaluation ..... **(Page 20)**
2. Begin Annual Board Self-Evaluation ..... **(Page 21 – 24)**

XIII. Executive Director's Report ..... **(Verbal)**

XIV. Information and/or Comments from the Public

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

XVI. Next NeMCMHA Board Meeting – Thursday, September 10 at 3:00 p.m.
1. Proposed September Items ..... **(Page 25)**

XVII. Adjournment

Northeast Michigan Community Mental Health Authority
Board and Advisory Council Meeting – July 9, 2026

I. Call to Order

Chair Eric Lawson called the meeting to order in the Board Room at 3:00 p.m.

II. Seating of New Board Member

Dennis Bannon from Presque Isle County was seated as a new Board member.

III. Roll Call and Determination of a Quorum

Present:	Bob Adrian, Dennis Bannon, Bonnie Cornelius, Jennifer Graham, Charlotte Helman, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Anne Ryan, Terry Small.
Absent:	Lynnette Grzeskowiak (Excused), Dana Labar (Excused)
Staff & Guests:	Carolyn Bruning, Connie Cadarette, Rebekah Duhaime, Jason Lepper, Jared Kendziorski, Samantha Morrison, Nena Sork, Kara Steinke, Kay Wagner, Jen Walburn

IV. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

V. Appointment of Evaluator

Jennifer Graham was appointed as evaluator of the meeting.

VI. Acknowledgement of Conflict of Interest

No conflicts of interest were acknowledged.

VII. Information and/or Comments from the Public

Kay Wagner introduced Samantha Morrison, who will be taking over Kay's role as the HR Generalist when she retires on August 4, after 37 years with the Agency.

VIII. Approval of Minutes

Moved by Charlotte Helman, supported by Terry Small, to approve the minutes of the June Board meeting. Motion carried.

IX. July Monitoring Reports

1. Budgeting 01-004

Connie Cadarette reviewed the Statement of Revenue and Expense and Change in Net Position for the month ending May 31, 2026, with 66.67% of the year elapsed. She discussed line items with variances, noting that most will smooth out over the last few months of the fiscal year.

Kara Bauer LeMonds entered the meeting at 3:07 p.m.

The Change in Net Position is $926,077, which includes county funds, NMRE incentive revenue, and interest income, which are all funds that can be kept as local money. BHH is underspent by $131,637, which can also be kept as local funds. Medicaid funds were underspent and Healthy Michigan funds were overspent, for a total underspent amount of $1.7 million. General Funds are underspent by $50,088, of which $40,093 can be carried forward. MIS will be purchasing IT equipment to stay ahead of increasing costs for next year.

2. Asset Protection 01-007

The Board received the monitoring report as a handout. They discussed capital improvement plans with Nena, including vehicle replacements and technology. Nena was able to take care of HVAC updates, roofs, and parking lots when COVID funds were available. Connie discussed the Agency's banking/credit union accounts.

3. Community Resources 01-010

Nena shared that Kara Steinke, CAO, will be taking over as the Agency's representative on the NMORC Board. Kara has also initiated Bridges & Breakfast this year, which aims to meet quarterly with community partners to build relationships and improve processes.

X. Board Policies Review

1. Community Resources 01-010

The Board thinks the policy is straightforward and that a lot of collaboration is happening.

2. Public Hearings 02-010

Connie appreciates that the policy allows for the finalized budget to be presented in September or October.

XI. Operations Report

Kara Steinke presented the operations report for the month of June. The Agency served 992 individuals. There are new clinicians in Children's Services and Outpatient Counseling, with two more starting in the fall. The Agency has served 2,120 unduplicated individuals so far this year.

XII. Strategic Plan: Review & Revise

The Board reviewed the proposed revisions to the FY27 Strategic Plan, which will be officially accepted during the August Board meeting. The goal regarding reducing the risk of metabolic syndrome will have information added for clarity and the NMRE's QAPIPs were updated. There will be two additions to both Barriers/Challenges and Opportunities: acute care inpatient psychiatric bed availability and H.R.1's Medicaid enrollment requirements will be added to the former, and consultation with the jail and working with elected officials will be added to the latter. The Board's Sub-Ends regarding development of additional supported independent services for two individuals currently living in a dependent setting will be removed as the Agency has well-surpassed this Sub-End. The Sub-Ends for BHH will have updated goal percentages presented to the Board at the August meeting.

XIII. Board Chair's Report

1. NeMCMHA Annual Report

The Board received the Agency's FY25 Annual Report at the meeting. Eric asked that Board members pass it on to someone else in the community after they read it.

2. Board Self-Evaluation Format

The Board's self-evaluations will be changing to three per year, instead of monthly. The Board's larger annual self-evaluation will remain in August/September. The Board will discuss a new format for the remaining yearly evaluations during their October meeting, which will then be utilized in December and April.

3. Preparing for Executive Director's Evaluation

Eric reiterated that Nena's evaluation is based on the monitoring reports. Rebekah can provide any monitoring reports that Board members may need.

XIV. Executive Director's Report

Nena provided a report on her activities over the month of June, including chairing the CMHA Member Services Committee, attending NMRE Ops, meeting with the Executive Director of PACE Northeast Michigan, meeting with Alan Bolter regarding the Rural and Frontier Caucus, attending the NMRE Finance Committee, meeting with Representative Cavitt regarding psychiatric hospital beds in rural areas, and meeting with Commander Utt from the MSP. The Agency will be providing training for the MSP troopers.

Nena reported that Elizabeth Hertel will be stepping down as the director of MDHHS as of June 30. Any additional RFPs in an attempt to privatize Michigan's behavioral health system will be on hold for now. Nena

continues to work on the urban cooperative agreement, Bridge Health, which was created in response to the original RFP. When H.R.1 takes effect on January 1, many under the Healthy Michigan Plan will lose coverage. The Agency's Generals Funds budget decreased to $1.2 million in 2014, and there hasn't been an increase since then. General Funds are used to provide crisis services and inpatient hospitalization for the acutely mentally ill who do not have Medicaid. Under H.R. 1, Medicaid redeterminations will occur every six months instead of annually and there will be a work requirement. As the Agency receives funding on a per-member per-month basis, it will lose funding as the number of Medicaid enrollees declines.

The Agency's annual Employee Recognition Luncheon will be on July 30 at 11:00 a.m. All Board members are invited to attend. Staff will complete their Annual Staff Training the day before, and the Agency will close at noon to allow staff to use the building for lunch and training. Nena would like to do some additional spending on IT with the expected surplus funds. She may also ask the Board for a staff retention payment. Nena shared that they will not be doing a Rehmann staff survey this year, as Management Team is still working on items that came up during previous surveys.

XV. Information and/or Comments from the Public

Kay thanked the board for the 37 years she's been here. She loves this organization and the individuals it serves. Kay started as a direct care worker, then became a group home supervisor, and then a SIP supervisor before shifting to Human Resources for the last 18 years. She will be staying on as a CPR trainer.

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

Nothing was presented.

XVII. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, August 13, 2026, at 3:00 p.m.

1. Proposed August Agenda Items

The August agenda items were reviewed.

XVIII. Meeting Evaluation

Jennifer said yes to Board members coming prepared to govern, being offered opportunities to contribute to conversation, being satisfied with what the Board accomplished, and that the provided materials were sufficient. She liked that the Board was prepared for their responsibilities over the coming months. She appreciates Nena keeping the Board appraised of things going on outside the Agency that will have an impact on it.

XIX. Adjournment

Moved by Lloyd Peltier, supported by Jennifer Graham, to adjourn the meeting. Motion carried.

This meeting adjourned at 4:22 p.m.

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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 Ninth Month Ending June 30, 2026
75% of year elapsed

		Actual June Year to Date	Budget June Year to Date	Variance June Year to Date	Budget FY26	% of Budget Earned or Used
	Revenue					
1	State Grants	167,011.67	220,227.03	(53,215.36)	293,636.00	56.9%
2	Grants from Local Units	199,978.50	199,978.47	0	266,638.00	75.0%
3	NMRE Incentive Revenue	404,695.00	195,000.03	209,695	260,000.00	155.7%
4	Interest Income	14,115.65	5,249.97	8,866	7,000.00	201.7%
5	Medicaid Revenue	25,160,538.02	27,480,102.12	(2,319,564)	36,640,136.00	68.7%
6	General Fund Revenue	902,090.00	902,090.07	(0)	1,202,787.00	75.0%
7	Healthy Michigan Revenue	1,734,290.76	1,525,314.69	208,976	2,033,753.00	85.3%
8	3rd Party Revenue	322,752.86	299,999.97	22,753	400,000.00	80.7%
9	Behavior Health Home Revenue	450,295.84	299,999.97	150,296	400,000.00	112.6%
10	Food Stamp Revenue	80,252.28	71,677.44	8,575	95,570.00	84.0%
11	SSI/SSA Revenue	453,698.50	467,415.00	(13,717)	623,220.00	72.8%
12	Revenue Fiduciary	207,712.69	0.00	-	0.00	0.0%
13	Other Revenue	45,262.24	27,831.69	17,431	37,109.00	122.0%
14	**Total Revenue**	**30,142,694**	**31,694,886**	**(1,759,905)**	**42,259,849**	**71.3%**
	Expense					
15	Salaries	11,525,076.86	12,584,827.62	1,059,751	16,779,770.00	68.7%
16	Social Security Tax	447,367.05	542,069.37	94,702	722,759.00	61.9%
17	Self Insured Benefits	1,419,748.00	2,090,840.58	671,093	2,801,916.00	50.7%
18	Life and Disability Insurances	161,850.81	213,261.93	51,411	284,349.00	56.9%
19	Pension	1,052,546.44	1,106,666.19	54,120	1,475,555.00	71.3%
20	Unemployment & Workers Comp.	95,780.26	109,239.93	13,460	131,524.00	72.8%
21	Office Supplies & Postage	31,054.14	45,588.78	14,535	60,785.00	51.1%
22	Staff Recruiting & Development	1,344.10	5,512.50	4,168	7,350.00	18.3%
23	Community Relations/Education	42,146.18	50,175.00	8,029	66,900.00	63.0%
24	Employee Relations/Wellness	76,920.29	125,807.22	48,887	110,838.00	69.4%
25	Program Supplies	362,080.23	597,017.88	234,938	796,024.00	45.5%
26	Contract Inpatient	1,157,795.81	1,462,500.00	304,704	1,950,000.00	59.4%
27	Contract Transportation	470.25	10,518.75	10,049	14,025.00	3.4%
28	Contract Residential	4,561,202.28	4,559,323.50	(1,879)	6,079,098.00	75.0%
29	Local Match Drawdown NMRE	73,926.00	73,926.00	-	98,568.00	75.0%
30	Contract Employees & Services	5,926,558.83	6,147,077.03	220,518	8,196,104.00	72.3%
31	Telephone & Connectivity	180,556.66	202,500.00	21,943	270,000.00	66.9%
32	Staff Meals & Lodging	28,673.05	21,386.25	(7,287)	85,420.00	33.6%
33	Mileage and Gasoline	306,726.48	348,142.41	41,416	464,190.00	66.1%
34	Board Travel/Education	5,042.33	10,275.03	5,233	13,700.00	36.8%
35	Professional Fees	0.00	0.00	-	130.00	0.0%
36	Property & Liability Insurance	91,566.62	73,874.97	(17,692)	98,500.00	93.0%
37	Utilities	175,084.97	176,512.50	1,428	235,350.00	74.4%
38	Maintenance	180,623.48	150,975.00	(29,648)	201,300.00	89.7%
39	Interest Expense Leased Assets	29,277.45	27,355.59	(1,922)	36,474.00	80.3%
40	Rent	4,580.00	4,349.97	(230)	5,800.00	79.0%
41	Food	107,842.66	105,000.12	(2,843)	140,000.00	77.0%
42	Capital Equipment	0.00	0.00	-	0.00	0.0%
43	Client Equipment	14,059.19	29,999.97	15,941	40,000.00	35.1%
44	Fiduciary Expense	192,276.85	0.00		0.00	0.0%
45	Miscellaneous Expense	134,788.63	93,209.94	(41,579)	124,150.00	108.6%
46	Depreciation & Amoritization Expense	708,076.64	717,952.50	9,876	957,270.00	74.0%
47	MI Loan Repayment Program	3,000.00	9,000.00	6,000	12,000.00	25.0%
48	**Total Expense**	**29,098,043**	**31,694,887**	**2,789,121**	**42,259,849**	**68.9%**
49	**Change in Net Position**	**$ 1,044,651**	**$ (0)**	**$ 1,044,651**	**$ -**	**2.5%**

50	Contract settlement items included above:	
51	Medicaid Funds (Over) / Under Spent	$ 1,901,825
52	Healthy Michigan Funds (Over) / Under Spent	(116,430)
53	**Total NMRE (Over) / Under Spent**	**$ 1,785,395**
54	General Funds to Carry Forward to FY26	$ 45,105
55	General Funds Lapsing to MDHHS	69,436
56	**General Funds (Over) / Under Spent**	**$ 114,541**
57	Behavior Health Home Revenues	450,296
58	Behavior Health Home Expenses	(295,179)
59	BHH Funds (Over) / Under Spent	155,117
60	Total BHH (Over) / Under Spent	**$ 155,117**

Northeast Michigan Community Mental Health Authority
Statement of Net Position and Change in Net Position
Proprietary Funds
June 30, 2026

	Total Business-Type Activities June 30, 2026	Total Business-Type Activities Sept. 30, 2025	% Change
Assets			
Current Assets:			
Cash and cash equivalents	$ 7,091,573	$ 7,393,659	-4.1%
Restricted cash and cash equivalents	1,144,253	1,089,223	5.1%
Accounts receivable	734,404	560,411	31.0%
Inventory	11,235	11,235	0.0%
Prepaid items	468,101	505,102	-7.3%
Beneficial Interest	5,008	5,008	0.0%
Total current assets	9,454,574	9,564,638	-1.2%
Non-current assets:			
Capital assets not being depreciated	80,000	80,000	0.0%
Capital & Lease being depreciated, net	3,515,971	3,444,368	2.1%
Beneficial Interest	11,445	11,445	0.0%
Total non-current assets	3,607,416	3,535,813	2.0%
Total assets	13,061,990	13,100,451	-0.3%
Liabilities			
Current liabilities:			
Accounts payable	1,815,066	2,511,547	-27.7%
Accrued payroll and payroll taxes	755,927	1,492,407	-49.3%
Deferred revenue	29,780	30,379	-2.0%
Current portion of long-term debt (Accrued Leave, Lease Liability)	335,270	237,872	40.9%
Total current liabilities	2,936,044	4,272,205	-31.3%
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave, Lease Liability)	1,682,332	1,724,640	-2.5%
Total liabilities	4,618,375	5,996,845	-23.0%
Net Position			
Invested in capital assets, net of related debt	2,657,895	2,560,347	3.8%
Restricted	52,529	40,151	
Unrestricted	5,292,345	4,412,376	19.9%
Total net position	$ 8,002,769	$ 7,012,874	14.1%
Net Position Beginning of Year	7,012,874		
Restatement	-		
	7,012,874		
Revenue	30,142,694		
Expense	(29,098,043)		
Change in net position	1,044,651		
Net Position June 30, 2026	$ 8,057,525		

Unrestricted Net Position as a % of projected annual expense	12.5% or 46	days
Recommended Level	8% - 25%	

Recipient Rights Advisory Committee Minutes
July 22, 2026

The meeting was called to order at 3:00 p.m. June 22, 2026, by Lorell Whitscell in the Administrative Conference Room.

Present: Barb Murphy, Lorell Whitscell, Lynnette Grzeskowiak, & Kara Bauer LeMonds
Absent: Pat Przeslawski, Tom Fredlund, Renee Smart-Sheppler
Staff: Elizabeth Kowalski, Robert Keyes, Pamela Shannon
Guests: None

DRAFT

I. Old Business. None.

Approval of Minutes. The minutes from the 5-05-2026 committee meeting were not approved due to the absence of a quorum. They will be reviewed and considered for approval at the next quarterly committee meeting on 10-07-2026.

III. New Business.

QUARTERLY RIGHTS ACTIVITY REPORT: The committee reviewed the third-quarter FY26 report (4-1-2026 to 6-30-2026). During this period, there were 24 complaints: 16 investigated, 4 handled as interventions, 2 with no protected right code, and 2 outside of rights jurisdiction. Of the 20 investigations/interventions, 12 were substantiated. There is one pending remedial action. Lorell moved to review the report, and Barb supported the motion.

SEMI-ANNUAL RIGHTS REPORT: The completed semi-annual report was presented to the committee, and members were informed that it had been submitted to the state on 6-15-2026. This report summarizes rights activities for the first six months of the fiscal year (10-01-2025 to 03-31-2026).

COMMITTEE COMPOSITION SURVEY RESULTS: There have been no changes in committee composition in the past two years. Survey responses from committee members confirm that the committee continues to meet the composition requirements outlined in the Mental Health Code.

IV. Educational Session: Rights staff presented "Recipient Rights: The Investigative Process," providing an overview of how complaints are received, investigations are opened, staff are interviewed, reports are developed, and substantiations are determined. The next educational session, focused on the role of the Recipient Rights Committee, will be presented at the next committee meeting. This training will be provided virtually by the MDHHS Rights Office on 10-7-2026 from 9 a.m. in the Administrative Conference Room.

V. Other Business: None.

VI. Adjournment.
Lorell moved to adjourn, and Barb supported the motion. The meeting adjourned at 3:39 p.m. The next meeting is scheduled for October 7, 2026, in the Administrative Conference Room at 10:30 a.m., following the virtual RRAC training at 9:00 a.m.

Elizabeth Kowalski, Recorder

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Patricia Przeslawski, Chairperson

Northeast Michigan Community Mental Health Authority
400 Johnson Street, Alpena, MI 49707
989-358-7847

QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT

Time Period: April, May & June 2026:

I. COMPLAINT DATA SUMMARY

A. Totals	FY 25-26 1st	2nd	3rd	4th	FY 24-25 1st	2nd	3rd	4th
Complaints Received:	24	25	24		18	29	28	26
Investigated:	12	20	16		27	19	18	12
Interventions:	03	01	04		01	-0-	03	03
Substantiated:	10	17	12		23	16	16	13
Outside Jurisdiction:	01	02	02		-0-	-0-	-0-	01
No Code Protected Right:	08	02	02		05	02	06	04

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	5	5		2
Abuse III	1	1		0
Sexual Abuse	0	0		0
Neglect I	1	1		0
Neglect II	0	0		0
Neglect III	2	2		2
Rights Protection System	0	0	0	0
Admiss/Dischrg-2ND Opinion	0	0	0	0
Civil Rights	0	0	0	0
Family Rights	0	0	0	0
Communication & Visits	0	0	0	0
Confidentiality/Disclosure	4	0	4	4
Treatment Environment	0	0	0	0
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	1	1	0	1
Suitable Services	6	6	0	3
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
Video Surveillance	0	0	0	0
Total	20	16	04	12

c. Remediation of substantiated rights violations.

Category/Specific Allegation	Specific Provider	Specific Remedial Action
Pending Actions from last qtr:		
Confidentiality	NEMCMH	Documented Counseling
Actions this qtr:		
Abuse, Class II	NEMCMH	Employee left, but substantiated
Abuse, Class II	NEMCMH	Pending
Neglect, Class III	Hope Network – Lapeer	Termination (1)/Written Reprimand (3)
Neglect, Class III	NEMCMH	Written Reprimand
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Documented Counseling
Suit Services/Dignity & Respect	NEMCMH	Suspension
Suit Services/Dignity & Respect	NEMCMH	Documented Counseling
Suit Services/Dignity & Respect	NEMCMH	Employee left, but substantiated
Possession and Use of Personal Property	NEMCMH	Documented Counseling

D. Summary of Incident Reports. (3rd Qtr ’26)

Category Type	1st Qtr		2nd Qtr		3rd Qtr		4th Qtr	
	‘26	‘25	‘26	‘25	‘26	‘25	‘26	‘25
05.0 Absent without leave (AWOL)	01	07	00	21	04	00		00
04.0 Accident – No injury	10	18	08	9	03	15		14
04.1 Accident – With injury	27	41	15	40	16	42		40
01.0 Aggressive Acts – No injury	44	29	13	29	24	27		31
01.1 Aggressive Acts – w/ injury	10	04	08	09	04	14		12
01.2 Aggressive Acts – Prop. Destruct	03	02	02	02	01	05		01
05.2 Death	02	05	02	03	03	06		05
04.3 Fall – No injury	41	13	23	13	20	28		32
02.1 Medical Problem	73	151	82	136	112	62		43
03.0 Medication Delay	03	06	02	05	03	04		01
03.1 Medication Error	15	10	15	19	14	19		12
03.2 Medication Other	97	124	74	154	83	107		114
03.3 Medication Refusal	22	44	26	33	11	42		24
04.5 Non-Serious Injury-Unknown cause	17	15	18	18	25	36		23
05.3 Other	46	109	59	93	65	70		65
01.4 Self Injurious Acts – No injury	02	03	05	06	06	11		03
01.5 Self Injurious Acts – w/injury	08	10	07	11	11	13		06
01.3 Challenging Behavior	50	23	48	10	45	59		74
04.4 Fall – with injury	14	19	17	13	14	24		17
05.1 Arrests	03	04	03	04	09	08		01
Total	488	637	427	628	473	592		518

E. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	29	79.5
Hours Used in Training Received	5	13.5
Hours Used in Site Visits	32.25	78.5

F. Monitoring Activity	Quarter	YTD
Incident Report Received	473	1,388

G. Source of All Complaints:	Quarter	YTD
Recipient:	04	14
Staff:	04	09
ORR:	13	35
Gdn/Family:	01	03
Anonymous:	01	03
Comm/Gen Pub:	01	09
Total:	24	73

_____ 07/22/2026

Elizabeth Kowalski, Recipient Rights Officer Date

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GOVERNANCE PROCESS
(Manual Section)

CHAIRPERSON'S ROLE – POLICY 02-004

Board Approval of Policy	August 8, 2002
Policy Last Reviewed:	August 14, 2025
Last Revision Approved by the Board:	August 12, 2021

●1 POLICY:

The Chairperson assures the integrity of the board's process and, secondarily, occasionally represents the board to outside parties. The Chairperson is the only board member authorized to speak for the board (beyond simply reporting board decisions), other than in rare and specifically authorized instances.

1. The job result of the Chairperson is that the board behaves consistent with its own rules and those legitimately imposed upon it from outside the organization.

    A. Meeting discussion content will only be those issues which, according to board policy, clearly belong to the board to decide, not the Executive Director.

    B. Deliberation will be fair, open, and thorough, but also efficient, timely, orderly, and kept to the point.

2. The authority of the Chairperson consists in making decisions that fall within the topics covered by board policies on Governance Process and Board-Executive Director Relationship, except where the board specifically delegates portions of this authority to others. The Chairperson is authorized to use any reasonable interpretation of the provisions in these policies.

    A. The Chairperson is empowered to chair board meetings with all the commonly accepted power of that position (e.g., ruling, recognizing). The Chairperson may invoke Robert's Rules of Order.

    B. The Chairperson has no authority to make decisions about policies created by the board within Ends and Executive Limitations policy areas. Therefore, the Chairperson has no authority to supervise or direct the Executive Director.

    C. The Chairperson will represent the board to outside parties in announcing board-stated positions and in stating Chair decisions and interpretations within the area delegated to him or her.

D. The Chairperson may delegate this authority but remains accountable for its use.

3. Any person desiring to address the Board, either as an individual or on behalf of a group, shall be requested to identify him/herself by name and residence county and his/her group if he/she represents one. He/she shall then state his/her reason for addressing the Board and may be limited in their remarks to three minutes on matters within jurisdiction of the Board at which time a brief supporting the points may be submitted to the Board for its consideration; provided, however, that individual employees of the Board shall have exhausted administrative procedures before making the request to address the Board on specific matters which shall have had administrative review. The presiding officer may also extend the period of time with approval of the Board. All questions presented by any person to either the Board or any member of the staff shall be answered in a manner as determined by the presiding officer.

   If a Board member has a question or concern about anything presented in a meeting, the Board may direct the Chair, through a motion and vote, to gather more information and report back to the Executive Committee or the full Board.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:
Board By-Laws
Roberts Rules of Order

●5 FORMS AND EXHIBITS:

..\Index.doc
GOVERNANCE PROCESS
(Manual Section)

BOARD MEMBERS PER DIEM – POLICY 02-009

Board Approval of Policy	August 8, 2002
Policy Last Reviewed:	August 14, 2025
Last Revision to Policy Approved by Board:	August 10, 2023

●1 POLICY:

1. Board Members shall be paid a per diem of $75 per meeting which exceeds four (4) hours in duration; Board Members shall be paid a per diem of $50 for meetings less than four (4) hours in duration; $75 per meeting outside the service area and $75 per day for conference attendance. Board Members required to travel the day preceding a meeting will be reimbursed at the per diem rate for less than four (4) hours. In order to be eligible for these payments, these meetings must be approved by the Board or by the Board Chair if time constraints would not permit a delay until the next meeting of the Board.

2. Reimbursement of Board Members' expenditures for travel, lodging, meals, registration fees, tolls, parking fees and similar expenses related to Board business shall be at current rates established by the Board and consistent with applicable guidelines.

3. For purposes of reimbursement of expenses of travel to Board and Committee meetings held in a city other than a Board Member's city or township of residence, each Board Member shall have established a standard round-trip distance between home and Board Meeting site; reimbursement of such travel expenses shall be made monthly. For other Board-business-related travel, a record of actual mileage (via the shortest route between home and destination) shall be required, unless standard-map-mileage is utilized as a default. Wherever practical, Board Members traveling to the same destination should coordinate transportation to minimize expense. Reimbursement of all other expenses shall require documentation in the form of receipts. No reimbursement shall be made for purchases of alcoholic beverages.

4. Current reimbursement rates are:

   Mileage: Mileage reimbursement equal to employee reimbursement rates

   Lodging: Not to exceed the current per night State Government rate, unless lodging is at the site of a conference, in which case that facility's rate shall be honored. Hotel accommodations should be made by the Executive Secretary or designee so tax exemption occurs. Board members are encouraged to utilize double occupancy when appropriate.

Meals: **$65.00** per day maximum, or individually by meal. Please note the allowance includes a gratuity to a maximum of 15%.

$ **15.00** for Breakfast
$ 20.00 for Lunch
$ 30.00 for Dinner

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

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GOVERNANCE PROCESS
(Manual Section)

BOARD SELF-EVALUATION – POLICY 02-012

Board Approval of Policy	November 7, 2002
Policy Last Reviewed:	August 14, 2025
Last Revision to Policy Approved by Board:	August 8, 2019

●1 POLICY:

In cooperation with the Executive Director, the board will establish a set of measurable standards in which the function and process of the board and performance of the individual board members can be evaluated.

Under the leadership of the chairperson, on an annual basis, the board will conduct a self-evaluation in conjunction with the appraisal of the Executive Director.

The board will evaluate itself in the areas outlined in the Board Job Description policy.

The Chairperson will distribute a report to the board outlining the results of the self-evaluation.

The board will discuss and interpret the outcomes of the self-evaluation.

The board will formulate a work plan that will highlight specific goals and objectives for improvement of identified areas.

The board will monitor its adherence to its own Governance Process policies on a regular basis. Upon the choice of the board, any policy can be monitored at any time. However, at minimum, the board will both review the policies and monitor its own adherence to them, according to the perpetual calendar schedule.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

	Program	Consumers served July 2026 (7/1/26 - 7/31/26)	Consumers served in the Past Year (8/1/25 - 7/31/26)	Running Monthly Average(year) (8/1/25 - 7/31/26)
1	**Access** **Routine**	44	525	43
	Emergent	0	1	0
	Urgent	0	3	0
	Crisis	20	429	37
	Prescreens	52	601	45
2	**Doctors' Services**	377	1088	374
3	**Case Management**			
	Older Adult (OAS)	67	114	70
	MI Adult	77	216	65
	MI ACT	17	30	16
	Home Based Children	36	78	32
	MI Children's Services	60	134	52
	IDD	136	310	141
4	**Outpatient Counseling**	120(24/96)	276	70
5	**Hospital Prescreens**	52	601	45
6	**Private Hospital Admissions**	17	236	16
7	**State Hospital Admissions**			0
8	**Employment Services**			
	IDD	49	68	47
	MI	44	95	38
	Touchstone Clubhouse	79	89	69
9	**Peer Support**	45(7/38)	77	45
10	**Community Living Support Services**			
	IDD	89	95	83
	MI	59	95	57
11	**CMH Operated Residential Services**			
	IDD Only	46	47	46
12	**Other Contracted Resid. Services**			
	IDD	36	38	37
	MI	26	30	27
13	**Total Unduplicated Served**	998	2109	972

County	Unduplicated Consumers Served Since August 2025
Alcona	219
Alpena	1243
Montmorency	259
Presque Isle	303
Other	69
No County Listed	16

NeMCMHA FY27 STRATEGIC PLAN

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

Vision
Northeast Michigan Community Mental Health Authority will be the innovative leader in effective, sensitive mental and behavioral health services.

In so doing, services will be offered within a culture of gentleness and designed to enhance each person's potential to recover. We will continue to be an advocate for the person while educating the community in the promotion of mental and behavioral health.

Core Values
- A person-centered focus shall be at the heart of all activities.
- Honesty, respect, and trust are values that shall be practiced by all.
- We will be supportive and encouraging to bring out the best in one another.
- Recognition of progress and movement toward a continuously improving environment is a responsibility for all.
- We prefer decision-by-consensus as a decision-making model and will honor all consensus decisions.

Forces in the Environment Impacting Behavioral Health

Payors/Payment Reform
- Reimbursement based on health outcomes
- Proposed Michigan Department of Health and Human Services (MDHHS) Prepaid Inpatient Health Plan (PIHP) bid out
- Proposed federal cuts to Medicaid
- MDHHS Mental Health Framework
- Conflict-Free Access and Planning (CFAP)

Persons Served
- Aging population and other demographic changes
- Increasing comorbid conditions
- Individuals served access to health information

Quality Improvement
- Health and safety
- Minimizing waste, fraud, and abuse
- Right amount of scope and duration of service

Regulatory Changes
- Home and Community-Based Services rules
- Potential carve-in of specialty behavioral health

Workforce
- Shortage of qualified staff of all types of disciplines (professional and direct care)
- Aging workforce
- Competing with the private sector (lower pay)
- Challenging work environment
- Evidence-Based Practices
- Training of staff to address current environment

Technology
- Electronic Health Record (EHR)
- Data analytics
- Self-management tools/patient portal

Goals:

1. Reduce the risk of metabolic syndrome in both adults and children, as certain medications, such as psychotropics, can place individuals at a higher risk of weight gain, high blood pressure, high blood sugar, and/or abnormal cholesterol levels.
    a. Nursing staff will collect blood pressure, weight, and body mass index (BMI) on all new psychiatric evaluations and all children receiving medication clinic services.
    b. The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.
    c. Clinical staff will work with the Medicaid Health Plans and Primary Care Providers to coordinate care and treatment.
    d. Participate in the PIHP's applicable Quality Assessment Performance Improvement Projects (QAPIP).
        i. QAPIP #1 – The NMRE's Quality and Compliance Oversight Committee (QOC) will collect data and conduct analysis for Behavioral Health Home (BHH) enrollment. The NMRE will strive to improve the percentage of individuals who are enrolled in the BHH program from 6% to 7% by September 30, 2026.
        ii. QAPIP #2 – Increase percentage of new persons starting any medically necessary ongoing covered service within 14 days of completing a non-emergent biopsychosocial assessment, achieving above the 50th percentile (72.9%).
2. Promote a community that understands the widespread impact of trauma and paths to recovery, while also recognizing the signs and symptoms of trauma in individuals to avoid re-traumatization.
3. Support services to all children and young adults diagnosed with autism spectrum disorder.
4. Coordinate community education and partnerships in suicide prevention.
5. Increase Substance Use Disorder (SUD) services and training within the Agency while partnering with local SUD providers to educate and reduce substance use in the community.
6. Collaborate with the Veteran's Administration ensuring comprehensive behavioral health services are available.
7. Further utilize the Health Information Exchange (HIE), Michigan Health Information Network Shared Services, with MIGateway and local organizations in order to share critical health care information. The Agency's current electronic record system (Peter Chang Enterprises, Inc. (PCE)) is a conduit for this information, which will continue to promote easy utilization.
8. Remain current in education of information technology (IT), including cybersecurity.
9. Increase participation of Management Team in individual staff meetings to learn what issues are important to staff and develop strategies to support a sustainable work/life balance.

Barriers/Challenges:

Home and Community-Based Services – NeMCMHA will need to work with our providers to assure compliance with the rules for all.

Applied Behavioral Analysis (ABA) Expansion – Qualified providers, either in-person or through a telehealth arrangement, are limited in this program area.

Integrated Healthcare – The HIE is not progressing as rapidly as previously anticipated. Data provided is not sufficient to address real time queries on health information of the populations served. Current restrictions of protected health information (PHI) specific to SUD/treatment do not address the total needs of the individual in an HIE venue.

Acute Care Inpatient Psychiatric Bed Availability – Michigan's current behavioral health inpatient psychiatric bed space availability currently ranks 47th nationally.

Funding – Meeting contractual obligations to MDHHS while staying within the Per Member Per Month formula provided by the PIHP. The decrease in actuarial soundness following the unexpected drop of Medicaid enrollees and the new enrollment requirements of H.R.1 in addition to the migration of individuals previously identified as disabled, aged, and blind (DABS) to straight Medicaid.

Recruiting and Retention of Qualified Staff – Workforce shortages nationwide and local competition for positions have made it difficult to recruit, especially for Masters-level clinicians.

Service Population – If service delivery is modified to include the mild to moderate population, the current staffing level is insufficient.

Residential Options – Decrease of family operated foster care resulting in the need to contract with more expensive corporate specialized foster care placements.

Opioid Epidemic – The increasing opioid epidemic has strained community resources.

Societal Violence – The violence in our society is requiring communities to come together to develop a comprehensive community action plan.

Staffing – The lack of a feeder system to create qualified individuals to work in this field of healthcare.

Opportunities:

- Work collaboratively with community partners in the region to promote and develop integrated services, and improve efficiencies, health outcomes, and accessibility for individuals served.
- Develop new Evidence-Based Practices for rural communities.
- Use the Agency's training certification to provide training opportunities and continuing education credits for staff and community partners.
- Continue to utilize and improve the strong infrastructure of NeMCMHA, including its facilities, staff, IT investment, and balanced budget.
- Provide education to the community at large and support and promote awareness and understanding of CMH services.
- Work collaboratively with community partners in the region to address challenges related to the increasing opioid epidemic, violence, and anger dyscontrol.
- Continue to consult with the jail administrator and nurse practitioner regarding the use and management of psychiatric medications and coordination of care prior to discharge from jail.
- Work with elected officials to continue to advocate for the public behavioral health system and the specialty populations that CMH serves.

Options:

The Agency must continue to strengthen its relationships with other partners of the market and reinforce its niche in intensive services for people with serious mental illness, serious emotional disturbance, and intellectual/developmental disabilities, including those whose disabilities co-occur with substance use. The Agency must strategize to become a valued partner and be indispensable in the pursuit of quality, accessible health care. Options to be considered:

- Shared psychiatric consultation with staff at other clinics.
- Easy and consistent flow of individuals and information between behavioral health and primary care providers.
- Growth of health care awareness and services in CMH through enhanced training in health coaching and the use of data analytics.
- Work closely with local jails and sheriffs to provide assistance and support for individuals incarcerated and/or on a court order for mental health treatment.
- Work closely to assure people with a serious mental illness or intellectual/developmental disabilities are receiving all necessary primary and behavioral healthcare.
- Provide community members and staff with training relating to Mental Health First Aid for youth and adults, suicide prevention, violence in our society, co-occurring disorders, and the effects of trauma.
- Continue to be a member of the Northeast Michigan National Alliance on Mental Illness (NAMI) and the Human Service Coordinating Councils (HSCCs).

Plan:

Community Partners will be essential for NeMCMHA as we continue to be successful in the provision of integrated, comprehensive physical and behavioral health services. We will continue to expand the Behavioral Health Home (BHH) and will work to provide these services to individuals with mild to moderate mental health diagnoses. The Agency will continue to work collaboratively with the major primary health care providers and the Medicaid Health Plans to ensure the requirements to meet the health care reform challenges are met. Joint ventures will continue to be established with community partners to provide seamless systems of care that eliminate duplication, lower costs, ensure quality care, and achieve superior outcomes. The Ends Statements reflect methods of monitoring population groups and department specific goals.

Ends:
All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.

Sub-Ends:
Services to Children
1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.
   a. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services.
   b. 80% of home-based services will be provided in a home or community setting.

Services to Adults with Mental Illness and Persons with I/DD
2. Individuals needing independent living supports will live in the least restrictive environment.
   a. Establish the Supported Independence Program (SIP) in all four counties served.
   b. Individual competitive integrated employment for persons with an intellectual/developmental disability will increase by 7%.
   c. Individual Placement and Support (IPS) employment services will successfully close 15 individuals with an SPMI diagnosis who have maintained competitive integrated employment.

Services to Adults with Co-Occurring Disorders
3. Adults with co-occurring disorders will realize significant improvement in their condition.
   a. ~~35~~50% of eligible individuals served with two or more of the following chronic conditions – asthma/COPD, high blood pressure, diabetes, morbid obesity, or cardiac issues will be enrolled in Behavioral Health Home (BHH).
   b. 100% of individuals enrolled in BHH will see their primary care provider annually.
   c. ~~98~~99% of individuals enrolled in BHH will have a baseline A1C.

Financial Outcomes
4. The Board's Agency-wide expenses shall not exceed Agency-wide revenue at the end of the fiscal year (except as noted in 5.b.).
5. The Board's major revenue sources (Medicaid and non-Medicaid) shall be within the following targets at year-end:
   a. Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved by the Board and the PIHP.
   b. Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the Board.

Community Education
6. The Board will support the Agency in providing community education. This will include the following:
   a. Disseminate mental health information to the community by hosting events, providing trainings, utilizing available technology, and publishing at least one report to the community annually.
   b. Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders, and violence in our society.
   c. Support community advocacy.

The Ends will be monitored by the Board at least semi-annually.
The Strategic Plan will be reviewed by the Board at least annually.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Executive Director's Evaluation

Employee Name: Nena Sork
Title: Executive Director

Evaluation Period: August 2025 to July 2026

The evaluation process consists of a review of the monitoring reports that have been presented over the course of the year to ensure compliance. The monitoring reports are reviewed on a revolving schedule as identified on the perpetual calendar. Monitoring reports include information on overall performance versus target and personal performance versus target. In July, Board members are asked to review all monitoring reports provided during the preceding year in preparation for delivery of the evaluation at the August meeting. Board members seeking any previously provided monitoring reports may request assistance from the Executive Assistant.

Board members take action at their August meeting after discussion of compliance in meeting the monitoring schedule. Discussion includes the timeliness of the presentations according to schedule, and the acceptable and reasonable interpretation of the monitoring reports. This also includes the Executive Director's presentation of information over the course of the year relating to meetings, committees, professional development, continued advancement of the organization, accomplishments, and opportunities over the past 12 months, which the Board is provided monthly under the Executive Director's Report agenda item.

By consensus, the August 13, 2026, Northeast Michigan Community Mental Health Authority Board meeting, the Executive Director's performance was deemed positive for FY26.

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Eric Lawson, Board Chair

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Rebekah Duhaime
SUBJECT: Board Self-Evaluation
DATE: August 3, 2026

During the August meeting, the Board traditionally reviews the policy self-evaluations they have conducted during their monthly Board meetings. You will find excerpts below from the past year's minutes highlighting those discussions. In addition to this review, the Board also completes an additional form as a self-evaluation tool. This form is attached here for you to complete. If you receive an e-mail Board packet, you will receive an envelope in the mail with the form. Please bring these with you to the next Board meeting or send them back in the included pre-stamped envelope. The results of these forms will be compiled and reviewed at the September Board meeting. We have not had a 100% return rate for the last few years, so please complete the form and ensure it is returned to Rebekah prior to the September meeting. Thank you!

Policy	Evaluation Excerpt from Minutes	Date Discussed:
02-002 Governing Style	Board members believe they are following the policy as written. Rebekah Duhaime will research whether any new Carver Policy Governance materials are available.	04/09/2026
02-003 Board Job Description	Board members agreed that the policy looks good as-is.	05/14/2026
02-004 Chairperson's Role	Eric and Nena reviewed how the Board speaks as one voice, with the Chair as the head. Board members agreed the policy is sufficient as is.	08/14/2025
02-005 Board Committee Principles	The Board reviewed the policy and there was a consensus that they are following it appropriately.	02/12/2026
02-006 Board Committee Structure	The Board reviewed and requested a revision under the Executive Committee to add "research" before the product.	09/11/2025
02-007 Annual Board Planning Cycle	The Board reviewed the policy and thinks they are correctly following it.	10/09/2025
02-008 Board Members Ethical Code of Conduct	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.	03/12/2026
02-009 Board Members' Per Diem	The Board agreed they are following the policy and that it does not require any revisions.	08/14/2025
02-010 Public Hearing	Connie appreciates that the policy allows for the finalized budget to be presented in September or October.	07/09/2026
02-011 Board Member Recognition	No revisions were requested.	12/11/2025
02-012 Board Self-Evaluation	No revisions were requested and the Board agreed they are appropriately following it.	08/14/2025
02-013 Cost of Governance	This policy is revised every year to reflect current budgeted dollar amounts.	04/09/2026
02-014 Board Core Values	No revisions were deemed necessary.	05/14/2026

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Policy		
02-015 Board Member Orientation	The Board reviewed the suggested revisions, which included corrections to module titles and updates to bring procedures up to date.	12/11/2025
02-016 Disclosure of Ownership	The Board has already completed their disclosure of ownership forms for the year. Board members did not feel any revisions were needed at this time.	05/14/2026
03-001 Executive Director Role	The Board reviewed the policy and did not have any questions, noting it is very straightforward.	01/08/2026
03-002 Delegation to the Executive Director	The Board reviewed the policy and did not find any necessary revisions.	02/12/2026
03-003 Executive Director Job Description	The Board reviewed the policy and noted that it is very straightforward.	10/09/2025
03-004 Monitoring Executive Performance	The Board reviewed the policy and feels they are abiding by it.	10/09/2025
03-005 Executive Director Search Process	Terry stated it clearly shows the order of how things should be done. Bob Adrian thinks the Agency is good at preparing internal staff for succession planning, and they also received outside applicants during the last change of Executive Director. Policies will be revised as necessary due to the upcoming title change from Chief Operations Officer to Chief Administrative Officer.	09/11/2025

NeMCMHA Board Self-Evaluation

2026

	Item	Strongly Agree	Agree	Disagree	Strongly Disagree
1	There is sufficient meeting time devoted to discussion of NeMCMHA performance and review of strategic issues.				
2	Board and Committee meetings are productive.				
3	The free and open exchange of views is encouraged.				
4	The Board provides clearly written expectations and qualifications for the Executive Director position.				
5	Board members are involved and interested in the Board's work.				
6	The Board of Directors has a written process for handling urgent matters between meetings.				
7	Board members understand the Agency's mission and its programs.				
8	Board members participate in the organization in ways other than attending monthly meetings.				
9	The Board has defined its role, responsibilities, and the scope of its authority.				
10	Board members understand the financial structure of the organization and their fiduciary responsibilities.				
11	New Board members are oriented to NeMCMHA's mission, vision, bylaws, policies, Board structure, and their roles and responsibilities as members.				
12	The Board is familiar with NeMCMHA programs and kept informed of critical changes as they occur.				
13	Board members have complete information about financial issues which pertain to Board decisions and responsibilities.				
14	Board members are appropriately involved in the strategic planning of the organization.				
15	NeMCMHA effectively attempts to address identified gaps and deficits in service.				
16	The mission/vision reflects issues important to our service populations.				
17	The Board has identified, prioritized, and scheduled those issues that it believes should be discussed and reviewed by the Board on a regular basis.				
18	I have sufficient opportunity for input into policy development and decision-making.				
19	I am an active participant in committees and meetings.				
20	I understand NeMCMHA's financial position, funding sources, and resources.				
21	I understand the mission and values of NeMCMHA.				

A. What issues have most occupied the Board's time and attention during the past year?

B. What is the most important priority for NeMCMHA to address over the next 12 months?

C. In what ways should the Board's role be expanded or reduced?

D. What were one or two successes during the past year for which the Board takes some satisfaction?

E. What opportunities for improvement do you see in the Board's organization or performance?

F. How does this Board compare to other boards on which you serve?

Other Comments:

SEPTEMBER AGENDA ITEMS

Policy Review
01-001 General Executive Constraint
01-009 Compensation & Benefits

Policy Review & Self-Evaluation
02-006 Board Committee Structure
03-005 Executive Director Search Process

Monitoring Reports
01-004 Budgeting

Review
Annual Planning Cycle – Set FY27 Perpetual Calendar

Self-Evaluation
Annual Self-Evaluation Report Presentation

Educational Session
TBD