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**NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY**



AUGUST BOARD MEETING

THURSDAY, AUGUST 14, 2025



3:00 PM

400 JOHNSON STREET
ALPENA, MICHIGAN 49707

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NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

Meeting Agenda | Thursday, August 14, 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 1-3)**
- VIII. PIHP Bid Out(Verbal)**
- IX. August Monitoring Reports**
 - 1. Budgeting 01-004(Page 4)
 - 2. Financial Condition 01-005(Page 5)
 - 3. Staff Treatment 01-003(Page 6)
 - 4. Treatment of Individuals Served 01-002 (Pages 7-10)
- X. Board Policies Review**
 - 1. Chairperson’s Role 02-004 [Review & Self-Evaluate] (Pages 11-12)
 - 2. Board Members’ Per Diem 02-009 [Review & Self-Evaluate] (Pages 13-14)
 - 3. Board Self-Evaluation 02-012 [Review & Self-Evaluate](Page 15)
- XI. Linkage Reports**
 - 1. NMRE Board(Verbal)
 - 2. Advisory Council(Verbal)
 - 3. Endowment Fund Grant Awards(Page 16)
- XII. Operations Report(Page 17)**
- XIII. Strategic Plan: Approve & Finalize(Page 18)**
- XIV. Board Chair’s Report**
 - 1. Executive Director’s Evaluation(Page 19)
 - 2. Begin Board Self-Evaluation (Page 20-23)
- XV. Executive Director’s Report(Verbal)**
 - 1. CARF Survey Follow-Up
- 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, September 11 at 3:00 p.m.**
 - 1. Proposed September Agenda Items.....(Page 24)
- XIX. Meeting Evaluation(Verbal)**
- XX. Adjournment**

**Northeast Michigan Community Mental Health Authority Board
Board Meeting – Strategic Planning Part III – July 10, 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: Lester Buza, Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Charlotte Helman, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Terry Small

Absent: Bob Adrian

Staff & Guests: Carolyn Bruning, Connie Cadarette, Rebekah Duhaime, Erin Fletcher, Jason Lepper, Sarah Melching, Brenda Stanton, Jen Walburn, Jennifer Wieczorkowski

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Kara Bauer LeMonds 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

Sarah Melching, from Presque Isle County, thanked the Board for what they do. She has been the Emergency Manager for Presque Isle County for six years and has seen a positive trend with mental health in the county.

VII. Approval of Minutes

Moved by Lester Buza, supported by Terry Small, to approve the minutes of the June Board meeting, as presented. Motion carried.

VIII. July Monitoring Reports

1. Budgeting 01-004

Connie Cadrette reported on the Statement of Revenue and Expense and Change in Net position for the month ending May 31, 2025, with 66.67% of the year elapsed. The insurance rebate was received in June, though it was \$13,000 less than last year and may require a budget adjustment. Other line items that may also require a budget adjustment include Utilities, Maintenance, and Capital Equipment. Milliman has adjusted rates, and the State will be doing redeterminations in small chunks back to October. The Agency should start receiving those monthly payments mid-July, but the exact amounts are unknown at this time. Some larger payments were received and those will be shown on next month's report for June.

2. Asset Protection 01-007

The Board reviewed the monitoring report and did not have any questions.

Moved by Lynnette Grzeskowiak, supported by Dana Labar, to approve the July Monitoring Reports. Motion carried.

IX. Board Policies Review

1. Community Resources 01-010

Kara stated the policy is short, but important, as it highlights how imperative it is for the Executive Director to work with the community.

2. Public Hearings 02-010

The Board liked the policy as it is.

X. Linkage Reports

1. NMRE Board

Eric reported there was continued discussion of the ongoing financial struggles at NLCMHA, and their interim director has resigned. Dana reported that the SUD Oversight Committee met and reviewed 20 requests for funding. There is still a lot of funding available for the catchment area.

XI. Operations Report

Erin Fletcher reported on operations for the month of June. The home-based children's team served 10 individuals. This number only reflects the number of individuals, not the number of contacts – some may be seen weekly or daily. They had one clinician out for a couple of weeks, and they are also onboarding a new clinician. Outpatient Counseling served 96 individuals, almost half of which were children as they have stepped in to help the home-based team. I/DD case management served 49 individuals and MI case management served 46 individuals. The total unduplicated individuals served for the month of June was 949.

XII. Strategic Plan: Review & Revise

The Board reviewed the Strategic Plan Proposal for FY26. They discussed and approved revisions to Payors/Payment Reform, Persons Served, Regulatory Changes, and Technology under Forces in the Environment Impacting Behavioral Health. Under Goals, the Quality Assessment Performance Improvement Projects (QAPIs) were updated to the current goals of the NMRE. The goal to utilize the Health Information Exchange will be revised due to a name change. The goal concerning IT will be revised to state "to remain current" instead of "to keep current." The Board next reviewed Barriers/Challenges, approving revisions to Funding and Recruitment and Retention of Qualified Staff. Under Opportunities, the Board asked Nena to revise the item regarding the Agency's infrastructure to better reflect how their strong position is an opportunity.

Bonnie Cornelius left the meeting at 4:15 p.m.

The Board approved suggested revisions to Options, which included adding a bullet point regarding local jails and court ordered mental health treatment, removing information about expanding telehealth services, and cleaning up grammar. Under Plan, the addition of Behavioral Health Home (BHH) expansion was approved.

The Board reviewed their Ends, and under Services to Adults with Co-Occurring Disorders, the Sub-Ends for the number of eligible individuals enrolled in BHH was raised from 25% to 35%.

XIII. Board Chair's Report

1. Preparing for Executive Director Evaluation

Eric stated the Board uses the last year's monitoring reports as their guide for the Executive Director's evaluation. Board members can contact Rebekah Duhaime if they need any to review before next month.

2. Annual Report

Eric highlighted the article on Narcan distribution. He thinks it's important for everyone to have some available because you never know what might happen.

Les Buza left the meeting at 4:37 p.m.

XIV. Executive Director's Report

Nena provided a review of her activities for the last month, which included attending the following meetings: NMORC Board, NMRE Operations, NMRE BHH, DHS PI Staff, NMRE Board, CMHA Member Services, CMHA Contract and Finance, NAMI, IPS Fidelity Review, and the NMRE Finance Committee. Suggested Resolutions were sent to all four county commissions regarding MDHHS's proposed PIHP bid-out. The Alcona County

Commissioners have signed and returned their resolution. As the Agency is in stable financial condition and will most likely have extra funding at the end of the fiscal year, Nena discussed the possibility of integrating the data warehouse North Country CMHA uses for analytics, which meets the requirements for state and federal reporting. The cost of setting up the data warehouse with TBD would be between \$18,000 - \$24,000.

Moved by Terry Small, supported by Kara Bauer LeMonds, to a contract with TBD to create the Agency's own data warehouse at the cost of up to \$24,000. Roll Call: Ayes: Jennifer Graham, Lynnette Grzeskowiak, Charlotte Helman, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Terry Small; Nays: None; Absent: Bob Adrian, Lester Buza, Bonnie Cornelius. Abstain: None. Motion carried.

The extra funding the Agency is expected to receive at the end of this fiscal year will have to be used by September 30 or it must be sent back. Nena will create a list of uses for the funds, should there be a surplus available. She will be asking the Board for permission to spend the extra funds, as needed, as long as the Agency comes in under budget. She would like to provide one or two small retention payments for staff. She will ask the Board for a motion at the next meeting when they have a better estimate of the funding.

The Agency's three-year CARF survey is scheduled for July 28 - 30. One Board member will be needed for a brief interview, and volunteers have already stepped forward. The annual Customer Satisfaction Survey wrapped up with a record 238 surveys returned. The information will be compiled, and the Board will receive the feedback. Interviews are being scheduled for the new positions of Chief Administrative Officer (CAO) and Deputy Clinical Director.

XV. Information and/or Comments from the Public

None were presented.

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

None were presented.

XVII. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, August 14, 2025, at 3:00 p.m.

1. August Agenda Items

The proposed August agenda items were reviewed.

XVIII. Meeting Evaluation

Kara feels the Board came prepared to govern, there was lively discussion, and she was satisfied with what the Board accomplished. Her personal remarks were that the board is determined to keep moving forward with their Strategic Plan regardless of any fear of losing major funding.

XIX. Adjournment

Moved by Terry Small, supported by Lynnette Grzeskowiak, to adjourn the meeting. Motion carried. This meeting adjourned at 4:58 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Ninth Month Ending June 30, 2025
75% of year elapsed

	Actual June Year to Date	Budget June Year to Date	Variance June Year to Date	Budget FY25	% of Budget Earned or Used
Revenue					
1 State Grants	164,094.17	180,901.36	\$ (16,807)	271,352.00	60.5%
2 Grants from Local Units	199,978.50	177,758.64	22,220	266,638.00	75.0%
3 NMRE Incentive Revenue	259,542.36	220,000.00	39,542	330,000.00	78.6%
4 Interest Income	4,372.66	4,000.00	373	6,000.00	72.9%
5 Medicaid Revenue	24,850,422.08	21,918,089.36	2,932,333	32,877,134.00	75.6%
6 General Fund Revenue	902,090.00	801,857.84	100,232	1,202,787.00	75.0%
7 Healthy Michigan Revenue	1,544,984.43	951,571.36	593,413	1,427,357.00	108.2%
8 3rd Party Revenue	302,321.58	378,563.36	(76,242)	567,845.00	53.2%
9 Behavior Health Home Revenue	316,925.91	206,483.36	110,443	309,725.00	102.3%
10 Food Stamp Revenue	80,329.63	63,216.72	17,113	94,825.00	84.7%
11 SSI/SSA Revenue	476,013.80	447,956.00	28,058	671,934.00	70.8%
12 Revenue Fiduciary	191,902.82	0.00	-	0.00	0.0%
13 Other Revenue	45,809.15	33,868.00	11,941	50,802.00	90.2%
14 Total Revenue	29,338,787	25,384,266	3,762,618	38,076,399	77.1%
Expense					
15 Salaries	11,508,505.59	11,509,256.88	751	15,345,676.00	75.0%
16 Social Security Tax	470,558.28	479,068.47	8,510	638,758.00	73.7%
17 Self Insured Benefits	1,753,527.51	2,037,504.24	283,977	2,716,673.00	64.5%
18 Life and Disability Insurances	181,935.20	202,169.88	20,235	269,560.00	67.5%
19 Pension	997,800.17	1,072,720.44	74,920	1,430,294.00	69.8%
20 Unemployment & Workers Comp.	92,137.76	96,555.69	4,418	128,741.00	71.6%
21 Office Supplies & Postage	30,502.27	33,503.13	3,001	44,671.00	68.3%
22 Staff Recruiting & Development	37,060.69	98,452.98	61,392	131,268.00	28.2%
23 Community Relations/Education	35,072.43	50,155.47	15,083	66,874.00	52.4%
24 Employee Relations/Wellness	57,908.83	83,128.50	25,220	110,838.00	52.2%
25 Program Supplies	424,567.77	419,399.91	(5,168)	559,200.00	75.9%
26 Contract Inpatient	948,343.29	1,251,597.78	303,254	1,668,797.00	56.8%
27 Contract Transportation	806.04	10,518.75	9,713	14,025.00	5.7%
28 Contract Residential	4,312,194.40	3,851,903.25	(460,291)	5,135,871.00	84.0%
29 Local Match Drawdown NMRE	73,926.00	73,926.00	-	98,568.00	75.0%
30 Contract Employees & Services	5,827,960.74	5,386,736.97	(441,224)	7,182,316.00	81.1%
31 Telephone & Connectivity	171,359.80	165,559.41	(5,800)	220,746.00	77.6%
32 Staff Meals & Lodging	19,200.15	20,154.06	954	26,872.00	71.5%
33 Mileage and Gasoline	319,970.98	327,824.73	7,854	437,100.00	73.2%
34 Board Travel/Education	3,347.59	10,244.97	6,897	13,660.00	24.5%
35 Professional Fees	18,004.97	25,537.41	7,532	34,050.00	52.9%
36 Property & Liability Insurance	56,633.10	69,626.97	12,994	92,836.00	61.0%
37 Utilities	179,872.55	145,199.88	(34,673)	193,600.00	92.9%
38 Maintenance	153,509.92	108,245.79	(45,264)	144,328.00	106.4%
39 Interest Expense Leased Assets	30,142.50	32,324.94	2,182	43,100.00	69.9%
40 Rent	6,387.87	6,187.50	(200)	8,250.00	77.4%
41 Food	111,455.58	104,925.06	(6,531)	139,900.00	79.7%
42 Capital Equipment	15,685.38	9,974.79	(5,711)	13,300.00	117.9%
43 Client Equipment	20,592.89	17,250.03	(3,343)	23,000.00	89.5%
44 Fiduciary Expense	193,104.42	0.00	0.00	0.00	0.0%
45 Miscellaneous Expense	184,682.12	116,773.56	(67,909)	155,698.00	118.6%
46 Depreciation & Amortization Expense	726,390.33	731,871.81	5,481	975,829.00	74.4%
47 MI Loan Repayment Program	3,000.00	9,000.00	6,000	12,000.00	25.0%
48 Total Expense	28,966,147	28,557,299	(215,743)	38,076,399	76.1%
49 Change in Net Position	\$ 372,640	\$ (3,173,033)	\$ 3,545,673	\$ -	1.0%
50 Contract settlement items included above:					
51 Medicaid Funds (Over) / Under Spent	\$ 484,468				
52 Healthy Michigan Funds (Over) / Under Spent	(179,929)				
53 Total NMRE (Over) / Under Spent	\$ 304,539				
54 General Funds to Carry Forward to FY25	\$ -				
55 General Funds Lapsing to MDHHS	(80,104)				
56 General Funds (Over) / Under Spent	\$ (80,104)				
57 Behavior Health Home Revenues	316,926				
58 Behavior Health Home Expenses	(267,371)				
59 BHH Funds (Over) / Under Spent	49,555				
60 Total BHH (Over) / Under Spent	\$ 49,555				

Northeast Michigan Community Mental Health Authority
Statement of Net Position and Change in Net Position
Proprietary Funds
June 30, 2025

	Total Business- Type Activities June 30, 2025	Total Business- Type Activities Sept. 30, 2024	% Change
Assets			
Current Assets:			
Cash and cash equivalents	\$ 3,078,510	\$ 2,908,432	5.8%
Restricted cash and cash equivalents	1,069,324	1,162,281	-8.0%
Accounts receivable	3,856,476	3,981,636	-3.1%
Inventory	13,600	13,600	0.0%
Prepaid items	500,637	491,936	1.8%
Beneficial Interest	6,578	6,578	0.0%
Total current assets	<u>8,525,125</u>	<u>8,564,463</u>	<u>-0.5%</u>
Non-current assets:			
Capital assets not being depreciated	80,000	80,000	0.0%
Capital & Lease being depreciated, net	3,526,060	4,066,265	-13.3%
Beneficial Interest	10,595	10,595	0.0%
Total non-current assets	<u>3,616,655</u>	<u>4,156,860</u>	<u>-13.0%</u>
Total assets	<u>12,141,780</u>	<u>12,721,323</u>	<u>-4.6%</u>
Liabilities			
Current liabilities:			
Accounts payable	2,353,078	2,823,276	-16.7%
Accrued payroll and payroll taxes	695,237	1,111,107	-37.4%
Deferred revenue	28,262	30,082	-6.0%
Current portion of long-term debt (Accrued Leave, Lease Liability)	335,270	267,161	25.5%
Total current liabilities	<u>3,411,847</u>	<u>4,231,626</u>	<u>-19.4%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave, Lease Liability)	1,698,968	1,823,626	-6.8%
Total liabilities	<u>5,110,815</u>	<u>6,055,252</u>	<u>-15.6%</u>
Net Position			
Invested in capital assets, net of related debt	2,575,009	3,120,940	-17.5%
Restricted	34,765	39,895	
Unrestricted	4,332,113	3,408,418	27.1%
Total net position	<u>\$ 6,941,887</u>	<u>\$ 6,569,253</u>	<u>5.7%</u>
Net Position Beginning of Year	6,569,253		
Restatement	-		
	6,569,253		
Revenue	29,338,787		
Expense	<u>(28,966,147)</u>		
Change in net position	372,640		
Net Position June 30, 2025	<u>\$ 6,941,893</u>		

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

11.4% or 42 days
8% - 25%

Turnover by Department

Division/Department Name	# at 1/1/2025	Employees Hired/Trnsfr'd	Employees Separated/Trnsfr'd	# at 6/30/2025	Total Turnover
Administration/Support Services	46	5	7	44	15%
MI/IDD Program Management	5			5	0%
Psychiatry & Nursing Support	15			15	0%
OAS & OBRA Services	13		1	12	8%
MI CRS Services	4		1	3	25%
MI Access	2	1		3	0%
MI Adult Casemanagement	6		1	5	17%
MI Adult A.C.T.	3	1	1	3	33%
Home Based Child	8	1	2	7	25%
MI CLS & Peer Support Services	22	1	3	20	14%
MI/IDD Employment Services	17	3	4	16	24%
Self Determination	4	1	1	4	25%
DD Casemanagement	9			9	0%
DD Clinical Support	2			2	0%
DD SIP Residential	31	5	4	32	13%
DD Community Support	21		2	19	10%
Greenhaven	8	1	2	7	25%
Brege	8	2		10	0%
Cambridge	12	5	5	12	42%
Harrisville	10	3	6	7	60%
Mill Creek	8	3	6	5	11%
Pine Park	12	1		13	0%
Princeton	11	1	4	8	36%
Thunder Bay Heights	7	6	2	11	29%
Walnut	<u>10</u>	6	9	<u>7</u>	90%
Totals	294	47	60	281	20%

Agency-Wide Turnover

Division/Department Name	# at <u>1/1/2025</u>	Number <u>Hires</u>	Total Employees <u>Separated</u>	# at <u>6/30/2025</u>	Total Turnover <u>Rate</u>
All Employees	<u>294</u>	<u>43</u>	<u>56</u>	<u>281</u>	19%



Recipient Rights Advisory Committee Minutes July 29, 2025

The meeting was called to order at 3:00 p.m. July 29, 2025, by Chair Pat Przeslawski in the Administrative Conference Room.

Present: Kara Bauer LeMonds, Lynnette Grzeskowiak, Barb Murphy, Pat Przeslawski, Renee Smart-Sheppler
Absent: Tom Fredlund, Barb Murphy
Staff: Elizabeth Kowalski, Rob Keyes, Marisa Perry
Guests: None

DAFT MINUTES

I. **Old Business.** None.

II. **Approval of Minutes.** The minutes from 4-23-2025 were approved as written by consensus. Kara moved to accept, Renee supported, motion carried.

III. **New Business.**

IV. **QUARTERLY RIGHTS ACTIVITY REPORT:** The committee reviewed the report which covered the third quarter of FY 25, 4/1/2025 – 6/30/2025. The rights office received a total of 26 complaints. Of the 26 complaints, 18 were investigated and 3 were handled as an intervention. Of the 26 investigations and interventions, there were 16 substantiations. There were no pending investigations. There were 2 pending remedial action at the time of the report. Renee moved to review the report, Lorell supported.

V. **DEFINITIONS OF ABUSE AND NEGLECT:** The committee was presented with Abuse and Neglect classification definitions and examples, as requested by members at the last committee meeting.

COMMITTEE COMPOSITION SURVEY RESULTS: From the surveys completed at the last meeting, the composition requirements of the Mental Health Code are met.

VI. **Educational Session:** The committee considered the overarching responsibilities of the Recipient Rights Advisory Committee (RRAC). Additionally, since the RRAC functions as the Appeals Committee, policy and procedure pertaining to the Appeals (Of Recipient Rights Investigations) Committee were also reviewed.

V. **Other Business.**

Contracted Providers have received the annual rights update training, which must be completed by the deadline of September 30, 2025. CMH staff will complete annual rights update training in person during the Annual Staff Training Day on August 20th, which will be held at the Alpena office.

VI. **Adjournment.**

Renee moved to adjourn, Kara supported. The meeting adjourned at 3:40 p.m. The next meeting will be October 23, 2025 in the Administrative Conference Room at 3 p.m.

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

QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT

Time Period: April, May & June 2025:

I. COMPLAINT DATA SUMMARY	FY 24-25				FY 23-24			
A. Totals	1 st	2 nd	3 rd	4 th	1 st	2 nd	3 rd	4 th
Complaints Received:	29	28	26		33	23	31	25
Investigated:	27	19	18		28	19	28	17
Interventions:	-0	03	03		01	03	-0-	02
Substantiated:	23	16	16		18	14	21	14
Outside Jurisdiction:	-0	0	01		-0-	-0-	-0-	-0-
No Code Protected Right:	02	06	04		04	01	03	06

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	2	2		1
Abuse III	2	2		1
Sexual Abuse	0	0		0
Neglect I	0	0		0
Neglect II	1	1		1
Neglect III	5	5		5
Rights Protection System	0	0	0	0
Admiss/Dischrg-2 ND 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	6	3	3	6
Treatment Environment	0	0	0	0
Freedom of Movement	1	1	0	1
Financial Rights	0	0	0	0
Personal Property	2	2	0	0
Suitable Services	2	2	0	1
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
Total	21	18	3	16

c. Remediation of substantiated rights violations.

[illegible]

D. Summary of Incident Reports. (3rd Qtr '25)

Category Type	1 st Qtr		2 nd Qtr		3 rd Qtr		4 th Qtr	
	'25	'24	'25	'24	'25	'24	'25	'24
01.0 Absent without leave (AWOL)	07	06	21	01	00	02		05
02.0 Accident – No injury	18	04	9	08	15	11		12
02.1 Accident – With injury	41	28	40	30	42	38		72
03.0 Aggressive Acts – No injury	29	34	29	29	27	21		29
03.1 Aggressive Acts – w/ injury	04	11	9	14	14	14		16
03.3 Aggressive Acts – Property Destruction	02	01	2	03	05	-0-		01
04.0 Death	05	04	3	11	06	05		01
05.0 Fall – No injury	13	09	13	11	28	18		12
06.0 Medical Problem	151	116	136	117	62	84		129
07.0 Medication Delay	06	03	5	05	04	02		04
07.1 Medication Error	10	17	19	19	19	12		22
07.2 Medication Other	124	81	154	93	107	92		135
07.3 Medication Refusal	44	30	33	17	42	09		10
08.0 Non-Serious Injury – Unknown cause	15	24	18	25	36	12		15
09.0 Other	109	66	93	77	70	80		87
10.0 Self Injurious Acts – No injury	03	04	6	07	11	03		07
10.1 Self Injurious Acts – w/injury	10	09	11	21	13	14		19
Challenging Behavior	23	41	10	28	59	09		08
Fall – with injury	19	12	13	27	24	25		12
Arrests	04	03	4	02	08	02		05
Total	637	503	628	545	592	450		601

E.	Prevention Activity	Quarter	YTD
	Hours Used in Training Provided	19	57.5
	Hours Used in Training Received	20.5	27.75
	Hours Used in Site Visits	31.75	39.75
F.	Monitoring Activity	Quarter	YTD
	Incident Report Received	592	1,857
G.	Source of All Complaints:	Quarter	YTD
	Recipient:	03	05
	Staff:	11	35
	ORR:	09	30
	Gdn/Family:	02	04
	Anonymous:	01	03
	Comm/Gen Pub:	00	06
	Total	26	83

Elizabeth Kowalski, Recipient Rights Officer

07/23/2025
Date

[../Index.doc](#)

GOVERNANCE PROCESS

(Manual Section)

CHAIRPERSON’S ROLE – POLICY 02-004

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

August 8, 2024

Last Revision Approved by the Board:

August 12, 2021

●1 POLICY:

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

1. The job result of the Chairperson is that the board behaves consistent with its own rules and those legitimately imposed upon it from outside the organization.
 - A. Meeting discussion content will only be those issues which, according to board policy, clearly belong to the board to decide, not the Executive Director.
 - B. Deliberation will be fair, open, and thorough, but also efficient, timely, orderly, and kept to the point.
2. The authority of the Chairperson consists in making decisions that fall within the topics covered by board policies on Governance Process and Board-Executive Director Relationship, except where the board specifically delegates portions of this authority to others. The Chairperson is authorized to use any reasonable interpretation of the provisions in these policies.
 - A. The Chairperson is empowered to chair board meetings with all the commonly accepted power of that position (e.g., ruling, recognizing). The Chairperson may invoke Roberts Rules of Order.
 - B. The Chairperson has no authority to make decisions about policies created by the board within Ends and Executive Limitations policy areas. Therefore, the Chairperson has no authority to supervise or direct the Executive Director.
 - C. The Chairperson will represent the board to outside parties in announcing board-stated positions and in stating Chair decisions and interpretations within the area delegated to him or her.

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

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

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

Board By-Laws
Roberts Rules of Order

●5 FORMS AND EXHIBITS:

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

[../Index.doc](#)

GOVERNANCE PROCESS

(Manual Section)

BOARD MEMBERS PER DIEM – POLICY 02-009

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

August 8, 2024

Last Revision to Policy Approved by Board:

August 10, 2023

●1 POLICY:

1. Board Members shall be paid a per diem of \$75 per meeting which exceeds four (4) hours in duration; Board Members shall be paid a per diem of \$50 for meetings less than four (4) hours in duration; \$75 per meeting outside the service area and \$75 per day for conference attendance. Board Members required to travel the day preceding a meeting will be reimbursed at the per diem rate for less than four (4) hours. In order to be eligible for these payments, these meetings must be approved by the Board or by the Board Chair if time constraints would not permit a delay until the next meeting of the Board.
2. Reimbursement of Board Members' expenditures for travel, lodging, meals, registration fees, tolls, parking fees and similar expenses related to Board business shall be at current rates established by the Board and consistent with applicable guidelines.
3. For purposes of reimbursement of expenses of travel to Board and Committee meetings held in a city other than a Board Member's city or township of residence, each Board Member shall have established a standard round-trip distance between home and Board Meeting site; reimbursement of such travel expenses shall be made monthly. For other Board-business-related travel, a record of actual mileage (via the shortest route between home and destination) shall be required, unless standard-map-mileage is utilized as a default. Wherever practical, Board Members traveling to the same destination should coordinate transportation to minimize expense. Reimbursement of all other expenses shall require documentation in the form of receipts. No reimbursement shall be made for purchases of alcoholic beverages.
4. Current reimbursement rates are:

Mileage: Mileage reimbursement equal to employee reimbursement rates

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

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

Meals: **\$65.00** per day maximum, or individually by meal. Please note the allowance includes a gratuity to a maximum of 15%.
 \$ **15.00** for Breakfast
 \$ **20.00** for Lunch
 \$ **30.00** for Dinner

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

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GOVERNANCE PROCESS

(Manual Section)

BOARD SELF-EVALUATION – POLICY 02-012

Board Approval of Policy

November 7, 2002

Policy Last Reviewed:

August 8, 2024

Last Revision to Policy Approved by Board:

August 8, 2019

●1 POLICY:

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

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

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

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

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

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

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

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:



To: NeMCMHA Board

From: Margie Hale-Manley

Date: 8/8/2025

Subject: Endowment Fund Grant Awards

In continuing to provide notification to the Board for usage of the spendable dollars available in the Endowment Fund created through The Community Foundation for Northeast Michigan, this memo serves as an update of the grant awards since 2-1-25.

As you may recall, a committee was established to review applications for grants and approve awards while maintaining funding to ensure future needs can be met. The funds awarded are not covered by other resources.

1. \$333.02: Micro business expansion
2. \$70.87: Phone and data for employment to access payroll information
3. \$386.31: Vehicle repairs for transportation to and from employment

	Program	Consumers served July 2025 (7/1/25 - 7/31/25)	Consumers served in the Past Year (8/1/24 - 7/31/25)	Running Monthly Average(year) (8/1/24 - 7/31/25)
1	Access <div>Routine Emergent Urgent</div>	45	561	45
		0	0	0
		0	3	0
	Crisis Prescreens	42	551	46
		40	525	42
2	Doctors' Services	387	1226	395
3	Case Management			
	Older Adult (OAS)	73	128	83
	MI Adult	64	202	65
	MI ACT	13	27	17
	Home Based Children	13	79	23
	MI Children's Services	30	186	57
	IDD	160	292	157
4	Outpatient Counseling	106(28/78)	268	76
5	Hospital Prescreens	40	525	42
6	Private Hospital Admissions	14(2/12)	194	15
7	State Hospital Admissions	0	3	0
8	Employment Services			
	IDD	53	71	47
	MI	49	94	42
	Touchstone Clubhouse	65	89	68
9	Peer Support	56(5/51)	77	50
10	Community Living Support Services			
	IDD	82	95	82
	MI	66	116	70
11	CMH Operated Residential Services			
	IDD Only	47	51	49
12	Other Contracted Resid. Services			
	IDD	37	40	38
	MI	27	37	31
13	Total Unduplicated Served	966	2228	1001

County	Unduplicated Consumers Served Since August 2025
Alcona	231
Alpena	1346
Montmorency	278
Presque Isle	288
Other	70
No County Listed	15



INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Rebekah Duhaime
SUBJECT: Draft Strategic Plan FY26
DATE: August 7, 2025

The following two stapled packets contain the draft FY26 Strategic Plan as reviewed at the July Board meeting. The first version has red ink showing the additions and deletions. The second version is a draft of what the FY26 Strategic Plan would like look if all the red additions and deletions were adopted. Some people like to review with the revisions in place, while others prefer to see everything accepted. Please use whichever is easiest for you – or both!

Northeast Michigan Community Mental Health Authority

STRATEGIC PLAN FY 26



Mission

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

Vision

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

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

Core Values

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

Forces in the Environment Impacting Behavioral Health

Payors/Payment Reform

- Reimbursement based on health outcomes
- ~~ACA~~
- ~~Health system insurance plans~~
- ~~Gearing toward integration~~
- ~~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
- ~~Expansion of coverage~~
- 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
- ~~1115 waiver application~~

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
- ~~Increase mobile capabilities~~
- Self-management tools/consumer portal

Goals:

1. To 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 – ~~Follow up care for children prescribed ADHD medications.~~ 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 – ~~Adults prescribed psychotropic medications for more than six (6) months will be screened for diabetes.~~ 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. To 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. To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available.
7. To further utilize the Health Information Exchange (HIE), Michigan Health Information Network Shared Services, with ~~Great Lakes Health Connect~~ 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. To ~~remain~~ keep current in education of information technology (IT), including cybersecurity.

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. ~~Impending funding changes for children's behavioral health services in school settings. 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-is relatively strong, including its with excellent facilities, dedicated staff, continued IT investment, and a~~ 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. ~~Expand telehealth services as it relates to pediatric and adult services.~~

- Provide community members and staff with training as it relates to Mental Health First Aid for youth and adults, suicide prevention, violence in our society, co-occurring disorders, and the effects of trauma on individuals.
- 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. ~~25~~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.

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 - 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.



Executive Director's Evaluation

Employee Name: Nena Sork

Title: Executive Director

Evaluation Period: From August 2024 to July 2025

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

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

By consensus at the August 14, 2025, Northeast Michigan Community Mental Health Authority Board meeting, the Executive Director's performance was deemed positive for FY25.

Eric Lawson, Board Chair

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Rebekah Duhaime
SUBJECT: Board Self-Evaluation
DATE: August 4, 2025

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

Policy	Evaluation Excerpt from Minutes	Date Discussed:
02-002 Governing Style	The Board reviewed the policy and self-evaluated. Charlotte thinks the Board operates well as one unit with the same goal.	04/10/2025
02-003 Board Job Description	The Board reviewed the policy and agreed they are following it appropriately.	05/08/2025
02-004 Chairperson's Role	The Board did not think any revisions were necessary.	08/08/2024
02-005 Board Committee Principles	Eric stated the CARF reviewers really look at how the Board is reviewing their policies and whether they are being thoughtfully discussed. Dana and Charlotte agreed that this policy seems sufficient and does not require any revisions at this time.	02/13/2025
02-006 Board Committee Structure	Eric suggested a change to 1. A to make it clear the Board will be "reviewing" proposed, pending, and current legislation..." The Board feels they are executing the policy appropriately.	09/12/2024
02-007 Annual Board Planning Cycle	The Board reviewed the policy, and Terry thinks they are meeting what is required.	10/10/2024
02-008 Board Members Ethical Code of Conduct	The Board also received a handout of covenants that are used by the CMHA and its committees. Eric said the covenants are best practices for how Board members should conduct themselves, and they are echoed in the Board's bylaws. Bonnie and Eric agreed that the Board is following this policy and that they are careful with noting any conflicts of interest that may arise.	03/13/2025
02-009 Board Members' Per Diem	Board members' mileage rate will increase to \$0.62/mile to equal the employee reimbursement rate.	08/08/2024
02-010 Public Hearing	The Board liked the policy as it is.	07/10/2025
02-011 Board Member Recognition	No revisions were found necessary, and the Board felt they were still following the policy appropriately.	12/12/2024
02-012 Board Self-Evaluation	There were no questions or comments on this policy.	08/08/2024

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Policy	Evaluation Excerpt from Minutes	Date Discussed:
02-013 Cost of Governance	The Board discussed the policy to ensure they were following all measures. The Board agreed that they were doing well following the policy, which is revised every year to reflect accurate totals.	04/10/2025
02-014 Board Core Values	The Board reviewed the policy and agreed they were faithfully executing it.	05/08/2025
02-015 Board Member Orientation	Nena noted that a couple of the trainings are only available at in-person conferences, which can be exclusionary for those who may not be able to attend.	12/12/2024
03-001 Executive Director Role	The policy was reviewed, and no revisions were deemed necessary and Board members felt they were following the policy as written.	01/09/2025
03-002 Delegation to the Executive Director	Eric said that Lynne Fredlund told them in training that Nena represents the Agency, and the Board represents the 60,000 people served in the catchment area. Board members appreciate how well this Board runs and that they all come to the table with different perspectives.	02/13/2025
03-003 Executive Director Job Description	The Board feels they are fulfilling the policy.	10/10/2024
03-004 Monitoring Executive Performance	This policy was last revised in 2019, and Terry and other Board members feel they are abiding by it.	10/10/2024
03-005 Executive Director Search Process	Eric reported this is a relatively new policy that works well, and they are still abiding by it.	09/12/2024

NeMCMHA BOARD SELF-EVALUATION

2025

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

A. WHAT ISSUES HAVE MOST OCCUPIED THE BOARD’S TIME AND ATTENTION DURING THE PAST YEAR?

B. WHAT IS THE MOST IMPORTANT PRIORITY FOR NEMCMHA TO ADDRESS OVER THE NEXT 12 MONTHS?

C. IN WHAT WAYS SHOULD THE BOARD’S ROLE BE EXPANDED OR REDUCED?

D. WHAT WERE ONE OR TWO SUCCESSES DURING THE PAST YEAR FOR WHICH THE BOARD TAKES SOME SATISFACTION?

E. WHAT OPPORTUNITIES FOR IMPROVEMENT DO YOU SEE IN THE BOARD’S ORGANIZATION OR PERFORMANCE?

F. HOW DOES THIS BOARD COMPARE TO OTHER BOARDS ON WHICH YOU SERVE?

OTHER COMMENTS:

SEPTEMBER AGENDA ITEMS

Policy Review

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

Policy Review & Self-Evaluation

02-006 Board Committee Structure
03-005 Executive Director Search Process

Monitoring Reports

01-004 Budgeting

Review

Annual Planning Cycle – Set Perpetual Calendar
Linkage

Self-Evaluation

Finalize Annual Self-Evaluation

Educational Session

Behavioral Health Home