



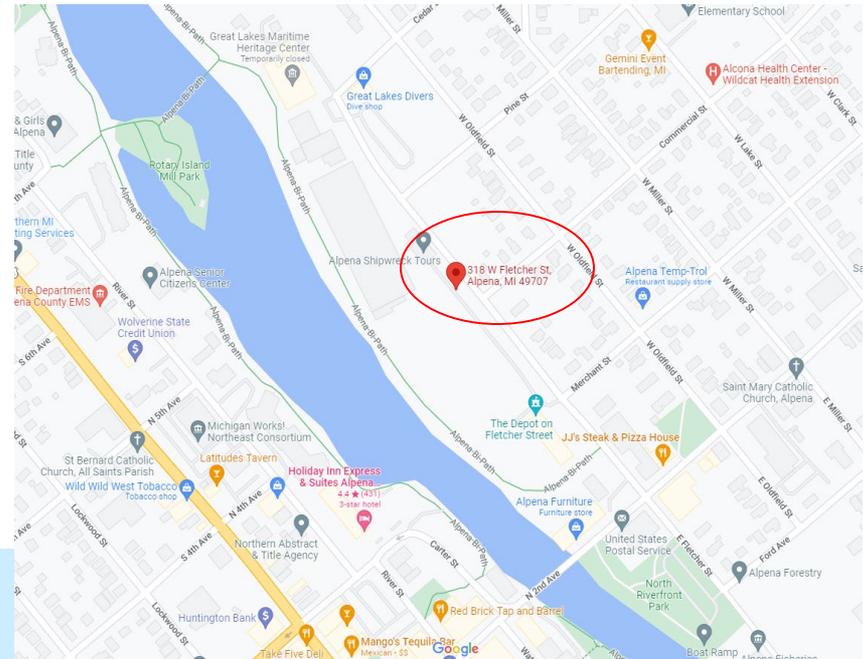
# Northeast Michigan Community Mental Health Authority Board

## May 2022 Meeting



### **Board Meeting – Strategic Planning [Part One], Thursday, May 12 at 3:00 p.m.**

### **Eric Kurtz (NMRE)– Environmental Scan**



*This meeting will be held at 318 W Fletcher Street, Alpena, MI in the White Room.*

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD**  
**BOARD MEETING – STRATEGIC PLANNING [PART 1]**  
**May 12, 2022 at 3:00 p.m.**  
**A G E N D A**

- I. Call to Order**
- II. Roll Call & Determination of a Quorum**
- III. Pledge of Allegiance**
- IV. Acknowledgement of Conflict of Interest**
- V. Appointment of Evaluator**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes ..... (See pages 1-6)**
- VIII. Environmental Scan ..... Eric Kurtz**
- IX. May Monitoring Reports**
  - 1. Treatment of Individuals Served 01-002..... (See pages 7-10)**
  - 2. Budgeting 01-004 ..... (See page 11)**
  - 3. Financial Condition 01-005..... (See pages 12-14)**
- X. Board Policies Review and Self-Evaluation**
  - 1. Board Job Description 02-003.....[Review & Self Evaluate]. (See pages 15-16)**
  - 2. Board Core Values 02-014.....[Review & Self Evaluate] ..... (See page 17)**
- XI. Linkage Reports**
  - 1. Northern Michigan Regional Entity Update**
    - a. April 27 Meeting..... (Verbal Update)**
  - 2. Board Association**
    - a. Spring Conference Update .....(Verbal)**
      - i. Appointment of Voting Delegates**
- XII. Operational Report..... (See page 18)**
- XIII. Chair's Report**
  - 1. Strategic Planning Discussion Continued .....(Verbal)**
  - 2. Director's Contract.....(Verbal)**
  - 3. Annual Report ..... (See Insert)**
- XIV. Director's Report**
  - 1. Director's Report.....(Verbal)**
  - 2. MDHHS Contract Amendment #1 via EGrAMS..... (See page 19)**
  - 3. Annual Submission..... (See pages 20-26)**
  - 4. QI Council Update..... (See pages 27-31)**
- XV. Information and/or Comments from the Public**
- XVI. Information and/or Comments for the Good of the Board**
- XVII. Next Meeting – Thursday, June 9 at 3:00 p.m.**
  - 1. Set June Agenda ..... (See page 32)**
  - 2. Meeting Evaluation ..... (All)**
- XVIII. Adjournment**

MISSION STATEMENT

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

**Northeast Michigan Community Mental Health Authority Board  
Board Meeting  
April 14, 2022**

**I. Call to Order**

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

**II. Seating of Board Member**

Robert Adrian – Alpena County  
Les Buza – Presque Isle County

Judy Jones – Alpena County  
Terry Larson – Presque Isle County

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

Present: Geyer Balog, Bonnie Cornelius, Roger Frye, Lynnette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small

Absent: Robert Adrian

Staff & Guests: Lisa Anderson, Carolyn Bruning, Connie Cadarette, Rebekah Duhaime, Erin Fletcher, Lynne Fredlund, Tim Gray, Chelsea McConnell, Heather Miller, Larry Patterson, Nena Sork

**IV. Pledge of Allegiance**

Attendees recited the Pledge of Allegiance as a group.

**V. Acknowledgement of Conflict of Interest**

No conflicts were identified.

**VI. Appointment of Evaluator**

Eric Lawson appointed Judy Jones as evaluator for this meeting.

**VII. Report of the Nomination’s Committee**

Gary Nowak reported the Nomination’s Committee made their recommendations for officers at the March meeting. A memo from that meeting indicates the recommendations to be:

Eric Lawson, Chair  
Roger Frye, Vice Chair  
Bonnie Cornelius, Secretary  
Gary Nowak, Past Chair

**VIII. Election of Officers**

*Moved by Gary Nowak, supported by Geyer Balog, to cast a ballot for Eric Lawson for the Chair position, Roger Frye for the Vice Chair position and Bonnie Cornelius as the Secretary position, which would leave the Past Chair as Gary Nowak.* Eric Lawson called for other nominations from the floor three times for the officer positions. Board members did not present any other nominations. Motion carried.

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

Lisa Anderson introduced Nichole Keyes, Human Resource Specialist, who will be focusing on recruitment efforts for all programs and assisting with orientation of new hires.

**X. Approval of Minutes**

*Moved by Gary Nowak, supported by Pat Przeslawski, to approve the minutes of the March 10, 2022 meeting as presented.* Motion carried.

**XI. Compliance Audit Presentation**

Due to an error in the report, reports included in the mailing were collected and the revised Compliance audit was distributed. Chelsea McConnell, of Straley Lamp & Kraenzlein, provided explanation of the reason for the replacement due to how the NMRE handled the Behavioral Health Home funds. She provided the Board with a summary of the report. She reported the unmodified opinion is the best opinion that can be awarded in this type of audit. Internal control over compliance with laws and regulations are the responsibility of management of the entity. She explained what material compliance issues would be reported. She noted there were no deficiencies identified in the audit. There were no examination adjustments.

***Moved by Lynnette Grzeskowiak, supported by Terry Small, to accept and file the FY 20-21 Compliance Audit.*** Motion carried.

Roger Frye, on behalf of the Board, thanked staff for their efforts.

**XII. Educational Session – CARF Standards**

Lynne Fredlund, Quality Improvement Coordinator, provided Board members with an overview of the CARF Governance Standards. She reported the State of Michigan requires the Community Mental Health Service Programs to be certified and the boards accredited through an accrediting body is accepted as deemed status. She reported our current accreditation expires June 30, 2022. CARF requested to extend our review until July or August 2022. She reported this consultation will be conducted virtually. We currently have two consultants working to review our policies and documentation to ensure standards are met. With the number of new staff employed at this Agency it was felt this consultation would be invaluable.

CARF's Governance Standards ensure the Board is providing effective and ethical leadership on behalf of its owners/stakeholders; the owners being the people in the community served by the Agency.

Lynne Fredlund reviewed Standard #1 in Board Governance. She reviewed the evidence supporting this standard. She notes Board members need to put their wants aside and put the needs of individuals receiving services from the Agency in the forefront.

She reported Standard #2 includes many elements, which are included in the Board's by-laws. This standard also includes the Board's self-assessment, written and signed attestations for conflict of interest and code of conduct statements. The standard addresses meeting evaluation, orientation process and the importance of speaking with "one voice." The Board conducts an annual assessment and reviews the results of the responses annually.

CARF Governance Standard #3 addresses the relationship between the Director and the Board. Standards #4 and #5 focus on the development of the agenda for the Board meeting and the policy process the Board uses to review policies periodically. Standard #6 related to executive compensation addresses various requirements in determining a salary for the executive director. Lynne Fredlund reported the consultants have suggested to modify the Monitoring Executive Director Performance policy to more clearly match the CARF requirements. Eric Lawson suggested the Executive Committee might be the group to gather to draft language to address these concerns. Gary Nowak questioned if the Committee of the Whole could be brought together especially with new Board members on the Board. This would be very educational. Eric Lawson suggested this be possibly done at a lunch type meeting. Consensus was to hold this workshop prior to the June meeting beginning at 1 p.m. The policy could be approved then at the June meeting.

Lynne Fredlund suggested thought be made to identification of Board members who will meet with the CARF reviewers. As this is a virtual consult, the meeting will be by Microsoft Teams.

**XIII. Consent Agenda**

- 1 War Memorial Hospital**
- 2 Valenz Assurance EPStaffCheck Software Service**

*Moved by Roger Frye, supported by Gary Nowak, to approve the Consent Agenda as presented.* Roll call vote: Ayes: Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small; Nays: None; Absent: Robert Adrian. Motion carried.

**XIV. April Monitoring Reports**

**1. Budgeting 01-004**

The Board reviewed the Statement of Revenues and Expense for month ending February 28, 2022. Connie Cadarette reviewed the revenue line items. She reported some areas the revenue is coming in higher. She addressed Blue Horizons and also food stamp revenue. The incentive payment posted in March so that will show up in the next report. She reviewed the underspending of Medicaid and General Funds.

Larry Patterson reviewed the expenses with Board members. Line items with negative variance were reviewed individually with explanation. A budget amendment will address the variances. Overall, the Agency is in a good position.

**2. Communication and Counsel 01-009**

The Board reviewed the monitoring report related to Communications and Counsel to the Board. Eric Lawson noted the monitoring reports are the method the Board uses to evaluate the Executive Director. He reported the Behavioral Health Home update was interesting in this report. He noted the Director indicated in the report Board members handled concerns from community individuals appropriately.

*Moved by Les Buza, supported by Judy Jones, to approve the April Monitoring Reports as presented.* Motion carried.

**XV. Board Policy Review and Self Evaluation**

**1. Financial Condition 01-005**

Board members reviewed the policy. There were no recommended revisions.

**2. Communication and Counsel 01-009**

This policy was the subject of the Monitoring Reports earlier in this meeting.

**3. Governing Style 02-002**

This policy requires self-evaluation. Roger Frye believes Board members are abiding by this policy. Pat Przeslawski noted this Board is a well-run board, while we may not always agree we are able to discuss openly. Bonnie Cornelius noted this helps to remind the Board they are the embodiment of the population in our counties.

**4. Cost of Governance 02-013**

The budget numbers have been adjusted for the current fiscal year in this policy revision. Board members felt they were abiding by this policy.

*Moved by Gary Nowak, supported by Bonnie Cornelius, to approve the revision to Policies 02-013 Cost of Governance.* Motion carried.

**XVI. Linkage Reports**

**1. Northern Michigan Regional Entity (NMRE)**

**a. Regional Board Meetings**

**i. February 23, 2022**

**ii. March 23, 2022**

The minutes from the February NMRE Board meeting were included in the materials in the Board packet for this meeting. The March minutes were distributed to Board members at this meeting. Roger Frye reported the March meeting was delayed slightly as they had to wait to have a quorum. Eric Lawson noted from the minutes, the Carter Kits are provided to many more emergency response personnel. Nena Sork reported 2,000 kits were ordered. Northeast was the frontrunner in distributing to our fire and law enforcement departments.

**b. Appointment of NMRE Board members**

Eric Lawson requested interest in the position on the NMRE Board. Terry Larson's term expired March 31, 2022. He did agree to continue as no other Board member expressed an interest in serving in this role.

**2. Community Mental Health Association of Michigan (CMHAM)**

**a. Spring Conference – June 7 & 8**

There is no additional information released on this conference.

**3. Advisory Council**

The minutes of the most recent Advisory Council meeting were distributed at this meeting. A flyer addressing the Day of Mental Health Education scheduled for May 20<sup>th</sup> was included in the mailed packet. Les Buza reported the Council members heard a presentation about the Behavioral Health Home presented by Lisa Orozco. Board members can read more about it on page 2 of the minutes.

**XVII. Operations Report**

Erin Fletcher reviewed the services provided by staff for the month ending March 31, 2022. She reviewed the Case Management noting MI served 160 and IDD served 196. She reported outpatient counseling and children numbers are down due to staffing shortages. She reported the Agency has hired two new staff in the past month. In total, there were 1,055 individuals provided services during the month of March.

**XVIII. Chair's Report**

**1. Section 222 & Conflict of Interest**

This survey is an annual requirement and Board composition must be certified. This form also addresses conflict of interest. Board members were requested to submit their paperwork to Diane Hayka so the certification can be finalized.

**2. Disclosure of Ownership Forms**

As most Board members are required to submit updated forms, this form was sent to all Board members to complete so the expiration of the forms would not be staggered. Board members were requested to submit their forms to Diane Hayka.

**3. Strategic Planning Discussion**

Eric Lawson noted Eric Kurtz, the NMRE Director, would provide the Environmental Scan and Part 1 of Strategic Planning at the May Board meeting. The meeting is scheduled at the Fletcher Street Office due to some building renovation at the main office. The Strategic Planning Process was reviewed.

## **XIX. Director's Report**

### **1. Director Report Summary**

Nena Sork informed Board members of her attendance at NMRE OPS, CMHA Member Services Committee and CMHA MDHHS Reorganization meeting since the last Board meeting. She reported she met with the Blue Horizons president to address their financial concerns. She reported they are looking at attempting to relocate to be able to downsize and make it more affordable for them.

The Public Hearing for stakeholders was held on March 28 and input was received. Nena reported the Management Team will develop the Priority List based on the feedback received from the public. Board members will receive a copy of the Annual Submission when complete. Nena Sork reported she also attended the Director's Forum in Lansing the last week of March.

The first week of April, Nena reported she attended the Northern Michigan Opioid Response Consortium (NMORC) Prevention Workforce committee and also their Board meeting. She is working on our Annual Report.

This past Monday, the Alpena Emergency Manager's met. The purpose of these meetings is to discuss COVID tactics. Due to the reduced COVID rate in our counties, the Emergency Managers meeting will be suspended until next Fall.

Nena reviewed with Board members of the one-year accreditation for Approved Continuing Education (ACE) through the Association of Social Work Boards to be able to provide training to allow staff to receive CEs for their license. This accreditation was recently extended for an additional 3-year accreditation. This accreditation allows the Agency to develop curriculum for trainings and offer CEUs. She noted we hosted a Human Trafficking training and several law enforcement officers attended.

Nena Sork provided information about coffee sleeves the Agency had printed and reported we are collaborating with Cabin Creek Coffee for May is Mental Health month. Cabin Creek will put the sleeve on all the coffee they sell and will sponsor a coffee flavor to acknowledge mental health for the month. In the future, the development of a 5K run may be hosted in May.

Nena Sork reported the Agency is projected to lapse approximately \$2.5 M. She reported the Agency will be replacing carpet in hallways and high traffic areas, upgrading the computer lab and IS office area and renovation of office space in the accounting area to enclose offices. She noted with virtual trainings and meetings, confidentiality is important and the enclosed office space will allow for staff to participate at their workstations.

Nena Sork reported she will not be present at the May Board meeting as her daughter's wedding is scheduled for then. She informed the Board of the need to hold the May Board meeting at the Fletcher Street Office due to the renovation at this office resulting in the Board Room becoming temporary offices for accounting/reimbursement.

Judy Jones inquired as to the Agency's involvement with services at the jail. Nena Sork reported the jail has their own provider to prescribe medications when individuals are incarcerated. Catholic Human Services provides the substance abuse services in the community and works in that field. We would provide screening services to assess for suicidality. Nena Sork reported the agencies do not want to compete with each other but partner with the agencies to provide services.

### **2. QI Council Update**

The minutes from the last QI Council meeting were included in the mailed materials for this meeting.

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

There was no information and/or comments presented.

**XXI. Information and/or Comments for the Good of the Board**

Gary Nowak requested the per diem be addressed. Diane Hayka will contact the county to get the details. Gary Nowak wished attendees a Happy Easter.

**XXII. New Business**

**1. Establishment of Regular Meeting Date**

The consensus was to keep the meeting date and time the same. The Board will continue to meet the second Thursday of the month at 3:00 p.m. *Moved by Gary Nowak, supported by Bonnie Cornelius, to set the meeting date as the second Thursday of the month beginning at 3:00 p.m.* Motion carried.

**2. Appointment of Standing Committees**

Eric Lawson appointed the following members to the Board's Standing Committee:

**Recipient Rights Committee**

Pat Przeslawski, Board Representative

Judy Jones, Board Representative

Tom Fredlund

Renee Smart-Sheppler

Lorell Whitscell

Barbara Murphy

Ruth Hewett, Recipient Rights Officer

**XXIII. Next Meeting**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, May 12, 2022 at 3:00 p.m. at the Fletcher Street Office.

**1. Set May Agenda**

The May agenda items were reviewed. The next few months the major focus will be on Strategic Planning.

**2. Evaluation of Meeting**

Judy Jones reported the meeting began on time. The Compliance Audit presented indicated the Agency does a good job. Lynne Fredlund did a great job of explaining CARF and improvements will be made to policy.

**XXIV. Adjournment**

*Moved by Les Buza, supported by Bonnie Cornelius, to adjourn the meeting.* Motion carried. This meeting adjourned at 4:30 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Diane Hayka  
Recorder



## Recipient Rights Advisory Committee Minutes April 20, 2022

The meeting was called to order at 3:12 p.m. April 20, 2022, by Acting Chair Renee Smart-Sheppler in the Administrative Conference Room.

**Present:** Tom Fredlund, Judy Jones, Barb Murphy, Renee Smart-Sheppler and Lorell Whitscell  
**Absent:** Pat Przeslawski (Excused)  
**Staff:** Ruth Hewett  
**Guests:** None.

**DRAFT MINUTES**

**I. Old Business.** None.

**II. Approval of Minutes.** The minutes from 1-26-2022 were approved as written by consensus.

**III. New Business.**

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the second quarter of FY 22, 1/1/2022 – 3/31/2022. Complaints this quarter were higher than the same quarter the previous year and higher from the first quarter this year. Of the 34 complaints, 28 were investigated, 1 was handled as an intervention, 1 was outside the jurisdiction of the rights office, 2 did not contain a Code-protected right, and 2 are pending. There were 23 substantiations. Typically, the substantiations are around the 50% mark, however, it was noted this quarter it was 79%. There were 3 remedial actions pending at the time of the report. Contract provider Beacon was noted to have 30% of the substantiated complaints. Lorell moved to review the report, supported by Tom, motion carried.

COMMITTEE RE-APPOINTMENTS: Committee members were informed that all six members were re-appointed at the April Board meeting.

COMMITTEE COMPOSITION SURVEY: The composition surveys were distributed and completed by the members present. One will be mailed to the member not present to be returned within 30 days.

MEETING DATES / TIME SET: The committee agreed to continue meeting quarterly on the 3<sup>rd</sup> Wednesday of the months of January, April, July, and October at 3 p.m. in the Administrative Conference Room.

**IV. Educational Session:** The educational session will be presented at the July meeting.

**V. Other Business.**

The next meeting will be July 20, 2022 at 3 p.m. in the Administrative Conference Room.

**VI. Adjournment.**

Moved by Judy to adjourn, supported by Tom. The meeting adjourned at 3:30 pm.

**QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT**

**Time Period: January, February & March 2022:**

I. COMPLAINT DATA SUMMARY		<u>FY 21-22</u>					<u>FY 20-21</u>			
A. Totals	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	
Complaints Received:	23	34				33	23	26	25	
Investigated:	21	28 + 2 pending				26	19	23	22	
Interventions:	01	01				01	-0-	-0-	-0-	
Substantiated:	12	23				22	08	06	16	
Outside Jurisdiction:	-0-	01				02	-0-	-0-	01	
No Code Protected Right:	01	02				04	04	03	02	

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	1	1		1
Abuse III	3	3		3
Sexual Abuse	1	1		0
Neglect I	0	0		0
Neglect II	0	0		0
Neglect III	7	7		5
Rights Protection System	0	0	0	0
Admiss/Dischrg-2 <sup>ND</sup> 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	1	0	1	1
Treatment Environment	3	3	0	2
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	1	1	0	1
Suitable Services	14	12	0	10 + 2 pdg
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
<b>Total</b>	<b>31</b>	<b>28</b>	<b>1</b>	<b>23 + 2 pdg</b>

c. Remediation of substantiated rights violations.

<b>Category/Specific Allegation</b>	<b>Specific Provider</b>	<b>Specific Remedial Action</b>
Abuse, Class II	Windy Hill AFC	Pending
Abuse, Class III	NEMCMH	Pending
Abuse, Class III	NEMCMH	Suspension
Abuse, Class III	Self Determination	Empl left, but substantiated
Neglect, Class III	Beacon Ossineke	Verbal Rep & Written Rep
Neglect, Class III	NEMCMH	Verbal Reprimand
Neglect, Class III	Beacon Mission Pointe	Verbal Reprimand
Neglect, Class III	NEMCMH	1) Written Rep 2) Wr Rep
Neglect, Class III	NEMCMH	1) Written Rep 2) Wr Rep
Confidentiality	NEMCMH	Documented Counseling
Treatment Environmnt	NEMCMH	Pending
Treatment Environmnt	Beacon Ossineke	Environmt Repair/Enhance
Personal Property	NEMCMH	Other-Replenish funds
Suit Serv-Dign/Respt	NEMCMH	Suspension
Suit Serv-Dign/Respt	Beacon Ossineke	Termination
Suit Serv-Dign/Respt	Beacon Ossineke	Empl left, but substantiated
Suit Serv-Dign/Respt	Beacon Ossineke	Training
Suit Serv-Dign/Respt	NEMCMH	Suspension
Suit Serv-Dign/Respt	NEMCMH	Verbal Reprimand
Suitable Services	Beacon Ossineke	Empl left, but substantiated
Suitable Services	NEMCMH	Documented Counseling
Suitable Services	Beacon Ossineke	Verb Reprimand & Training
Suitable Services	NEMCMH	1) Doc Couns 2) Doc Couns

D. Summary of Incident Reports: January, February & March 2022

Category Type	1 <sup>st</sup> Qtr		2 <sup>nd</sup> Qtr		3 <sup>rd</sup> Qtr		4 <sup>th</sup> Qtr	
	'22	'21	'22	'21	'22	'21	'22	'21
01.0 Absent without leave (AWOL)	01	04	02	01		02		04
02.0 Accident – No injury	07	03	01	05		07		06
02.1 Accident – With injury	11	20	21	18		16		18
03.0 Aggressive Acts – No injury	32	16	40	51		39		55
03.1 Aggressive Acts – w/ injury	04	04	04	05		04		12
03.3 Aggressive Acts – Property Destruc	06	01	02	09		03		06
04.0 Death	04	01	09	05		08		05
05.0 Fall – No injury	27	07	26	10		12		16
06.0 Medical Problem	119	103	89	120		135		119
07.0 Medication Delay	-0-	04	05	05		02		08
07.1 Medication Error	19	29	20	23		19		28
07.2 Medication Other	54	52	35	46		49		61
07.3 Medication Refusal	10	99	16	22		04		31
08.0 Non-Serious Injury – Unknwn cause	10	08	02	08		08		09
09.0 Other	76	68	72	102		78		109
10.0 Self Injurious Acts – No injury	01	04	01	02		07		02
10.1 Self Injurious Acts – w/injury	05	09	04	06		04		06
Challenging Behavior	28	17	31	50		15		36
Fall – with injury	15	07	22	22		12		17
Arrests	01	04	02	02		06		09
Total	430	460	404	512		430		557

E. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	24.00	45.00
Hours Used in Training Received	00.00	4.00
Hours Used in Site Visits	6.00	8.50

F. Monitoring Activity	Quarter	YTD
Incident Report Received	404	834

G. Source of All Complaints:	Quarter	YTD
Recipient:	006	09
Staff:	13	32
ORR:	15	15
Gdn/Family:	-0-	-0-
Anonymous:	-0-	01
Comm/Gen Pub:	-0-	<u>-0-</u>
Total	34	57

Ruth M. Hewett, Recipient Rights Officer

4/20/2022  
Date

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Six Months Ending March 31, 2022**  
**50% of year elapsed**

	Actual March Year to Date	Budget March Year to Date	Variance March Year to Date	Budget FY22	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	105,996.54	162,019.50	\$ (56,023)	324,039.00	32.7%
2 Private Contracts	5,620.00	21,108.00	(15,488)	42,216.00	13.3%
3 Grants from Local Units	149,992.41	264,316.02	(114,324)	528,632.00	28.4%
4 Interest Income	214.34	750.00	(536)	1,500.00	14.3%
5 Medicaid Revenue	14,540,385.18	15,251,267.64	(710,882)	30,502,535.00	47.7%
6 General Fund Revenue	542,842.18	576,144.04	(33,302)	1,152,288.00	47.1%
7 Healthy Michigan Revenue	1,042,966.54	1,109,740.56	(66,774)	2,219,481.00	47.0%
8 Contract Revenue Blue Horizons	112,512.12	247,195.02		494,390.00	22.8%
9 3rd Party Revenue	159,258.63	208,699.98	(49,441)	417,400.00	38.2%
10 Behavior Health Home Revenue	37,345.57	15,249.98	22,096	30,500.00	122.4%
11 Food Stamp Revenue	12,946.58	52,746.48		105,493.00	12.3%
12 SSI/SSA Revenue	257,536.90	260,766.00	(3,229)	521,532.00	49.4%
13 Revenue Fiduciary	184,373.88	0.00	184,374	0.00	0.0%
14 Other Revenue	25,668.65	16,375.02	9,294	32,750.00	78.4%
15 <b>Total Revenue</b>	<b>17,177,660</b>	<b>18,186,378</b>	<b>(834,236)</b>	<b>36,372,756</b>	<b>47.2%</b>
<b>Expense</b>					
16 Salaries	7,199,730.65	8,041,890.84	842,160	16,083,782.00	44.8%
17 Social Security Tax	305,723.91	391,731.54	86,008	783,463.00	39.0%
18 Self Insured Benefits	1,100,196.39	1,902,441.12	802,245	3,804,882.00	28.9%
19 Life and Disability Insurances	103,770.52	122,498.00	18,727	244,996.00	42.4%
20 Pension	578,781.74	659,835.96	81,054	1,319,672.00	43.9%
21 Unemployment & Workers Comp.	81,043.28	121,136.46	40,093	242,273.00	33.5%
22 Office Supplies & Postage	24,055.55	24,760.80	705	49,521.00	48.6%
23 Staff Recruiting & Development	92,818.58	75,582.96	(17,236)	151,166.00	61.4%
24 Community Relations/Education	7,106.35	12,156.00	5,050	24,312.00	29.2%
25 Employee Relations/Wellness	46,192.52	45,106.50	(1,086)	90,213.00	51.2%
26 Program Supplies	137,153.41	302,311.62	165,158	604,623.00	22.7%
27 Contract Transportation	19,457.27	35,919.06	16,462	71,838.00	27.1%
28 Contract Residential	2,116,499.94	1,998,991.00	(117,509)	3,997,982.00	52.9%
29 Contract Inpatient	805,280.67	715,223.00	(90,058)	1,430,446.00	56.3%
30 Contract Employees & Services	3,311,832.56	2,665,661.88	(646,171)	5,331,324.00	62.1%
31 Telephone & Connectivity	72,575.67	76,534.02	3,958	153,068.00	47.4%
32 Staff Meals & Lodging	6,764.32	15,252.00	8,488	30,504.00	22.2%
33 Mileage and Gasoline	159,081.14	173,474.58	14,393	346,949.00	45.9%
34 Board Travel/Education	2,985.34	6,832.02	3,847	13,664.00	21.8%
35 Professional Fees	54,228.36	36,579.48	(17,649)	73,159.00	74.1%
36 Property & Liability Insurance	65,146.00	72,577.98	7,432	145,156.00	44.9%
37 Utilities	99,634.32	88,381.02	(11,253)	176,762.00	56.4%
38 Maintenance	126,394.79	79,076.46	(47,318)	158,153.00	79.9%
39 Rent	119,445.28	113,430.06	(6,015)	226,860.00	52.7%
40 Food	26,473.26	78,841.02	52,368	157,682.00	16.8%
41 Capital Equipment	30,468.32	36,973.86	6,506	73,948.00	41.2%
42 Client Equipment	6,665.41	12,000.00	5,335	24,000.00	27.8%
43 Miscellaneous Expense	70,710.04	81,457.44	10,747	162,915.00	43.4%
44 Expense Fiduciary	196,894.49	0.00	(196,894)	0.00	0.0%
45 Depreciation Expense	208,431.69	199,721.46	(8,710)	399,443.00	52.2%
46 <b>Total Expense</b>	<b>17,175,542</b>	<b>18,186,378</b>	<b>1,010,836</b>	<b>36,372,756</b>	<b>47.2%</b>
47 <b>Change in Net Position</b>	<b>\$ 2,118</b>	<b>\$ 0</b>	<b>\$ 2,118</b>	<b>\$ -</b>	<b>0.0%</b>
48 Contract settlement items included above:					
49 Medicaid Funds (Over) / Under Spent	\$ 1,220,331				
50 Healthy Michigan Funds (Over) / Under Spent	90,484				
51 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ 1,310,815</b>				
52 General Funds to Carry Forward to FY23	\$ 27,555				
53 General Funds Lapsing to MDHHS	30,785				
54 <b>General Funds (Over) / Under Spent</b>	<b>\$ 58,340</b>				

**Northeast Michigan Community Mental Health Authority**  
**Statement of Net Position and Change in Net Position**  
**Proprietary Funds**  
**March 31, 2022**

	Total Business- Type Activities March, 2022	Total Business- Type Activities Sept. 30, 2021	% Change
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 8,533,534	\$ 7,778,653	9.7%
Restricted cash and cash equivalents	1,157,449	1,066,626	8.5%
Investments	750,000	750,000	0.0%
Accounts receivable	793,467	1,015,202	-21.8%
Inventory	26,558	26,558	0.0%
Prepaid items	330,646	66,278	398.9%
Beneficial Interest	5,050	5,050	0.0%
Total current assets	<u>11,596,705</u>	<u>10,708,367</u>	<u>8.3%</u>
Non-current assets:			
Capital assets not being depreciated	213,772	157,587	35.7%
Capital assets being depreciated, net	1,805,257	2,013,689	-10.4%
Beneficial Interest	11,224	11,224	0.0%
Total non-current assets	<u>2,030,254</u>	<u>2,182,499</u>	<u>-7.0%</u>
Total assets	<u>13,626,959</u>	<u>12,890,866</u>	<u>5.7%</u>
<b>Liabilities</b>			
Current liabilities:			
Accounts payable	6,077,972	5,017,215	21.1%
Accrued payroll and payroll taxes	753,550	1,132,295	-33.4%
Deferred revenue	19,887	71,268	-72.1%
Current portion of long-term debt (Accrued Leave)	90,348	81,739	10.5%
Total current liabilities	<u>6,941,756</u>	<u>6,302,517</u>	<u>10.1%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	994,257	899,522	10.5%
Total liabilities	<u>7,936,014</u>	<u>7,202,039</u>	<u>10.2%</u>
<b>Net Position</b>			
Invested in capital assets, net of related debt	2,019,029	2,171,275	-7.0%
Restricted	72,844	62,706	
Unrestricted	<u>3,599,071</u>	<u>3,454,846</u>	4.2%
Total net position	<u>\$ 5,690,945</u>	<u>\$ 5,688,827</u>	<u>0.0%</u>
<b>Net Position Beginning of Year</b>			
Restatement	5,688,827		
	62,706		
	5,751,533		
Revenue	17,177,660		
Expense	<u>(17,175,542)</u>		
Change in net position	<u>2,118</u>		
<b>Net Position March 31, 2022</b>	<u>\$ 5,753,651</u>		

Unrestricted Net Position as a % of projected annual expense  
Recommended Level

9.9% or 36 days  
8% - 25%

1

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Community Foundation for Northeast Michigan  
NE Mich Community Mental Health Fund

10/01/2021 - 3/31/2022

	YTD
LIABILITY\FUND BALANCE ACTIVITY	
ENDOWMENT	
Beginning Balance	77,011.44
	-----
Revenue:	
Contributions	2,043.80
	-----
Increase (Decrease)	2,043.80
	-----
Ending Balance	79,055.24
	=====
RESERVE	
Beginning Balance	33,441.91
	-----
Revenue:	
Interest and Dividends	2,797.66
Realized Gain(Loss)	3,700.79
Unrealized Gain(Loss)	(9,941.24)
	-----
Total Revenue	(3,442.79)
	-----
Expense:	
Transfer To Spendable This FY	4,482.00
Administrative Fees	709.96
	-----
Total Expense	5,191.96
	-----
Increase (Decrease)	(8,634.75)
	-----
Ending Balance	24,807.16
	=====
SPENDABLE	
Beginning Balance	17,416.02
	-----
Revenue:	
Transfer From Reserve	4,482.00
	-----
Total Revenue	4,482.00
	-----
Expense:	
	-----
Total Expense	0.00
	-----
Increase (Decrease)	4,482.00
	-----
Ending Balance	21,898.02

=====

04/14/2022  
2

Financial Statement Consolidated

Page

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Community Foundation for Northeast Michigan  
NE Mich Community Mental Health Fund

10/01/2021 - 3/31/2022

YTD

BALANCE SHEET

Assets:	
Investment Pool	125,760.42
	-----
Total Assets	125,760.42
	=====
Current Liabilities:	
	-----
Liability\Fund Balances:	
Endowment	79,055.24
Reserve	24,807.16
Spendable	21,898.02
	-----
Total Liability\Fund Balances	125,760.42
	-----
Total Liabilities and Equity	125,760.42
	=====

GOVERNANCE PROCESS

(Manual Section)

**BOARD JOB DESCRIPTION**

(Subject)

Board Approval of **Policy**  
Last Revision of Policy Approved

August 8, 2002  
May 14 2020

●1 **POLICY:**

The job of the board is to represent the people of Alpena, Alcona, Montmorency and Presque Isle counties in determining and ensuring appropriate organizational performance. To distinguish the board's own unique job from the jobs of its staff, the board will concentrate its efforts on the following job "products" or outputs:

1. The link between the organization and the people of Alpena, Alcona, Montmorency and Presque Isle counties.
2. Written governing policies which, at the broadest levels, address:
  - A. *Ends*: Organizational products, impacts, benefits, outcomes, recipients, and the relative worth of these Ends or products (what good for which needs at what cost).
  - B. *Executive Limitations*: Constraints on executive authority which establish the prudence and ethics boundaries within which all executive activity and decisions must take place.
  - C. *Governance Process*: Specification of how the board conceives, carries out and monitors its own task.
  - D. *Board-Executive Director Relationship*: How power is delegated and its proper use monitored; the Executive Director role authority and accountability.
3. The assurance of Executive Director performance (as outlined in policy number 03-004 page 1 of 1, Monitoring Executive Performance 2 A and 2B).
4. Maintain regular communication with the County Board of Commissioners in Alcona, Alpena, Montmorency and Presque Isle counties through regular reports with a copy maintained by the Executive Director.

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

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5. Actively promote involvement of consumers, former consumers, family members and advocacy groups in planning, implementing and evaluating mental health services.
  
6. Actively participate in the planning of health and social services within its service area by involvement with local and regional health service agencies, school districts and pertinent members and groups of the community through regional coordinating councils and multi-purpose collaborative bodies.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

**BOARD CORE VALUES**

(Subject)

Board Approval of Policy  
Last Revision of Policy Approved

November 7, 2002  
May 10, 2018

●1 **POLICY:**

The board will create a set of core values that speak to the beliefs of the ownership of the organization as well as staff. These core values shall not be interpreted as ENDS statements, rather the board's guiding principles.

1. Consumer focus shall be at the heart of all activities. Support of consumer independence is paramount, and to the extent consistent with consumer wishes and confidentiality limitations, the constructive involvement of a consumer's family shall be supported.
2. Honesty, respect and trust are values that shall be practiced by all.
3. We will be supportive and encouraging to bring out the best in one another. While we recognize our responsibility to participate, and we need the ability to disagree and confront, we should do so in a fashion that personal offense is neither given nor taken, and no one need fear retaliation.
4. Understanding of progress and movement toward a continuously improving environment is a responsibility for all.

These core values will be reviewed and reaffirmed on an annual basis.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board and staff

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

	Program	Consumers served April 2022 (4/1/22 - 4/30/22)	Consumers served in the Past Year (5/1/21 - 4/30/22)	Running Monthly Average(year) (5/1/21 - 4/30/22)
1	Access / Crisis / Prescreens	55 - Routine 0 - Emergent 1 - Urgent 45 - Crisis 47 - Prescreens	688 - Routine 4 - Emergent 5 - Urgent 668 - Crisis 744 - Prescreens	56 - Routine 0 - Emergent 1 - Urgent 55 - Crisis 61 -Prescreens
2	Doctors' Services	463	1382	403
3	Case Management			
	Older Adult (OAS)	97	290	101
	MI Adult	136	390	134
	MI ACT	28	65	27
	Home Based Children	22	52	36
	MI Children's Services	45	97	88
	IDD	172	421	173
4	Outpatient Counseling	104(21/83)	235	127
5	Hospital Prescreens	47	744	61
6	Private Hospital Admissions	11	216	18
7	State Hospital Admissions	0	4	0
8	Employment Services			
	IDD	47	83	46
	MI	17	44	17
	Touchstone Clubhouse	99	112	89
9	Peer Support	35	60	38
10	Community Living Support Services			
	IDD	97	151	82
	MI	61	101	58
11	CMH Operated Residential Services			
	IDD Only	56	63	57
12	Other Contracted Resid. Services			
	IDD	35	38	33
	MI	35	43	35
13	Total Unduplicated Served	1040	2320	1024

County	Unduplicated Consumers Served Since May 2021
Alcona	248
Alpena	1407
Montmorency	271
Presque Isle	319
Other	58
No County Listed	17

## Letter to the Community

Dear Citizens of Northeast Michigan,

It is my privilege, on behalf of the Board of Directors and the staff of Northeast Michigan Community Mental Health Authority (NeMCMHA), to present our Annual Report for Fiscal Year 2021.

Albert Einstein said, “in the middle of a difficulty lies opportunity.” Needless to say, the pandemic has made life difficult for many people who struggle with mental health concerns. This has also provided NeMCMHA numerous opportunities to become even more involved in the communities we serve. We have collaborated with other service providers during this time to better meet the needs of the citizens we serve. We made a decision early on in the pandemic that people would need behavioral health services more than ever, and we kept our doors always open and provided face-to-face services in a safe environment. We also pivoted so we could “see” people virtually who were in quarantine or who were immunocompromised and were unable to have a face-to-face visit.

NeMCMHA staff looked for opportunities to support other organizations and they volunteered to help the communities they serve in a variety of ways. Staff worked the Pop-Up Food Pantry in Alpena and supported Suicide Prevention Walks in Alpena and Presque Isle counties. Upon learning blood supplies in Northern Michigan were running low in the middle of the pandemic, staff held a blood drive to donate “the gift of life.” In addition, they also collected food for the holidays for the Vietnam Veterans Chapter 583, and items for “Back to School.” They also donated to the Alpena Baby Pantry, winter coats for the Salvation Army, and brought in household and personal items to give to Hope Shores Alliance. They have participated in Trunk or Treat for the community. NeMCMHA purchased and distributed Carter Kits for first responders to assist with emergencies involving a person with Autism Spectrum Disorder (ASD). We partnered with the Alpena Senior Center and local law enforcement to work the Take Back Events.

We reached out to the schools and were told by one representative of the district, “every child was given a Chromebook, but they could use thumb drives and ear buds.” NeMCMHA provided every school-age child in public or parochial schools in our four counties with a thumb drive and ear buds. These items have our crisis phone number

and website address printed on them so the families of school-age children would know how to get emergency services, if needed.

NeMCMHA has always been the “safety net” in the counties we serve, and we have never taken this belief more seriously than we have these last couple of years. The increase in mental health concerns during the pandemic and the long periods of isolation for many has been on our priority list for many months. We have crisis workers available 24-hours a day, 7 days a week, 365 days a year. We respond to anyone needing crisis services at any time.

In 2021, we served 2,348 unduplicated individuals in our region. Of those, 1,374 were assisted in our crisis program. We provided 146 individuals with Adult Foster Care (AFC) residential services. Our employment services worked with 138 individuals, supporting many of them in a competitive employment program. Together, our Psychiatrists, Physician’s Assistant, and Doctor of Nursing Practice assisted 1,420 individuals in our medication and Behavioral Health Home (BHH) programs.

We have provided these services, some of which involve 24-hour care, in the midst of a pandemic which forced quarantine periods for staff while simultaneously facing a national workforce shortage. We kept services going for those we serve and continued to manage the difficulties we faced, and just like Einstein said, we also found many opportunities to support the people and communities we serve this last year. Our staff have made it a priority to help out in many areas outside of our organization and have committed themselves to giving back to others who are in need.

The Board and staff of NeMCMHA look forward to serving the citizens of Alcona, Alpena, Montmorency, and Presque Isle Counties in the coming year.

Sincerely,

  
Eric Lawson, Chairman

  
Nena Sork, Executive Director





Larry Patterson, NeMCMHA Accounting Officer, delivers ear buds and thumb drives to Stephanie Hitchcock, Besser Elementary School Principal.

## One Success Story

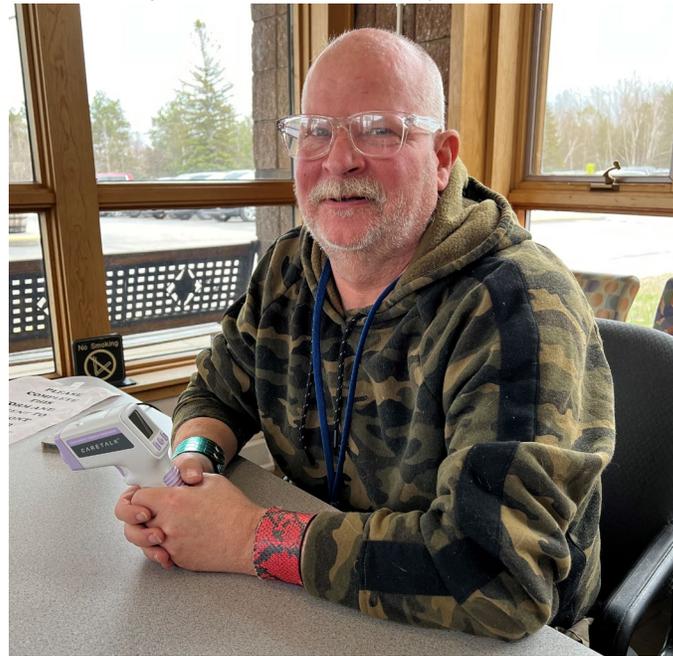
My name is Scott. Eight years ago, my friend encouraged me to move with her to Alpena from the Traverse City area. I had visited Alpena twice, but I did not know the area well and feel I am still figuring out where everything is. I signed up for NeMCMHA services when I moved. I have had four case managers in the last eight years. I also participate with Physician Services and Bay View Center.

I found Bay View to be a great fit for me. I enjoy going there to play Bingo, play pool, make arts and crafts, and enjoy going to dinners there on Wednesday nights. I like going to Bay View so much I encouraged my friend to go with me, and now she enjoys going as much as I do. I have also made friends and met people with similar interests as I have by going to Bay View.

The first six years living in the area I struggled with paying my mortgage and making my truck payment. I started working at NeMCMHA at the start of the COVID pandemic. I have learned many skills working here. I am currently working as a door greeter. A typical day starts at 5:00 a.m. I get up and take care of our six animals – our dogs Tracy and Moonlight and our cats Sweet Pea, Tiger, Pooh and Pebbles. I joke with my friend that I am going to take my dogs to work with me someday. She laughs and tells me

dogs are not allowed. I take my medications and insulin then off to work I go.

I arrive every day at 7:00 a.m. I like to have everything up and running before anyone arrives to work. I make coffee, get copies, do my time sheet and greet people as they arrive for their services. I make sure people properly fill out their COVID screen, and I take their temperature. I usually leave work, go home, have lunch and take a nap. I watch some TV to relax. I take my dogs out, have a snack and go to bed around 10:00 p.m. to be fully rested for the next day.



I feel like I am wanted here. I like being able to take extra shifts when offered. I feel like my dedication is appreciated. I think the hardest part of working here is remembering which people work here as they come through the door. I struggle with change, being nervous in new situations, and maintaining my mental health during certain months of the year. My hardest months to get through are September, December and April. I take one-step at a time when dealing with changes. I have found it helps to take things in stride and look at the positive side to get through it. My friend's encouragement also helps me. I take time when needed to be alone to work through my thoughts.

My faith also helps me to stay encouraged to face challenges. This year on Easter, I was baptized. There were many people attending Easter Vigil that I had to get up in front of, but I worked my way through the butterflies in my stomach.

I like to joke around with and be friendly to others. I like to cook, and my favorite dish to cook is crab and noodle casserole. My ultimate dream is to own a convenience store one day. I think I would enjoy running something of my very own. I would like being my own boss along with being someone else's boss. For now, I am living in Alpena, finding new experiences every day, and trying new things as I go. I thank you for reading my story. I hope you found this encouraging. *[As told to Scott's case manager.]*

# MAY IS MENTAL HEALTH MONTH 2022



Mental health is becoming more common in mainstream conversations and it can be an overwhelming topic if you're just starting to explore it.

We can help.

## LEARN MORE AT [MhANational.org/may](http://MhANational.org/may)

### 2022 NeMCMHA Board

**Mission Statement:**

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

**Alcona County**

Bonnie Cornelius (Secretary)  
Terry Small

**Alpena County**

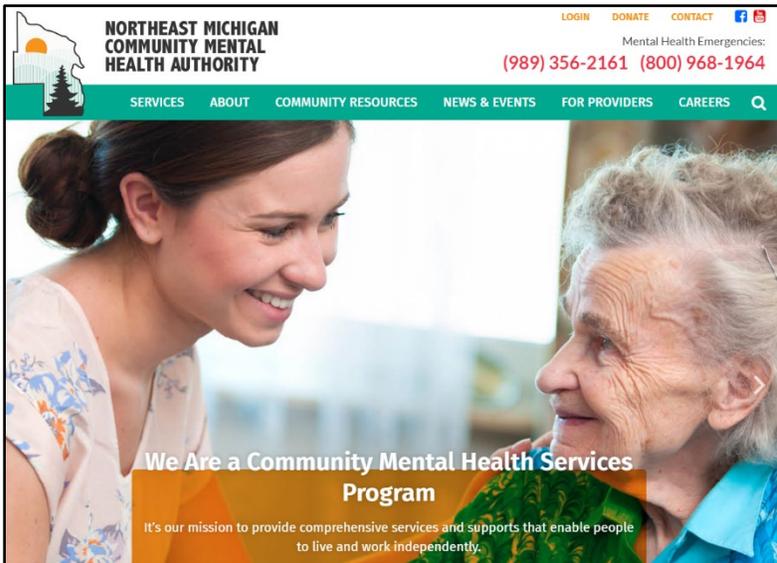
Robert Adrian  
Lynnette Grzeskowiak  
Judith Jones  
Eric Lawson (Chair)  
Patricia Przeslawski

**Montmorency County**

Geyer Balog  
Roger Frye (Vice Chair)

**Presque Isle County**

Lester Buza  
Terry A. Larson  
Gary Nowak (Past Chair)



## Community Education

In May 2021, NeMCMHA was accredited as an Approved Continuing Education Provider (ACE) through the Association of Social Work Boards (ASWB) for social work continuing education credits.

The ASWB ACE program approval demonstrates NeMCMHA has been rigorously reviewed and found to offer quality continuing education according to best practices. This certification allows NeMCMHA to provide advanced training opportunities to all staff throughout the agency and the local community.

Since last May, trainings have been offered in Dialectal Behavior Treatment, Dual Diagnosis, DSM-5 diagnosis, Human Trafficking, and Pain/Ethics. Future trainings scheduled include: LGBTQ+, Motivational Interviewing, and Implicit Bias.

Community members are invited to attend any of the trainings, which are posted on the NeMCMHA website at [www.nemcmh.org](http://www.nemcmh.org) and on the NeMCMHA Facebook page. For additional information, please contact Genny Domke at [gdomke@nemcmh.org](mailto:gdomke@nemcmh.org) or Peggy Yachasz at [pyachasz@nemcmh.org](mailto:pyachasz@nemcmh.org).

Visit the NeMCMHA website for descriptions of our services, resources, news and events, and career information: [www.nemcmh.org](http://www.nemcmh.org).

# Cultural Understanding and Advancement Committee (CUAC)

In January 2021, NeMCMHA applied to participate in a six-month statewide Cultural and Linguistic Competence Learning Community (CLC-LC). The CLC-LC was established to gain a common understanding of cultural and linguistic competence and related concepts. Additionally, this learning community served as an opportunity to assess organizational readiness and barriers to achieving cultural and linguistic competence while allowing for improvement opportunities.

Motivation for applying to the learning community was driven by identified needed improvement in cultural and linguistic competency. Our agency’s goal of participation was to increase cultural awareness, cultural sensitivity, and responsiveness to diverse populations, while enhancing staff training and knowledge to better support employees and individuals served.

In late February 2021, NeMCMHA was notified they were one of seven organizations chosen to participate in the learning community. Needless to say, the Agency was thrilled!

Throughout the learning community, team members participated in virtual trainings, discussion, and coaching calls. The Community Mental Health Association of Michigan’s Annual Fall Conference also hosted a session highlighting CLC-LC.

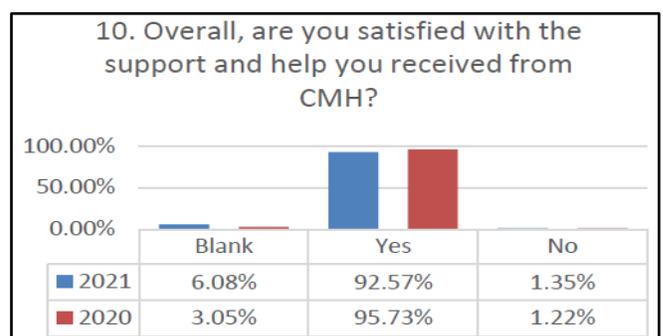
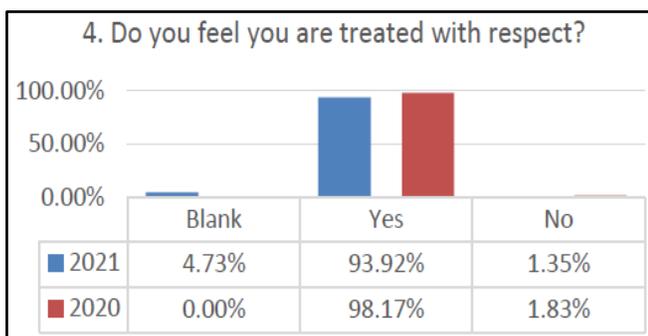
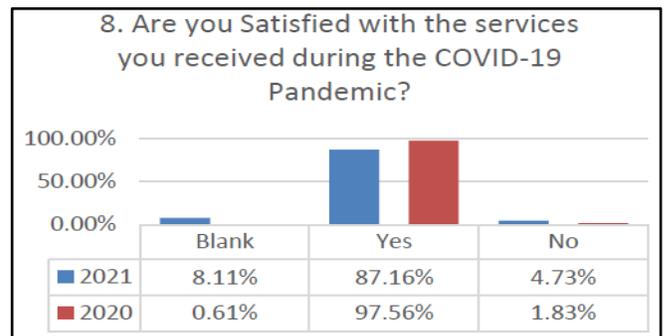
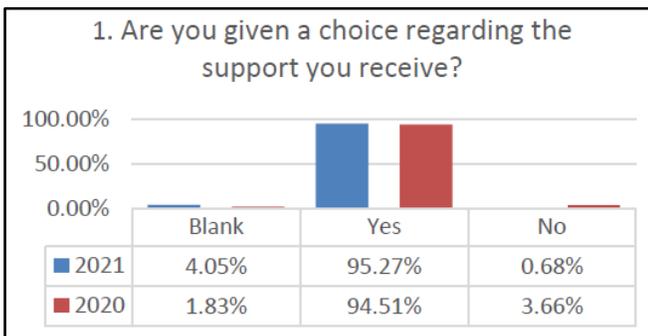
In an effort to continue this work and the goal of the Agency becoming culturally proficient, the Cultural Understanding and Advancement Committee (CUAC) was developed. Committee members representing various programs throughout the organization identified the following purpose, mission and vision of CUAC:

- **Purpose:** To promote diversity and inclusion within the agency.
- **Mission:** To provide education, resources, and tools to enhance cultural competency amongst staff while fostering a supportive environment for all.
- **Vision:** To be a culturally proficient agency.

CUAC provides monthly cultural education and resources to all employees, assists with annual cultural competency training, celebrates cultural events agency wide and encourages a welcoming and supportive organizational culture. The committee is also focusing on piloting a peer system for new hires in an effort to provide additional support and to ensure employees receive a warm welcome to NeMCMHA.

## Intellectual and Developmental Disabilities Survey

NeMCMHA’s intellectual and developmental disabilities (I/DD) services surveys its individuals served on an annual basis. This survey assists NeMCMHA in measuring how individuals feel about the services provided by informing NeMCMHA about what is going well and where improvement is needed. A small selection of the results are shown in the graphs below, comparing 2021’s results (in blue) with 2020’s results (in red). In 2021, 148 responses were received, and in 2020, 164 responses were received.



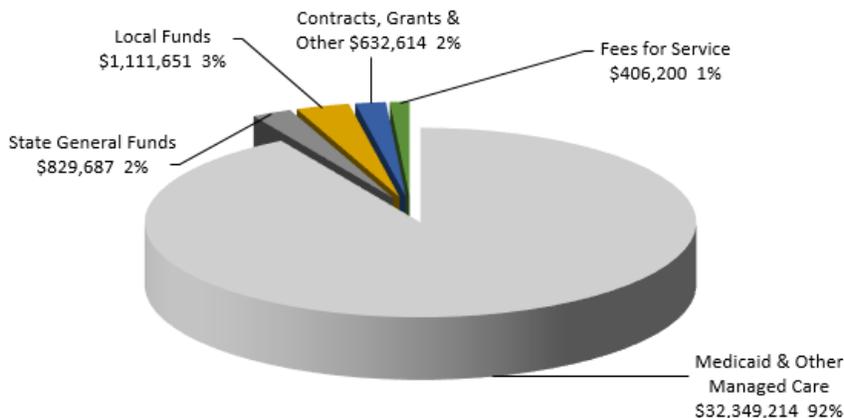
# Northeast Michigan Community Mental Health Authority

## October 1, 2020 – September 30, 2021

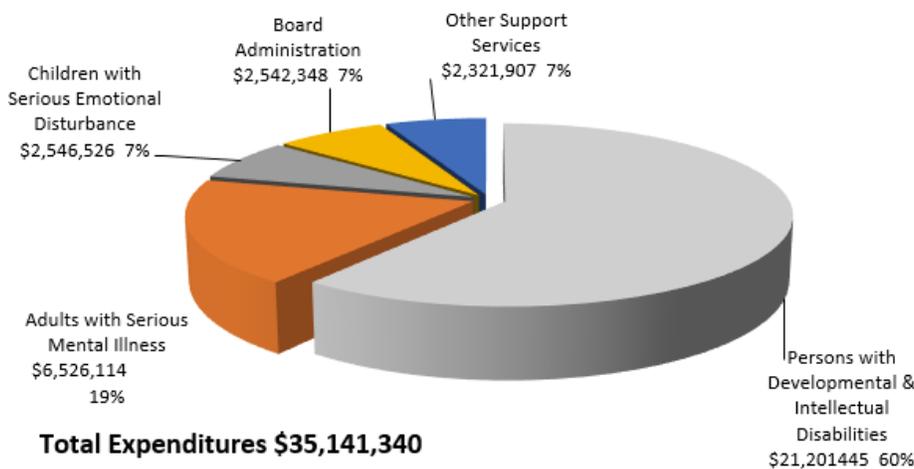
### Sources and Uses of Funds

<b>Total Revenue</b>	<b>\$35,329,366.00</b>
<b>Total Expenditures</b>	<b>\$35,141,340.00</b>
<b>Net Income/(Loss)</b>	<b>\$188,026.00</b>

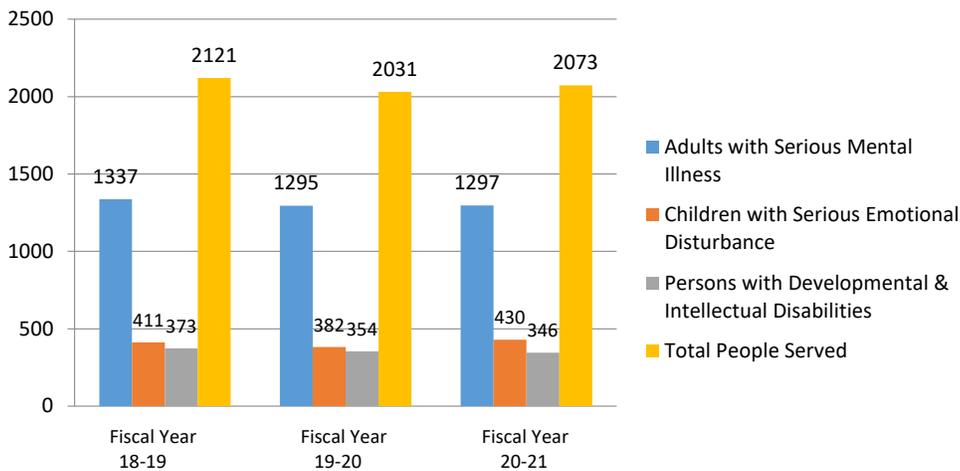
*[Post-retirement benefits are not offered at NeMCMHA.  
Employee Pensions are 401 Plans, which are fully funded.]*



**Total Revenues \$35,329,366**



**Total Expenditures \$35,141,340**



**# of People Served**

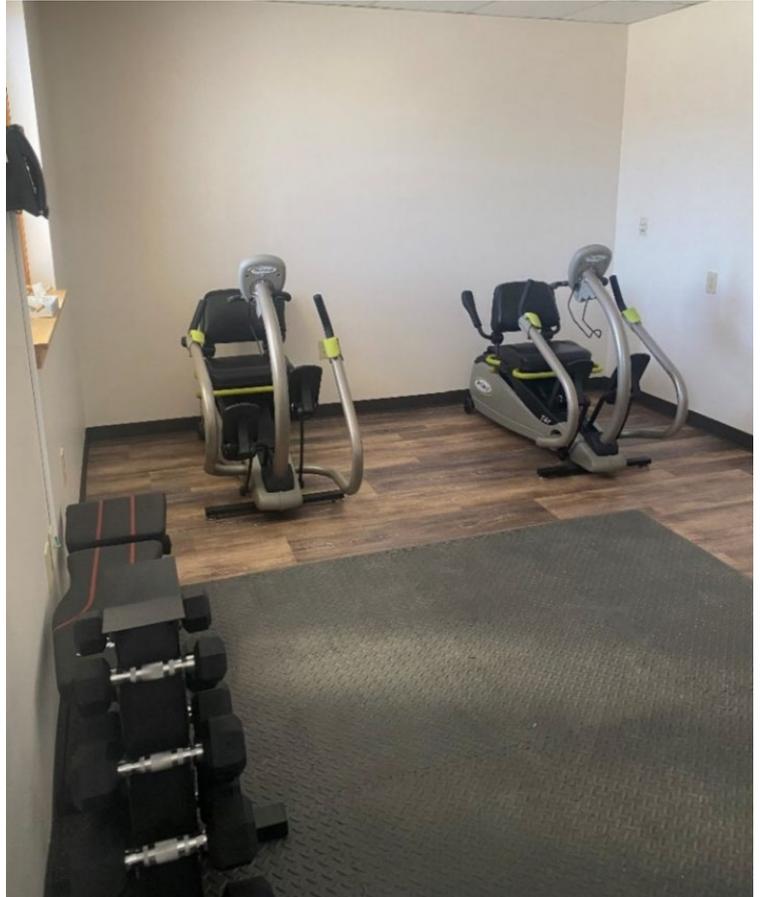
## Agency Exercise Room

As the cost of gym memberships or home exercise equipment can be a barrier in achieving and maintaining physical health goals, the Agency committed to offering individuals served and employees a no cost opportunity to focus on health and wellness.

In April 2021, our maintenance crew began construction of a long-awaited exercise room by combining two offices. This space was equipped with two treadmills, two recumbent bikes, a rowing machine, dumbbells and an exercise mat.

Upon completion of the exercise room, a gym waiver was developed for staff interested in using the space. The exercise room became available to employees on November 19, 2021, and is accessible 24/7 on their personal time. Soon after, an internal process was developed to extend gym waivers to individuals served. Individuals served are able to access the exercise room at no cost with presence of support staff.

This addition to the agency has been a hit! Employees and individuals served are regularly seen at varying hours enjoying the space. NeMCMHA is proud to offer this new health benefit and self-care opportunity.



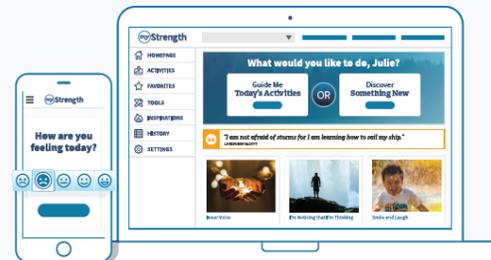
## PERSONAL SUPPORT FOR YOU

### We all have our struggles.

Finding support to focus on your emotional health is important.

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**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** MDHHS Contract Amendment #1  
**DATE:** April 26, 2022

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MDHHS released an amendment to our contract through EGrAMS, which needed to be executed electronically. The amendment did not affect the amount of the contract but provided some language revisions. The revisions in language included:

Boilerplate Language: language was changed to remove reference of 45 CFR Part 76 to update it to Executive Order 12549 in part 15.4 Debarment and Suspension.

Contract Attachment C3.3.4 Self-Directed Services Technical Requirement: This changed the title from Self-Determination to Self-Directed.

Contract Attachment C4.5.1 PASRR (Pre-Admission Screenings and Resident Reviews): This added language to clarify the funding source “The funding source consist of 75% Federal funds and 25% State match” and modified the Summary Billing form.

Contract Attachment C6.5.1.1 CMHSP Reporting Requirements: Revisions to the report requirement include eliminating a report related to a “special fund report,” which was due quarterly the first three quarters of the fiscal year.

## Waiting List Information

CMHSP: Mental Health Authority

Contact name and phone Nena Sork 989-356-2161

As of (Date)

3/1/2022

Time period covered for Added/Removed 3/1/21 - 3/1/22

	MI Adult	DD	SED	Total
<b>Targeted CSM/Supports Coordination</b>				
<b>Specify HCPCS and CPT Codes included in this category</b>				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
<b>Intensive Interventions/Intensive Community Services</b>				
<b>Specify HCPCS and CPT Codes included in this category</b>				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
<b>Clinic Services</b>				
<b>Specify HCPCS and CPT Codes included in this category</b>				
	H0031,96116 HO,96121 HO,96130,96131			
Number on waiting list as of date above	0	1	0	1
Added during the time period covered	0	32	18	50
Removed during the time period covered- service provided	0	26	16	42
Removed during time period covered - all other reasons	0	5	2	7
Number left at the end of the time period covered	0	1	0	1
<b>Supports for Residential Living</b>				
<b>Specify HCPCS and CPT Codes included in this category</b>				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
<b>Supports for Community Living</b>				
<b>Specify HCPCS and CPT Codes included in this category</b>				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
<b>Narrative:</b>				
How do you assure that service needs are met at an individual level as well as from a program capacity level?				
NeMCMHA has a process which includes all persons placed on a waiting list be reviewed on a weekly basis to determine the need for services, the severity of symptoms, length of time placed on waiting list, and change in Medicaid status. Priority is given to those based on the highest need and severity. All on waiting list are encouraged to come into crisis walk-in if they are experiencing an increase in symptoms.				

**Report on the Requests for Services and Disposition of Requests**

CMHSP Point of Entry-Screening		DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
1	Total # of people who telephoned or walked in	56	594	167	383	1200
2	Is Info on row 1 an unduplicated count? (yes/no)	Yes	Yes	Yes	Yes	
3	# referred out due to non MH needs (of row 1)	2	33	5	33	73
4	Total # who requested services the CMHSP provides (of row1)	52	524	157	333	1066
5	Of the # in Row 4 - How many people did not meet eligibility through phone or other screen	1	8	4	75	88
6	Of the # in Row 4 - How many people were scheduled for assessment	30	289	105	116	540
7	other--describe	2	37	5	17	61

**CMHSP ASSESSMENT**

8	Of the # in Row 6 - How many did not receive eligibility determination (dropped out, no show, etc.)	2	42	13	36	93
9	Of the # in Row 6 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0
10	Of the # in Row 6 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	0	0	0	0
11	Of the # in Row 6 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	0	28	3	21	52
11a	Of the # in row 11 - How many were referred out to other mental health providers	0	11	0	1	12
11b	Of the # in row 11 - How many were not referred out to other mental health providers	0	17	3	20	40
12	Of the # in Row 6 - How many people met the cmhsp eligibility criteria	13	219	89	20	341
13	Of the # in Row 12 - How many met emergency/urgent conditions criteria	0	3	1	1	5
14	Of the # in Row 12 - How many met immediate admission criteria	13	214	87	19	333
15	Of the # in Row 12 - How many were put on a waiting list	0	2	1	0	3
15a	Of the # in row 15 - How many received some cmhsp services, but wait listed for other services	0	2	0	0	2
15b	Of the # in row 15 - How many were wait listed for all cmhsp services	0	0	1	0	1
16	Other - explain	15	0	0	39	54

Community Needs Assessment													
Community Data Sets													
CMHSP name: Northeast Michigan Community Mental Health Authority													
Contact person/e-mail address: Nena Sork - nsork@nemcmh.org													
1	<b>Population (Census)-- As of September -- by county</b>	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
County 1	Alcona	10942	10787	10635	10578	10454	10349	10461	10263	10413	10362	10495	10540
County 2	Alpena	29598	29352	29234	29091	28988	28803	28929	28076	28730	28360	28447	28458
County 3	Montmorency	9765	9590	9476	9350	9300	9259	9317	9157	9290	9265	9434	9487
County 4	Presque Isle	13376	13198	13129	13062	13004	12841	12955	12685	12854	12738	12380	12274
County 5													
County 6													
	<b>Total CMHSP Population</b>		62927	62474	62081	61746	61252	61662	60181	61287	60725	60756	60759
	Change from Prior Year		62927	-453	-393	-335	-494	410	-1481	1106	-562	31	3
	% change from Prior Year		#DIV/0!	-0.72%	-0.63%	-0.54%	-0.80%	0.0066937	-0.024018	0.0183779	-0.00917	0.0005105	4.938E-05
	Cumulative Change since 2009		62927	62474	62081	61746	61252	61662	60181	61287	-2202	-1718	-1322
	% cumulative change since 2009		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-0.034993	-0.027499	-0.021295
	Source:	US Census Bureau from 2019 Estimates for 2020 information											
	This will provide you numbers for 2020	<a href="http://worldpopulationreview.com/us-counties/mi/">http://worldpopulationreview.com/us-counties/mi/</a>											
	Use data from previous reports for years before 2019 or reference this website for previous years	<a href="https://datacenter.kidscount.org/data/tables/1698-total-population?loc=24&amp;loc=5#detailed/5/3744-3826/false/1729.37,871.870,573.869,36.868,867.133/any/3603">https://datacenter.kidscount.org/data/tables/1698-total-population?loc=24&amp;loc=5#detailed/5/3744-3826/false/1729.37,871.870,573.869,36.868,867.133/any/3603</a>											
2	<b>Medicaid Enrollment - Average Enrollment for September:</b>	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
County 1	Alcona	1947	1906	1892	1921	2307	1624	1715	1792	1863	1784	2050	2257
County 2	Alpena	6869	6786	6628	6778	7626	5323	5660	6075	5969	5555	6149	6722
County 3	Montmorency	2395	2331	2215	2148	2536	1625	1616	1787	1779	1824	2049	2216
County 4	Presque Isle	2285	2397	2353	2387	2829	2038	2122	2201	2215	2118	2287	2472
County 5													
County 6													
	<b>Total CMHSP Medicaid Enrollment</b>	13496	13420	13088	13234	15298	10610	11113	11855	11826	11281	12535	13667
	Change from Prior Year		-76	-332	146	2064	-4688	503	742	-29	-545	1254	1132
	% change from Prior Year		-0.005631	-0.024739	0.0111553	0.1559619	-0.306445	0.0474081	0.0667686	-0.002446	-0.046085	0.1111604	0.0903071
	Cumulative Change since 2009		-76	-408	-262	1802	-2886	-2383	-1641	-1670	-2215	-885	579
	% cumulative change since 2009		-0.005631	-0.030231	-0.019413	0.133521	-0.213841	-0.176571	-0.121592	-0.12374	-0.164123	-0.065946	0.044239
	Source:	<a href="https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-15064--,00.html">https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-15064--,00.html</a>											
3	<b>Number of Children in Foster Care</b>	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
	Children Ages 0-17 in Out of Home Care-Abuse or Neglect (Number)	63	75	73	80	93	102	75	68	103	88	92	90
	Children Ages 10-16 in Out of Home Care-Delinquency (DHS Placement)	12	9	15	n/a	n/a	n/a			NA	NA	NA	
	Children Ages 0-5 in Foster Care (Number)	30	35	44	n/a	n/a	63	42	41	56	NA	NA	NA
	Source:	<a href="http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI">http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI</a> **Some information may not be available for every year.											
	<b>Total CMHSP</b>	105	119	132	80	93	165	117	109	159	88	92	90
	Change from Prior Year		14	13	-52	13	72	-48	-8	50	-71	4	-2
	% change from Prior Year		13.33%	10.92%	-39.39%	16.25%	77.42%	-0.290909	-0.068376	0.4587156	-0.446541	0.0454545	-0.021739
	Cumulative Change since 2009		14	27	-25	-12	60	12	4	54	-31	-40	10
	% cumulative change since 2009		13.33%	25.71%	-23.81%	-11.43%	57.14%	0.1142857	0.0380952	0.5142857	-0.260504	-0.30303	0.125
4	<b>Number of Licensed Foster Care Beds in Catchment Area</b>	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
	Adults - Enter the Total Number of Bed Capacity							346	416	456	442		
	Source	<a href="http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27717-82231--,00.html">http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27717-82231--,00.html</a>											
	Kids - Enter the Total Number of Licensed Facilities								68	210	2		
	Source	<a href="http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27719-82293--,00.html">http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27719-82293--,00.html</a> *This data is also provided by MDHHS on the website under "Provided Information".											
5	<b>Prevalence Proxy Data</b>	1990	2008	Change	*or most recent projection								
5-A	<b>Adults with Serious Mental Illness (Kessler Methodology)</b>	Trend - Kessler Prevalence Data *Provided by MDHHS in 2012											
		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
5-B	<b>Children at risk for Serious Emotional Disturbance 100% below poverty</b>		2622					1299	1299	1284	1951	1937	NA
	Source	<a href="https://data.census.gov/cedsci/?intcmp=aff_cedsci_banner">https://data.census.gov/cedsci/?intcmp=aff_cedsci_banner</a>											
5-C	<b>Persons with Developmental Disabilities: Formula Populated</b>	314.635	314.635	312.37	310.405	308.73	306.26	308.31	300.905	306.435	303.625	303.78	303.795





## Priority Needs and Planned Actions

CMHSP: Northeast Michigan Community Mental Health Authority

Based on feedback received from stakeholder groups and data collected from this process, the CMHSP must identify at least 5 priority needs. Of these, the CMHSP must identify the areas where it intends to address and what action is being planned in that area. The table below provides a format for identifying the top issues.

Priority Issue: Please give a brief explanation of the issue, in order of priority, with 1 being highest.

Reasons for Priority: Identify what makes this a priority issue. For example: the issue was identified by multiple stakeholder groups; or the size of the issue; or consistency with other community efforts, etc.

CMHSP Plan: Give a brief overview of what steps the CMHSP intends to take to address the identified issue. Please include basic time frames and milestones.

Priority Issue	Reasons For Priority	CMHSP Plan
1. Community Education	Community education will help to reduce stigma, provide support, and connect individuals with available resources and services in their communities.	Host education/training sessions on Mental Health relevant topics. Will offer open forum presentations and Q&A with mental health professional panel that will be available for discussions with community members. Topics will include but are not limited to depression, anxiety, bipolar, schizophrenia, substance use, social media and its impact on mental health, and suicide prevention. In addition, we will offer trainings for SafeTALK, Youth Mental Health First Aid, and Mental Health First Aid. We will partner with community agencies to host trainings in a variety of settings.
2. Expand Behavioral Health Home (BHH)	Increase patient-centered care, enhance care coordination between physical and behavioral health services, and improve transition of care to assist individuals in stabilization and recovery.	Increase BHH staffing to allow for increased face-to-face BHH contacts and follow up. Focus on enrollment of minors and maintain enrollments for individuals no longer open to NeMCMHA behavioral health services. Enhancements to EHR system will be made to allow enrollment for mild to moderate populations.

Priority Issue	Reasons For Priority	CMHSP Plan
3. Increase transportation assistance	Increased requests for transportation assistance and more frequent appointment cancelations/reschedules due to lack of transportation.	Ensure staff are up to date on local transportation resources, including transportation options available via health insurance plans. Budget for additional public transportation vouchers, taxi vouchers, and gas cards should other resources be exhausted. Develop a partnership with local transportation providers to develop a process for community members to access transportation to CMH when utilizing crisis services without prior approval for transportation. Transportation assistance will be approved based on medical necessity.
4. Strengthen relationships with local law enforcement.	Law enforcement has limited staffing and limited ability to manage behavioral health symptoms in jail settings or when responding to welfare checks.	Increase outreach to law enforcement to offer behavioral health training and remain flexible in training dates/times to accommodate law enforcement staff availability. Meet annually with County law enforcement to address areas of need and challenges in managing behavioral health symptoms in the jails.
5. Expand Peer Support Services	This evidenced based service has been well received by individuals served and has assisted with individuals in working towards recovery. Currently, staffing ratio does not support an influx of referrals.	Increase Peer Support Services budget to allow for hiring and training additional certified peer support specialists. Offer additional peer run group experiences that focus on behavioral and physical health needs. Will increase peer support referrals and services that are provided.



# QI Council Minutes

For Meeting on 04/25/22

1:00 PM-3:00 PM

Via Teams

**Meeting called by:** Jennifer Whyte  
**Type of meeting:** Bi-Monthly  
**Facilitator:** Jennifer Whyte  
**Note taker:** Pennie Hoeft, Clerical Services  
**Timekeeper:**

**Attendees:** Lynne Fredlund, Lisa Orozco, Genny Domke, Joe Garant, Angela Stawowy, Jennifer Whyte

**Absent:** Nena Sork, Rich Greer

**QI Coordinator:** Lynne Fredlund

**Assistant:** Pennie Hoeft

## Agenda Topics

The meeting was called to order by in Jennifer Whyte at 1:02pm.

## Review of Minutes

**Discussion:** Review and by consensus, the minutes of the February meeting were approved.

**Action items:**

**Person responsible:** Pennie Hoeft Clerical Services Support Staff

**Deadline:** ASAP

## Committees requesting Additional Time

There were no requests from the Committees to have additional time.

## Management Team

**Discussion:** Minutes from 01-10-22, 02-07-22 and 03-07-22 were included in the 04-25-2022 QI packet.

Jennifer Whyte reported in Nena Sork's absence that the Management Team is working on many tasks including the following: finances, this year's staff picnic, training in the same manner as last year, another Take Back event, community outreach (building relationships with other businesses and organizations, as well as the schools). There is discussion about establishing a 5k in the future as well. Please refer to the minutes for more detailed information.

**Action Items:** Report Monthly

**Person Responsible:** Nena Sork

**Deadline:**

### Advisory Council

**Discussion:** No minutes were available at this time. No report given.

**Action Items:** Report Bi-Monthly

**Person Responsible:** Nena Sork

**Deadline:**

### CARF Committee

**Discussion:** A verbal report was given by Lynne Fredlund. The CARF committee last met on April 20<sup>th</sup>. The Committee reviewed the Cultural Competency Plan. This was also reviewed by the CUAC team. The Cultural Competency Plan will be reviewed next by the Clinical Leadership team. The Technology Plan was reviewed as well. There were a few updates necessary. When those updates are completed, the Technology Plan will be reviewed accordingly as well. The Accessibility Plan was reviewed and some information was added. The Accessibility Plan will be reconstructed or revised how it is written to identify the barriers versus the response to the barriers. Information has been uploaded to NEM-FS to conform to CARF standards. That particular file is geared toward Leadership and where to locate standards evidence if necessary.

**Action Items:**

**Person Responsible:** Lynne Fredlund

**Deadline:**

### Clinical Leadership Team

**Discussion:** Minutes from the 02-09-22 and 02-23-22 meetings were included in the 04-25-22 QI Packet. Lisa Orozco reported that children's credits were discussed at the April 13<sup>th</sup> meeting. Genny Domke is tracking those and reminding those that need credits to assist them in getting the allotted credits completed. There are many upcoming trainings. The Take Back event is this weekend. We have coordinated with Catholic Human Services on site to assist in dispersing approximately 50 boxes of Narcan. Police, Fire Department and Senior Citizens Center will all be involved in this event as well. There will be a blood drive on May 4<sup>th</sup>. All staff members are encouraged to donate. The Supervision Form has been circulating to get edited and updated to include more CARF language. That should be finalized by the end of the month. We have discussed offering an online LOCUS training to possibly alleviate the need for more trainers. We currently only have two trainers available. Genny Domke reported later in the meeting that there is a LOCUS training taking place this Friday, April 29<sup>th</sup> and there are only 2 people signed up. She asked the committee to spread the word to get more staff in this training. Lisa Orozco requested the link for this training.

There is also ongoing discussion and work-in-progress on further DBT training.

**Action Items:** Report Monthly

**Person Responsible:** Lisa Orozco

**Deadline:**

### Customer Satisfaction Committee

**Discussion:** Angela Stawowy reported that the Customer Satisfaction last met in 02-16-22. The results from 2021 survey were finalized and were updated on the board in the hallway. Copies will be disbursed in the near future for others to review.

*No suggestions in the suggestion box.*

**Action Items:** Report Bi-Monthly

**Person Responsible:** Angie Stawowy

**Deadline:**

**Resource Standards and Development Committee**

**Discussion:** Minutes from 03-03-22 meeting was included in the 04-25-22 QI Packet. Genny Domke reported R.S. & D. is still doing theme days, Friday Trivia, Picture Board, Random Act of Kindness, Easter Egg Hunt, Pet Photo Contest. collecting purses for Hope Shores Alliance, Earth Day, Autism Day and much more. They are also working on getting the recycling to the main office. They are working on getting the All-Staff training combined to have all the classes this spring instead of splitting it into two years.

**Action Items:** Monthly

**Person Responsible:** Genny Domke

**Deadline:**

**Risk Management Committee**

**Discussion:** Lynne Fredlund reported that Risk Management met briefly. They reviewed the Quarterly Rights Review and Behavior Support Team minutes. Blair Devlin is a new member of this committee. Lynne stated that she will have updated minutes and more to report at the next QI meeting.

**Action Items:** Report Bi-Monthly

**Person Responsible:** Lynne Fredlund

**Deadline:**

**Safety Committee**

**Discussion:** The 03-24-22 meeting minutes were included in the 04-25-22 QI Packet. The Safety and Emergency Preparedness manual is near completion and was implemented as it was approved by the Management Team. It is located on the agency intranet "Tree" and there will be an All-Staff training to familiarize staff with the contents and where to find this information. Due to ongoing updates of safety procedures, this manual will need to be continually monitored and updated. Please refer to the minutes for more detailed information.

**Action Items:**

**Person Responsible:** Rich Greer

**Deadline:**

**Utilization Management**

**Discussion:** The 02-03-22 and 03-03-22 meeting minutes were included in the 04-25-22 QI packet. UM will present for the All-Staff meeting in May. Changes have been made to the interpretation of the clinical case review data to capture other trends. There was an additional HABS Support Waiver review created to cover what was not in compliance with the Michigan Department of Health and Human Services (MDHHS) review. We are making progress on LOCUS to decrease overrides. We are down to 17% which is an improvement. There is new staff and additional training is needed to continue this improvement. Corrective action has been written up and UM will also pull a case each quarter to review this as well.

**Action Items:** Report Monthly

**Person Responsible:** Jennifer Whyte

**Deadline:**

## Quality Oversight Committee (QOC) – NMRE

**Discussion:** A verbal report was given by Lynne Fredlund. The committee reviewed the current MDHHS reviews. The necessary documentation was completed and submitted to the state. No response to this submission has been received at this time. A team reviewed the mini-ISCAT which shows performance indicators and how we interpret and validate all our data. A report was completed and submitted by Dennis by the April 22<sup>nd</sup> due date. The PIHP reviewed credentialing, training, chart documentation, program monitoring and delegated functioning monitoring. We will have the report from this review at a later date. The MiCAL program (Michigan Crisis and Access Line) was discussed. This is from the State of Michigan/MDHHS and houses Access information as well as other type of programs available in the state. Anyone can contact the Access line through MiCAL. There is a new performance improvement project that is under review dealing with the 7-day follow-up from the hospitals. This indicator captures data from those with or without Medicaid, so it captures those who would not be receiving services from NeMCMHA. This may pose a problem for the PIHP Boards to improve on those we are not responsible for. More information to come on this.

**Action Items:** Report Bi-Monthly

**Person Responsible:** Lynne Fredlund

**Deadline:**

### QI Member Concerns

**Discussion:** Joe Garant reports nothing to report at this time.

**Action Items:**

**Person(s) Responsible:** All members

**Deadline:**

### Project Team/Workgroup Update/Old Business

- Select Vice Chair:** Angela Stawowy volunteered to be the QI committee's new Vice Chair. Welcome aboard! We appreciate you!
- PIHP Audit (Update):** PIHP audit reported by Lynne. Received recommendations on Friday. They allowed us 10 days to come up with a response or a rebuttal. They reviewed 12 charts, we provided information we could find on their recommendations. Some could not be found and we will receive a plan of correction on those. They gave us training tools for staff. These were reviewed and updated with missing information. Those were completed accordingly and the numbers passed on to the auditors. They had credentialing and training recommendations for everyone. All the necessary checks are done on all staff but we don't do it the way they were looking for, so we provided them with information in hopes they will reconsider how we do credentialing here. They provided us with Program monitoring and Delegated functions monitoring sheets with recommendations. We provided them with further information. All rebuttals are in and we should receive fewer recommendation than what we had originally received.
- ACE Team (Update):** – Lynne Fredlund and Genny Domke reported that training on LGBTQ is scheduled for May 12<sup>th</sup> and 19<sup>th</sup> Sarah Hamilton will be the presenter. Many staff and community members have registered for this training. Motivational interviewing is coming June 2<sup>nd</sup> and 3<sup>rd</sup>. ACE received three-year certification to provide trainings! (One of only two or three CMH's with this ability.) Implicit Bias training is coming July 20<sup>th</sup> and 21<sup>st</sup>.

**4. CARF (Update):** Lynne Fredlund reported that they are doing a lot of preparation for the upcoming survey and will provide a full update next meeting.

**5. Performance Indicators Report** (fiscal year 2021)

Lynne discussed the report. It is noted that a request for a process improvement team be convened if not already in place to review Indicator 2 & 3.

\*\*See link. [FY 2021 Annual PI Report.pdf](#)

### **Department/Program Process Improvements/New Business**

- 1.** Lynne reported the following process improvements under way or completed: from Mary Crittenden: the billing process was simplified for non-emergent transportation; the program plan has been completed; developed an Employee Plan of Correction template to go along with an evaluation (currently under review with Management Team); Crisis Pre-Screen Training is under development with Renee Curry as head of that project; MI-IPS program (Supportive Employment) created new follow-along forms and those are available in Majestic; the Steering Committee (Monitors the IPS) was reinstated and met earlier today; completed new billing processes for those open with MRS
- 2.** Clinical Leadership Team – Lynne reported that the Enhanced Pharmacy process has been updated, as well as the revision of the Coordination of Care Policy. This has been distributed to staff.
- 3.** Self-Determination – Lynne reported that they have updated their forms and procedures to go along with their new technical requirements. They have also implemented a new training tracking form that will be shared between the Fiscal Intermediary and Self-Determination.
- 4.** The providers have developed a new Morbidity and Mortality Team.

### **Adjournment**

**Discussion:** Next Meeting is scheduled for June 20, 2022, at 10:15 a.m. in the Board Training Room.

**Action Items:** By consensus, this meeting adjourned at 1:58 p.m.

## **JUNE AGENDA ITEMS**

### **Policy Review**

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

#### **Monitoring Reports**

Budgeting 01-004

Ends 04-001

#### **Activity**

Strategic Planning – Part II [Ends Monitoring and Reporting]

Possible Budget Amendment

#### **Educational Session**

Ends discussion



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## PUBLIC NOTICE

Listed below is the schedule of monthly board meetings for the Northeast Michigan Community Mental Health Authority Board. Each meeting is scheduled to begin at **3:00 p.m.** in the Board's Offices, 400 Johnson Street, Alpena unless otherwise specified. Regular monthly Board meetings are to be held the second Thursday of each month.

### MONTHLY BOARD MEETINGS

May 12, 2022	@ 3:00 p.m. * [held at Fletcher St Office]
June 9, 2022	@ 3:00 p.m. *
July 14, 2022	@ 3:00 p.m. *
August 11, 2022	@ 3:00 p.m.
September 8, 2022	@ 3:00 p.m.
October 13, 2022	@ 3:00 p.m.
November 10, 2022	@ 3:00 p.m.
December 8, 2022	@ 3:00 p.m.
January 12, 2023	@ 3:00 p.m.
February 9, 2023	@ 3:00 p.m.
March 9, 2023	@ 3:00 p.m. ***
April 13, 2023	@ 3:00 p.m. ****

\* Strategic Planning Session – 3 parts

\*\*\* Recognition is held each year in March honoring those Board members reaching notable milestones in their tenure with the Board during the previous year

\*\*\*\* The April meeting is the organizational meeting for the Board and meeting times for the remainder of the year are determined at that time which may affect the meeting dates above.

Fletcher Street Office located at 318 W Fletcher Street, Alpena