



**Northern Lakes
Community Mental
Health Authority**

**Board of Directors
Packet**

August 15, 2024



The Northern Lakes Community Mental Health Authority Board will meet on August 15, 2024
527 Cobb Street Cadillac, 49601 MI & Virtually: +1 810-258-9588, ,453356557#

Time	Item #	
1:00 p.m.	1	Opening: <ul style="list-style-type: none">• Confirm Quorum and Pledge of Allegiance• Approval of Agenda• Conflict of Interest• Consent Agenda (Minutes)*
1:05 p.m.	2	Public Comment (May be limited to three minutes by Board Chair)
1:10 p.m.	3	Celebrate Northern Lakes
1:20 p.m.	4	Report of Officers: <ul style="list-style-type: none">• Recipient Rights Director Report<ul style="list-style-type: none">○ Brian Newcomb, Director of the Office of Recipient Rights• Chief Executive Officer Report<ul style="list-style-type: none">○ Brian Martinus, Interim Chief Executive Officer• Chief Financial Officer Report<ul style="list-style-type: none">○ Laura Argyle, Deputy Chief Financial Officer
1:50 p.m.	5	Committee Reports: <ul style="list-style-type: none">• NMRE Update<ul style="list-style-type: none">○ Ruth Pilon• Ad Hoc Governance Policies Committee Update*<ul style="list-style-type: none">○ Ben Townsend
2:30 p.m.	6	Unfinished Business: <ul style="list-style-type: none">• Monitoring: Review Policies 4.2 Accountability• Priorities<ul style="list-style-type: none">- Annual Workplan- Strategic Plan
2:40 p.m.	7	New Business <ul style="list-style-type: none">• IHC Communication
2:50 p.m.	8	Public Comment
2:55 p.m.	9	Announcements/Board Comments/Presentations
3:00 p.m.	10	Adjourn

NEXT MEETING: September 19, 2024, Houghton Lake

* Action Items If anyone needs accommodations call: 231-942-737

Board of Directors Meeting Minutes

July 18, 2024

1:00 p.m.

Board Members Present: Ruth Pilon, Tom Bratton, Ty Wessell, Dean Smallegan, Penny Morris, Carol Blake, Tony Lentych, Christal Frost Anderson, Dave Freedman, Greg McMorrow, Ben Townsend, Lynn Pope, Mary Marois,
Virtual: Tom Bratton

Absent: Eric Ostergren, Shawn Kryacs

Others Present: Stacy Maiville, Jeremiah Williams, Brian Newcomb, Darryl Washington, Vickie McDonald, Kevin Hartley, Mark Crane, Kim Silbor, Kendall Sidnam, Dave Simpson

Others Virtual: Neil Rojas, Laura Argyle, Daniel Mauk, Ann Ketchum, Lori Stendel, Heather Sleight, Justin Reed, April Weinrick, Marsha Brown, Judi Crane, Melanie Schopieray, Becky Brown, Erica Smith, Kari Barker, Somer Quinlan, Manda Clements, Kellee Hoag, Jillian Smithingell, Aimee Bunbury, Tiffany Fewins, Terri Henderson, Amanda Ritchie, Mark Draeger, Rob Palmer, Jennifer Hemmes, Curtis Cummins, Kristine Rigling, Lauren Barnard, Abby Schonfeld, Trey Johnson, Angie, Melissa Trout, Michelle, Lisa Holmes, Lisa Jones, 4 unknown guests

Call to Order: 1:00 p.m.

Conflict of Interest: None.

MOTION:	Approve the agenda.
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	D. Smallegan
SECONDER	M. Marois

The consent agenda included the June 2024 minutes and was approved.

Public Comment: Justin Reed commented on his recent interview for the RRAC during the NLD meeting. He expressed frustration with the interview process and the staff and board members involved.

Celebrate Northern Lakes: The board recognized the Grayling Front Office staff (Cassie Garland and Shelly Schmidt). The front office staff was praised for their hard work, cheerful attitude, and contributions to the agency and community. “Shelly and Cassie are the glue that holds together this office” – Dave Simpson.

Report of Officers:

Recipient Rights Report:

Brian Newcomb, the Director of the Office of Recipient Rights, presented his report to the board. He noted that 80% of the reports are completed within 60 days, which is 30 days less than the state requirement. The office remains 100% compliant and is ahead of schedule for the fiscal year. The semi-annual ORR report was also included in the packet.

Chief Executive Officer's Report: The report was included in the packet. The CEO Report included items such as Dashboard Report, Center of Mental Wellness update, Public Hearing, dates of note, and recent media coverage.

Chief Financial Officer's Report: Laura Argyle, Deputy CFO, presented the finance report. The report was included in the packet. She commented that both NMRE and NLCMHA are in a deficit. The agency needs to be as frugal as possible without sacrificing consumer services. The general fund is about \$719,000 in the negative. There is an overspend of 2.3 million dollars. The agency will need to wait for the NMRE to settle that up, which will start to happen in November. The report also included a summary of variances and fluctuations, a statement of net position, revenues, expenses, contract providers, and financial trends

Committee Reports:

NMRE: Ruth Pilon gave an update about the NMRE, which has also been focused on the budget. The new rates from the state were not enough to refund the NMRE, and the state has not been reimbursing the NMRE for all four waiver programs, which has a significant impact on the budget.

NLD: Penny Morris gave an update about the recent NLD meeting. The recommendation for the RRAC candidate was that it was not the best use of his skills. The NLD suggests recruiting more interviewees for the RRAC. The NLD also recommends that monitoring reports cease. The committee encourages the board to get certified in BoardWorks and suggests a possible meeting in the future where members can complete BoardWorks collectively.

Ms. Marois commented that she would recommend the recent RRAC candidate for a consumer advisory committee but not the RRAC. She also stated that the committee underwent the same process they have been doing for ten years. It was clarified that the candidate received the necessary information and documents beforehand.

MOTION: Accept the recommendation of NLD to no longer use the monitoring reports.

RESULT: ADOPTED. 2 Nays

MOVER: T. Lentych

SECONDER: M. Marois

The two who opposed explained their reasoning for voting against the motion. They would like to ensure that the board has a replacement monitoring method. The board will continue to follow the monitoring calendar but is not obligated to complete the forms. After discussion, the board voted to give this task to the Ad hoc Governance Policies Committee. Members expressed having a date attached to this development. The dates of October 1, 2024, and January 1, 2025, were discussed, but neither was officially agreed upon.

MOTION:	Assign the development of a replacement system for monitoring to the ad hoc governance committee.
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	T. Lentych
SECONDER:	D. Smallegan

Ad Hoc Governance Policies: Ben Townsend, Chairman of the Ad Hoc Governance Policy Committee, gave an update from the committee.

The goal is to give a new governance policy to the board at the August Board meeting. The governance will be boiled down to the basics and committee structure.

Unfinished Business:

The board received the receipt of Board Monitoring Reports & CEO Response to monitoring reports from June.

Priorities:

Ms. Morris gave an update about the idea presented to the board last month (to collaborate with the Sheriff's office to provide an on-site mental health worker). The item was not passed at the Board of Commissioners level. The board discussed sending a letter to the Board of Commissioners supporting the item.

MOTION:	Have the Chairperson of Northern Lakes Community Mental Health Board of Directors write a letter to the Board of Commissioners in support of the opioid funds for the Sheriff.
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	B. Townsend
SECONDER:	M. Marois

New Business:

Behavioral Health Home Update:

Kim Silbor and Kendall Sidnam presented about the Comprehensive Health Assistance Team (Chat) program. Chat's goal is to improve the overall health and wellbeing of those being served. The core services are comprehensive care management, care coordination, comprehensive transitional care, and referral to the community.

The board made the decision to move the August board meeting to Cadillac

MOTION:	Move the August 2024 meeting to the Cadillac office.
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	T. Wessell
SECONDER:	P. Morris

Public Comment:

Justin Reed commented on the process of appointing an RRAC member and asked if the document he had was current. He also commented about the recent proposal from the Sheriff’s office.

Announcements/Board Member Reports/Board Association:

Mr. Freedman asked that the Board keep the CCBHC on their radar.

Ms. Marois praised the front office staff in Grayling. She said they are wonderful humans and is proud that people like them work for this organization.

Ms. Pilon said she would like to keep doing the Northern Lakes Celebrations.

Ms. Morris announced an upcoming presentation on human trafficking and internet safety for children. It will be held on July 25, 2024, at 5:30 p.m. at the Gilbert Lodge in Long Lake Twp.

Mr. Freedman mentioned that the Grand Traverse substance abuse group will have a video screening for substance prevention at the Public Library in September.

Mr. McMorrow introduced Kevin Hartley as the new Chief Financial Officer.

Next Meeting Agenda Items: August 15, 2024- Cadillac

Adjournment:

The meeting adjourned at 2:51 p.m.

Respectfully Submitted,

Stacy Maiville, Executive Administrator

Greg McMorrow, Chairperson

Lynn Pope, Secretary

Office of Recipient Rights Director's Report
August 2024

Dates represented	10/01/21-08/07/22	10/1/22-08/07/23	10/1/23-08/07/24
Complaints	490	364	448
OJ, No Right Inv.	64	53	91
Interventions	28	14	40
Investigations	399	299	318
Investigations Comp	399	299	274
Investigations open	0	0	44
Inv > 90 days	0	0	0
Inv < 90 days	399/399 (100%)	299/299(100%)	274/274(100%)
Summary Report Avg	396/400(99%)	303/303(100%)	271/271 (100%)
NLCMHA staff alleg.	91	74	102
NLCMHA Staff W/I 1 yr	33	24	17

Complaint Source

Complaint Source	Count
Anonymous	22
Community/General Public	24
Guardian/Family	25
ORR	121
Recipient	87
Staff	169
Total	448

Complaints Per Provider:

October 1, 2023- August 7, 2024

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

Notes:

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights

August 2024 Provider Report 10/01/2023-08/07/2024

Program	Substantiated	Pending	Not Substantiated	NA
Access	0	0	1	1
Beacon Home at Clarkston	0	1	1	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	6	0	1	0
Frances Specialized Residential	6	5	6	0
Hope Network Neo Grand Rapids - Bristol	5	0	0	0
Hope Network Neo Rockford	0	1	0	1
Montclair Specialized Residential Services	0	2	0	0
Premier Care Assisted Living 4	0	0	1	0
R.O.O.C., Inc.	1	0	0	0
Seasons of Life AFC Home, LLC	2	1	1	1
Traverse House	0	0	1	0
Wright Street AFC Home	5	2	0	0
Beacon Home at Goodrich	2	0	0	0
Beacon Silverview	6	1	3	0
Bell Oaks at Ionia	2	0	0	0
Covenant to Care	2	0	2	0
Danes AFC	8	1	4	0
Eden Prairie Residential Care Services, LLC	1	0	0	0
Gardner Home	6	0	0	0
Glen Oaks Home	1	2	0	0
Grand Traverse Industries, Inc.	1	2	1	0
Grayling Office/Crawford County	2	1	0	1
Hernandez Home, LLC	0	1	0	0
HL Office/Roscommon County	0	0	2	0
Hope Network Westlake VIII	0	4	1	0
IDD Adult Case Management	4	2	6	1

Magnolia Care AFC West	1	0	0	0
MI Independent Living, LLC	1	0	0	0
MIA Case Management	5	2	4	2
Mid-Michigan Specialized Residential	0	2	3	0
Munson Medical Center	0	1	2	0
NLCMHA_TEST	0	0	1	0
North Arrow ABA	0	0	0	1
Pearl Street Home	10	2	2	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	0	2	0
AuSable In Home Care, LLC	1	0	0	0
Beacon Home at Miller	0	0	1	0
Beacon Home at Trolley Center	4	0	0	0
Brightside Living - Whispering Oaks	3	0	1	0
Cedar Valley AFC	9	1	2	0
Club Cadillac	1	1	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	3	3	0
Hope Network Neo Wyoming	1	0	0	0
IDD Children's Case Management	0	0	1	0
Jones Lake AFC Home	6	1	0	0
Kennedy House West, LLC	0	0	1	0
North Arrow ABA, LLC	0	0	0	1
North Shores Center	0	0	0	1
Out of Network Provider	0	0	2	0
Outpatient Services	1	0	1	0
Packard Specialized Residential	1	0	1	0
Paradise AFC Home, Inc.	0	0	1	0
Premier Care Assisted Living 1	5	1	0	0
Psychiatric Services	1	1	5	0

Real Life Living Services	11	0	7	0
Shepler AFC Home	0	0	1	0
Shepler's AFC Home, LLC	1	0	0	0
ShurCare AFC Home LLC	2	0	0	0
TC Office/Grand Traverse County	31	3	5	0
Zenith Home	4	0	1	0
Assertive Community Treatment	0	2	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	11	1	9	1
Beacon Wave Crest	0	0	1	0
Brightside Living - Lake Shore	1	0	0	0
Cadillac Office/Wexford County	1	1	0	0
Crisis Services	4	1	3	0
Evergreen Home	3	0	4	0
Fort Road Residence, LLC	1	0	0	0
Heart and Soul Living LLC	3	0	0	1
Hillcrest AFC	3	1	1	0
Horizon North AFC	0	0	0	2
Jacquelyn Street	1	0	0	0
Lincoln House LC	1	2	0	0
North Hope Crisis	1	0	0	0
Northern Lakes CMH Authority	20	7	17	8
Ohana AFC	0	0	1	1
Seneca Place Home	2	1	1	0
Spectrum Community Services SIP - Bremmer	4	0	0	0
Spectrum Community Services SIP - Kentucky	0	2	1	0
Sunrise AFC Home	0	0	1	0
Westwood Specialized Residential	4	1	0	0
Woodland AFC Home	2	0	1	0
Wright's AFC Home, LLC	1	1	1	0

Interim Chief Executive Officer's

Report to the Board

August 15, 2024

Citizen Comment: None for the CEO to address.

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

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

Rehmann Assessment: The Post Survey Plan and Timeline will be rolled out this upcoming month starting with the Leadership Team, Managers, Agency, and Board of Directors. This will be an interactive process which will take place throughout the next year. See Attached

Center for Mental Wellness Update: Construction continues and is on schedule to open December 2024. Dr. Ibrahim has agreed to partner with NLCMHA and Munson for the Adult CRU. The project leadership team is currently working on choosing a name for the center and will be deciding on a name in the upcoming months.

CARF: CARF wrapped on the 7th. They spoke highly of our service delivery, administration, prevention, and community outreach. They also provided some recommendations for process and reporting.

Northern Health Care Management: Divestment of MI Choice Waiver will be fully completed October 1st, 2024.

IHC: Divestment of the IHC will be fully completed by October 1st, 2024.

Community Connections/Meetings:

- August 1-16, Military Orders
- August 5-8, CARF
- August 12th, CMH/DHHS – 6 County Collaborative Meeting
- August 15th, NLCMHA Board Meeting
- August 20th, NMRE Operations Committee Meeting
- August 23rd, Monthly Rural and Frontier Caucus Meeting
- August 28th, NMRE Board Meeting
- September 3rd, GTCMW Team Meeting
- September 9th, NMRE SUD Meeting
- September 13th, NLCMHA Board Orientation
- September 17th, NMRE Operations Committee Meeting
- September 19th, NLCMHA Board Meeting
- September 25th, NMRE Board Meeting
- September 27th, Monthly Rural and Frontier Caucus Meeting

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

- Employee updates (new hires, retirees, changes and anniversaries)
- Upcoming meetings
- EAD information
- Mental Health Connection
- Article "Blame Free Building" by Dr. Darryl Washington
- Celebrate Northern Lakes, - recognizing the Grayling office front staff
- RCA Spotlight
- Recovery award information
- RRAC candidates needed

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://www.cadillacnews.com/news/munson-creating-partnership-with-the-regioncadillac-community/article_961fd468-4e78-11ef-aa66-275ecd2b0736.html

https://www.record-eagle.com/news/local_news/grand-traverse-county-candidates-vie-for-county-board-seats/article_dd827e2a-40ac-11ef-a7bf-e367b5f30276.html

https://www.record-eagle.com/news/local_news/grand-traverse-county-candidates-vie-for-county-board-seats/article_dd827e2a-40ac-11ef-a7bf-e367b5f30276.html

Respectfully submitted,
Brian Martinus, Interim CEO

FY2023 Monthly Access Timeliness, Request to Assessment						
	January	February	March	April	May	June
Within 14 days	79	101	74	100	75	59
Outside 14 days	9	6	15	8	7	6
Consumer Cancelled/Rescheduled	5	5	4	6	7	3
Consumer Requested outside 14 days	1	3	2	1	0	1
Consumer No Showed	38	37	39	28	37	21
Consumer Chose to Not Pursue Svcs	36	31	31	36	20	23
Other (denial, no follow up)	19	14	5	8	5	5
23 Monthly Access Timeliness, Assessment to Service						
	January	February	March	April	May	June
Within 14 days	57	66	65	71	69	39
Outside 14 days	2	1	5	3	4	2
Consumer Cancelled/Rescheduled	6	4	4	4	5	3
Consumer Requested outside 14 days	2	6	1	1	2	0
Consumer No Showed	18	19	18	15	16	5
Consumer Chose to Not Pursue Svcs	1	2	7	9	6	3
Other (denial, no follow up)	7	8	6	4	1	2
Monthly % seen in 14 Days	96.6%	98.5%	92.9%	95.9%	94.5%	95.1%
Referrals for Denied Initial Clinical Assessments						
	February	March	April	May	June	July
External Mental Health Provider	8	6	4	10	18	11
External SUD Provider	0	0	1	1	0	0
No Referral	1	1	1	2	1	0
Other Community Services	3	3	2	6	4	1
FY2023 Mobile Crisis Response Times, Monthly						
	February	March	April	May	June	July
30 Minutes or Less	62	23	21	33	13	8
31 Minutes to 1 Hour	6	9	1	0	2	0
Over 1 Hour	0	0	0	1	0	3

FY2024 Inpatient Readmission Rate			
	Admissions	mits in 30	Readmitted
October	67	6	9%
November	66	9	14%
December	69	15	22%
January	71	6	8%
February	64	8	13%
March	64	5	8%
April	70	9	13%
May	65	7	11%
June	71	13	18%
TOTAL			13%

FY2024 Monthly Team Efficiency							
	Expected	January	February	March	April	May	June
ACT	35%	20.85%	14.20%	16.51%	17.16%	21.65%	17.32%
CPSS	30%	22.86%	21.22%	22.80%	25.37%	23.28%	21.86%
ES	30%	6.40%	8.48%	7.69%	8.19%	3.41%	3.68%
IDD Adult	30%	11.52%	12.51%	12.49%	14.51%	13.80%	16.31%
IDD Child	30%	18.67%	28.89%	24.44%	26.13%	23.79%	20.33%
MIA CSM	30%	25.55%	20.58%	19.24%	21.16%	20.73%	18.77%
MIA OP	50%	44.69%	29.00%	32.33%	24.99%	35.93%	36.63%
SED HB	30%	29.48%	23.75%	23.92%	26.85%	28.57%	26.57%
SED OP CSM	35%	41.30%	37.52%	38.17%	37.83%	40.32%	31.83%
SED PTP	30%	44.87%	49.09%	51.76%	48.32%	52.17%	45.93%

FY2023 Monthly Service Information for Crawford County						
Area of Service	January	February	March	April	May	June
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nur	\$ 31,290.12	\$ 33,810.16	\$ 29,114.89	\$ 38,729.75	\$ 30,514.16	\$ 29,680.51
Autism Services	\$ 24,346.39	\$ 25,963.69	\$ 26,428.12	\$ 25,944.08	\$ 25,967.91	\$ 23,427.41
Case Management, ACT and Treatment Planning	\$ 59,650.65	\$ 56,382.81	\$ 63,258.32	\$ 73,883.69	\$ 65,937.35	\$ 55,392.00
Community Living Supports	\$ 254,314.56	\$ 241,696.66	\$257,659.24	\$ 270,541.27	\$ 274,695.92	\$247,092.72
Crisis Services, Assessments and Testing	\$ 26,184.00	\$ 24,208.75	\$ 24,469.00	\$ 25,375.00	\$ 16,351.20	\$ 12,498.00
Evaluation and Management Physician Level	\$ 23,833.37	\$ 21,420.30	\$ 20,869.64	\$ 23,815.70	\$ 21,655.09	\$ 14,384.00
Psychiatric Inpatient	\$ 21,408.44	\$ 17,090.95	\$ 18,849.11	\$ 11,308.05	\$ 5,495.00	\$ -
Psychotherapy and Outpatient Services	\$ 33,057.14	\$ 29,195.38	\$ 25,246.00	\$ 28,860.76	\$ 17,653.00	\$ 13,288.00
Vocational & Skills Building, Family and Health Services	\$ 4,356.30	\$ 3,297.31	\$ 2,994.63	\$ 3,764.79	\$ 5,137.46	\$ 3,050.93
Other	\$ 2,184.00	\$ 1,872.00	\$ 312.00	\$ 1,560.00	\$ 1,326.00	\$ 2,028.00
Total	\$ 480,624.97	\$ 454,938.01	\$469,200.95	\$ 503,783.09	\$ 464,733.09	\$400,841.57
Number of Registered People Receiving Services	223	206	211	225	194	166
Average Cost per Registered Person Served	\$ 2,155.27	\$ 2,208.44	\$ 2,223.70	\$ 2,239.04	\$ 2,395.53	\$ 2,414.71
Service Transactions Provided	18,553	18,228	20,421	20,790	22,664	19,620
Average Cost per Transaction	\$ 26	\$ 25	\$ 23	\$ 24	\$ 21	\$ 20
Count of Adult IDD	43	39	39	41	40	39
Count of Child IDD	12	13	17	10	9	10
Count of Adult SMI	136	125	123	135	114	85
Count of Child SED	32	29	32	39	31	32
Total	223	206	211	225	194	166
IDD Adult Cost	\$ 214,194.61	\$ 203,581.87	\$217,350.68	\$ 232,669.99	\$ 231,227.89	\$212,255.95
IDD Child Cost	\$ 58,785.11	\$ 60,122.36	\$ 60,875.04	\$ 56,845.88	\$ 56,569.87	\$ 53,493.69
Adult SMI Cost	\$ 164,130.25	\$ 152,993.78	\$148,280.23	\$ 161,597.42	\$ 141,294.33	\$101,963.93
Child SED Cost	\$ 43,515.00	\$ 38,240.00	\$ 43,943.00	\$ 52,669.80	\$ 35,641.00	\$ 33,128.00
Total	\$ 480,624.97	\$ 454,938.01	\$470,448.95	\$ 503,783.09	\$ 464,733.09	\$400,841.57
Adult IDD Cost per consumer	\$ 4,981.27	\$ 5,220.05	\$ 5,573.09	\$ 5,674.88	\$ 5,780.70	\$ 5,442.46
Child IDD Cost per consumer	\$ 4,898.76	\$ 4,624.80	\$ 3,580.88	\$ 5,684.59	\$ 6,285.54	\$ 5,349.37
Adult SMI Cost per consumer	\$ 1,206.84	\$ 1,223.95	\$ 1,205.53	\$ 1,197.02	\$ 1,239.42	\$ 1,199.58
Child SED Cost per consumer	\$ 1,359.84	\$ 1,318.62	\$ 1,373.22	\$ 1,350.51	\$ 1,149.71	\$ 1,035.25
Total	\$ 2,155.27	\$ 2,208.44	\$ 2,229.62	\$ 2,239.04	\$ 2,395.53	\$ 2,414.71

FY2023 Service Information For Grand Traverse County						
Area of Service	January	February	March	April	May	June
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 209,624.57	\$ 158,572.13	\$ 164,651.83	\$ 179,439.13	\$ 236,481.35	\$ 141,931.61
Autism Services	\$ 151,827.72	\$ 149,558.80	\$ 163,076.23	\$ 175,587.29	\$ 169,103.82	\$ 140,888.65
Case Management, ACT and Treatment Planning	\$ 247,286.75	\$ 230,654.58	\$ 236,717.93	\$ 266,247.07	\$ 226,507.73	\$ 200,092.26
Community Living Supports	\$1,243,212.71	\$1,194,694.68	\$1,247,615.78	\$1,218,840.04	\$ 1,247,696.80	\$1,109,289.42
Crisis Services, Assessments and Testing	\$ 158,514.98	\$ 160,131.24	\$ 152,270.61	\$ 148,350.20	\$ 141,720.00	\$ 108,985.00
Evaluation and Management Physician Level	\$ 100,717.65	\$ 92,846.34	\$ 100,842.60	\$ 104,988.23	\$ 93,932.52	\$ 52,096.67
Psychiatric Inpatient	\$ 293,823.28	\$ 189,738.49	\$ 147,042.66	\$ 200,705.39	\$ 175,142.79	\$ 80,830.15
Psychotherapy and Outpatient Services	\$ 154,375.32	\$ 149,525.36	\$ 126,939.79	\$ 161,913.80	\$ 176,412.47	\$ 110,840.52
Vocational & Skills Building, Family and Health Services	\$ 78,343.93	\$ 74,973.85	\$ 69,920.91	\$ 73,161.16	\$ 72,318.36	\$ 71,459.85
Other	\$ 9,140.85	\$ 8,165.92	\$ 5,915.98	\$ 10,774.48	\$ 7,697.39	\$ 8,612.91
Total	\$2,646,867.76	\$2,408,861.39	\$2,414,994.32	\$2,540,006.79	\$ 2,547,013.23	\$2,025,027.04
Number of Registered People Receiving Services	1,043	1,026	1,035	1,068	1,040	895
Average Cost per Registered Person Served	\$ 2,537.74	\$ 2,347.82	\$ 2,333.33	\$ 2,378.28	\$ 2,449.05	\$ 2,262.60
Service Transactions Provided	105,965	106,606	108,791	110,752	113,421	87,724
Average Cost per Transaction	\$ 25	\$ 23	\$ 22	\$ 23	\$ 22	\$ 23
Count of Adult IDD	252	247	257	263	270	244
Count of Child IDD	76	79	79	80	77	72
Count of Adult SMI	584	560	566	568	545	450
Count of Child SED	131	140	133	157	148	129
Total	1,043	1,026	1,035	1,068	1,040	895
IDD Adult Cost	\$1,117,487.36	\$1,100,535.76	\$1,151,472.28	\$1,125,059.85	\$ 1,145,753.18	\$ 978,589.95
IDD Child Cost	\$ 237,369.86	\$ 241,010.78	\$ 266,085.01	\$ 270,134.49	\$ 301,014.44	\$ 216,362.31
Adult SMI Cost	\$1,046,617.68	\$ 882,002.43	\$ 797,285.96	\$ 866,387.58	\$ 855,708.09	\$ 659,251.79
Child SED Cost	\$ 245,392.86	\$ 185,312.42	\$ 200,151.07	\$ 278,424.87	\$ 244,537.52	\$ 170,822.99
Total	\$2,646,867.76	\$2,408,861.39	\$2,414,994.32	\$2,540,006.79	\$ 2,547,013.23	\$2,025,027.04
Adult IDD Cost per consumer	\$ 4,434.47	\$ 4,455.61	\$ 4,480.44	\$ 4,277.79	\$ 4,243.53	\$ 4,010.61
Child IDD Cost per consumer	\$ 3,123.29	\$ 3,050.77	\$ 3,368.16	\$ 3,376.68	\$ 3,909.28	\$ 3,005.03
Adult SMI Cost per consumer	\$ 1,792.15	\$ 1,575.00	\$ 1,408.63	\$ 1,525.33	\$ 1,570.11	\$ 1,465.00
Child SED Cost per consumer	\$ 1,873.23	\$ 1,323.66	\$ 1,504.90	\$ 1,773.41	\$ 1,652.28	\$ 1,324.21
Total	\$ 2,537.74	\$ 2,347.82	\$ 2,333.33	\$ 2,378.28	\$ 2,449.05	\$ 2,262.60

FY2023 Service Information For Leelanau County						
Area of Service	January	February	March	April	May	June
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursi	\$ 30,860.53	\$ 27,426.18	\$ 23,945.04	\$ 32,295.10	\$ 22,257.12	\$ 18,220.91
Autism Services	\$ 11,479.99	\$ 14,932.20	\$ 17,553.73	\$ 16,140.08	\$ 18,772.08	\$ 7,908.32
Case Management, ACT and Treatment Planning	\$ 20,592.96	\$ 18,405.98	\$ 17,497.00	\$ 32,211.42	\$ 23,303.19	\$ 18,203.80
Community Living Supports	\$ 169,124.21	\$ 164,127.39	\$ 173,486.12	\$ 172,350.39	\$ 175,338.88	\$ 151,655.09
Crisis Services, Assessments and Testing	\$ 6,384.00	\$ 9,762.00	\$ 16,571.20	\$ 16,852.00	\$ 14,111.00	\$ 15,170.00
Evaluation and Management Physician Level	\$ 6,624.60	\$ 8,063.23	\$ 6,693.35	\$ 13,239.23	\$ 6,609.64	\$ 3,258.00
Psychiatric Inpatient	\$ 21,195.00	\$ 10,061.44	\$ 17,717.41	\$ 2,705.00	\$ 16,591.27	\$ 13,634.00
Psychotherapy and Outpatient Services	\$ 23,764.23	\$ 19,157.76	\$ -	\$ 21,364.51	\$ 18,637.60	\$ 9,746.93
Vocational & Skills Building, Family and Health Services	\$ 7,612.93	\$ 7,845.65	\$ 7,025.99	\$ 8,114.26	\$ 8,892.98	\$ -
Total	\$ 297,638.45	\$ 279,781.83	\$ 280,489.84	\$ 315,271.99	\$ 304,513.76	\$ 237,797.05
Number of Registered People Receiving Services	107	107	106	123	116	94
Average Cost per Registered Person Served	\$ 2,781.67	\$ 2,614.78	\$ 2,646.13	\$ 2,563.19	\$ 2,625.12	\$ 2,529.76
Service Transactions Provided	11,396	11,824	12,750	13,210	13,384	10,853
Average Cost per Transaction	\$ 26	\$ 24	\$ 22	\$ 24	\$ 23	\$ 22
Count of Adult IDD	37	36	37	38	36	37
Count of Child IDD	4	5	5	7	7	5
Count of Adult SMI	46	47	45	57	52	35
Count of Child SED	20	19	19	21	21	17
Total	107	107	106	123	116	94
IDD Adult Cost	\$ 182,989.58	\$ 179,376.87	\$ 185,351.40	\$ 190,625.10	\$ 188,104.89	\$ 164,122.23
IDD Child Cost	\$ 13,997.99	\$ 16,513.20	\$ 21,689.53	\$ 22,594.08	\$ 21,384.08	\$ 12,519.32
Adult SMI Cost	\$ 68,600.08	\$ 50,249.96	\$ 45,308.91	\$ 62,827.13	\$ 63,706.83	\$ 39,829.70
Child SED Cost	\$ 32,050.80	\$ 33,641.80	\$ 28,140.00	\$ 39,225.68	\$ 31,317.96	\$ 21,325.80
Total	\$ 297,638.45	\$ 279,781.83	\$ 280,489.84	\$ 315,271.99	\$ 304,513.76	\$ 237,797.05
Adult IDD Cost per consumer	\$ 4,945.66	\$ 4,982.69	\$ 5,009.50	\$ 5,016.45	\$ 5,225.14	\$ 4,435.74
Child IDD Cost per consumer	\$ 3,499.50	\$ 3,302.64	\$ 4,337.91	\$ 3,227.73	\$ 3,054.87	\$ 2,503.86
Adult SMI Cost per consumer	\$ 1,491.31	\$ 1,069.15	\$ 1,006.86	\$ 1,102.23	\$ 1,225.13	\$ 1,137.99
Child SED Cost per consumer	\$ 1,602.54	\$ 1,770.62	\$ 1,481.05	\$ 1,867.89	\$ 1,491.33	\$ 1,254.46
Total	\$ 2,781.67	\$ 2,614.78	\$ 2,646.13	\$ 2,563.19	\$ 2,625.12	\$ 2,529.76

FY2023 Service Information For Missaukee County						
Area of Service	January	February	March	April	May	June
Additional Supports (Homebased, Respite, Residential, Clubhouse)	\$ 25,891.54	\$ 25,847.17	\$ 33,051.92	\$ 31,379.51	\$ 21,584.76	\$ 18,434.28
Autism Services	\$ 9,515.16	\$ 10,693.25	\$ 15,429.38	\$ 13,360.24	\$ 14,059.78	\$ 10,999.33
Case Management, ACT and Treatment Planning	\$ 34,823.42	\$ 26,132.42	\$ 30,294.23	\$ 33,169.30	\$ 35,038.30	\$ 22,836.65
Community Living Supports	\$ 395,826.40	\$ 378,382.36	\$ 390,696.48	\$ 371,680.22	\$ 386,742.44	\$ 375,317.48
Crisis Services, Assessments and Testing	\$ 16,109.00	\$ 22,445.00	\$ 15,180.00	\$ 10,555.20	\$ 9,810.00	\$ 9,339.00
Evaluation and Management Physician Level	\$ 17,044.00	\$ 19,960.58	\$ 19,228.31	\$ 17,406.01	\$ 16,616.85	\$ 11,616.17
Psychiatric Inpatient	\$ 28,971.00	\$ 31,775.00	\$ 48,023.00	\$ 10,057.73	\$ 16,997.63	\$ 6,200.00
Psychotherapy and Outpatient Services	\$ 39,214.99	\$ 35,726.51	\$ 29,519.38	\$ 22,599.82	\$ 19,215.04	\$ 21,512.50
Vocational & Skills Building, Family and Health Services	\$ 17,269.66	\$ 18,247.71	\$ 18,266.62	\$ 15,903.94	\$ 18,650.16	\$ 19,833.43
Other	\$ -	\$ -	\$ -		\$ 1,382.08	\$ 1,423.57
Total	\$ 584,665.17	\$ 569,210.00	\$ 599,689.32	\$ 526,111.97	\$ 540,097.04	\$ 497,512.41
Number of Registered People Receiving Services	168	169	175	162	155	131
Average Cost per Registered Person Served	\$ 3,480.15	\$ 3,368.11	\$ 3,426.80	\$ 3,247.60	\$ 3,484.50	\$ 3,797.80
Service Transactions Provided	24,095	24,176	26,774	24,166	24,687	22,320
Average Cost per Transaction	\$ 24	\$ 24	\$ 22	\$ 22	\$ 22	\$ 22
Count of Adult IDD	39	40	41	40	41	41
Count of Child IDD	12	10	12	14	16	8
Count of Adult SMI	73	77	81	72	65	55
Count of Child SED	44	42	41	36	33	27
Total	168	169	175	162	155	131
IDD Adult Cost	\$ 362,835.66	\$ 344,179.90	\$ 364,563.58	\$ 351,023.71	\$ 367,266.44	\$ 345,266.57
IDD Child Cost	\$ 27,808.25	\$ 30,886.58	\$ 28,769.12	\$ 26,199.63	\$ 26,123.39	\$ 18,165.72
Adult SMI Cost	\$ 152,959.26	\$ 155,644.52	\$ 151,384.62	\$ 113,504.63	\$ 113,983.21	\$ 109,309.12
Child SED Cost	\$ 41,062.00	\$ 38,499.00	\$ 54,972.00	\$ 35,384.00	\$ 32,724.00	\$ 24,771.00
Total	\$ 584,665.17	\$ 569,210.00	\$ 599,689.32	\$ 526,111.97	\$ 540,097.04	\$ 497,512.41
Adult IDD Cost per consumer	\$ 9,303.48	\$ 8,604.50	\$ 8,891.79	\$ 8,775.59	\$ 8,957.72	\$ 8,421.14
Child IDD Cost per consumer	\$ 2,317.35	\$ 3,088.66	\$ 2,397.43	\$ 1,871.40	\$ 1,632.71	\$ 2,270.72
Adult SMI Cost per consumer	\$ 2,095.33	\$ 2,021.36	\$ 1,868.95	\$ 1,576.45	\$ 1,753.59	\$ 1,987.44
Child SED Cost per consumer	\$ 933.23	\$ 916.64	\$ 1,340.78	\$ 982.89	\$ 991.64	\$ 917.44
Total	\$ 3,480.15	\$ 3,368.11	\$ 3,426.80	\$ 3,247.60	\$ 3,484.50	\$ 3,797.80

FY2023 Service Information for Roscommon County						
Area of Service	January	February	March	April	May	June
Additional Supports (Homebased, Respite, Residential, Clubhouse and Autism Services	\$ 64,250.39	\$ 54,419.53	\$ 55,554.96	\$ 60,926.01	\$ 56,033.85	\$ 54,421.90
Case Management, ACT and Treatment Planning	\$ 18,417.34	\$ 17,159.81	\$ 13,194.00	\$ 17,868.34	\$ 20,872.07	\$ 10,397.43
Community Living Supports	\$ 100,507.20	\$ 98,386.28	\$ 79,814.04	\$ 94,418.45	\$ 81,639.65	\$ 66,619.60
Crisis Services, Assessments and Testing	\$ 424,505.54	\$ 423,991.07	\$ 462,710.28	\$ 471,396.72	\$ 464,334.64	\$ 443,972.92
Evaluation and Management Physician Level	\$ 37,233.00	\$ 47,338.20	\$ 25,183.00	\$ 41,056.20	\$ 13,647.99	\$ 16,930.40
Psychiatric Inpatient	\$ 42,122.03	\$ 41,023.75	\$ 39,054.41	\$ 46,182.20	\$ 41,732.28	\$ 25,598.20
Psychotherapy and Outpatient Services	\$ 129,427.96	\$ 50,849.59	\$ 87,067.54	\$ 110,074.92	\$ 42,435.00	\$ 28,875.00
Vocational & Skills Building, Family and Health Services	\$ 68,979.98	\$ 68,569.14	\$ 51,618.76	\$ 61,125.36	\$ 54,103.93	\$ 30,338.00
Other	\$ 14,977.85	\$ 13,910.26	\$ 11,813.10	\$ 20,409.04	\$ 18,405.55	\$ 13,225.23
Total	\$ 607.20	\$ 1,388.65	\$ 954.53	\$ 598.41	\$ 354.17	\$ 533.92
	\$ 901,028.49	\$ 817,036.28	\$ 826,964.62	\$ 924,055.65	\$ 793,559.13	\$ 690,912.60
Number of Registered People Receiving Services	360	376	365	389	338	297
Average Cost per Registered Person Served	\$ 2,502.86	\$ 2,172.97	\$ 2,265.66	\$ 2,375.46	\$ 2,347.81	\$ 2,326.31
Service Transactions Provided	24,451	23,568	22,794	26,791	25,236	22,934
Average Cost per Transaction	\$ 37	\$ 35	\$ 36	\$ 34	\$ 31	\$ 30
Count of Adult IDD	69	71	73	70	66	69
Count of Child IDD	17	19	21	21	14	12
Count of Adult SMI	208	218	208	227	199	169
Count of Child SED	66	68	63	71	59	47
Total	360	376	365	389	338	297
IDD Adult Cost	\$ 446,612.06	\$ 371,665.27	\$ 405,027.88	\$ 426,490.50	\$ 408,595.60	\$ 396,373.80
IDD Child Cost	\$ 30,986.17	\$ 36,584.93	\$ 23,603.61	\$ 26,102.47	\$ 27,014.20	\$ 13,290.35
Adult SMI Cost	\$ 333,844.95	\$ 313,400.78	\$ 310,996.21	\$ 362,196.06	\$ 260,102.18	\$ 195,954.77
Child SED Cost	\$ 89,585.31	\$ 95,385.30	\$ 87,336.92	\$ 109,266.62	\$ 97,847.15	\$ 85,293.68
Total	\$ 901,028.49	\$ 817,036.28	\$ 826,964.62	\$ 924,055.65	\$ 793,559.13	\$ 690,912.60
Adult IDD Cost per consumer	\$ 6,472.64	\$ 5,234.72	\$ 5,548.33	\$ 6,092.72	\$ 6,190.84	\$ 5,744.55
Child IDD Cost per consumer	\$ 1,822.72	\$ 1,925.52	\$ 1,123.98	\$ 1,242.97	\$ 1,929.59	\$ 1,107.53
Adult SMI Cost per consumer	\$ 1,605.02	\$ 1,437.62	\$ 1,495.17	\$ 1,595.58	\$ 1,307.05	\$ 1,159.50
Child SED Cost per consumer	\$ 1,357.35	\$ 1,402.73	\$ 1,386.30	\$ 1,538.97	\$ 1,658.43	\$ 1,814.76
Total	\$ 2,502.86	\$ 2,172.97	\$ 2,265.66	\$ 2,375.46	\$ 2,347.81	\$ 2,326.31

FY2023 Service Information for Wexford County						
Area of Service	January	February	March	April	May	June
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 143,544.39	\$ 131,702.76	\$ 129,448.89	\$ 133,725.05	\$ 130,548.25	\$ 100,935.39
Autism Services	\$ 83,119.80	\$ 72,846.88	\$ 61,049.31	\$ 66,266.80	\$ 75,468.10	\$ 76,339.21
Case Management, ACT and Treatment Planning	\$ 136,804.05	\$ 126,075.71	\$ 121,065.65	\$ 131,765.84	\$ 136,654.97	\$ 119,679.65
Community Living Supports	\$ 691,398.09	\$ 647,692.50	\$ 698,095.94	\$ 728,776.76	\$ 763,483.98	\$ 737,607.49
Crisis Services, Assessments and Testing	\$ 60,023.59	\$ 60,953.20	\$ 63,616.12	\$ 64,390.40	\$ 56,396.00	\$ 48,848.20
Evaluation and Management Physician Level	\$ 72,483.66	\$ 73,118.74	\$ 64,152.91	\$ 71,132.92	\$ 69,894.15	\$ 45,066.60
Psychiatric Inpatient	\$ 147,960.02	\$ 228,849.18	\$ 191,771.61	\$ 162,584.73	\$ 155,081.16	\$ 116,997.23
Psychotherapy and Outpatient Services	\$ 108,070.38	\$ 98,702.52	\$ 90,055.18	\$ 103,472.52	\$ 93,224.78	\$ 69,252.11
Vocational & Skills Building, Family and Health S	\$ 55,377.19	\$ 59,382.53	\$ 61,039.59	\$ 65,283.45	\$ 65,544.33	\$ 65,069.04
Other	\$ 11,459.77	\$ 8,929.20	\$ 11,722.60	\$ 10,160.74	\$ 12,908.50	\$ 13,007.42
Total	\$ 1,510,240.94	\$ 1,508,253.22	\$ 1,492,017.80	\$ 1,537,559.21	\$ 1,559,204.22	\$ 1,392,802.34
Number of Registered People Receiving Services	590	592	604	593	543	490
Average Cost per Registered Person Served	\$ 2,559.73	\$ 2,547.73	\$ 2,470.23	\$ 2,592.85	\$ 2,871.46	\$ 2,842.45
Service Transactions Provided	54,116	52,554	54,056	56,288	56,750	51,817
Average Cost per Transaction	\$ 28	\$ 29	\$ 28	\$ 27	\$ 27	\$ 27
Count of Adult IDD	113	116	114	118	115	111
Count of Child IDD	57	46	52	51	48	45
Count of Adult SMI	330	330	334	312	260	233
Count of Child SED	90	100	104	112	120	101
Total	590	592	604	593	543	490
IDD Adult Cost	\$ 698,693.05	\$ 666,349.42	\$ 697,169.10	\$ 704,622.95	\$ 734,316.72	\$ 697,102.66
IDD Child Cost	\$ 133,802.13	\$ 106,822.49	\$ 107,216.23	\$ 109,355.46	\$ 109,260.28	\$ 101,959.88
Adult SMI Cost	\$ 572,500.63	\$ 552,158.29	\$ 569,734.79	\$ 565,825.08	\$ 524,422.03	\$ 439,818.87
Child SED Cost	\$ 105,245.13	\$ 182,923.02	\$ 117,897.68	\$ 157,755.72	\$ 191,205.19	\$ 153,920.93
Total	\$ 1,510,240.94	\$ 1,508,253.22	\$ 1,492,017.80	\$ 1,537,559.21	\$ 1,559,204.22	\$ 1,392,802.34
Adult IDD Cost per consumer	\$ 6,183.12	\$ 5,744.39	\$ 6,115.52	\$ 5,971.38	\$ 6,385.36	\$ 6,280.20
Child IDD Cost per consumer	\$ 2,347.41	\$ 2,322.23	\$ 2,061.85	\$ 2,144.22	\$ 2,276.26	\$ 2,265.78
Adult SMI Cost per consumer	\$ 1,734.85	\$ 1,673.21	\$ 1,705.79	\$ 1,813.54	\$ 2,017.01	\$ 1,887.63
Child SED Cost per consumer	\$ 1,169.39	\$ 1,829.23	\$ 1,133.63	\$ 1,408.53	\$ 1,593.38	\$ 1,523.97
Total	\$ 2,559.73	\$ 2,547.73	\$ 2,470.23	\$ 2,592.85	\$ 2,871.46	\$ 2,842.45

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
Ensure individuals served at NLCMHA receive quality services to meet their unique needs. (5 Measures)			
Percent of consumers at NLCMHA readmitted to psychiatric inpatient services within 90 days	17%	<20%	11%
Percent of consumers who were diverted from psychiatric inpatient admission	37%	>30%	42%
Number of substantiated Recipient Rights' Complaints.		<5	4 (30 days)
Number of Upheld Appeals		<5	0 (3 months)
Number of Upheld Grievances		<5	20 (3 months)
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)			
Percent of adults newly enrolled in Mental Health services who had their first clinical service within 14 days of enrollment	40%	>80%	74%

Percent of children newly enrolled in Mental Health services who had their first clinical service within 14 days of enrollment	52%	>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	58%	>80%	100%
Percent of children newly enrolled in developmental disability services who had their first clinical service within 14 days of enrollment	70%	>80%	70%
Percent of Substance Use Disorder (SUD) clients successfully discharged who re-entered services within 90 days	N/A	<25%	N/A
Build and support a community that promotes recovery and resilience to help individuals and families thrive. (2 Measures)			
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%
Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence (1 Measure)			
Percent of consumers who were discharged from a psychiatric hospital and had a follow-up service within 30 days	98%	>90%	92%

Workload Measures

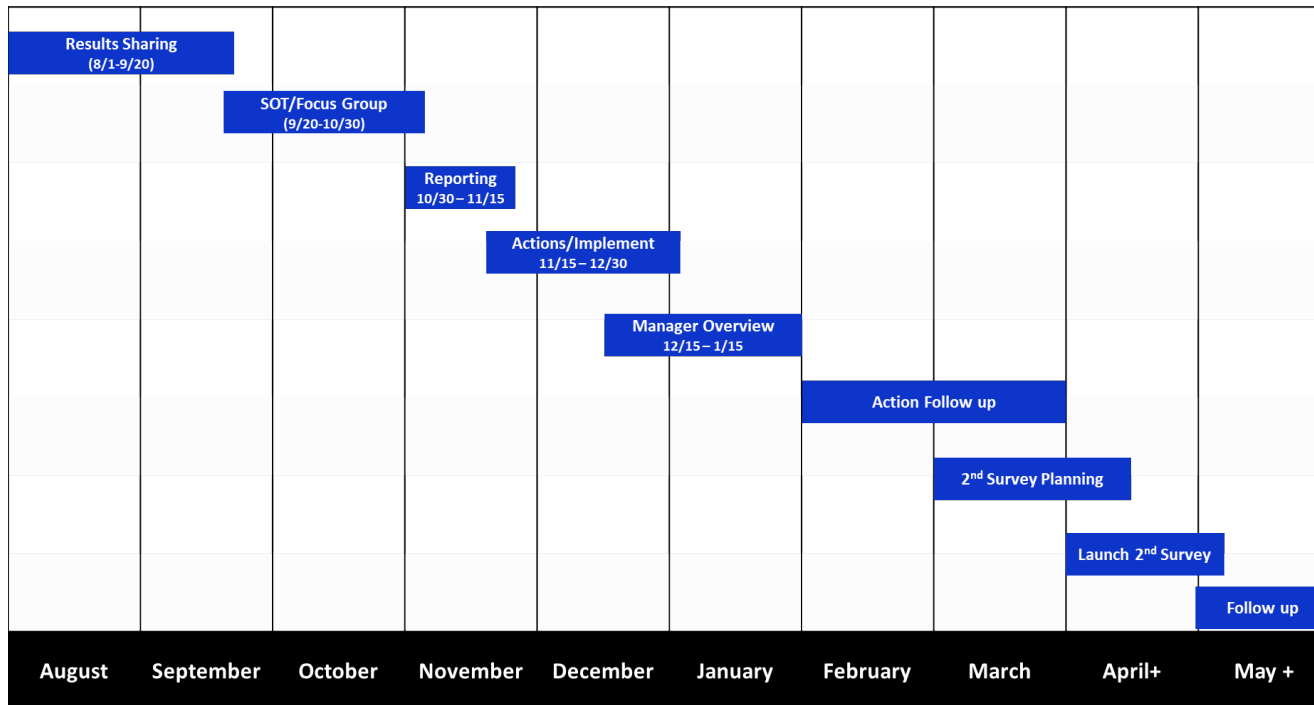
Measure	Last Quarter Results	FY 2023 Target	FY 2023 Actual
Peer Specialists and Recovery Coaches (2 Measures)			
Number of new Certified Peer Specialists to include those in specialty tracks of family and youth		>2	2
Number of people trained in Recovery Coaching		>5	8
Communication (2 Measures)			
Number of public outreach events per quarter	13	>3	13
Number of hits to the NLCMHA website	65,346	>100	80,612
Outreach Services (1 Measure)			
Number of interventions from Crisis Response Team	160	>24	178
Operational/Legal Matters (2 Measures)			
Staff turnover per quarter	8%	<10%	3%
Claims filed with Michigan Municipal Risk Management Authority		<3	5

Northern Lakes Community Mental Health

Post Survey Plan and Timeline

Starting in August, the Rehmann team will work closely with leadership at Northern Lakes to take actions to improve engagement and the overall culture following their employee engagement survey in early 2024. The following is a suggested timeline and actions.

Timeline



Timeline Detail

Dates	Item	Detail
August 1 – September 20	Comprehensive Data Sharing	<p>Compilation and preparation of detailed and summary results and presentations to share with specific audiences.</p> <p>The data/reports to be shared in this order:</p> <ul style="list-style-type: none"> • <u>Northern Lakes Leadership Team</u>: Virtual meeting with Brian and other senior leaders. Organization-wide and group specific data will be included. (Aug. 1-15) • <u>Northern Lakes Managers and Supervisors</u>. Virtual meetings with those who lead others to share summary data. These can be 1-hour meetings with multiple times offered for attendance – some morning, some afternoon times. • <u>All employees</u>: One hour virtual meeting options offered to all employees over the course of a few days. Some morning, some afternoon. 3-4 choices. (Aug. 1-20) • <u>Optional: Department/Function specific data sharing</u>. We will partner with leaders to share department/group specific data with respective groups. (Aug. 15-Sept. 20) • <u>Board summary</u>: Summary data will be shared with the board, potentially in the September 19th meeting (or in a workshop format)
September 20 - October 30	State of the Team Meetings	<p>We will equip managers to have conversations with their teams about employee engagement on their team and identification of actions for change.</p> <ul style="list-style-type: none"> • Timeline for conducting team meetings (Sept. 30-Oct. 15) • First, an educational session of about 1 hour. (Sept. 20-30) • Partnership with managers as needed to conduct the meetings (Sept. 30 – Oct. 15) • Compilation of insights, outcomes and/or actions derived from the SOT meetings. (by Oct. 30th)
September 20 – October 30	Focus Groups – Data Clarification	<p>Collection of clarifying data or additional information as needed including:</p> <ul style="list-style-type: none"> • Focus group conversations with specific groups and/or regarding specific questions or engagement areas • Review of previously collected data such as employee interviews, performance data, etc.

Dates	Item	Detail
October 30 – November 15	Data compilation	Compilation of all data collected from the survey, focus groups and state of the team meetings to inform actions. Summary provided to the leadership team
November 15 – December 15	Action Identification and Implementation	<p>Identification of short term and long-term priority actions and recommended implementation plans:</p> <ul style="list-style-type: none"> • Action identification meetings with leadership • Practice review: Evaluation and review of current practices such as communication, onboarding, etc. for opportunities for engagement improvement and enhancement • Plan and/or timeline for action implementation
December 15 – January 15, 2025	Manager Overview	Engagement education through interactive workshop for managers and supervisors focused on their role for engagement and expectations for organizational specific actions and data.
February 2025	Check-Ins	Check-in meetings with leadership identifying barriers and celebrating engagement progress
March-April 2025	2 nd Administration	Planning for a 2 nd employee engagement survey to launch in late March or early April 2025
May 2025+	Check-In	Regular check-in discussions to assess progress and identify and overcome barriers to success.

https://www.cadillacnews.com/news/munson-creating-partnership-with-the-region-cadillac-community/article_961fd468-4e78-11ef-aa66-275ecd2b0736.html

Munson creating partnership with the region, Cadillac community

- [By Rick Charmoli Cadillac News](#)
- Jul 31, 2024

CADILLAC — Last fall, Munson Healthcare introduced a transformative plan for how it would deliver service to patients and a year later things are different in Cadillac.

In September 2023, Munson Healthcare unveiled its three-year Regional Care Transformation Plan. The plan is designed to provide more and better patient access to healthcare services across the region and preserve care close to home. The catalyst for these big changes started during the COVID-19 pandemic.

It was during the pandemic that Munson Healthcare discovered there were ways to utilize its hospitals on a regional basis better. Over the past few years, Cadillac Hospital has taken on a more regional role. What was announced in September was just a continuation of that process in Cadillac and system-wide.

That meant things like the hospital adding a second CT scan machine to help deliver care in the Emergency Department but also for outpatient care. The plan also included five pieces, including adopting a more patient-centric model; expanding Munson’s outpatient footprint, enhancing virtual care, regionalizing in-patient services and elevating Munson Medical Center in Traverse City to a high-level specialty care center.

Peter Marinoff has been the community president of Munson Healthcare Cadillac Hospital since 2021 and the role Cadillac Hospital is playing is as a regional hospital for Manistee and other areas.

“The initial phasing was to invest a little more in Cadillac. We upgraded our CT scanner and are doing more in CT offerings. We are doing cardiac testing and added robotics, which allows us to not only offer a broader scope of care but brings some new services to the community,” he said.

The robotics, Marinoff mentioned, aids in the gynecologic, urological and general surgery procedures. The \$2 million robotic surgery device helps to reduce pain and recovery time for patients and is less intrusive. Small incisions are made rather than the large ones needed for open surgery. Minimally invasive robotic surgery also offers additional benefits, including reduced blood loss during the procedure, quicker recovery time and less scarring due to smaller incisions.

In July, Marinoff said Cadillac Hospital did its first prostate procedure and will continue to expand surgical and gynecological services.

He also said the changes occurring at Cadillac Hospital haven't been in the additional rooms at the hospital, but rather in building up technology infrastructure and processes.

In addition to those changes, Marinoff said Cadillac Hospital has been seeing more transfers from Manistee and Frankfort.

He said part of the transition is to allow a greater level of care but remain on a rural scale. It isn't overwhelming in size and makes it more comfortable for patients to maneuver. Cadillac has about 50 beds and is a smaller campus but offers great care and services. He said the feedback from those patients has been positive.

"I think from a regional hub perspective, from what I can see, it is a continued evolution. It is about getting our patients and community members to the right place for care," he said. "We will continue to work with our doctor groups and community members about how the transfers are going."

One thing they will look at moving forward is expanding what Cadillac Hospital offers in surgeries.

While he doesn't have a lot of details to share, Marinoff said Munson Healthcare is looking into the possibility of having an off-campus surgery center. He said the goal would be to have it established within the next two years. It would be designed for outpatient surgeries, orthopedics, smaller scopes and more.

"It is a big investment, but to be able to provide that, is something we are making the commitment to," he said.

Recently, Munson Medical Center in Traverse City moved up a spot in the U.S. News and World Report's rankings for Best Hospitals in Michigan.

Although that isn't directly connected to Cadillac Hospital, Marinoff said it shows the network/system is operating from a place of strength. He said health care is about partnerships and aligning with those partners.

With Cadillac being a top 20 small community hospital for four years and partnering with a top six hospital in the state, Marinoff said shows the level of quality in care that can be offered.

"Not just in Traverse City but in the outlying hospitals in the system. We are trying to build a high-quality network for the Northern Michigan community," he said.

One of the issues that has been at the forefront lately has been mental health.

Marinoff said a grant was received by Northern Lakes Community Mental Health to help create a place in Traverse City for those in crisis.

Northern Lakes received \$1.8 million to help with its Crisis Welcoming Center. The funds helped the center achieve its goal of improving access to quality behavioral crisis services in Northern Michigan.

The center helps people address their needs when experiencing a crisis. That could mean someone grieving the loss of a loved one, friend or a beloved pet. If someone feels suicidal or might hurt someone else, they should go to the crisis welcoming center or they could seek other attention. A crisis can be anything a person is distraught over and is as unique as the person in the crisis.

Although the new crisis welcoming center is in Traverse City, it is available to people from outlying areas. There also are other services, including mobile crisis teams for both adults and children.

Marinoff said there needed to be a hub like the crisis center in Traverse City before there could be a branching out.

“We see people in crisis and it can be difficult to find a place for them to go to get help. Having a place in Traverse City will provide something for our local community and help to support the ER,” he said. “We are still seeing a larger volume of people in need of help.”

Marinoff said the cause changes and can be someone experiencing a mental health crisis or youth in crisis, but it also can be the result of alcohol or drug use. Regardless of the reason, Marinoff said there are higher numbers than what would have been seen five to 10 years ago.

He also said that likely isn't going to go away so providers like Munson need to move services to help people in crisis to get the services they need and get them to the right place.

As for the general summer uptick of Emergency Room visits that tends to happen every year, Marinoff said it depends on the hospital.

For example, Cadillac Hospital is consistent with its volumes throughout the year. In more seasonal communities like Manistee and Frankfort, however, there can be significant bumps in the summer and a pull-down in the winter.

In the fall, Marinoff said Cadillac Hospital sees more respiratory and inpatient care that occurs. On the surgery side of things, Marinoff said typically that the schedule at Cadillac Hospital also is busier in the fall and early winter. Once the New Year starts, Marinoff said there is a dip in volume and it gradually builds back.

He said that the decrease in surgeries is mostly related to health care plans and insurance, but again it is usually consistent in Cadillac throughout the year.

“When you look at a more seasonal community, like Frankfort, they will see a tripling in ER visits in the summer. Cadillac is pretty consistent and might see a bump of 5 to 10% higher or

lower,” he said. “In Frankfort or Manistee, you see a lot in the summer and pull-down in the wintertime.”

https://www.record-eagle.com/news/local_news/grand-traverse-county-candidates-vie-for-county-board-seats/article_dd827e2a-40ac-11ef-a7bf-e367b5f30276.html

GRAND TRAVERSE COUNTY: Candidates vie for county board seats

- [By Peter Kobs pkobs@record-eagle.com](mailto:pkobs@record-eagle.com)
- Jul 13, 2024

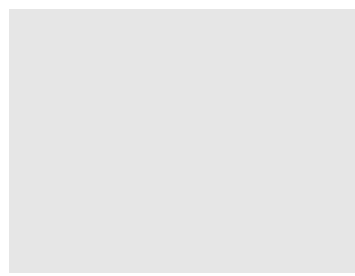
TRAVERSE CITY — Five candidates for the Grand Traverse County Board of Commissioners made their cases to voters this week during a candidate forum at the main branch of the Traverse Area District Library.

The standing-room-only event was sponsored by the nonpartisan League of Women Voters of the Grand Traverse Area.

Candidates for District 7 — Old Mission Peninsula and parts of Traverse City — included Republicans Kathleen Haueisen and Darcie Pickren. Competing for District 9 — Long Lake Township — are Democrats Lance Boehmer and Pamela Kaiser, as well as incumbent Republican Penny Morris.

District 7 incumbent County Commissioner and Democrat T.J. Andrews, who was unavailable at the forum, submitted her answers to the Record Eagle via e-mail.

At Wednesday's forum, each candidate gave a 1-minute opening and closing statement about why they're seeking office, and answered four prepared questions with the same time limit.



[2024 election coverage](#)

Record-Eagle stories focusing on the Grand Traverse area's 2024 elections and related issues:

Key themes included high housing costs, mental health care, sustainable growth strategies, septic system inspections and fiscal oversight. No insults or accusations were hurled during the

moderated event. Instead, all of the candidates emphasized their unique backgrounds and qualifications.

DISTRICT 7 CANDIDATES

Haueisen highlighted her extensive experience as a mother, wife and small-business owner, including her service as treasurer of the Hospital Finance Authority. She also promised to attend township and planning board meetings if elected.

“We need a more conservative voice in District 7,” said Haueisen, who also chairs the Grand Traverse County Republican Party. She promised “tireless effort” and a commitment to approachable citizen service if elected to the county board.

To address the housing shortage, Haueisen called for more high-density housing, using vacant and abandoned property in collaboration with the county’s Land Bank.

“We don’t want to artificially tamper with the local market,” she added.

Noting her community involvement, Haueisen has volunteered for the Cherryland Humane Society, National Cherry Festival, Northwestern Michigan Fair, and State and Bijou theaters.

Pickren, who is opposing Haueisen in the District 7 Republican primary, said she was concerned about proposals to expand winery business operations on the Peninsula.

“We have to be very careful, especially in terms of density,” she said. “We have to look at where the businesses will be and then work from there.”

If elected to the county board, Pickren said she would leverage her experience in banking and as a life skills trainer at the county jail: “I would help keep spending under control. We don’t want to spend money we don’t have.”

Despite being “pretty meeting’d out,” Pickren pledged to continue her long-term involvement in both township and city meetings, saying: “I have always done that.”

During this time of rapid growth and development, the county faces “complex issues that take long-term solutions,” she added. “We need to balance growth with community well-being.”

Incumbent Commissioner Andrews was elected to the county board for her first term in November 2022. She works as an attorney representing individuals and nonprofit organizations in environmental, land-use and energy matters.

Andrews said in a written statement that her focus is on “the foundations of good government” which transcend specific issues, operations and policies.

“We need to improve how the county manages our budget and spending,” she said. “We need to improve the way the commission approaches agenda-setting, decision-making, and information sharing with the public.

“We need to overhaul our approach to appointing citizens to community boards,” she added. “We need systemic planning to guide decision-making, identify outside resources, and check progress.

Building on those stronger foundations, Andrews said, “the county can effectively address emerging and existing community challenges, from housing to growth to infrastructure and more.”

Highlighting her past experience in financial oversight, in addition to serving on the county board, she said she was responsible for managing long-term clean-up budgets when she was in the environmental litigation branch of the U.S. Air Force.

Both Andrews and Haueisen commented on the need for more child care resources in the area. The paucity of child care options and the high cost of housing are both limiting factors in the local economy, they added.

Pickren agreed, adding that improving mental health care and reducing homelessness in the area are related issues that deserve more attention.

Regarding the issue of a state law mandating septic system inspections at the time of sale, Haueisen said the government should not “overstep” its role and that inspections can be handled during the real estate transaction.

Pickren, who favors inspections, said it should be “up to the township to decide.”

For her part, Andrews said: “Many other Michigan counties already enacted time of transfer and point of sale septic inspection ordinances... Even if the state legislature adopts a statewide septic code, it will likely be years before it’s fully implemented.

“Our community prioritizes water quality, this is a county that should be inspecting septic systems, irrespective of state mandates. Several townships, including the one I represent, have expressed interest in a county septic inspection ordinance.”

DISTRICT 9 CANDIDATES

Boehmer said he is running for the county board to increase transparency in local government and establish policies for sustainable growth.

A 15-year veteran of the automotive business, Boehmer now owns a landscaping business. He aims to “bring the county’s infrastructure into the modern century,” especially its online resources.

In terms of constituent services, Boehmer said he is knocking on doors throughout Long Lake Township to share his views and he promised to be “fully accessible” to local residents.

One of the county’s most important functions is appointing 200-plus people to local boards, authorities and commissions.

“This is an area that impacts our daily lives and it involves millions of dollars (in expenditures),” he said. “We need leaders — not just ‘yes men.’ I will ask tough questions and push back on bureaucracy.”

Kaiser, a fourth-generation resident of Long Lake Township, said one of her top priorities is “protecting community safety” by eliminating the county’s designation as a “Second Amendment sanctuary,” a factor she associated with the death of her 24-year-old son.

Kaiser also promised to work to increase affordable housing in the area, provide year-round shelter services for the homeless and increase in-patient mental health services.

“It is not illegal to be mentally ill,” she said. “Our county jail is in deplorable condition and we desperately need hospital beds for mental health patients.”

Returning Twin Lakes Park to the county is another priority, said Kaiser, who has spoken on the topic at recent county board meetings. She believes the transfer to township control was illegal and puts undue burden on township taxpayers.

Asked about her plans for improving the local business climate, Kaiser said she would welcome small, family-owned businesses to Long Lake Township but was against large-scale corporate developments: “We don’t want to become Garfield Township.”

Regarding her financial oversight skills, Kaiser said she served on a Traverse City Area Public Schools advisory committee during the Great Recession and had to make “very difficult decisions” about spending cuts while preserving “the bare essentials” needed for education.

District 9 incumbent Morris is a passionate advocate for mental health and seniors.

In addition to her duties on the county board, she serves on the board of Northern Lakes Community Mental Health Authority and is a liaison to the Department of Health and Human Services board that oversees the Grand Traverse Pavilions senior living center. She also serves on the community advisory committee for the new mental wellness center under development on the campus of Munson Medical Center.

Asked why she is running for her third term on the county board, Morris said her three top priorities are improving mental health services, responding to rapid growth that is “outpacing our infrastructure such as traffic, roads and sewers,” and the ongoing “housing crisis.”

Building and maintaining “responsible relationships” with county department heads is an essential part of being a county commissioner, she said.

“This is really a 24/7 job if you’re a good listener and always accessible,” Morris added. “We have a common purpose. I’m willing to vote against my own opinion if it will benefit the community.”

Overseeing county budgets is like “drinking water from a fire hose — millions of dollars,” she said. “I’ve been able to work with them to advance our (community’s) priorities.”

On the topic of mandatory septic-system inspections, all three District 7 candidates said they favor the idea at the time of sale to protect the area’s groundwater, lakes and streams.

https://www.record-eagle.com/news/the_biz/munson-deals-with-er-surge/article_84ef0bb4-3e06-11ef-8f55-6770f71111e3.html

Munson deals with ER surge

- [By Bill O'brien bobrien@record-eagle.com](mailto:bobrien@record-eagle.com)
- Jul 9, 2024

TRAVERSE CITY — Several operational changes at Munson Medical Center's Emergency Room department are in place to help deal with the summer crush of ER patients at northern Michigan's largest hospital.

Munson Medical Center launched a new "Quick Care Zone" in early June, a new five-treatment area inside its emergency center. The facility has no patient beds, carts or gurneys and is designed to quicken treatment for ER patients that require a lower level of care for less-serious conditions such as migraine headaches or allergic reactions — conditions that can sometimes leave patients in the emergency room for hours while patients with more serious illnesses are treated.

"It's really designed to expedite a quick care episode ... it's designed to get you in and get you out," said new Munson Medical Center President Joe Hurshe, who took over on April 1 and oversaw setup of the new facility. "It allows us to have a better, more-coordinated care process, and try to reduce some of the time associated with an emergency department visit."

Hurshe said the establishing the Quick Care Zone involved approximately \$50,000 in facility renovations, equipment purchases, furnishings and IT setup. "Our plan was to stand it up before Cherry Festival, so we checked that box and we're very excited about that," he said.

Over the first month of operations, Hurshe said there have been more than 300 patients treated in the Quick Care Zone. He expects Munson will expand the facility going forward.

"We're getting good baseline information, good detail, good data," Hurshe said. "We really believe it will do exactly what it's intended to do, and that's to decompress the emergency center, reduce wait times and expedite (treatment)."

Munson Healthcare CEO Ed Ness said the new facility is part of a larger effort across the community to reduce the reliance on Munson's emergency room. Munson Medical Center's emergency room logs more than 50,000 patient visits per year, and daily visits can spike to nearly 200 per day over the summer months and during special events like the National Cherry Festival.

"In the end, there's still a lot of patients in our emergency department that don't really need to be there," Munson Healthcare CEO Ed Ness said. "It's a bad experience for them, and it clogs up a bed for somebody's who's got something bad."

Those efforts include working with organizations including Traverse City Tourism to make visitors aware of treatment options outside the emergency room, including various Urgent Care clinics in the area, and Munson’s virtual Urgent Care service that’s available online.

Munson Healthcare spokesperson Megan Brown also said Munson is bolstering its paid, digital and social media efforts to highlight the various local treatment options available locally.

“We’re seeing some good results,” Brown said.

Dealing with a shortage of health care professionals and recruiting more to Northern Michigan has been another ongoing focus of Munson administrators. Munson is adding four new neurologists, two new neurosurgeons and one orthopedic traumatologist by the end of the year, Hurshe said, and has hired 27 new primary care providers and 125 new nurses over the past year.

Improving employee morale for workers at Munson Medical Center and for the nearly 8,000 employees across the Munson Healthcare system has been another priority for Hurshe and other Munson leaders. Officials said staff turnover is starting to trend downward after the upheaval of the COVID pandemic, and Munson is planning to announce a series of new employee recruitment efforts later this year.

“There’s (been) a lot of listening tours — really understanding the needs of our care team members,” Hurshe said. “Some of things we’re working on within our culture are really about recognition and celebrating our care team members. They do amazing things for the community and for our patients each and every day.”

Hurshe said other short-term objectives include continuing to pursue Munson’s growth efforts, including its new behavioral health outpatient center it’s developing in conjunction with Grand Traverse County and Northern Lakes Community Mental Health which is scheduled to open in late 2024.

“We have some amazing improvement initiatives underway,” said Hurshe, who joined the Munson staff after serving as the chief operating officer for Ascension Michigan, the nation’s second-largest Catholic health care system. “There’s a lot of focus on efficiencies, experiences, operational improvement — that’s really where my 30 years in health care have prepared me to be.”

Northern Lakes CMH

June 2024

Preliminary
Board Report

Northern Lakes CMH

Statement of Net Position

June 30, 2024

	(Unaudited) 6/30 2024	(Unaudited) 6/30 2023	Favorable (Unfavorable)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 6,579,172	\$ 18,204,211	\$(11,625,039)
Investments	8,126,301	7,915,372	210,929
Due from other governmental units	8,693,567	323,384	8,370,183
Prepaid items	218,161	291,278	(73,117)
Total current	23,617,201	26,734,245	(3,117,044)
Noncurrent:			
Capital assets not being depreciated	1,870,395	1,867,002	3,393
Capital assets being depreciated, net	5,215,587	5,522,252	(306,665)
Deferred outflows - Pension	2,033,495	537,475	1,496,020
Total noncurrent	9,119,477	7,926,729	1,192,748
Total assets and deferred outflows	32,736,678	34,660,974	(1,924,296)
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	4,134,874	1,261,389	(2,873,485)
Accrued wages and related liabilities	663,821	(24,878)	(688,699)
Due to other governmental units	1,742,135	6,565,304	4,823,169
Self-funded insurance claims payable	59,258	282,227	222,969
Unearned revenue	(136,436)	-	136,436
Other current liabilities	67,102	76,090	8,988
Compensated absences, due within one year	1,433,707	1,386,866	(46,841)
Lease liability, due within one year	746,712	855,700	108,988
Total current liabilities	8,711,173	10,402,698	1,691,525
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	5,188,225	3,278,625	(1,909,600)
Total liabilities and deferred inflows	13,899,398	13,681,323	(218,075)
NET POSITION			
Net investment in capital assets	6,375,206	6,375,206	0
Current Year to date Revenue over Expenses	298,651	2,288,473	
Unrestricted	12,163,423	12,315,970	152,547
Total net position	\$ 18,837,280	\$ 20,979,650	\$ (2,142,370)

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 June 30, 2024

	(Unaudited) 6/30 2024	YTD Budget 6/30 2024	Favorable (Unfavorable)
Revenues			
Medicaid Sources			
Medicaid	\$ 47,946,588	\$ 47,625,123	\$ 321,465
Medicaid - Settlement	853,241	-	853,241
Healthy Michigan	3,783,998	6,318,321	(2,534,323)
Healthy Michigan - Settlement	2,332,533	-	2,332,533
State General Fund	2,315,552	2,288,071	27,481
Grants	1,740,366	1,872,256	(131,890)
County appropriations	778,033	770,055	7,978
Northern Healthcare Management	7,753,362	9,397,481	(1,644,119)
Other revenue	2,228,283	1,640,510	587,773
Total operating revenue	69,731,956	69,911,816	(179,860)
Employed Workforce and Agency Expenditures			
Personnel	20,619,962	23,672,248	(3,052,286)
Admin Contracts	1,547,610	938,611	608,999
Direct Operations	2,379,268	2,048,386	330,882
Contractual Services	841,011	-	841,011
Transportation	455,456	558,102	(102,646)
Occupied Space	1,370,030	1,494,941	(124,911)
Total Directly Provided & Agency Oversight	27,213,337	28,712,288	(1,498,951)
Contracted Provider Expenditures			
Autism Services Providers	3,049,459	2,877,736	171,723
Clinical Contract Providers	1,721,399	2,938,685	(1,217,286)
Daytime Activities Contract Providers	5,129,830	3,828,815	1,301,016
FI Provided Self Determination	1,424,113	1,098,545	325,568
Inpatient Services	6,273,071	5,141,250	1,131,821
Therapeutic Contract Providers	349,855	457,033	(107,178)
Residential Contracts	16,621,716	14,802,710	1,819,007
CLS Providers	2,353,934	2,365,259	(11,325)
Northern Health Care Mgt Services	4,676,512	6,960,244	(2,283,732)
Northern Health Care Mgt Respite	(63)	60,327	(60,390)
Client Transportation Providers	620,142	668,925	(48,783)
Total Contracted Provider Expenditure	42,219,968	41,199,528	1,020,440
Total operating expenses	69,433,305	69,911,816	(478,511)
Change in net position	298,651	0	298,651

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

Northern Lakes CMH

Summary of Provider Network Contract Activity

October 1, 2023 through June 30, 2024

Provider Network Category	YTD Budget 6/30/2024	YTD 6/30/2024	Budget to Actual Inc/(Dec)	YTD 6/30/2023	Variance from PY Inc/(Dec)	% Change
Houghton Lake Drop In - Drop In Centers	\$	65,187		\$	52,667	23.77 %
Kandu Island - Drop In Centers	\$	109,198		\$	95,115	14.81 %
Contracted Clinical Services - OBRA Screening	\$	206,626		\$	134,725	53.37 %
Contracted Clinical Services - Behavior Treatment	\$	137,048		\$	121,429	12.86 %
Client Specific Contract - Partial Day	\$	183,538		\$	177,583	3.35 %
Client Specific Contract - Residential	\$	234,371		\$	162,521	44.21 %
Client Specific Contract - MCTT & ACT Teams	\$	29,196		\$	23,750	22.93 %
Client Specific Contract - Emgcy Serv/Outpatient	\$	1,194		\$	10,259	(88.36)%
Client Specific Contract - DD CSM Team	\$	2,056		\$	51,122	(95.98)%
Client Specific Contract - Managed Care	\$	88		\$	357	100.00 %
Client Specific Contract - Club Cadillac	\$	56		\$	15,705	(15,649)
Contr Psych's - Med Clinic	\$	772,339		\$	825,173	(6.40)%
Client Transportation - Partial Day	\$	464,512		\$	565,162	(17.81)%
Total Clinical Contract Providers (less grant activity)	\$ 668,925	\$ 2,205,409	\$ 1,536,484	\$ 2,235,567	\$ (30,158)	(1.35)%
Autism Services - Partial Day	\$	2,764,980		\$	2,197,606	25.82 %
Autism Services - Residential	\$	237,897		\$	314,102	(24.26)%
Autism Services - Emgcy Serv/Outpatient	\$	5,835		\$	2,254	158.85 %
Autism Services - DD CSM Team	\$	40,747		\$	17,638	131.01 %
Total Autism Providers	\$ 2,877,736	\$ 3,049,459	\$ 171,723	\$ 2,531,600	\$ 517,859	291.42 %
Hope Network - Partial Day	\$	722,137		\$	582,298	24.02 %
Hope Network - Residential	\$	2,062,954		\$	1,048,821	96.69 %
Hope Network - MCTT & ACT Teams	\$	11,597		\$	8,235	40.82 %
Hope Network - Emgcy Serv/Outpatient	\$	3,997		\$	1,164	243.30 %
Hope Network - DD CSM Team	\$	1,877		\$	867	100.00 %
Hope Network - PT/OT/ST Only	\$	322		\$	850	(528)
R.O.O.C. Inc - Partial Day	\$	51,936		\$	49,550	4.82 %
R.O.O.C. Inc - Residential	\$	421,778		\$	351,077	20.14 %
Grand Traverse Industries - Partial Day	\$	641,048		\$	619,931	3.41 %
Grand Traverse Industries - Residential	\$	1,212,184		\$	847,047	43.11 %
Total Daytime Providers	\$ 3,828,815	\$ 5,129,830	\$ 1,301,016	\$ 3,509,839	\$ 1,619,991	71.47 %
Community Inpatient Hospital - Inpatient	\$	5,016,543		\$	4,969,673	0.94 %
Crisis Residential - Residential	\$	872,286		\$	255,230	241.76 %
County - State Fac - Inpatient - State	\$	238,817		\$	203,852	17.15 %
County - Forensic Ctr - Inpatient - State	\$	144,817		\$	-	#DIV/0!
Total Inpatient Providers / State Hospital Inpatient	\$ 5,141,250	\$ 6,272,463	\$ 1,131,213	\$ 5,428,756	\$ 843,707	#DIV/0!
Self Determination - Residential	\$	1,419,011		\$	811,815	74.79 %
Self Determination - DD CSM Team	\$	5,102		\$	59,394	(91.41)%
Total Fiscal Intermediary Providers	\$ 1,098,545	\$ 1,424,113	\$ 325,568	\$ 871,209	\$ 552,904	#DIV/0!
Child and Family Services - MIC Fiscal Support Service	\$	189,002		\$	187,750	1.252
Child and Family Services - Residential	\$	2,516		\$	-	2,516
Child and Family Services - Mobile Crisis	\$	119,544		\$	143,781	(24,237)
Total Fiscal Intermediary Providers	\$ 457,033	\$ 311,062	\$ (145,971)	\$ 331,531	\$ (20,469)	83.81 %
M.I. Residential Contracts - Residential	\$	1,100,118		\$	1,073,700	2.46 %
Residential Contracts - Residential	\$	9,016,050		\$	5,504,795	3,511,255
Beacon Specialized Living Center - Residential	\$	2,738,477		\$	2,342,500	395,977
Beacon Specialized Living Center - MCTT & ACT Teams	\$	5,232		\$	8,838	(3,606)
Beacon Specialized Living Center - Emgcy Serv/Outpatient	\$	1,555		\$	5,161	(3,606)
Beacon Specialized Living Center - Behavior Treatment	\$	630		\$	1,061	(431)
Lake Shore - Residential	\$	488,303		\$	597,478	(109,175)
Summerfield - Residential	\$	428,431		\$	344,491	83,940
East Bay - Residential	\$	318,855		\$	265,509	53,346
Lincoln House - Residential	\$	321,260		\$	278,918	42,342
Fort Road - Residential	\$	258,161		\$	249,926	8,236
New Horizons - Residential	\$	424,607		\$	353,649	70,958
Elmwood - Residential	\$	355,932		\$	303,267	52,665
Cedar Valley Home - Residential	\$	254,612		\$	246,515	8,097
Hab Waiver Supports - Residential	\$	814,141		\$	722,298	91,843
Hab Waiver Supports - SIP Homes	\$	95,352		\$	70,917	24,435
Total Residential Providers	\$ 14,802,710	\$ 16,621,716	\$ 1,819,007	\$ 12,369,022	\$ 4,252,694	34.38 %
Community Living Supports - Partial Day	\$	58,482		\$	44,668	13,814
Community Living Supports - Residential	\$	1,388,781		\$	833,375	555,406
Community Living Supports - MCTT & ACT Teams	\$	1,721		\$	60	1,661
MI Independent SIP - SIP Homes	\$	83,740		\$	94,162	(10,422)
MI Independent SIP - SIP Homes	\$	133,663		\$	95,043	38,620
MI Independent SIP - SIP Homes	\$	78,441		\$	98,819	(20,378)
Spectrum SIP - SIP Homes	\$	141,556		\$	134,088	7,468
Spectrum SIP - SIP Homes	\$	163,313		\$	145,096	18,217
Spectrum SIP - SIP Homes	\$	150,593		\$	137,866	12,727
Woodland TC Home - SIP Homes	\$	103,530		\$	185,090	(81,560)
Brickways - Residential	\$	49,289		\$	137,335	(88,046)
Total CLS Providers	\$ 2,365,259	\$ 2,353,109	\$ (12,150)	\$ 1,905,602	\$ (123,374)	(6.47)%
	\$ 30,783,239	\$ 37,175,643	\$ 6,272,860	\$ 28,995,376	\$ 7,609,385	26.24 %

Prior year figures do not include accrual for unreported services

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



Ad Hoc Governance Policies Committee Meeting Minutes

June 24, 2024

10:00 a.m.

Present: Ben Townsend, Greg McMorrow, Dave Freedman, Mary Marois, Penny Morris, Brian Martinus, Stacy Maiville, Haider Kazim, Chip Johnson

Call to Order: Mr. Ben Townsend called the meeting to order at 10:00 a.m.

The committee discussed the plan for this meeting and what they would like to see in the new governance model. The following suggestions were given:

- Committee structure
- Financial oversight
- Patient -service rights
- Adopting governance structure from existing nonprofits and governance agencies.
- Look at the MHC code, admin rules, and board documents.
- Design a governance system that makes the board accountable and responsible.
- Fiscal responsibility.
- Position of responsibility, not power.
- Set clear boundaries.
- Closer to what is going on, but still have hands off.

Chip Johnson discussed the model they used at Centra Wellness and explained their current committee structure. In their by-laws, they have a few non-voting committee members. In an emergency situation, the executive committee can meet in place of HR or the Board. It was emphasized that the board cannot be involved too deeply. There needs to be trust for the staff to do their job.

Attorney Haider Kazim recommended removing the CEO items and focusing on what the board does. Sections 1 and 2, section 4, and section 3.5 should be removed.

The committee is interested in having the following committees:

Committees:

- Personal Committee – Collaborate with HR.
- Finance Committee – CFO & Contracts – looks at budget and ongoing finances. Provide an abbreviated report that will go to the board.
- Executive Committee – Chair, VP, and Secretary, and CEO
- RRAC & Appeals
- Program Services Committee- Existing programs, agency services, and contracts. Deep dive into programs.
- Community Relations Committee- Addresses some of the public comment and community needs.
- Policy & Process Committee – Reviews policy and process with staff.

NLD – duties will be absorbed by the Executive Committee and other committee(s)

The Audit Committee should be changed to ad hoc.

The committees may consist of three or more people. Sub quorums are not subject to OMA. Committees can meet virtually because they are not making any decisions. The board will make the final decision. All recommendations go to the full board.

Attorney Kazim has agreed to draw up a skeleton of the governance policies and present them to the committee at the next meeting.

Next meeting:

- Go through the governance policies.
- Committee structure definition.

Respectfully Submitted,

Stacy Maiville
Executive Administrator



Ad Hoc Governance Policies Committee Meeting Minutes

July 29, 2024

10:00 a.m.

Present: Ben Townsend, Greg McMorrow, Dave Freedman, Mary Marois, Penny Morris, Brian Martinus, Stacy Maiville, Haider Kazim,

Call to Order: Mr. Ben Townsend called the meeting to order at 10:00 a.m.

Mr. Kazim presented the committee with the revisions to the Board Governance Policy Committee. The committee reviewed each policy and made revisions.

The goal of these revisions is to simplify and clarify the policies. It is also the goal to follow the Mental Health Code, identify the Board's responsibilities, committee structure, and provide an overview of the Board's oversight without getting too involved in the organizational structure.

The number of Board members for the new committees shall be the following:

- Finance Committee –No less than 4
- Executive Committee – 3
- Community Engagement & Services Committee (CES)- No less than 5
- Personnel Committee – 3
- Policy Committee – 3

The committee would like to remove the position of Treasurer from the By-laws.

The Ad Hoc Governance Policies Committee finished the revisions of the NLCMHA Board Governance Policies.

Respectfully submitted,

Stacy Maiville

Executive Administrator

**Northern Lakes Community Mental Health Authority
Board Governance Policies**

07/29/2024

Preamble

Northern Lakes Community Mental Health Authority (NLCMHA) was established under Public Act 258 of 1974 as amended (Michigan Mental Health Code), and the 2003 and 2023 NLCMHA Enabling Agreements, respectively, as adopted by the member counties of Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford.

NLCMHA provides a comprehensive array of mental health, substance use disorders (SUD), and/or intellectual/developmental (IDD) services and supports in its member counties under the auspices of the NLCMHA Board of Directors (“NLCMHA Board”). It is the intent of the NLCMHA Board to assess and determine the mental health needs of the residents of the member counties and identify public and nonpublic services necessary to meet those needs as required under MCL 330.1226(1)(a).

It is further the intent of the NLCMHA Board to ensure that the following minimum types and scopes of mental health services are provided to all age groups in the member counties:

- Emergency intervention services.
- Prevention services.
- Outpatient services.
- Aftercare services.
- Day program and activity services.
- Public information services.
- Inpatient services.
- Community/caregiver services.

(R 330.2005 – R 330.2011; R 330.2013 – R 330.2014).

Therefore, the following Governance Policies are adopted to govern the structure and operation of the NLCMHA Board, in order to properly perform the duties and responsibilities required by the Michigan Mental Health Code and the administrative rules governing community mental health services.

SECTION 1 GOVERNANCE PROCESS

1. Board Job Description

- 1.0.1 The NLCMHA Board derives its authority and powers and is created pursuant to the Mental Health Code, MCL 330.1212, and shall fulfill its responsibilities and duties as provided by the Mental Health Code.
- 1.0.2 The NLCMHA Board shall appoint and employ a Chief Executive Officer (CEO) in accordance with the Mental Health Code who shall meet the standards of training and experience established by the Department of Health and Human Services. The CEO shall serve at the pleasure of the NLCMHA Board pursuant to a formal employment agreement based on professional qualifications and ability to perform according to approved job specifications.

1.1 Board Member Code of Conduct

The NLCMHA Board commits itself and its members to ethical, businesslike, and lawful conduct, including proper use of authority and appropriate decorum when acting as Board members. Conflict of interest is addressed in the Board By-laws and this policy.

- 1.1.1 Members are expected to exercise their duties and responsibilities with integrity, collegiality, and care.
- 1.1.2 Members must make attendance at all Board meetings a high priority.
- 1.1.3 Members must be prepared to discuss the issues and business on the agenda and have read all background material relevant to those topics.
- 1.1.4 Members will respect the confidentiality appropriate to issues of a sensitive nature. Members must not disclose identifiable information (with or without names) about Northern Lakes Community Mental Health Authority consumers, regardless of where this information was obtained from, without the informed consent of an authorized party. Members must comply with the continuity regulations of the Michigan Mental Health Code, the Administrative Rule, and all other applicable laws and regulations.
- 1.1.5 Members are expected to cooperate with and respect the opinions of fellow Board members, and leave personal prejudices out of all Board discussions, as well as support actions of the Board even when the Board member personally did not support the action taken.
- 1.1.6 Members must place the interests of NLCMHA above personal interests.
- 1.1.7 Members will represent NLCMHA in a positive and supportive manner at all times and in all places.
- 1.1.8 Members are expected to show respect and courteous conduct in all Board and committee meetings.
- 1.1.9 Members shall refrain from intruding on administrative issues that are the responsibility of management, except to perform the duties and responsibilities of the Board in accordance with the Michigan Mental Health Code.
- 1.1.10 If a Member has a concern with another Member with regard to this Code of Conduct, the issue should be directed in the following manner:
 - 1.1.10.1 If the issues involve a Member other than the Board Chairperson, the issues should be directed to the Board Chairperson.
 - 1.1.10.2 If the concern involves the Board Chairperson, the issue should be directed to the Vice Chairperson.
 - 1.1.10.3 If the concern involves both the Board Chairperson and the Vice Chairperson, the Member should select two other Members and direct the issue to them for review of the concern.
- 1.1.11 If all attempts at an internal resolution of the concern have failed, then the Board Chairperson under 10.1 or the Board Vice Chairperson under 10.2 shall refer the matter to the applicable County Board of Commissioners Chairperson for resolution under MCL 330.1224 of the Michigan Mental Health Code.
- 1.1.12 All Board members shall review this policy during their initial orientation and shall sign the NLCMH Code of Conduct Declaration. This shall be repeated no less than annually.

1.2 Annual Workplan

To promote excellence in governance and to provide the CEO with timely policy guidance upon which to predicate management planning and budgeting, the NLCMHA Board shall, at the commencement of each new calendar year, conduct a needs assessment to determine the mental health needs of the residents of member counties and identify public and non-public services necessary to meet those needs. The Annual Workplan may include educational events, study sessions, stakeholder meetings, and presentations by experts in

relevant fields that are designed to provide Board members with the greatest possible insight into community needs, management planning, and budgeting. The Annual Workplan established by the Board shall make provisions:

- 1.2.1 For a determination of the Board’s priorities for activities and programs during the calendar year;
- 1.2.2 For a tentative schedule of programs, joint meetings, and study sessions; and
- 1.1.3 For periodic review of monitoring data concerning progress in achieving the goals and objectives established by the Board.

1.3 Location and Frequency. Regular Board meetings shall be held on a monthly basis as provided in the following Table:

Location	Number of Meetings per Calendar Year
Grand Traverse County	4
Wexford County	3
Leelanau County	1
Roscommon County	2 , but not in winter
Crawford County	2

Meeting Times. Board meeting times shall be established at the time the Annual Calendar is completed. Board meetings will be held in one location except during the months of November through March.

1.4 Board Chair Functions

The Chair ensures compliance with the Board Governance Policies, including, but not limited to, the Board Member Code of Conduct.

Powers of the Chair

The Chair:

- 1.4.1 Limits consideration of issues to those properly before the Board and within the scope of its authority as set forth in Board Governance Policies;
- 1.4.2 Ensures that Board deliberation is fair, open, thorough, timely, orderly, and on task;
- 1.4.3 Exercises the procedural authority accorded the position of Chair by Roberts Rules of Order;
- 1.4.4 Subject to the Bylaws, names, and charges ad hoc committees as more particularly provided in the Governance Policy on Board committees;
- 1.4.5 When and to the extent authorized by the Board to do so, serves as a spokesperson for the Board to the media and the public concerning the positions taken on issues by the Board as a whole; and
- 1.4.6 Rules on requests from members to attend outside conferences and meetings.

Limits on the Powers of the Chair. The Chair shall not exercise the powers granted to the Chair hereunder for any of the following purposes:

- 1.4.7 To preclude Board consideration of a decision to employ or terminate a CEO;
- 1.4.8 To unilaterally amend or modify a Board Governance Policy;
- 1.4.9 To supervise or direct the CEO with the exception of the power to grant a leave of absence provided the Board is notified of granting the request within eight hours of being granted.
- 1.4.10 To publicly represent a personal position on an issue as that of the Authority.

Delegation of the Powers of the Chair. Subject to the provisions of the Bylaws, the Chair may delegate the

powers of the Chair to one or more Board members, provided that the Chair remains accountable for the exercise of any powers so delegated.

1.5 Governance Committees

The Board Chair shall appoint members to the Board's Standing Committees, Ad hoc committees, special committees, and task forces with the approval of the Board, all of which information shall be recorded in Board minutes. No Board committee shall have or exercise authority or jurisdiction exceeding that granted at the time of its creation without further action by the Board, and no Board committee may exercise authority or jurisdiction inconsistent with Board Governance Policies.

Standing Committees. The Board shall have only those standing committees established herein. The membership and Chair shall serve at the pleasure of the Board Chair. Membership on standing committees, other than the Recipient Rights Advisory Committee, or other Board-created advisory committees, is limited to members of the Board.

Recipient Rights Advisory Committee. The Board shall appoint a Recipient Rights Advisory Committee, which shall have and exercise those powers granted to such committees by the Michigan Mental Health Code. The Recipient Rights Advisory Committee shall hold its meetings in accordance with the Michigan Open Meetings Act. See also Policy 3.07A Recipient Rights Advisory Committee.

Recipient Rights Appeals Committee. The Board designates the Recipient Rights Advisory Committee as the Recipient Rights Appeals Committee, which shall have and exercise those powers granted to such committees by the Michigan Mental Health Code. Recipient Rights Appeals Committee meetings are confidential, privileged, and separate from the Recipient Rights Advisory Committee and are not subject to the Michigan Open Meetings Act. See also 3.7B Recipient Rights Appeals Committee.

Community Engagement and Services Committee. The Community Engagement and Services Committee is charged with:

- 1.5.17 Assessing community needs;
- 1.5.18 Developing a strategic plan to address assessed needs, priority populations, service design, goals and activities, infrastructure, and evaluation;
- 1.5.19 Reviewing and recommending new program proposals and related contracts.

Finance Committee. The Finance Committee is charged with:

- 1.5.20 Assuring sound financial management of the Authority's resources, including, but not limited to, review of monthly financial reports;
- 1.5.21 Review periodically operating cash flows, liquidity position, and performance against budget and projections.
- 1.5.22 Reviewing, recommending for approval, and monitoring the Authority's budget and rate schedules; Recommending fiscal policy(ies) and procedures.
- 1.5.23 Reviewing investments
- 1.5.24 Monitor contracts to ensure budgetary and financial compliance.
- 1.5.25 Review and make recommendations to the Board regarding the establishment and termination of banking and similar relationships.
- 1.5.26 Monitor internal control processes.
- 1.5.27 Review NLCMH investments, including investment objectives, strategy, reporting, and performance, and monitor execution against investment policy with Board approval.

Personnel Committee. The Personnel Committee is charged with:

- 1.5.28 Assuring Authority's compliance with federal and state laws and rules relating to employment;
- 1.5.29 Establishing parameters and policies for staff salaries and benefits;
- 1.5.30 Monitoring Authority's compliance with staff development goals and activities;
- 1.5.31 Recommending personnel policies and procedures;
- 1.5.32 Review and monitor staffing needs and morale.

Policy Committee. The Policy Committee is charged with developing and maintaining all policies and procedures, except for fiscal and personnel policies and procedures.

Executive Committee. The Executive Committee shall be composed of the Board Chair, Vice-Chair, and Secretary. The Executive Committee shall have the authority to act on behalf of the Board in any emergent matters for which immediate action is required in the best interests of the Authority. Any such actions taken by the Executive Committee shall be reported to the Board at the next regularly scheduled Board meeting.

The Executive Committee is charged with:

- 1.5.33 Developing a proposed agenda for meetings of the Board;
- 1.5.34 Facilitating communication between Board Members and staff;
- 1.5.35 Proposing goals and objectives.

Ad Hoc committees shall be appointed only to the extent and only for so long as necessary to assist the Board in carrying out its governance responsibilities. An Audit Committee is established Ad Hoc Committee.

Ad hoc Audit Committee. The Audit Committee is charged with:

- 1.5.36 Presenting a selection of at least two independent outside auditors at least once every five years. Ensure that lead auditor Rotation will occur if the present auditor is one of the firms selected.
- 1.5.37 Receiving and reviewing copies of the annual Management Representation Letter(s).
- 1.5.38 Ensuring that results of the Annual Audit and Management Letter are reviewed with the Independent Auditor by the Board.
- 1.5.39 Ensuring that the scope of an outside audit is sufficient to meet the legal obligations of the Authority and the responsibilities of the Board with respect to CMHSP financial matters; and
- 1.5.40 Ensuring that outside audits are conducted in a timely manner.

The Board Chair shall appoint an ad hoc committee with the approval of the Board as needed. Membership in an ad hoc committee is not limited to members of the Board. Where the membership of an ad hoc committee includes individuals who are not members of the Board, the minutes of the committee shall separately show the votes of each committee member.

A Board ad hoc committee whose work product includes recommendations later adopted in whole or in part by the Board shall not thereafter be charged with monitoring the recommendations as adopted and implemented.

1.5.A Recipient Rights Advisory Committee

The Recipient Rights Advisory Committee, defined by the Michigan Mental Health Code as "a committee of a community mental health program services board" (sec. 330.110c) is a committee of the Northern Lakes Community Mental Health Authority, appointed by the Board of the Authority in accordance with section 757 of the Michigan Mental Health Code. The Recipient Rights Advisory Committee shall hold its meetings in

accordance with the Michigan Open Meetings Act and shall act in accordance with the policies and by-laws of the Northern Lakes Community Mental Health Board Authority. Meetings shall be held according to the latest edition of Robert's Rules of Order, Newly Revised. The annual list of meetings shall be presented to the Northern Lakes Community Mental Health Authority Board of Directors and be made available to individuals upon request. Northern Lakes Community Mental Health Authority Board policies and by-laws supersede Robert's Rules of Order. A simple majority of the members must be present in person or by other visual electronic means to conduct a meeting.

FUNCTIONS:

The Recipient Rights Advisory Committee (RRAC) is granted the authority, in accordance with sections 755, 757, and 774 of the Michigan Mental Health Code, to carry out the following functions:

- 1.5A.1 Meet at least semiannually or as necessary to carry out its responsibilities.
- 1.5A.2 Maintain a current list of members' names to be made available to individuals upon request.
- 1.5A.3 Maintain a current list of categories represented to be made available to individuals upon request.
- 1.5A.4 Keep the NLCMHA Board of Directors informed of RRAC membership needs.
- 1.5A.5 Protect the Office of Recipient Rights from pressures that could interfere with the impartial, even handed, and thorough performance of its functions.
- 1.5A.6 Recommend candidates for Recipient Rights Director to the Chief Executive Officer, and consult with the Chief Executive Officer regarding any proposed dismissal of the Recipient Rights Director.
- 1.5A.7 Serve in an advisory capacity to the Chief Executive Officer and the Recipient Rights Director.
- 1.5A.8 Review and provide comments on the report submitted by the Chief Executive Officer to the Northern Lakes Community Mental Health Authority under section 755.
- 1.5A.9 Review the process for funding the office of recipient's rights and make recommendations concerning resources.
- 1.5A.10 Receive education and training in recipient's rights policies and procedures.
- 1.5A.11 As designated by the Northern Lakes Community Mental Health Authority, serve as the Appeals Committee for a recipient's appeal under section 784.

MEMBERSHIP CRITERIA: In accordance with section 757 of the Michigan Mental Health Code, membership of the committee shall be broadly based so as to best represent the varied perspectives of the community mental health services program's geographic area. At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3, at least 1/2 shall be primary consumers.

- 1.5A.12 For the purpose of consistency with the Michigan Mental Health Code, RRAC shall consist of a minimum of 7 members and a maximum of 9 members as the Board determines: at least 2 of which are primary consumers (currently receiving or have previously received services provided by or under contract with Northern Lakes Community Mental Health Authority), at least 1 of which is a family member of a consumer, 2 of which are Northern Lakes Community Mental Health Authority Board members
- 1.5A.13 With the intent of best representing the varied perspectives of the Northern Lakes Community Mental Health Authority's geographic area, of the 5 to 7 non-board members appointed to the committee, at least: one member shall reside in Wexford/Missaukee counties, one member shall reside in Grand Traverse/Leelanau counties, AND one member shall reside in Roscommon/Crawford Counties. If a member or potential member cannot be identified from this area, others may be considered who are willing to serve from anywhere in the six counties.
- 1.5A.14 None of the members shall be employed by the Michigan Department of Health and Human

Services/(DHHS), Northern Lakes Community Mental Health Authority, another community mental health services program, or a provider under contract with DHHS.

APPOINTMENTS: Board members appointed to RRAC shall be appointed for 1-year terms by the Chairperson of the Northern Lakes Community Mental Health Authority, with appointments occurring each year at the May Board meeting. The Chairperson of the Board shall appoint one of the Board members as the Chairperson of RRAC. Non-board members appointed to RRAC shall be appointed for 3-year staggering terms. Committee members may reapply for multiple terms. The appointment process for non-board members shall occur as follows:

- 1.5A.15 Board approved RRAC applications can be obtained at any time by verbal or written request to the NLCMH Executive Office or the Office of Recipient Rights.
- 1.5A.16 If there is a vacant seat on the committee, either because a member's term will/has expired or due to a member's resignation or dismissal, the Northern Lakes Community Mental Health Authority will assure, via the Chief Executive Officer, that the vacancy is advertised in a timely and public manner.
- 1.5A.17 All applications shall be turned in to the Executive Office. At the end of the posting period, the Executive Office shall forward all applications to the Chairperson of the Northern Lakes Community Mental Health Authority Community Engagement and Services Committee (CES).
- 1.5A.18 At the end of the posting period, the CES Committee shall review all applications received and interview eligible applicants in a meeting or meetings held in accordance with the Open Meetings Act. The CES Committee will provide a recommendation of candidates to the Northern Lakes Community Mental Health Authority for consideration of appointment to RRAC. Candidates will be invited to attend the Board meeting and will be recognized by and given an opportunity to address the Board prior to the Board's decision for appointment.

MEMBER EXPECTATIONS

- 1.5A.19 Members are expected to attend all committee meetings or give notice in advance if an absence is unavoidable.
- 1.5A.20 Three consecutive absences without notice will be considered resignation.
- 1.5A.21 Members are expected to read all materials sent in advance of meetings and to be actively engaged in discussions at meetings.
- 1.5A.22 Committee members will be paid per diem and mileage reimbursement in accordance with Board policy and procedure.

1.5B Recipient Rights Appeals Committee

The Northern Lakes Community Mental Health Authority Board of Directors has designated the Recipient Rights Advisory Committee as its Recipient Rights Appeals Committee, consistent with the Mental Health Code (PA 258 of 1974, MCL 330.1774). The Northern Lakes Community Mental Health Authority Office of Recipient Rights shall provide education and training in recipient rights policies and procedures to the Appeals Committee. The Appeals Committee may request consultation and technical assistance from the Michigan Department of Community Health Office of Recipient Rights. A simple majority of the members must be present in person or by other visual electronic means to conduct a meeting”.

The Recipient Rights Appeals Committee shall do all of the following:

- 1.5B.1 Review appeals in accordance with Northern Lakes Community Mental Health Authority Policy.
- 1.5B.2 Ensure that any member who has a personal or professional relationship with an individual involved in an appeal shall abstain from participating in that appeal as a member of the committee.
- 1.5B.3 Ensure that Appeals Reviews, as well as all documentation resulting from Appeals Reviews, are

confidential and shall not be open to public disclosure or inspection, except as allowed by law.

1.6 Costs of Governance

Prior Approval for Conferences. A member must obtain the prior approval of the Board Chair to attend conferences and meetings (other than Board or assigned committee meetings) as a condition of payment of per diem and reimbursement of expenses by the Authority. Subject to budget parameters, the Board Chair shall make a good-faith effort to ensure equal access among members to conferences, meetings, and activities.

Transportation Expenses. The Authority shall reimburse Board members for reasonable transportation expenses incurred in the course and scope of Board-approved business. Where a member uses his or her own vehicle, the mileage eligible for reimbursement shall be the lesser of the actual mileage or the round-trip mileage to the member's home. The reimbursement shall be at the same rate per mile applicable to employed members of the Workforce. Board members are encouraged to carpool with staff and other Board members when possible.

Eligible Lodging Expenses. The Authority shall reimburse Board members for reasonable lodging expenses incurred in the course and scope of Board-approved business, but only if the claimed expense is eligible for reimbursement under the following criteria:

- 1.6.1 The site of the meeting exceeds 100 miles from the member's home; and
- 1.6.2 To attend, the Board member must leave home prior to 6:00 a.m.; or
- 1.6.3 Due to the event, the Board member cannot return to his or her home prior to 7:00 p.m.; or
- 1.6.4 The event is scheduled for multiple days.

Limitations on Reimbursement of Eligible Lodging Expenses. Reimbursement of an eligible lodging expense incurred by a Board member is limited to the following:

- 1.6.5 Where the event is a conference, reimbursement shall not exceed the conference room rate at the facility where the conference is held. In the event rooms are not available at the conference facility, the amount reimbursed shall not exceed the cost of a comparable room in a comparable facility. Proof of unavailability of rooms at the conference facility is required.
- 1.6.6 In all other cases, reimbursement shall not exceed the scheduled maximum allowable lodging expense applicable to Authority Employees.

Meal Expenses. Meal expenses are eligible for reimbursement, subject to the following limitations:

- 1.6.7 Reimbursement shall not exceed the scheduled maximum allowable meal expense applicable to employed members of the Workforce; and
- 1.6.8 Reimbursement for the expense does not constitute income to the Board member under federal tax laws and regulations.

Incidental Expenses. Incidental expenses for items such as office supplies and copying are reimbursable in the discretion of the Board Chair.

Reimbursement Procedure. Claims for reimbursement are subject to the approval of the Board Chair or, in his or her absence, to the approval of the CEO. A Board member seeking reimbursement shall complete and submit to the Board Chair or CEO an expense voucher in approved form setting forth each expense for which reimbursement is claimed. The voucher must clearly disclose the business nature of the claimed expenses and must be accompanied by receipts. Claimed expenses not verified by receipts are not reimbursable. Vouchers may be submitted on a monthly basis at the member's option. Expenses are not reimbursable if the claim, therefore, is not submitted by the earlier of 90 days after the expense is incurred or 5 days after the close of

the fiscal year.

Budget Provisions for Cost of Governance. The Finance Committee shall ensure that the budget annually includes line items for Board per diem and for Board development and expenses.

Discretionary Exceptions. The CEO, Board Chair or the full Board may, for good cause shown, make exceptions to this Policy provided, however, that the fact of the exception is disclosed to the full Board at its next regular meeting.

Board Member Recognition. Board members shall complete at least six months to be recognized when they leave the Board. A framed certificate of recognition identifying their term on the Board will be provided. The presentation will occur at the regular Board meeting one month prior to their leaving the Board or other arrangements will be made. Northern Lakes Community Mental Health Authority will also recognize former Board members through a plaque displayed at the administrative office.

1.7 Board Member Conflict of Interest

1.7.1 Any Board member who shall in any way be a contractor for purposes of remuneration from the Board or its contracting agencies will make full disclosure of such fact before discussion and will refrain from discussion of and voting on any Board decision relating to that relationship.

1.7.2 Board members are prohibited from serving as employees of the Authority.

SECTION 2 CHIEF EXECUTIVE OFFICER (CEO)

2.0 The CEO shall be appointed by the NLCMHA Board. The CEO shall be given the necessary authority and responsibility to operate all mental health services and carry out all policies as adopted by the NLCMHA Board or any of its committees to which it has delegated authority. The CEO shall represent the Board in all areas in which the Board has not formally designated some other person to act.

SECTION 3 AMENDMENT AND ADOPTION

3.0 Procedure

These Governance Policies may be amended through the following procedure:

3.0.1 In order for these Governance Policies to be amended, the Policy committee shall review and make recommendations to the Board at a regular meeting.

3.0.2 Recommendations for revisions to the Governance Policies shall be presented by the Policy Committee at a regular meeting of the NLCMHA Board. Board Members or the CEO may make additional recommendations regarding amendments to the Governance Policies for consideration by the Policy Committee.

3.0.3 A vote of at least ten (10) of the sixteen (16) member Board is required to amend these Governance Policies at any regular meeting of the Board, provided that written notice of the proposed amendment(s) shall be given to all Members not less than thirty (30) calendar days prior to such meeting.

Rvsd 7/29/24 SM

BOARD MEANS SELF-ASSESSMENT
Board Policy Monitoring

4.2 Accountability

The employed Workforce is accountable to the CEO and the CEO is accountable to the Board. The employed Workforce is not directly accountable to the Board. Accordingly:

4.2.1 Neither the Board nor any member or committee thereof has authority to direct or supervise the activities of an employed member of the workforce.

4.2.2 The Board shall not participate, formally or informally, in the performance evaluation of any employed Workforce member except the CEO.

4.2.3 The Board's measure of the performance of the organization in realizing Board Governance Policies shall be the measure of the performance of the CEO.

* This policy is not in the revised Governance Policies which have yet to be voted on*