



**Northern Lakes  
Community Mental  
Health Authority**

**Board of Directors  
Packet**

**May 16, 2024**



The Northern Lakes Community Mental Health Authority Board will meet on May 16, 2024  
At 2715 S. Townline Rd, Houghton Lake MI & Virtual: 1-810-258-9588 ID: 364 573 74#

- | <b>Time</b> | <b>Item #</b> |   |
|-------------|---------------|---|
| 1:00 p.m.   | 1             | Opening: <ul style="list-style-type: none"><li>• Confirm Quorum and Pledge of Allegiance</li><li>• Approval of Agenda</li><li>• Conflict of Interest</li><li>• Consent Agenda (Minutes)</li></ul>   |
| 1:05 p.m.   | 2             | Public Comment (May be limited to three minutes by Board Chair)   |
| 1:15 p.m.   | 3             | Report of Officers: <ul style="list-style-type: none"><li>• Recipient Rights Director<ul style="list-style-type: none"><li>○ Brian Newcomb, Director of the Office of Recipient Rights</li></ul></li><li>• Chief Executive Officer Report<ul style="list-style-type: none"><li>○ Brian Martinus, Interim Chief Executive Officer</li></ul></li><li>• Chief Financial Officer Report<ul style="list-style-type: none"><li>○ Laura Argyle, Deputy Chief Financial Officer</li></ul></li></ul> |
| 1:45 p.m.   | 4             | Committee Reports: <ul style="list-style-type: none"><li>• NMRE Update<ul style="list-style-type: none"><li>○ Ruth Pilon</li></ul></li></ul>  |
| 1:50 p.m.   | 5             | Unfinished Business: <ul style="list-style-type: none"><li>• Monitoring Reports<ul style="list-style-type: none"><li>○ CEO Response to Monitoring Reports*<ul style="list-style-type: none"><li>▪ Policy 2.8, 3.7, 3.7A, 3.7B</li></ul></li></ul></li></ul> <p>-No May Monitoring Assignments</p>   |
| 1:55 p.m.   | 6             | New Business: <ul style="list-style-type: none"><li>• Election of Officers*</li><li>• Committee Assignments*</li></ul>  |
| 2:10 p.m.   |               | Recess— 10 minutes  |
| 2:20 p.m.   | 7             | Education: <ul style="list-style-type: none"><li>• Services for People with Intellectual/Development Disorder<ul style="list-style-type: none"><li>○ Janell Briggs, Kylie Fields</li></ul></li></ul>  |

2:40 p.m. 8 Public Comment

2:45 p.m. 9 Announcements/Board Comments/Presentations  
• Certificates

2:55 p.m. 10 Adjourn

**NEXT MEETING: June 20, 2024 - Cadillac**

\* Action Items

NOTICE: If any person with a disability needs accommodations, please call the CEO's Office three days prior to the posted meeting date.



## Board of Directors Meeting Minutes

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April 18, 2024

1:00 p.m.

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**Board Members Present:** Ben Townsend, Greg McMorrow, Mary Marois, Al Cambridge, Ruth Pilon, Tom Bratton, Ty Wessell, Dean Smallegan, Penny Morris, Shawn Kraycs, Dave Freedman, Carol Blake, Tony Lentych, Lynn Pope, Eric Ostergren, Kate Dahstrom

**Others Present:** Brian Martinus, Stacy Maiville, Jeremiah Williams, Kim Silbor, Kari Barker, Mark Crane, Brian Newcomb, Darryl Washington, Nancy Stevenson, Neil Rojas, Dan Mauk, Vickie McDonald, Hilary Repphuan, Joe Barkman, Haider Kazim, Dave Simpson, Richard Carpenter, Cindy Petersen, Clarisse Hartnett-Manny, Haider Kazim, Becky Brown, Justin Reed, Hali McRoberts, Erica Longstreet, Unknown- (multiple)

**Virtual:** Aimee Horton Johnson, Terri Henderson, Lisa Holmes, Amanda Ritchie, Alyssa Heider, Melanie Schopieray, Tiffany Fewins, Lynn Pope, Mark Draeger, Rob Palmer, Erica Smith, Kellee Hoag, Pamella Petroelje, Abby Schonfeld, Becky Brown, Deb Freed, Ann Ketchum, Teresa Cooper, Robert Sheehan, Amanda Taylor, Lisa Jones, Amanda Ritchie, Rob Veale, Kasie Morse, Melissa Trout, Jennifer Wisnieski, Travis Merz, Jan Pytlowany, Dean Baldwin, Mardi Link, Lori Barnard, Mats Andtbacka, Eric Kurtz, Aaron Fader, Sophorn Klingelsmith, April Weinrick, Heather Sleight, Lori Stendel, Keli Macintosh, Kathy Sanders, Angie Schroeder, Manda Clements, Pat MacIntosh, Kiley Fields, Cindy Evans, Aimee Bunbury, Alexandra Hawcroft, Chloe Sandy, Chloressa McCuien, Dawn Smith, Emily Friske, Barbara Lentz, Ann Ketchum, Barb McNitt, Lena B., Pam Harris, Leane Letts, Judi Crane, Laura Argyle

**Call to Order:** Mr. Ben Townsend called the meeting to order at 1:00 p.m.

### Approval of the Agenda:

Additions:

- Discussion - Ad hoc Committee for North Hope CRU closure
- Discussion – Letter of reassurance for staff and consumers
- iPad use training

<b>MOTION:</b>	<b>Approve the agenda with additions</b>
<b>RESULT:</b>	<b>ADOPTED. [UNANIMOUS]</b>
<b>MOVER:</b>	<b>T. Lentych</b>
<b>SECONDER</b>	<b>D. Smallegan</b>

**Conflict of Interest:** Mr. Cambridge requested that the contracts be considered separately so he does not experience a conflict.

**Consent Agenda Items:**

- Board of Directors Meeting Minutes March 21, 2024
- Committee of the Whole Meeting Minutes March 21, 2024

<b>MOTION:</b>	<b>Accept consent agenda</b>
<b>RESULT:</b>	<b>ADOPTED. [UNANIMOUS]</b>
<b>MOVER:</b>	<b>C. Blake</b>
<b>SECONDER</b>	<b>T. Lentych</b>

**Public Comment:**

**Cynthia Petersen, Public Relations Specialist; Traverse City:** Spoke about May is Mental Health Month events. She encourages the Board and community members to attend the Adult & Youth Mental Health First Aid training, which is open to anyone. More information about that training and other upcoming events and training are located on the NLCMHA website under the events calendar.

**Nancy Stevenson, Chief Clinical Officer; Traverse City:** Expressed frustration with the Board. She would like the Board to truly focus on its mission as a Board, which is not to manage the agency but to concentrate its limited ability on where it can make the most positive impact. She stated that she is extremely disappointed with the actions and behavior of Board members. Several Board members do not honor or respect the policies to which they are supposed to adhere. For example, a Board member recently contacted and tried to coerce NLCMHA staff to challenge Munson’s position after they were dissatisfied with Munson’s services. This is an unfair and unethical position to put a Northern Lakes staff member in. Ms. Stevenson would like the Board to treat the staff with dignity, respect, and appreciation.

**Report of Officers:**

**Recipient Rights Director:** Brian Newcomb, Director of the Office of Recipient Rights, gave his department update. Mr. Newcomb highlighted areas of his report. The ORR team finished 153 investigations since he submitted his report. The agency is 100% in compliance. The substantiation rate since October 1, 2023, is 50%.

**Chief Executive Officer Report:** Brian Martinus, Interim Chief Executive Officer, reviewed his report with the Board. Mr. Martinus explained the process for no-shows. The agency is looking at additional ways to encourage consumers to make their appointments. Mr. Martinus also clarified that if people give public comment, Mr. Martinus does reach out to them and follow up. If it is appropriate for him to follow up with notification to the Board, he will. However, some items are confidential, and he cannot share that information with the Board if he wants to respect the privacy of individuals. He commented that the staff is doing an excellent job providing services. Mr. Martinus and staff members explained the efficiencies, access, and the current status of AOT to the Board.

**Chief Financial Officer Report:** Laura Argyle, Deputy Chief Financial Officer, went over the finance report with the Board. The full report was included in the packet.

Ms. Argyle noted that liquid assets continue to be positive and about the same as it was last year. The state will be making some adjustments to the rates as of April 1, 2024. There is a general fund overspend of \$ 380,000, which they continue to explore how to resolve. With the exception of the general funds, things are beginning to stabilize.

<b>MOTION:</b>	<b>Receive the financial report, excluding the contracts.</b>
<b>RESULT:</b>	<b>ADOPTED. [UNANIMOUS]</b>
<b>MOVER:</b>	<b>A. Cambridge</b>
<b>SECONDER</b>	<b>D. Freedman</b>

Richard Carpenter of the Rehmann Group gave an overview of the changes in the financial policies. Some financial policy changes his team has made are:

- Revised and combined the Financial Plan and Management Policy
- Enhanced the Reconciliation Policy
- Budget Policy
- Procurement Policy
- Combined Location Access, Content of Records, and Length of Time Retained into a single policy
- New Cardholder agreement
- Sliding Fee Requirements
- Electronic Access

Mr. Carpenter touched base on the largest change in the financial policies, which is the Purchasing and Procurement Policy.

- The CEO would have the authority to enter into a contract that would have already been approved within the budget approval process.

- Anything over \$100,000 would have to come to the Board for approval. The agency would have to go through a formal bidding process and get Board approval. Items less than \$100,00 would be at the discretion of the Chief Executive Officer. The Chief Financial Officer and Contracts Manager would have a \$50,000 threshold, and the Directors would have a \$5,000 threshold with the approval of the CEO. Anything over \$25,000 is federally required to have three quotes.

The Board requested the new policy in writing to be emailed to them before the next Board meeting so they can review, discuss, and possibly vote on it at the May Board meeting.

The Board Chair welcomed and recognized two new Board members, Lynn Pope (Missaukee), and Shawn Kraycs (Crawford).

**Committee Reports:**

**RRAC Update & Minutes:**

The minutes of the RRAC were in the packet. Tony Lentych, Chairperson of the RRAC gave recent updates. He also noted that the RRAC is still in need of one more consumer from Grand Traverse County to join the committee. Mr. Lentych requested protections from the Board for the Office of the Recipient Rights. The ORR team will be offering Recipient Rights new hire training to the full Board in the near future.

<b>MOTION:</b>	<b>Receive the RRAC Minutes.</b>
<b>RESULT:</b>	<b>ADOPTED. [UNANIMOUS]</b>
<b>MOVER:</b>	<b>T. Lentych</b>
<b>SECONDER</b>	<b>D. Smallegan</b>

**NMRE Update:** Ruth Pilon gave an overview of the last NMRE Board meeting she attended. The NMRE voted to recommend that NLCMHA divest the Mi Choice Waiver program and Integrated Health Clinic as soon as possible. Recently, some CMH CEOs met to discuss CCBHC; many voiced that the models set up rural areas for failure. MDHHS needs to consider geography and population. The NMRE voted on a resolution as to why CCBHC does not work for rural Michigan and what could go in place of it in our region. The resolution is available in the NMRE minutes.

**Ad Hoc Budget Committee:**

The Ad hoc Budget Committee will re-establish itself and meet in June, July, and August. The members will be: Al Cambridge (Chair), Tom Bratton, Ty Wessell, and Ben Townsend.

<b>MOTION:</b>	<b>Approve the Ad Hoc Budget Committee.</b>
<b>RESULT:</b>	<b>ADOPTED. [UNANIMOUS]</b>
<b>MOVER:</b>	<b>T. Lentych</b>
<b>SECONDER</b>	<b>P. Morris</b>

**Unfinished Business:**

The Board reviewed and voted on the CEO Response to Monitoring Reports and acknowledged their monitoring assignments.

**MOTION:** Receive the findings that the Board is 100% in compliance with Policy 1.0 Consumer and Community Ends.

**RESULT:** ADOPTED. [UNANIMOUS]

**MOVER:** D. Smallegan

**SECONDER** C. Blake

**MOTION:** Receive the findings that the Board is 90% in compliance with Policy 3.3 Board Member Code of Conduct.

**RESULT:** ADOPTED. [UNANIMOUS]

**MOVER:** C. Blake

**SECONDER** D. Freedman

**MOTION:** Receive the findings that the Board is 90% in compliance with Policy 3.6 Board Chair Functions.

**RESULT:** ADOPTED. [UNANIMOUS]

**MOVER:** C. Blake

**SECONDER** D. Freedman

**Further Bylaws Discussion & Vote:**

- Change/strike the word super majority from all sections

It is so moved to remove the word super majority from the bylaws.

**MOTION:** Article 14 - Change the number of votes of hiring of the CEO from 10 to 11.

**RESULT:** ADOPTED. 1 Nay

**MOVER:** A. Cambridge

**SECONDER** M. Marois



**MOTION:** Article 15, Section 1 - change the proposed amendment of Bylaws from 5 calendar days to 30.

**RESULT:** ADOPTED.

**MOVER:** B. Townsend

**SECONDER** T. Lentych

-Article 4, Section 4 - change the first line to primary and secondary instead of primary or secondary. Unanimous consent was given.

**MOTION:** Article 7, section 6. Change to "Notify the Board members and County Commissioners as soon as practical and no later than ten business days from when the CEO first becoming aware of any of the following circumstances. Add IT breach to the list if circumstances.

**RESULT:** ADOPTED. [UNANIMOUS]

**MOVER:** D. Freedman

**SECONDER** T. Lentych

A table of contents was requested for the bylaws.

**MOTION:** Approve the Bylaws as the Board has identified.

**RESULT:** Roll call vote - ADOPTED. [UNANIMOUS]

**MOVER:** M. Marois

**SECONDER** T. Lentych

New Business:

RRAC Protections Vote

**MOTION:** Move that the Board protects the Recipient Rights Director and his team from adverse actions.

**RESULT:** ADOPTED. [UNANIMOUS]

**MOVER:** B. Townsend

**SECONDER** L. Pope

### **Additional Ad Hoc Committees:**

Ms. Dahlstrom expressed her desire to develop an ad hoc committee as to why the Hope CRU failed. Chairperson Ben Townsend mentioned that he will discuss this with the CEO to identify if this is necessary.

Mr. Freedman recommended the idea to develop an ad hoc committee to look at the development of the Wellness Center. Mr. Smallegan commented that the CEO already provides monthly updates for this information, and if the Board needs further clarification, they can simply ask the CEO for more information instead of creating ad hoc committees for every subject.

### **Letter of Assurance to Mi Choice and IHC staff and Consumers:**

A letter of reassurance for the staff and consumers was discussed. The attorney expressed concern that this may be putting the CEO in an unfair position and urged the Board to hear Mr. Martinus's input before they make promises.

Mr. Martinus explained the process. He stated that consumers will have a choice in their new providers. Additionally, he is working closely with HR and the union to find other positions and solutions for the staff affected within the agency.

The CEO and Medical Director are engaged with community partners to partner with the IHC.

Mr. Martinus stated, "The most important thing is that we are working with the staff members and consumers to find the best solution."

Mr. Townsend commented that he will discuss the matter with Mr. Martinus and bring it back to the Board next month.

### **Education:**

**IT & Security Update:** Dan Mauk, Chief Information Officer, gave the Security Report.

Mr. Mauk explained the emphasis his department and the agency puts on network security. His report highlighted administrative, physical, and technical safeguards, as well as the two security incidents that happened this past year.

**Human Resources Update:** Neil Rojas, Chief Human Resource Officer, presented the Human Resources team update.

Mr. Rojas reviewed where his team is currently, what they have been working on, and where they are headed. The team has accomplished several projects over the past few months, such as the new lactation rooms for each office, workers comp policy, ADA updates and creating the handbook. Over the past six months, the agency has gone from 40 open positions to 11. The current turnover rate is 8.7%; last year, it was 23.2%. Mr. Rojas praised the work of his team and noted that they have been collaborating with other departments to help the agency meet its goals.

The first draft of the employee handbook is finished, with an estimated completion in January 2025.

### **Public Comment:**

**Justin Reed, Traverse City:** He was on the ad hoc committee for NLCMH. Finds the recent Board of Commissioners Ad hoc Committee meeting interesting. Looking at the Mental Health Act.

**Hali McRoberts, Community Liaison NLCMHA, Traverse City:** Commented that there is a discrepancy between what the board said last month and this month. Would like the board to consider finding a more consistent path forward.

**Announcements/Board Comments/Presentations:**

In the near future, possibly in June, there will be a Board member iPad training.

Friday, 4/26, at 6:30 pm, Twin Lakes Park, Gilbert Lodge, Catholic Human Services will give a presentation about human trafficking.

**Adjourn:** 4:21 pm

**Next Meeting:** May 16, 2024, Houghton Lake

Respectfully Submitted,

Stacy Maiville, Executive Secretary

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Ben Townsend, Chairperson

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\* Action Items

NOTICE: If any person with a disability needs accommodations, please call the CEO's Office three days prior to the posted meeting date.

Office of Recipient Rights Director's Report  
May2024

<b>Dates represented</b>	<b>10/01/21-05/06/22</b>	<b>10/1/22-05/06/23</b>	<b>10/1/23-05/06/24</b>
Complaints	332	230	322
OJ, No Right Inv.	46	27	64
Interventions	15	9	28
Investigations	272	194	231
Investigations Comp	272	194	188
Investigations open	0	0	43
Inv > 90 days	0	0	0
Inv < 90 days	272/272(100%)	194/194(100%)	188/188(100%)
Summary Report Avg	270/273(98.9%)	198/198(100%)	188/188 (100%)
NLCMHA staff alleg.	45	52	79
NLCMHA Staff W/I 1 yr	6	16	12

**Complaint Source**

<b>Complaint Source</b>	<b>Count</b>
Anonymous	13
Community/General Public	20
Guardian/Family	17
ORR	87
Recipient	60
Staff	125
<b>Total</b>	<b>322</b>

**Complaints Per Provider:**

**October 1, 2023- May 6, 2024, 2024**

See attached chart. (all NLCMHA areas have been added to report)

**Notes:**

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights

## Provider Report October 1, 2023- May 6, 2024

Program	Substantiated	Pending	Not Substantiated	NA
Access	0	0	1	1
Beacon Home at Clarkston	0	1	0	0
Beacon Home at Washburn	3	0	1	1
Beacon Home at Woodland	0	0	1	0
Cornerstone AFC, LLC	2	0	0	0
Elmwood AFC	3	2	1	0
Frances Specialized Residential	2	1	2	0
Hope Network Neo Grand Rapids - Bristol	0	3	0	0
Premier Care Assisted Living 4	0	0	1	0
Seasons of Life AFC Home, LLC	2	0	1	1
Traverse House	0	0	1	0
Wright Street AFC Home	1	2	0	0
Beacon Home at Goodrich	2	0	0	0
Beacon Silverview	1	1	0	0
Bell Oaks at Ionia	2	0	0	0
Covenant to Care	2	0	2	0
Danes AFC	7	0	4	0
Eden Prairie Residential Care Services, LLC	1	0	0	0
Gardner Home	0	4	0	0
Glen Oaks Home	1	0	0	0
Grand Traverse Industries, Inc.	0	1	1	0
Grayling Office/Crawford County	1	0	0	1
IDD Adult Case Management	4	1	5	1
Magnolia Care AFC West	1	0	0	0
MIA Case Management	4	1	4	1
Mid-Michigan Specialized Residential	0	1	2	0
Munson Medical Center	0	1	0	0
NLCMHA_TEST	0	0	1	0
North Arrow ABA	0	0	0	1

Pearl Street Home	9	1	1	1
Peer Support	3	0	2	0
Premier Care Assisted Living 3	0	0	2	0
Summerfield AFC	5	0	6	0
TLK AFC Home, Inc.	0	1	0	0
AuSable In Home Care, LLC	1	0	0	0
Beacon Home at Miller	0	0	1	0
Beacon Home at Trolley Center	2	0	0	0
Brightside Living - Whispering Oaks	3	0	1	0
Cedar Valley AFC	4	4	1	0
Club Cadillac	0	2	0	1
Crisis Welcoming Center	0	0	2	0
Family Assessment & Safety Teams	0	0	0	1
Great lakes Center for Autism	1	0	0	0
GT Street Flint Home SIP	0	0	0	3
Hickory Hill AFC LLC	2	0	2	0
IDD Children's Case Management	0	0	1	0
Jones Lake AFC Home	6	0	0	0
Kennedy House West, LLC	0	0	1	0
North Arrow ABA, LLC	0	0	0	1
Outpatient Services	1	0	1	0
Packard Specialized Residential	1	0	1	0
Premier Care Assisted Living 1	4	1	0	0
Psychiatric Services	1	0	5	0
Real Life Living Services	7	2	7	0
Shepler AFC Home	0	0	1	0
Shepler's AFC Home, LLC	1	0	0	0
ShurCare AFC Home LLC	0	2	0	0
TC Office/Grand Traverse County	30	1	4	0
Zenith Home	4	0	1	0
Assertive Community Treatment	0	0	3	0
Beacon Fife Lake	1	0	0	0
Beacon Home at Blue Lake	1	0	2	0
Beacon Home at Cogswell	3	0	0	0
Beacon Home At Ludington	6	0	0	0

Beacon Mission Point	4	7	4	1
Beacon Wave Crest	0	0	1	0
Brightside Living - Lake Shore	0	2	0	0
Cadillac Office/Wexford County	1	0	0	0
Crisis Services	2	0	3	0
Evergreen Home	2	0	4	0
Fort Road Residence, LLC	1	0	0	0
Heart and Soul Living LLC	2	1	0	1
Hillcrest AFC	1	1	0	0
Jacquelyn Street	1	0	0	0
North Hope Crisis	1	0	0	0
Northern Lakes CMH Authority	10	10	11	7
Ohana AFC	0	0	1	1
Seneca Place Home	2	1	0	0
Spectrum Community Services SIP - Bremmer	2	1	0	0
Spectrum Community Services SIP - Kentucky	0	0	1	0
Sunrise AFC Home	0	0	1	0
Westwood Specialized Residential	2	2	0	0
Woodland AFC Home	2	0	1	0

## Interim Chief Executive Officer's

### Report to the Board

May 16, 2024

**Citizen Comment:** None

**Grants of Significant Value:** No new grants of significant value.

**Contracts:** No new contracts. Any new contracts will be emailed to the Board.

**Dashboard Report:** The NLD has requested a monthly Dashboard Report. See attached.

**KPI Monthly Report:** See attached.

**Center for Mental Wellness Update:** Phase #2 is underway. Construction has started and is on schedule to open in December 2024. Working with Dr. Ibrahim on the possibility of partnering with his team on CRU development as part of the GTCMW. This is a Phase #3 item for the project.

#### **Community Connections/Meetings:**

- May 4<sup>th</sup>, GTCMW Team Meeting
- May 6<sup>th</sup>, NMRE SUD Meeting
- May 7-9, PTO Military Orders, PEC Arkansas
- May 13<sup>th</sup>, CMH/DHHS – 6 County Collaborative Meeting
- May 16<sup>th</sup>, NLCMHA Board Meeting
- May 17<sup>th</sup>, NLCMHA All Managers Meeting
- May 20<sup>th</sup>, NLCHMA All Staff Training Event
- May 21<sup>st</sup>, NMRE Operations Committee Meeting
- May 22<sup>nd</sup>, NMRE Board Meeting
- May 24<sup>th</sup>, Monthly Rural and Frontier Caucus Meeting
- June 4<sup>th</sup>, GTCMW Team Meeting
- June 6<sup>th</sup>, RRAC Meeting
- June 7-16 – Military Orders, Cam Grayling
- June 10-12 – CMHA Summer Conference
- June 10<sup>th</sup>, CMH/DHHS – 6 County Collaborative Meeting
- June 18<sup>th</sup>, NMRE Operations Committee Meeting
- June 20<sup>th</sup>, NLCMHA Board Meeting
- June 26<sup>th</sup>, NMRE Board Meeting
- June 28<sup>th</sup>, Monthly Rural and Frontier Caucus Meeting



**NLCMHA Email Blast:** In our most recent staff email blast, we shared information on the following topics:

- New hires, anniversaries, staffing updates
- RCA Spotlight
- EAP information
- Upcoming meetings
- Mental Health Connection digital studio
- Toxicity No Vacancy – By Darryl Washington
- May is Mental Health Month activities
- Recent events & celebrations

**Media Coverage:** There were some articles in the last month. I am attaching a Word document of that article to this report, and links are included below should you want to access them yourselves:

<https://allevents.in/traverse%20city/applied-suicide-intervention-skills-training-asist-traverse-city-mi/10000883433061067>

[https://www.record-eagle.com/news/local\\_news/northern-lakes-staff-board-grapple-with-challenges/article\\_c8d2064c-fe73-11ee-abf4-9bff66e89229.html](https://www.record-eagle.com/news/local_news/northern-lakes-staff-board-grapple-with-challenges/article_c8d2064c-fe73-11ee-abf4-9bff66e89229.html)

Calling the community to step up – No link, article attached.

[https://www.record-eagle.com/opinion/forum-homelessness/article\\_20f992e8-f8e0-11ee-ae79-1fd004502aff.html](https://www.record-eagle.com/opinion/forum-homelessness/article_20f992e8-f8e0-11ee-ae79-1fd004502aff.html)

[https://www.record-eagle.com/news/arts\\_and\\_entertainment/etc-in-brief-04-26-2024/article\\_91a7261a-fe6f-11ee-acf4-a73e1aa3e96c.html](https://www.record-eagle.com/news/arts_and_entertainment/etc-in-brief-04-26-2024/article_91a7261a-fe6f-11ee-acf4-a73e1aa3e96c.html)

[https://www.record-eagle.com/news/lifestyles/northern-living-in-brief-04-28-2024/article\\_8d9b0fc6-fe71-11ee-8f3d-cb9d9245d71f.html](https://www.record-eagle.com/news/lifestyles/northern-living-in-brief-04-28-2024/article_8d9b0fc6-fe71-11ee-8f3d-cb9d9245d71f.html)

[https://www.cadillacnews.com/news/free-virtual-education-series-to-help-mental-health-resilience/article\\_70ccc812-07db-11ef-838b-d3a142373b9a.html](https://www.cadillacnews.com/news/free-virtual-education-series-to-help-mental-health-resilience/article_70ccc812-07db-11ef-838b-d3a142373b9a.html)

[https://www.record-eagle.com/news/local\\_news/grand-traverse-county-pine-rest-seeks-400k-to-support-services/article\\_d8d6b004-07f8-11ef-96c5-230e9ff1a12e.html](https://www.record-eagle.com/news/local_news/grand-traverse-county-pine-rest-seeks-400k-to-support-services/article_d8d6b004-07f8-11ef-96c5-230e9ff1a12e.html)

Cadillac American Legion Post 94 Newsletter - no link, see attached page extracted.

Respectfully submitted,

Brian Martinus, Interim CEO

<b>FY2023 Monthly Access Timeliness, Request to Assessment</b>						
	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>	
<b>Within 14 days</b>	60	48	79	101	74	
<b>Outside 14 days</b>	7	2	9	6	15	
<b>Consumer Cancelled/Rescheduled</b>	6	7	5	5	4	
<b>Consumer Requested outside 14 days</b>	1	4	1	3	2	
<b>Consumer No Showed</b>	38	30	38	37	39	
<b>Consumer Chose to Not Pursue Svcs</b>	25	30	36	31	31	
<b>Other (denial, no follow up)</b>	5	23	19	14	5	
<b>Referrals for Denied Initial Clinical Assessments</b>						
	<b>Nov</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>
External Mental Health Provider	9	6	6	8	6	4
External SUD Provider	0	0	0	0	0	1
No Referral	1	1	1	1	1	1
Other Community Services	4	2	3	3	3	2
<b>FY2023 Monthly Access Timeliness, Assessment to Service</b>						
	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>	
<b>Within 14 days</b>	55	34	57	66	65	
<b>Outside 14 days</b>	8	1	2	1	5	
<b>Consumer Cancelled/Rescheduled</b>	6	2	6	4	4	
<b>Consumer Requested outside 14 days</b>	2	2	2	6	1	
<b>Consumer No Showed</b>	16	21	18	19	18	
<b>Consumer Chose to Not Pursue Svcs</b>	1	5	1	2	7	
<b>Other (denial, no follow up)</b>	5	14	7	8	6	
<b>Monthly % seen in 14 Days</b>	87.3%	97.1%	96.6%	98.5%	92.9%	
<b>FY2023 Mobile Crisis Response Times, Monthly</b>						
	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>
<b>30 Minutes or Less</b>	65	49	51	62	23	21
<b>31 Minutes to 1 Hour</b>	5	5	1	6	9	1
<b>Over 1 Hour</b>	1	0	0	0	0	0

<b>FY2024 Inpatient Readmission Rate</b>						
	<b>Admissions</b>	<b>Readmits in 30 Days</b>	<b>% Readmitted</b>			
<b>October</b>	67	6	9%			
<b>November</b>	66	9	14%			
<b>December</b>	69	15	22%			
<b>January</b>	71	6	8%			
<b>February</b>	64	8	13%			
<b>March</b>	64	5	8%			
<b>TOTAL</b>			<b>12%</b>			
<b>FY2024 Monthly Team Efficiency</b>						
	<b>Expected</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>
<b>ACT</b>	<b>35%</b>	18.51%	18.99%	20.85%	14.20%	16.51%
<b>CPSS</b>	<b>30%</b>	19.46%	16.43%	22.86%	21.22%	22.80%
<b>ES</b>	<b>30%</b>	5.89%	7.43%	6.40%	8.48%	7.69%
<b>IDD Adult</b>	<b>30%</b>	11.82%	11.30%	11.52%	12.51%	12.49%
<b>IDD Child</b>	<b>30%</b>	15.05%	18.97%	18.67%	28.89%	24.44%
<b>MIA CSM</b>	<b>30%</b>	19.64%	21.94%	25.55%	20.58%	19.24%
<b>MIA OP</b>	<b>50%</b>	39.71%	41.30%	44.69%	29.00%	32.33%
<b>SED HB</b>	<b>30%</b>	27.60%	23.11%	29.48%	23.75%	23.92%
<b>SED OP CSM</b>	<b>35%</b>	39.12%	36.68%	41.30%	37.52%	38.17%
<b>SED PTP</b>	<b>30%</b>	44.75%	43.46%	44.87%	49.09%	51.76%

FY2023 Service Information For Grand Traverse County						
Area of Service	October	November	December	January	February	March
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 204,500.77	\$ 193,916.99	\$ 208,251.43	\$ 209,624.57	\$ 156,286.13	\$ 138,254.38
Autism Services	\$ 123,490.43	\$ 126,774.58	\$ 125,363.79	\$ 151,705.37	\$ 149,398.49	\$ 159,568.69
Case Management, ACT and Treatment Planning	\$ 229,433.53	\$ 222,081.17	\$ 199,824.96	\$ 244,894.75	\$ 227,314.54	\$ 229,637.93
Community Living Supports	\$ 1,148,299.60	\$ 1,118,437.18	\$ 1,158,415.27	\$ 1,223,412.71	\$ 1,166,013.95	\$ 1,221,168.59
Crisis Services, Assessments and Testing	\$ 187,726.23	\$ 177,305.40	\$ 176,434.60	\$ 157,756.20	\$ 162,001.24	\$ 149,704.43
Evaluation and Management Physician Level	\$ 100,011.57	\$ 100,218.13	\$ 86,661.18	\$ 100,387.49	\$ 86,466.30	\$ 89,760.49
Psychiatric Inpatient	\$ 292,616.21	\$ 472,454.44	\$ 295,497.90	\$ 291,886.28	\$ 171,575.47	\$ 97,804.26
Psychotherapy and Outpatient Services	\$ 140,410.36	\$ 143,713.72	\$ 130,690.78	\$ 152,172.84	\$ 146,588.13	\$ 122,110.44
Vocational & Skills Building, Family and Health Services	\$ 79,763.09	\$ 76,696.81	\$ 63,012.28	\$ 78,343.93	\$ 74,973.85	\$ 69,911.91
Other	\$ 5,317.66	\$ 6,178.43	\$ 5,747.54	\$ 9,140.85	\$ 8,165.92	\$ 5,291.98
<b>Total</b>	<b>\$ 2,511,569.45</b>	<b>\$ 2,637,776.85</b>	<b>\$ 2,449,899.73</b>	<b>\$ 2,619,324.99</b>	<b>\$ 2,348,784.02</b>	<b>\$ 2,283,213.10</b>
Number of Registered People Receiving Services	1,069	1,101	1,013	1,039	1,018	1,007
Average Cost per Registered Person Served	\$ 2,349.46	\$ 2,395.80	\$ 2,418.46	\$ 2,521.01	\$ 2,307.25	\$ 2,267.34
Service Transactions Provided	103,975	96,810	93,910	105,820	106,313	106,618
Average Cost per Transaction	\$ 24	\$ 27	\$ 26	\$ 25	\$ 22	\$ 21
Count of Adult IDD	244	259	245	252	247	254
Count of Child IDD	80	74	74	75	78	77
Count of Adult SMI	588	615	554	581	553	544
Count of Child SED	157	153	140	131	140	132
<b>Total</b>	<b>1,069</b>	<b>1,101</b>	<b>1,013</b>	<b>1,039</b>	<b>1,018</b>	<b>1,007</b>
IDD Adult Cost	\$ 1,115,320.76	\$ 1,061,711.32	\$ 1,052,093.70	\$ 1,100,190.03	\$ 1,072,244.01	\$ 1,105,862.36
IDD Child Cost	\$ 180,849.29	\$ 206,483.62	\$ 210,381.37	\$ 236,451.73	\$ 239,418.47	\$ 255,790.92
Adult SMI Cost	\$ 1,015,962.47	\$ 1,133,636.47	\$ 993,147.85	\$ 1,037,796.37	\$ 854,896.12	\$ 725,846.35
Child SED Cost	\$ 199,436.93	\$ 235,945.44	\$ 194,276.81	\$ 244,886.86	\$ 182,225.42	\$ 195,713.47
<b>Total</b>	<b>\$ 2,511,569.45</b>	<b>\$ 2,637,776.85</b>	<b>\$ 2,449,899.73</b>	<b>\$ 2,619,324.99</b>	<b>\$ 2,348,784.02</b>	<b>\$ 2,283,213.10</b>
Adult IDD Cost per consumer	\$ 4,570.99	\$ 4,099.27	\$ 4,294.26	\$ 4,365.83	\$ 4,341.07	\$ 4,353.79
Child IDD Cost per consumer	\$ 2,260.62	\$ 2,790.32	\$ 2,842.99	\$ 3,152.69	\$ 3,069.47	\$ 3,321.96
Adult SMI Cost per consumer	\$ 1,727.83	\$ 1,843.31	\$ 1,792.69	\$ 1,786.22	\$ 1,545.92	\$ 1,334.28
Child SED Cost per consumer	\$ 1,270.30	\$ 1,542.13	\$ 1,387.69	\$ 1,869.37	\$ 1,301.61	\$ 1,482.68
<b>Total</b>	<b>\$ 2,349.46</b>	<b>\$ 2,395.80</b>	<b>\$ 2,418.46</b>	<b>\$ 2,521.01</b>	<b>\$ 2,307.25</b>	<b>\$ 2,267.34</b>

FY2023 Service Information For Leelanau County						
Area of Service	October	November	December	January	February	March
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing	\$ 10,803.23	\$ 16,352.56	\$ 16,933.43	\$ 30,860.53	\$ 27,366.18	\$ 23,910.79
Autism Services	\$ 10,027.05	\$ 9,953.17	\$ 7,473.01	\$ 11,479.99	\$ 16,360.18	\$ 19,047.51
Case Management, ACT and Treatment Planning	\$ 22,412.71	\$ 23,443.64	\$ 15,401.31	\$ 20,199.96	\$ 18,405.98	\$ 16,279.00
Community Living Supports	\$ 177,198.55	\$ 163,081.47	\$ 157,303.69	\$ 169,124.21	\$ 164,127.39	\$ 172,241.33
Crisis Services, Assessments and Testing	\$ 9,343.00	\$ 12,478.20	\$ 13,576.00	\$ 6,324.00	\$ 10,247.00	\$ 16,571.20
Evaluation and Management Physician Level	\$ 12,503.97	\$ 7,674.30	\$ 5,784.37	\$ 6,639.80	\$ 8,063.23	\$ 5,740.75
Psychiatric Inpatient	\$ 15,476.46	\$ 29,982.54	\$ 13,287.66	\$ 21,195.00	\$ 10,061.44	\$ -
Psychotherapy and Outpatient Services	\$ 19,851.28	\$ 18,462.00	\$ 16,066.55	\$ 24,044.23	\$ 19,336.88	\$ 13,818.24
Vocational & Skills Building, Family and Health Services	\$ 8,734.78	\$ 7,504.21	\$ 6,117.09	\$ 7,612.93	\$ 7,845.65	\$ 7,025.99
<b>Total</b>	<b>\$ 286,351.03</b>	<b>\$ 288,932.09</b>	<b>\$ 251,943.11</b>	<b>\$ 297,480.65</b>	<b>\$ 281,813.93</b>	<b>\$ 274,634.81</b>
Number of Registered People Receiving Services	115	105	102	107	107	102
Average Cost per Registered Person Served	\$ 2,490.01	\$ 2,751.73	\$ 2,470.03	\$ 2,780.19	\$ 2,633.78	\$ 2,692.50
Service Transactions Provided	12,728	11,433	10,015	11,397	11,926	12,604
Average Cost per Transaction	\$ 22	\$ 25	\$ 25	\$ 26	\$ 24	\$ 22
Count of Adult IDD	41	37	36	37	36	37
Count of Child IDD	5	4	4	4	5	5
Count of Adult SMI	50	45	43	46	46	40
Count of Child SED	19	19	19	20	20	20
<b>Total</b>	<b>115</b>	<b>105</b>	<b>102</b>	<b>107</b>	<b>107</b>	<b>102</b>
IDD Adult Cost	\$ 194,723.34	\$ 178,243.70	\$ 167,351.01	\$ 182,989.58	\$ 179,376.87	\$ 183,322.61
IDD Child Cost	\$ 13,207.05	\$ 13,409.97	\$ 10,420.01	\$ 13,997.99	\$ 17,941.18	\$ 23,183.31
Adult SMI Cost	\$ 55,729.24	\$ 75,061.82	\$ 51,340.09	\$ 68,615.28	\$ 49,540.08	\$ 39,490.89
Child SED Cost	\$ 22,691.40	\$ 22,216.60	\$ 22,832.00	\$ 31,877.80	\$ 34,955.80	\$ 28,638.00
<b>Total</b>	<b>\$ 286,351.03</b>	<b>\$ 288,932.09</b>	<b>\$ 251,943.11</b>	<b>\$ 297,480.65</b>	<b>\$ 281,813.93</b>	<b>\$ 274,634.81</b>
Adult IDD Cost per consumer	\$ 4,749.35	\$ 4,817.40	\$ 4,648.64	\$ 4,945.66	\$ 4,982.69	\$ 4,954.67
Child IDD Cost per consumer	\$ 2,641.41	\$ 3,352.49	\$ 2,605.00	\$ 3,499.50	\$ 3,588.24	\$ 4,636.66
Adult SMI Cost per consumer	\$ 1,114.58	\$ 1,668.04	\$ 1,193.96	\$ 1,491.64	\$ 1,076.96	\$ 987.27
Child SED Cost per consumer	\$ 1,194.28	\$ 1,169.29	\$ 1,201.68	\$ 1,593.89	\$ 1,747.79	\$ 1,431.90
<b>Total</b>	<b>\$ 2,490.01</b>	<b>\$ 2,751.73</b>	<b>\$ 2,470.03</b>	<b>\$ 2,780.19</b>	<b>\$ 2,633.78</b>	<b>\$ 2,692.50</b>

FY2023 Service Information For Missaukee County						
Area of Service	October	November	December	January	February	March
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 29,136.42	\$ 28,262.87	\$ 24,411.71	\$ 25,891.54	\$ 25,847.17	\$ 32,658.55
Autism Services	\$ 8,869.24	\$ 7,646.52	\$ 8,801.07	\$ 9,515.16	\$ 10,693.25	\$ 15,429.38
Case Management, ACT and Treatment Planning	\$ 30,570.07	\$ 31,897.23	\$ 29,214.77	\$ 35,171.42	\$ 25,141.42	\$ 29,205.11
Community Living Supports	\$ 350,214.72	\$ 336,646.52	\$ 349,117.57	\$ 395,826.40	\$ 378,382.36	\$ 390,696.48
Crisis Services, Assessments and Testing	\$ 11,511.60	\$ 11,266.00	\$ 11,205.00	\$ 16,109.00	\$ 22,445.00	\$ 15,180.00
Evaluation and Management Physician Level	\$ 17,388.53	\$ 17,065.24	\$ 15,922.16	\$ 17,191.53	\$ 19,406.63	\$ 18,484.71
Psychiatric Inpatient	\$ 29,978.45	\$ 16,003.52	\$ 29,330.51	\$ 28,971.00	\$ 31,775.00	\$ 48,023.00
Psychotherapy and Outpatient Services	\$ 41,073.10	\$ 35,684.69	\$ 28,534.63	\$ 39,572.99	\$ 37,146.75	\$ 29,302.00
Vocational & Skills Building, Family and Health Services	\$ 21,315.43	\$ 19,329.81	\$ 17,643.78	\$ 17,152.75	\$ 18,247.71	\$ 18,266.62
Other	\$ -	\$ 624.00	\$ 156.00	\$ -	\$ -	\$ -
Total	\$ 540,057.56	\$ 504,426.40	\$ 514,337.20	\$ 585,401.79	\$ 569,085.29	\$ 597,245.85
Number of Registered People Receiving Services	167	171	161	169	169	173
Average Cost per Registered Person Served	\$ 3,233.88	\$ 2,949.86	\$ 3,194.64	\$ 3,463.92	\$ 3,367.37	\$ 3,452.29
Service Transactions Provided	20,813	21,237	20,983	24,041	24,145	26,640
Average Cost per Transaction	\$ 26	\$ 24	\$ 25	\$ 24	\$ 24	\$ 22
Count of Adult IDD	42	42	43	39	40	41
Count of Child IDD	13	10	11	13	11	13
Count of Adult SMI	71	83	71	73	77	78
Count of Child SED	41	36	36	44	41	41
Total	167	171	161	169	169	173
IDD Adult Cost	\$ 323,142.99	\$ 322,317.93	\$ 351,848.24	\$ 362,745.17	\$ 344,179.90	\$ 363,908.59
IDD Child Cost	\$ 16,940.22	\$ 14,852.18	\$ 17,760.89	\$ 28,514.25	\$ 31,418.58	\$ 28,585.12
Adult SMI Cost	\$ 155,282.90	\$ 119,998.42	\$ 105,890.07	\$ 153,080.37	\$ 155,345.81	\$ 149,780.14
Child SED Cost	\$ 44,691.45	\$ 47,257.87	\$ 38,838.00	\$ 41,062.00	\$ 38,141.00	\$ 54,972.00
Total	\$ 540,057.56	\$ 504,426.40	\$ 514,337.20	\$ 585,401.79	\$ 569,085.29	\$ 597,245.85
Adult IDD Cost per consumer	\$ 7,693.88	\$ 7,674.24	\$ 8,182.52	\$ 9,301.16	\$ 8,604.50	\$ 8,875.82
Child IDD Cost per consumer	\$ 1,303.09	\$ 1,485.22	\$ 1,614.63	\$ 2,193.40	\$ 2,856.23	\$ 2,198.86
Adult SMI Cost per consumer	\$ 2,187.08	\$ 1,445.76	\$ 1,491.41	\$ 2,096.99	\$ 2,017.48	\$ 1,920.26
Child SED Cost per consumer	\$ 1,090.04	\$ 1,312.72	\$ 1,078.83	\$ 933.23	\$ 930.27	\$ 1,340.78
Total	\$ 3,233.88	\$ 2,949.86	\$ 3,194.64	\$ 3,463.92	\$ 3,367.37	\$ 3,452.29

FY2023 Service Information for Roscommon County						
Area of Service	October	November	December	January	February	March
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 42,137.23	\$ 52,750.41	\$ 32,576.89	\$ 61,028.39	\$ 47,579.53	\$ 47,256.96
Autism Services	\$ 19,319.38	\$ 12,910.65	\$ 15,818.36	\$ 18,417.34	\$ 17,159.81	\$ 11,602.75
Case Management, ACT and Treatment Planning	\$ 96,719.25	\$ 89,291.77	\$ 79,580.12	\$ 100,522.41	\$ 97,471.28	\$ 76,220.29
Community Living Supports	\$ 420,053.38	\$ 404,006.48	\$ 413,497.71	\$ 422,962.98	\$ 422,846.59	\$ 458,376.96
Crisis Services, Assessments and Testing	\$ 23,509.20	\$ 27,008.55	\$ 19,055.20	\$ 37,233.00	\$ 40,130.20	\$ 21,908.00
Evaluation and Management Physician Level	\$ 44,364.12	\$ 43,757.86	\$ 29,570.07	\$ 41,860.03	\$ 37,902.97	\$ 34,309.04
Psychiatric Inpatient	\$ 68,196.74	\$ 41,874.95	\$ 44,638.32	\$ 129,427.96	\$ 50,661.59	\$ 34,971.00
Psychotherapy and Outpatient Services	\$ 63,383.74	\$ 67,842.94	\$ 63,195.26	\$ 68,622.86	\$ 65,817.14	\$ 48,130.58
Vocational & Skills Building, Family and Health Services	\$ 10,412.35	\$ 9,804.16	\$ 11,755.52	\$ 14,977.85	\$ 13,910.26	\$ 11,813.10
Other	\$ 716.67	240.83	\$ 338.53	\$ 607.20	\$ 1,388.65	\$ 954.53
Total	\$ 788,812.06	\$ 749,488.60	\$ 710,025.98	\$ 895,660.02	\$ 794,868.02	\$ 745,543.21
Number of Registered People Receiving Services	353	347	332	359	368	350
Average Cost per Registered Person Served	\$ 2,234.60	\$ 2,159.91	\$ 2,138.63	\$ 2,494.87	\$ 2,159.97	\$ 2,130.12
Service Transactions Provided	24,157	23,153	21,888	24,165	23,216	22,448
Average Cost per Transaction	\$ 33	\$ 32	\$ 32	\$ 37	\$ 34	\$ 33
Count of Adult IDD	69	72	72	69	71	73
Count of Child IDD	21	18	17	17	19	20
Count of Adult SMI	185	188	182	208	213	197
Count of Child SED	78	69	61	65	65	60
Total	353	347	332	359	368	350
IDD Adult Cost	\$ 368,242.85	\$ 349,815.80	\$ 354,184.61	\$ 445,069.50	\$ 369,816.80	\$ 401,735.22
IDD Child Cost	\$ 30,341.64	\$ 23,013.99	\$ 20,427.31	\$ 30,986.17	\$ 36,584.93	\$ 20,879.36
Adult SMI Cost	\$ 280,623.34	\$ 275,968.60	\$ 276,838.45	\$ 333,241.04	\$ 308,871.99	\$ 249,671.71
Child SED Cost	\$ 109,604.23	\$ 100,690.21	\$ 58,575.61	\$ 86,363.31	\$ 79,594.30	\$ 73,256.92
Total	\$ 788,812.06	\$ 749,488.60	\$ 710,025.98	\$ 895,660.02	\$ 794,868.02	\$ 745,543.21
Adult IDD Cost per consumer	\$ 5,336.85	\$ 4,858.55	\$ 4,919.23	\$ 6,450.28	\$ 5,208.69	\$ 5,503.22
Child IDD Cost per consumer	\$ 1,444.84	\$ 1,278.56	\$ 1,201.61	\$ 1,822.72	\$ 1,925.52	\$ 1,043.97
Adult SMI Cost per consumer	\$ 1,516.88	\$ 1,467.92	\$ 1,521.09	\$ 1,602.12	\$ 1,450.10	\$ 1,267.37
Child SED Cost per consumer	\$ 1,405.18	\$ 1,459.28	\$ 960.26	\$ 1,328.67	\$ 1,224.53	\$ 1,220.95
Total	\$ 2,234.60	\$ 2,159.91	\$ 2,138.63	\$ 2,494.87	\$ 2,159.97	\$ 2,130.12

FY2023 Monthly Service Information for Crawford County						
Area of Service	October	November	December	January	February	March
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 29,773.17	\$ 35,100.76	\$ 24,764.40	\$ 30,042.12	\$ 30,954.16	\$ 24,483.94
Autism Services	\$ 35,175.31	\$ 24,854.90	\$ 26,345.85	\$ 24,346.39	\$ 26,090.05	\$ 25,218.18
Case Management, ACT and Treatment Planning	\$ 47,623.55	\$ 52,898.88	\$ 56,356.60	\$ 59,650.65	\$ 57,113.53	\$ 61,169.00
Community Living Supports	\$ 264,551.39	\$ 243,435.54	\$ 243,975.56	\$ 254,314.56	\$ 241,696.66	\$ 252,276.28
Crisis Services, Assessments and Testing	\$ 27,395.64	\$ 33,928.20	\$ 23,662.20	\$ 26,773.00	\$ 31,416.75	\$ 24,644.00
Evaluation and Management Physician Level	\$ 29,550.17	\$ 24,669.98	\$ 17,510.98	\$ 23,924.51	\$ 20,575.44	\$ 17,900.08
Psychiatric Inpatient	\$ 55,932.35	\$ 30,399.97	\$ 69,178.83	\$ 21,408.44	\$ 16,159.20	\$ 17,148.45
Psychotherapy and Outpatient Services	\$ 32,355.12	\$ 23,808.00	\$ 24,060.00	\$ 33,057.14	\$ 30,649.38	\$ 24,686.00
Vocational & Skills Building, Family and Health Services	\$ 3,547.20	\$ 2,670.91	\$ 2,490.81	\$ 4,356.30	\$ 3,297.31	\$ 2,994.63
Other	\$ 936.00	\$ 1,872.00	\$ 312.00	\$ 936.00	\$ -	\$ 312.00
Total	\$ 526,839.90	\$ 473,639.14	\$ 488,657.23	\$ 478,809.11	\$ 457,952.48	\$ 450,832.56
Number of Registered People Receiving Services	226	217	210	224	207	202
Average Cost per Registered Person Served	\$ 2,331.15	\$ 2,182.67	\$ 2,326.94	\$ 2,137.54	\$ 2,212.33	\$ 2,231.84
Service Transactions Provided	19,046	17,738	16,558	18,522	18,233	19,922
Average Cost per Transaction	\$ 28	\$ 27	\$ 30	\$ 26	\$ 25	\$ 23
Count of Adult IDD	39	41	37	43	38	39
Count of Child IDD	14	16	15	12	15	16
Count of Adult SMI	143	126	127	136	124	116
Count of Child SED	30	34	31	33	30	31
Total	226	217	210	224	207	202
IDD Adult Cost	\$ 217,704.81	\$ 208,253.29	\$ 197,796.92	\$ 214,194.61	\$ 203,232.87	\$ 213,272.28
IDD Child Cost	\$ 87,066.46	\$ 58,193.81	\$ 61,179.33	\$ 58,785.11	\$ 60,683.72	\$ 58,231.10
Adult SMI Cost	\$ 183,578.13	\$ 150,534.79	\$ 165,721.98	\$ 162,122.39	\$ 145,971.89	\$ 137,762.18
Child SED Cost	\$ 38,490.50	\$ 56,657.25	\$ 63,959.00	\$ 43,707.00	\$ 48,064.00	\$ 41,567.00
Total	\$ 526,839.90	\$ 473,639.14	\$ 488,657.23	\$ 478,809.11	\$ 457,952.48	\$ 450,832.56
Adult IDD Cost per consumer	\$ 5,582.17	\$ 5,079.35	\$ 5,345.86	\$ 4,981.27	\$ 5,348.23	\$ 5,468.52
Child IDD Cost per consumer	\$ 6,219.03	\$ 3,637.11	\$ 4,078.62	\$ 4,898.76	\$ 4,045.58	\$ 3,639.44
Adult SMI Cost per consumer	\$ 1,283.76	\$ 1,194.72	\$ 1,304.90	\$ 1,192.08	\$ 1,177.19	\$ 1,187.61
Child SED Cost per consumer	\$ 1,283.02	\$ 1,666.39	\$ 2,063.19	\$ 1,324.45	\$ 1,602.13	\$ 1,340.87
Total	\$ 2,331.15	\$ 2,182.67	\$ 2,326.94	\$ 2,137.54	\$ 2,212.33	\$ 2,231.84



**FY2023 Service Information for Wexford County**

<b>Area of Service</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 126,595.88	\$ 119,910.61	\$ 117,734.28	\$ 143,528.84	\$ 131,687.21	\$ 129,037.45
Autism Services	\$ 101,339.21	\$ 89,336.31	\$ 81,177.79	\$ 82,241.47	\$ 71,886.86	\$ 60,231.56
Case Management, ACT and Treatment Planning	\$ 150,236.25	\$ 132,151.57	\$ 117,036.20	\$ 137,627.05	\$ 127,096.65	\$ 117,642.65
Community Living Supports	\$ 627,544.93	\$ 619,210.05	\$ 648,190.52	\$ 706,570.41	\$ 672,779.10	\$ 707,725.18
Crisis Services, Assessments and Testing	\$ 99,897.40	\$ 66,959.98	\$ 77,612.56	\$ 60,023.59	\$ 59,670.45	\$ 61,703.12
Evaluation and Management Physician Level	\$ 80,063.14	\$ 72,390.13	\$ 54,317.33	\$ 72,231.16	\$ 70,739.30	\$ 57,315.70
Psychiatric Inpatient	\$ 153,559.95	\$ 106,050.44	\$ 92,685.52	\$ 147,960.02	\$ 224,273.08	\$ 139,074.78
Psychotherapy and Outpatient Services	\$ 107,432.79	\$ 100,317.28	\$ 94,446.50	\$ 108,283.74	\$ 98,078.90	\$ 87,315.76
Vocational & Skills Building, Family and Health Services	\$ 65,839.58	\$ 55,193.05	\$ 51,716.87	\$ 54,942.55	\$ 58,048.26	\$ 60,315.12
Other	\$ 12,088.40	\$ 9,660.36	\$ 7,497.45	\$ 11,459.77	\$ 8,929.20	\$ 11,481.77
<b>Total</b>	<b>\$ 1,524,597.53</b>	<b>\$ 1,371,179.78</b>	<b>\$ 1,342,415.02</b>	<b>\$ 1,524,868.60</b>	<b>\$ 1,523,189.01</b>	<b>\$ 1,431,843.09</b>
Number of Registered People Receiving Services	609	577	563	592	580	589
Average Cost per Registered Person Served	\$ 2,503.44	\$ 2,376.39	\$ 2,384.40	\$ 2,575.79	\$ 2,626.19	\$ 2,430.97
Service Transactions Provided	53,358	49,336	48,041	53,159	51,580	52,427
Average Cost per Transaction	\$ 29	\$ 28	\$ 28	\$ 29	\$ 30	\$ 27
Count of Adult IDD	112	111	108	113	116	114
Count of Child IDD	59	56	47	58	45	51
Count of Adult SMI	332	317	317	330	316	318
Count of Child SED	106	93	91	91	103	106
<b>Total</b>	<b>609</b>	<b>577</b>	<b>563</b>	<b>592</b>	<b>580</b>	<b>589</b>
IDD Adult Cost	\$ 663,172.16	\$ 651,868.78	\$ 653,740.57	\$ 713,785.99	\$ 686,441.37	\$ 701,709.33
IDD Child Cost	\$ 145,335.21	\$ 131,676.94	\$ 125,349.44	\$ 133,512.80	\$ 105,444.72	\$ 104,496.48
Adult SMI Cost	\$ 593,656.14	\$ 472,548.64	\$ 457,385.41	\$ 568,008.10	\$ 537,028.30	\$ 506,760.23
Child SED Cost	\$ 122,434.02	\$ 115,085.42	\$ 105,939.60	\$ 109,561.71	\$ 194,274.62	\$ 118,877.05
<b>Total</b>	<b>\$ 1,524,597.53</b>	<b>\$ 1,371,179.78</b>	<b>\$ 1,342,415.02</b>	<b>\$ 1,524,868.60</b>	<b>\$ 1,523,189.01</b>	<b>\$ 1,431,843.09</b>
Adult IDD Cost per consumer	\$ 5,921.18	\$ 5,872.69	\$ 6,053.15	\$ 6,316.69	\$ 5,917.60	\$ 6,155.35
Child IDD Cost per consumer	\$ 2,463.31	\$ 2,351.37	\$ 2,667.01	\$ 2,301.94	\$ 2,343.22	\$ 2,048.95
Adult SMI Cost per consumer	\$ 1,788.12	\$ 1,490.69	\$ 1,442.86	\$ 1,721.24	\$ 1,699.46	\$ 1,593.59
Child SED Cost per consumer	\$ 1,155.04	\$ 1,237.48	\$ 1,164.17	\$ 1,203.97	\$ 1,886.16	\$ 1,121.48
<b>Total</b>	<b>\$ 2,503.44</b>	<b>\$ 2,376.39</b>	<b>\$ 2,384.40</b>	<b>\$ 2,575.79</b>	<b>\$ 2,626.19</b>	<b>\$ 2,430.97</b>

## Attachment III

### Northern Lakes CMH Authority Key Performance Indicators (to be reported to the NLCMHA Member Counties Quarterly)

**NLCMHA Mission:** To improve the overall health, wellness, and quality of life of the individuals, families, and communities that we serve.

#### ❖ Strategic Objectives

Objective	Strategic Objective
1	Transform the NLCMHA's behavioral health services into a nationally recognized, results-based model of care by promoting a common vision, accountable collective action, transparency, and innovative programs.
2	Ensure individuals served at NLCMHA receive quality services to meet their unique needs.
3	Ensure individuals and families receive quality services to meet their unique needs, resulting in access to the right services, at the right time, in the right amount.
4	Build and support a community that promotes recovery and resilience to help individuals and families thrive.
5	Promote behavioral health wellness through prevention and early intervention services and supports.
6	Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence
7	Create and maintain a highly efficient, transparent, and responsive organization.

#### ❖ Key Performance Indicators

Measure	Prior Quarter Results	FY 22-23 Target	FY 22-23 Actual
<b>Ensure individuals served at NLCMHA receive quality services to meet their unique needs. (5 Measures)</b>			
Percent of consumers at NLCMHA readmitted to psychiatric inpatient services within 90 days	16%	<20%	11%
Percent of consumers who were diverted from psychiatric inpatient admission	39%	>30%	42%
Number of substantiated Recipient Rights' Complaints.		<5	
Number of Upheld Appeals		<5	
Number of Upheld Grievances		<5	
<b>Ensure individuals and families receive quality services to meet their unique needs, resulting in access to the right services, at the right time, in the right amount. (6 Measures)</b>			
Percent of adults newly enrolled in Mental Health services who had their first clinical service within 14 days of enrollment	54%	>80%	74%

Percent of children newly enrolled in Mental Health services who had their first clinical service within 14 days of enrollment	66%	>80%	50%
Percent of adults newly enrolled in Substance Abuse services who had their first clinical service within 14 days of enrollment	N/A	>80%	N/A
Percent of adults newly enrolled in developmental disability services who had their first clinical service within 14 days of enrollment	75%	>80%	100%
Percent of children newly enrolled in developmental disability services who had their first clinical service within 14 days of enrollment	85%	>80%	70%
Percent of Substance Use Disorder (SUD) clients successfully discharged who re-entered services within 90 days	N/A	<25%	N/A
<b>Build and support a community that promotes recovery and resilience to help individuals and families thrive. (2 Measures)</b>			
Number of certified peers employed during the quarter	10	>8	10
Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process (This is done annually).		>85%	100%
<b>Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence (1 Measure)</b>			
Percent of consumers who were discharged from a psychiatric hospital and had a follow-up service within 30 days	96%	>90%	92%

## Workload Measures

Measure	Last Quarter Results	FY 2023 Target	FY 2023 Actual
<b>Peer Specialists and Recovery Coaches (2 Measures)</b>			
Number of new Certified Peer Specialists to include those in specialty tracks of family and youth		>2	
Number of people trained in Recovery Coaching		>5	
<b>Communication (2 Measures)</b>			
Number of public outreach events per quarter	13%	>3	13
Number of hits to the NLCMHA website	69,712	>100	80,612
<b>Outreach Services (1 Measure)</b>			
Number of interventions from Crisis Response Team	152	>24	178
<b>Operational/Legal Matters (2 Measures)</b>			
Staff turnover per quarter	6%	<10%	3%
Claims filed with Michigan Municipal Risk Management Authority		<3	

<https://allevents.in/traverse%20city/applied-suicide-intervention-skills-training-asist-traverse-city-mi/10000883433061067>

## **About the event Applied Suicide Intervention Skills Training (ASIST), Traverse City, MI**

ASIST is a two-day interactive workshop in suicide first-aid.

### **About this Event**

A 2-day ASIST training at the Northern Lakes Community Mental Health Board Room at 105 Hall St Suite A, Traverse City, MI 49684.

Date/Time: July 23rd and 25th, 2024, from 8:15-4:30, with BOTH FULL DAYS REQUIRED.  
\*\*If there times you know you won't be able to give your full attention (scheduled meetings, appointments, etc) perhaps you'll need to look for a later course.

Cost: \$50

\*This training is valued at \$250, its supplemented by the following sponsors: Kiersten's Ride, Northern Lakes Community Mental Health, and Northern Michigan Opioid Response Consortium.

\*\*Limited number of scholarships for those with written request for financial assistance.

\*\*\*There is an opportunity to make an additional donation to Kiersten's Ride, which will allow us to training more members of the northern Michigan community.

ASIST teaches participants to recognize when someone may be at risk of suicide and work with them to create a plan that will support their immediate safety.

Although ASIST is widely used by healthcare providers, participants don't need any formal training to attend the workshop—ASIST can be learned and used by anyone.

In the course of the two-day workshop, ASIST participants learn to:

- Understand the ways personal and societal attitudes affect views on suicide and interventions
- Provide guidance and suicide first-aid to a person at risk in ways that meet their individual safety needs
- Identify the key elements of an effective suicide safety plan and the actions required to implement it
- Appreciate the value of improving and integrating suicide prevention resources in the community at large
- Recognize other important aspects of suicide prevention including life-promotion and self-care

All materials and meals will be provided. IF you have specific dietary requirements, please bring your own meals and snacks.

We understand COVID may still be a concern. In order to address this, we have ensured ample spacing to create more safety. Masks can be worn, but are not required. We also encourage you to consider your own needs so that you are comfortable.

Dress in layers to allow for comfort!

\*This training is for anyone 16 years old or older. However, for attendees 16-17 years old, we will ensure a parent/guardian is aware of participation.

\*\*This course is approved by the NASW Michigan Social Work Continuing Education Collaborative Course approval for 13.5 hours.

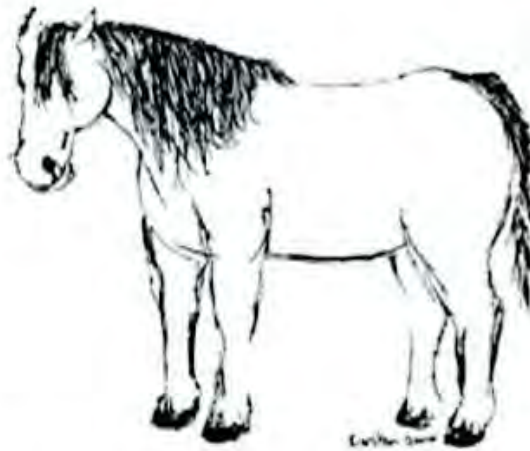
This course is also approved by the Michigan Department of Education for 12.5 hours of State Continuing Education Clock Hours (SCECHs).

Other CEUs can be earned thru <https://www.ceunits.com/livingworks/>. The cost for the CEUs is \$5 per credit hour, but you will not be charged until you pass the exam and download your certificate.

\*\*\*Cancellation Policy:

If cancellation is received by Kiersten's Ride via email more than 5 days prior to the start date of the training; the course fee will be refunded.

If cancellation is received by Kiersten's Ride via email within 5 days of the start date or if there is a NO SHOW on Day 1 of the training NO REFUND will be issued.



# *Kiersten's Ride*



[https://www.record-eagle.com/news/local\\_news/northern-lakes-staff-board-grapple-with-challenges/article\\_c8d2064c-fe73-11ee-abf4-9bff66e89229.html](https://www.record-eagle.com/news/local_news/northern-lakes-staff-board-grapple-with-challenges/article_c8d2064c-fe73-11ee-abf4-9bff66e89229.html)

## **Northern Lakes staff, board grapple with challenges**

[By Mardi Link mmlink@record-eagle.com](mailto:mmlink@record-eagle.com)

TRAVERSE CITY — A disconnect between board members and staff continues to vex the region’s largest mental health services organization, with one leadership team member comparing the relationship to a nerve-wracking game of wooden building blocks.

“Eventually, someone pulls the wrong block and the tower comes tumbling down,” said Nancy Stevenson, chief clinical officer of Northern Lakes Community Mental Health Authority. “My staff, my team and myself are constantly building a tower of Jenga.

“Once a month, a board meeting happens, the aftermath (of the meeting) obliterates all of our good work being done to restructure, reorganize and stabilize this agency.”

Stevenson has a long history with Northern Lakes, previously serving as a clinician, director of community crisis and wellness, and, for a time, chief operations officer. In 2021, she helped organize a community advisory committee, so Northern Lakes staff, law enforcement and non-profit leaders could meet to brainstorm solutions for improved mental health care.

Those relationships had broken down, with some citing a “my way or the highway” attitude, and are being rebuilt, community members say.

Northern Lakes receives a majority of its \$90 million annual funding from Medicaid and provides services in six counties — Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford — and is governed by as many as 16 board members appointed to three-year terms by their respective county commissioners.

Board members in March voted to exit a \$10 million Medicaid program, called Mi Choice Waiver, and to look for a partner for their integrated health clinic — decisions which could impact hundreds of patient clients as well as numerous Northern Lakes staff.

Federal Medicaid funding passes through the Northern Michigan Regional Entity, which provides funding and some administrative oversight to programs in 22 northern counties, and the Mi Choice Waiver program also extends to clients in this expanded range.

“There’s 22 counties involved,” said Al Cambridge Jr., a longtime board member from Roscommon. “That’s 22 agencies (the organization will need to inform). This isn’t going to be easy.”

Board members said they were taking a deliberate approach, with planning and plenty of lead time, so no one would be without services.

Stevenson, in her public comment at the board’s regular meeting Thursday, pointed to data showing 10 percent or more of Northern Lakes employees had job security concerns and that laughter by board members during discussions was inappropriate.

“I’m extremely disappointed with the behaviors of several board members at the last board meeting,” she said. “Are you aware that Northern Lakes staff watch these board meetings?”

A review of the meeting recording shows some board members did laugh during discussions of meeting rules and of the specifics on how staff could advise on an exit plan, but did not laugh at staff.

A consultant hired to advise Northern Lakes on its finances and human resources, recommended both these exits to the board, stating that neither program fulfilled the organization’s core mission, which is providing mental health services.

The consultant, Richard Carpenter of the Rehmann Group, is also being paid by NMRE, for the separate task of conducting a forensic investigation into the organization’s finances, after an initial review turned up potential wrongdoing.

Years of turmoil at the organization precipitated NMRE’s involvement as a kind of interim overseer, following problems that surfaced in 2021, when the organization sought to hire a new CEO.

A former interim CEO, Joanie Blamer, is on paid administrative leave, a former CFO, Lauri Fisher, was terminated, and both have since filed whistleblower lawsuits against the organization in 13th Circuit Court.

For now, the NMRE is paying the salary of the new interim CEO, Brian Martinus, who received high marks from staff during the regular meeting Thursday.

“Thirty-five years here, know a lot about community mental health, I’ve gone through a number of CEOs that I’ve worked with personally through all these years . . . Brian Martinus is probably one of the best leaders I’ve come across,” said Cynthia Petersen, who works in community health.



The board's policy is not to answer public comment, but to listen and direct the CEO, in this case Martinus, to look into complaints and report back.

An email asking about Stevenson's complaints, sent Thursday via the board's group email address and seeking comment, was not returned Friday.

The board since October, when the \$45,000/month contract with Rehmann was signed, has made some strides aimed at stabilizing the organization.

In December, the board voted unanimously for an ad hoc committee to seek an alternative to the hands-off Carver Model, which calls for a board to oversee the organization's CEO, who is granted broad powers over the organization.

The board has also scheduled special meetings to discuss Rehmann findings, engaged in lengthy discussions about changes to the organization's by-laws and credited longtime and new staff members, for their efforts at improving the organization from within.

The next monthly meeting is scheduled for May 16, at the community mental health building on South Townline Road in Houghton Lake.



## Calling the community to step up

**BY DAVID FREEDMAN**

I was one of several people who came out Monday, April 8, to help clean the encampment for unhoused individuals at the Grand Traverse Commons. I know it is heartwarming to help those less fortunate than ourselves and to clean up our community, but there is far more to the story.

Not having a place to live is not a choice; it is an outcome.

Not having a job, having a mental or physical health problems or becoming an illicit substance user are not choices either.

These are not conscious decisions, as no one wakes up and says, "I want to grow up to be homeless, mentally ill, not working or addicted to drugs."

The real issue here is stigma. Historically, those with these conditions are blamed for their condition. Some people say, "They just need to pull themselves up by their bootstraps!" I say that is baloney, and we need to stop stigmatizing those with problems right now. Please just imagine how you would feel if you were in their situation.

If we wish to make our community a better place to live and raise our children, we need to address the challenges we are facing today. We need to change what we are presently doing and build enough desire to change the status quo, innovate or invest in the services that we need to make in our community a place for all.

Affordable housing, access to care and other resources need to be made more broadly available to meet these emergent needs. Some resources are available now, or will be soon, to address "holes" that we have.

One of these advances is the Traverse City Police Quick Response Team that deploys a team of professionals who coordinate with community care providers to meet the needs of residents who face multiple problems (homelessness, addiction and mental challenges).

Plans are in the works to expand this service countywide.

Another is the much heralded Mental Wellness Center, a joint project of Northern Lakes Community Mental Health Center and Munson hospital, due at the end of this year.

We have an opportunity today to dedicate ongoing support for these community needs. Recently cannabis sales became legal and a tax has been levied on sales. I came here from a community that created a plan to address homelessness through a dedicated tax. We can do this as well.

Grand Traverse County and Traverse City could, together, direct these

[https://www.record-eagle.com/opinion/forum-homelessness/article\\_20f992e8-f8e0-11ee-ae79-1fd004502aff.html](https://www.record-eagle.com/opinion/forum-homelessness/article_20f992e8-f8e0-11ee-ae79-1fd004502aff.html)

## Forum: Homelessness

- BY DAVID FREEDMAN

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Not having a place to live is not a choice; it is an outcome. Not having a job, having a mental or physical health problems or becoming an illicit substance user are not choices either. These are not conscious decisions, as no one wakes up and says, “I want to grow up to be homeless, mentally ill, not working or addicted to drugs.”

The real issue here is stigma. Historically, those with these conditions are blamed for their condition. Some people say, “They just need to pull themselves up by their bootstraps!” I say that is baloney, and we need to stop stigmatizing those with problems right now. Please just imagine how you would feel if you were in their situation.

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We have an opportunity today to dedicate ongoing support for these community needs. Recently cannabis sales became legal and a tax has been levied on sales. I came here from a community that created a plan to address homelessness through a dedicated tax. We can do this as well.

Grand Traverse County and Traverse City could, together, direct these funds to address these community concerns. A new revenue stream could easily be directed to fund needed services, such as food, emergency housing, mental health and substance use treatment.

I took photos during my experience cleaning up the Pines. In the photos I took, I see hope that things can get better and I also see a plea for help. Decades ago, I learned that hope is the cornerstone in our efforts to make life better for all.

To use an old – but true – call to action (not a cliché, as many might say): “It takes a village.”

**About the author:** David Freedman, M.Ed., is on the Northern Lakes Community Mental Health Board and the Opioid Epidemic Task Force and is chairman of this year's Grand Traverse County Drug Free Coalition. He has more than 40 years of experience in managing care for individuals with mental health and substance use disorders as well as individuals and families who have become homeless.

[https://www.record-eagle.com/news/arts\\_and\\_entertainment/etc-in-brief-04-26-2024/article\\_91a7261a-fe6f-11ee-acf4-a73e1aa3e96c.html](https://www.record-eagle.com/news/arts_and_entertainment/etc-in-brief-04-26-2024/article_91a7261a-fe6f-11ee-acf4-a73e1aa3e96c.html)

## **ETC in Brief: 04/26/2024**

### **Artwork submitted**

TRAVERSE CITY — Area artists' works were submitted to the statewide traveling art show "Creative Minds Changing Minds," which is sponsored by the Community Mental Health Association of Michigan.

Pieces by Martin Kiper, from Levering, and Melody Pruett, of Pellston, were chosen by North Country Community Mental Health. They will represent Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska and Otsego counties in the art show.

Northern Lakes Community Mental Health selected art by Carolyn Trnka, of Traverse City, and the late Carla Richardson, from Cadillac, to represent Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford counties.

The traveling art exhibition will tour in northern Michigan in April and May 2025.

[https://www.record-eagle.com/news/lifestyles/northern-living-in-brief-04-28-2024/article\\_8d9b0fc6-fe71-11ee-8f3d-cb9d9245d71f.html](https://www.record-eagle.com/news/lifestyles/northern-living-in-brief-04-28-2024/article_8d9b0fc6-fe71-11ee-8f3d-cb9d9245d71f.html)

## Northern Living in Brief: 04/28/2024

- [Stephanie Shomin](#)
- Apr 28, 2024

### **Mental health series**

TRAVERSE CITY — North Country Community Mental Health and Northern Lakes Community Mental Health are offering #Tools4Resilience, a free education series.

Webinars begin at noon Tuesdays and Wednesdays in May.

Upcoming events include:

- “Social Media and Mental Health” on May 1
- “Protecting Yourself Online” on May 7
- “Stories of Hope and Recovery” on May 8
- “There is No Expiration Date on Grief” on May 14

Register at <https://forms.office.com/r/6fYkHuQMdU>.

[https://www.cadillacnews.com/news/free-virtual-education-series-to-help-mental-health-resilience/article\\_70ccc812-07db-11ef-838b-d3a142373b9a.html](https://www.cadillacnews.com/news/free-virtual-education-series-to-help-mental-health-resilience/article_70ccc812-07db-11ef-838b-d3a142373b9a.html)

## Free virtual education series to help mental health, resilience

By [Rick Charmoli Cadillac News](#)

• May 7: Protecting Yourself Online. Information Technology experts will share tips for phone and tablet security, protecting your privacy, and identity. • May 8: Stories of Hope and Recovery. Members of Petoskey Club, New Horizons Clubhouse, Traverse House Clubhouse and Club Cadillac share their experiences and advice on living with mental illness and stigma. • May 14: There is No Expiration Date on Grief. Grief can reach out and grab you when you least expect it. There is no timetable or instruction book for dealing with grief but there are ways you can help care for yourself. • May 15: Somewhere Over The Rainbow: In Search of Health, Humor and Happiness. Learn how to build a personalized set of coping tools in handling stress. • May 21: Get Wise and Energize Your Eating. Refresh your healthy eating choices and learn about new trends. • May 22: Practical Tools to Help Children and Adolescent with Complex Needs. Learn about three principles (connecting, correcting, empowering) to bring healing and caring help to children who have experienced adversity, early harm, toxic stress, and/or trauma. • May 28: Finding Clarity to Navigate Multicultural Environments. Learn about the transformative process of becoming more adept in cross-cultural situations. • May 29: Managing Stress. Learn tips and tools to help deal with everyday stress. The series features webinars from noon to 1 p.m. every Tuesday and Wednesday throughout May.

In observance of May's Mental Health Awareness Month, North Country Community Mental Health and Northern Lakes Community Mental Health have joined forces to present a free virtual education series.

The series, titled Tools4Resilience, aims to offer practical strategies and insights for enhancing mental well-being and self-care, according to a release about the month-long series. It is open to individuals seeking to learn more about mental health issues and the techniques used for building resilience.

The series will achieve this by providing webinars every Tuesday and Wednesday from noon to 1 p.m. throughout May. Mental health professionals from both organizations will share valuable tips, delve into specific mental health concerns, and outline strategies for fostering self-care, according to the release. Following each presentation, those who attend will have the chance to ask questions and participate in discussions with the speakers.

The inaugural session on May 1 focused on the intersection of social media and mental health. Trooper Corey Hebner from the Gaylord Michigan State Police Post led the discussion on social media safety during this hour-long educational session.

The series will continue with online sessions twice a week through the end of the month on May 7 and May 8, May 14 and May 15, May 21 and May 22 and May 28 and May 29. This year's sessions mark the third consecutive year of the Tools4Resilience series.

Cynthia Petersen, Community Provider Relations Specialist at Northern Lakes CMH, said that one in four adults in Michigan will encounter a mental health disorder at some stage in their lives, but many will struggle to access treatment.

“Fortunately, people are much more willing to seek help and talk about mental health issues now. This virtual education series is intended to provide opportunities for people to learn, share, ask questions and have conversations about how to help yourself and how and when to access professional help,” Petersen said. “A wide variety of dynamic topics were selected and people can choose to attend one or all.”

To register for one of the upcoming sessions in the virtual education series, go to [forms.office.com/r/6fYkHuQMdU](https://forms.office.com/r/6fYkHuQMdU) or visit [northernlakescmh.org](https://northernlakescmh.org) for the link or more information.



[https://www.record-eagle.com/news/local\\_news/grand-traverse-county-pine-rest-seeks-400k-to-support-services/article\\_d8d6b004-07f8-11ef-96c5-230e9ff1a12e.html](https://www.record-eagle.com/news/local_news/grand-traverse-county-pine-rest-seeks-400k-to-support-services/article_d8d6b004-07f8-11ef-96c5-230e9ff1a12e.html)

## GRAND TRAVERSE COUNTY: Pine Rest seeks \$400K to support services

- [By Peter Kobs pkobs@record-eagle.com](mailto:pkobs@record-eagle.com)
- May 2, 2024

TRAVERSE CITY — Pine Rest Christian Mental Health Services is asking Grand Traverse County for a one-time allocation of \$400,000 to support behavioral health services in the area.

Kristine Wilmoth, the local Pine Rest clinic manager, made the request during a 20-minute presentation to the board of commissioners Wednesday. She detailed the wide range of services the nonprofit agency provides, particularly for young people in crisis.

But financial issues are a growing concern, she said.

“We are a significant member of the mental health ecosystem ... but, right now, we are in a position where we could really use some help,” Wilmoth said. “Reimbursement rates don’t cover the cost of many of our services, especially for adolescent and youth services.

“The Traverse City clinic is, in effect, a (financial) donation to our area over the last 20 years,” she added. “We barely have a margin, but we continue to run lean for the benefit of our community and patients.”

To help solve the agency’s financial crunch, Wilmoth said she was also seeking support from the Grand Traverse Community Foundation and local donors.

Founded in 1910 in the Grand Rapids area, Pine Rest currently operates 21 outpatient locations throughout West and northern Michigan. It opened a Traverse City clinic in 2004. The organization serves all patients, regardless of religious affiliation.

Today, Pine Rest is the second-largest provider of mental health-related services in northern Michigan, after Northern Lakes Community Mental Health, according to NLCMH data.

In 2023, the local Pine Rest clinic served about 4,350 patients, including 850 patients under the age of 18.

Concern for the future viability of Pine Rest was evident at the commission meeting.

“I can’t say it enough — if Pine Rest is lost, there’s literally no replacement for it in our community,” said county Commissioner Penny Morris, who also serves on the Northern Lakes board. “This is something the board needed to hear.”

After listening to Wilmoth's detailed presentation, county commissioners asked her to provide a more detailed, line-by-line explanation of how the money would be used, if approved.

A few minutes later, the board voted 5-3 to direct county administrators to gather more details on the \$400,000 request and then draft an agreement with Pine Rest for future board review. No money was allocated.

Low reimbursement rates and poor insurance coverage for mental health services are two major challenges facing community-oriented clinics like Pine Rest,

according to a study by Mental Health America, a nonprofit advocacy agency based in the Washington, D.C., area.

"Providers are scarce, those covered by insurance are even harder to find, and their waitlists are long," the study says. "Inadequate reimbursement rates for services (is) one of the main reasons individuals cannot access mental health care, even when they have insurance.

"In other words, there is not much of an incentive for providers to take insurance if they aren't guaranteed adequate payment. A psychiatrist could make more than double from seeing a patient and billing them directly rather than taking Medicare and make three times as much compared to Medicaid."

Scott Halstead, Pine Rest's vice president for occupation and recovery services, said in a letter to the county board, "Our current Medicaid and bad-debt loss is averaging about \$200,000 per year. Medicare cuts have also substantially increased the cost of providing services. We are facing operational capital and program development needs."

Further complicating matters, Pine Rest finds it difficult to recruit clinical staff to this area because of high housing costs and distance from major metro areas.

Currently, the local clinic has two psychiatrists, three psychiatric residents (doctors in training) one psychiatric nurse practitioner, one psychiatric physician assistant, one adolescent care manager and 17 therapists.

Mental health activist Kate Dahlstrom spoke during the public comment period at Wednesday's meeting about the "critical need" for more in-patient psychiatric beds. She also urged county commissioners to approve Pine Rest's funding request, calling the clinic "one of our premier providers that is suffering from terrible (reimbursement) rates."

Pine Rest is currently considering a 10-year lease at a new location in the area, but financial uncertainties are clouding the picture, Wilmoth said.

The ultimate fate of the agency's request for help is uncertain for now. Commissioners are expected to revisit the matter later this month when a more detailed draft agreement is completed.

The next regular meeting of the Grand Traverse County Commission is scheduled for Wednesday, May 15, at 9 a.m. in the Governmental Center at 400 Boardman Ave. in Traverse City.

### **More Coverage**

Also on Wednesday, the Grand Traverse County Board of Commissioners:

- Delayed the appointment of new board members for the Department of Health and Human Services, and the Northern Lakes Community Mental Health Authority. Instead, the interview ad hoc committee will meet again to review options and possibly interview more candidates.
- Heard an in-depth presentation about strategies for solving the problem of chronic homelessness from Ashley Halladay-Schmandt, director of the Northwest Michigan Coalition to End Homelessness.
- Approved a new handbook for new appointees to county boards and committees.
- Approved proclamations for National Police Week; National Correctional Officers and Employees Week; and Teen Pregnancy Prevention and Awareness Month.
- Approved applications for 2 percent casino revenue-sharing grants from five local organizations and/or projects: Friend of the Court Tribal Council, Natural Education Reserve Discovery Boardwalk, Civic Center Skatepark Concept Design, Resources Recovery Recycle-A-Bicycle, and Grand Traverse County Sheriff's Office.



Brian Martinus,  
Interim Chief  
Executive Officer

The American Legion’s “Be the One” national campaign is working to destigmatize veterans asking for mental health support. But we also have a local organization ready to assist area residents with mental health issues. The Northern Lakes Community Mental Health Authority has offices in Cadillac and Traverse City. Interim Chief Executive Brian Martinus wants to make sure local American Legion veterans and their families know of the help his organization can provide. Brian knows about military stresses. He is the Michigan Army National Guard State Support Chaplain. He’s been in the National Guard for 22 years with 15 years active duty with multiple deployments—one duty station being Iraq from 2010 to 2011.

NLCMH gets their funding through Michigan and Federal Medicaid monies. One of their main services is for adults and children with severe mental illness and emotional disturbance issues. Currently, in their six-county service area, they provide assistance in a multitude of areas to over 3,600 adults and 800 children. They also provide crises services and provide immediate support through their 24 hour Crises Line: **(833) 295-0616**. Help for mental disturbances and substance abuse issues are only a phone call away. They even have a mobile crisis team that comes to a person’s house if needed.

You are not alone:  
**24/7 Crisis Line**  
**833-295-0616**

One of the most common impediments to saying “help me” regards the issue of trust—especially with veterans. Veterans need to understand they can trust and feel safe in a crises care environment. Brian emphasized communication as a key. He knows each branch of service speaks its own language. Therapists sometimes have only one shot at making a meaningful connection with a veteran. Calling a Marine “soldier,” for example, is not “speaking the language”. So, care givers focus on building trust by knowing the appropriate slang and military terms to put veterans at ease in an unfamiliar environment.

Everyday stresses can pile up, especially in uncertain times. Many people use alcohol and drugs to “self- medicate.” Bellying up to the bar, so to speak, as a consistent method of drowning ones troubles is probably a sign the individual is not coping in a healthy, sustainable way. At some point, this dysfunctional coping method compounds a person’s stress level and creates more problems. But problems have solutions. And having a mental health team available to point out solutions is what NLCMH provides. As Brian noted, if you need help, seek help. Don’t let pride prevent your healing. *“It’s better to claim it and tame it.”*

A wealth of information and contact numbers are available at the Northern Lakes Community Mental Health Authority website, [www.northernlakescmh.org](http://www.northernlakescmh.org)

# Northern Lakes CMH

March 2024

Preliminary  
Board Report

## Northern Lakes CMH

### Summary of Variances and Fluctuations

October 1, 2023 through March 31, 2024

#### I. Assets

Balance Sheet amounts presented represent the amounts rolled forward from FY 23. However,

- neither a financial close nor audit has been conducted at this time. Therefore, amounts should be considered preliminary and subject to adjustment.

While the cash and investment on the balance sheet show a \$6.8 million decrease, there has been an

- increase in amounts due from NMRE and Investments of \$1.1 million and a reduction in amounts payable to NMRE of \$4.8 million. Therefore liquidity has decreased \$833K from the same time last year.

#### II. Operating revenue

Amounts presented as FY 24 revenues and expenses are based upon MODIFIED ACCRUAL activities

- incurred during the period. At this time full accrual has not yet been achieved pending the discovery of additional financial practices that have historically been in place.

**Medicaid Capitation** - Estimated Medicaid expenses are approximately \$1.3M LESS than the capitated payments received from NMRE resulting in a current **UNDERSPEND**. The estimated revenue needed to cover expenses is about \$11K LESS than forecasted in the FY 24 budget.

- \* Certified rates include amounts to cover the direct care wage increase passed through on 10/1/23, however the rates do not factor in any overtime premium that may be required to be paid. A State rate setting meeting was held March 21st and rates were adjusted. The additional dollars will be pushed out with April 2024 payments.

**Healthy Michigan Capitation** - Estimated healthy Michigan expenses are approximately \$1.3M GREATER than the capitated payments received from NMRE resulting in an **OVERSPEND**. The estimate revenue needed to cover expense is about \$267K less than forecasted in the budget. Budgeted Health Michigan revenues are much greater than the actual experience.

**General Fund Capitation** - Estimated expenses through February are approximately \$755K MORE than the capitated payments received and the prior year carryforward resulting in a year to date **OVERSPEND**. Due to the end of the Public Health Emergency, consumers on spend down has required the use of \$384K of General Fund before their Medicaid kicks in which has not be experienced over the last couple of fiscal years. The trends described for General Fund are not unexpected following the end of the Public Health Emergency; however require efforts to forecast and manage the general fund spend that hasn't been in place in a few years. Crisis Services is the largest service category of General Fund expenses.

- **MI Choice Waiver Capitated Revenue** - Amounts are based upon the capitation payments received. Year to date revenue is consistent with the currently monthly trend.
- **Grant Revenues** - Adjustments to the cash basis activities have been estimated for grant revenues to match revenues and expenses. A summary of grant activity has been included.

#### IV. Operating expenses

**Salaries, wages and fringes** - Salaries and fringes are tracking right around \$2.1M per month and have been consistent each month. The actual balance is quite a bit less than budgeted; however, the budget methodology was to include 100% of the cost of vacant positions which has overstated the payroll related budget figures. This has created a cushion as it is not realistic that vacant positions will be filled at 100% of cost. As a reminder there is no expense related to a CEO and CFO expenses are reported within the administrative contact line item.

**CMH Provider Network Contractual Services** - YTD Contracted Provider expenses are reported on the full account and are approximately \$3.8M more than the established budget. Funding for an increase in Direct Care Wages was passed along to all residential providers as of 10/1/2023 and some inflationary increases were provided. See attached Contracted Claims Detail for additional comparative figures.

**Northern Health Care Management Contractual Services** - The \$2.8M balance reported represents the cash basis expenses associated contractual services. Costs associated with internal staff and other related activities total \$1.2M resulting in year to date expenses of \$4M. There is a year to date surplus of \$1.3M.

Prepared by Laura Argyle, Deputy CFO on 5/10/2024

# Northern Lakes CMH

## Statement of Net Position

March 31, 2024

	(Unaudited) March 31 2024	(Unaudited) March 31 2023	Favorable (Unfavorable)
<b>ASSETS &amp; DEFERRED OUTFLOWS</b>			
Current:			
Cash and cash equivalents	\$ 13,072,510	\$ 22,134,593	\$ (9,062,083)
Investments	8,126,301	5,912,592	2,213,709
Due from other governmental units	1,698,625	506,760	1,191,865
Prepaid items	454,183	282,505	171,678
Total current	<u>23,351,619</u>	<u>28,836,450</u>	<u>(5,484,831)</u>
Noncurrent:			
Capital assets not being depreciated	1,870,395	1,860,835	9,560
Capital assets being depreciated, net	5,554,604	5,556,944	(2,340)
Deferred outflows - Pension	2,033,495	537,475	1,496,020
Total noncurrent	<u>9,458,494</u>	<u>7,955,254</u>	<u>1,503,240</u>
<b>Total assets and deferred outflows</b>	<u>32,810,113</u>	<u>36,791,704</u>	<u>(3,981,591)</u>
<b>LIABILITIES &amp; DEFERRED INFLOWS</b>			
Current			
Accounts payable	4,968,009	1,246,443	(3,721,566)
Accrued wages and related liabilities	602,813	144,417	(458,396)
Due to other governmental units	1,742,135	6,565,304	4,823,169
Self-funded insurance claims payable	194,696	178,770	(15,926)
Unearned revenue	-	-	-
Other current liabilities	73,992	79,364	5,372
Compensated absences, due within one year	1,433,707	1,386,866	(46,841)
Lease liability, due within one year	772,823	878,840	106,017
Total current liabilities	<u>9,788,175</u>	<u>10,480,003</u>	<u>691,828</u>
Noncurrent			
Compensated absences, due beyond one year			-
Lease liability, due beyond one year			-
Net pension liability	5,188,225	1,581,749	(3,606,476)
Deferred inflows - Pension	-	1,696,876	1,696,876
Total noncurrent liabilities	<u>5,188,225</u>	<u>3,278,625</u>	<u>(1,909,600)</u>
<b>Total liabilities and deferred inflows</b>	<u>14,976,400</u>	<u>13,758,628</u>	<u>(1,217,772)</u>
<b>NET POSITION</b>			
Net investment in capital assets	6,375,206	6,375,206	0
Current Year to date Revenue over Expenses	737,183	901,018	
Unrestricted	<u>12,180,371</u>	<u>17,300,925</u>	<u>5,120,554</u>
<b>Total net position</b>	<u>\$ 19,292,760</u>	<u>\$ 24,577,149</u>	<u>\$ (5,284,389)</u>

This financial report is for internal use only. It has not been audited, and no assurance is provided.

# Northern Lakes CMH

## Statement of Revenues, Expenses compared to Budget

October 1, 2023 through March 31, 2024

	(Unaudited) March 31 2024	YTD Budget March 31 2024	Favorable (Unfavorable)
<b>Revenues</b>			
Medicaid Sources			
Medicaid	\$ 33,131,080	\$ 31,750,082	\$ 1,380,998
Medicaid - Settlement	(1,369,470)	-	(1,369,470)
Healthy Michigan	2,608,919	4,212,214	(1,603,295)
Healthy Michigan - Settlement	1,337,818	-	1,337,818
State General Fund	1,589,180	1,525,381	63,800
Grants	1,549,148	1,248,171	300,978
County appropriations	506,992	513,370	(6,378)
Northern Healthcare Management	5,161,303	6,264,987	(1,103,684)
Other revenue	1,553,665	1,093,674	459,992
Total operating revenue	46,068,635	46,607,878	(539,243)
<b>Employed Workforce and Agency Expenditures</b>			
Personnel	13,856,313	15,781,499	(1,925,186)
Admin Contracts	962,481	625,741	336,741
Direct Operations	1,406,597	1,365,591	41,006
Contractual Services	528,322	-	528,322
Transportation	218,511	372,068	(153,557)
Occupied Space	910,321	996,628	(86,307)
Total Directly Provided & Agency Oversight	17,882,545	19,141,525	(1,258,980)
<b>Contracted Provider Expenditures</b>			
Autism Services Providers	1,990,535	1,918,491	72,045
Clinical Contract Providers	1,106,680	1,959,124	(852,444)
Daytime Activities Contract Providers	3,340,442	2,552,543	787,899
FI Provided Self Determination	935,916	732,364	203,553
Inpatient Services	4,216,862	3,427,500	789,362
Therapeutic Contract Providers	243,175	304,689	(61,514)
Residential Contracts	11,623,332	9,868,473	1,754,859
CLS Providers	610,024	1,576,840	(966,816)
Northern Health Care Mgt Services	2,830,424	4,640,163	(1,809,739)
Northern Health Care Mgt Respite	34,184	40,218	(6,034)
Client Transportation Providers	517,333	445,950	71,383
Total Contracted Provider Expenditure	27,448,907	27,466,352	(17,445)
Total operating expenses	45,331,452	46,607,877	(1,276,425)
Change in net position	737,183	0	737,183

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**Northern Lakes CMH**

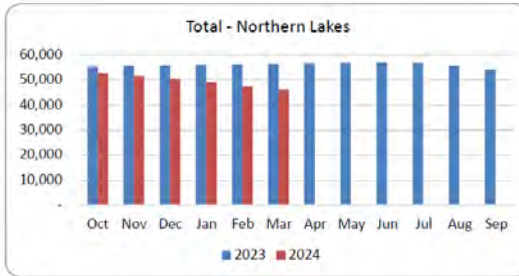
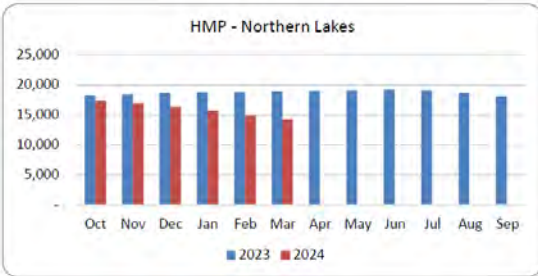
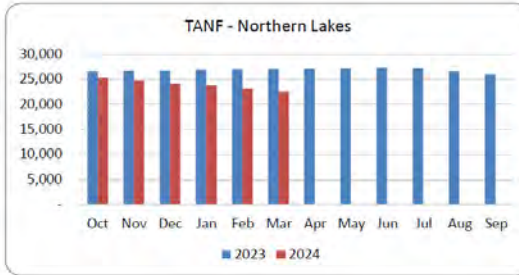
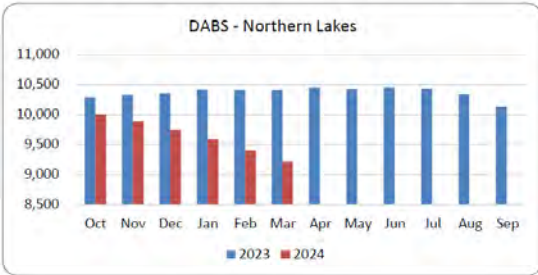
**Summary of Provider Network Contract Activity**

October 1, 2023 through March 31, 2024

Provider Network Category	YTD Budget 3/31/2024	YTD 3/31/2024	Budget to Actual Inc/(Dec)	YTD 3/31/2023	Variance from PY Inc/(Dec)	% Change
Houghton Lake Drop In - Drop In Centers	\$ 43,587	\$ 43,587		\$ 32,917	\$ 10,670	32.42 %
Kandu Island - Drop In Centers	\$ 70,432	\$ 70,432		\$ 64,357	\$ 6,075	9.44 %
Contracted Clinical Services - OBRA Screening	\$ 123,630	\$ 123,630		\$ 94,470	\$ 29,160	30.87 %
Contracted Clinical Services - Behavior Treatment	\$ 84,809	\$ 84,809		\$ 77,154	\$ 7,655	9.92 %
Client Specific Contract - Partial Day	\$ 123,365	\$ 123,365		\$ 110,036	\$ 13,329	12.11 %
Client Specific Contract - Residential	\$ 166,909	\$ 166,909		\$ 30,770	\$ 136,139	442.44 %
Client Specific Contract - MCTT & ACT Teams	\$ 19,367	\$ 19,367		\$ 13,589	\$ 5,778	42.52 %
Client Specific Contract - Emgcy Serv/Outpatient	\$ 442	\$ 442		\$ 7,199	\$ (6,757)	(93.86)%
Client Specific Contract - DD CSM Team	\$ 1,050	\$ 1,050		\$ 31,281	\$ (30,231)	(96.64)%
Client Specific Contract - Managed Care	\$ 88	\$ 88		\$ -	\$ 88	100.00 %
Client Specific Contract - Club Cadillac	\$ 205	\$ 205		\$ 891	\$ (686)	100.00 %
Contr Psych's - Med Clinic	\$ 484,375	\$ 484,375		\$ 518,093	\$ (33,718)	(6.51)%
Client Transportation - Partial Day	\$ 508,191	\$ 508,191		\$ 357,945	\$ 150,246	41.97 %
<b>Total Clinical Contract Providers (less grant activity)</b>	<b>\$ 445,950</b>	<b>\$ 1,626,450</b>	<b>\$ 1,180,500</b>	<b>\$ 1,338,701</b>	<b>\$ 287,749</b>	<b>21.49 %</b>
Autism Services - Partial Day	\$ 1,793,730	\$ 1,793,730		\$ 1,288,135	\$ 505,595	39.25 %
Autism Services - Residential	\$ 162,822	\$ 162,822		\$ 217,502	\$ (54,680)	(25.14)%
Autism Services - Emgcy Serv/Outpatient	\$ 4,508	\$ 4,508		\$ 1,591	\$ 2,917	183.31 %
Autism Services - DD CSM Team	\$ 29,475	\$ 29,475		\$ 11,822	\$ 17,653	149.31 %
<b>Total Autism Providers</b>	<b>\$ 1,918,491</b>	<b>\$ 1,990,535</b>	<b>\$ 72,045</b>	<b>\$ 1,519,051</b>	<b>\$ 471,484</b>	<b>346.73 %</b>
Hope Network - Partial Day	\$ 443,572	\$ 443,572		\$ 344,638	\$ 98,934	28.71 %
Hope Network - Residential	\$ 1,380,133	\$ 1,380,133		\$ 646,573	\$ 733,560	113.45 %
Hope Network - MCTT & ACT Teams	\$ 7,788	\$ 7,788		\$ 4,530	\$ 3,258	71.94 %
Hope Network - Emgcy Serv/Outpatient	\$ 2,005	\$ 2,005		\$ 124	\$ 1,881	1,516.28 %
Hope Network - DD CSM Team	\$ 1,110	\$ 1,110		\$ 171	\$ 939	100.00 %
Hope Network - PT/OT/ST Only	\$ 322	\$ 322		\$ 850	\$ (528)	100.00 %
R.O.O.C. Inc - Partial Day	\$ 28,808	\$ 28,808		\$ 33,573	\$ (4,765)	(14.19)%
R.O.O.C. Inc - Residential	\$ 266,192	\$ 266,192		\$ 190,316	\$ 75,876	39.87 %
Grand Traverse Industries - Partial Day	\$ 427,950	\$ 427,950		\$ 405,516	\$ 22,434	5.53 %
Grand Traverse Industries - Residential	\$ 782,562	\$ 782,562		\$ 493,741	\$ 288,821	58.50 %
<b>Total Daytime Providers</b>	<b>\$ 2,552,543</b>	<b>\$ 3,340,442</b>	<b>\$ 787,899</b>	<b>\$ 2,120,031</b>	<b>\$ 1,220,411</b>	<b>89.70 %</b>
Community Inpatient Hospital - Inpatient	\$ 3,634,412	\$ 3,634,412		\$ 3,105,428	\$ 528,984	17.03 %
Crisis Residential - Residential	\$ 447,816	\$ 447,816		\$ 123,874	\$ 323,942	261.51 %
County - State Fac - Inpatient - State	\$ 91,817	\$ 91,817		\$ 122,193	\$ (30,376)	(24.86)%
County - Forensic Ctr - Inpatient - State	\$ 42,817	\$ 42,817		\$ 122,428	\$ (79,611)	(65.03)%
<b>Total Inpatient Providers / State Hospital Inpatient</b>	<b>\$ 3,427,500</b>	<b>\$ 4,216,862</b>	<b>\$ 789,362</b>	<b>\$ 3,473,924</b>	<b>\$ 742,938</b>	<b>188.66 %</b>
Self Determination - Residential	\$ 933,596	\$ 933,596		\$ 457,263	\$ 476,333	104.17 %
Self Determination - DD CSM Team	\$ 2,320	\$ 2,320		\$ 38,350	\$ (36,030)	(93.95)%
<b>Total Fiscal Intermediary Providers</b>	<b>\$ 732,364</b>	<b>\$ 935,916</b>	<b>\$ 203,553</b>	<b>\$ 495,614</b>	<b>\$ 440,302</b>	<b>198.88 %</b>
Child and Family Services - MIC Fiscal Support Service	\$ 142,555	\$ 142,555		\$ 100,490	\$ 42,065	41.86 %
Child and Family Services - Residential	\$ 1,480	\$ 1,480		\$ -	\$ 1,480	100.00 %
Child and Family Services - Mobile Crisis	\$ 99,140	\$ 99,140		\$ 90,105	\$ 9,035	10.03 %
<b>Total Fiscal Intermediary Providers</b>	<b>\$ 304,689</b>	<b>\$ 243,175</b>	<b>\$ (61,514)</b>	<b>\$ 190,595</b>	<b>\$ 52,580</b>	<b>151.89 %</b>
Community Living Supports - Partial Day	\$ 41,649	\$ 41,649		\$ 27,501	\$ 14,148	51.45 %
Community Living Supports - Residential	\$ 847,847	\$ 847,847		\$ 530,593	\$ 317,254	59.79 %
Community Living Supports - MCTT & ACT Teams	\$ 1,316	\$ 1,316		\$ 60	\$ 1,256	2,093.33 %
M.I. Residential Contracts - Residential	\$ 736,916	\$ 736,916		\$ 679,728	\$ 57,188	8.41 %
Residential Contracts - Residential	\$ 5,757,622	\$ 5,757,622		\$ 3,243,915	\$ 2,513,707	77.49 %
Beacon Specialized Living Center - Residential	\$ 1,779,985	\$ 1,779,985		\$ 1,486,259	\$ 293,726	19.76 %
Beacon Specialized Living Center - MCTT & ACT Teams	\$ 4,608	\$ 4,608		\$ 5,080	\$ (472)	(9.29)%
Beacon Specialized Living Center - Emgcy Serv/Outpatient	\$ 1,555	\$ 1,555		\$ 3,019	\$ (1,464)	(48.50)%
Beacon Specialized Living Center - Behavior Treatment	\$ 630	\$ 630		\$ 490	\$ 140	28.68 %
Lake Shore - Residential	\$ 323,274	\$ 323,274		\$ 393,206	\$ (69,932)	(17.79)%
Summerfield - Residential	\$ 286,676	\$ 286,676		\$ 214,209	\$ 72,467	33.83 %
East Bay - Residential	\$ 202,891	\$ 202,891		\$ 160,675	\$ 42,216	26.27 %
Lincoln House - Residential	\$ 213,367	\$ 213,367		\$ 172,511	\$ 40,856	23.68 %
Fort Road - Residential	\$ 172,421	\$ 172,421		\$ 155,304	\$ 17,118	11.02 %
New Horizons - Residential	\$ 283,831	\$ 283,831		\$ 222,236	\$ 61,595	27.72 %
Elmwood - Residential	\$ 237,047	\$ 237,047		\$ 188,571	\$ 48,476	25.71 %
Cedar Valley Home - Residential	\$ 156,932	\$ 156,932		\$ 148,141	\$ 8,791	5.93 %
Hab Waiver Supports - Residential	\$ 510,406	\$ 510,406		\$ 393,539	\$ 116,867	29.70 %
Hab Waiver Supports - SIP Homes	\$ 63,684	\$ 63,684		\$ 44,068	\$ 19,616	44.51 %
<b>Total Residential Providers</b>	<b>\$ 9,868,473</b>	<b>\$ 11,622,657</b>	<b>\$ 1,754,184</b>	<b>\$ 8,069,103</b>	<b>\$ 3,553,554</b>	<b>44.04 %</b>
MI Independent SIP - SIP Homes	\$ 58,207	\$ 58,207		\$ 58,970	\$ (763)	(1.29)%
MI Independent SIP - SIP Homes	\$ 81,499	\$ 81,499		\$ 54,732	\$ 26,767	48.90 %
MI Independent SIP - SIP Homes	\$ 50,821	\$ 50,821		\$ 57,358	\$ (6,537)	(11.40)%
Spectrum SIP - SIP Homes	\$ 89,847	\$ 89,847		\$ 76,985	\$ 12,862	16.71 %
Spectrum SIP - SIP Homes	\$ 105,989	\$ 105,989		\$ 89,016	\$ 16,973	19.07 %
Spectrum SIP - SIP Homes	\$ 103,612	\$ 103,612		\$ 84,638	\$ 18,975	22.42 %
Woodland TC Home - SIP Homes	\$ 70,760	\$ 70,760		\$ 67,865	\$ 2,895	4.27 %
Brickways - Residential	\$ 49,289	\$ 49,289		\$ 84,064	\$ (34,775)	(41.37)%
<b>Total CLS Providers</b>	<b>\$ 1,576,840</b>	<b>\$ 610,024</b>	<b>\$ (966,816)</b>	<b>\$ 573,628</b>	<b>\$ 36,396</b>	<b>6.34 %</b>
<b>Total</b>	<b>\$ 20,522,160</b>	<b>\$ 24,442,026</b>	<b>\$ 3,820,727</b>	<b>\$ 17,680,157</b>	<b>\$ 6,761,869</b>	<b>38.25 %</b>

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**Northern Lakes Eligible Members Trending - based on payment files**



**CEO Response to April 18, 2024 Board Means Self-Assessment  
Board Monitoring Report Evaluation  
May 16, 2024**

**Policy 2.8 - Communication and Support to the Board - Internal Inspection**

Nine (9) Board members completed and submitted the monitoring report. There are sixteen (16) Board members.

**Question One: Was this report submitted when due?– 9 Yes**

**Question Two: Did the report lay out the CEO’s interpretation of the request? – 9 Yes**

**Question Three: Was I convinced that the interpretation is justified and reasonable? – 9 Yes**

**Question Four: Did the interpretation address all aspects of the subject?- 9 Yes**

**Question Five: Does the information show compliance with board direction/policy? – 9 Yes**

**Other Comment:** “The Board has had several discussions about the need for getting information in a timely manner, and made changes to the Bylaws regarding the concern. I think we have a better understanding of this and are able to move forward as a governing body”.

**CEO Response: 2024**

In reviewing the Board Member’s assessment and comments, we are 100% compliant with this Board policy.

Respectfully Submitted,

Brian Martinus  
Interim CEO

**CEO RESPONSE TO APRIL 18, 2024 BOARD MEANS MONITORING REPORT  
3.7 GOVERNANCE COMMITTEES – DIRECT INSPECTION  
MAY 16, 2024**

**Policy 3.7 - GOVERNANCE COMMITTEES**

Nine (9) Board members completed and submitted the monitoring report. There are sixteen (16) Board members.

**Question One (Do you believe we are in strict compliance with the policy as stated for each provision?)** 7- yes, 2 no.

Comment:

**Question Two (If you indicated that the Board is not in full compliance with the policy as stated, please indicate what areas and what you notice that gives evidence that we are not in compliance?)** Comment:

1. "I do not know if all the information noted in the policy is completed, or transmitted to the Board".

**Question Three (How do you think we could improve our process to be in full compliance?)** Comment: 1. "Continue monitoring".

2. Posting of the meetings in a place that is suitable to all."

3. Change the NLD definition of what a committee is expected to do or start working on what is charged to do.

**Question Four (What do we need to learn or discuss in order to live by this policy more completely?)** Comment: "Need to stay on track with what we are charged to do."

**Question Five (Does this policy remain in compliance with the Policy Governance model in terms of content and format?)** 9- yes.

Comment:

**CEO Response 2024:**

I appreciate the Board's assessment that we are in 80% compliance with this policy.

Respectfully Submitted

Brian Martinus  
Interim CEO

**CEO RESPONSE TO APRIL 18, 2024, BOARD MEANS MONITORING REPORT  
3.7A RECIPIENT RIGHTS ADVISORY COMMITTEE – DIRECT INSPECTION  
MAY 16, 2024**

**Policy 3.7A - RECIPIENT RIGHTS ADVISORY COMMITTEE**

Nine (9) Board members completed and submitted the monitoring report. There are sixteen (16) Board members.

**Question One (Do you believe we are in strict compliance with the policy as stated for each provision?)** 9 - Yes

Comment:

**Question Two (If you indicated that the Board is not in full compliance with the policy as stated, please indicate what areas and what you notice that gives evidence that we are not in compliance?)**

**Question Three (How do you think we could improve our process to be in full compliance?)** Comment:

**Question Four (What do we need to learn or discuss in order to live by this policy more completely?)** Comment:

**Question Five (Does this policy remain in compliance with the Policy Governance model in terms of content and format?)** 9 - Yes

Comment:

**CEO Response 2024:**

I appreciate the Board's assessment that we are 100 % compliant with this policy.

Respectfully Submitted,

Brian Martinus  
Interim CEO

**CEO RESPONSE TO APRIL 18, 2024 BOARD MEANS MONITORING REPORT  
3.7B RECIPIENT RIGHTS APPEALS COMMITTEE – DIRECT INSPECTION  
MAY 16, 2024**

**Policy 3.7B - RECIPIENT RIGHTS APPEALS COMMITTEE**

Nine (9) Board members completed and submitted the monitoring report. There are sixteen (16) Board members.

**Question One (Do you believe we are in strict compliance with the policy as stated for each provision?)**

Comment: 9 Yes

**Question Two (If you indicated that the Board is not in full compliance with the policy as stated, please indicate what areas and what you notice that gives evidence that we are not in compliance? Comment:**

**Question Three (How do you think we could improve our process to be in full compliance? Comment: “ Continue monitoring.”**

**Question Four (What do we need to learn or discuss in order to live by this policy more completely? Comment:**

**Question Five (Does this policy remain in compliance with the Policy Governance model in terms of content and format?). 9 - Yes**

Comment:

**CEO Response 2024:**

I appreciate the Board’s assessment that we are in 100 % compliance with this policy.

Respectfully Submitted,

Brian Martinus  
Interim CEO

**Northern Lakes Community Mental Health  
Board of Directors 2024 Proposed Slate of Officers**

**Chairperson**

Ben Townsend  
Penny Morris

**Vice-Chairperson**

Greg McMorrow

**Secretary**

Lynn Pope

In addition, nominations will be taken from the floor.

# Everything IDD and Community Living Supports (CLS)

Kiley Fields: Adult IDD

Operations Manager

Janell Briggs: Children IDD

Operations Manager

Heather Sleight: Community

Living Supports (CLS)

Supervisor





# Agenda

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1. Adult IDD services
2. Children IDD Services
3. Community Living Support Services





# Kiley's team



Kiley manages 15 IDD Adult Case Managers.

4- Cadillac

8- Traverse City

3- Houghton Lake

We currently have 3 open adult IDD case management positions to fill.

When fully staffed case loads are between 35-40 clients per case manager.

Due to being short staffed we are trending closer to 45-50 clients per case manager.

Kiley also oversees 1 COFR case manager- this position provides case management services to clients who reside out of our catchment and have been set up with case management services from another agency i.e another cmh, or entity such as Beacon, Hope Network etc.



# Kiley's team continued



Kiley also manages 3 IDD nurses- they complete annual nursing assessments for clients in SRS placement and any care plans that are required. In addition to providing direct care to our clients, our southeast nurses also provide basic medication and health training for contract providers. Our IDD nurses are located in the following NLCMHA office locations: 1- TC, 1-HL and 1 in Cadillac.

Their caseloads vary- the southeast IDD nurses carry between 50-60 clients each. The IDD RN in TC currently has a caseload closer to 80-90.

Kiley oversees 2 occupational therapists- their caseloads vary and can be difficult to define as some clients require ongoing OT involvement and others may need an OT consultation or assistance obtaining medical equipment.

Kiley oversees one therapist on the team and their caseload is between 15-20 clients- however once at full capacity the caseload will be closer to 30.

As far as on staff psychologists and behavioral support staff go- we have 2. Additionally, we have contracted with 4 psychologists.

# Adult IDD Team Successes

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- Kiley and her team are true advocates for our adult IDD clients. Kiley has made some really great judgement calls and advocated for some of our most challenged consumers to move back into our catchment so that we could provide better care and in doing so not only are we able to provide better oversight- but Kiley has also saved our agency thousands of dollars.
- In Kiley's short time overseeing all six counties- Kiley states a success she sees is perseverance within her team. The TC Adult IDD team has a mostly new team with several of the case managers being here a year and a half or less. The ability to move forward despite the large caseload sizes and the learning curve it requires to become a solid case manager is a huge undertaking. BUT her staff are doing well and have been amazing adapting to new management styles and have allowed Kiley to learn their needs. We are working on building morale in the TC team. The southeast Adult IDD team are tight nit and have established a work family- they have built a supportive atmosphere, and they are always willing to pitch in and help.



# Adult IDD Team Struggles

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- Some struggles commonly faced with the IDD population is a lack of resources. From CLS and respite to placement and therapy we have a lack of resources overall. Outside of our Northern Lakes CLS we have 1-2 CLS agencies willing/able to work with our clients, we have 1 provider that will at times provide respite, otherwise we have no one. It can be very frustrating to have clients come through wanting these services, give them the overview of what services we can do, and then have to inform them we have no one to provide the services for them. Therapy has been a struggle as well, unfortunately many have the belief that those with an IDD diagnosis cannot participate in therapy. Due to this belief, it can be very hard to connect them with external and internal providers. Having an on-staff therapist is helpful but having one covering all six counties is extremely limiting and at times puts clients without services due to case load capacity. Psychologists have also struggled with caseload sizes as we have lost 1 contract provider in the past year, who returned to the agency in a different position and we have had an influx of behavioral plan requests that are not slowing down. The biggest struggle however, are placement options. In the past 2 years the team has had to move approximately 15-20 clients out of our catchment- we have since been able to move 3-4 clients back into our catchment once placement opportunities arose, but ultimately we still have many out of catchment. Finding homes that are willing to accept high behavioral needs clients is extremely difficult and has been the biggest limitation the team has faced.



# How can we be more supportive of Kiley and her adult IDD team?

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- One area that Kiley's team could have better support is by those within NLCMHA. Having the opportunity to educate other departments on how to interact with the clients and the array of services available to this population.
- Adding the following positions within the team would make a world of difference: Psychologist, team lead and another outpatient therapist.
- Due to the restructuring of the IDD team, it has drastically increased my direct number of staff I supervise by more than half, being able to ensure adequate support to the team would be a huge benefit that having one more team lead to assist with would be of huge benefit. As stated earlier, psychologists are having increased behavioral referrals while already maintaining large caseloads. Adding another psychologist would allow for lower caseloads and would allow for behavioral referrals to be handled in a timely fashion.
- Having an additional therapist to provide outpatient therapeutic services to the IDD population has been an ongoing struggle as IDD clients do take more time in session. Last but not least- the biggest assistance would be to have more available resources to offer clients and not be so limited with contract providers.



The image features a light blue background with decorative white leaf patterns in the corners. The top-left and top-right corners contain clusters of several pointed leaves on a stem. The bottom-left and bottom-right corners contain a single large leaf with a central vein and a smaller stem with two leaves. The text is centered in the middle of the page.

Janell Briggs Operations  
Manager for Children's  
IDD Team

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# Janell's Team



Janell oversees/manages the following:

2 Children's IDD Case Managers in TC

2 Children's IDD Case Manager in Cadillac

1 Children's IDD Case Manager in HL/Grayling

1 Children's IDD outpatient therapist in the Southeast

1 Children's IDD outpatient therapist in Traverse City.

Janell has one opening for Children's IDD case management in the HL/Grayling office

Janell's team works closely with 3 ABA contracted providers.



# Children's IDD referral process:

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- Kiddos that are opened to Janell's team come through NLCMHA Access department- Access does their best to vet these referral sources (MDHHS) is an entity that over refers as a substantive number of their referrals are children involved in the child welfare system. It is important for this board to be aware children who are severely abused/neglected can mirror symptoms of ASD and even some primary care providers over refer to NLCMHA for ASD evaluations. Referrals from primary care providers for an ASD evaluation- the case manager will connect with school and family to obtain as much information as necessary to thoroughly complete the ASD referral form. Once completed, this ASD referral form will be sent to one of our contracted providers to complete an ASD evaluation to determine an ASD diagnosis. We continue to tweak this process as it can be cumbersome.



# Children's IDD service delivery continued

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- Janell's team is averaging approximately 12-15 new referrals a month
- Janell's team currently carry 4 CWP (Children's waiver program)
- Traverse City Children's IDD case managers caseload is 42-45 (85) total in TC.
- Traverse City Children's IDD therapist carries a caseload size of 26
- Cadillac Children's IDD is 35
- HL/Grayling- 45
- Southeast Outpatient Children's IDD therapist caseload size is 32
- As for those consumers who are diagnosed with ASD, there are a total of 135 consumers across all offices. There are about 15 consumers with a severe physical or medical condition.



# Children's IDD team successes

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- Janell and her southeast children's outpatient therapist completed PMTO (parent management training) training as this primarily focuses on behavioral issues and a number of our kiddos with autism struggle with behavior management. This really assists with coaching parents on how to deliver their messaging to their children in a straightforward manner.
- Janell's Traverse City outpatient therapist completed EMDR.
- Janell's team is supportive of one another and are hard core advocates for their children and families they serve.



# Children's IDD team struggles

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- The limitation of much needed resources namely respite, appropriate/affordable residential placements, inpatient units equipped to handle this population. We had instances in the last 4 months where 2 of our ASD adolescent youth awaited placement for over 3 weeks and one of the adolescent youth awaited placement in the emergency room for 50 days!! NLCMHA crisis staff met with the kiddos and families daily. Internal workflows are not as streamlined as they could be- we are working on that though. There is not a good vetting process.



# Goals for Children's IDD team

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- Janell and other operations managers will continue to get out into the community and educate our community stakeholders on the following: 1) appropriate referral sources, 2) process of getting into services 3) what services NLCMHA can provide, 4) parent/caregiver education/ resources
- Ongoing trainings for Children's IDD team
- Working out a process to streamline referrals





# Heather Sleight

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COMMUNITY LIVING SUPPORT

SUPERVISOR

# Heather's Team

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- The Community Support Worker team consists of 5 full time staff. There are 2 positions in Traverse City, and 3 in the Southeast. They currently serve 23 consumers throughout the 6-county region with a couple of the consumers being MI and 4 of them being HAB waiver consumers. Currently, 4 of the 5 positions are full and we are in the process of recruiting to fill the 5<sup>th</sup>.
- The IDD Peer Mentor Specialist team has 2 part time positions. One is 20 hours and one is 16 hours. The TC position is vacant and currently on hold while the Southeast position is filled. There has been some discussion around combining the 2 positions into one and rolling the current staff into that full time position. He would serve all 6 counties and it would be a 40 hour per week position. This Peer currently serves 4 consumers of which only 1 is HAB waiver. He is set to become certified by MDHHS in September of this year. At this time, he is working on hours for his internship by attending meetings, trainings, mentoring, etc. He has to have 90 hours to complete the internship.



# Community Living Support & IDD Peer Support Successes

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- One of the big successes of this team is that we were finally able to fill the 2 Traverse City vacancies. I struggled for quite some time to fill these. We held 3 different rounds of interviews, and each time the chosen candidates did not work out with the exception of 1 from the last round. The second staff was a referral from a coworker. I firmly believe that things work out the way they do for a reason, and that God had just the right people for those positions and I could not be happier. I adore my team. They are all very good at what they do, they thoroughly enjoy their jobs, and they adore and care about the consumers.
- Another success of our team is that each team member (as well as myself) completed the Community Support worker certification course through Everyday Life. This is an intense, 160-hour course that is a requirement for Northern Lakes employment as a CSW staff. Most staff took the virtual option, which is 2 days per week, 8 hours per day for 10 weeks and 1 staff took the self-paced course. Students have to obtain an 80% in order to graduate. They receive a certificate upon completion. Staff receive a wage step increase once they graduate.





# Areas of concern

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- It is difficult to meet the level of need without being fully staffed. Like most human service work t service ebbs and flows, but I feel that I could use 1-2 more full time staff especially in the Traverse City area. It is hard for me to deny a referral due to lack of staff. I am always looking for ways to finagle staff schedules to meet the needs and I do the best that I can.
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- My staff/team feel like they are an island all on their own, they do not feel connected to any staff – their own team or others. I am working with Everyday Life thru a supervisor course that I am taking to correct this. We are looking at changing up meeting format, adding activities, team building events, etc.



# Goals for CLS & IDD Peer support

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- To find ways for “routes” to be more efficient and cut down on travel time, mileage expenses, etc. I know that this is not always possible but sometimes I feel that there has to be a better way. Staff can “waste” a lot of time traveling just to see one consumer. However, it is hard on the consumer to change up staff once a relationship is established. How do I find that balance? I would like to see NLCMH implement a tracking app/system for time, mileage, and accountability of staff. I would like to see something where staff actually have to clock in as well as something I could use to run a simple travel report rather than have to look at 900 trips and try to decipher them. This would help me tremendously in my role as a supervisor as well as the agency as a whole. I believe that they would be surprised at the amount of money they would save.
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- I believe that there is always room for growth, and I would like my team to be strong, cohesive and really learn to be creative and think outside of the box when working with consumers to help them achieve their goals. I want them to be happy and take pride in what they do. The same goes for me. I want to be a strong supervisor that walks beside my staff supporting, helping, and guiding them. I will be looking for opportunities for all of us to achieve that goal.





# Thank you

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Kiley Fields, Adult IDD Operations  
Manager

Janell Briggs, Children's IDD  
Operations Manager

Heather Sleight, Community Living  
Supports and IDD Peer Supervisor

Nancy Stevenson Chief Clinical Officer