

**NORTHEAST  
MICHIGAN  
COMMUNITY  
MENTAL HEALTH  
AUTHORITY**



*NeMCMHA Board Meeting  
Thursday, December 14 at 3:00 p.m.*

Board meetings are held in the Board Room at 400 Johnson Street in Alpena.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD**

**BOARD MEETING**

**December 14, 2023 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. Appointment of Evaluator**
- V. Acknowledgement of Conflict of Interest**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes ..... (Pages 1 – 4)**
- VIII. Educational Session – Rehmann Staff Survey Presentation.....(Verbal)**
- IX. Consent Agenda..... (Page 5)**
  - 1. Amanda’s Payroll Service
- X. Consent Agenda: NEMROC..... (Page 6)**
- XI. December Monitoring Reports**
  - 1. Budgeting 01-004..... (Page 7)
  - 2. Ends 04-001 ..... (Pages 8 – 10)
  - 3. Grants or Contracts 01-011..... (Pages 11 – 12)
- XII. Board Policy Review and Self-Evaluation**
  - 1. Grants or Contracts 01-011 .....[Review] ..... (Pages 13 – 14)
  - 2. Board Member Recognition 02-011.....[Review & Self-Evaluation] ..... (Page 15)
  - 3. Board Member Orientation 02-015.....[Review & Self-Evaluation] ..... (Pages 16 – 17)
- XIII. Linkage Reports**
  - 1. Advisory Council – December 11.....(Verbal)
- XIV. Operations Report ..... (Page 18)**
- XV. Board Chair’s Report**
  - 1. NMRE Board Appointment.....(Verbal)
  - 2. Review Bylaws ..... (Pages 19 – 30)
- XVI. Executive Director’s Report .....(Verbal)**
- XVII. Information and/or Comments from the Public**
- XVIII. Information and/or Comments for the Good of the Organization**
- XIX. Next Meeting – Thursday, January 11 at 3:00 p.m.**
  - 1. Set January Agenda .....(Page 31)
- XX. Meeting Evaluation .....(Verbal)**
- XXI. Adjournment**

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

**Northeast Michigan Community Mental Health Authority (NeMCMHA)  
Board Meeting – November 9, 2023**

**I. Call to Order**

Chair Eric Lawson called the meeting to order in the Board Room at approximately 3:05 p.m.

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

Present: Les Buza, Bonnie Cornelius, Charlotte Helman, Judy Jones, Eric Lawson, Lloyd Peltier, Patricia Przeslawski, Terry Small

Absent: Bob Adrian, Lynnette Grzeskowiak (Excused), Terry Larson, Gary Nowak

Staff & Guests: Lisa Anderson, Connie Cadarette, Mary Crittenden, Erin Fletcher, Abbey Podbielski, Nena Sork, Jen Walburn

**III. Pledge of Allegiance**

Attendees recited the Pledge of Allegiance as a group.

**IV. Appointment of Evaluator**

Charlotte Helman 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**

There were no comments from the public.

**VII. Approval of Minutes**

*Moved by Les Buza, supported by Terry Small, to approve the minutes of the October 12, 2023 Board meeting.* Motion carried.

**VIII. Educational Session – Annual Compliance Report and Training**

Jen Walburn presented the Board with their annual compliance report and training. She reviewed the seven elements of compliance, the code of conduct, administration of the program, training, communication, monitoring and auditing, discipline, and investigations. The Board's responsibilities include reviewing and approving the Compliance Plan and annual report. They have the highest oversight and must comply with the plan. Jen reviewed HIPAA laws and regulations the Agency must comply with. Individuals' information is only given on a need-to-know basis within the Agency. Compliance is prevention, detection, collaboration, and enforcement. The privacy of individuals served by the Agency is of utmost importance. Board members received the NeMCMHA Compliance Plan as a handout. Jen next presented the annual compliance report for the Agency. A list of all audits and reviews for the past year were included. MDHHS will be coming in two weeks to review the Agency's corrective action plan from their review earlier in the year.

**IX. Consent Agenda**

Since Bob Adrian was not in attendance at the meeting the NEMROC Consent Agenda item was added back to the regular Consent Agenda with MRS by Board consensus.

*Moved by Lloyd Peltier, supported by Terry Small, to approve the November Consent Agenda.*

Roll Call: Ayes: Les Buza, Bonnie Cornelius, Charlotte Helman, Judy Jones, Eric Lawson, Lloyd Peltier, Patricia Przeslawski; Nays: None; Absent: Robert Adrian, Lynnette Grzeskowiak, Terry Larson, Gary Nowak. Abstain: Terry Small. Motion carried.

**X. Delta Dental**

Eric spoke with Nena Sork regarding this change as it came up between Board meetings and needed to be addressed quickly as the Agency's open enrollment happens in November. Eric spoke with Board members to get their opinions, and he felt it wouldn't be an issue to make the change. Nena said they were forced to go in this direction because many dentists in the region stopped accepting the Agency's currently provided dental insurance. Delta Dental has a large network of providers in the area that accept their insurance.

*Moved by Patricia Przeslawski, supported by Bonnie Cornelius, to approve signing the Delta Dental Contract.* Roll Call: Ayes: Les Buza, Bonnie Cornelius, Charlotte Helman, Judy Jones, Eric Lawson, Lloyd Peltier, Patricia Przeslawski, Terry Small; Nays: None; Absent: Robert Adrian, Lynnette Grzeskowiak, Terry Larson, Gary Nowak. Motion carried.

**XI. November Monitoring Reports**

**1. Budgeting 01-004 & 2. Financial Condition 01-005**

Connie reviewed the Statement of Revenue and Expense and Change in Net Position for the month ending September 30, 2023, with 100% of the year elapsed. Numbers may still change a little bit, but not significantly. The budget is overspent, but overspending was the goal. A total of \$421,188 will be kept in local funds. Medicaid was overspent and Healthy MI was underspent, which came to a total overspent amount of \$2.9 million. This has been reported to the NMRE. All Boards have reported and it looks like the NMRE will be even at the end of the year. General Funds are underspent \$301,000. The current net position shows 34 days of cash. Connie said they won't see a final year-end report until after the audit, which will occur in early 2024.

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

Pat and Judy Jones reported the recent Recipient Rights meeting was really good and Ruth Hewett completed some State reports. Pat said Ruth was very timely, as always, with getting everything completed. Judy said Ruth is very thorough and always right on the ball.

*Moved by Lloyd Peltier, supported by Charlotte Helman, to approve the November monitoring reports.* Motion carried.

**XII. Board Policies Review and Self-Evaluation**

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

There were no comments or questions on this policy.

**2. Staff Treatment 01-003**

Nena said there hasn't been any discussion of changing the details of "arrest records without conviction." Eric questioned if it should be revised due to changing times and wanting to protect the Agency from harm.

**XIII. Linkage Reports**

**1. NMRE Board Meeting – October 25**

Nena and Eric attended the Board meeting, and Eric reported Eric Kurtz is still spending a lot of time working with Northern Lakes CMHA. Nena reported the NMRE's finances are in good shape. They are projecting having to send between \$2-4 million back to the State.

**2. CMHA Fall Board Conference Report**

Lloyd reported the conference was phenomenal and he was blown away by how efficiently the conference was run and the information they put out. He said the classes offered a lot information and were presented in an easy to understand manner. Pat and Charlotte are the only current Board members who have not yet attended a conference.

**XIV. CMHA Dues**

The Board discussed the FY23/24 CMHA Membership dues and approved paying the invoice.

*Moved by Terry Small, supported by Lloyd Peltier, to approve paying the FY23/FY24 CMHA Membership Dues.* Roll Call: Ayes: Les Buza, Bonnie Cornelius, Charlotte Helman, Judy Jones, Eric Lawson, Lloyd Peltier, Patricia Przeslawski, Terry Small; Nays: None; Absent: Robert Adrian, Lynnette Grzeskowiak, Terry Larson, Gary Nowak. Motion carried.

**XV. Operations Report**

Mary Crittenden reported on operations for October 2023. She highlighted the Outpatient Counseling as she will be stepping in to help supervise them starting next week. They served 92 individuals in October – 24 children and 68 adults. Residential services served 52 individuals in Agency group homes – 31 for I/DD and

26 for MI. For the month of October, 1,030 individuals were served.

**XVI. Nominations Committee Report**

The committee met prior to the Board meeting. Pat reported they reviewed the letters to the county commissioners and felt they were sufficient. The Board will review officers in the Spring.

**XVII. Board Chair's Report**

**1. Strategic Plan**

Board members received the official FY24 Strategic Plan as a handout. Eric suggested Board members keep the document readily available and review it from time to time to keep their goals in mind.

**2. Electronic Board Packets**

Board members were provided forms to select whether they would like to continue receiving a paper Board packet or if they would like to receive an electronic packet. Nena will check with Au Sable Valley CMHA to see how they handle their electronic Board packets/tablets. During the transition period, Board members electing to receive an electronic packet will have a paper packet available for them at meetings.

Les Buza left the meeting at 4:06 p.m.

**XVIII. Executive Director's Report**

Nena provided a report on her activities for the last month. She attended the NMRE Ops meeting during which they discussed the AFC provider issues that were uncovered. Chip Johnston presented a training on the Red Book, which details the history of the CMH system in Michigan among many other valuable documents. Management Team and other supervisory staff attended the meeting. Dr. Hoffman, Medical Director, attended and learned a lot. Nena has continued Union negotiations throughout the month and they are almost finished with the Professional and Paraprofessional contracts. The Engagement Team is working with Rehmann to plan the rollout of results to staff. Rehmann will present to the Board next month. Nena met with the Alcona County Commissioners and they were complimentary of the Agency and the services provided. The Rural and Frontier Caucus continues to move along and they are all working on assignments.

Eric Kurtz sent an email to MDHHS regarding the recently uncovered problem with AFC provider cost of care payments. They have not heard anything back at this time. In the email, Eric offered suggestions of how to unravel the problem, but the solutions all require time and permissions. To move forward with correcting the issue, the Agency will need investors to take on leases. Nena asked that the Board go into a Closed Session to discuss these contracts. She read from the Mental Health Code statute on allowable reasons to go into closed session, including, "to consider the purchase or lease of real property." Nena asked that Connie and Mary remain for the Closed Session as they would be sharing pertinent information.

***Moved by Terry Small, supported by Charlotte Helman, to take the Board into Closed Session with staff members Connie Cadarette and Mary Crittenden present.*** Roll Call: Ayes: Bonnie Cornelius, Charlotte Helman, Judy Jones, Eric Lawson, Lloyd Peltier, Patricia Przeslawski, Terry Small; Nays: None; Absent: Robert Adrian, Les Buza, Lynnette Grzeskowiak, Terry Larson, Gary Nowak. Motion carried.

The Board entered Closed Session at 4:15 p.m.

The Board came out of Closed Session at 4:46 p.m.

***Moved by Terry Small, supported by Patricia Przeslawski, to authorize the Executive Director to move forward with the items discussed in Closed Session.*** Roll Call: Ayes: Bonnie Cornelius, Charlotte Helman, Judy Jones, Eric Lawson, Lloyd Peltier, Patricia Przeslawski, Terry Small; Nays: None; Absent: Robert Adrian, Les Buza, Lynnette Grzeskowiak, Terry Larson, Gary Nowak. Motion carried.

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

None were presented.

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

None were presented.

**XXI. Next Meeting**

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

**1. December Agenda Items**

The proposed December agenda items were reviewed.

**XXII. Meeting Evaluation**

Charlotte, utilizing the old form, stated the meeting started a little late, but for understandable reasons. Board members absolutely came away with increased understanding thanks to the compliance report and training. Charlotte commended Nena for addressing the Medicaid waste issue head on. Charlotte has been to a lot of medical conferences over her career, and she has never heard such a good response to one as Lloyd provided. She thanked Carolyn Bruning for stepping in to help with the meeting.

**XXIII. Adjournment**

*Moved by Lloyd Peltier, supported by Terry Small, to adjourn the meeting.* Motion carried. This meeting adjourned at 4:52 p.m.

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Bonnie Cornelius, Secretary

Rebekah Duhaime  
Meeting Recorded for Later Transcription

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Eric Lawson, Chair

# NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

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## INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** Consent Agenda  
**DATE:** December 1, 2023

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### A. **Amanda's Payroll Service**

The Agency is in need of another Financial Management Services (FMS) Provider to serve the individuals who are a part of the Self-Determination Program. Amanda's Payroll Service would enter into a contract to provide FMS under the fee schedule noted below:

**Fiscal Intermediary Contract Setup Fee:** \$189.75 per enrollment

**Duties on Behalf of the Employer:** \$189.75 per month

**Closeout Fees:** \$189.75 per closeout

**Duties on Behalf of the Employer without Payroll:** \$92.00 per month

**Seasonal Work:** \$0.00 per month

**Initial Background/Reference Check:** \$50.00 per employee

**Advanced Background/Reference Check:** \$65.00 per employee

**Subsequent Renewal of Background Check:** 25.00 per employee

We recommend approval.

# NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

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## INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** Consent Agenda - NEMROC  
**DATE:** December 1, 2023

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### A. NEMROC

NEMROC provides Supported Employment Services to individuals served under our contract. One goal of the contract with NEMROC is for the Job Coach to fade the supports they provide, and for the individual to complete the job independently or with natural supports within their workplace. In doing this, we would amend the contract to provide incentive and compensation for fading.

Service	Code	Acuity	Acuity Rate	Percentage of Job Coaching
Supported Employment – Job Coaching	H2025	Low Acuity	\$12.38 per unit	1-75%
Supported Employment – Job Coaching	H2025	Medium Acuity	\$13.81 per unit	1-75%
Supported Employment – Job Coaching	H2025	High Acuity	\$15.27 per unit	1-75%

We recommend approval.

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the First Month Ending October 31, 2023**  
8.33% of year elapsed

	Actual <span style="color: blue;">October</span> Year to Date	Budget October Year to Date	Variance October Year to Date	Budget FY24	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	12,947.64	18,349.33	\$ (5,402)	220,192.00	5.9%
2 Grants from Local Units	22,219.83	22,219.83	-	266,638.00	8.3%
3 NMRE Incentive Revenue	0.00	25,000.00	(25,000)	300,000.00	0.0%
4 Interest Income	0.00	416.67	(417)	5,000.00	0.0%
5 Medicaid Revenue	2,459,519.43	2,606,634.08	(147,115)	31,279,609.00	7.9%
6 General Fund Revenue	107,170.00	100,232.25	6,938	1,202,787.00	8.9%
7 Healthy Michigan Revenue	134,879.19	209,017.99	(74,139)	2,508,216.00	5.4%
8 Contract Revenue Blue Horizons	35,630.11	39,151.42	(3,521)	469,817.00	7.6%
9 3rd Party Revenue	46,231.83	43,842.58	2,389	526,111.00	8.8%
10 Behavior Health Home Revenue	19,303.35	16,358.33	2,945	196,300.00	9.8%
11 Food Stamp Revenue	7,921.90	8,679.92	(758)	104,159.00	7.6%
12 SSI/SSA Revenue	46,237.50	48,293.25	(2,056)	579,519.00	8.0%
13 Revenue Fiduciary	25,175.00	0.00	25,175	0.00	0.0%
14 Other Revenue	4,018.30	4,371.08	(353)	52,453.00	7.7%
15 <b>Total Revenue</b>	<b>2,921,254</b>	<b>3,142,567</b>	<b>(221,313)</b>	<b>37,710,801</b>	<b>7.7%</b>
<b>Expense</b>					
16 Salaries	1,286,307.46	1,280,599.25	(5,708)	15,367,191.00	8.4%
17 Social Security Tax	54,060.32	56,674.58	2,614	680,095.00	7.9%
18 Self Insured Benefits	182,116.30	222,362.59	40,246	2,668,351.00	6.8%
19 Life and Disability Insurances	20,941.02	20,883.30	(58)	250,600.00	8.4%
20 Pension	118,020.15	107,567.99	(10,452)	1,290,816.00	9.1%
21 Unemployment & Workers Comp.	11,615.67	9,925.93	(1,690)	119,111.00	9.8%
22 Office Supplies & Postage	1,994.06	4,034.07	2,040	48,409.00	4.1%
23 Staff Recruiting & Development	15,341.49	15,373.44	32	184,481.00	8.3%
24 Community Relations/Education	3,639.42	4,759.91	1,120	57,119.00	6.4%
25 Employee Relations/Wellness	18,715.76	15,900.00	(2,816)	190,800.00	9.8%
26 Program Supplies	46,625.13	44,651.65	(1,973)	535,820.00	8.7%
27 Contract Inpatient	117,742.00	158,943.42	41,201	1,907,321.00	6.2%
28 Contract Transportation	1,935.42	3,735.58	1,800	44,827.00	4.3%
29 Contract Residential	313,442.59	397,904.33	84,462	4,774,852.00	6.6%
30 Local Match Drawdown NMRE	0.00	8,214.00	8,214	98,568.00	0.0%
31 Contract Employees & Services	500,752.07	577,209.74	76,458	6,926,517.00	7.2%
32 Telephone & Connectivity	18,609.50	25,649.66	7,040	307,796.00	6.0%
33 Staff Meals & Lodging	777.05	2,007.77	1,231	24,093.00	3.2%
34 Mileage and Gasoline	34,954.73	31,361.13	(3,594)	376,334.00	9.3%
35 Board Travel/Education	834.65	1,138.67	304	13,664.00	6.1%
36 Professional Fees	2,762.33	6,313.16	3,551	75,758.00	3.6%
37 Property & Liability Insurance	11,909.11	7,343.25	(4,566)	88,119.00	13.5%
38 Utilities	12,333.24	15,821.42	3,488	189,857.00	6.5%
39 Maintenance	16,168.56	20,795.82	4,627	249,550.00	6.5%
40 Interest Expense Leased Assets	1,889.47	1,631.66	(258)	19,580.00	9.7%
41 Rent	1,046.20	1,444.42	398	17,333.00	6.0%
42 Food	13,032.06	13,703.76	672	164,445.00	7.9%
43 Capital Equipment	2,419.76	2,137.03	(283)	25,644.00	9.4%
44 Client Equipment	4,965.53	1,010.42	(3,955)	12,125.00	41.0%
45 Fiduciary Expense	32,028.81	0.00		0.00	
46 Miscellaneous Expense	511.95	10,578.75	10,067	126,945.00	0.4%
47 Depreciation & Amortization Expense	71,450.04	71,889.99	440	862,680.00	8.3%
48 MI Loan Repayment Program	0.00	1,000.00		12,000.00	
49 <b>Total Expense</b>	<b>2,918,942</b>	<b>3,142,567</b>	<b>254,654</b>	<b>37,710,801</b>	<b>7.7%</b>
50 <b>Change in Net Position</b>	<b>\$ 2,312</b>	<b>\$ 0</b>	<b>\$ 2,312</b>	<b>\$ -</b>	<b>0.0%</b>
51 Contract settlement items included above:					
52 Medicaid Funds (Over) / Under Spent	\$ 339,791				
53 Healthy Michigan Funds (Over) / Under Spent	26,971				
54 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ 366,762</b>				
55 General Funds to Carry Forward to FY24	\$ -				
56 General Funds Lapsing to MDHHS	(6,938)				
57 <b>General Funds (Over) / Under Spent</b>	<b>\$ (6,938)</b>				

FY24 GF Carryforward from FY23 60,139

**POLICY CATEGORY:** Ends  
**POLICY TITLE AND NUMBER:** Board Ends Statement, Policy # 04-001  
**REPORT FREQUENCY & DUE DATE:** Semi-annual: December 2023  
**POLICY STATEMENT:**

**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.

***Status:** Of the individuals served in Children's Services, 30% are receiving home-based services.*

**B.** 95% of home-based services will be provided in a home or community setting.

***Status:** 89% of home-based services are currently provided in a home, community, or school setting.*

**Sub-Ends: 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.

***Status:** SIP is currently working with an individual in the Onaway area.*

**B.** Development of additional supported independent services for two individuals currently living in a dependent setting.

***Status:** No additional supported services have been developed at this time.*

**C.** Individual competitive integrated employment for persons with an intellectual/developmental disability will increase by 7%.

***Status:** As of November 30, 2023, sixty-nine (69) individuals were employed. This is an increase of 5% since October 1, 2023.*

**D.** Individual Placement and Support (IPS) employment services will successfully close 20 individuals with a SPMI diagnosis who have maintained competitive integrated employment.

***Status:** During the months of October and November 2023, one (1) person maintained employment and was closed successfully.*

**Sub-Ends: Services to Adults with Co-Occurring Disorders**

3. Adults with co-occurring disorders will realize significant improvement in their condition.

A. 35% of eligible Behavioral Health Home (BHH) individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues will be enrolled in BHH.

***Status:** 53% of eligible individuals served with two or more of the listed chronic conditions are enrolled in BHH.*

B. 100% of individuals served enrolled in BHH will see their primary care provider annually.

***Status:** 95% of individuals enrolled in BHH see their primary care provider annually.*

C. 100% of individuals served enrolled in BHH will have a base line A1C.

***Status:** 98% of individuals enrolled in BHH have a base line A1C.*

**Sub-Ends: 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 below).

***Status:** As of September 30, 2023 Agency-wide expenses exceed Agency-wide revenues by \$2,982,049.*

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 in advance by the Board and the PIHP.

***Status:** As of September 30, 2023, Medicaid funds were overspent by \$3,601,933 and Healthy Michigan funds were underspent by \$619,884. This produced a net amount due from the NMRE of \$2,982,049. These amounts are based upon actual funds received and actual expenses incurred. This amount due from the NMRE is a piece of the \$16,500,000 of Medicaid and Healthy Michigan Benefit Stabilization amounts approved for spending by the NMRE for fiscal year 2023 in addition to our regular monthly capitation payments.*

*The Board of Directors are kept apprised of the Agency’s financial situation on a monthly basis, including the status of over and underspending of Medicaid and Healthy Michigan funds. All financial status reports provided to the Board have been approved by the Board for the respective time periods. The NMRE is kept apprised of the Agency’s managed care spending on a monthly basis and have clearly communicated the Agency limit spending to approved per member per month and carryforward net amounts.*

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.

**Status:** *As of September 30, 2023, General Funds were underspent by \$301,086. Of this amount, \$57,384 will be allowed to be carried forward to FY24 and \$243,702 would be owed back to the state.*

*General Funds are used to cover costs and services not covered by another source. Medicaid spenddowns typically paid out of General Funds have not been required due to COVID-19.*

*The Board of Directors are kept apprised of the Agency's financial situation on a monthly basis, including the status of over and underspending of General Funds. All financial status reports provided to the Board have been approved by the Board for the respective time periods.*

### **Sub-Ends: 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.

**Status:** *The Agency hosted trainings open to all staff and community members on the following topics between June 2023 and November 2023: Assessment & Treatment of OCD & Hoarding Disorder, LGBTQ+ A Colorful History, Fetal Alcohol Spectrum Disorders: What We All Need to Know, and Understanding and Treating Eating Disorders. The Agency continues to provide trainings for staff and contract providers on: CPR/First Aid, Nonviolent Crisis Intervention, Medications, and Gentle Teaching.*

*Staff are in the beginning stages of planning the Second Annual Mental Health Movement 5K Run/Walk, which brings awareness to mental health and acts as a fundraiser for a local non-profit agency that affects the Agency's individuals served.*

**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.

**Status:**

*The Agency has contracted with two new trainers who are able to provide additional training opportunities for staff and community members. One or both new trainers have attended "train the trainer" sessions for ASIST, CPR, and mental health first aid. The Agency continues to contract with Partners in Prevention to provide many community education components of this End. Partners in Prevention provides trainings which include, trauma, ASIST, SafeTALK, and mental health first aid for youth and adults.*

**C.** Support community advocacy.

**Status:** *The Agency is continuing its support of the newly restarted local NAMI group. The Agency has provided financial support to get the basic needs of the group met so they could hit the ground running.*

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

<b>POLICY CATEGORY:</b>	EXECUTIVE LIMITATIONS
<b>POLICY TITLE AND NUMBER:</b>	GRANTS OR CONTRACTS, 01-011
<b>REPORT FREQUENCY AND DUE DATE:</b>	ANNUAL, DECEMBER 2023

**Executive Director Report:**

Following each of the five sub-items within the policy, I will indicate my interpretation and status of each.

**Policy Statement:**

With respect to contracts and grants, the Executive Director may not enter into any grant or contract, unless it emphasizes the production of Ends and the avoidance of unacceptable means. Accordingly, he or she may not:

1. Fail to prohibit particular methods and activities to preclude grant funds or contracts from being used in imprudent, unlawful or unethical ways.
  - **Interpretation:** Contracts must include language that mandates all contractors, vendors, subcontractors, and suppliers of goods adhere to all applicable laws, ordinances, and regulations when providing services. Contractors must agree to provide service in an ethical manner.
  - **Status:** All service contracts contain language that require contractors to adhere to all applicable local, state, and federal laws, ordinances, and regulations when providing services. Contractors continue to be held to training requirements and Recipient Rights compliance.
  
2. Fail to assess and consider an applicant’s capability to produce appropriately targeted efficient results.
  - **Interpretation:** Contracts must include language indicating expected outcomes and evaluation of services provided by contractors, vendors, and subcontractors.
  - **Status:** Service Contracts contain language indicating what the measurable expected outcomes of the services are. Contracts require authorization and mandate adherence to the measurable goals identified in the Individualized Plan of Service (IPOS). Contracts are evaluated at least annually.

One of the Agency’s major provider of services is NEMROC. Monthly meetings occur to address service outcomes and problem solve any areas of concern. Other contractors are routinely evaluated via the Recipient Rights Office, regular meetings with providers, and contract site visit evaluations.
  
3. Enter into any contract for services without approval from the Board, except for contracts for residential services and professional clinical services. In unusual circumstances, when a contract requires execution prior to the next regular meeting of the Board, the Executive Director may approve such contracts when the total cost of the contract does not exceed \$25,000.
  - **Interpretation:** The Board will approve all service contracts, excluding those pertaining to residential services or professional clinical services.
  - **Status:** All contracts (excluding residential and professional clinical) are submitted to the Board on a regular basis for review and approval. Routine contracts are included on the Board’s Consent Agenda. Contracts requiring more detailed discussion and consideration are handled as separate agenda items.
  
4. Fail to maintain financial obligations for contracts on a fiscal year basis.
  - **Interpretation:** The contract term shall follow the fiscal year calendar.
  - **Status:** Contracts that require payment from the Agency are written on a fiscal year basis. Occasionally, multi-year contracts are used (e.g., MDHHS), but language limits financial obligations to fiscal year periods.

## NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

5. Fail to determine to the best of their ability that all contractors, vendors, subcontractors, and suppliers of goods shall prohibit discrimination based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, or physical or mental handicap.
  - **Interpretation:** All contracts must include language that prohibits discrimination based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, or physical or mental handicap.
  - **Status:** All contracts contain language that prohibits discrimination based upon all the above-mentioned areas.
  
6. For contracts over \$25,000 needing execution prior to the next regularly scheduled meeting of the Board, the Executive Director will notify the Board Chair who will request the Executive Committee review the contract and take action. The Board will be notified at the next Board meeting of the recommendations and outcome of the Executive Committee.
  - **Interpretation:** Any urgent contracts over \$25,000 needing approval prior to the regularly scheduled Board meeting will get approval from the Board Chair and the Executive Committee.
  - **Status:** With the use of EGrAMS for contracts from the State, the Executive Director notifies the Board Chair when EGrAMS authorizations come through. Notification to the full Board is provided at their next regularly scheduled meeting.
  
7. The Executive Director will notify the Board, at the next regular Board meeting, when there is an application executed by the Agency for available grants, which enhance the lives of the people we serve and/or assist in the day-to-day operations of the Agency. Grant funds will be included in the budget and presented to the Board for approval at the next regularly scheduled Board meeting.
  - **Interpretation:** The Board will be notified of all grant applications completed by the Agency.
  - **Status:** Grant application notices are included on the Consent Agenda as they are applied for, and if the grant is awarded, the dollars for the grant are incorporated into the budget or budget amendment.

### Summary:

I believe we are in substantial compliance with the Board's Grants or Contracts Policy. The Agency makes efforts to stay in contact with the contractors throughout the fiscal year.

Contract monitoring reciprocity continues. The Agency can ask another CMH who has completed a site visit at a location we have someone living for their review of the site to determine compliance. This monitoring reciprocity was utilized with many of the out of catchment area residential homes. We, in turn, share our site visit information with other CMHs. This reduces the number of duplicate reviews the homes are involved with and allows less intrusion into the person's home.

QI staff continue to complete provisional Home and Community Based Services (HCBS) surveys on all new providers who deliver adult foster care, community living supports, and supported employment services. This ensures providers are prepared to meet HCBS guidelines.

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**EXECUTIVE LIMITATIONS**

(Manual Section)

**GRANTS OR CONTRACTS**

(Subject)

Board Approval of **Policy**  
Last Revision Approved by the Board:

August 8, 2002  
December 9, 2021

**•1 POLICY:**

The Executive Director may not enter into any grant or contract, unless it emphasizes the production of Ends and the avoidance of unacceptable means.

Accordingly, he or she may not:

- Fail to prohibit particular methods and activities to preclude grant funds or contracts from being used in imprudent, unlawful or unethical ways.
- Fail to assess and consider an applicant's capability to produce appropriately targeted efficient results.

The Executive Director may execute the EGrAMS authorizations for the contracts through the State of Michigan for such agreements as the General Funds contract, PASSAR Agreements, and other grants initiated by the Michigan Department of Health and Human Services. The Executive Director shall contact the Board Chair and provide notification to the Board at their next regularly scheduled meeting.

In addition, for **CONTRACTS:**

- Enter into any contract for services without approval from the Board except for contracts for residential services and professional clinical services. In unusual circumstances, when a contract requires execution prior to the next regular meeting of the board, the Executive Director may approve such contracts when the total cost of the contract does not exceed \$25,000.
- Fail to maintain financial obligations for contracts on a fiscal year basis.
- Fail to determine to the best of his/her ability that all contractors, vendors, subcontractors and suppliers of goods shall prohibit discrimination based on religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation, record of arrest without conviction, physical or mental handicap.
- For contracts over \$25,000 needing execution prior to the next regularly scheduled meeting of the Board, the Executive Director will request the

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

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Executive Committee to review the contract and take action. The Board will be notified at the next Board meeting of the recommendations and outcome of the Executive Committee.

In addition, for **GRANTS**:

- The Executive Director will notify the Board, at the next regular Board meeting, when there is an application executed by the Agency for available grants, which enhance the lives of the people we serve and/or assist in the day-to-day operations of the Agency. Grant funds will be included in the budget and presented to the Board for approval at the next regularly scheduled Board meeting.

●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 MEMBER RECOGNITION**

(Subject)

Board Approval of Policy  
Board Revision of Policy

August 8, 2002  
December 12, 2019

●1 **POLICY:**

The Board may recognize its members for extended tenure or upon termination or retirement, either upon completion of full terms or partial terms of office. Such recognition may take any form deemed appropriate by the Board. The Board may include such recognition for service within the Board meeting minutes.

The following schedule shall provide guidance concerning frequency and nature of awards to Board members:

**Award Schedule**

At 5 years	A framed Certificate of Appreciation signed by the current Board Chair and Executive Director
At 10 years	A Certificate of Appreciation signed by the current Board Chair and Executive Director
At 15 years	A Certificate of Appreciation signed by the current Board Chair and Executive Director
At 20 years and each 5 years thereafter	An appropriate gift (as determined by the Executive Director in consult with the Board Chair)
Upon retirement from Service at any other time	A Letter of Appreciation from the Board and if possible a Certificate of Appreciation from the Department of Health and Human Services

These acknowledgements shall be presented at the March Board meeting.

●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 MEMBER ORIENTATION**

(Subject)

Board Approval of **Policy**

April 14, 2005

Last Revision to Policy Approved:

December 8, 2022

●1 **POLICY:**

The Board will provide an orientation for new Board members as well as regular updates for all Board members. This orientation program will include information addressing the areas noted below. Primary responsibility for delivery of each section is also noted:

- Community Mental Health History (General perspective: CMHA Boardworks 2.0 module: “Foundations – Public Policy;” Northeast perspective: Executive Committee/Executive Director)
- Community Mental Health Mission and Priorities (General perspective: CMHA Boardworks 2.0 module: “Foundations: Intended Beneficiary Ownership,” “Foundations – Ensuring a Consumer Focus,” and “Foundations – Intended Beneficiary Command;” Northeast perspective: Executive Committee/Executive Director)
- Michigan’s Mental Health Code (General perspective: CMHA Boardworks 2.0 module “Leadership: Legal;” Northeast perspective: Executive Director)
- Policy Governance (primarily Executive Committee with elements from CMHA Boardworks 2.0 modules: “Leadership: Participatory Governance and Ethical Implications”)
- Organizational structure of Northeast Michigan Community Mental Health Authority (General perspective: CMHA Boardworks 2.0 modules: “Implementation: Best Practices;” Northeast perspective: Executive Director)
- Services offered by Agency (Executive Director, service Directorssupervisors, Boardworks 2.0 modules: “Management: Systems”)
- Basics of mental healthcare financing and managed care (General perspective: CMHA Boardworks 2.0 modules: “Management – Current and Future Funding for CMHSPs and PHIPs;” Northeast perspective: Executive Director, Finance Officer, and Accounting Officer)
- The Board’s relationships with the Counties, Department of Health and Human Services, the PIHP, the Board Association, and other local agencies (Executive Committee/Executive Director; CMHA Boardworks 2.0 modules: “Leadership: Legal”)

For newly appointed board members, those portions of the orientation program that are to be delivered by members of the Executive Committee, other members of the Board or the Executive Director shall be delivered within the first 90 days of the members' terms. New Board members will be encouraged to complete the Community Mental Health Association of Michigan's Boardworks 2.0 Training program within one year.

The Executive Committee shall assure that at least one Board member is both knowledgeable in the area of policy governance and is willing and able to train other board members in its principles.

For each of the other curriculum areas, the Executive Director, with the support of the Board, will assure that orientation material is developed, available in appropriate media and kept current.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board members

●3 **DEFINITIONS:**

●4 **REFERENCES:**

On Board Leadership, Carver, John, Jossey – Bass, 2002

The Policy Governance Fieldbook, Oliver, Carolyn, Jossey – Bass, 1999

“John Carver on Board Governance” A Video Presentation

CMHA Resource Manual

Mental Health Code, Michigan PA 258 of 1976

Plan of Service, NeMCMHA

●5 **FORMS AND EXHIBITS:**

	Program	Consumers served November 2023 (11/1/22 - 11/30/22)	Consumers served in the Past Year (12/1/22 - 11/30/23)	Running Monthly Average(year) (12/01/22-11/30/23)
1	Access	49	713	59
	Routine	0	4	0
	Emergent	0	8	1
	Urgent	36	509	42
	Crisis	52	661	54
	Prescreens			
2	Doctors' Services	507	1472	527
3	Case Management			
	Older Adult (OAS)	85	233	103
	MI Adult	57	117	54
	MI ACT	26	87	39
	Home Based Children	29	63	26
	MI Children's Services	76	275	71
	IDD	143	502	158
4	Outpatient Counseling	90(18/72)	190	86
5	Hospital Prescreens	52	661	54
6	Private Hospital Admissions	15	228	18
7	State Hospital Admissions	1	4	0
8	Employment Services			
	IDD	58	91	60
	MI	8	75	23
	Touchstone Clubhouse	89	105	89
9	Peer Support	47	72	43
10	Community Living Support Services			
	IDD	83	159	84
	MI	71	103	65
11	CMH Operated Residential Services			
	IDD Only	53	66	54
12	Other Contracted Resid. Services			
	IDD	32	34	33
	MI	27	32	29
13	Total Unduplicated Served	1018	2415	1068

County	Unduplicated Consumers Served Since December 2022
Alcona	264
Alpena	1431
Montmorency	288
Presque Isle	348
Other	66
No County Listed	18

# **NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

## **BYLAWS**

### **PREAMBLE**<sup>[DH1]</sup>

Recognizing the responsibility of the Alcona, Alpena, Montmorency, and Presque Isle County Boards of Commissioners to provide suitable mental health services to the above named counties, the boards of commissioners have duly appointed a Community Mental Health Board as a Mental Health Authority according to Public Act 258, 1974, as amended.

Recognizing further the responsibility of this Authority in upholding the best interests of the citizens through concerted effort in providing and maintaining mental health services in accordance with Public Act 258, 1974, as amended, the Northeast Michigan Community Mental Health Authority hereby organizes in conformity with bylaws and regulations herein-stated.

For the purpose of these bylaws, whenever the term "Authority" shall appear, it shall be interpreted to mean the Northeast Michigan Community Mental Health Authority, who shall have authority in the government of the county mental health services for the above-mentioned counties. Whenever the term "Board" shall appear, it shall be interpreted to mean the Board of Directors of the Northeast Michigan Community Mental Health Authority. Whenever the term "Department" is used, it shall be interpreted to mean the Michigan Department of Health and Human Services.

### **ARTICLE I - NAME**

The name of this Board shall be the NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY.

### **ARTICLE II - MISSION**

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

### **ARTICLE III - DUTIES**

This community mental health authority shall:

- A. Examine and evaluate the mental health needs of the counties it represents and the public and nonpublic services necessary to meet those needs.

Approved by the Northeast Board – March 10, 1994

Last revision approved by the Northeast Board – February 11, 2021

- B. Review and approve an annual plan and budget for the program. (The format and documentation of the annual plan and budget shall be as specified by the Department.)
- C. Provide and advertise a public hearing on the annual plan and budget.
- D. Submit to each board of commissioners a copy of the Board's needs assessment, annual plan, and requests for new State funds.
- E. Take such actions as it deems necessary and appropriate to secure private, federal, and other public funds to help support the program.
- F. Approve and authorize contracts for services.
- G. Review and evaluate the quality, effectiveness, and efficiency of services being provided by the program.
- H. Appoint an Executive Director of the community mental health program who shall meet standards of training and experience as established by the Department in Administrative Rules.
- I. Establish general policy guidelines within which the Executive dDirector shall execute the program.
- J. Subject to the provisions of Chapter II of Public Act 258, 1974, as amended, the Authority may enter into contracts for purchase of mental health services with private or public agencies.

Contracts may be entered into with any facility or entity of the Michigan Department of Health and Human Services with the approval of the Michigan Department of Health and Human Services.

## **ARTICLE IV- MEMBERSHIP**

### **Section 1. Appointment**

The county boards of commissioners of the counties involved, being Alcona, Alpena, Montmorency, and Presque Isle, shall establish a 12-member community mental health authority Board of Directors. Each board of commissioners shall appoint the Board members from its county.

### **Section 2. Composition**

The composition of the Board shall be as specified in the Mental Health Code, section 222.

### **Section 3. Terms; Vacancies; Removal of Member**

The term of office of a Board member shall be three (3) years from April 1 of the year of appointment. Vacancies shall be filled for unexpired terms in the same manner as original appointments. Board members are encouraged to attend all Board meetings. If a Board member misses two consecutive meetings without advance notice to the Board Chairperson or his or her designee, a letter from the Board Chairperson will be sent to the Board member inquiring about the member's intent to fulfill his or her term of office. If no response is received within 30 days, a second letter will be sent with a copy to the Chairperson of the appointing County Commission. If no response is received within 30 days, a letter will be sent to the Chairperson of the appointing County Commission requesting the removal of the Board member according to the requirements of the Mental Health Code, § 224, which states in part: A Board member may be removed from office by the appointing board of commissioners for neglect of official duty or misconduct in office.

## **ARTICLE V - OFFICERS**

### **Section 1. Officers; Election; Term of Office**

The officers of this Board shall consist of a Chair, Vice-Chair, and Secretary who shall perform the duties usually pertaining to such offices or as provided by the Board. All officers shall be elected for a term of one year and shall hold office until the next regular election; such election to be held at the April meeting of each year.

The annual election of Board Members to Board Offices shall be conducted in the following manner:

- By the October Meeting prior to the April election, the Chair will recommend to the Board, subject to the approval of the Board, a "Board Officers Nominating Committee", a Special Committee of the Board which shall exist for the sole purpose of nominating candidates to fill the positions of the Board's Offices; that Committee as needed to fill Board vacancies, the Chair will appoint a "Nomination/Board Member Composition Committee," which shall consist of at least four and no more than six Board Members, preferably one from each county.

This Committee shall review the terms of all Board members with terms expiring and identify the need for individuals with lived experience or a family member of an individual with lived experience for potential appointments. The committee shall attempt to recruit or identify candidates for membership who meet the requirements of Section 222 (1) of the Mental Health Code. These recommendations shall be communicated to the county boards of commissioners as necessary by the Board's Chair or his/her designee.

- By the March meeting, that Committee shall report its recommendations to the Board for its members' consideration prior to the April election meeting.
- During the April Meeting, a slate of candidates for the Board's three offices shall be placed in nomination first by the Nomination/Board Member Composition Committee, which shall give its report at the call of the Chair.
- Election of the Board's Chair for the next year shall be the first election, and shall be conducted by the current Chair, who shall state the Nomination/Board Member Composition Committee's nomination, then ask if there are any [further] nominations from the floor; if/when none is heard after *three* such invitations, then the Chair shall declare that nominations are closed and the election may proceed.
- Balloting may be by voice, by show-of-hands or by roll call at the request of any Board member, as the Board may determine in advance or by its majority vote at any time during the election process; a majority of votes cast shall determine the outcome of the election.
- Following the election of a new Chair (and assuming the current Chair does not succeed to the office), the immediate-past-Chair shall relinquish the chair to the new Chair, who shall conduct the balance of the elections in the same manner.
- Elections then proceed in this order:  
Vice-Chair... then Secretary.
- Newly-elected officers assume their offices immediately upon elections.
- If questions of procedure arise before or during the meeting or elections, the Board shall resolve these questions via reference to its By-Laws, Policies and/or Robert's Rules.

## **Section 2. Duties**

**Chair** - The Chair shall be the presiding officer at all meetings of the Board; shall be an ex officio member of all committees; shall appoint the Chair of the standing and special committees; shall sign and execute in the name of the Board; shall call meetings of the Board; shall work with the Executive Director to create the meeting agenda; and shall perform such other duties as are required by the Board.

**Vice-Chair** - The Vice-Chair, in the event of the incapacity or absence of the Chair, shall assume the duties prescribed to the Chair. In the absence of the Chair from a meeting of the Board, the meeting shall be called to order by one of the officers of the appointed Board, designated as temporary Chair, in the following order of precedence:

Vice Chair ... then Secretary.

If the Chair does arrive, the temporary Chair shall surrender the chair to him/her.

**Secretary** - The Secretary or his/her designee shall send appropriate notices, shall act as custodian of all records and reports, and shall be responsible for the keeping and reporting of adequate records of all meetings of the Board.

### **Section 3. Additional Officers**

The Board may elect or appoint such other officers or agents as it may deem necessary for the transaction of business of the Board, and for terms to expire the same as other officers provided for in these Bylaws.

### **Section 4. Removal of an Officer**

The Board may remove an Officer for just cause by the majority of the Board (7). A member removed from office shall remain a member of the Board unless he or she is removed from the Board by the appointing board of commissioners according to Article IV, Section 3.

### **Section 5. Replacement of an Officer**

Should an Officer be unable to finish their term of office, the Board Chair will appoint a replacement for the position vacated, preferably from the same County to assure equal representation on the Executive Committee. If the appointee rejects the appointment, the Chair will appoint another Board member.

## **ARTICLE VI - MEETINGS**

### **Section 1. Regular Meetings**

The Board of Directors of Northeast Michigan Community Mental Health Authority shall hold at least twelve regular meetings annually at a time and place to be designated by the Chair of the Board. All meetings of the Board shall be open to the public and shall be held in a place available to the general public. All meetings shall be held in accord with 1976 P.A. Act 267 (the "Open Meetings Act") and 1976 P.A. 422 (the "Freedom of Information Act"). Within ten days after the April meeting of the Board in each year, the Secretary shall post a public notice stating the dates, times and places of its regular meetings.

If there is a change in the schedule of regular meetings of the Board, there shall be posted within three days after the meeting at which the change is made, a public notice stating the new dates, times, and places of its regular meetings.

Upon written request, at the same time a public notice of meeting is posted, the Secretary shall provide a copy of the public notice of that meeting to any newspaper published in the state and to any radio and television station located in the state, free of charge.

Other requirements pertaining to regular meetings of this Board contained in Public Act 267, 1976 shall be adhered to.

The agenda for regular meetings of the Board may include the following:

- Call to Order
- Roll Call and Determination of a Quorum
- Pledge of Allegiance
- Appointment of Evaluator
- Acknowledgement of Conflict of Interest
- Information and/or Comments from the Public
- Approval of Minutes
- Educational Session
- Consent Agenda
- Monitoring Reports
- Policy Review, Approval & Self-Evaluation (if any)
- Linkage Reports
- Operations Report (if any)
- Chair's Report
- Executive Director's Report
- Information and/or Comments from the Public
- Information and/or Comments for the Good of the Board
- Organization
- Next Meeting – Setting Agenda
  - Meeting Evaluation
- Adjournment

## **Section 2. Special Meetings**

Special meetings of the Board may be called by the Chair or upon written request of any three members of the Board filed with the Secretary or his/her designee. Notices of a special meeting shall be given by one of the following means or as required by the Open Meetings Act:

- a. Personal notice by telephone or otherwise to each Board member at least 24 hours before such meeting.
- b. Public notice at least eighteen hours before such meeting, stating date, time, and place.
- c. As otherwise determined by the Chair.

Each notice of a special meeting shall state the time, place, and purpose thereof.

The agenda for special meetings of the Board may include the following:

- Call to Order
- Roll Call and Determination of a Quorum
- Statement of Purpose of Meeting
- Transaction of Business According to Stated Purpose
- Adjournment

### **Section 3. Closed Meetings**

A 2/3 majority roll call vote of appointed Board members shall be required to call a closed session, for purposes stated in Section 8, Public Act 267, 1976. The roll call vote and the purpose or purposes for calling the closed meeting shall be entered into the minutes of the meeting at which the vote is taken.

### **Section 4. Meeting by Remote Communication**

A Board member may participate in a meeting by conference telephone or any similar communication equipment through which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this Section constitutes presence in person at the meeting.

### **Section 5. Minutes**

The Board shall keep minutes of each meeting showing the date, time, place, members present, members absent, any decisions made at a meeting open to the public, and the purpose or purposes for which a closed session is held. The minutes shall include all roll call votes taken at the meeting.

Minutes shall be public records open to public inspection and shall be available at the address designated on posted public notices pursuant to Section 1. Copies of the minutes shall be available to the public at a reasonable estimated cost for printing and copying.

Proposed minutes shall be available for public inspection no later than eight (8) business days after the meeting to which the minutes refer. Approved minutes shall be available for public inspection not later than five (5) business days after the meeting at which the minutes are approved by the Board.

A separate set of minutes shall be taken by the Secretary or his/her designee at the closed meeting; these minutes shall not be available to the public, and shall only be disclosed if required by a civil action filed under Section 10, 11, or 13 of Public Act 267, 1976. These minutes may be destroyed one year and one day after approval of the minutes of the regular meeting at which the closed meeting was approved.

## **Section 6. Materials to be Furnished Board Members**

Insofar as possible, all members of the Board shall be mailed a copy of the proposed agenda and copies of all material to be considered at regular Board meetings in advance of such meetings; however, any Board member or the Executive Director may place an item on the agenda by requesting the Chair to include such item or items.

Insofar as possible, all members of the Board shall be mailed copies of the agenda to be considered at special Board meetings, unless this requirement shall be waived by unanimous consent of all Board members.

## **Section 7. Quorum and Voting**

One-half plus one of the appointed Board members, which shall include one officer, shall constitute a quorum of the Board. Consistent with Robert's Rules of Order, motions made during Board and committee meetings shall require a second in order to be considered. The affirmative vote of the majority of the votes cast shall be required for the passage of any motion or resolution at any meeting of the Board or its committees. The Chair of the Board will be allowed to vote.

It shall be the prerogative of any Board member to require a roll call vote on any motion.

## **Section 8. Decorum during Debate**

Board members shall confine their remarks to the question, be courteous in their language and behavior, not arraign the motives of another Board member and emphasize it is not the individual, but the measure which is subject of debate. The Chair will assure enforcement of these behavioral guidelines.

The Chair shall call to order any person who is being disorderly by speaking or otherwise disrupting the meeting proceedings by failing to be courteous, by speaking longer than a reasonable time or by speaking vulgarities. Such person shall thence be warned by the Chair that he/she may be expelled from the meeting and he/she shall not be permitted to speak further at the same meeting except upon special request of the Board. If the person continues to be disorderly and disrupt the meeting, the Board Chair or a designee shall contact local law enforcement to have said individual removed from the meeting. No person shall be removed from a public meeting except for an actual breach of the peace committed at the meeting.

## **ARTICLE VII - COMMITTEES**

The Board of Directors shall establish the following standing committees: Executive Committee and Recipient Rights Committee. The standing committees shall perform such functions and duties as designated by the Board.

At the annual organizational meeting of the Board, the Chair of the Board shall appoint the Chair and members of the standing committees; those persons shall be members of the Board, except that the Recipient Rights Committee membership may include Community Mental Health Board members, staff personnel, government officials, attorneys, mental health consumer interest group representatives, or other persons, at the discretion of the Board Chair.

The Chair shall appoint the chair and members of special committees, subject to the approval of the Board; those persons need not be members of the Board, shall be counted for quorum and shall be eligible to vote on committee matters. The Chair of the Board shall be the only ex officio member of any and all standing committees, shall be included in counting for quorum, if present, and shall be eligible to vote.

The Board may establish such other committees as it deems proper.

All standing and special committees shall meet upon the call of the committee Chair, with the concurrence of the Board Chair, to consider whatever business is before said committee in order to recommend appropriate action to the Board.

Committees of the Board may meet by teleconference providing all requirements of the Open Meetings Act are met including providing and announcing a location at which members of the public may attend and hear the entire deliberations of the committee and all committee members.

Matters reported by a committee may be reported with a recommendation for Board action, or solely for the information of the Board.

Tenure on standing committees shall be for a one-year term beginning in April or until the appointment of a new committee; however, nothing herein shall be construed to prevent reappointment of any committee member.

Nothing contained in this Article shall be construed to deny any Board member the right to attend any meeting of any standing or special committee.

For Board committees a quorum shall be defined as equal to at least fifty percent (50%) plus one of the committee membership.

Notices to the public regarding committee meetings shall be posted pursuant to Section 5, Public Act 267 of 1976, and Article VI of these Bylaws.

## **Section 1. Executive Committee**

The Executive Committee shall consist of four members: the Chair, Vice-Chair, Secretary of the Board and immediate past Chair. If the immediate past Chair is no longer a current member of the Board, the Board shall elect an additional Board member to serve as an at-large member of the Committee. It is the preference of the Board to have all four counties represented on the Committee. This committee shall have authority to act on behalf of the Board during the period between meetings of the Board, subject to any prior limitation imposed by the Board and with the understanding that all matters of major importance be referred to the Board.

At the request of the Board (by consensus or majority vote) or the Chair, this Committee may research and apprise Board members of proposed, pending and current legislation pertaining to mental health services, and shall recommend a Board position.

## **Section 2. Recipient Rights Committee**

This Committee shall advise the Board and Executive Director concerning implementation of policy as it relates to the Recipient Rights system and shall review the operation of the Office of Recipient Rights in accordance with Section 757 of the Mental Health Code. This Committee shall serve as the Appeals Committee under Section 784. Preference is to have at least two Board representatives as members of this Committee.

## **ARTICLE VIII - EXECUTIVE DIRECTOR OF COMMUNITY MENTAL HEALTH AUTHORITY**

The Executive Director of the Northeast Michigan Community Mental Health Authority shall be selected by the Board. The Executive Director shall be given the necessary authority and responsibility to operate all mental health services and carry out all policies as may be adopted by the Board, or any of its committees to which it has delegated authority. The Executive Director shall ensure that appropriate orientation programs for new Board members and continuing education programs for all Board members are carried out and shall represent the Board in all areas in which the Board has not formally designated some other person to so act.

## **ARTICLE IX - MISCELLANEOUS**

### **Section 1. Amendment and Adoption of Bylaws**

These Bylaws may be amended or repealed by the affirmative vote of a majority of the members of the Board present at any regular or special meeting of the Board if notices of the proposed amendment or repeal are contained in the written notice of the meeting, such notice to be given prior to such a meeting by ordinary mail. Bylaws may also be amended without notice by a three-fourths vote of the Board members present.

## **Section 2. Rules of Order**

Robert's Rules of Order shall be the parliamentary guideline for all matters of procedure not specifically covered by the Bylaws or by specific rules or procedures adopted by this Board.

## **Section 3. Conflict of Interest**

No Board member shall in any way be a contractor for purposes of remuneration of this Authority or its contracting agencies unless a competitive bid process is utilized, the Board member discloses the association and affiliation, and a two-thirds (2/3) majority vote of the Board supports such a contract.

## **Section 4. Employment**

Employment of a Board member or any member of his or her immediate family is prohibited.

## **Section 5. Suspension of Rules**

The rules governing all matters of procedure of the Board provided in the Bylaws and in subsequent governing resolutions may be temporarily suspended at any time by the unanimous consent of the members present to facilitate the accomplishment of any legal objectives of the Board.

## **Section 6. Depository**

As a Mental Health Authority, the Board may act as its own depository of funds, or, at its discretion, designate a county willing to act as depository.

## **Section 7. Per Diem and Reimbursement**

Board members shall be paid in accord with the payment schedule for Northeast Michigan Community Mental Health Authority.

## **Section 8. Assurances**

With respect to both employment practices and services rendered, the Authority will not discriminate against persons because of religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation or physical or mental handicap.

No service or program provided by the Authority will be withheld from any person on the basis of residence in a county other than Alcona, Alpena, Montmorency, and

Presque Isle counties. If a person cannot meet financial obligations incurred by such program or service, the county of residence will be billed.

## JANUARY AGENDA ITEMS

### **Policy Review**

Emergency Executive Succession 01-006

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

Executive Director Role 03-001

### **Monitoring Reports**

Budgeting 01-004

Emergency Executive Succession 01-006

### **Educational Session**

TBD