



Northern Lakes Community Mental Health Authority

Board of Directors Packet

October 17, 2024



The Northern Lakes Community Mental Health Authority Board will meet on October 17, 2024
105 Hall Street, Traverse City, MI 49684 & Virtually: [+1 810-258-9588](tel:+18102589588), [453356557#](tel:+18102589588)

AGENDA

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 – Brian is on PTO Military Orders, 13-18 October 2024 - Latvia• Chief Financial Officer Report<ul style="list-style-type: none">○ Kevin Hartley, Chief Financial Officer• PA152 Discussion*<ul style="list-style-type: none">○ Kevin Hartley, Chief Financial Officer○ Laura Argyle, Deputy Chief Financial Officer
1:50 p.m.	5	Committee Reports: <ul style="list-style-type: none">• NMRE Update<ul style="list-style-type: none">○ Ruth Pilon• RRAC Update<ul style="list-style-type: none">○ Tony Lentych
1:50 p.m.	6	Unfinished Business: <ul style="list-style-type: none">• Governance Policy – Vote *• Jail Services discussion• Rehmann – Employee Engagement Results<ul style="list-style-type: none">○ Cheryl Kuch
2:50 p.m.	7	Public Comment
2:55 p.m.	8	Announcements/Board Comments/Presentations

3:00 p.m. 9 Adjourn

NEXT MEETING: November 21, 2024 – Cadillac

* Action Items

NOTICE: If any person with a disability needs accommodations, please call 231-942-7372 three days prior to the posted meeting date.



Board of Directors Meeting Minutes

September 26, 2024

1:30 p.m.

Board Members Present: Ty Wessell, Tony Lentych, Ruth Pilon, Al Cambridge, Penny Morris, Greg McMorrow, Tom Bratton, Mary Marois, Ben Townsend.

Virtual: Dave Freedman

Absent: Shawn Kraycs, Carol Blake, Eric Ostergren, Dean Smallegan, Cristal Frost Anderson, Lynn Pope.

Others Present: Brian Martinus, Vickie McDonald, Kevin Hartley, Haider Kazim, Mark Crane, Daniel Mauk, Doug Cambridge, Hilary Rappuhn, Peter Kobs, David Shindorf, Justin Reed, 2 unknown guests.

Others Virtual: Ann Ketchum, Tiffany Fewins, Kari Barker, Terri Henderson, Mark Draeger, Sophorn Klingelsmith, Brian Newcomb, Lori Stendel, Lisa Woodcox, Melissa Bentgen, Rob Palmer, Dave Freedman, Trapper Merz, Amy Kotulski, Amanda Ritchie, Kristine Rigling, Deb Freed, 3 unknown guests.

Call to Order: 1:30 p.m.

Public Comment:

David Shindorf requested the addition of a trash receptacle added to the east side of the building.

Justin Reed questioned if the governance model is replacing the bylaws. He does not see requirements or criteria for membership of consumers on the Board of Directors. Concern that consumer requirement does not have to be a primary consumer, but one with a private practice and shows lack of trust. He feels there is a conflict between the governance model and the bylaws.

Quorum confirmed.

MOTION: Approve the agenda.

RESULT: ADOPTED [UNANIMOUS]
MOVER: B. TOWNSEND
SECONDER: T. LENTYCH

Conflict of Interest: None

FY25 Proposed Budget:

Kevin Hartley, Chief Financial Officer presented proposed FY25 Budget highlighting increases and decreases in the areas of Revenue, Employed Workforce and Agency Expenditures, and Contracted Provider expenditures. Al Cambridge presented for the NLCMHA AD HOC BUDGET COMMITTEE, also highlighting the areas of Revenue: there are sufficient reserves to support the budget but will be severely tapped, General Fund is supported by State Contract with no increase, Grants are down, and County appropriations will remain the same. Employed Workforce: Personnel budget assumes continuing positions with 3 or 4 new requests, 3% cost of living increase, 1% vacancy, turnover will support step increases, transportation been reduced. Provider Contracts: These have not been finalized; the budget uses best expectations. Mary Marois requested waiver fund balance amount and what money is available for staff to be used unrestricted to support our community. Verification was made that most other CMHs are running with a similar budget.

MOTION: SUPPORT FY25 BUDGET AS PRESENTED
RESULT: ADOPTED [UNANIMOUS]
MOVER: A. CAMBRIDGE
SECONDER: B. TOWNSEND

Mary confirmed the request of funding amounts to be presented at next meeting and agreed by Kevin Hartley.

Unfinished Business:

Voting on PA 152 Exemption and the Governance Policy was no longer an option as a Quorum was lost as Tom Bratton needed to leave.

Resolution – Exemption PA 152

A request to opt out of PA 152 was suggested. Increase in benefit expenses will be a burden on the staff therefore it is requested to keep staff share the same with the increase covered by the

agency. Kevin Hartley will bring clarifying figures showing the increases to families and the agency to the next Board meeting. Request to opt out requires a 2/3 vote, being 11 of 16; therefore, the request needs to be tabled to October's meeting.

Governance Policy

The policy has been reviewed. Seven committees would be put in place with the adoption of this model: Recipient Rights Advisory Committee, Recipient Rights Appeals Committee, Community Engagement and Services Committee, Finance Committee, Personnel committee, Policy Committee, and Executive Committee. Al Cambridge brought to the board's attention wording on Page 56 that would need to be made consistent with the bylaws. Requests to be on a specific committee should be sent to Greg McMorrow. An acceptance vote of Governance policy was tabled due to lack of Quorum.

Adjourn: 2:35 p.m.

Next Meeting and Agenda Items: October 17, 2024 – Traverse City

- Resolution – Exemption PA 152
- Governance Policy
- Unrestricted Funds

Respectfully submitted,

Victoria McDonald, Administrative Specialist

Greg McMorrow, chairperson

Lynn Pope, Secretary

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

Office of Recipient Rights Director's Report
October 2024

Dates represented	10/01/21-09/30/22	10/1/22-09/30/23	10/1/23-09/30/24
Complaints	591	437	532
OJ, No Right Inv.	77	68	116
Interventions	29	16	49
Investigations	487	355	369
Investigations Comp	487	355	319
Investigations open	0	0	50
Inv > 90 days	0	0	0
Inv < 90 days	487/487 (100%)	355/355(100%)	319/319(100%)
Summary Report Avg	481/489(98.4%)	359/359(100%)	320/320(100%)
NLCMHA staff alleg.	118	88	121
NLCMHA Staff W/I 1 yr	43	27	22

Complaint Source

Complaint Source	Count
Anonymous	23
Community/General Public	24
Guardian/Family	30
ORR	142
Recipient	104
Staff	209
Total	532

5-year Trends of Abuse/Neglect Cases

	Abuse I & II	Abuse III	Neglect I & II	Neglect III
FY2020	52	37	22	116
FY2021	23	32	17	80
FY2022	44	46	25	152
FY2023	39	17	21	144
FY2024	21	19	4	87

Complaints Per Provider:

October 1, 2023- September 30 , 2024

October 1, 2023- September 30,2024 Provider Report

Program	Substantiated	Pending	Not Substantiated	NA
Access	0	0	1	1
Beacon Home at Clarkston	0	3	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	3	1	0
Frances Specialized Residential	8	6	8	0
Hope Network Gardner Home	6	0	0	0
Hope Network Neo Grand Rapids - Bristol	5	0	0	0
Hope Network Neo Rockford	2	0	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	0	2	2
Traverse House	0	0	1	0
Wright Street AFC Home	5	1	1	0
Beacon Home at Goodrich	2	0	0	0
Beacon Silverview	8	0	3	0
Bell Oaks at Ionia	2	0	0	0
ComForCare	0	7	1	0
Covenant to Care	2	0	2	0
Danes AFC	9	0	4	0
Eden Prairie Residential Care Services, LLC	1	0	0	0
Glen Oaks Home	2	0	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	4	6	2
Magnolia Care AFC West	1	0	0	0
MI Independent Living, LLC	1	2	0	0
MIA Case Management	6	2	4	2
Mid-Michigan Specialized Residential	0	2	4	0
Munson Medical Center	0	1	2	0
NLCMHA_TEST	0	0	1	0
North Arrow ABA	0	0	0	1
Pearl Street Home	11	0	5	1
Peer Support	3	0	2	0
Premier Care Assisted Living 3	0	3	2	0
Summerfield AFC	5	0	6	0
TLK AFC Home, Inc.	0	2	3	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	10	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	2	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	3	0	0	0
North Hope Crisis	1	0	0	0
Northern Lakes CMH Authority	23	10	20	9
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	2	0	1	0
Sunrise AFC Home	0	0	1	0
Westwood Specialized Residential	4	0	1	0
Woodland AFC Home	2	0	1	0
Wright's AFC Home, LLC	1	0	2	1
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	3	0	5	0
Hope Network Neo Wyoming	2	1	0	0
IDD Children's Case Management	0	0	2	0
Jones Lake AFC Home	12	5	5	0
Kennedy House West, LLC	0	0	1	0
Mama T's AFC	0	4	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	1	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	3	0	5	0
Real Life Living Services	11	0	8	0
Serenity AFC	0	1	0	1
Shepler's 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	2	6	0
Zenith Home	4	0	1	0

See attached chart.

Notes:

Completed over 180 site visits in FY2024.

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights



Administrative Office, 105 Hall Street, Suite A, Traverse City MI 49684

Recipient Rights Advisory Committee Meeting Minutes

October 3, 2024

1:31 PM

Northern Lakes Community Mental Health Authority is located at 527 Cobb Street, Cadillac. The meeting is also virtual.

Attendance:

Recipient Rights Advisory Committee Members Present: Al Cambridge, Tony Lentych, Rudy Wright, Chuck Corwin.

Absent: Rose Denny, Marleen Casiddy

Others Present: Brian Martinus, Interim CEO; Vickie McDonald, Administrative Specialist; Brian Newcomb, Director of Recipient Rights; Erica Smith, Recipient Rights Advisor; Lisa Jones, Recipient Rights Advisor; Alyssa Heider, Recipient Rights Advisor; Mark Draeger, Recipient Rights Advisor.

Tony Lentych called the meeting to order at 1:31p.m.

Conflict of Interest Declaration: None stated.

Review and Approve Agenda:

MOTION:	Accepted the agenda
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	C. Corwin
SECONDER:	R. Denny

Receive and Review June 6, 2024, Meeting Minutes:

MOTION:	Accepted the Meeting Minutes
RESULT:	ADOPTED [UNANIMOUS]
MOVER:	R. Denny
SECONDER:	C. Corwin

Public Comment: None.

Recipient Rights Director's Report:

Brian Newcomb, Director of the Office of Recipient Rights, presented his report for full year of 2024. He highlighted some of the areas on his and the provider reports. There were 525 complaints with 57 current open investigations. They remain in 100% compliance for submissions. All site visits during 2024 were completed on time. Lisa Jones, Erica Smith, and Alyssa Heider went to the annual ORR conference last week. Brian met with a group of families that are self-determination and requested some training opportunities be held in the evening as many of their workers work in the daytime. He has updated a Power-Point training for guardian training and is working on updating the accuracy of the guardians of consumers to not break confidentiality. Brian lastly stated a conflict with attendance of the December 5th

meeting.

Recommendation by the governing board:

One of last year's governing board recommendations was to have all Recipient Rights training in person which was achieved starting April 1st. The committee suggested adding trends, both number and type to the report. Brian states he monitors trending in the areas of abuse/neglect and providers. He stated that they are not required by the state and the program they provide to them by the state does not track those trends, so they are monitored internally only. Brian will add trending data into the report. The request was also made to clarify the number of recipients there are at a provider's location. Brian also stated that it has been brought to the Leadership's attention the importance of updating consumers' guardians and clarifying whose responsibility that is.

Appeals Committee Training:

The Mental Health Code requires annual Appeals Training to this advisory committee. This committee serves as an appeals committee and are to follow the basic procedures as he presented:

The Recipient Rights Advisory committee shall do all the following:

- Meet, at least semi-annually or as necessary, to carry out its responsibilities.
- Maintain a current list of members' names to be made available to individuals upon request.
- If designated by the board of the Community Mental Health Services Program (CMH), serve as the appeals committee.

During an investigation, types of evidence to be considered are testimonial and documentary. Evidence should be designated circumstantial vs. direct and the standard of proof being the preponderance of the evidence looking for quality vs. Quantity.

Documents for review are:

- Letter of Appeal
- Original Complaint
- Office of Recipient Rights Report of Investigative Findings
- Summary Report

Training also included Appeals Committee Actions of the following items:

- Upholding the findings and recommendations
- Return to ORR for reinvestigation
- Investigation by MDHHS ORR
- Uphold finding using different/additional recommendations

Remedial Action Requirements include:

If it has been determined through investigation that a right has been violated, the respondent shall take appropriate remedial action that meets all the following requirements: a. Corrects or provides a remedy for the rights violation. b. Is implemented in a timely manner. c. Attempts to prevent a recurrence of the rights violation. The action shall be documented and made part of the record maintained by the office.

A schematic of the Appeals Process was also provided as part of the training.

The committee complimented the team with their training, knowledge and experience leading to very few appeals recently.

Public Comment: None.

Meeting Adjourned: 3:00 p.m.

Next Meeting: December 5, 2024 – Cadillac

Respectfully submitted,

Vickie McDonald,
Administrative Specialist

Interim Chief Executive Officer's

Report to the Board

October 17, 2024

Citizen Comment:

David Shindorf requested the addition of a trash receptacle added to the east side of the building. - NLCMHA facilities management is looking into adding a trash receptacle on the east side of the Traverse City building.

Justin Reed questioned if the governance model is replacing the bylaws. He does not see requirements or criteria for membership of consumers on the Board of Directors. Concern that consumer requirement does not have to be a primary consumer, but one with a private practice and shows lack of trust. He feels there is a conflict between the governance model and the bylaws. – NLCMHA Board of Directors will be voting on the governance model at the October Board of Directors meeting.

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 completed and we are set to open Phase 1 on January 6, 2025. 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. We are looking to schedule a walk thru for the NLCMHA Board of Directors in November.

Northern Health Care Management: Divestment of MI Choice Waiver has taken place September 30th, 2024.

IHC: Divestment of the IHC took place on September 30th, 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, PTO – Latvia**
- October 14th, CMH/DHHS – 6 County Collaborative Meeting
- October 15th, NMRE Operations Committee Meeting
- October 17th, NLCMHA Board Meeting
- 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.record-eagle.com/news/local_news/mental-health-care-new-treatment-center-on-munson-campus-takes-shape/article_a3bc73ae-7134-11ef-9e25-5bdc28b9f516.html

<https://www.secondwavemedia.com/features/091724fundinggap.aspx>

<https://www.modeldmedia.com/features/091724fundinggap.aspx>

Respectfully submitted,
Brian Martinus, Interim CEO

FY2024 Monthly Access Timeliness, Request to Assessment												
	October	Nov	Dec	January	February	March	April	May	June	July	Aug	
Within 14 days	71	60	48	79	101	74	100	75	59	58	65	
Outside 14 days	20	7	2	9	6	15	8	7	6	5	8	
Consumer Cancelled/Rescheduled	17	6	7	5	5	4	6	7	3	4	5	
Consumer Requested outside 14 days	13	1	4	1	3	2	1	0	1	4	0	
Consumer No Showed	47	38	30	38	37	39	28	37	21	27	19	
Consumer Chose to Not Pursue Svcs	22	25	30	36	31	31	36	20	23	30	32	
Other (denial, no follow up)	21	5	23	19	14	5	8	5	5	5	7	
FY2024 Monthly Access Timeliness, Assessment to Service												
	October	Nov	Dec	January	February	March	April	May	June	July	Aug	
Within 14 days	54	55	34	57	66	65	71	69	39	47	31	
Outside 14 days	8	8	1	2	1	5	3	4	2	1	3	
Consumer Cancelled/Rescheduled	5	6	2	6	4	4	4	5	3	3	1	
Consumer Requested outside 14 days	9	2	2	2	6	1	1	2	0	3	2	
Consumer No Showed	30	16	21	18	19	18	15	16	5	7	16	
Consumer Chose to Not Pursue Svcs	11	1	5	1	2	7	9	6	3	2	6	
Other (denial, no follow up)	4	5	14	7	8	6	4	1	2	7	4	
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%	91.2%	
Referrals for Denied Initial Clinical Assessments												
	October	Nov	Dec	January	February	March	April	May	June	July	Aug	Sept
External Mental Health Provider	15	9	6	6	8	6	4	10	18	11	10	6
External SUD Provider	2	0	0	0	0	0	1	1	0	0	1	0
No Referral	0	1	1	1	1	1	1	2	1	0	0	0
Other Community Services	6	4	2	3	3	3	2	6	4	1	0	2

	FY2024 Mobile Crisis Response Times, Monthly											
	October	Nov	Dec	January	Feburary	March	April	May	June	July	Aug	Sept
30 Minutes or Less	46	65	49	51	62	23	21	33	13	8	2	11
31 Minutes to 1 Hour	5	5	5	1	6	9	1	0	2	0	2	2
Over 1 Hour	1	1	0	0	0	0	0	1	0	3	1	0
		FY2024 Inpatient Readmission Rate										
			Readmits									
		Admission 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%								
	August	65	5	8%								
	TOTAL			12%								

	FY2024 Monthly Service Information for Crawford County										
Area of Service	October	November	December	January	February	March	April	May	June	July	August
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	\$ 26,545.09	\$ 22,280.23
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	\$ 27,961.78	\$ 23,333.25
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	\$ 55,827.55	\$ 53,915.87	\$ 43,453.00
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	\$253,022.90
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	\$ 12,848.00	\$ 13,431.00	\$ 10,785.00
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	\$ 22,466.20	\$ 20,077.54	\$ 16,994.81	\$ 12,496.00
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		\$ 35,471.95	\$ 35,392.00
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	\$ 17,653.00	\$ 13,288.00	\$ 19,872.02	\$ 17,526.00
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	\$ 3,171.75
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	\$ 624.00
Total	\$ 525,065.44	\$ 472,293.74	\$ 489,911.22	\$ 480,624.97	\$ 454,938.01	\$469,200.95	\$ 503,897.09	\$467,233.18	\$417,632.42	\$454,721.23	\$422,084.13
Number of Registered People Receiving Services	225	216	211	223	206	211	225	195	181	172	156
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	\$ 2,396.07	\$ 2,307.36	\$ 2,643.73	\$ 2,705.67
Service Transactions Provided	19,043	17,739	16,574	18,553	18,228	20,421	20,790	23,048	19,959	21,332	15,316
Average Cost per Transaction	\$ 28	\$ 27	\$ 30	\$ 26	\$ 25	\$ 23	\$ 24	\$ 20	\$ 21	\$ 21	\$ 28
Count of Adult IDD	39	41	37	43	39	39	41	40	39	38	39
Count of Child IDD	14	15	15	12	13	17	10	10	10	11	9
Count of Adult SMI	143	126	129	136	125	123	135	114	100	96	85
Count of Child SED	29	34	30	32	29	32	39	31	32	27	23
Total	225	216	211	223	206	211	225	195	181	172	156
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	\$213,091.07	\$ 201,426.14
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	\$ 59,530.02	\$ 53,288.45
Adult SMI Cost	\$ 183,001.67	\$ 150,447.39	\$ 168,025.97	\$ 164,130.25	\$ 152,993.78	\$148,280.23	\$ 161,122.42	\$ 141,247.72	\$116,562.38	\$155,920.14	\$ 144,906.54
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	\$ 22,463.00
Total	\$ 525,065.44	\$ 472,293.74	\$ 489,911.22	\$ 480,624.97	\$ 454,938.01	\$470,448.95	\$ 503,897.09	\$467,233.18	\$417,632.42	\$454,721.23	\$422,084.13
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	\$ 5,607.66	\$ 5,164.77
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	\$ 5,411.82	\$ 5,920.94
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	\$ 1,239.02	\$ 1,165.62	\$ 1,624.17	\$ 1,704.78
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	\$ 976.65
Total	\$ 2,333.62	\$ 2,186.55	\$ 2,321.85	\$ 2,155.27	\$ 2,208.44	\$ 2,229.62	\$ 2,239.54	\$ 2,396.07	\$ 2,307.36	\$ 2,643.73	\$ 2,705.67

FY2024 Service Information For Grand Traverse County											
Area of Service	October	November	December	January	February	March	April	May	June	July	August
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	\$ 234,394.29	\$ 164,336.61	\$ 179,343.82	\$ 138,094.49
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	\$ 145,679.16	\$ 162,270.65	\$ 139,427.28
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	\$ 230,085.61	\$ 210,660.21	\$ 199,662.89	\$ 171,650.06
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	\$ 1,217,123.45	\$ 1,289,038.02	\$ 1,233,209.47
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	\$ 145,214.20	\$ 110,490.43	\$ 97,980.39	\$ 108,528.20
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	\$ 104,474.93	\$ 84,612.21	\$ 79,043.31	\$ 61,946.85
Psychiatric Inpatient	\$ 300,196.26	\$ 474,010.44	\$ 296,622.90	\$ 293,823.28	\$ 189,738.49	\$ 147,042.66	\$ 203,784.00	\$ 185,907.67	\$ 335,113.68	\$ 288,120.69	\$ 204,768.07
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	\$ 157,408.25	\$ 150,778.20	\$ 112,752.93
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	\$ 82,948.05	\$ 78,534.46
Other	\$ 5,317.66	\$ 6,178.43	\$ 5,747.54	\$ 9,140.85	\$ 8,165.92	\$ 5,915.98	\$ 10,774.48	\$ 8,555.39	\$ 9,080.91	\$ 10,476.76	\$ 12,584.13
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	\$ 2,603,966.29	\$ 2,505,964.76	\$ 2,539,662.78	\$ 2,261,495.94
Number of Registered People Receiving Services	1,073	1,104	1,014	1,043	1,026	1,035	1,068	1,059	986	939	874
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	\$ 2,458.89	\$ 2,541.55	\$ 2,704.65	\$ 2,587.52
Service Transactions Provided	104,004	96,824	93,943	105,965	106,606	108,791	110,695	114,216	107,193	113,450	94,771
Average Cost per Transaction	\$ 24	\$ 27	\$ 26	\$ 25	\$ 23	\$ 22	\$ 23	\$ 23	\$ 23	\$ 22	\$ 24
Count of Adult IDD	243	259	244	252	247	257	263	271	256	261	253
Count of Child IDD	81	75	75	76	79	79	81	78	73	63	61
Count of Adult SMI	595	622	558	584	560	566	569	561	512	497	450
Count of Child SED	154	148	137	131	140	133	155	149	145	118	110
Total	1,073	1,104	1,014	1,043	1,026	1,035	1,068	1,059	986	939	874
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	\$ 1,154,697.40	\$ 1,104,074.42	\$ 1,190,249.39	\$ 1,088,274.34
IDD Child Cost	\$ 182,184.29	\$ 207,219.62	\$ 210,805.66	\$ 237,369.86	\$ 241,010.78	\$ 266,085.01	\$ 270,471.31	\$ 303,055.28	\$ 236,110.89	\$ 254,539.86	\$ 213,553.06
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	\$ 898,823.45	\$ 981,676.81	\$ 892,820.22	\$ 811,818.51
Child SED Cost	\$ 196,267.93	\$ 233,463.44	\$ 191,276.81	\$ 245,392.86	\$ 185,312.42	\$ 200,151.07	\$ 274,206.87	\$ 247,390.16	\$ 184,102.64	\$ 202,053.31	\$ 147,850.03
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	\$ 2,603,966.29	\$ 2,505,964.76	\$ 2,539,662.78	\$ 2,261,495.94
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	\$ 4,260.88	\$ 4,312.79	\$ 4,560.34	\$ 4,301.48
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	\$ 3,885.32	\$ 3,234.40	\$ 4,040.32	\$ 3,500.87
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	\$ 1,602.18	\$ 1,917.34	\$ 1,796.42	\$ 1,804.04
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	\$ 1,660.34	\$ 1,269.67	\$ 1,712.32	\$ 1,344.09
Total	\$ 2,350.47	\$ 2,393.52	\$ 2,418.53	\$ 2,537.74	\$ 2,347.82	\$ 2,333.33	\$ 2,383.07	\$ 2,458.89	\$ 2,541.55	\$ 2,704.65	\$ 2,587.52

FY2024 Service Information For Leelanau County											
Area of Service	October	November	December	January	February	March	April	May	June	July	August
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	\$ 19,590.24	\$ 17,409.30	\$ 57,329.50
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	\$ 7,282.00
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	\$ 19,066.59	\$ 20,499.87	\$ 13,032.00
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	\$ 175,144.51	\$ 144,116.49
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	\$ 11,681.20
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	\$ 5,162.51	\$ 4,552.60
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	\$ 18,798.24	\$ 16,488.12	\$ 14,158.00	\$ 6,256.00
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	\$ 9,594.43
Total	\$ 286,504.03	\$ 288,932.09	\$ 253,543.11	\$ 297,638.45	\$ 279,781.83	\$ 280,489.84	\$ 316,140.85	\$ 305,597.97	\$ 269,108.91	\$ 256,348.75	\$ 253,844.22
Number of Registered People Receiving Services	115	105	102	107	107	106	123	117	103	93	96
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	\$ 2,611.95	\$ 2,612.71	\$ 2,756.44	\$ 2,644.21
Service Transactions Provided	12,727	11,433	10,023	11,396	11,824	12,750	13,213	13,440	12,438	12,641	9,162
Average Cost per Transaction	\$ 23	\$ 25	\$ 25	\$ 26	\$ 24	\$ 22	\$ 24	\$ 23	\$ 22	\$ 20	\$ 28
Count of Adult IDD	41	37	36	37	36	37	38	36	37	37	37
Count of Child IDD	5	4	4	4	5	5	7	7	5	2	3
Count of Adult SMI	51	45	43	46	47	45	57	53	42	39	41
Count of Child SED	18	19	19	20	19	19	21	21	19	15	15
Total	115	105	102	107	107	106	123	117	103	93	96
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	\$ 180,900.51	\$ 194,774.04	\$ 201,684.46
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	\$ 9,645.80
Adult SMI Cost	\$ 56,493.24	\$ 75,061.82	\$ 52,940.09	\$ 68,600.08	\$ 50,249.96	\$ 45,308.91	\$ 63,691.13	\$ 64,315.47	\$ 51,164.93	\$ 38,887.95	\$ 29,556.96
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	\$ 23,477.28	\$ 16,388.00	\$ 12,957.00
Total	\$ 286,504.03	\$ 288,932.09	\$ 253,543.11	\$ 297,638.45	\$ 279,781.83	\$ 280,489.84	\$ 316,140.85	\$ 305,597.97	\$ 269,108.91	\$ 256,348.75	\$ 253,844.22
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	\$ 4,889.20	\$ 5,264.16	\$ 5,450.93
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	\$ 3,215.27
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	\$ 1,213.50	\$ 1,218.21	\$ 997.13	\$ 720.90
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	\$ 1,235.65	\$ 1,092.53	\$ 863.80
Total	\$ 2,491.34	\$ 2,751.73	\$ 2,485.72	\$ 2,781.67	\$ 2,614.78	\$ 2,646.13	\$ 2,570.25	\$ 2,611.95	\$ 2,612.71	\$ 2,756.44	\$ 2,644.21

FY2024 Service Information For Missaukee County											
Area of Service	October	November	December	January	February	March	April	May	June	July	August
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	\$ 23,740.05	\$ 28,007.38	\$ 15,360.68
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	\$ 16,072.11	\$ 14,231.57
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	\$ 36,758.98	\$ 23,945.25	\$ 29,767.11	\$ 28,176.30
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	\$ 389,345.85
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	\$ 10,176.47
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	\$ 17,804.80	\$ 8,172.37
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	\$ 17,204.44	\$ 7,511.00	\$ 28,807.82
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	\$ 19,540.00
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	\$ 18,819.87
Other	\$ -	\$ 624.00	\$ 156.00	\$ -	\$ -	\$ -	\$ -	\$ 1,382.08	\$ 1,423.57	\$ 1,043.62	\$ 2,376.46
Total	\$ 538,601.45	\$ 504,292.40	\$ 533,271.93	\$ 584,665.17	\$ 569,210.00	\$ 599,689.32	\$ 517,720.82	\$ 544,322.72	\$ 526,650.30	\$ 531,863.75	\$ 535,007.39
Number of Registered People Receiving Services	166	170	161	168	169	175	161	158	143	146	131
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	\$ 3,445.08	\$ 3,682.87	\$ 3,642.90	\$ 4,084.03
Service Transactions Provided	20,804	21,234	21,016	24,095	24,176	26,774	24,160	24,715	23,361	24,127	23,257
Average Cost per Transaction	\$ 26	\$ 24	\$ 25	\$ 24	\$ 24	\$ 22	\$ 21	\$ 22	\$ 23	\$ 22	\$ 23
Count of Adult IDD	42	42	43	39	40	41	40	42	42	43	43
Count of Child IDD	12	9	10	12	10	12	14	16	9	13	15
Count of Adult SMI	71	83	71	73	77	81	72	68	63	66	50
Count of Child SED	41	36	37	44	42	41	35	32	29	24	23
Total	166	170	161	168	169	175	161	158	143	146	131
IDD Adult Cost	\$ 323,142.99	\$ 322,317.93	\$ 351,848.24	\$ 362,835.66	\$ 344,179.90	\$ 364,563.58	\$ 351,212.83	\$ 368,955.12	\$ 349,646.86	\$ 362,820.51	\$ 354,731.47
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	\$ 27,846.23	\$ 24,152.37
Adult SMI Cost	\$ 155,161.79	\$ 120,600.42	\$ 112,739.73	\$ 152,959.26	\$ 155,644.52	\$ 151,384.62	\$ 105,282.36	\$ 116,035.21	\$ 125,516.45	\$ 115,401.01	\$ 122,236.75
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	\$ 27,135.00	\$ 25,796.00	\$ 33,886.80
Total	\$ 538,601.45	\$ 504,292.40	\$ 533,271.93	\$ 584,665.17	\$ 569,210.00	\$ 599,689.32	\$ 517,720.82	\$ 544,322.72	\$ 526,650.30	\$ 531,863.75	\$ 535,007.39
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	\$ 8,784.65	\$ 8,324.93	\$ 8,437.69	\$ 8,249.57
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	\$ 2,142.02	\$ 1,610.16
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	\$ 1,706.40	\$ 1,992.32	\$ 1,748.50	\$ 2,444.74
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	\$ 935.69	\$ 1,074.83	\$ 1,473.34
Total	\$ 3,244.59	\$ 2,966.43	\$ 3,312.25	\$ 3,480.15	\$ 3,368.11	\$ 3,426.80	\$ 3,215.66	\$ 3,445.08	\$ 3,682.87	\$ 3,642.90	\$ 4,084.03

FY2024 Service Information for Roscommon County											
Area of Service	October	November	December	January	February	March	April	May	June	July	August
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	\$ 46,789.00
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	\$ 1,197.76
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	\$ 81,652.83	\$ 67,131.29	\$ 82,231.18	\$ 59,627.60
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	\$ 473,220.93	\$ 470,973.91
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	\$ 16,580.40	\$ 23,732.20	\$ 18,647.00
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	\$ 43,609.08	\$ 33,593.21	\$ 36,664.69	\$ 27,314.00
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	\$ 77,288.71	\$ 17,648.27
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	\$ 36,383.07	\$ 48,210.62	\$ 52,434.00
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	\$ 14,503.29
Other	\$ 716.67	\$ 240.83	\$ 338.53	\$ 607.20	\$ 1,388.65	\$ 954.53	\$ 598.41	\$ 354.17	\$ 533.92	\$ 1,414.62	\$ 1,423.74
Total	\$ 788,990.62	\$ 750,765.16	\$ 711,615.58	\$ 901,028.49	\$ 817,036.28	\$ 826,964.62	\$ 925,186.16	\$ 820,175.14	\$ 768,815.91	\$ 814,584.59	\$ 710,558.57
Number of Registered People Receiving Services	353	347	332	360	376	365	390	340	315	309	282
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	\$ 2,412.28	\$ 2,440.69	\$ 2,636.20	\$ 2,519.71
Service Transactions Provided	24,157	23,160	21,982	24,451	23,568	22,794	26,819	25,301	24,168	24,942	24,447
Average Cost per Transaction	\$ 33	\$ 32	\$ 32	\$ 37	\$ 35	\$ 36	\$ 34	\$ 32	\$ 32	\$ 33	\$ 29
Count of Adult IDD	69	72	72	69	71	73	70	66	69	72	68
Count of Child IDD	21	18	17	17	19	21	21	15	14	16	13
Count of Adult SMI	186	188	182	208	218	208	227	200	184	172	151
Count of Child SED	77	69	61	66	68	63	72	59	48	49	50
Total	353	347	332	360	376	365	390	340	315	309	282
IDD Adult Cost	\$ 368,242.85	\$ 350,339.80	\$ 354,682.21	\$ 446,612.06	\$ 371,665.27	\$ 405,027.88	\$ 426,490.50	\$ 416,302.41	\$ 414,351.71	\$ 425,548.33	\$ 416,623.08
IDD Child Cost	\$ 30,341.64	\$ 23,013.99	\$ 20,427.31	\$ 30,986.17	\$ 36,584.93	\$ 23,603.61	\$ 26,102.47	\$ 27,822.20	\$ 17,788.85	\$ 20,221.65	\$ 11,712.51
Adult SMI Cost	\$ 281,299.90	\$ 276,409.16	\$ 276,838.45	\$ 333,844.95	\$ 313,400.78	\$ 310,996.21	\$ 362,340.98	\$ 266,452.87	\$ 250,647.11	\$ 282,901.18	\$ 215,471.98
Child SED Cost	\$ 109,106.23	\$ 101,002.21	\$ 59,667.61	\$ 89,585.31	\$ 95,385.30	\$ 87,336.92	\$ 110,252.21	\$ 109,597.66	\$ 86,028.24	\$ 85,913.43	\$ 66,751.00
Total	\$ 788,990.62	\$ 750,765.16	\$ 711,615.58	\$ 901,028.49	\$ 817,036.28	\$ 826,964.62	\$ 925,186.16	\$ 820,175.14	\$ 768,815.91	\$ 814,584.59	\$ 710,558.57
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	\$ 6,307.61	\$ 6,005.10	\$ 5,910.39	\$ 6,126.81
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	\$ 1,854.81	\$ 1,270.63	\$ 1,263.85	\$ 900.96
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	\$ 1,332.26	\$ 1,362.21	\$ 1,644.77	\$ 1,426.97
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	\$ 1,857.59	\$ 1,792.26	\$ 1,753.34	\$ 1,335.02
Total	\$ 2,235.10	\$ 2,163.59	\$ 2,143.42	\$ 2,502.86	\$ 2,172.97	\$ 2,265.66	\$ 2,372.27	\$ 2,412.28	\$ 2,440.69	\$ 2,636.20	\$ 2,519.71

	FY2024 Service Information for Wexford County										
Area of Service	October	November	December	January	February	March	April	May	June	July	August
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	\$ 132,881.08	\$ 125,634.18	\$ 141,387.11	\$ 107,368.71
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	\$ 90,850.83	\$ 80,578.48
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	\$ 139,899.97	\$ 125,876.30	\$ 127,768.97	\$ 122,333.38
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	\$ 802,825.56	\$ 761,135.45
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	\$ 56,221.00	\$ 49,908.20	\$ 47,198.00	\$ 55,021.40
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	\$ 77,902.76	\$ 66,655.40	\$ 59,258.24	\$ 43,094.20
Psychiatric Inpatient	\$ 153,559.95	\$ 106,050.44	\$ 92,685.52	\$ 147,960.02	\$ 228,849.18	\$ 191,771.61	\$ 178,336.00	\$ 158,159.77	\$ 187,446.59	\$ 114,208.52	\$ 35,778.89
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	\$ 97,807.74	\$ 87,149.09	\$ 82,310.77	\$ 80,651.84
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	\$ 66,303.59	\$ 65,069.04	\$ 64,882.18	\$ 70,895.46
Other	\$ 12,088.40	\$ 9,660.36	\$ 7,497.45	\$ 11,459.77	\$ 8,929.20	\$ 11,722.60	\$ 10,160.74	\$ 13,129.27	\$ 13,007.42	\$ 12,169.26	\$ 9,867.12
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	\$ 1,581,257.26	\$ 1,555,890.31	\$ 1,542,859.44	\$ 1,366,724.93
Number of Registered People Receiving Services	608	576	564	590	592	604	595	553	542	509	509
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	\$ 2,859.42	\$ 2,870.65	\$ 3,031.16	\$ 2,685.12
Service Transactions Provided	53,480	49,497	48,511	54,116	52,554	54,056	56,319	57,166	55,309	56,963	49,821
Average Cost per Transaction	\$ 29	\$ 28	\$ 28	\$ 28	\$ 29	\$ 28	\$ 28	\$ 28	\$ 28	\$ 27	\$ 27
Count of Adult IDD	112	110	108	113	116	114	118	116	112	117	115
Count of Child IDD	59	56	48	57	46	52	51	49	52	45	50
Count of Adult SMI	332	317	319	330	330	334	315	271	269	254	237
Count of Child SED	105	93	89	90	100	104	111	117	109	93	107
Total	608	576	564	590	592	604	595	553	542	509	509
IDD Adult Cost	\$ 663,172.16	\$ 651,603.46	\$ 655,563.69	\$ 698,693.05	\$ 666,349.42	\$ 697,169.10	\$ 704,818.13	\$ 736,990.69	\$ 727,776.87	\$ 752,585.97	\$ 708,815.37
IDD Child Cost	\$ 147,453.43	\$ 134,575.08	\$ 127,692.66	\$ 133,802.13	\$ 106,822.49	\$ 107,216.23	\$ 109,355.46	\$ 113,315.24	\$ 115,907.03	\$ 125,274.01	\$ 112,080.20
Adult SMI Cost	\$ 595,568.14	\$ 472,548.64	\$ 459,931.17	\$ 572,500.63	\$ 552,158.29	\$ 569,734.79	\$ 574,773.90	\$ 539,225.82	\$ 553,418.77	\$ 550,703.14	\$ 441,486.16
Child SED Cost	\$ 121,046.02	\$ 115,085.42	\$ 103,580.24	\$ 105,245.13	\$ 182,923.02	\$ 117,897.68	\$ 165,157.72	\$ 191,725.51	\$ 158,787.64	\$ 114,296.32	\$ 104,343.20
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	\$ 1,581,257.26	\$ 1,555,890.31	\$ 1,542,859.44	\$ 1,366,724.93
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	\$ 6,353.37	\$ 6,498.01	\$ 6,432.36	\$ 6,163.61
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	\$ 2,312.56	\$ 2,228.98	\$ 2,783.87	\$ 2,241.60
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	\$ 1,989.76	\$ 2,057.32	\$ 2,168.12	\$ 1,862.81
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	\$ 1,638.68	\$ 1,456.77	\$ 1,228.99	\$ 975.17
Total	\$ 2,511.91	\$ 2,385.09	\$ 2,387.89	\$ 2,559.73	\$ 2,547.73	\$ 2,470.23	\$ 2,611.94	\$ 2,859.42	\$ 2,870.65	\$ 3,031.16	\$ 2,685.12

https://www.record-eagle.com/news/local_news/mental-health-care-new-treatment-center-on-munson-campus-takes-shape/article_a3bc73ae-7134-11ef-9e25-5bdc28b9f516.html

MENTAL HEALTH CARE: New treatment center on Munson campus takes shape

- [By Peter Kobs pkobs@record-eagle.com](mailto:Pkobs@record-eagle.com)
- Sep 15, 2024

TRAVERSE CITY — The new Grand Traverse Mental Health Crisis and Access Center is finally taking shape following more than three years of intensive planning and development.

When it opens later this year, the 22,000-square-foot facility will mark a major step forward in the ongoing effort to address the chronic shortage of behavioral health care services in northern Michigan.

“This isn’t a ‘magic bullet’ that will fill all the mental health care needs in our region, but it’s certainly significant progress for patients seeking care,” said Laura Glenn, 42, chief operating officer for Munson Healthcare.

“The facility will be open 24 hours a day, seven days a week,” she said. “We expect most patients to come from the Grand Traverse area, but the broader service area is all of northern Michigan and parts of the eastern U.P.”

The new center will bring mental health, substance abuse and crisis intervention services under one roof, including several in-patient beds for overnight patient stays. It is located at 410 Brook Street, just west of the Munson Medical Center helipad.

Unlike single-owner clinics, MHCAC is a multi-agency collaboration among several area groups, including Munson, Northern Lakes Community Mental Health Agency, Northwest Michigan Community Health Innovation Region (known as CHIR), Grand Traverse County and the United Way of Northern Michigan.

“This coordinated approach represents best practices in caring for children, families, seniors, and citizens of all ages, regardless of insurance or ability to pay,” Glenn said.

Previously known as the new “Center for Mental Wellness,” the name was changed this summer based on input from a community advisory group and others.

Much of the clinical staff will come from Northern Lakes under the guidance of Michael Corby, who was recently hired as the center’s first director. Additional help will come from Munson specialists.

Hiring enough staff for the new center has already started, a parallel effort to the major building renovations now underway.

Inside the facility

Originally built in 1986, the new center has two levels. The upper level offers a welcome area for patients and families, as well as a separate entrance/waiting room for patients brought in by law enforcement and first responders.

Also on the first floor, visitors will find treatment rooms, administrative offices, a kitchen and a large outdoor deck area complete with gazebo. A few rooms in the facility are set aside for overnight patient stays.

The lower level is dedicated to pediatric mental health care for children and adolescents. Renovations there are just starting now that the upper level is largely complete.

The project is funded in part by \$5 million in ARPA funds allocated by the county board of commissioners. Munson secured another \$5 million in state funding to expand pediatric services both at the center and within the Munson system.

In addition, Northern Lakes received \$1.8 million in federal funds to support its adult crisis residential unit, plus a \$3-million state appropriation for Adult Crisis Stabilization and Youth Crisis Stabilization units.

Munson is acting as the fiduciary for the ARPA funds in the wake of financial and operational problems that sparked an independent investigation at Northern Lakes in late 2023 and early 2024.

Collaborative funding

On Oct. 1, 2024, members of the Grand Traverse County Board of Commissioners are expected to tour the facility.

“One of the reasons our region is so successful is our commitment to collaboration,” said board Chair Rob Hentschel. “We don’t always agree on the county board, but I believe every current commissioner supported this project.”

More recently, the county board allocated \$150,000 in cannabis tax money to Pine Rest Christian Mental Health Services of Traverse City to help the agency recruit and relocate a child psychiatrist.

Besides the immediate benefit to patients, the new center will help relieve Munson’s sometimes over-stressed emergency department.

“The wait in the emergency room can sometimes stretch into hours,” Hentschel said. “Not only will the new center reduce that load, it will also help our cops (who are responding to a mental health crisis) get back on the road faster to serve the community in other ways.”

Since 2018, behavioral health crises have formed the second-largest patient demand at the ER, according to mental health advocate Kate Dahlstrom.

“The addition of a short-term (in-patient) residency option (at the new center) is very important,” she said. “It’s something we’ll be watching very closely.”

A former member of the Northern Lakes board, Dahlstrom currently serves on the local board of the National Alliance on Mental Illness, the nation’s largest grassroots mental health organization.

She called the new center “a huge plus” that has been needed for many years.

Widespread problem

According to the National Institute of Mental Health, about 23 percent of Americans — some 58 million — are living with some form of mental illness. Of that number, about 5 percent are experiencing severe mental illness, such as psychosis, bipolar disorder, suicidality or major depression.

“Almost everybody is going to be impacted by mental illness at some time or another, whether it be a patient or their family members,” Dahlstrom said. “This issue really affects all of us.”

The new Grand Traverse Mental Health Crisis and Access Center will serve both as a “step up” and a “step down” service, she said.

A step up in care could mean providing immediate services to someone who usually has lower-level symptoms, but is now experiencing a crisis. A step down could mean treating a patient who is leaving a hospital psychiatric ward, but needs intermediate care before re-entering the community.

Glenn noted that Munson, Northern Lakes and the other collaborating groups are also working together to set up follow-up care for patients after they leave the new center.

Such care could come from places like Pine Rest, private therapists and other community mental health agencies around northern Michigan. The new facility is not competing with other providers, but supplementing them in a holistic way, Munson officials said.

“There absolutely has to be follow-up care,” said Dahlstrom. “Lack of follow-up care is the biggest weakness in northern Michigan right now, along not having enough in-patient beds.”

Kids in crisis

Christine Wilmont, director of the local Pine Rest clinic, said at a recent county board meeting that the demand for mental health services, particularly among children, adolescents and young adults, has been increasing steadily since before the pandemic.

Teen mental health is in crisis, with a 52-percent increase in the number of adolescents reporting symptoms of major depression since 2015, according to the U.S. Centers for Disease Control and Prevention. For young adults 18-25, the increase was 63 percent.

Exactly why that is happening is a matter of intense debate among researchers and clinicians.

Some experts cite the lasting effects of social isolation from the COVID-19 pandemic. Others cite the well-documented negative impact of social media on young people, as well as increased pressure to succeed academically.

Socio-environmental stressors such as discrimination, poverty, pollution, displacement and food insecurity also play a role, as well as cultural changes that impact how young people use their time, according to a study by the American Psychological Association.

But there's one factor almost all the researchers agree on: limited access to care, particularly during a mental health crisis, is a major contributor to the current crisis.

Officials like Glenn, Wilmont and Dahlstrom expressed the hope that the new center will be part of the solution in northern Michigan.

<https://www.secondwavemedia.com/features/091724fundinggap.aspx>

<https://www.modeldmedia.com/features/091724fundinggap.aspx>

Funding gap threatens care for Michiganders utilizing community mental health

Michigan’s community mental health agencies face deep revenue gaps this year — a projected \$93 million — even after a partial revenue gap closing rate adjustment was made in April 2024. The [Community Mental Health Association of Michigan](#) (CMHA) and its members have engaged in a months-long advocacy effort to close this gap, which is now impacting the current fiscal year and threatens services in 2025.



Robert Sheehan

“We have contended that the rates in the last 15 years have been below the actual need for Medicaid behavioral health services,” says CMHA CEO Robert Sheehan. “This is another \$93 million below that.”

What caused the gap? During the COVID-19 public health emergency, Medicaid re-enrollments and redeterminations across the country and within Michigan were frozen. This increased the number of Michigan’s Medicaid recipients. With the end of the pandemic, Medicaid reinstated the requirement that people receiving Medicaid re-enroll every year. As a result, more than 700,000 Michiganders lost their Medicaid coverage.

“Enrollments dropped so far below what we expected,” Sheehan says. “Costs have not stayed the same, they have gone up because of increased wages, increased provider costs, and increased demand.”

Medicaid is the primary funder of Michigan’s public mental health system — including the 43 community mental health agencies serving all 83 counties. These funds are paid based on the number of Michiganders on Medicaid. As the number of Medicaid beneficiaries dropped significantly over the past year, so did the revenue provided to the state’s public mental health system. The vast majority of the Michiganders who receive Medicaid-

covered mental health services from the state’s public mental health system live with disabilities that require high-cost mental health care.

“It's like all insurance,” Sheehan says. “They cover everyone, and we serve whoever shows up.”

To make matters worse, errors in Michigan’s Medicaid redetermination process have exacerbated this deficit. Medicaid beneficiaries who are disabled, aging, or 65+ years of age and have long had coverage mistakenly are being enrolled in Plan First, which covers only family planning services — not the comprehensive range of other physical and mental health services these people need. This has further reduced revenue for the state’s public mental health system.

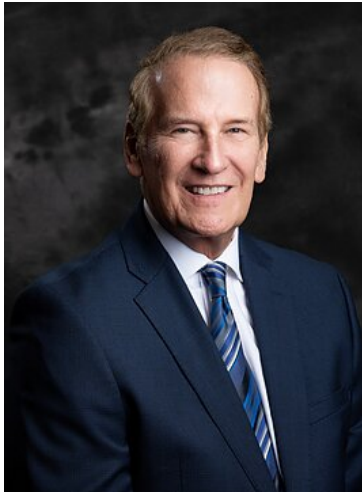
“While family planning is a good thing, Plan First doesn't cover any of the services that they need to live a normal life in the community,” Sheehan says.



Northern Lakes Community Mental Health Authority serves six northern Michigan counties.

Services at risk in both urban and rural counties

In Genesee County, the funding gap is projected to create a nearly \$1.4 million shortfall for [Genesee Health System](#), the county’s community mental health provider.



Danis Russell

“The demand for services has been greater than expected within the entire system statewide and in Genesee County,” says Danis Russell, CEO of Genesee Health System. “When applying to become a [[Certified Community Behavioral Health Clinic](#)] CCBHC and completing the cost report, we did our best to estimate non-Medicaid visits and the costs related to them so that our rate would be reflective of all our costs and allow us to break even. While the rates were expected to cover both Medicaid visits and those without Medicaid, the demand has far exceeded the expectation.”

[Northern Lakes Community Mental Health Authority](#) serves adults and children in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford counties and is facing a projected \$1.3-million shortfall.

“This shortfall will continue to challenge the statewide system until an adequate funding mechanism is developed,” Russell says.

While the state legislature has already appropriated sufficient funds to cover these costs, the [Michigan Department of Health and Human Services](#) must take action to release them.



Kevin Fischer

Fewer funds for greater needs

“The funding gap is impacting mental health services significantly,” says Kevin Fischer, executive director, [National Alliance on Mental Illness \(NAMI\) Michigan](#). “The need for mental health services has increased post pandemic, and for the people who utilize the mental health services provided through a CMH, the need has increased.”

Fischer likens the way the current funding works to going to a buffet.

“It’s a one-size-fits-all pricing or payment schedule,” Fischer says. “The problem is, the need has gone up, so I’m not coming for services once a month. Maybe I’m coming five times a month, but the payment system is still based on that once a month. That puts an incredible strain on the providers to cover the cost of providing services to high utilizers.”

Marriane Huff, president and CEO, [Mental Health Association in Michigan](#), advocates one - on-one for Michiganders in need of mental health services.



Marianne Huff

“When the CMH does not have enough funding, then the people don't get the services,” she says. “What makes it even more difficult for public mental health is because Medicaid is an entitlement, the CMH system has to provide the services, whether they have the money or not.”

Huff gives the example of an adolescent with serious mental health issues being prescribed 25 hours of community living supports a week. While the CMH can authorize the supports, it may be unable to pay staff to provide them.

“When a CMH doesn't have enough funding, their only options are to cut their own staff salary and benefits or cut rates of reimbursement to the people that they contract with,” Huff says.

Without community living supports, this young person may spiral out of control and end up confined at the hospital emergency room indefinitely, waiting for placement in a residential facility — and the state has an ongoing shortage of residential treatment beds.

“When there's not enough money, it really makes it difficult for individuals with more significant behavioral health conditions to stay in the least restrictive setting, which is the community,” Huff says. “Also, the solution isn't just the \$93 million to close the gap. It's also to find out why people who are disabled, aging, or blind are winding up in the wrong type of Medicaid.”



According to the U.S. Centers for Disease Control and Prevention, about one out of five children have a mental, emotional or behavioral health disorder.

A reasonable solution

While Michigan’s public mental health system revenue has dropped far below what was expected, Sheehan says a remedy exists. CMHA, its members, and allies are recommending that the \$93 million revenue gap be closed through the development and payment of retroactively effective, revised, and increased capitation rates.

“By going back and changing the rates, you're actually making the rates whole, making the CMHs whole, as if we had made those rate adjustments in October 2023,” Sheehan says. “You're actually going back and paying them. You're asking, ‘What would it have been?’ and paying them now.”

If the existing, appropriated dollars are not made available to the CMHs, those dollars will be returned to federal coffers at the end of the fiscal year.

Fischer says the solution proposed by CMHA is a good short answer to the funding gap, but what’s truly needed is a longer vision for adequate funding of community mental health services.

“I have great respect for my friends over at MDHHS. But, when I go back over the years, this is not the first time the system has been short funded,” Fischer says. “We always end up

being reactive instead of proactive. We need to have a more flexible, more forward-thinking payment system that's fair to providers, so the providers can keep up with the demand, and we will not continue to run into these shortfalls.”

#

Northern Lakes CMH

August 2024

Preliminary
Board Report

Northern Lakes CMH

Summary of Variances and Fluctuations

October 1, 2023 through August 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 \$3.8 million increase and liquid cash remains stable.

II. Operating revenue

- **Medicaid Capitation** - Estimated Medicaid expenses are approximately **\$3.8K MORE** than the capitated payments received from NMRE resulting in a current **OVERSPEND**. The estimated revenue needed to cover expenses is about **\$3.8M 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 **\$3.1M GREATER** than the capitated payments received from NMRE resulting in an **OVERSPEND**. The estimated revenue needed to cover expense is about \$49K 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 August 31, 2024, NMRE had an approximate \$1.3K deficit of Medicaid funding and a deficit of \$6.4M of Healthy Michigan funding. These amounts will adjust slightly when the State pushes out the additional funding. Any remaining deficits will need to come from Internal Service Funds.
- **General Fund Capitation** - Estimated expenses are approximately **\$1.M 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 about \$1.9M less than what was included in the FY 24 budget. These amounts have also been impacted by the decline in the Medicaid enrollments.
- **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 \$1.7M 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 \$4.1M 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 \$5.7M balance reported represents the cash basis expenses associated contractual services. Costs associated with internal staff and other related activities total \$2.7M resulting in year to date expenses of \$8.5M. There is a year to date surplus of just over \$1M.

Prepared by Laura Argyle, Deputy CFO on 10/9/2024

Northern Lakes CMH

Statement of Net Position

August 31, 2024

	(Unaudited) 8/31 2024	(Unaudited) 8/31 2023	Favorable (Unfavorable)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 5,006,983	\$ 20,203,756	\$(15,196,773)
Investments	8,126,301	5,922,181	2,204,120
Due from other governmental units	12,465,807	430,900	12,034,907
Prepaid items	439,446	279,478	159,968
Total current	<u>26,038,537</u>	<u>26,836,315</u>	<u>(797,778)</u>
Noncurrent:			
Capital assets not being depreciated	1,870,395	1,865,625	4,770
Capital assets being depreciated, net	4,350,420	5,057,467	(707,047)
Deferred outflows - Pension	2,033,495	537,475	1,496,020
Total noncurrent	<u>8,254,310</u>	<u>7,460,567</u>	<u>793,743</u>
Total assets and deferred outflows	<u>34,292,847</u>	<u>34,296,882</u>	<u>(4,035)</u>
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	4,970,743	2,199,722	(2,771,021)
Accrued wages and related liabilities	504,650	55,418	(449,232)
Due to other governmental units	1,742,135	6,565,304	4,823,169
Self-funded insurance claims payable	787,482	345,685	(441,797)
Unearned revenue	(50,000)	-	50,000
Other current liabilities	72,480	74,111	1,631
Compensated absences, due within one year	1,433,707	1,386,866	(46,841)
Lease liability, due within one year	729,197	855,700	126,503
Total current liabilities	<u>10,190,394</u>	<u>11,482,805</u>	<u>1,292,411</u>
Noncurrent			
Compensated absences, due beyond one year			-
Lease liability, due beyond one year			-
Net pension liability	5,188,225	1,581,749	(3,606,476)
Deferred inflows - Pension	-	1,696,876	1,696,876
Total noncurrent liabilities	<u>5,188,225</u>	<u>3,278,625</u>	<u>(1,909,600)</u>
Total liabilities and deferred inflows	<u>15,378,619</u>	<u>14,761,430</u>	<u>(617,189)</u>
NET POSITION			
Net investment in capital assets	6,375,206	6,375,206	0
Current Year to date Revenue over Expenses	1,197,200	1,098,034	
Unrestricted	<u>11,341,822</u>	<u>12,062,211</u>	<u>720,389</u>
Total net position	<u>\$ 18,914,228</u>	<u>\$ 19,535,451</u>	<u>\$ (621,223)</u>

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

Northern Lakes CMH

Statement of Revenues, Expenses compared to Budget

October 1, 2023 through August 31, 2024

	(Unaudited) 8/31 2024	YTD Budget 8/31 2024	Favorable (Unfavorable)
Revenues			
Medicaid Sources			
Medicaid	\$ 58,249,223	\$ 58,208,484	\$ 40,739
Medicaid - Settlement	3,803,564	-	3,803,564
Healthy Michigan	4,503,119	7,722,392	(3,219,273)
Healthy Michigan - Settlement	3,169,635	-	3,169,635
State General Fund	2,955,488	2,796,531	158,957
Grants	2,225,020	2,288,313	(63,293)
County appropriations	1,020,342	941,178	79,164
Northern Healthcare Management	9,494,779	11,485,810	(1,991,031)
Other revenue	2,820,696	2,005,068	815,628
Total operating revenue	<u>88,241,866</u>	<u>85,447,775</u>	<u>2,794,091</u>
Employed Workforce and Agency Expenditures			
Personnel	27,219,447	28,932,747	(1,713,300)
Admin Contracts	1,639,843	1,147,191	492,652
Direct Operations	3,051,720	2,503,583	548,137
Contractual Services	1,047,202	-	1,047,202
Transportation	543,767	682,125	(138,358)
Occupied Space	1,897,074	1,827,150	69,924
Total Directly Provided & Agency Oversight	<u>35,399,053</u>	<u>35,092,797</u>	<u>306,256</u>
Contracted Provider Expenditures			
Autism Services Providers	3,743,276	3,517,233	226,043
Clinical Contract Providers	2,198,195	3,591,726	(1,393,531)
Daytime Activities Contract Providers	6,651,301	4,679,662	1,971,639
FI Provided Self Determination	1,785,641	1,342,666	442,975
Inpatient Services	6,488,023	6,283,750	204,273
Therapeutic Contract Providers	389,263	558,596	(169,333)
Residential Contracts	20,829,321	18,092,201	2,737,121
CLS Providers	2,924,023	2,890,872	33,151
Northern Health Care Mgt Services	5,739,842	8,506,965	(2,767,123)
Northern Health Care Mgt Respite	3,523	73,733	(70,210)
Client Transportation Providers	893,205	817,575	75,630
Total Contracted Provider Expenditure	<u>51,645,613</u>	<u>50,354,979</u>	<u>1,290,634</u>
Total operating expenses	87,044,666	85,447,775	1,596,891
Change in net position	<u>1,197,200</u>	<u>0</u>	<u>1,197,200</u>

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

Northern Lakes CMH

Summary of Provider Network Contract Activity

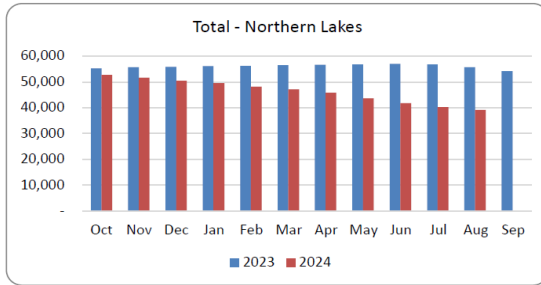
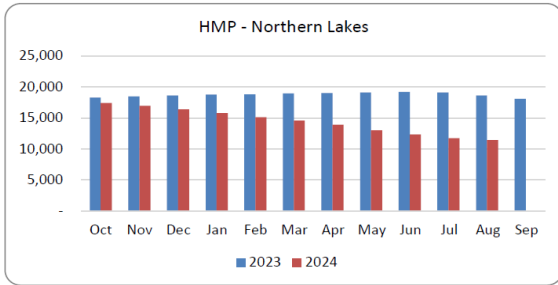
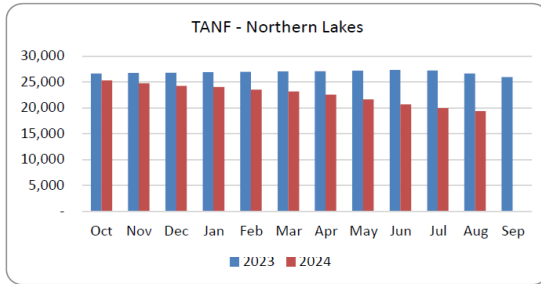
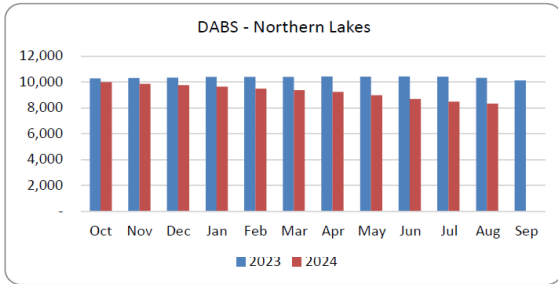
October 1, 2023 through August 31, 2024

Provider Network Category	YTD Budget	YTD	Budget to Actual	YTD	Variance from PY	% Change			
	8/31/2024	8/31/2024	Inc/(Dec)	8/31/2023	Inc/(Dec)				
Houghton Lake Drop In - Drop In Centers	\$	79,587		\$ 52,667	\$ 26,920	51.11 %			
Kandu Island - Drop In Centers	\$	132,327		\$ 93,154	\$ 39,173	42.05 %			
Contracted Clinical Services - OBRA Screening	\$	283,630		\$ 121,113	\$ 162,517	134.19 %			
Contracted Clinical Services - Behavior Treatment	\$	192,470		\$ 108,519	\$ 83,951	77.36 %			
Client Specific Contract - Partial Day	\$	224,386		\$ 153,778	\$ 70,608	45.92 %			
Client Specific Contract - Residential	\$	287,620		\$ 140,868	\$ 146,752	104.18 %			
Client Specific Contract - MCTT & ACT Teams	\$	42,771		\$ 19,744	\$ 23,027	116.62 %			
Client Specific Contract - Emgcy Serv/Outpatient	\$	1,948		\$ 8,215	\$ (6,267)	(76.29)%			
Client Specific Contract - DD CSM Team	\$	1,264		\$ 44,904	\$ (43,640)	(97.19)%			
Client Specific Contract - Managed Care	\$	88		\$ -	\$ 88	100.00 %			
Client Specific Contract - Club Cadillac	\$	2,106		\$ 11,461	\$ (9,355)	100.00 %			
Contr Psych's - Med Clinic	\$	3,591,726		\$ 715,578	\$ 239,907	33.53 %			
Client Transportation - Partial Day	\$	817,575		\$ 525,331	\$ 208,149	39.62 %			
Total Clinical Contract Providers (less grant activity)	\$	4,409,301	\$	1,995,332	\$	941,831	47.20 %		
Autism Services - Partial Day	\$	3,398,901		\$ 2,089,588	\$ 1,309,313	62.66 %			
Autism Services - Residential	\$	289,047		\$ 281,552	\$ 7,495	2.66 %			
Autism Services - Emgcy Serv/Outpatient	\$	7,028		\$ 1,989	\$ 5,039	253.34 %			
Autism Services - DD CSM Team	\$	48,300		\$ 16,248	\$ 32,052	197.27 %			
Total Autism Providers	\$	3,517,233	\$	2,389,377	\$	1,353,899	515.93 %		
Hope Network - Partial Day	\$	910,866		\$ 527,646	\$ 383,220	72.63 %			
Hope Network - Residential	\$	2,857,525		\$ 961,805	\$ 1,895,720	197.10 %			
Hope Network - MCTT & ACT Teams	\$	14,645		\$ 7,872	\$ 6,773	86.03 %			
Hope Network - Emgcy Serv/Outpatient	\$	5,052		\$ 1,149	\$ 3,903	339.54 %			
Hope Network - DD CSM Team	\$	2,429		\$ 1,011	\$ 1,418	100.00 %			
Hope Network - PT/OT/ST Only	\$	322		\$ 850	\$ (528)	100.00 %			
R.O.O.C. Inc - Partial Day	\$	60,268		\$ 26,032	\$ 34,236	131.52 %			
R.O.O.C. Inc - Residential	\$	526,179		\$ 327,972	\$ 198,207	60.43 %			
Grand Traverse Industries - Partial Day	\$	798,390		\$ 544,718	\$ 253,672	46.57 %			
Grand Traverse Industries - Residential	\$	1,475,625		\$ 728,863	\$ 746,762	102.46 %			
Total Daytime Providers	\$	4,679,662	\$	3,127,918	\$	3,523,383	340.97 %		
Community Inpatient Hospital - Inpatient	\$	6,220,775		\$ 4,579,722	\$ 1,641,053	35.83 %			
Crisis Residential - Residential	\$	128,967		\$ 231,664	\$ (102,697)	(44.33)%			
County - State Fac - Inpatient - State	\$	91,817		\$ 180,028	\$ (88,211)	(49.00)%			
County - Forensic Ctr - Inpatient - State	\$	42,817		\$ -	\$ 42,817	#DIV/0!			
Total Inpatient Providers / State Hospital Inpatient	\$	6,283,750	\$	4,991,413	\$	1,492,963	#DIV/0!		
Self Determination - Residential	\$	1,785,556		\$ 792,733	\$ 992,823	125.24 %			
Self Determination - DD CSM Team	\$	85		\$ 56,788	\$ (56,703)	(99.85)%			
Total Fiscal Intermediary Providers	\$	1,342,666	\$	849,521	\$	936,120	#DIV/0!		
Child and Family Services - MIC Client Support Service	\$	189,002		\$ 152,530	\$ 36,472	23.91 %			
Child and Family Services - Residential	\$	2,516		\$ -	\$ 2,516	100.00 %			
Child and Family Services - Mobile Crisis	\$	197,745		\$ 125,728	\$ 72,017	57.28 %			
Total Fiscal Intermediary Providers	\$	558,596	\$	389,263	\$	(169,333)	278,258	111,005	181.19 %
M.I. Residential Contracts - Residential	\$	1,341,476		\$ 940,757	\$ 400,719	42.60 %			
Residential Contracts - Residential	\$	11,470,205		\$ 4,689,329	\$ 6,780,876	144.60 %			
Beacon Specialized Living Center - Residential	\$	3,394,989		\$ 2,047,546	\$ 1,347,443	65.81 %			
Beacon Specialized Living Center - MCTT & ACT Teams	\$	5,232		\$ 7,599	\$ (2,367)	(31.15)%			
Beacon Specialized Living Center - Emgcy Serv/Outpatient	\$	1,555		\$ 4,213	\$ (2,658)	(63.09)%			
Beacon Specialized Living Center - Behavior Treatment	\$	630		\$ 898	\$ (268)	(29.81)%			
Lake Shore - Residential	\$	597,020		\$ 530,237	\$ 66,783	12.59 %			
Summerfield - Residential	\$	525,011		\$ 300,743	\$ 224,268	74.57 %			
East Bay - Residential	\$	398,754		\$ 230,363	\$ 168,391	73.10 %			
Lincoln House - Residential	\$	389,119		\$ 243,192	\$ 145,927	60.01 %			
Fort Road - Residential	\$	316,576		\$ 218,042	\$ 98,534	45.19 %			
New Horizons - Residential	\$	522,316		\$ 309,694	\$ 212,622	68.66 %			
Elmwood - Residential	\$	425,882		\$ 263,552	\$ 162,330	61.59 %			
Cedar Valley Home - Residential	\$	308,638		\$ 208,748	\$ 99,890	47.85 %			
Hab Waiver Supports - Residential	\$	1,010,096		\$ 660,713	\$ 349,383	52.88 %			
Hab Waiver Supports - SIP Homes	\$	116,928		\$ 61,870	\$ 55,058	88.99 %			
Total Residential Providers	\$	18,092,201	\$	20,824,427	\$	2,732,227	10,717,497	10,106,930	94.30 %
Community Living Supports - Partial Day	\$	70,062		\$ 41,985	\$ 28,077	66.87 %			
Community Living Supports - Residential	\$	1,736,314		\$ 754,335	\$ 981,979	130.18 %			
Community Living Supports - MCTT & ACT Teams	\$	1,822		\$ 60	\$ 1,762	2,936.67 %			
MI Independent SIP - SIP Homes	\$	101,950		\$ 81,649	\$ 20,301	24.86 %			
MI Independent SIP - SIP Homes	\$	165,893		\$ 78,405	\$ 87,488	111.58 %			
MI Independent SIP - SIP Homes	\$	102,452		\$ 87,739	\$ 14,713	16.77 %			
Spectrum SIP - SIP Homes	\$	181,148		\$ 114,914	\$ 66,234	57.64 %			
Spectrum SIP - SIP Homes	\$	199,961		\$ 126,585	\$ 73,376	57.97 %			
Spectrum SIP - SIP Homes	\$	183,794		\$ 119,006	\$ 64,788	54.44 %			
Woodland TC Home - SIP Homes	\$	125,106		\$ 93,304	\$ 31,802	34.08 %			
Brickways - Residential	\$	49,289		\$ 130,639	\$ (81,350)	(62.27)%			
Total CLS Providers	\$	2,890,872	\$	2,917,791	\$	26,919	1,628,620	277,353	17.03 %
	\$	41,774,281	\$	45,733,237	\$	3,958,956	25,977,934	18,743,485	72.15 %

Prior year figures do not include accrual for unreported services

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

Northern Lakes Eligible Members Trending - based on payment files



Resolution – Exemption PA152

Resolution to adopt the annual exemption option as set forth in 2011 Public Act 152, The Publicly Funded Health Insurance Contribution Act.

WHEREAS, 2011 Public Act 152 (the “Act”) was passed by the State Legislature and signed by the Governor on September 24, 2011;

WHEREAS, The Act contains three options for complying with the requirements of the Act;

WHEREAS, the three options are as follows:

- 1) Section 3 – “Hard Caps” Option – limits a public employer’s total annual health care costs for employees based on coverage levels, as defined in the Act;
- 2) Section 4 – “80%/20%” Option – limits a public employer’s share of total annual health care costs to not more than 80%. This option requires an annual majority vote of the governing body;
- 3) Section 8 – “Exemption” Option – a local unit of government, as defined in the Act, may exempt itself from the requirements of the Act by an annual 2/3 vote of the governing body.

WHEREAS, Northern Lakes Community Mental Health Authority has decided to adopt the annual Exemption option as its choice of compliance under the Act;

NOW, THEREFORE, BE IT RESOLVED Northern lakes Community Mental Health Authority elects to comply with the requirements of 2011 Public Act 152, the Publicly Funded Health Insurance Act, by adopting the annual Exemption option for the medical benefit plan coverage year **January 1, 2025 through December 31, 2025.**

**Northern Lakes CMHA
Health Insurance Cost Analysis
Calendar Year 2025
PA152 Opt Out**

Plan		Estimated Staff Enrollment by Plan	Proposed Opt Out 2025 Per Pay Employee Share	Per Pay 2025 HSA Agency Contribution	2025	2025	2025	2025 Opt Out
					Total Cost To Agency No Opt Out	Total Cost To Agency Opt Out	Add'tl Cost To Agency With Opt Out	Staff Contribution
Simply Blue 1000	One Person	21	\$ 34.14		162,083.46	180,721.80	18,638.34	18,640.44
	Two Person	15	\$ 127.76		242,119.20	291,943.35	49,824.15	49,824.45
	Family	29	\$ 142.90		610,445.65	718,189.93	107,744.28	107,742.83
	Vision							
					1,014,648.31	1,190,855.08	176,206.77	176,207.72
BCBS #2 Core	One Person	13	\$ 41.59		100,337.38	114,396.10	14,058.72	14,057.42
	Two Person	3	\$ 145.64		48,423.84	59,784.00	11,360.16	11,359.92
	Family	2	\$ 165.26		42,099.70	50,692.98	8,593.28	8,593.26
	Vision							
					190,860.92	224,873.08	34,012.16	34,010.60
BCBS #1 Upgrade	One Person	28	\$ 44.55		216,111.28	248,537.80	32,426.52	32,428.76
	Two Person	7	\$ 152.73		112,988.96	140,784.49	27,795.53	27,795.95
	Family	2	\$ 174.11		42,099.70	51,153.40	9,053.70	9,053.72
	Vision							
					371,199.94	440,475.69	69,275.75	69,278.43
BCBS HSA	One Person	44	\$ -	\$ 47.13	339,603.44	379,877.52	40,274.08	-
	Two Person	31	\$ 31.51	\$ 21.67	500,379.68	543,242.76	42,863.08	25,397.06
	Family	56	\$ 22.60	\$ 60.60	1,178,791.60	1,299,919.60	121,128.00	32,898.32
					2,018,774.72	2,223,039.88	204,265.16	58,295.38
BCBS Dental	One Person	25	\$ 5.25		9,699.00	9,699.00	-	3,410.55
	Two Person	15	\$ 10.49		11,638.80	11,638.80	-	4,092.66
	Family	28	\$ 18.36		38,021.76	38,021.76	-	13,369.36
					59,359.56	59,359.56	-	20,872.57
BCBS Upgrade Dental	One Person	70	\$ 12.27		33,054.00	33,054.00	-	22,325.94
	Two Person	46	\$ 24.53		43,442.40	43,442.40	-	29,342.66
	Family	68	\$ 42.93		112,387.68	112,387.68	-	75,908.20
					188,884.08	188,884.08	-	127,576.80
					3,843,727.53	4,327,487.37	483,759.84	486,241.50
Applied to FY25					2,882,795.65	3,245,615.53	362,819.88	364,681.12

**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