



Northern Lakes Community Mental Health Authority

Board of Directors Packet

September 19, 2024



The Northern Lakes Community Mental Health Authority Board will meet on September 19, 2024
2715 South Townline Road, Houghton Lake, MI 4629 & 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• FY25 Proposed Budget<ul style="list-style-type: none">○ Laura Argyle, Deputy Chief Financial Officer○ Kevin Hartley, 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
2:00 p.m.	6	Unfinished Business: <ul style="list-style-type: none">• Vote on Governance Policy• Rehmann – Employee Engagement Results<ul style="list-style-type: none">○ Cheryl Kuch
2:50 p.m.	8	Public Comment
2:55 p.m.	9	Announcements/Board Comments/Presentations 3:00
p.m.	10	Adjourn

NEXT MEETING: October 17, 2024 – Traverse City

* Action Items If anyone needs accommodations call: 231-942-7372

Board of Directors Meeting Minutes

August 15, 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, , Greg McMorrow, Ben Townsend, Mary Marois, Shawn Kryacs

Virtual: Dave Freedman, Lynn Pope

Absent: Eric Ostergren, Tom Bratton

Others Present: Stacy Maiville, Dean Baldwin, Brian Newcomb, Darryl Washington, Vickie McDonald, Kevin Hartley, Mark Crane, Kim Silbor, Erica Longstreet, Brian Martinus

Others Virtual:

Daniel Mauk, Lori Stendel, Erin Barbus, Melanie Schopieray, April Weinrick, Lisa Jones, Terri Henderson, Terri Henderson, Lynn Pope, Aimee Horton Johnson, Kendall Sidnam, Somer Quinlan, Rob Palmer, Dave Simpson, Tiffany Fewins, Laura Argyle, Amanda Ritchie, Sue Hamel, Manda Clements (Amanda), Jessica Williams, Sara, Michael Corby, Jillian Smithingell, Kellee Hoag, Lisa George, Kiley Fields, Lisa Holmes, Joan Honeman, Abby Schonfeld (Abigail), Marybeth Kyro, Lisa Woodcox, Neil Rojas, Mark Draeger, Lauren Franklin, Cynthia Oconnel, Lauren Barnard, Angie Schroeder, Trapper Merz, M, six unknown guests

Call to Order: 1:00 p.m.

Confirmation of a quorum: Yes.

Conflict of Interest: None.

MOTION: Approve the agenda.

RESULT: ADOPTED. [UNANIMOUS]

MOVER: T. Lentych

SECONDER C. Frost Anderson

MOTION: Accept the July 2024 Board of Directors Minutes

RESULT: ADOPTED. [UNANIMOUS]

MOVER: T. Wessell

SECONDER D. Smallegan

Public Comment: None

Celebrate Northern Lakes: The NLCMHA Board of Directors recognized the achievements of the Cadillac ACT Team (Assertive Community Treatment). The team consists of Lisa Weisman, Ann Puruleski, Nate Belville, Damon Orlando, and Leslie Burns. Leadership team member Kim Silbor praised their hard work, stating, “The team is doing amazing even though they are understaffed; the team received high marks from the recent CARF audit, and they go above and beyond for the consumers”.

Report of Officers:

Recipient Rights Report:

Brian Newcomb, the Director of the Office of Recipient Rights, presented his report to the Board. There has been an uptick in investigations in the last eight days. The team will attend the conference in Detroit in September for their yearly training. The agency remains at 100% in compliance. Site visits are almost completed for the fiscal year. The full report is included in the packet.

Chief Executive Officer’s Report: Brian Martinus, the Interim Chief Executive Officer, presented the CEO Report to the Board. Mr. Martinus introduced Erica Longstreet, the new Chief Clinical Officer. Mr. Martinus’ report included the Dashboard Report, updates on the Center of Mental Wellness, Divestment of the IHC and Northern Health Care Management, CARF, the Rehmann Assessment timeline, dates of note, media coverage, and a recent NLCMHA email blast. Mr. Martinus and Mr. Darryl Washington gave an update regarding the NHCM divestment. The full report is included in the packet.

Kari Barker updated the Board on the recent CARF audit. The review was completed 60 days ahead of time and went very well. The clinical services delivery scored well; HR did significantly better than the last certification, and the agency’s prevention services received extremely high marks and praise. There were a few areas that needed improvement. The agency will receive the report from CARF within 90 days, and from that, the agency will have 30 days to submit its quality improvement plan to CARF and make any necessary changes.

Chief Financial Officer’s Report: Laura Argyle, Deputy CFO, presented the finance report.

The full report is included in the packet. Cash and short-term investments are 1.7 million higher than last year; however, the agency still owes NMRE for the FY 2023 Medicaid settlement. The team has been working hard to get ready for the FY ’23 audit.

Ms. Argyle reviewed the June income activity. There is a significant overspending situation. Medicaid is overspent by \$853,000; Healthy Michigan is overspent by 2.3 million, and the general fund is overspent by 1.1 million. Northern Health Care Management is underspent 1.1 million. The declines in Medicaid are much greater than the Milliman anticipated which is having a negative effect on CMH’s across the state. Many CEOs of CMHs have made cost-containment efforts to help offset the decline in funding. There is talk that the state may try to push through additional funding, but it is unlikely. The decrease in revenue is out of the agency’s control and is felt by many CMHs across the state.

Board members expressed a desire to advocate for more funding from the state and to let it be known that the Board recognizes the current shortfall of funds that is impacting all CMHs across the state, including Northern Lakes. The full Finance Report is included in the packet.

Committee Reports:

NMRE:

Ruth Pilon gave an update from the recent NMRE meeting. The NMRE has been discussing the lack of funds in the CMHs. The P.A. 2 tax money was discussed and a recent request from Wexford County. Miss Pilon also noted that the mental health parity bill was signed by the governor, and there are changes the Medicaid providers need to make note of.

Ad Hoc Governance Policies:

Ben Townsend gave an update on the recent changes in the Governance Policies. The Governance Policies have been simplified and changed to a committee structure with a focus on the Board’s responsibilities. The Ad hoc Governance Policies Committee recommends the following committees be developed:

Finance Committee – No less than four members, meets monthly until well-established, then meets quarterly. Meets with the Chief Financial Officer, Chief Executive Officer, and applicable staff.

Executive Committee- Three Board members, this committee will take the place of the NLD, consisting of the NLCMHA Board Chairman, Vice Chair, and Secretary.

Community Engagement & Services Committee (CES) – No less than five members, preferably one person from each county. Meets with applicable staff.

Personnel Committee- Three Board members, meets monthly, or bi-monthly, no less than four times a year. Meets with the Chief Human Resources Officer and applicable staff.

Policy Committee – At least three Board members.

Ad hoc Audit Committee should be the six commissioners and will meet as needed (usually every 3 years). The RRAC and Recipient Appeals Committee will remain intact with no change.

Mr. Townsend noted that these committees can meet virtually, but should meet in person at least once a year, preferably quarterly.

There was robust discussion around the policies, specifically the role of the Executive Committee. The Board hopes to review the few revisions identified in the dialogue around the revised policies and vote on the policies at the September meeting.

The committees will help aid in monitoring that the Board adheres to its policies.

<p>MOTION: The Board accepted the meeting minutes from the June & July Ad hoc Governance Policies Committee.</p> <p>RESULT: ADOPTED.</p> <p>MOVER: A. Cambridge</p> <p>SECONDER: D. Smallegan</p>

Unfinished Business:

Priorities:

The Board was given policy 4.2, Accountability, to review and discuss. No comments.

Mr. McMorrow mentioned upcoming priorities with the Board. The Annual plan, Strategic Plan, and CEO search will be prioritized in the coming months.

New Business:

Members of the Board discussed the recent letter that was sent out to the IHC consumers. Mr. Martinus clarified the agency did reach out to the individuals about the process of the IHC divestment.

Public Comment: None.

Announcements/Board Member Reports/Board Association:

Mr. McMorrow acknowledged the recent letter sent to the Grand Traverse Board of Commissioners and the response from the Board Chairman.

Next meeting: Houghton Lake, September 19, 2024

Adjournment:

The meeting adjourned at 3:10 p.m.

Respectfully Submitted,

Stacy Maiville, Executive Administrator

Greg McMorrow, Chairperson

Lynn Pope, Secretary

Office of Recipient Rights Director's Report
September 2024

Dates represented	10/01/21-09/9/22	10/1/22-09/09/23	10/1/23-09/09/24
Complaints	552	404	503
OJ, No Right Inv.	71	61	109
Interventions	29	14	46
Investigations	454	331	350
Investigations Comp	454	331	296
Investigations open	0	0	54
Inv > 90 days	0	0	0
Inv < 90 days	454/454 (100%)	330/330(100%)	296/296(100%)
Summary Report Avg	451/456(98.9%)	335/335(100%)	299/299 (100%)
NLCMHA staff alleg.	110	82	110
NLCMHA Staff W/I 1 yr	38	26	21

Complaint Source

Complaint Source	Count
Anonymous	23
Community/General Public	24
Guardian/Family	27
ORR	138
Recipient	94
Staff	197
Total	503

Complaints Per Provider:

October 1, 2023- September 9, 2024

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

Notes:

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights

October 1, 2023-September 9, 2024, Provider Report:

Program	Substantiated	Pending	Not Substantiated	NA
Access	0	0	1	1
Beacon Home at Clarkston	0	0	2	0
Beacon Home at Washburn	3	0	1	1
Beacon Home at Woodland	0	0	1	0
Cornerstone AFC, LLC	2	0	0	0
Cullen's Care	0	1	0	0
Elmwood AFC	6	0	1	0
Frances Specialized Residential	6	7	7	0
Hope Network Neo Grand Rapids - Bristol	5	0	0	0
Hope Network Neo Rockford	0	2	0	1
Horizon North, Inc.	0	1	0	0
Montclair Specialized Residential Services	0	1	1	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	2
Traverse House	0	0	1	0
Wright Street AFC Home	5	2	0	0
Beacon Home at Goodrich	2	0	0	0
Beacon Silverview	8	0	3	0
Bell Oaks at Ionia	2	0	0	0
Covenant to Care	2	0	2	0
Danes AFC	9	0	4	0
Eden Prairie Residential Care Services, LLC	1	0	0	0
Gardner Home	6	0	0	0
Glen Oaks Home	1	1	1	0
Grand Traverse Industries, Inc.	2	1	2	0
Grayling Office/Crawford County	2	0	1	1
Hernandez Home, LLC	0	0	1	0
HL Office/Roscommon County	0	0	2	0

Hope Network Westlake VIII	2	0	4	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	3	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	3	4	1
Peer Support	3	0	2	0
Premier Care Assisted Living 3	0	0	2	0
Summerfield AFC	5	0	6	0
TLK AFC Home, Inc.	0	1	3	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	3	0
Club Cadillac	1	1	0	1
Crisis Welcoming Center	0	0	2	0
Family Assessment & Safety Teams	0	1	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	1	5	0
Hope Network Neo Wyoming	2	1	0	0
IDD Children's Case Management	0	1	1	0
Jones Lake AFC Home	7	14	2	0
Kennedy House West, LLC	0	0	1	0
Mama T's AFC	0	2	0	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	7	0	0	0
Psychiatric Services	1	1	5	0
Real Life Living Services	11	0	7	0
Serenity AFC	0	1	0	1
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	32	1	6	0
Zenith Home	4	0	1	0
Assertive Community Treatment	0	2	5	0
Beacon Fife Lake	1	0	0	0
Beacon Home at Blue Lake	1	0	2	0
Beacon Home at Cogswell	3	0	1	0
Beacon Home At Ludington	7	0	0	0
Beacon Mission Point	11	3	9	1
Beacon Wave Crest	0	0	1	0
Brightside Living - Lake Shore	1	0	0	0
Cadillac Office/Wexford County	3	0	0	0
Crisis Services	4	1	3	0
Evergreen Home	5	0	4	0
Fort Road Residence, LLC	1	0	0	0
Heart and Soul Living LLC	3	1	0	1
Hillcrest AFC	4	0	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	22	9	20	8
Ohana AFC	0	0	1	1
Seneca Place Home	3	0	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	0	2	0

Interim Chief Executive Officer's

Report to the Board

September 19, 2024

Citizen Comment: None

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

Dashboard Report: The NLD has requested a monthly Dashboard Report. 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. Project leadership team has chosen the name of the center of Grand Traverse Mental Health Access and Crisis Center.

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:

- September 3rd, GTCMW Team Meeting
- September 9th, NMRE SUD Meeting
- September 17th, NMRE Operations Committee Meeting
- September 19th, NLCMHA Board Meeting
- September 20th, Round Table Discussion in Wexford CO with the Attorney General
- September 25th, NMRE Board Meeting
- September 27th, Monthly Rural and Frontier Caucus Meeting
- September 30th, GTI Celebration Event
- October 1st, GTCMW Team Meeting
- October 2nd, Day of Recovery Celebration
- October 3rd, RRAC Meeting
- October 13-18th, Military Orders – Latvia
- October 14th, CMH/DHHS – 6 County Collaborative Meeting
- October 15th, NMRE Operations Committee Meeting
- October 17th, NLCMHA Board Meeting
- October 21-22nd, CMHA 2024 Annual Fall Conference – Traverse City
- October 23rd, NMRE Board Meeting
- October 25th, Monthly Rural and Frontier Caucus Meeting
- November 4th, NMRE SUD Oversight Committee Meeting

- November 8th, NLCMHA Managers Meeting
- November 11th, CMH/DHHS – 6 County Collaborative Meeting

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

- Employee updates (new hires, retirees, changes and anniversaries)
- Upcoming meetings
- EAD information
- Mental Health Connection

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/michigan-ranks-high-in-recent-mental-health-report-challenges-remain/article_2d0818b6-55a1-11ef-8650-237926e97365.html - tncms-source=article-nav-prev

<https://www.secondwavemedia.com/features/091024behavioralhealthhomes.aspx>

https://www.record-eagle.com/news/cannabis-cash-county-board-awards-pine-rest-150-000-for-child-psychiatrist/article_f2071570-5ffd-11ef-b173-bfccc27cb875.html

https://www.record-eagle.com/news/local_news/community-mental-health-northern-lakes-faces-1-3-million-deficit/article_98a35e62-6c9b-11ef-9471-a3687cb5696c.html

Respectfully submitted,
Brian Martinus, Interim CEO

FY2024 Monthly Access Timeliness, Request to Assessment										
	October	November	December	January	February	March	April	May	June	July
Within 14 days	71	60	48	79	101	74	100	75	59	58
Outside 14 days	20	7	2	9	6	15	8	7	6	5
Consumer Cancelled/Rescheduled	17	6	7	5	5	4	6	7	3	4
Consumer Requested outside 14 days	13	1	4	1	3	2	1	0	1	4
Consumer No Showed	47	38	30	38	37	39	28	37	21	27
Consumer Chose to Not Pursue Svcs	22	25	30	36	31	31	36	20	23	30
Other (denial, no follow up)	21	5	23	19	14	5	8	5	5	5

FY2024 Monthly Access Timeliness, Assessment to Service										
	October	November	December	January	February	March	April	May	June	July
Within 14 days	54	55	34	57	66	65	71	69	39	47
Outside 14 days	8	8	1	2	1	5	3	4	2	1
Consumer Cancelled/Rescheduled	5	6	2	6	4	4	4	5	3	3
Consumer Requested outside 14 days	9	2	2	2	6	1	1	2	0	3
Consumer No Showed	30	16	21	18	19	18	15	16	5	7
Consumer Chose to Not Pursue Svcs	11	1	5	1	2	7	9	6	3	2
Other (denial, no follow up)	4	5	14	7	8	6	4	1	2	7
Monthly % seen in 14 Days	87.1%	87.3%	97.1%	96.6%	98.5%	92.9%	95.9%	94.5%	95.1%	97.9%

Referrals for Denied Initial Clinical Assessments											
	October	November	December	January	February	March	April	May	June	July	August
External Mental Health Provider	15	9	6	6	8	6	4	10	18	11	10
External SUD Provider	2	0	0	0	0	0	1	1	0	0	1
No Referral	0	1	1	1	1	1	1	2	1	0	0
Other Community Services	6	4	2	3	3	3	2	6	4	1	0

FY2024 Mobile Crisis Response Times, Monthly											
	October	November	December	January	February	March	April	May	June	July	August
30 Minutes or Less	46	65	49	51	62	23	21	33	13	8	2
31 Minutes to 1 Hour	5	5	5	1	6	9	1	0	2	0	2
Over 1 Hour	1	1	0	0	0	0	0	1	0	3	1

FY2024 Inpatient Readmission Rate			
	Admissions	Readmits in 30 Days	% 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%
July	72	9	13%
TOTAL			13%

FY2024 Monthly Service Information for Crawford County										
Area of Service	October	November	December	January	February	March	April	May	June	July
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 29,773.17	\$ 35,100.76	\$ 25,700.40	\$ 31,290.12	\$ 33,810.16	\$ 29,114.89	\$ 38,729.75	\$ 30,514.16	\$ 30,393.91	\$ 26,056.21
Autism Services	\$ 35,175.31	\$ 24,854.90	\$ 26,345.85	\$ 24,346.39	\$ 25,963.69	\$ 26,428.12	\$ 25,944.08	\$ 26,234.09	\$ 23,427.41	\$ 27,552.02
Case Management, ACT and Treatment Planning	\$ 47,623.55	\$ 53,320.48	\$ 56,356.60	\$ 59,650.65	\$ 56,382.81	\$ 63,258.32	\$ 73,408.69	\$ 65,254.67	\$ 55,736.55	\$ 53,899.00
Community Living Supports	\$ 264,551.39	\$ 243,435.54	\$ 243,975.56	\$ 254,314.56	\$ 241,696.66	\$257,659.24	\$270,541.27	\$276,801.40	\$256,691.08	\$255,858.15
Crisis Services, Assessments and Testing	\$ 25,628.64	\$ 32,161.20	\$ 23,662.20	\$ 26,184.00	\$ 24,208.75	\$ 24,469.00	\$ 25,964.00	\$ 16,351.20	\$ 12,498.00	\$ 12,842.00
Evaluation and Management Physician Level	\$ 29,542.71	\$ 24,669.98	\$ 17,516.97	\$ 23,833.37	\$ 21,420.30	\$ 20,869.64	\$ 23,815.70	\$ 22,563.15	\$ 19,413.22	\$ 14,767.87
Psychiatric Inpatient	\$ 55,932.35	\$ 30,399.97	\$ 69,178.83	\$ 21,408.44	\$ 17,090.95	\$ 18,849.11	\$ 11,308.05	\$ 5,495.00	\$ -	\$ 18,326.80
Psychotherapy and Outpatient Services	\$ 32,355.12	\$ 23,808.00	\$ 24,060.00	\$ 33,057.14	\$ 29,195.38	\$ 25,246.00	\$ 28,860.76	\$ 17,933.00	\$ 13,568.00	\$ 19,550.00
Vocational & Skills Building, Family and Health Services	\$ 3,547.20	\$ 2,670.91	\$ 2,490.81	\$ 4,356.30	\$ 3,297.31	\$ 2,994.63	\$ 3,764.79	\$ 5,137.46	\$ 3,050.93	\$ 3,734.56
Other	\$ 936.00	\$ 1,872.00	\$ 624.00	\$ 2,184.00	\$ 1,872.00	\$ 312.00	\$ 1,560.00	\$ 1,326.00	\$ 2,028.00	\$ 936.00
Total	\$ 525,065.44	\$ 472,293.74	\$ 489,911.22	\$ 480,624.97	\$ 454,938.01	\$469,200.95	\$ 503,897.09	\$467,610.13	\$416,807.10	\$433,522.61
Number of Registered People Receiving Services	225	216	211	223	206	211	225	195	178	167
Average Cost per Registered Person Served	\$ 2,333.62	\$ 2,186.55	\$ 2,321.85	\$ 2,155.27	\$ 2,208.44	\$ 2,223.70	\$ 2,239.54	\$ 2,398.00	\$ 2,341.61	\$ 2,595.94
Service Transactions Provided	19,043	17,739	16,574	18,553	18,228	20,421	20,790	23,050	19,955	21,192
Average Cost per Transaction	\$ 28	\$ 27	\$ 30	\$ 26	\$ 25	\$ 23	\$ 24	\$ 20	\$ 21	\$ 20
Count of Adult IDD	39	41	37	43	39	39	41	40	39	38
Count of Child IDD	14	15	15	12	13	17	10	10	10	11
Count of Adult SMI	143	126	129	136	125	123	135	114	97	91
Count of Child SED	29	34	30	32	29	32	39	31	32	27
Total	225	216	211	223	206	211	225	195	178	167
IDD Adult Cost	\$ 217,704.81	\$ 208,601.29	\$ 197,796.92	\$ 214,194.61	\$ 203,581.87	\$217,350.68	\$ 232,669.99	\$233,333.37	\$213,704.59	\$211,756.05
IDD Child Cost	\$ 87,066.46	\$ 57,743.81	\$ 59,787.33	\$ 58,785.11	\$ 60,122.36	\$ 60,875.04	\$ 56,845.88	\$ 57,011.09	\$ 54,237.45	\$ 59,120.26
Adult SMI Cost	\$ 183,001.67	\$ 150,447.39	\$ 168,025.97	\$ 164,130.25	\$ 152,993.78	\$148,280.23	\$ 161,122.42	\$ 141,624.67	\$115,737.06	\$136,466.30
Child SED Cost	\$ 37,292.50	\$ 55,501.25	\$ 64,301.00	\$ 43,515.00	\$ 38,240.00	\$ 43,943.00	\$ 53,258.80	\$ 35,641.00	\$ 33,128.00	\$ 26,180.00
Total	\$ 525,065.44	\$ 472,293.74	\$ 489,911.22	\$ 480,624.97	\$ 454,938.01	\$470,448.95	\$ 503,897.09	\$467,610.13	\$416,807.10	\$433,522.61
Adult IDD Cost per consumer	\$ 5,582.17	\$ 5,087.84	\$ 5,345.86	\$ 4,981.27	\$ 5,220.05	\$ 5,573.09	\$ 5,674.88	\$ 5,833.33	\$ 5,479.60	\$ 5,572.53
Child IDD Cost per consumer	\$ 6,219.03	\$ 3,849.59	\$ 3,985.82	\$ 4,898.76	\$ 4,624.80	\$ 3,580.88	\$ 5,684.59	\$ 5,701.11	\$ 5,423.75	\$ 5,374.57
Adult SMI Cost per consumer	\$ 1,279.73	\$ 1,194.03	\$ 1,302.53	\$ 1,206.84	\$ 1,223.95	\$ 1,205.53	\$ 1,193.50	\$ 1,242.32	\$ 1,193.17	\$ 1,499.63
Child SED Cost per consumer	\$ 1,285.95	\$ 1,632.39	\$ 2,143.37	\$ 1,359.84	\$ 1,318.62	\$ 1,373.22	\$ 1,365.61	\$ 1,149.71	\$ 1,035.25	\$ 969.63
Total	\$ 2,333.62	\$ 2,186.55	\$ 2,321.85	\$ 2,155.27	\$ 2,208.44	\$ 2,229.62	\$ 2,239.54	\$ 2,398.00	\$ 2,341.61	\$ 2,595.94

FY2024 Service Information For Grand Traverse County										
Area of Service	October	November	December	January	February	March	April	May	June	July
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 204,500.77	\$ 193,916.99	\$ 208,251.43	\$ 209,624.57	\$ 158,572.13	\$ 164,651.83	\$ 179,595.17	\$ 234,320.40	\$ 163,614.72	\$ 173,957.21
Autism Services	\$ 123,490.43	\$ 126,774.58	\$ 125,430.08	\$ 151,827.72	\$ 149,558.80	\$ 163,076.23	\$ 175,817.07	\$ 169,818.24	\$ 145,616.66	\$ 161,528.77
Case Management, ACT and Treatment Planning	\$ 230,087.53	\$ 225,307.17	\$ 200,217.96	\$ 247,286.75	\$ 230,654.58	\$ 236,717.93	\$ 266,004.75	\$ 229,302.61	\$ 207,672.21	\$ 197,483.14
Community Living Supports	\$ 1,148,299.60	\$ 1,118,437.18	\$ 1,158,415.27	\$ 1,243,212.71	\$ 1,194,694.68	\$ 1,247,615.78	\$ 1,218,939.88	\$ 1,263,117.47	\$ 1,216,547.63	\$ 1,278,865.45
Crisis Services, Assessments and Testing	\$ 189,493.23	\$ 178,563.40	\$ 176,474.60	\$ 158,514.98	\$ 160,131.24	\$ 152,270.61	\$ 148,350.20	\$ 144,625.20	\$ 110,490.43	\$ 98,518.40
Evaluation and Management Physician Level	\$ 100,006.73	\$ 100,014.97	\$ 87,405.32	\$ 100,717.65	\$ 92,846.34	\$ 100,842.60	\$ 106,281.58	\$ 104,549.06	\$ 79,727.75	\$ 64,692.53
Psychiatric Inpatient	\$ 300,196.26	\$ 474,010.44	\$ 296,622.90	\$ 293,823.28	\$ 189,738.49	\$ 147,042.66	\$ 203,784.00	\$ 181,992.45	\$ 320,113.68	\$ 62,186.50
Psychotherapy and Outpatient Services	\$ 140,897.36	\$ 142,544.78	\$ 130,808.78	\$ 154,375.32	\$ 149,525.36	\$ 126,939.79	\$ 162,411.80	\$ 190,080.13	\$ 153,659.25	\$ 128,395.22
Vocational & Skills Building, Family and Health Services	\$ 79,763.09	\$ 76,696.81	\$ 63,012.28	\$ 78,343.93	\$ 74,973.85	\$ 69,920.91	\$ 73,161.16	\$ 72,318.36	\$ 71,459.85	\$ 82,921.05
Other	\$ 5,317.66	\$ 6,178.43	\$ 5,747.54	\$ 9,140.85	\$ 8,165.92	\$ 5,915.98	\$ 10,774.48	\$ 6,761.39	\$ 8,612.91	\$ 8,136.76
Total	\$ 2,522,052.66	\$ 2,642,444.75	\$ 2,452,386.16	\$ 2,646,867.76	\$ 2,408,861.39	\$ 2,414,994.32	\$ 2,545,120.09	\$ 2,596,885.31	\$ 2,477,515.09	\$ 2,256,685.03
Number of Registered People Receiving Services	1,073	1,104	1,014	1,043	1,026	1,035	1,068	1,057	895	899
Average Cost per Registered Person Served	\$ 2,350.47	\$ 2,393.52	\$ 2,418.53	\$ 2,537.74	\$ 2,347.82	\$ 2,333.33	\$ 2,383.07	\$ 2,456.85	\$ 2,768.17	\$ 2,510.22
Service Transactions Provided	104,004	96,824	93,943	105,965	106,606	108,791	110,695	114,170	106,874	110,860
Average Cost per Transaction	\$ 24	\$ 27	\$ 26	\$ 25	\$ 23	\$ 22	\$ 23	\$ 23	\$ 23	\$ 20
Count of Adult IDD	243	259	244	252	247	257	263	272	244	261
Count of Child IDD	81	75	75	76	79	79	81	78	72	63
Count of Adult SMI	595	622	558	584	560	566	569	556	450	469
Count of Child SED	154	148	137	131	140	133	155	151	129	106
Total	1,073	1,104	1,014	1,043	1,026	1,035	1,068	1,057	895	899
IDD Adult Cost	\$ 1,111,615.36	\$ 1,058,434.40	\$ 1,048,219.14	\$ 1,117,487.36	\$ 1,100,535.76	\$ 1,151,472.28	\$ 1,126,387.36	\$ 1,155,914.46	\$ 1,098,783.76	\$ 1,161,184.29
IDD Child Cost	\$ 182,184.29	\$ 207,219.62	\$ 210,805.66	\$ 237,369.86	\$ 241,010.78	\$ 266,085.01	\$ 270,471.31	\$ 303,448.28	\$ 236,048.39	\$ 252,345.54
Adult SMI Cost	\$ 1,031,985.08	\$ 1,143,327.29	\$ 1,002,084.55	\$ 1,046,617.68	\$ 882,002.43	\$ 797,285.96	\$ 874,054.55	\$ 888,166.41	\$ 959,278.30	\$ 689,504.32
Child SED Cost	\$ 196,267.93	\$ 233,463.44	\$ 191,276.81	\$ 245,392.86	\$ 185,312.42	\$ 200,151.07	\$ 274,206.87	\$ 249,356.16	\$ 183,404.64	\$ 153,650.88
Total	\$ 2,522,052.66	\$ 2,642,444.75	\$ 2,452,386.16	\$ 2,646,867.76	\$ 2,408,861.39	\$ 2,414,994.32	\$ 2,545,120.09	\$ 2,596,885.31	\$ 2,477,515.09	\$ 2,256,685.03
Adult IDD Cost per consumer	\$ 4,574.55	\$ 4,086.62	\$ 4,295.98	\$ 4,434.47	\$ 4,455.61	\$ 4,480.44	\$ 4,282.84	\$ 4,249.69	\$ 4,503.21	\$ 4,448.98
Child IDD Cost per consumer	\$ 2,249.19	\$ 2,762.93	\$ 2,810.74	\$ 3,123.29	\$ 3,050.77	\$ 3,368.16	\$ 3,339.15	\$ 3,890.36	\$ 3,278.45	\$ 4,005.48
Adult SMI Cost per consumer	\$ 1,734.43	\$ 1,838.15	\$ 1,795.85	\$ 1,792.15	\$ 1,575.00	\$ 1,408.63	\$ 1,536.12	\$ 1,597.42	\$ 2,131.73	\$ 1,470.16
Child SED Cost per consumer	\$ 1,274.47	\$ 1,577.46	\$ 1,396.18	\$ 1,873.23	\$ 1,323.66	\$ 1,504.90	\$ 1,769.08	\$ 1,651.37	\$ 1,421.74	\$ 1,449.54
Total	\$ 2,350.47	\$ 2,393.52	\$ 2,418.53	\$ 2,537.74	\$ 2,347.82	\$ 2,333.33	\$ 2,383.07	\$ 2,456.85	\$ 2,768.17	\$ 2,510.22

FY2024 Service Information For Leelanau County										
Area of Service	October	November	December	January	February	March	April	May	June	July
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing	\$ 10,803.23	\$ 16,352.56	\$ 16,933.43	\$ 30,860.53	\$ 27,426.18	\$ 23,945.04	\$ 32,295.10	\$ 22,432.12	\$ 19,446.39	\$ 17,409.30
Autism Services	\$ 10,027.05	\$ 9,953.17	\$ 7,473.01	\$ 11,479.99	\$ 14,932.20	\$ 17,553.73	\$ 16,144.94	\$ 18,840.12	\$ 8,955.19	\$ 5,086.76
Case Management, ACT and Treatment Planning	\$ 22,805.71	\$ 23,443.64	\$ 15,401.31	\$ 20,592.96	\$ 18,405.98	\$ 17,497.00	\$ 32,211.42	\$ 23,669.78	\$ 18,788.41	\$ 20,222.00
Community Living Supports	\$ 177,198.55	\$ 163,081.47	\$ 157,303.69	\$ 169,124.21	\$ 164,127.39	\$ 173,486.12	\$ 172,350.39	\$ 175,338.88	\$ 166,635.07	\$ 174,402.57
Crisis Services, Assessments and Testing	\$ 9,343.00	\$ 12,478.20	\$ 13,576.00	\$ 6,384.00	\$ 9,762.00	\$ 16,571.20	\$ 16,852.00	\$ 14,111.00	\$ 15,170.00	\$ 7,038.00
Evaluation and Management Physician Level	\$ 12,503.97	\$ 7,674.30	\$ 5,784.37	\$ 6,624.60	\$ 8,063.23	\$ 6,693.35	\$ 14,103.23	\$ 6,923.58	\$ 5,465.50	\$ 4,712.64
Psychiatric Inpatient	\$ 15,476.46	\$ 29,982.54	\$ 14,887.66	\$ 21,195.00	\$ 10,061.44	\$ 17,717.41	\$ 2,705.00	\$ 16,591.27	\$ 7,991.27	\$ -
Psychotherapy and Outpatient Services	\$ 19,611.28	\$ 18,462.00	\$ 16,066.55	\$ 23,764.23	\$ 19,157.76	\$ -	\$ 21,364.51	\$ 18,917.60	\$ 15,850.12	\$ 13,800.00
Vocational & Skills Building, Family and Health Services	\$ 8,734.78	\$ 7,504.21	\$ 6,117.09	\$ 7,612.93	\$ 7,845.65	\$ 7,025.99	\$ 8,114.26	\$ 8,892.98	\$ 9,746.93	\$ 11,849.80
Total	\$ 286,504.03	\$ 288,932.09	\$ 253,543.11	\$ 297,638.45	\$ 279,781.83	\$ 280,489.84	\$ 316,140.85	\$ 305,717.33	\$ 268,048.88	\$ 254,521.07
Number of Registered People Receiving Services	115	105	102	107	107	106	123	117	102	91
Average Cost per Registered Person Served	\$ 2,491.34	\$ 2,751.73	\$ 2,485.72	\$ 2,781.67	\$ 2,614.78	\$ 2,646.13	\$ 2,570.25	\$ 2,612.97	\$ 2,627.93	\$ 2,796.93
Service Transactions Provided	12,727	11,433	10,023	11,396	11,824	12,750	13,213	13,440	12,410	12,495
Average Cost per Transaction	\$ 23	\$ 25	\$ 25	\$ 26	\$ 24	\$ 22	\$ 24	\$ 23	\$ 22	\$ 20
Count of Adult IDD	41	37	36	37	36	37	38	36	37	37
Count of Child IDD	5	4	4	4	5	5	7	7	5	2
Count of Adult SMI	51	45	43	46	47	45	57	53	40	38
Count of Child SED	18	19	19	20	19	19	21	21	20	14
Total	115	105	102	107	107	106	123	117	102	91
IDD Adult Cost	\$ 194,723.34	\$ 178,243.70	\$ 167,351.01	\$ 182,989.58	\$ 179,376.87	\$ 185,351.40	\$ 190,625.10	\$ 188,512.42	\$ 180,713.33	\$ 193,771.10
IDD Child Cost	\$ 13,207.05	\$ 13,409.97	\$ 10,420.01	\$ 13,997.99	\$ 16,513.20	\$ 21,689.53	\$ 22,598.94	\$ 21,452.12	\$ 13,566.19	\$ 6,298.76
Adult SMI Cost	\$ 56,493.24	\$ 75,061.82	\$ 52,940.09	\$ 68,600.08	\$ 50,249.96	\$ 45,308.91	\$ 63,691.13	\$ 64,434.83	\$ 50,388.08	\$ 38,421.21
Child SED Cost	\$ 22,080.40	\$ 22,216.60	\$ 22,832.00	\$ 32,050.80	\$ 33,641.80	\$ 28,140.00	\$ 39,225.68	\$ 31,317.96	\$ 23,381.28	\$ 16,030.00
Total	\$ 286,504.03	\$ 288,932.09	\$ 253,543.11	\$ 297,638.45	\$ 279,781.83	\$ 280,489.84	\$ 316,140.85	\$ 305,717.33	\$ 268,048.88	\$ 254,521.07
Adult IDD Cost per consumer	\$ 4,749.35	\$ 4,817.40	\$ 4,648.64	\$ 4,945.66	\$ 4,982.69	\$ 5,009.50	\$ 5,016.45	\$ 5,236.46	\$ 4,884.14	\$ 5,237.06
Child IDD Cost per consumer	\$ 2,641.41	\$ 3,352.49	\$ 2,605.00	\$ 3,499.50	\$ 3,302.64	\$ 4,337.91	\$ 3,228.42	\$ 3,064.59	\$ 2,713.24	\$ 3,149.38
Adult SMI Cost per consumer	\$ 1,107.71	\$ 1,668.04	\$ 1,231.16	\$ 1,491.31	\$ 1,069.15	\$ 1,006.86	\$ 1,117.39	\$ 1,215.75	\$ 1,259.70	\$ 1,011.08
Child SED Cost per consumer	\$ 1,226.69	\$ 1,169.29	\$ 1,201.68	\$ 1,602.54	\$ 1,770.62	\$ 1,481.05	\$ 1,867.89	\$ 1,491.33	\$ 1,169.06	\$ 1,145.00
Total	\$ 2,491.34	\$ 2,751.73	\$ 2,485.72	\$ 2,781.67	\$ 2,614.78	\$ 2,646.13	\$ 2,570.25	\$ 2,612.97	\$ 2,627.93	\$ 2,796.93

	FY2024 Service Information For Missaukee County									
Area of Service	October	November	December	January	February	March	April	May	June	July
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 29,136.42	\$ 28,262.87	\$ 24,411.71	\$ 25,891.54	\$ 25,847.17	\$ 33,051.92	\$ 31,379.51	\$ 21,584.76	\$ 23,116.05	\$ 25,497.66
Autism Services	\$ 8,869.24	\$ 7,646.52	\$ 9,244.14	\$ 9,515.16	\$ 10,693.25	\$ 15,429.38	\$ 13,360.24	\$ 14,059.78	\$ 14,434.75	\$ 15,659.11
Case Management, ACT and Treatment Planning	\$ 30,309.07	\$ 31,897.23	\$ 29,214.77	\$ 34,823.42	\$ 26,132.42	\$ 30,294.23	\$ 33,358.42	\$ 35,714.98	\$ 23,684.25	\$ 29,056.11
Community Living Supports	\$ 350,214.72	\$ 336,646.52	\$ 349,117.57	\$ 395,826.40	\$ 378,382.36	\$ 390,696.48	\$ 371,680.22	\$ 386,742.44	\$ 376,615.13	\$ 388,208.98
Crisis Services, Assessments and Testing	\$ 11,511.60	\$ 11,266.00	\$ 11,205.00	\$ 16,109.00	\$ 22,445.00	\$ 15,180.00	\$ 9,966.20	\$ 9,810.00	\$ 9,339.00	\$ 4,658.00
Evaluation and Management Physician Level	\$ 17,267.42	\$ 17,667.24	\$ 15,922.16	\$ 17,044.00	\$ 19,960.58	\$ 19,228.31	\$ 17,406.01	\$ 17,590.85	\$ 16,035.64	\$ 14,346.41
Psychiatric Inpatient	\$ 29,978.45	\$ 16,003.52	\$ 48,180.17	\$ 28,971.00	\$ 31,775.00	\$ 48,023.00	\$ 2,066.46	\$ 16,997.63	\$ 12,638.00	\$ -
Psychotherapy and Outpatient Services	\$ 39,999.10	\$ 34,948.69	\$ 28,176.63	\$ 39,214.99	\$ 35,726.51	\$ 29,519.38	\$ 22,599.82	\$ 20,746.04	\$ 24,079.04	\$ 20,344.25
Vocational & Skills Building, Family and Health Services	\$ 21,315.43	\$ 19,329.81	\$ 17,643.78	\$ 17,269.66	\$ 18,247.71	\$ 18,266.62	\$ 15,903.94	\$ 18,650.16	\$ 19,833.43	\$ 18,446.50
Other	\$ -	\$ 624.00	\$ 156.00	\$ -	\$ -	\$ -	\$ -	\$ 1,382.08	\$ 1,423.57	\$ 1,043.62
Total	\$ 538,601.45	\$ 504,292.40	\$ 533,271.93	\$ 584,665.17	\$ 569,210.00	\$ 599,689.32	\$ 517,720.82	\$ 543,278.72	\$ 521,198.86	\$ 517,260.64
Number of Registered People Receiving Services	166	170	161	168	169	175	161	156	142	140
Average Cost per Registered Person Served	\$ 3,244.59	\$ 2,966.43	\$ 3,312.25	\$ 3,480.15	\$ 3,368.11	\$ 3,426.80	\$ 3,215.66	\$ 3,482.56	\$ 3,670.41	\$ 3,694.72
Service Transactions Provided	20,804	21,234	21,016	24,095	24,176	26,774	24,160	24,703	23,346	23,831
Average Cost per Transaction	\$ 26	\$ 24	\$ 25	\$ 24	\$ 24	\$ 22	\$ 21	\$ 22	\$ 22	\$ 22
Count of Adult IDD	42	42	43	39	40	41	40	41	42	42
Count of Child IDD	12	9	10	12	10	12	14	16	9	12
Count of Adult SMI	71	83	71	73	77	81	72	67	62	62
Count of Child SED	41	36	37	44	42	41	35	32	29	24
Total	166	170	161	168	169	175	161	156	142	140
IDD Adult Cost	\$ 323,142.99	\$ 322,317.93	\$ 351,848.24	\$ 362,835.66	\$ 344,179.90	\$ 364,563.58	\$ 351,212.83	\$ 368,085.12	\$ 349,646.86	\$ 360,454.47
IDD Child Cost	\$ 15,605.22	\$ 14,116.18	\$ 17,845.96	\$ 27,808.25	\$ 30,886.58	\$ 28,769.12	\$ 26,199.63	\$ 26,123.39	\$ 24,351.99	\$ 26,268.23
Adult SMI Cost	\$ 155,161.79	\$ 120,600.42	\$ 112,739.73	\$ 152,959.26	\$ 155,644.52	\$ 151,384.62	\$ 105,282.36	\$ 115,861.21	\$ 120,689.01	\$ 105,887.94
Child SED Cost	\$ 44,691.45	\$ 47,257.87	\$ 50,838.00	\$ 41,062.00	\$ 38,499.00	\$ 54,972.00	\$ 35,026.00	\$ 33,209.00	\$ 26,511.00	\$ 24,650.00
Total	\$ 538,601.45	\$ 504,292.40	\$ 533,271.93	\$ 584,665.17	\$ 569,210.00	\$ 599,689.32	\$ 517,720.82	\$ 543,278.72	\$ 521,198.86	\$ 517,260.64
Adult IDD Cost per consumer	\$ 7,693.88	\$ 7,674.24	\$ 8,182.52	\$ 9,303.48	\$ 8,604.50	\$ 8,891.79	\$ 8,780.32	\$ 8,977.69	\$ 8,324.93	\$ 8,582.25
Child IDD Cost per consumer	\$ 1,300.44	\$ 1,568.46	\$ 1,784.60	\$ 2,317.35	\$ 3,088.66	\$ 2,397.43	\$ 1,871.40	\$ 1,632.71	\$ 2,705.78	\$ 2,189.02
Adult SMI Cost per consumer	\$ 2,185.38	\$ 1,453.02	\$ 1,587.88	\$ 2,095.33	\$ 2,021.36	\$ 1,868.95	\$ 1,462.26	\$ 1,729.27	\$ 1,946.60	\$ 1,707.87
Child SED Cost per consumer	\$ 1,090.04	\$ 1,312.72	\$ 1,374.00	\$ 933.23	\$ 916.64	\$ 1,340.78	\$ 1,000.74	\$ 1,037.78	\$ 914.17	\$ 1,027.08
Total	\$ 3,244.59	\$ 2,966.43	\$ 3,312.25	\$ 3,480.15	\$ 3,368.11	\$ 3,426.80	\$ 3,215.66	\$ 3,482.56	\$ 3,670.41	\$ 3,694.72

FY2024 Service Information for Roscommon County										
Area of Service	October	November	December	January	February	March	April	May	June	July
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 42,137.23	\$ 53,062.41	\$ 33,668.89	\$ 64,250.39	\$ 54,419.53	\$ 55,554.96	\$ 60,926.01	\$ 56,033.85	\$ 57,920.38	\$ 49,370.84
Autism Services	\$ 19,319.38	\$ 12,910.65	\$ 15,818.36	\$ 18,417.34	\$ 17,159.81	\$ 13,194.00	\$ 17,868.34	\$ 20,872.07	\$ 13,539.93	\$ 7,667.80
Case Management, ACT and Treatment Planning	\$ 96,719.25	\$ 89,291.77	\$ 79,580.12	\$ 100,507.20	\$ 98,386.28	\$ 79,814.04	\$ 94,982.01	\$ 81,826.83	\$ 67,205.11	\$ 81,979.05
Community Living Supports	\$ 420,053.38	\$ 404,006.48	\$ 413,995.31	\$ 424,505.54	\$ 423,991.07	\$ 462,710.28	\$ 471,608.77	\$ 464,760.15	\$ 458,587.48	\$ 469,667.50
Crisis Services, Assessments and Testing	\$ 23,509.20	\$ 27,008.55	\$ 19,055.20	\$ 37,233.00	\$ 47,338.20	\$ 25,183.00	\$ 41,056.20	\$ 13,647.99	\$ 16,930.40	\$ 23,621.20
Evaluation and Management Physician Level	\$ 44,364.12	\$ 44,543.86	\$ 29,570.07	\$ 42,122.03	\$ 41,023.75	\$ 39,054.41	\$ 46,370.82	\$ 43,592.28	\$ 32,728.21	\$ 31,124.41
Psychiatric Inpatient	\$ 68,196.74	\$ 41,874.95	\$ 44,638.32	\$ 129,427.96	\$ 50,849.59	\$ 87,067.54	\$ 110,074.92	\$ 65,279.88	\$ 71,321.00	\$ 40,481.00
Psychotherapy and Outpatient Services	\$ 63,562.30	\$ 68,021.50	\$ 63,195.26	\$ 68,979.98	\$ 68,569.14	\$ 51,618.76	\$ 61,291.64	\$ 55,559.57	\$ 34,827.07	\$ 47,185.48
Vocational & Skills Building, Family and Health Services	\$ 10,412.35	\$ 9,804.16	\$ 11,755.52	\$ 14,977.85	\$ 13,910.26	\$ 11,813.10	\$ 20,409.04	\$ 18,405.55	\$ 13,225.23	\$ 14,783.00
Other	\$ 716.67	240.83	\$ 338.53	\$ 607.20	\$ 1,388.65	\$ 954.53	\$ 598.41	\$ 354.17	\$ 533.92	\$ 1,414.62
Total	\$ 788,990.62	\$ 750,765.16	\$ 711,615.58	\$ 901,028.49	\$ 817,036.28	\$ 826,964.62	\$ 925,186.16	\$ 820,332.34	\$ 766,818.73	\$ 767,294.90
Number of Registered People Receiving Services	353	347	332	360	376	365	390	341	314	301
Average Cost per Registered Person Served	\$ 2,235.10	\$ 2,163.59	\$ 2,143.42	\$ 2,502.86	\$ 2,172.97	\$ 2,265.66	\$ 2,372.27	\$ 2,405.67	\$ 2,442.10	\$ 2,549.15
Service Transactions Provided	24,157	23,160	21,982	24,451	23,568	22,794	26,819	25,302	24,160	24,554
Average Cost per Transaction	\$ 33	\$ 32	\$ 32	\$ 37	\$ 35	\$ 36	\$ 34	\$ 32	\$ 32	\$ 31
Count of Adult IDD	69	72	72	69	71	73	70	66	69	70
Count of Child IDD	21	18	17	17	19	21	21	14	14	16
Count of Adult SMI	186	188	182	208	218	208	227	201	183	166
Count of Child SED	77	69	61	66	68	63	72	60	48	49
Total	353	347	332	360	376	365	390	341	314	301
IDD Adult Cost	\$ 368,242.85	\$ 350,339.80	\$ 354,682.21	\$ 446,612.06	\$ 371,665.27	\$ 405,027.88	\$ 426,490.50	\$ 409,124.42	\$ 408,970.71	\$ 415,056.52
IDD Child Cost	\$ 30,341.64	\$ 23,013.99	\$ 20,427.31	\$ 30,986.17	\$ 36,584.93	\$ 23,603.61	\$ 26,102.47	\$ 27,372.20	\$ 17,788.85	\$ 19,959.65
Adult SMI Cost	\$ 281,299.90	\$ 276,409.16	\$ 276,838.45	\$ 333,844.95	\$ 313,400.78	\$ 310,996.21	\$ 362,340.98	\$ 273,788.06	\$ 254,030.93	\$ 246,579.82
Child SED Cost	\$ 109,106.23	\$ 101,002.21	\$ 59,667.61	\$ 89,585.31	\$ 95,385.30	\$ 87,336.92	\$ 110,252.21	\$ 110,047.66	\$ 86,028.24	\$ 85,698.91
Total	\$ 788,990.62	\$ 750,765.16	\$ 711,615.58	\$ 901,028.49	\$ 817,036.28	\$ 826,964.62	\$ 925,186.16	\$ 820,332.34	\$ 766,818.73	\$ 767,294.90
Adult IDD Cost per consumer	\$ 5,336.85	\$ 4,865.83	\$ 4,926.14	\$ 6,472.64	\$ 5,234.72	\$ 5,548.33	\$ 6,092.72	\$ 6,198.85	\$ 5,927.11	\$ 5,929.38
Child IDD Cost per consumer	\$ 1,444.84	\$ 1,278.56	\$ 1,201.61	\$ 1,822.72	\$ 1,925.52	\$ 1,123.98	\$ 1,242.97	\$ 1,955.16	\$ 1,270.63	\$ 1,247.48
Adult SMI Cost per consumer	\$ 1,512.37	\$ 1,470.26	\$ 1,521.09	\$ 1,605.02	\$ 1,437.62	\$ 1,495.17	\$ 1,596.22	\$ 1,362.13	\$ 1,388.15	\$ 1,485.42
Child SED Cost per consumer	\$ 1,416.96	\$ 1,463.80	\$ 978.16	\$ 1,357.35	\$ 1,402.73	\$ 1,386.30	\$ 1,531.28	\$ 1,834.13	\$ 1,792.26	\$ 1,748.96
Total	\$ 2,235.10	\$ 2,163.59	\$ 2,143.42	\$ 2,502.86	\$ 2,172.97	\$ 2,265.66	\$ 2,372.27	\$ 2,405.67	\$ 2,442.10	\$ 2,549.15

	FY2024 Service Information for Wexford County									
Area of Service	October	November	December	January	February	March	April	May	June	July
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 126,595.88	\$ 119,926.16	\$ 117,883.21	\$ 143,544.39	\$ 131,702.76	\$ 129,448.89	\$ 133,725.05	\$ 130,548.25	\$ 122,902.18	\$ 137,218.11
Autism Services	\$ 103,457.43	\$ 92,234.45	\$ 83,387.63	\$ 83,119.80	\$ 72,846.88	\$ 61,049.31	\$ 66,266.80	\$ 75,468.10	\$ 77,970.89	\$ 89,403.04
Case Management, ACT and Treatment Planning	\$ 150,236.25	\$ 131,676.57	\$ 117,036.20	\$ 136,804.05	\$ 126,075.71	\$ 121,065.65	\$ 131,678.84	\$ 136,654.97	\$ 124,703.30	\$ 126,194.65
Community Living Supports	\$ 627,544.93	\$ 619,210.05	\$ 649,683.32	\$ 691,398.09	\$ 647,692.50	\$ 698,095.94	\$ 728,776.76	\$ 763,483.98	\$ 757,173.20	\$ 801,975.98
Crisis Services, Assessments and Testing	\$ 99,897.40	\$ 66,959.98	\$ 77,612.56	\$ 60,023.59	\$ 60,953.20	\$ 63,616.12	\$ 64,979.40	\$ 56,396.00	\$ 49,908.20	\$ 46,838.00
Evaluation and Management Physician Level	\$ 80,587.14	\$ 72,652.13	\$ 54,579.33	\$ 72,483.66	\$ 73,118.74	\$ 64,152.91	\$ 71,037.47	\$ 69,894.15	\$ 64,022.80	\$ 47,030.39
Psychiatric Inpatient	\$ 153,559.95	\$ 106,050.44	\$ 92,685.52	\$ 147,960.02	\$ 228,849.18	\$ 191,771.61	\$ 178,336.00	\$ 155,081.16	\$ 180,596.93	\$ 55,964.20
Psychotherapy and Outpatient Services	\$ 107,432.79	\$ 100,317.28	\$ 94,047.14	\$ 108,070.38	\$ 98,702.52	\$ 90,055.18	\$ 103,752.52	\$ 93,224.78	\$ 84,492.35	\$ 78,387.30
Vocational & Skills Building, Family and Health Services	\$ 65,839.58	\$ 55,125.18	\$ 52,355.40	\$ 55,377.19	\$ 59,382.53	\$ 61,039.59	\$ 65,391.63	\$ 65,544.33	\$ 65,069.04	\$ 65,037.55
Other	\$ 12,088.40	\$ 9,660.36	\$ 7,497.45	\$ 11,459.77	\$ 8,929.20	\$ 11,722.60	\$ 10,160.74	\$ 12,908.50	\$ 13,007.42	\$ 12,169.26
Total	\$ 1,527,239.75	\$ 1,373,812.60	\$ 1,346,767.76	\$ 1,510,240.94	\$ 1,508,253.22	\$ 1,492,017.80	\$ 1,554,105.21	\$ 1,559,204.22	\$ 1,539,846.31	\$ 1,460,218.48
Number of Registered People Receiving Services	608	576	564	590	592	604	595	551	535	489
Average Cost per Registered Person Served	\$ 2,511.91	\$ 2,385.09	\$ 2,387.89	\$ 2,559.73	\$ 2,547.73	\$ 2,470.23	\$ 2,611.94	\$ 2,829.77	\$ 2,878.22	\$ 2,986.13
Service Transactions Provided	53,480	49,497	48,511	54,116	52,554	54,056	56,319	57,162	55,249	56,578
Average Cost per Transaction	\$ 29	\$ 28	\$ 28	\$ 28	\$ 29	\$ 28	\$ 28	\$ 27	\$ 28	\$ 26
Count of Adult IDD	112	110	108	113	116	114	118	115	112	117
Count of Child IDD	59	56	48	57	46	52	51	49	50	44
Count of Adult SMI	332	317	319	330	330	334	315	269	264	236
Count of Child SED	105	93	89	90	100	104	111	118	109	92
Total	608	576	564	590	592	604	595	551	535	489
IDD Adult Cost	\$ 663,172.16	\$ 651,603.46	\$ 655,563.69	\$ 698,693.05	\$ 666,349.42	\$ 697,169.10	\$ 704,818.13	\$ 736,728.69	\$ 727,156.87	\$ 749,619.48
IDD Child Cost	\$ 147,453.43	\$ 134,575.08	\$ 127,692.66	\$ 133,802.13	\$ 106,822.49	\$ 107,216.23	\$ 109,355.46	\$ 113,514.92	\$ 113,739.03	\$ 122,612.27
Adult SMI Cost	\$ 595,568.14	\$ 472,548.64	\$ 459,931.17	\$ 572,500.63	\$ 552,158.29	\$ 569,734.79	\$ 574,773.90	\$ 536,076.21	\$ 520,085.42	\$ 490,218.18
Child SED Cost	\$ 121,046.02	\$ 115,085.42	\$ 103,580.24	\$ 105,245.13	\$ 182,923.02	\$ 117,897.68	\$ 165,157.72	\$ 192,615.51	\$ 178,864.99	\$ 97,768.55
Total	\$ 1,527,239.75	\$ 1,373,812.60	\$ 1,346,767.76	\$ 1,510,240.94	\$ 1,508,253.22	\$ 1,492,017.80	\$ 1,554,105.21	\$ 1,578,935.33	\$ 1,539,846.31	\$ 1,460,218.48
Adult IDD Cost per consumer	\$ 5,921.18	\$ 5,923.67	\$ 6,070.03	\$ 6,183.12	\$ 5,744.39	\$ 6,115.52	\$ 5,973.04	\$ 6,406.34	\$ 6,492.47	\$ 6,407.00
Child IDD Cost per consumer	\$ 2,499.21	\$ 2,403.13	\$ 2,660.26	\$ 2,347.41	\$ 2,322.23	\$ 2,061.85	\$ 2,144.22	\$ 2,316.63	\$ 2,274.78	\$ 2,786.64
Adult SMI Cost per consumer	\$ 1,793.88	\$ 1,490.69	\$ 1,441.79	\$ 1,734.85	\$ 1,673.21	\$ 1,705.79	\$ 1,824.68	\$ 1,992.85	\$ 1,970.02	\$ 2,077.20
Child SED Cost per consumer	\$ 1,152.82	\$ 1,237.48	\$ 1,163.82	\$ 1,169.39	\$ 1,829.23	\$ 1,133.63	\$ 1,487.91	\$ 1,632.33	\$ 1,640.96	\$ 1,062.70
Total	\$ 2,511.91	\$ 2,385.09	\$ 2,387.89	\$ 2,559.73	\$ 2,547.73	\$ 2,470.23	\$ 2,611.94	\$ 2,865.58	\$ 2,878.22	\$ 2,986.13

https://www.cadillacnews.com/news/michigan-ranks-high-in-recent-mental-health-report-challenges-remain/article_2d0818b6-55a1-11ef-8650-237926e97365.html#tncms-source=article-nav-prev

Michigan ranks high in recent mental health report, challenges remain

- [By Rick Charmoli Cadillac News](#)

A recent report about mental health issues and access to mental health care showed Michigan was nearly in the top 10.

While Michigan does seem to be trying to address the issues surrounding mental health and having access to care, no one would argue there aren't challenges that still exist.

Northern Lakes Community Mental Health Interim CEO Brian Martinus is one of those people.

What follows are the findings of the recently released Mental Health America 2024 State of Mental Health in America and then what those findings mean to Northern Lakes and the consumers it works to assist. Martinus also talks about what challenges remain.

Mental Health America is a national nonprofit dedicated to the promotion of mental health, well-being and illness prevention.

The work that the organization does is informed, designed and led by the lived experience of those most affected. Mental Health America works to advance the mental health and well-being of all people living in the U.S. through public education, research, advocacy, public policy and direct service.

The end goal of the work is to have a world in which all people and communities have equitable opportunities for mental well-being and are enabled to flourish and live with purpose and meaning.

The recently released report collected data across all 50 states and the District of Columbia. It also sought to answer several questions including how many adults and youth have mental illness issues, have substance use issues, have access to insurance, have access to adequate insurance, have access to mental health care and which states have higher barriers to accessing mental health care?

The goal of answering these questions was to provide a snapshot of the mental health status of both youth and adults for policy and program planning, analysis and evaluation. It also will help to track changes in the prevalence of mental health issues and access to mental health care. It also allows an understanding of how changes in national data reflect the impact of legislation and policies.

Finally, asking these questions will help to increase dialogue with and improve outcomes for individuals and families with mental health needs.

Gathering this information and the following rankings shows which states are more effective at addressing issues related to mental health and substance use. The analysis may reveal similarities and differences among states, allowing for an assessment of how federal and state mental health policies result in more or less access to care.

In the report, it showed 23% of adults experienced a mental illness in the past year, which is equivalent to nearly 60 million Americans.

It also showed that 5% of adults and 13% of youth reported experiencing serious thoughts of suicide. It also showed that 2022 had the highest number of deaths by suicide ever recorded in the United States.

When focused on youth, the report showed that one in five youth had at least one major depressive episode in the past year and more than half, nearly 3 million youth, did not receive treatment. Of those who did receive treatment, the report showed only 65% said it helped them.

When it comes to drugs, the report showed that 18% of adults in the United States had a substance use disorder in the past year and 77% of them did not receive treatment. The report also showed that 1 in 4 adults with frequent mental distress could not see a doctor due to cost. That was a 2% increase over the last Mental Health America report.

Related to insurance coverage, the report showed that 10% of adults and 8.5% of youth still have private insurance that does not cover mental health services. Finally, the recent report showed there are 340 people for every mental health provider in the United States.

When it comes to the overall rankings, Michigan was 11th. For comparison, bordering states like Wisconsin (13), Illinois (15), Ohio (20), Minnesota (23) and Indiana (24) were in the top half of the rankings.

An overall ranking of No. 1 to No. 13 indicates lower prevalence of mental illness and higher rates of access to care. An overall ranking of 39 to 51 indicates a higher prevalence of mental illness and lower rates of access to care. The combined scores of all 15 measures make up the overall ranking.

The overall ranking includes both adult and youth measures, as well as prevalence and access to care measures.

When looking at rankings for adults, Michigan still was ranked in the top half, however, they were ranked 15th. For comparison, Wisconsin was 14, Indiana 16, Ohio 17, Minnesota 28 and Illinois 29.

When looking at rankings for youth, Michigan again was ranked in the top half and cracked the top 10. Michigan was No. 9 on the list, while Illinois (4) was ranked higher. For comparison, Wisconsin was 12, Minnesota 19, Indiana 27 and Ohio 29.

The report also ranked states for the prevalence of mental illness. A ranking of No. 1 to No. 13 for prevalence indicates a lower prevalence of mental health and substance use issues compared to states that ranked 39 to 51. Michigan again was ranked near the top at 12. Illinois was ranked 14, Wisconsin 23, Ohio 30, Indiana 31 and Minnesota 34.

When it comes to the ranking regarding access to care, Michigan dropped toward the middle of the pack but was still in the top half at 22.

The access ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education and mental health workforce availability. A high access ranking from No. 1 to No. 13 indicates that a state provides relatively more access to insurance and mental health care than those ranked 39 to 51.

Wisconsin ranked 11, Ohio 12, Minnesota 14, Indiana 18 and Illinois 25.

The report also showed Michigan ranked 16th when it comes to the prevalence of adults with any mental illness, 27th for adults with substance use disorder in the past year, 31st for adults with serious thoughts of suicide, seventh for youth with one major depressive episode in the past year, 11th for youth with substance use disorder in the past year, third for youth with serious thoughts of suicide.

When Martinus saw the report, he said his initial reaction was Michigan ranked higher than he expected regarding services.

He also said it is important to realize that Northern Lakes and other CMHs are serving the most vulnerable populations across the state per the Mental Health Code.

The Michigan Mental Health Code is a law that was created back in the 70s and is designed to guide how mental health services are provided in the state. The Mental Health Code itself is contained of about 13 different chapters.

One chapter applies directly to health systems and the others apply mostly to either infrastructure, administration or several of them address how care is provided in a community mental health setting. In the state of Michigan, every county also is required to either have a mental health agency or an authority.

“We, as a state, are fulfilling our obligations to the people and the state,” he said of what the rankings show. “We also are able to meet the needs of people in crisis and need of mental health services.”

As for why Michigan was ranked the way it was, Martinus said there has been an intentional focus on mental health across the state by leadership. He also said during the COVID-19 pandemic, governmental leaders started looking at mental health issues and taking them seriously.

As a result, he said the pandemic opened the door for services for people to talk more about mental health. It was not so stigmatized and gave people the opportunity to enroll in services and be part of the mental health system.

Like many things, he said there are ebbs and flows when it comes to things like mental health issues including politics, funding and emphasis of focus. Despite those things, Martinus said the mental health system is always faced with various challenges. The most common, however, are underfunding and reimbursement rates that restrict what services a person can and can't utilize.

“That is always an issue. During COVID and post-COVID, the funding has been very plush at the state and federal levels,” he said. “The reimbursement rates are subject to change on a yearly basis and services are based on those. Every year it could change.”

One thing he said the report talked about and rightfully so was the workforce shortages. He said Northern Lakes, and other CMHs across the state, have a shortage of mental health professionals. He said the demand for services is there but sometimes having enough licensed professionals is not.

He said when it comes to the remaining challenges, that is likely one of the biggest Northern Lakes is facing.

“(Workforce availability) was one of the lowest rankings we had in the nation. I think it was one of the lowest marks we got,” he said. “We (Michigan) are doing pretty well in the other areas but workforce availability is an issue.”

As he mentioned previously, underfunding and reimbursement rates are an annual issue. He said it is hard to plan a budget when the reimbursement rates have not been set. He said the cost of all services is continuing to climb it seems to be even more difficult today.

Martinus said he knows everyone is going to say underfunding is a problem in 2024 and employees are overworked, but it doesn't make it any less true.

Although these challenges exist, Martinus said Northern Lakes has dedicated employees who care about the consumers they serve. While there is always room for improvement, Martinus said the team at Northern Lakes cares about the more than 5,300 people they serve within the six-county region.

“They look at the big picture and how they can impact the populations we serve,” he said.

<https://www.secondwavemedia.com/features/091024behavioralhealthhomes.aspx>

Behavioral Health Homes: A transformative approach in Michigan

Brianna Nargiso | Tuesday, August 27, 2024

The [Michigan Department of Health and Human Services](#) (MDHHS) has been at the forefront of integrating comprehensive care for individuals with mental health and substance use challenges through the implementation of [behavioral health homes](#) (BHH). This initiative, launched as part of the state’s broader effort to enhance behavioral health services, aims to provide holistic care that addresses both the physical and mental health needs of individuals, ensuring a coordinated and patient-centered approach.

The initiative has gained traction across the state, with several community mental health agencies adopting the BHH model to better serve their populations. One such agency, [Northern Lakes Community Mental Health Authority](#) (CMHA), has seen remarkable progress since opening its BHH program in 2020.

“In terms of quantitative success, so far this fiscal year we've seen a 40% decrease in hospital admissions for those enrolled in our program. However, anecdotally, from talking with our consumers, one of the major reasons for our program’s success is that we are a very consistent resource for people, and we do a lot of preventative care,” shares Kendall Sidnam, operations manager for the BHH program at Northern Lakes CMHA.



Northern Lakes CMHA Houghton Lake location.

Because of Northern Lakes CMHA’s proactive measures with those enrolled in the program, consumers have a set expectation to see care managers and support staff every other week or every month.



Kendall Sidnam

“We are able to help them out and get them feeling healthy and feeling better before they get to a point of crisis,” Sidnam says.

The MDHHS defines behavioral health homes as a model of care that brings together a variety of services under one roof, facilitating access to medical, behavioral, and social supports. The primary goal is to improve health outcomes by reducing fragmentation in care delivery and ensuring that patients receive consistent and comprehensive support.

According to the MDHHS, behavioral health homes are designed to provide person-centered care that responds to the unique needs of each individual. These homes integrate primary care and behavioral health services, treating the whole person rather than focusing on isolated health issues. In addition to offering care management and coordination to help patients navigate the health care system, behavioral health homes address social determinants of health, such as housing, transportation, and employment, which can significantly influence health outcomes.



Northern Lakes CMHA Grayling location.

Northern Lakes CMHA currently serves six counties in northern Michigan, providing a range of services to individuals with mental health and substance use disorders. The agency has been actively involved in the behavioral health homes initiative, leveraging its resources and expertise to enhance care delivery for its clients.

“Northern Lakes CMHA’s integration of both medical and mental health services in BHHs makes the process so much easier for our consumers who mostly live in rural communities, struggling to navigate the health care system. So bridging that gap by housing both resources [primary care and behavioral health services] together, it just makes accessing the health care system that much easier for them,” says Sidnam.

One of the key components of the BHH model at Northern Lakes CMHA is care coordination.

“Everyone enrolled in our program interacts with a care manager, peer support specialists and medical assistants to help create individualized treatment plans with consumers based on their personal needs and goals,” Sidnam says,

But the care and support doesn't end there.

“Even after being enrolled, consumers will have regular contact with the care managers, medical assistants and the peer support specialists who check in with consumers on a normal basis, ensuring completion of those goals and keeping up with planned treatment,” says Sidnam.



Northern Lakes CMHA Traverse City location.

This comprehensive approach ensures that consumers receive consistent and holistic care, addressing both their mental and physical health needs. By fostering collaboration among care managers, medical assistants, and peer support specialists, the program aims to streamline the treatment process, helping consumers achieve their goals in a supportive environment.

However, the sustainability of the BHH model has not been without challenges.

“Like any nonprofit, our challenges are mainly connected to a lack of resources. It's been really difficult to find consistent, accessible mental health and medical resources for youth and people who primarily are low income and on Medicaid,” says Sidnam.

The success of BHHs in Michigan, as demonstrated by agencies like Northern Lakes CMHA, highlights the potential of this model to transform behavioral health care statewide. By addressing both physical and mental health needs, behavioral health homes can reduce health care costs, improve patient outcomes, and enhance the overall well-being of individuals with mental health and substance use challenges.

The MDHHS continues to support the expansion of BHHs across Michigan, recognizing their critical role in creating a more integrated and patient-centered health care system. The department’s commitment to this initiative underscores its dedication to improving the health and lives of Michigan residents.

Sidnam says, “Behavioral health homes are expanding throughout the state, which is awesome! We just want to continue to show how close that intersection of medical and mental health is when we're talking about true health care, because it's not always viewed

that way.”

As behavioral health homes become more established, efforts will focus on refining and expanding the model to reach additional individuals in need. Insights gained from organizations like Northern Lakes CMHA may help inform and guide future initiatives, ensuring that behavioral health homes continue to be a key component of behavioral health care in Michigan.

With ongoing support and collaboration, behavioral health homes have the potential to enhance access to care and contribute to a more resilient health system across the state.

https://www.record-eagle.com/news/cannabis-cash-county-board-awards-pine-rest-150-000-for-child-psychiatrist/article_f2071570-5ffd-11ef-b173-bfccc27cb875.html

CANNABIS CASH: County board awards Pine Rest \$150,000 for child psychiatrist

By Peter Kobs pkobs@record-eagle.com

Aug 22, 2024

TRAVERSE CITY — Marijuana money and child psychiatry teamed up in an unexpected way at Wednesday’s meeting of the Grand Traverse County Board of Commissioners in a marathon session that lasted more than four hours.

After a period of intense debate and impassioned public comment, commissioners voted 6-3 to allocate \$150,000 in cannabis tax money to Pine Rest Christian Mental Health Services of Traverse City.

The funds will be used to recruit, relocate and on-board a new child psychiatrist for the local clinic, addressing what officials called “an urgent need in Northwest Michigan that’s not going away.”

Board members T.J. Andrews, Brian McAllister and Scott Sieffert voted against the funding measure, not because they oppose mental health services but because they disagreed with the “inadequate and ill-defined process” for awarding funding of this type.

“We need a fair, open process for requests like this,” said Andrews. “This is not a sustainable approach to allocating funds. It has nothing to do with Pine Rest, but it’s not our role to hire a psychiatrist.”

Pine Rest originally asked for \$400,000 in early May to support behavioral health services in the area, a request that the county commission rejected, asking for more details on why the money is needed and how it would be used.

Then on Wednesday morning, Pine Rest dropped its one-time request to \$290,000, saying the clinic had received \$110,000 in funds from other sources since May.

Ultimately, the board approved a smaller amount of \$150,000 using cannabis tax money instead of dipping into the county’s general fund, as suggested by board Chair Rob Hentschel.

Voting in favor of the funding were commissioners Darryl Nelson, Ashlea Walter, Lauren Flynn, Penny Morris, Brad Jewett and Hentschel.

LOCAL CLINIC VS. PARENT ORGANIZATION

The difference between the local Pine Rest clinic and the parent organization (both nonprofit) was the source of some confusion and consternation among county officials Wednesday.

As a whole, Pine Rest is the third-largest nonprofit behavioral health provider in the country, operating 21 outpatient clinics across western and northern Michigan. It also offers in-patient programs at its main campus in the Grand Rapids area.

In contrast, Pine Rest's Traverse City office is small and often spends more on patient services than it takes in, depending on the year and a complex web of insurance reimbursement rates. It also offers free or reduced-rate services to many low-income families each year.

In a region that is chronically short of mental health providers, the local Pine Rest clinic often acts as a "catch-all" for patients who don't qualify for services from Northern Lakes Community Mental Health, which doesn't accept clients with private insurance in most cases.

Serving children and young adults with mental health problems is one area where Pine Rest excels locally, according to Kristine Wilmoth, who manages the local clinic. In 2023, the clinic served about 4,350 patients from northern Michigan, including 850 patients under the age of 18.

But the need for youth mental health care services continues to grow, Wilmoth said. Wilmoth cited research reports about the tragic consequences of inadequate care for children in crisis – and their family members.

"All too often, a 7-year-old who doesn't get mental health services when needed enters a lifelong downward trajectory that leads to substance abuse, unemployment, homelessness and incarceration," she said.

"After being labeled a 'bad child' in school because of behavioral problems, they fall under the radar with no one paying attention."

By adding a new child psychiatrist to the staff, Pine Rest's local clinic will be able to serve hundreds of more young people in urgent need of help, while also increasing collaboration with local doctors and hospitals, Wilmoth added.

In the midst of the funding request, Pine Rest of Traverse City is moving to a smaller, most cost-effective office. The clinic's new 10-year lease is "proof of our commitment to this community despite our financial challenges," she said.

Commissioner Penny Morris, who represents the Long Lake Township area, explained why she supported the new funding for the local clinic: "I'm not really into crunching numbers. I'm the kind of a person who wants to get things done. While I'm concerned about opening the 'First National Bank of the BOC,' I know that these services are much needed and the impact (of not doing it) is far-reaching."

Board member Darryl Nelson, who represents District 6, initially said the county board is not the right venue for reviewing funding requests of this type, but in the end he supported

using cannabis tax money to jump start expanded psychiatric care for children in the region.

WHERE THE MONEY COMES FROM

In 2018, Michigan voters approved Proposal 1, which legalized the production, sale and use of adult-use recreational marijuana. It also permits individuals to grow up to 12 marijuana plants in their homes.

On the revenue side, the law also imposes a 10-percent excise tax on all such sales by marijuana retailers (also known as “dispensaries”), in addition to the normal 6 percent state sales tax. License applicants for marijuana-related businesses must also pay a \$3,000 application fee.

Total legal marijuana sales in 2023 amounted to about \$3 billion, up 70 percent from 2022. That’s equivalent to about \$300 in marijuana sales for every resident of Michigan – the highest per capita rate in the nation, according to the state’s Cannabis Regulatory Agency.

Michigan collected about \$290 million in marijuana tax money during fiscal year 2023 – significantly more than the \$73 million in excise tax revenues from beer, wine and liquor.

A large portion of the marijuana money – \$87 million – is distributed to municipalities and counties that have licensed dispensaries. Even more – \$102 million – is earmarked for the state School Aid Fund and Michigan Transportation Fund.

Grand Traverse County is slated to receive about \$886,000 in marijuana excise tax money from fiscal year 2023 taxes. Traverse City will get \$709,000. Green Lake Township and Fife Lake Township will receive smaller amounts.

https://www.record-eagle.com/news/local_news/community-mental-health-northern-lakes-faces-1-3-million-deficit/article_98a35e62-6c9b-11ef-9471-a3687cb5696c.html

COMMUNITY MENTAL HEALTH: Northern Lakes faces \$1.3-million deficit

- [By Peter Kobs pkobs@record-eagle.com](mailto:Pkobs@record-eagle.com)
- Sep 8, 2024

TRAVERSE CITY — The Northern Lakes Community Mental Health Authority is grappling with an estimated \$1.3-million deficit, including a \$843,000 overspend in the agency’s general fund.

The revenue shortfall, which was reported to the Grand Traverse County Board of Commissioners last month, has been under discussion since at least late June, according to the agency’s meeting minutes.

The Record-Eagle reached out to Northern Lakes Interim CEO Brian Martinus and Deputy CFO Laura Argyle on Friday to obtain the latest deficit figures, but calls weren’t returned by press time.

NLCMH board Chair Greg McMorrow said Friday he was “not prepared at the moment to get in-depth numbers on revenue cutbacks” and said “every CMH agency in the state is facing this issue.”

A STATEWIDE PROBLEM

McMorrow was referring a problem rooted in major policy changes following the COVID-19 pandemic.

“Our CMH members are experiencing a \$93-million deficit in the current year, largely due to reduced Medicaid funding from the state,” said Alan Bolter, associate director of the Community Mental Health Association of Michigan.

“This is a ‘perfect funding storm’ for our 46 CMH members,” he added. “The money was already allocated by the state Legislature, but isn’t being paid by the state. And now the clock is ticking on fiscal year 2024, which ends on Sept. 30.”

Mary Marois, who sits on the Northern Lakes board, said the reduced Medicaid funding is at the root of the problem affecting mental health agencies like Northern Lakes.

“The governor’s office is holding back about \$160 million in Medicaid dollars,” she said. “If that money were given to the CMHs, almost none of them would be in financial trouble now.”

WHAT CHANGED POST-PANDEMIC

Major changes in federal policy governing Medicaid eligibility during — and after — the pandemic triggered a “great unwinding” that is filtering down to the state, local and individual level, ultimately affecting provider agencies like Northern Lakes.

During the pandemic, Congress passed the “Families First Coronavirus Response Act” that enabled millions of Americans to remain on Medicaid without going through an annual re-enrollment eligibility process. The idea was to keep more people on Medicaid to help combat COVID.

Shortly before the public health emergency officially ended in the May 2023, Congress “delinked” Medicaid from the continuous enrollment provision, and states like Michigan began terminating coverage for people who were no longer eligible.

Starting on April 1, 2023, states were given up to 12 months to “return to normal eligibility and enrollment operations.”

Unfortunately, said Bolter, that process has not gone smoothly.

“Hundreds of thousands of people in Michigan, perhaps 700,000 or more, lost their Medicaid coverage,” he said. “And many of those who remain eligible were put in the wrong Medicare classification resulting in significantly lower coverage.”

That dramatic reduction in Medicaid numbers and coverage directly affects the amount of money allocated to community mental health agencies like Northern Lakes.

For example, a person classified as “disabled, aged or blind” may be eligible for about \$300 per month in mental health assistance, if needed. But if that person is reclassified incorrectly, the mental health benefit may drop to \$40 per month or nothing.

Those two types of reductions are resulting in tens of millions of dollars in lost revenue for CMHs statewide, Bolter said.

Even the U.S. Department of Health and Human Services acknowledges that the unwinding is “one of the largest transitions in health coverage since the passage of the Affordable Care Act under President Obama in 2010.”

WHAT HAPPENS NEXT?

The CMHA of Michigan and its members are asking the state to revisit its Medicaid eligibility certification process and make corrections where needed. They’re also asking the state administration to free up the dollars that were already allocated for public mental health care in the current year budget.

“Overall, we believe the state is almost \$200 million under appropriating funds for 2024,” Bolter said. “There’s a lot of pressure on the Legislature and governor to spend that money on other things, such as the governor’s ‘SOAR’ initiative and road repairs.”

SOAR, which stands for Strategic Outreach Attraction Reserve fund, is an economic development fund intended to “attract more jobs and investment to every region of the state,” according to a press statement from the governor’s office.

First signed in October 2022, it continues to manage hundreds of millions of dollars that can be targeted as specific job-growth opportunities.

HOW MEDICAID WORKS

Medicaid is primarily meant for lower-income Americans. Today, Medicaid represents \$1 out of every \$6 spent on health care in the U.S., according to the Kaiser Family Foundation that tracks health policy.

First established in 1965 under President Lyndon Johnson, Medicaid is the major source of financing for states to provide health coverage and long-term services for low-income patients.

Unlike some federal programs, Medicaid is administered by each state and funded through state-matching programs. Another level of financial management is used to allocate funds to specific service areas, such as mental health.

For example, Northern Lakes receives most of its funding through the Northern Michigan Regional Entity (NMHE), one of 10 “prepaid inpatient health plans” in Michigan that manage behavioral health services for people enrolled in Medicaid.

The NMHE serves mental health agencies in 21 counties in northern Michigan.

For its part, Northern Lakes serves about 5,500 adults and children in six counties: Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford. Each of those counties also contribute money to the Northern Lakes annual budget, which totaled about \$86 million in 2022.

Grand Traverse County is the biggest contributor among those six counties, providing about \$692,000 in 2022.

Northern Lakes CMH

July 2024

Preliminary
Board Report

Northern Lakes CMH

Summary of Variances and Fluctuations

October 1, 2023 through July 31, 2024

I. Assets

- **Balance Sheet amounts presented represent the amounts rolled forward from FY 23. However, neither a financial close nor audit has been conducted at this time. Therefore, amounts should be considered preliminary and subject to adjustment.**
- Cash and investments on the balance sheet show a \$2.9 million increase and liquid cash remains stable.

II. Operating revenue

- **Medicaid Capitation** - Estimated Medicaid expenses are approximately **\$1.7K MORE** than the capitated payments received from NMRE resulting in a current **OVERSPEND**. The estimated revenue needed to cover expenses is about **\$1.8M MORE** than forecasted in the FY 24 budget. The YTD Capitation payments are close to the actual received; the largest variance is the associated expenses.
- **Healthy Michigan Capitation** - Estimated Healthy Michigan expenses are approximately **\$2.8M GREATER** than the capitated payments received from NMRE resulting in an **OVERSPEND**. The estimated revenue needed to cover expense is about \$73K less than forecasted in the budget. The variance is driven by the YTD Capitation payments being much less than what was forecasted in the budget.
- **NMRE Revenue Update:** As of July 31, 2024, NMRE had an approximate \$748K surplus of Medicaid funding and a deficit of \$5.5M of Healthy Michigan funding.
- **General Fund Capitation** - Estimated expenses are approximately **\$1.4M MORE** than the capitated payments received and the prior year carryforward resulting in a year to date **OVERSPEND**.
- **MI Choice Waiver Capitated Revenue** - Amounts are based upon the capitation payments received. Year to date revenue is less than what was included in the FY 24 budget.
- **Grant Revenues** - Grant revenues and expenses are tracking as expected.

IV. Operating expenses

- **Salaries, wages and fringes** - Salaries and fringes are tracking right around \$2.4M per month and have been consistent each month. The actual balance is \$2.3M less than budgeted; however, the budget methodology was to include 100% of the cost of vacant positions which has overstated the payroll related budget figures. This has created a cushion as it is not realistic that vacant positions will be filled at 100% of cost. As a reminder there is no expense related to a CEO and CFO expenses are reported within the administrative contact line item.
- **CMH Provider Network Contractual Services** - YTD Contracted Provider expenses are about \$3.8M above the established budget. Funding for an increase in Direct Care Wages was passed along to all residential providers as of 10/1/2023 and some inflationary increases were provided. See attached Contracted Claims Detail for additional comparative figures.
- **Northern Health Care Management Contractual Services** - The \$5M balance reported represents the cash basis expenses associated contractual services. Costs associated with internal staff and other related activities total \$2.2M resulting in year to date expenses of \$7.4M. There is a year to date surplus of just under \$1M.

Prepared by Laura Argyle, Deputy CFO on 9/11/2024

Northern Lakes CMH

Statement of Net Position

July 31, 2024

	(Unaudited) 6/30 2024	(Unaudited) 6/30 2023	Favorable (Unfavorable)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 5,602,158	\$ 19,038,230	\$(13,436,072)
Investments	8,126,301	7,947,387	178,914
Due from other governmental units	11,790,260	446,003	11,344,257
Prepaid items	425,871	287,744	138,127
Total current	25,944,590	27,719,364	(1,774,774)
Noncurrent:			
Capital assets not being depreciated	1,870,395	1,867,002	3,393
Capital assets being depreciated, net	4,436,219	4,934,745	(498,526)
Deferred outflows - Pension	2,033,495	537,475	1,496,020
Total noncurrent	8,340,109	7,339,222	1,000,887
Total assets and deferred outflows	34,284,699	35,058,586	(773,887)
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	5,351,051	1,263,908	(4,087,143)
Accrued wages and related liabilities	481,667	61,550	(420,117)
Due to other governmental units	1,742,135	6,565,304	4,823,169
Self-funded insurance claims payable	731,973	268,920	(463,053)
Unearned revenue	(136,436)	-	136,436
Other current liabilities	58,009	98,712	40,703
Compensated absences, due within one year	1,433,707	1,386,866	(46,841)
Lease liability, due within one year	729,197	848,589	119,392
Total current liabilities	10,391,303	10,493,849	102,546
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	15,579,528	13,772,474	(1,807,054)
NET POSITION			
Net investment in capital assets	6,375,206	6,375,206	0
Current Year to date Revenue over Expenses	885,675	2,848,694	
Unrestricted	11,444,290	12,062,211	617,921
Total net position	\$ 18,705,171	\$ 21,286,112	\$ (2,580,941)

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Northern Lakes CMH

Statement of Revenues, Expenses compared to Budget

October 1, 2023 through July 31, 2024

	(Unaudited) 7/31 2024	YTD Budget 7/31 2024	Favorable (Unfavorable)
Revenues			
Medicaid Sources			
Medicaid	\$ 53,045,323	\$ 52,916,803	\$ 128,520
Medicaid - Settlement	1,671,322	-	1,671,322
Healthy Michigan	4,137,438	7,020,357	(2,882,919)
Healthy Michigan - Settlement	2,809,792	-	2,809,792
State General Fund	2,557,676	2,542,301	15,375
Grants	2,046,878	2,080,284	(33,406)
County appropriations	1,034,698	855,617	179,081
Northern Healthcare Management	9,529,758	10,441,645	(911,887)
Other revenue	2,469,983	1,822,789	647,194
Total operating revenue	79,302,868	77,679,796	1,623,072
Employed Workforce and Agency Expenditures			
Personnel	24,033,449	26,302,498	(2,269,049)
Admin Contracts	1,505,477	1,042,901	462,576
Direct Operations	2,807,226	2,275,985	531,241
Contractual Services	944,527	-	944,527
Transportation	505,830	620,113	(114,283)
Occupied Space	1,696,382	1,661,046	35,336
Total Directly Provided & Agency Oversight	31,492,891	31,902,542	(409,651)
Contracted Provider Expenditures			
Autism Services Providers	3,413,840	3,197,484	216,356
Clinical Contract Providers	1,955,083	3,265,206	(1,310,123)
Daytime Activities Contract Providers	6,086,562	4,254,238	1,832,324
FI Provided Self Determination	1,604,925	1,220,606	384,319
Inpatient Services	6,234,484	5,712,500	521,984
Therapeutic Contract Providers	369,575	507,814	(138,239)
Residential Contracts	18,730,332	16,447,455	2,282,877
CLS Providers	2,628,534	2,628,066	468
Northern Health Care Mgt Services	5,192,282	7,733,604	(2,541,322)
Northern Health Care Mgt Respite	1,533	67,030	(65,497)
Client Transportation Providers	707,152	743,250	(36,098)
Total Contracted Provider Expenditure	46,924,302	45,777,253	1,147,049
Total operating expenses	78,417,193	77,679,796	737,397
Change in net position	885,675	0	885,675

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Northern Lakes CMH

Summary of Provider Network Contract Activity

October 1, 2023 through July 31, 2024

Provider Network Category	YTD Budget 7/31/2024	YTD 7/31/2024	Budget to Actual Inc/(Dec)	YTD 7/31/2023	Variance from PY Inc/(Dec)	% Change			
Houghton Lake Drop In - Drop In Centers	\$	79,587		\$	59,867	32.94%			
Kandu Island - Drop In Centers	\$	129,429		\$	101,190	27.91%			
Contracted Clinical Services - OBRA Screening	\$	226,406		\$	151,117	49.82%			
Contracted Clinical Services - Behavior Treatment	\$	151,006		\$	134,838	11.99%			
Client Specific Contract - Partial Day	\$	202,866		\$	201,082	0.89%			
Client Specific Contract - Residential	\$	271,871		\$	192,494	41.24%			
Client Specific Contract - MCTT & ACT Teams	\$	37,924		\$	26,728	41.89%			
Client Specific Contract - Emgcy Serv/Outpatient	\$	2,925		\$	10,859	(73.06)%			
Client Specific Contract - DD CSM Team	\$	930		\$	55,158	(98.31)%			
Client Specific Contract - Managed Care	\$	88		\$	357	100.00%			
Client Specific Contract - Club Cadillac	\$	2,800		\$	22,189	(19,389)%			
Contr Psych's - Med Clinic	\$	3,265,206		\$	914,376	(5.56)%			
Client Transportation - Partial Day	\$	743,250		\$	662,727	(8.02)%			
Total Clinical Contract Providers (less grant activity)	\$	4,008,456	\$	2,532,982	\$	45,975	1.82%		
Autism Services - Partial Day	\$	3,100,283		\$	2,482,240	24.90%			
Autism Services - Residential	\$	263,472		\$	314,102	(16.12)%			
Autism Services - Emgcy Serv/Outpatient	\$	6,233		\$	3,050	104.37%			
Autism Services - DD CSM Team	\$	43,852		\$	22,170	97.80%			
Total Autism Providers	\$	3,197,484	\$	2,821,561	\$	592,279	210.96%		
Hope Network - Partial Day	\$	814,622		\$	662,340	22.99%			
Hope Network - Residential	\$	2,652,201		\$	1,198,244	121.34%			
Hope Network - MCTT & ACT Teams	\$	12,698		\$	9,317	36.29%			
Hope Network - Emgcy Serv/Outpatient	\$	4,708		\$	1,172	301.81%			
Hope Network - DD CSM Team	\$	2,356		\$	902	100.00%			
Hope Network - PT/OT/ST Only	\$	322		\$	850	(528)%			
R.O.O.C. Inc - Partial Day	\$	56,428		\$	11,822	44,606			
R.O.O.C. Inc - Residential	\$	471,783		\$	405,159	66,624			
Grand Traverse Industries - Partial Day	\$	722,751		\$	689,185	33,566			
Grand Traverse Industries - Residential	\$	1,348,693		\$	979,708	368,985			
Total Daytime Providers	\$	4,254,238	\$	3,958,698	\$	2,127,864	436.30%		
Community Inpatient Hospital - Inpatient	\$	5,697,891		\$	5,308,107	389,784			
Crisis Residential - Residential	\$	128,459		\$	330,295	(201,836)			
County - State Fac - Inpatient - State	\$	263,317		\$	220,787	42,530			
County - Forensic Ctr - Inpatient - State	\$	144,817		\$	-	144,817			
Total Inpatient Providers / State Hospital Inpatient	\$	5,712,500	\$	6,234,484	\$	521,984	5,859,188	375,296	#DIV/0!
Self Determination - Residential	\$	1,604,638		\$	919,486	685,152			
Self Determination - DD CSM Team	\$	287		\$	61,256	(60,969)			
Total Fiscal Intermediary Providers	\$	1,220,606	\$	1,604,925	\$	384,319	980,742	624,183	#DIV/0!
Child and Family Services - MIC Client Support Service	\$	189,002		\$	209,770	(20,768)			
Child and Family Services - Residential	\$	2,516		\$	-	2,516			
Child and Family Services - Mobile Crisis	\$	178,057		\$	161,339	16,718			
Total Fiscal Intermediary Providers	\$	507,814	\$	369,575	\$	(138,239)	371,109	(1,534)	100.46%
M.I. Residential Contracts - Residential	\$	1,220,885		\$	1,201,920	18,965			
Residential Contracts - Residential	\$	10,245,269		\$	6,204,585	4,040,684			
Beacon Specialized Living Center - Residential	\$	3,068,767		\$	2,617,174	451,593			
Beacon Specialized Living Center - MCTT & ACT Teams	\$	5,232		\$	10,036	(4,804)			
Beacon Specialized Living Center - Emgcy Serv/Outpatient	\$	1,555		\$	5,916	(4,361)			
Beacon Specialized Living Center - Behavior Treatment	\$	630		\$	1,142	(512)			
Lake Shore - Residential	\$	541,629		\$	597,478	(55,849)			
Summerfield - Residential	\$	476,721		\$	387,049	89,672			
East Bay - Residential	\$	358,672		\$	301,869	56,803			
Lincoln House - Residential	\$	357,000		\$	313,679	43,321			
Fort Road - Residential	\$	287,368		\$	283,461	3,907			
New Horizons - Residential	\$	473,461		\$	396,185	77,276			
Elmwood - Residential	\$	396,138		\$	339,313	56,825			
Cedar Valley Home - Residential	\$	283,123		\$	270,123	13,000			
Hab Waiver Supports - Residential	\$	907,563		\$	851,698	55,865			
Hab Waiver Supports - SIP Homes	\$	106,140		\$	79,672	26,468			
Total Residential Providers	\$	16,447,455	\$	18,730,153	\$	2,282,698	13,861,301	4,868,852	35.13%
Community Living Supports - Partial Day	\$	64,320		\$	49,905	14,415			
Community Living Supports - Residential	\$	1,556,910		\$	933,727	623,183			
Community Living Supports - MCTT & ACT Teams	\$	1,721		\$	60	1,661			
MI Independent SIP - SIP Homes	\$	91,045		\$	106,085	(15,040)			
MI Independent SIP - SIP Homes	\$	149,325		\$	109,818	39,507			
MI Independent SIP - SIP Homes	\$	90,414		\$	109,541	(19,127)			
Spectrum SIP - SIP Homes	\$	161,641		\$	152,047	9,594			
Spectrum SIP - SIP Homes	\$	181,474		\$	163,009	18,465			
Spectrum SIP - SIP Homes	\$	166,627		\$	155,675	10,952			
Woodland TC Home - SIP Homes	\$	114,318		\$	111,981	2,337			
Brickways - Residential	\$	49,289		\$	144,646	(95,357)			
Total CLS Providers	\$	2,628,066	\$	2,627,084	\$	(982)	2,036,496	(48,671)	(2.39)%
	\$	37,976,619	\$	41,645,580	\$	3,668,961	32,422,078	8,584,243	26.48%

Prior year figures do not include accrual for unreported services

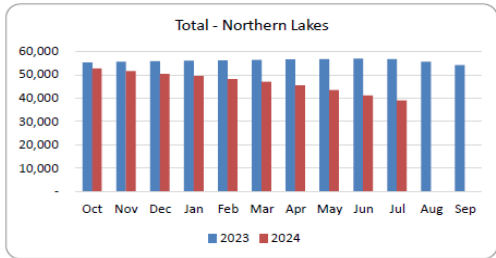
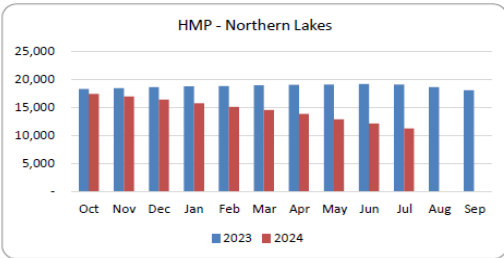
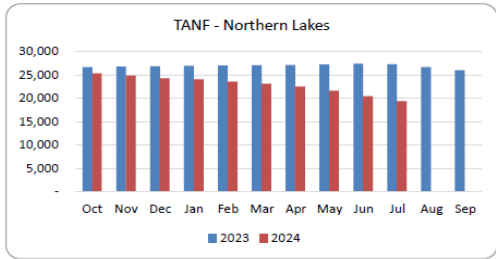
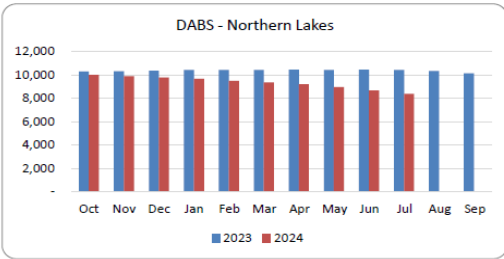
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Northern Michigan Regional Entity

Narrative

October 1, 2023 through July 31, 2024

Northern Lakes Eligible Members Trending - based on payment files





Fiscal Year 2025

Proposed
Budget



Proposed Fiscal Year 2025 Budget

October 1, 2024 through September 30, 2025

	Proposed Budget 2025	Budget 2024	Increase (Decrease)
Revenues			
Medicaid Sources			
Medicaid	\$ 64,774,941	\$ 63,500,164	\$ 1,274,777
Medicaid - Settlement	\$ 3,411,436	-	3,411,436
Healthy Michigan	4,107,083	8,424,428	(4,317,345)
Healthy Michigan - Settlement	\$ 3,770,228	-	3,770,228
State General Fund	2,955,487	3,050,761	(95,274)
Grants	2,246,656	2,496,341	(249,685)
County appropriations	1,026,740	1,026,740	(0)
Northern Health Care Management	-	12,529,974	(12,529,974)
Other revenue	3,225,443	2,187,347	1,038,096
Total operating revenue	85,518,015	93,215,755	(7,697,740)
Employed Workforce and Agency Expenditures			
Personnel	29,995,007	31,562,997	(1,567,990)
Admin Contracts	1,572,159	1,251,481	320,678
Direct Operations	3,213,739	2,731,182	482,557
Contractual Servcies	957,694	-	957,694
Transportation	1,041,654	744,136	297,518
Occupied Space	1,417,505	1,993,255	(575,750)
Total Directly Provided & Agency Oversight	38,197,758	38,283,051	(85,293)
Contracted Provider Expenditures			
Autism Services Providers	4,058,253	3,836,981	221,272
Clinical Contract Providers	2,302,438	3,918,247	(1,615,809)
Daytime Activities Contract Providers	5,993,573	5,105,086	888,487
FI Provided Self Determination	1,965,276	1,464,727	500,549
Inpatient Services	7,155,999	6,855,000	300,999
Northern Health Care Management Services Contr	33,905	9,280,325	(9,246,420)
Northern Health Care Management Respite Contra	-	80,436	(80,436)
Theraputic Contract Providers	429,266	609,377	(180,111)
Residential Contracts	21,097,968	19,736,946	1,361,022
CLS Providers	3,247,291	3,153,679	93,612
Client Transportation Providers	641,026	891,900	(250,874)
GTCMW- Lease	122,187	-	122,187
GTCMW - Munson Support Staff	273,076	-	273,076
Total Contracted Provider Expenditures	47,320,257	54,932,704	(8,007,709)
Total operating expenses	85,518,015	93,215,755	(7,697,740)
Change in net position	(0)	0	(0)

Northern Lakes CMH

Provider Network Contract Budget

October 1, 2024 through September 30, 2025

	FY25
Provider Network Category	Budget
Houghton Lake Drop In - Drop In Centers	\$ 89,958
Kandu Island - Drop In Centers	\$ 150,693
Contracted Clinical Services - OBRA Screening	\$ 285,144
Contracted Clinical Services - Behavior Treatment	\$ 189,126
Client Specific Contract - Partial Day	\$ 253,282
Client Specific Contract - Residential	\$ 223,432
Client Specific Contract - MCTT & ACT Teams	\$ 40,290
Client Specific Contract - Emgcy Serv/Outpatient	\$ 1,648
Client Specific Contract - DD CSM Team	\$ 2,837
Client Specific Contract - Managed Care	\$ 121
Client Specific Contract - Club Cadillac	\$ 77
Contr Psych's - Med Clinic	\$ 1,065,828
Client Transportation - Partial Day	\$ 641,027
Total Clinical Contract Providers (less grant activity)	\$ 2,943,464
Autism Services - Partial Day	\$ 3,665,672
Autism Services - Residential	\$ 328,298
Autism Services - Emgcy Serv/Outpatient	\$ 8,052
Autism Services - DD CSM Team	\$ 56,231
Total Autism Providers	\$ 4,058,253
Hope Network - Partial Day	\$ 996,549
Hope Network - Residential	\$ 2,261,285
Hope Network - MCTT & ACT Teams	\$ 16,004
Hope Network - Emgcy Serv/Outpatient	\$ 5,516
Hope Network - DD CSM Team	\$ 2,590
Hope Network - PT/OT/ST Only	\$ 444
R.O.O.C. Inc - Partial Day	\$ 71,672
R.O.O.C. Inc - Residential	\$ 582,054
Grand Traverse Industries - Partial Day	\$ 884,646
Grand Traverse Industries - Residential	\$ 1,172,814
Total Daytime Providers	\$ 5,993,573
Community Inpatient Hospital - Inpatient	\$ 5,722,829
Crisis Residential - Residential	\$ 903,755
County - State Fac - Inpatient - State	\$ 329,567
County - Forensic Ctr - Inpatient - State	\$ 199,847
Total Inpatient Providers / State Hospital Inpatient	\$ 7,155,999
Self Determination - Residential	\$ 1,958,235
Self Determination - DD CSM Team	\$ 7,041
Total Fiscal Intermediary Providers	\$ 1,965,276
Child and Family Services - MIC Client Support Service	\$ 260,823
Child and Family Services - Residential	\$ 3,472
Child and Family Services - Mobile Crisis	\$ 164,971
Total Fiscal Intermediary Providers	\$ 429,266

Provider Network Contract Budget - Continued

M.I. Residential Contracts - Residential	\$ 1,518,163
Residential Contracts - Residential	\$ 10,742,149
Beacon Specialized Living Center - Residential	\$ 3,639,098
Beacon Specialized Living Center - MCTT & ACT Teams	\$ 7,220
Beacon Specialized Living Center - Emgcy Serv/Outpatient	\$ 2,146
Beacon Specialized Living Center - Behavior Treatment	\$ 869
Lake Shore - Residential	\$ 673,858
Summerfield - Residential	\$ 591,235
East Bay - Residential	\$ 440,020
Lincoln House - Residential	\$ 443,339
Fort Road - Residential	\$ 356,262
New Horizons - Residential	\$ 585,958
Elmwood - Residential	\$ 491,186
Cedar Valley Home - Residential	\$ 351,365
Hab Waiver Supports - Residential	\$ 1,123,515
Hab Waiver Supports - SIP Homes	\$ 131,586
Total Residential Providers	\$ 21,097,968
Community Living Supports - Partial Day	\$ 80,705
Community Living Supports - Residential	\$ 1,916,518
Community Living Supports - MCTT & ACT Teams	\$ 2,375
MI Independent SIP - SIP Homes	\$ 115,561
MI Independent SIP - SIP Homes	\$ 184,455
MI Independent SIP - SIP Homes	\$ 108,249
Spectrum SIP - SIP Homes	\$ 195,347
Spectrum SIP - SIP Homes	\$ 225,372
Spectrum SIP - SIP Homes	\$ 207,818
Woodland TC Home - SIP Homes	\$ 142,871
Brickways - Residential	\$ 68,019
Total CLS Providers	\$ 3,247,290
	\$ 46,891,090

Revenues

Initial capitation estimates include \$64,774,941 in Medicaid and \$4,107.083 for Healthy Michigan. General Funds will be \$2,955,487 and county local appropriations continue at the same amount of \$1,026,740. Grants have been decreased due to the discontinuation of some not being utilized.

Expenses – Directly Provided and Agency Oversight

Personnel costs have decreased from the prior year's budget by -\$1.5 million mainly due to the elimination of Northern Health Care Management (NHCM) and the Integrated Health Clinic (IHC). Northern Lakes has absorbed a few NHCM and IHC staff during this process. We do anticipate some NHCM expenses to continue into FY25 due to the amount of work required to close out FY24. Administrative contract projections have increased driven by crisis services, professional accounting and legal services. Direct operations increased based on trending expenses from FY24. Contractual services are now tracked as a separate cost center compared to the previous budgets. Transportation costs are projected to increase due to the expansion of our internal transportation services. Occupied space has been decreased from the previous budget year due to FY24 trends.

Expenses – Contracted Providers

Autism services are projected to increase by approximately \$220,000. Contract clinical providers are expected to decrease from previous budget based on trending. Daytime activities increased by \$800,000 based on expected utilization. Fiscal intermediary services expected to increase by \$500,000. Inpatient services are projected to increase by \$400,000. Residential contracts are expected to increase approximately \$1,300,000 from the previous year's budget due to utilization. The new Crisis Center with Munson includes contracted support staff and lease beginning on December 1, 2024. Overall, our total budget has decreased from the prior year by -8.26 percent.

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

08/15/2024

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
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. 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.
- 1.5.36 Minutes will be taken at all meetings and shared with the Board.

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 Executive Committee.
- 1.5A.18 At the end of the posting period, the Executive Committee shall review all applications received and interview eligible applicants in a meeting or meetings held in accordance with the Open Meetings Act. The Executive 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.

Rvvd 8/15/24 SM