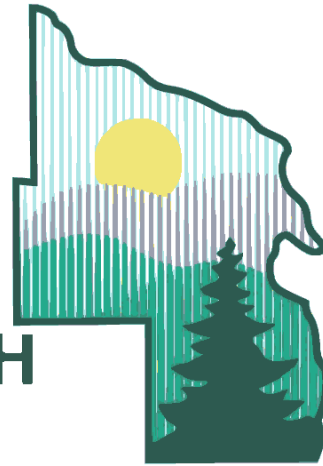


NORTHEAST  
MICHIGAN  
COMMUNITY  
MENTAL HEALTH  
AUTHORITY



# SEPTEMBER BOARD MEETING

THURSDAY, SEPTEMBER 11, 2025



3:00 PM

400 JOHNSON STREET  
ALPENA, MICHIGAN 49707

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD**

**Meeting Agenda | Thursday, September 11, 2025 | 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. Appointment of Evaluator**
- V. Acknowledgement of Conflict of Interest**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes ..... (Pages 1 – 4)**
- VIII. Educational Session: Behavioral Health Home (BHH) ..... (Presentation)**
- IX. Consent Agenda ..... (Pages 5 – 6 & Handout)**
- X. September Monitoring Reports**
  - 1. Budgeting 01-004 .....(Page 7)
- XI. Board Policies Review**
  - 1. General Executive Constraint 01-001 [Review] .....(Page 8)
  - 2. Compensation and Benefits 01-008 [Review] .....(Page 9)
  - 3. Committee Structure 02-006 [Review & Self-Evaluate] ..... (Pages 10 – 11)
  - 4. Executive Director Search Process 03-005 [Review & Self-Evaluate] .....(Page 12)
- XII. Linkage Reports**
  - 1. NMRE Board .....(Verbal)
- XIII. Operations Report .....(Page 13)**
- XIV. Board Chair’s Report**
  - 1. Setting Perpetual Calendar ..... (Pages 14 – 15)
  - 2. Board Self-Evaluation Report ..... (Handout)
  - 3. Final Approval of FY26 Strategic Plan ..... (Pages 16 – 19)
  - 4. CMHA Fall Board Conference ..... (Pages 20 – 22)
- XV. Executive Director’s Report .....(Verbal)**
- XVI. Information and/or Comments from the Public**
- XVII. Information and/or Comments for the Good of the Organization**
- XVIII. Next NeMCMHA Board Meeting – Thursday, October 9 at 3:00 p.m.**
  - 1. Proposed October Agenda Items .....(Page 23)
- XIX. Meeting Evaluation .....(Verbal)**
- XX. Adjournment**

**Northeast Michigan Community Mental Health Authority Board  
Board Meeting – August 14, 2025**

**I. Call to Order**

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

**II. Roll Call and Determination of a Quorum**

Present: Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Terry Small

Absent: Bob Adrian (Excused), Lester Buza, Charlotte Helman (Excused)

Staff & Guests: Carolyn Bruning, Connie Cadarette, Rebekah Duhaime, Erin Fletcher, Kay Keller, Liz Kowalski, Jason Lepper, Brooke Paczkowski, Jen Walburn

**III. Pledge of Allegiance**

Attendees recited the Pledge of Allegiance as a group.

**IV. Appointment of Evaluator**

Jennifer Graham 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**

None were presented.

**VII. Approval of Minutes**

***Moved by Dana Labar, supported by Kara Bauer LeMonds, to approve the minutes of the July Board meeting, as presented.*** Motion carried.

**VIII. PIHP Bid Out**

Nena reported that MDHHS had sent out notification that they would be doing a request for proposal (RFP) on the PIHPs in May and that they would not let the regional entities bid. While many of the CMHs downstate can contract out many of their services, there are no organizations in this area that could provide services at the level the Agency does. The CMHs can provide services to the most at-risk populations as they receive governmental immunity when the Mental Health Code is properly followed. These same populations would not be able to find care in the private sector as the risk is too high for private providers. This will leave the most severe cases without care. The current PIHPs are also able to operate with a very low administrative overhead of between 2-4%. If private organizations were to take over, that administrative overhead could increase to 15% without them being required to provide rationale.

An injunction is being filed to stop the bid-out process. If the injunction doesn't go through, the NMRE will join with the U.P. to form a UCA as one large, rural region that could then bid on the RFP. The funds used for these legal proceedings are non-Medicaid. Nena asked those who would like to advocate for the CMHs to reach out to the governor and Curtis Hertel. The RFP closes at the end of September. Nena will be meeting with each of the four county commissions to discuss the bid-out with them and ask them to sign a resolution opposing it. She has already received signed resolutions back from two county commissions.

***Moved by Terry Small, supported by Lloyd Peltier, to allow NeMCMHA to join in a lawsuit for an injunction against the RFP for PIHPs as it strips the CMHs of their statutory obligation.*** Roll Call: Ayes: Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Terry Small; Nays: None; Absent: Bob Adrian, Lester Buza, Charlotte Helman. Abstain: None. Motion carried.

**IX. August Monitoring Reports**

**1. Budgeting 01-004**

Connie Cadarette reported on the Statement of Revenue and Expense and Change in Net position for the month ending June 30, 2025, with 75% of the year elapsed. Back payments from the rate changes are coming in and will be shown on the July report. Back payments from HABS Support Waivers are included in the June report. Medicaid is underspent by \$484,468 and Healthy Michigan is overspent by \$179,929, for a total underspent amount of \$304,539. The Change in Net Position is at \$372,640, which are local funds that can be kept. General Funds are overspent by \$80,104, which is a \$10,000 increase from May. Behavioral Health Home (BHH) funds are in the positive at \$49,555, which are also local funds that can be kept.

**2. Financial Condition 01-005**

Connie reviewed the Statement of Net Position and Change in Net Position which shows the balance of accounts. The unrestricted net position is at 42 days of cash due to back revenue received.

**3. Staff Treatment 01-003**

Kay Keller reviewed the Turnover by Department report with the Board. There may be upcoming changes on the report regarding how Casual employees are listed.

**4. Treatment of Individuals Served 01-002**

Liz Kowalski presented the quarterly Recipient Rights Report to the Board, which included complaint summary data. There are seven members on the Recipient Rights Advisory Committee, including two Board members to meet the Mental Health Code requirements. The committee also acts as an appeals committee. The department has been completing many of their required annual site visits this summer.

***Moved by Jennifer Graham, supported by Bonnie Cornelius, to approve the August Monitoring Reports.***  
Motion carried.

**X. Board Policies Review**

**1. Chairperson's Role 02-004**

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.

**2. Board Members' Per Diem 02-009**

The Board agreed they are following the policy and that it does not require any revisions.

**3. Board Self-Evaluation 02-012**

No revisions were requested and the Board agreed they are appropriately following it.

**XI. Linkage Reports**

**1. NMRE Board**

Eric attended the NMRE Executive Committee meeting, and they discussed the PIHP bid-out and legal challenges. Updated reports on the budget deficit at Northern Lakes CMHA show a smaller deficit than originally anticipated.

**2. Advisory Council**

Lloyd reported that the Advisory Council did not have a quorum, but they were able to go through most of the agenda. One member has moved out of state, but there will be one returning member and one new member at the October meeting.

**3. Endowment Fund Grant Awards**

The Endowment Fund Grant Awards mostly come from elective staff payroll deductions. The funds are used for employment/business purposes for individuals served.

**XII. Operations Report**

Erin Fletcher reported on operations for the month of July. The total of unduplicated individuals served was down a little for the month due to staff vacations and the holiday falling at the end of a week. Erin shared success stories from the autism program and employment services. The Board asked for a report on the total number of children being served by the Agency which Nena will provide next month.

**XIII. Strategic Plan: Approve and Finalize**

The Board finalized revisions to the FY26 Strategic Plan, including one new goal regarding staff wellbeing.

***Moved by Bonnie Cornelius, supported by Lynnette Grzeskowiak, to adopt the final revisions of the FY26 Strategic Plan. Motion carried.***

**XIV. Board Chair's Report**

**1. Executive Director's Evaluation**

Eric commended Nena on her leadership, and the Board did not have any further questions or statements regarding Nena's performance. A positive Executive Director evaluation is based on the timeliness and content of the monitoring reports presented to the Board throughout the year.

***Moved by Kara Bauer LeMonds, supported by Lloyd Peltier, to deem the Executive Director's performance as positive for FY25. Motion carried.***

**2. Begin Self-Evaluation**

The Board was asked to complete and return their forms to Rebekah Duhaime as soon as possible.

**XV. Executive Director's Report**

Nena reported on her activities over the last month, which included attending her regular meetings, the Employee Recognition Luncheon, and a probate hearing in Alcona County. She informed the Board that the new positions of Chief Administrative Officer and Deputy Clinical Director have been filled, and both will be starting mid-September. All residents have been moved out of the Harrisville group home. Rehmann will be conducting another staff survey this summer and they will also be running staff focus groups.

Nena received the General Funds contract for FY26 from MDHHS, which required her to sign prior to the Board meeting. The amount has not changed in the last few years, at around \$1.2 million.

***Moved by Terry Small, supported by Lloyd Peltier, to approve the signing of the General Funds Contract with MDHHS for FY26. Roll Call: Ayes: Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Terry Small; Nays: None; Absent: Bob Adrian, Lester Buza, Charlotte Helman. Abstain: None. Motion carried.***

The Board previously discussed staff retention payments when they approved the COLA. There will be excess funds that cannot be carried over into FY26. Nena asked for discretion to provide one or two staff retention payments, which would keep the funds in the local communities. She asked the Board for permission to provide one retention payment between 1-3 % in the September 4 payroll and for leeway to provide a second payment in the last pay period of the fiscal year if there are additional funds available.

***Moved by Dana Labar, supported by Kara Bauer LeMonds, to allow Nena to make two staff retention payments of between 1-3% based on the budget. Roll Call: Ayes: Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Terry Small; Nays: None; Absent: Bob Adrian, Lester Buza, Charlotte Helman. Abstain: None. Motion carried.***

Nena reported that the CARF survey was highly successful, with the Agency meeting 2,495 of the required 2,500 standards to be accredited in 17 programs. None of the five recommendations were for clinical programs. Nena shared some of the strengths of the Agency the CARF reviewers noted.

**XVI. Information and/or Comments from the Public**

None were presented.

**XVII. Information and/or Comments for the Good of the Organization**

Terry congratulated Nena and staff on a great survey report. Lloyd also gave kudos to staff.

**XVIII. Next Meeting**

The next meeting of the NeMCMHA Board is scheduled for Thursday, September 11, 2025, at 3:00 p.m.

**1. September Agenda Items**

The proposed September agenda items were reviewed.

**XIX. Meeting Evaluation**

Jennifer reported Board members came prepared to govern and they were afforded opportunities to speak. She thanked everyone for providing information and stated she is proud to be on the Board. She said it is incredible to hear what Nena and staff are doing, because people don't know what all the Agency does.

**XX. Adjournment**

***Moved by Terry Small, supported by Lloyd Peltier, to adjourn the meeting.*** Motion carried. This meeting adjourned at 4:57 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

## **Consent Agenda – September 11, 2025**

### **A. Compassionate Care**

Compassionate Care continues to provide community living support and respite services. The rate for CLS will remain the same for services provided and the rate for Respite will increase for the first time since 2023. We recommend approval.

CLS/Respite	Code/Service	FY25 Rate	FY26 Rate	Population Served
CLS	H2015	\$6.57 per 15-Min	\$6.57 per 15-Min	Adult/Adolescents (same cost for all)
Respite	T1005	\$6.25 per 15-Min	\$7.13 per 15-Min	Adult/Adolescents (same cost for all)

### **B. North Shores/Alpine CRU** Their fee schedule will remain the same as last year.

Crisis Residential	Code/Service	FY25 Rate	FY26 Rate	Population Served
North Shores	H0018 Crisis Residential	\$500.00	\$500.00	Adults
	H0045 Respite	\$325.00	\$325.00	
Alpine CRU	H0018 Crisis Residential	\$600.00	\$600.00	Adults
	H0045 Respite	\$350.00	\$350.00	

### **C. Financial Management Services**

The Agency contracts with Financial Management Service (FMS) providers to serve individuals in the Self-Determination Program. The fee schedules will remain the same this fiscal year.

#### **Karen's Accounting**

**Fiscal Intermediary Contract Setup Fee:** \$189.75 per enrollment  
**Duties on Behalf of the Employer:** \$189.75 per month  
**Closeout Fees:** \$189.75 per closeout  
**Duties on Behalf of the Employer without Payroll:** \$92.00 per month  
**Seasonal Work:** \$0.00 per month  
**Initial Background/Reference Check:** \$50.00 per employee **Advanced**  
**Background/Reference Check:** \$65.00 per employee **Subsequent Renewal of**  
**Background Check:** 25.00 per employee

#### **Amanda's Payroll Services**

**Fiscal Intermediary Contract Setup Fee:** \$189.75 per enrollment  
**Duties on Behalf of the Employer:** \$189.75 per month  
**Closeout Fees:** \$189.75 per closeout  
**Duties on Behalf of the Employer without Payroll:** \$92.00 per month  
**Seasonal Work:** \$0.00 per month  
**Initial Background/Reference Check:** \$50.00 per employee **Advanced**  
**Background/Reference Check:** \$65.00 per employee **Subsequent Renewal of**  
**Background Check:** 25.00 per employee



#### D. Hospitals

The NMRE negotiates the hospital rates and contracts for each of their member Boards; however, our Agency is responsible for the final execution of the contracts. Below is a table with the details of this year's negotiations:

Hospital Name	Location	FY25 Rate	FY26 Rate	Population Served
BCA Stone Crest	Detroit	\$808.55 \$1,071.20 (1:1 Staffing)	\$825.00 \$1,093.00 (1:1 Staffing)	Adult
Forest View	Grand Rapids	\$1110.70	\$1110.70 \$495.71 (Partial Hospitalization)	Adult/ Adolescent (same cost for all)
Havenwyck	Auburn Hills	\$999.01	\$1029.00 \$453.00 (Partial Hospitalization) SCA Only for 1:1 Staffing	Adult/ Adolescent (same cost for all)
McLaren	Bay Region Flint Greater Lansing Lapeer Region Macomb Oakland Port Huron	\$1037.21 \$519.12 (Partial Hospitalization)	\$1068.00 \$535.00 (Partial Hospitalization)	Adult
MyMichigan	Alma Alpena Midland Sault	\$1,105.19 \$632.42 (Partial Hospitalization)	\$1,138.35 \$632.42 (Partial Hospitalization)	Adult
Pine Rest	Grand Rapids	\$1,269.00 \$1,393.00	\$1,294.00 \$1,421.00	Adult Adolescent / Child
Southridge Behavioral Health Hospital	Byron Center		\$1000.35	Adult
Healthsource	Saginaw	\$1081.50	\$1103.13	Adult/ Adolescent (same cost for all)

#### E. Michigan Rehabilitation Services (MRS) Interagency Cash Transfer Agreement

This agreement is a continuation of an Interagency Cash Transfer Agreement that began in FY96 between MRS and the Agency to enhance vocational services and improve employment outcomes for individuals with mental health and developmental disabilities. The requested agreement for FY26 is \$18,519, of which \$5,000, or 27%, is the amount to be contributed by NeMCMHA. The Agency's contribution has remained the same for many years. We recommend approval.



**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Tenth Month Ending July 31, 2025**  
**83.33% of year elapsed**

	Actual July Year to Date	Budget July Year to Date	Variance July Year to Date	Budget FY25	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	183,952.36	226,126.70	\$ (42,174)	271,352.00	67.8%
2 Grants from Local Units	222,198.33	222,198.30	0	266,638.00	83.3%
3 NMRE Incentive Revenue	259,542.36	275,000.00	(15,458)	330,000.00	78.6%
4 Interest Income	7,608.31	5,000.00	2,608	6,000.00	126.8%
5 Medicaid Revenue	28,077,837.62	27,397,611.70	680,226	32,877,134.00	85.4%
6 General Fund Revenue	1,002,322.00	1,002,322.30	(0)	1,202,787.00	83.3%
7 Healthy Michigan Revenue	1,788,763.70	1,189,464.20	599,300	1,427,357.00	125.3%
8 3rd Party Revenue	344,173.92	473,204.20	(129,030)	567,845.00	60.6%
9 Behavior Health Home Revenue	373,188.64	258,104.20	115,084	309,725.00	120.5%
10 Food Stamp Revenue	93,101.55	79,020.90	14,081	94,825.00	98.2%
11 SSI/SSA Revenue	527,877.80	559,945.00	(32,067)	671,934.00	78.6%
12 Revenue Fiduciary	212,872.30	0.00	-	0.00	0.0%
13 Other Revenue	50,210.92	42,335.00	7,876	50,802.00	98.8%
14 <b>Total Revenue</b>	<b>33,143,650</b>	<b>31,730,333</b>	<b>1,200,445</b>	<b>38,076,399</b>	<b>87.0%</b>
<b>Expense</b>					
15 Salaries	12,812,676.76	12,788,063.20	(24,614)	15,345,676.00	83.5%
16 Social Security Tax	524,735.73	532,298.30	7,563	638,758.00	82.1%
17 Self Insured Benefits	1,932,091.39	2,263,893.60	331,802	2,716,673.00	71.1%
18 Life and Disability Insurances	201,160.91	224,633.20	23,472	269,560.00	74.6%
19 Pension	1,111,114.36	1,191,911.60	80,797	1,430,294.00	77.7%
20 Unemployment & Workers Comp.	112,385.85	107,284.10	(5,102)	128,741.00	87.3%
21 Office Supplies & Postage	32,776.74	37,225.70	4,449	44,671.00	73.4%
22 Staff Recruiting & Development	41,620.10	109,392.20	67,772	131,268.00	31.7%
23 Community Relations/Education	38,955.72	55,728.30	16,773	66,874.00	58.3%
24 Employee Relations/Wellness	65,796.48	92,365.00	26,569	110,838.00	59.4%
25 Program Supplies	482,411.32	465,999.90	(16,411)	559,200.00	86.3%
26 Contract Inpatient	1,065,489.61	1,390,664.20	325,175	1,668,797.00	63.8%
27 Contract Transportation	831.54	11,687.50	10,856	14,025.00	5.9%
28 Contract Residential	4,870,361.92	4,279,892.50	(590,469)	5,135,871.00	94.8%
29 Local Match Drawdown NMRE	73,926.00	82,140.00	8,214	98,568.00	75.0%
30 Contract Employees & Services	6,804,139.98	5,985,263.30	(818,877)	7,182,316.00	94.7%
31 Telephone & Connectivity	189,805.48	183,954.90	(5,851)	220,746.00	86.0%
32 Staff Meals & Lodging	21,468.20	22,393.40	925	26,872.00	79.9%
33 Mileage and Gasoline	359,028.19	364,249.70	5,222	437,100.00	82.1%
34 Board Travel/Education	3,630.31	11,383.30	7,753	13,660.00	26.6%
35 Professional Fees	19,838.30	28,374.90	8,537	34,050.00	58.3%
36 Property & Liability Insurance	71,634.64	77,363.30	5,729	92,836.00	77.2%
37 Utilities	195,525.80	161,333.20	(34,193)	193,600.00	101.0%
38 Maintenance	173,753.29	120,273.10	(53,480)	144,328.00	120.4%
39 Interest Expense Leased Assets	33,407.64	35,916.60	2,509	43,100.00	77.5%
40 Rent	6,909.30	6,875.00	(34)	8,250.00	83.7%
41 Food	129,358.72	116,583.40	(12,775)	139,900.00	92.5%
42 Capital Equipment	(1,095.70)	11,083.10	12,179	13,300.00	-8.2%
43 Client Equipment	20,830.24	19,166.70	(1,664)	23,000.00	90.6%
44 Fiduciary Expense	215,726.64	0.00	0.00	0.00	0.0%
45 Miscellaneous Expense	197,040.39	129,748.40	(67,292)	155,698.00	126.6%
46 Depreciation & Amortization Expense	806,777.96	813,190.90	6,413	975,829.00	82.7%
47 MI Loan Repayment Program	3,000.00	10,000.00	7,000	12,000.00	25.0%
48 <b>Total Expense</b>	<b>32,617,114</b>	<b>31,730,333</b>	<b>(671,055)</b>	<b>38,076,399</b>	<b>85.7%</b>
49 <b>Change in Net Position</b>	<b>\$ 526,536</b>	<b>\$ -</b>	<b>\$ 526,536</b>	<b>\$ -</b>	<b>1.4%</b>
50 Contract settlement items included above:					
51 Medicaid Funds (Over) / Under Spent	\$ 1,038,020				
52 Healthy Michigan Funds (Over) / Under Spent	(192,443)				
53 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ 845,577</b>				
54 General Funds to Carry Forward to FY25	\$ -				
55 General Funds Lapsing to MDHHS	(23,057)				
56 <b>General Funds (Over) / Under Spent</b>	<b>\$ (23,057)</b>				
57 Behavior Health Home Revenues	373,189				
58 Behavior Health Home Expenses	(295,278)				
59 BHH Funds (Over) / Under Spent	77,911				
60 <b>Total BHH (Over) / Under Spent</b>	<b>\$ 77,911</b>				

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

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**EXECUTIVE LIMITATIONS**

(Manual Section)

**GENERAL EXECUTIVE CONSTRAINT – POLICY 01-001**

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

September 12, 2024

Last Revision to Policy Approved by Board:

September 12, 2019

**●1 POLICY:**

The Executive Director shall not allow any practice, activity, decision or organizational circumstance which is illegal, imprudent or in violation of commonly accepted business and professional ethics or in violation of contractual obligations.

**●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)

**COMPENSATION AND BENEFITS – POLICY 01-008**

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

September 12, 2024

Last Revision to Policy Approved by Board:

September 12, 2019

**●1 POLICY:**

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the Executive Director may not cause or allow jeopardy to fiscal integrity or public image.

Accordingly, he or she may not:

1. Change his or her own compensation and benefits.
2. Promise or imply permanent or guaranteed employment.
3. Establish current compensation and benefits which:
  - A. Deviate materially from the geographic or professional market for the skills employed.
  - B. Create obligations over a longer term than revenues can be safely projected and, in all events subject to losses of revenue, in no event longer than one year with the exception of labor.
4. Establish or change pension benefits so the pension provisions:
  - A. Cause unfunded liabilities to occur or in any way commit the organization to benefits which incur unpredictable future costs.
  - B. Provide less than some basic level of benefits to all full time employees, though differential benefits to encourage longevity in key employees are not prohibited.
  - C. Allow any employee to lose benefits already accrued from any foregoing plan.
  - D. Treat the Executive Director differently from other comparable key employees.
  - E. Are instituted without prior monitoring of these provisions.

**●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)

**COMMITTEE STRUCTURE – POLICY 02-006**

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

September 12, 2024

Last Revision to Policy Approved by Board:

September 14, 2023

**●1 POLICY:**

A committee is a Board committee only if its existence and charge come from the Board, regardless of whether board members sit on the committee. Unless otherwise stated, a committee ceases to exist as soon as its task is complete.

1. Executive Committee

A. Product: any proposed, pending and current legislation pertaining to mental health services in order to recommend a Board position.

Product: all matters acted upon between Board meetings due to emergency situations.

B. Authority: the Board of Directors.

2. Board Officers Nominating Committee

A. Product: recommendations to the county's board of commissioners for appointment or re-appointment.

Product: a slate of candidates to fill the positions of the Board's offices.

Product: candidates for consumer or consumer representative appointments who meet the requirements of Section 222 (1) of the Mental Health Code.

B. Authority: the Board of Directors

3. Recipient Rights Committee

A. Product: advises the Board concerning implementation of policy as it relates to the Recipient Rights System and a review of the operations of the Recipients Rights office.

B. Authority: required under Mental Health code.

4. Advisory Council

A. Product: advises the Board to help assure services are designed and offered in ways that reflect the individuals served wellbeing and

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

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interest. Areas of advice include Person-Centered Planning, Family-Centered Planning, consumer-run programs, individual choice and self-directed services, accommodations, etc.

Product: a review of policies that relate to consumer services

Product: a review and recommendation of any satisfaction surveys conducted for mental health services.

- B. Authority: 8 – 10 member council appointed through an application process. A stipend of \$35 per meeting and mileage reimbursement at the current Board-approved rate.

**●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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**BOARD STAFF RELATIONSHIP**

(Manual Section)

**EXECUTIVE DIRECTOR SEARCH PROCESS – POLICY 03-005**

Policy Inception Date:	September 11, 2014
Policy Last Reviewed:	September 12, 2024
Last Revision to Policy Approved by Board:	September 12, 2019

●1 **POLICY:**

The purpose of this policy is to establish the conceptual framework for the Agency's succession planning efforts related to the Agency's Executive Director position.

1. **Board as sole decision maker:** The Agency's Executive Director succession planning effort recognizes the primacy of the Board of Directors as the decision makers who select the Agency's successor Executive Director. While they may draw on the views of others, as outlined below, the decision rests with the Board.
2. **Succession planning is a process not an event:** The Agency will take a number of steps, before the announcement of the departure of the incumbent Executive Director, to ensure succession planning is a deliberative process and not a reactive one, precipitated by this departure.
3. **Purpose of succession planning:** The Agency recognizes sound, early-on succession planning is needed when an organization's leadership changes to:
  - Ensure organizational **stability** by strengthening the Agency's culture around mission, values, capabilities, performance and partnerships. This approach reinforces two concepts:
    - a. An Agency of the size, complexity and influence of this CMH succeeds by adhering to a rarely changing mission and set of values and not by frequent changes in direction or values.
    - b. If dramatic changes in the Agency's direction are sought by the leadership of an organization, those changes should take place while the current leadership is in place.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

Executive Director Search Process – Timeline, Budget  
Job Description – Executive Director

●5 **FORMS AND EXHIBITS:**

	Program	Consumers served August 2025 (8/1/25 - 8/31/25)	Consumers served in the Past Year (9/1/24 - 8/31/25)	Running Monthly Average(year) (9/1/24 - 8/31/25)
1	Access  Routine Emergent Urgent  Crisis Prescreens	39	545	39
		0	0	0
		1	4	1
		50	546	50
		43	529	43
2	Doctors' Services	363	1206	387
3	Case Management			
	Older Adult (OAS)	71	126	81
	MI Adult	54	203	64
	MI ACT	13	27	16
	Home Based Children	30	81	23
	MI Children's Services	50	180	55
	IDD	161	293	159
4	Outpatient Counseling	112(28/84)	270	77
5	Hospital Prescreens	43	529	43
6	Private Hospital Admissions	15(0/15)	198	16
7	State Hospital Admissions	0	3	0
8	Employment Services			
	IDD	48	72	47
	MI	44	96	42
	Touchstone Clubhouse	61	88	67
9	Peer Support	52(6/46)	80	51
10	Community Living Support Services			
	IDD	77	93	81
	MI	62	112	68
11	CMH Operated Residential Services			
	IDD Only	46	51	48
12	Other Contracted Resid. Services			
	IDD	37	40	38
	MI	26	36	30
13	Total Unduplicated Served	978	2224	994

County	Unduplicated Consumers Served Since August 2024
Alcona	226
Alpena	1341
Montmorency	285
Presque Isle	284
Other	72
No County Listed	16

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH  
BOARD ANNUAL CALENDAR (10/01/25 – 09/30/26)**

<b>Month</b>	<b>Item</b>	<b>Action</b>
<b>October</b>	Annual Board Planning Cycle 02-007	Policy Review & Board Self-Evaluation
	Executive Director Job Description 03-003	Policy Review & Board Self-Evaluation
	Monitoring Executive Director Performance 03-004	Policy Review & Board Self-Evaluation
	Ends 04-001	Policy Review
	Budgeting 01-004 (Monthly Finance Report)	Review Monitoring Report
	Budget Public Hearing	Activity
<b>November</b>	Staff Treatment 01-003	Policy Review
	Treatment of Individuals Served 01-002	Policy Review
	Treatment of Individuals Served 01-002 (Recipient Complaint Log)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance Report)	Review Monitoring Report
	Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report
	Ends 04-001	Review Monitoring Report
	Educational Session – Annual Compliance Report	Presentation
<b>December</b>	Nominations Committee Makes Recommendations to Counties	Activity
	Grants or Contracts 01-011	Policy Review
	Board Member Recognition 02-011	Policy Review & Board Self-Evaluation
	Board Member Orientation 02-015	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance Report)	Review Monitoring Report
	Grants or Contracts 01-011	Review Monitoring Report
<b>January</b>	Bylaw Changes	Bylaw Review
	Emergency Executive Succession 01-006	Policy Review
	Executive Director Role 03-001	Policy Review & Board Self-Evaluation
	Emergency Executive Succession 01-006 (Executive Director Report)	Review Monitoring Report
<b>February</b>	Budgeting 01-004 (Monthly Finance Report)	Review Monitoring Report
	Delegation to the Executive Director 03-002	Policy Review & Board Self-Evaluation
	Asset Protection 01-007	Policy Review
	Board Committee Principles 02-005	Policy Review & Board Self-Evaluation
	Treatment of Individuals Served 01-002 (Recipient Rights Log)	Review Monitoring Report
	Staff Treatment 01-003 (Turnover Report)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance Report)	Review Monitoring Report
<b>March</b>	Nominations Committee Meets to Develop Slate of Officers	Activity
	Budgeting 01-004	Policy Review
	Board Members' Ethical Code of Conduct 02-008	Policy Review & Board Self-Evaluation
	Treatment of Individuals Served 01-002 (Satisfaction Surveys)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance Report)	Review Monitoring Report
	Board Member Recognition	Activity
	Financial Condition 01-005 (CPA Audit)	Review Monitoring Report
<b>April</b>	Asset Protection 01-007 (CPA Audit)	Review Monitoring Report
	Financial Condition 01-005	Policy Review
	Governing Style 02-002	Policy Review & Board Self-Evaluation
	Cost of Governance 02-013	Policy Review & Board Self-Evaluation
	Communication and Counsel to the Board 01-009	Policy Review
	Budgeting 01-004 (Monthly Finance Report)	Review Monitoring Report
	Communication & Council 01-009	Review Monitoring Report
<b>May</b>	Election of Officers	Activity
	Board Job Description 02-003	Policy Review & Board Self-Evaluation
	Board Core Values 02-014	Policy Review & Board Self-Evaluation
	Disclosure of Ownership 02-016	Policy Review & Board Self-Evaluation
	Treatment of Individuals Served 01-002 (Recipient Rights Log)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance Report)	Review Monitoring Report
	Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report
	Ownership Input	Activity
	Begin Strategic Planning with Environmental Scan	Presentation



<b>Month</b>	<b>Item</b>	<b>Action</b>
<b>June</b>	Continue Strategic Planning with Ends Focus Ends 04-001 Ends Discussion 04-001	Activity Review Monitoring Report Discuss
<b>July</b>	Community Resources 01-010 Public Hearings 02-010 Budgeting 01-004 (Monthly Finance Report) Asset Protection 01-007 (Insurance Reports) Community Resources 01-010 (Collaboration Report) Finalize Planning Session with Ends Setting Prepare for Executive Director Evaluation	Policy Review Policy Review & Board Self-Evaluation Review Monitoring Report Review Monitoring Report Review Monitoring Report Presentation Activity
<b>August</b>	Chairperson's Role 02-004 Board Members Per Diem 02-009 Board Self-Evaluation 02-012 Treatment of Individuals Served 01-002 (Recipient Complaint Log) Staff Treatment 01-003 (Turnover Report) Budgeting 01-004 (Monthly Finance Report) Financial Condition 01-005 (Quarterly Balance Sheet) Executive Director Evaluation Process Begin Self-Evaluation	Policy Review & Board Self-Evaluation Policy Review & Board Self-Evaluation Policy Review & Board Self-Evaluation Review Monitoring Report Review Monitoring Report Review Monitoring Report Review Monitoring Report Activity Activity
<b>September</b>	General Executive Constraint 01-001 Compensation & Benefits 01-008 Executive Director Search Process 03-005 Board Committee Structure 02-006 Budgeting 01-004 (Monthly Finance Report) Annual Planning Cycle (Set Perpetual Calendar) Finalize Self-Evaluation	Policy Review Policy Review Policy Review & Board Self-Evaluation Policy Review & Board Self-Evaluation Review Monitoring Report Activity Activity



# NeMCMHA FY 26 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**

### **Payers/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 accessing 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/consumer portal

## **Goals:**

1. Reduce the risk of metabolic syndrome in both adults and children.
  - a. Nursing staff will collect blood pressures, weights, 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 to coordinate care and treatment.
  - d. Participate in the PIHP's Quality Assessment Performance Improvement Projects (QAPIP).
    - i. QAPIP #1 – NeMCMHA 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 5% to 6% by September 30, 2025.
    - 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.
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 Disorders.
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 (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. Create staff focus groups to learn what issues are important to staff and work on 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.

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

**Jail Services** – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.

**Recruiting and Retention of Qualified Staff** – Workforce shortages nationwide and local competition for positions have made it difficult to recruit.

**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 integrated services, develop shared services, and improve consumer accessibility, health outcomes, and efficiencies.
- Introduce new Evidence-Based Practices and training in the delivery of services.
- Using the training certification the Agency received, the Agency can provide training opportunities for staff as well as community partners with continuing education credits awarded for the training.
- 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 local advocacy efforts.
- Work collaboratively with community partners in the region to address challenges related to the increasing opioid epidemic, violence, and anger dyscontrol.
- Take advantage of training opportunities provided by MDHHS.

### **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 at a lower cost. 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 Human Services Collaborative.

### **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. Expand the Supported Independence Program (SIP) to one additional county served.
  - b. Development of additional supported independent services for two individuals currently living in a dependent setting.
  - c. Individual competitive integrated employment for persons with an intellectual/developmental disability will increase by 7%.
  - d. Individual Placement and Support (IPS) employment services will successfully close fifteen (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% 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% 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.**



Community Mental Health Association of Michigan

# Annual Fall Conference

October 27-28, 2025

Grand Traverse Resort  
Traverse City, Michigan

Shaping the Future







# Keynotes

## **State Legislative Panel - Key Policy Issues Facing Michigan**

- Moderator: Alan Bolter, Associate Director, Community Mental Health Association of Michigan

This keynote is a great opportunity to hear directly from state lawmakers on the key policy issues facing the state of Michigan. What impact has the shift in political control had on the legislative process? What are the key legislative efforts impacting the public mental health system and what are the other hot button issues the legislature will address in the coming months?

## **Education and Mental Health Partnerships: Case Studies in Three Communities**

- Connie Conklin, MSW, Executive Director, Livingston County CMH Authority
- Nicholette Cheff, Livingston ESA
- Lisa Gentz, Washtenaw County CMH
- DarNesha Green, LMSW-C, Assistant Director, of Community School Partnership with the Washtenaw Intermediate School District
- Hollie Nash, CMH for Central Michigan
- Nick Winter, Clare-Gladwin ISD
- Moderator: Lauren Kazee, LMSW, Consultant Living SLOW, LLC

The partnerships between Michigan's local education community and its community mental health organizations are vital and dynamic. This keynote will provide you with a look at three successful real-life partnerships across these sectors of their community - representing a range of communities and approaches. Objectives: 1. Describe the value of school-CMH partnerships. 2. Identify the factors that foster strong and healthy school-CMH partnerships. 3. List the factors that hinder the development of strong and healthy school-CMH partnerships.

## **Innovations in the Intersection Between Behavioral Health and Justice**

- Kevin Fischer, Executive Director, CITI/NAMI Michigan
- Judge Milton Mack, Jr., Chair of the Governor's Mental Health Diversion Council
- Marti Kay Sherry, Planning Manager, Bureau of Health Care Services, Michigan Dept. of Corrections

Over the past decade, the importance of and best practices in cross-boundary partnerships between the justice system and the mental health system have been recognized and identified - leading to innovation and impact. This keynote will bring this message home through the voices of three leaders of this movement in Michigan. Objectives: 1. Describe the importance of partnerships between the local justice and community mental health systems. 2. Describe at least two efforts taking place in Michigan, to link the state's justice and mental health systems. 3. Describe areas in which continued growth is needed in linking the justice and mental health systems at the state and local levels.

## **The Story You Don't Hear About: How Caregivers Changed My Life for the Better**

- Cody Burns, Transformational Speaker, Author and Life Coach

In May of 2013, Cody stopped at a red light on the highway and was rear-ended by a box truck, causing a fire to break out, leading to severe burns on almost 40% of Cody's body. After months of both physical and spiritual recovery, his journey led him to see the powerful impact that today's medical professionals deliver to those they care for. Many medical professionals are very overburdened with heavy workloads and long shifts, and too often, people take them for granted. During this dark point in his life, Cody and his family witnessed firsthand the heart behind the caregivers who led to his shift recovery. Together, they shared laughter and tears, but through it all, these bonding moments created heartfelt connections that greatly stood out to him and forever changed the way he saw the caregiving industry. This talk will remind caretakers of the difference they are making in the world, and why they have one of the best occupations in the world.

# Educational Workshops

## **Monday, October 27, 2025, 10:00am - 11:30am**

1. Michigan's Statewide Approach: Advancing Behavioral Health Crisis Response Through Evidence-Based Practices
2. Direct Support Professional Training: How Can Self-Paced, Flexible Options Work?
3. CMH Public Policy Governance Board Ends/Goals Overhaul
4. Developments in Artificial Intelligence: What's Changed in 2025
5. Building and Supporting Teams Using Emotional Intelligence
6. From Policy to Practice: Using WHODAS 2.0 for 1915(i) and HSW Eligibility
7. Peer Expansion Project for Parents and Youth
8. Diversion Intervention Through Boundary Spanning: Charting a Path to Improve Systems for Justice-Involved Individuals

## **Monday, October 27, 2025, 1:30pm - 3:00pm**

9. Behavior Treatment Plans and Behavior Support Plans: How to Differentiate Between the Two
10. Leading Edge Crisis Systems: Looking Inside the Work of Five Innovators
11. Empowering Student Voices: Community Partnered Mental Health Initiatives for Schools
12. A Future that Includes Employment for People with IDD
13. Using MichiCANS Data to Understand Community Needs and Plan for the Future
14. Shaping Our Future Leaders: How to Use Leadership Opportunities to Develop Youth in Our Systems
15. Unified Solutions: A Collaborative Approach to Jail Diversion in the Community
16. Getting the Job Done Right: EBP Implementation and Sustainment and the Michigan SBIRT Project

## **Monday, October 27, 2025, 3:30pm - 5:00pm**

17. Suicide Awareness and Prevention: An Educator's Perspective
18. Children's Behavioral Health: Litigation Updates and Impact
19. Not My Addiction—Still My Struggle: Supporting Families on the Frontline
20. Behavioral Health Treatment Autism Services Updates: Data Trends and Policy Review for ASD Related Services
21. Physical Safety Training within a CMH Framework
22. Bridging the Gap: The Impact of Motivational Interviewing Training on Client Retention in CMH/CCBHCs - And Future Directions
23. Family Psychoeducation (FPE): Bringing Hope and Recovery to People and Families Experiencing Psychosis
24. The Role of the Peer Mentor in Person-Centered Planning

## **Tuesday, October 28, 2025, 10:30am - 12:00pm**

25. What's Going on in Lansing
26. Substance Use Disorder Health Homes: Keys to Engaging the SUD Population in Holistic Healthcare
27. Community Partner Collaboration: The Key to Successful AOT Programs
28. Integrating Sensory Devices in Work with Neurodivergent/Trauma-Impacted Children
29. Social Media and Mental Health
30. Demolition Day: Removing Walls to Healing and Justice for Sexual Assault Victim/Survivors
31. Mind the Gap: Unleashing the Inner Thinker
32. Partners in Care: Integrating the Clubhouse Model into Clinical Practice for Recovery-Oriented Mental Health



## OCTOBER AGENDA ITEMS

### **Budget Public Hearing**

#### **Policy Review & Self-Evaluation**

Annual Board Planning Cycle 02-007

Executive Director Job Description 03-003

Monitoring Executive Director 03-004

#### **Monitoring Reports**

01-004 Budgeting

01-008 Compensation and Benefits

#### **Educational Session**

TBD