Board of Directors

Board of Directors - December 04, 2024

Meeting Information

December 04, 2024
04:00 PM - 05:30 PM
Remote Susan Radwan Training
Bylaws: Governing Documents

Meeting Attendance

Chairperson: Johnson, Brent J
Secretary: Bal, Vanessa
Members:
Bruette, Ean
Elsner, Robin
Hofer, Millie
Kramer, Ralph
Martin, Ann
Mattia, Wendy
Mueller, Patricia
Negro, Mari
Pirlot, Kevin
Sartorelli, Glenn
Thompson, Kathy
Wickman, Michael

Collaborators:
Gardipee, Laurie

1. **Call Meeting to Order**

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2. **Approval of minutes**

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    1. Board of Directors - November 06, 2024

3. **Training - Susan Radwan**

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    1. Meeting information reference
     NBHS Session 3 Prep and Assignment

4. **Public Comment (5 Minutes)**

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5. **Board Comment**

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6. **Meeting Adjourned**

Table of Contents

Board of Directors - November 06, 2024

Disclaimer

Revision Insight

Document ID:	13932
Revision Number:	0
Owner:	Laurie Gardipee, CARE MANAGER/EXECUTIVE ASST
Revision Official Date:	No revision official date

Revision Note:
No revision note

DocID: 13932
Revision: 0
Status: Pending Committee Approval
Department: Board of Directors
Manual(s):

Committee Minutes : Board of Directors - November 06, 2024

Board Meeting Information	
Meeting Date: 11/06/2024	**Meeting Location:** **Zoom: All members attend Remotely** **715 Pyle Drive Kingsford, MI 49802**
Meeting Time: 4:00 PM	
Agenda Item	**Minutes**
Meeting Called to Order:	• This meeting was not officially called to order but started at 4:10 pm when all members were in attendance .

<table>
<tr><td>Board Member Roll Call:</td><td>
No Official Roll Call for this meeting. Attendance taken by L. Gardipee, Executive Assistant
<table>
<tr><td rowspan="2">Board Member</td><td colspan="2">Present</td><td colspan="2">Absent</td></tr>
<tr><td>Onsite</td><td>Remote*</td><td>Excused</td><td>Unexcused</td></tr>
<tr><td>Ean Bruette</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td>Millie Hofer</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td>Kathy Thompson</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td>Robin Elsner</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td>Ann Martin</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td>Mari Negro</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td>Ralph Kramer</td><td></td><td></td><td>X</td><td></td></tr>
<tr><td>Kevin Pirlot</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td>Glen Sartorelli</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td>Patricia Mueller</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td>Michael Wickman</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td>Wendy Mattia</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td colspan="5">*Remote participation per request for reasonable accommodations under ADA</td></tr>
</table>
</td></tr>
<tr><td>Representing Administration:</td><td>Brent Johnson</td></tr>
<tr><td>Training: Susan Radwan</td><td><u>Discussion:</u> Susan Radwan conducted a Board Training for all the Board Members.
Susan Radwan presented a PowerPoint that was all the information she collected from the last training
Board Members also sent her their input.
Discussion was held regarding the information and changes were made by Susan Radwan.
The Board members were given time to ask questions and give their input.</td></tr>
<tr><td>Public Comment:</td><td>No Public Comment</td></tr>
<tr><td>Board Comment:</td><td>All Board Members thanked Susan for the training.</td></tr>
<tr><td>Next Meeting:</td><td>November 21, 2024, Kingsford Administrative Conference Room at 4:30 PM</td></tr>
</table>

Document ID	13932	**Document Status**	Pending Committee Approval
Department	Board of Directors	**Department VP/Director**	Johnson, Brent J
Document Owner	Gardipee, Laurie	**Next Review Date**	

Attachments:
(REFERENCED BY THIS DOCUMENT)

Other Documents:
(WHICH REFERENCE THIS DOCUMENT)

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https://lucidocs.nbhs.org?returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dnbhs%3A13932%240.

NBHS Session 3 Prep and Assignment

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Revision Insight

Document ID:	13966
Revision Number:	0
Owner:	Vanessa Bal, EXECUTIVE ASSISTANT
Revision Official Date:	11/27/2024

Revision Note:
Susan Radwan training

November 21, 2024
TO: Northpointe BHS Board of Directors
FROM: Sue Radwan, Strategic Planning Consultant
RE: Preparation for December 4 Session 3 at 4:00 pm CT/5:00 ET
Using NBHS Zoom Link

Zoom.us
Meeting ID: 906 779 0545
Passcode: 7643

Session 3: Northpointe Behavior Health System Strategic Planning Process

Below are the Strategic Issues that emerged from our discussions on November 6. To prepare for Session 3 of our Process, please choose your top five issues (by number) for further discussion and prioritization on Dec 4. Bring your selections with you to the session.

1. Board education is needed.
    a. Not everyone understands the role of board member work. Where is the line between board and staff? How do we observe the boundaries and delegations?
    b. How does the mental health system really work?
    c. How to ask good questions to understand the reports, e.g. quality assurance reports
    d. Communication issue: we need to understand the board's role to increase the communication and staff's role to help us understand. How the reports are explained matters so that the board doesn't get bogged down.
2. Productive relationships between board and staff that demonstrate respect and build trust: 1. Board needs to provide basic behavior so that the staff trusts us. Often comments are misinterpreted as an attack. Board needs to be honest with staff and feel free to ask questions in a way that we learn what we should from the report. We need insight about the data. Assumptions are a mistake. We need open communication.
    a. The board has the responsibility of creating a safe environment for dialogue. We need to demonstrate a safe environment through our own actions. The Board has to create the safety.
3. Work to gain county trust and rebuild our reputation.
4. Conduct a comprehensive assessment to identify and prioritize the organization's needs
5. Conduct compliance reviews and the strings attached when we expend or change the way we consider expenditures.
6. Address equitability of benefits so that we don't lose qualified staff to other employers, i.e. school districts?
7. Commit to funding a behavioral health home.
    a. Big push on person-centered planning to coordinate with medical community. Huge push statewide for behavioral health home. We are looking to expand this concept. NorthCare is pushing this.but we may not have complete funding for this.
8. Address the problem of people not qualifying for Medicaid funding and services.

a. Only one provider in local region—Northcare--and their contract changed Medicaid funding and services …what happens when people don't qualify? Is there a role for NBHS to play here?

9. Diversify private insurance consumers

Below are the notes recorded from the November 6 discussion on Critical Issues. Refer to these notes to better understand the context of the strategic issues identified above. It should be noted that the five areas of concern were identified in the initial survey of the Board.

Every organization gets stuck on critical concerns or issues that impact growth, advancement of the entity, and/or the ability to achieve your mission/vision.

Funding	• Diversify private insurance consumers • Resource constraints funding constraints o Compliance – all funding comes from restrictive constraints o When we expend or change the way we consider expenditures, we need to have a compliance review with the strings attached. o Consumers are at the mercy of funding. ▪ Compliance and sustainability go together. Is it sustainable funding? One time funding? o Only one provider in local region…what happens when people don't qualify? o NorthCare contract changed Medicaid funding and services. o 5 CMHs are members of Northcare for Medicaid. Mental health field is getting more private that carves out funding and services. State moved out the general funding. o This does not meet the standards of the Mental Health Code.
Governance	• Stop infighting o Ability to actually LISTEN TO and HEAR other's input • Less about ME/MY and more about US/WE o Rural solutions for cosmopolitan ideas o Poor governmental regulations • Micromanagement of board o Interpretation varies – is it oversight or micro-management? o Mutual respect is required for hard discussions. o We will never ALWAYS see eye to eye. o Not everyone understands the role of board member work. Where is the line between board and staff? o Different walks of life/education about mental health/the more we learn together, the better we will be able to communicate with the operational organization. How does the system really work? o Quality assurance reports are not understood – why do the numbers jump? What do the numbers mean? o We need education on how to asking good questions to understand the reports. o Communication issue: we need to understand the board's role to increase the communication and staff's role to help us understand. How the reports are explained matters so that the board doesn't get bogged down. o Productive relationships between board and staff: 1. Board needs to provide basic behavior so that the staff trusts us. Often comments are misinterpreted as an attack. We need to develop a respect and trust. We have work to do. Trust building is needed. Board needs to be honest with

	staff and feel free to ask questions in a way that we learn what we should from the report. We need insight about the data. Assumptions are a mistake. We need open communication. o We need to encourage our administration to speak about what is happening. Staff should feel comfortable to talk to us. Staff voice is important. o We need to demonstrate a safe environment through our own actions. The Board has to open the safety. The board has the responsibility of creating a safe environment. o Boundaries are important…How do we observe the boundaries and delegations? o Board members should not be going to different locations and talking to staff? o Staff should not be approaching the board. ED is the board's only employee. o Training is needed. What is in our purview.
Management & Staffing	• (2) Workforce shortages • Employee retention • Hiring and retaining great clinical staff • Leadership / CEO resignation • Add service delivery staff • Efficiently analyze management structure o The need to analyze and address staffing which may be top heavy o Identifying and prioritizing the organization's needs o We have reviewed the org chart several times in the last six years. o Staff retention: People need to feel valued. That is a cultural issue. o Staff has increased over the past two years to give us more flexibility. o Wage study: are we competitive with our wages? Priority of staff to address. We are not all on the same page regionally, but we are working on this in new ways to improve staff retention. o Survey indicated that people enjoy working at Northpointe. o AND we have lost some staff to school districts where they have 3 months off annually. How can we address equitability of benefits?
Services	• Service to all individuals with mental health issues o Stigma around mental health • Access to services • Integration of other health systems • Menominee / Marinette issue – we have a committee working on this. There has been progress. Northpointe crisis teams have been working collaboratively. Reviewing licensure for telehealth is a question -- in progress. Law enforcement teams are involved. Certification is being worked out. • Transportation to provided services WITHIN communities • Equal programming for ALL THREE COUNTIES o Acceptance of the mentally ill. Mental illness = physical illness. o Dispelling the stigma is matter of education. o What we see is the amount of drug usage that shows as psychosis, but is the drug-induced state. Fallout from drug use is a problem for us. o Big push on person-centered planning to coordinate with medical community. Huge push statewide for behavioral health home. Looking to expand this concept. NorthCare is pushing this..but we may not have complete funding for this.
Trust Relationships	• Public trust • Reputation • (2) Work to gain county trust

	○ First step – we have to show that we are sincere and the planned outcome. ○ We have to prove that we will do the best we can do. Building trust comes from performance. ○ Community has a lack of faith in Northpointe. No follow through from staff. There appears we used to have a great reputation, but that has diminished. ○ In rural areas, where community is tight-knit, one bad example spreads through the community. As we start to rebuild to move in the right direction, the problem will resolve itself. But now we need to regain the trust. ○ Community will need to see effort and results. ○ Northpointe needs to present to the county commissions…Personally. ○ PR is needed. ○ We are doing some things, i.e. "color walk" in Dickinson County…Participating in Halloween. Funding is not the issue here…just focus. ○ County Commission "appearances" annual to inform and education.

Northpointe Behavioral Health System Strategic Plan 2024

(Agreements as of November 6, 202)

Our Mission (what we do) The NBHS Mission is to provide quality mental health services in accordance with the Michigan Mental Health Code and our relevant contracts. To all who receive services, we provide compassionate care and the tools needed for person-centered results.
Our Vision (what we wish to become) The long-term vision of NBHS is to become a trusted source of mental health services in the community, fostering wellness, unlocking potential, instilling hope and transforming lives.
Our Desired Impacts NBHS exists to achieve these impacts: 1. Empowered clients who improve their lives, participate more fully in our communities, and realize their self-worth in the least restrictive settings 2. Families that understand and support their loved one's journey to mental wellness and recovery 3. Compassionate care that inspires children, adults, and families to find ways of improving their relationships and leading more fulfilled lives 4. Local communities that value mental health services.
Our Strategic Filters to be used in Decision-Making Does this decision reflect **Adaptation to Changes** in our mental health environment**?** Does this decision and the process we used demonstrate **Ethical & Legal Behavior?** Did we come to this decision through **Respectful Dialogue with Openness** to diversity of opinion **and Trust** that each contribution is made in good faith and lived experience? Does this decision balance our desired **Diversity and Equality of Opportunity** among the three counties?
Our Strategic Pillars for Action