



Northern Lakes Community Mental Health Authority

Board of Directors Packet

November 21, 2024



The Northern Lakes Community Mental Health Authority Board will meet on November 21, 2024
527 Cobb St, Cadillac, 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 (Unavailable)• Chief Executive Officer Report<ul style="list-style-type: none">○ Brian Martinus, Interim Chief Executive Officer• Chief Financial Officer Report<ul style="list-style-type: none">○ Kevin Hartley, Chief Financial Officer
1:50 p.m.	5	Committee Reports: <ul style="list-style-type: none">• NMRE Update<ul style="list-style-type: none">○ Ruth Pilon• RRAC Update<ul style="list-style-type: none">○ Tony Lentych
2:10 p.m.	6	Unfinished Business: <ul style="list-style-type: none">• Committee Structure and appointments• Ad Hoc committee approval
2:50 p.m.	7	Public Comment
2:55 p.m.	8	Announcements/Board Comments/Presentations
3:00 p.m.	9	Adjourn

NEXT MEETING: December 19, 2024 – Traverse City

* 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

October 18, 2024

1:00 p.m.

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

Absent: Eric Ostergren, Shawn Kryacs, Tom Bratton

Others Present: Vickie McDonald, Curt Cummins, Joe Barkman, Erica Longstreet, Neil Rojas, Kevin Hartley, Brian Newcomb, Darryl Washington, Mark Crane, Kim Silbor, Becky Brown, Hilary Rappuhn, Nancy Stevenson

Others Virtual: Laura Argyle, Daniel Mauk, Ann Ketchum, Dean Baldwin, Jeremiah Williams, Kari Barker, Aimee Horton Johnson, Kendall Sidnam, Terri Henderson, Cindy Petersen, Rob Palmer, Cheryl Kuch, Lori Stendel, Carrie Hubbell, Somer Quinlan, Abby Schonfeld, Maci Boven, Jillian Smithingell, Erin Barbus, Erin Smith, Kaitlyn Reinink, Chelsea Felon, Jenna McQueer, Jordan Byington, Trapper Merz, Tiffany Fewins, Amanda Ritchie, Melissa Bentgen, Lisa Jones, Bobbi Hudson, Clarisse Hartnett-Manny, Manda Clements, Taneya Lamson, Chloressa McCuien, Kristin Page, Cassie Garland, Sara Houchin, Lena Bellemore, Liz Stier, Stacy Maiville, Pamella Petroelje, Josette Hoch, Kristina Woodworth, Mark Draeger, Shelly Schmidt, Lisa Woodcox, Kiley Fields, Treasa Cooper, Kasie Morse, Aimee Bunbury, Hunter Lumsden, Erica Smith, Heidi Niederer, Danielle Oswalt, Karen Cass, Rachel Plum, April Weinrick, 10 unknown guests

Call to Order: 1:00 p.m.

Conflict of Interest: None.

Approval of Agenda:

-Add Timetable plan for CEO Search Committee

MOTION:	Approve the agenda with amendment
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	M. Marois
SECONDER	C. Blake

Consent agenda included the October 26, 2024, minutes was approved.

Public Comment: Nancy Stevenson, past Chief Clinical Officer, spoke on behalf of the current staff and concerns of complex consumers having needs above our capabilities. She urged the board to speak with the current CEO, COO, and CCO to discuss these consumers and the transference of these consumers to facilities where their needs are better met. She also stated that clinicians and case managers should be supported to close consumers when there are safety concerns, consumer does not engage, or they are not making progress/are stagnant. She encouraged support of helping the Crisis team and seeking additional employees and interns from local colleges. She also noted that the Jail Diversion program needs to be reviewed as funding comes from the general fund and pulls away from other programs. She warned of possible turnover of employees if action is not taken.

Celebrate Northern Lakes: The board recognized Kellee Hoag from Finance and Becky Brown from HR. Kellee's duties are primarily accounts payable but helps wherever is needed and was a key component of holding her department together during staffing changes. She has been an employee for over 7 years, has an excellent work ethic, and is a valued member of the team.

Becky Brown, being part of the excellent HR department, brings a smile and happy attitude to the team. She has been at NLCMH for 2 years in January. She came from a small manufacturing setting and acknowledged the difference between a smaller setting and large State agency, welcoming the new challenges. Thank you both for your excellent service.

Report of Officers:

Recipient Rights Report:

Brian Newcomb, Director of the Office of Recipient Rights, presented his report to the board which covers the full fiscal year of 2024. He noted that there were 532 investigations for the year, the department remains 100% compliant, all site visits have been completed and many cases were completed within 60 days, which is 30 days less than the state requirement. Brian feels that abuse and neglect cases have dropped due to training and more communication. He recognized the request that the number of beds for each provider be included in future reports to help clarify data and the difference in number of complaints from facility to facility. He is also updating guardian information in files and is encouraging the guardians to participate in Recipient Rights training which is not a current requirement. The ORR report was also included in the packet.

Interim Chief Executive Officer's Report: The report was included in the packet. Observations were made of the decline of the number of consumers over the months reported, the increase of cost per consumer, and over 700,000 Michiganders losing their Medicaid funding. The CEO is currently on PTO Military Orders, 13-18 October 2024 – Latvia.

Chief Financial Officer's Report: Laura Argyle, Deputy CFO, presented the finance report. She commented on the balance sheet's line item Unrestricted net position as requested. This is the "rainy day fund" or savings account and is currently \$11.3 million. This is subject to change based on the completion of the 2023 fiscal year audit. These funds can be spent on almost anything with the accumulation of these funds related primarily to the MiChoice waiver program. There is approximately \$8.1 million invested in the Savings account program with Huntington Bank. Budgetary shortfalls have been primarily contributed to the number of consumers falling off Medicaid and the loss not communicated to us in a timely manner drawing funds from the general fund as a result. Workgroups within the agency are being formed to help with consumers Medicaid qualifications. She also stated that the State of Michigan acknowledged that the rates that were initially certified were not sufficient for us to operate. The report was included in the packet.

PA 152: Kevin Hartley explained that the PA 152 limits the dollar amount that an agency can contribute towards staff health insurance premiums each year. The 2025 premium renewal increase is over 15% for most options. The request is that the Board opt out of the PA 125 restriction and keep staff contributions close to the same, having the agency absorb the increase. This increase would go into effect January 1 covering 9 months of the fiscal year 2025 and has already been figured into that budget. The finance team is working on options to bring costs of plans down in the future.

MOTION: To Opt out of the PA 125 cap.

RESULT: ADOPTED

MOVER: A. Cambridge

SECONDER: D. Smallegan

ROLL CALL VOTE: 12Y, 1N

Committee Reports:

NMRE: Ruth Pilon gave an update about the NMRE, which also focused on the Medicaid revenue gap. Rates established by the State of Michigan do not cover costs, enrollment errors were made causing some consumers to not have appropriate coverage and a section of language in the contracts between the state and PHIPs is requested to be changed for signing were highlighted by Ruth's update.

RRAC: Tony Lentych referred to the Recent Rights update as was given by Brian Newcomb and stated that the committee has received their mandatory Appeals Committee Training.

Unfinished Business:

Governance Policy: Recommendation to change policy to include several standing committees.

MOTION: Board adopts the board governance policy as presented in the October 17, 2024, Board of Directors Packet.

RESULT: Adopted [UNANIMOUS]

MOVER: B. Townsend

SECONDER: C. Blake

ROLL CALL VOTE: 13Y, 0N

MOTION: Nominating and Leadership Development (NLD) Committee will become the executive committee, consisting of the Board Chair, Vice Chair and Secretary.

RESULT: Adopted [UNANIMOUS]

MOVER: D. Freedman

SECONDER: B. Townsend

MOTION: Recipient Rights Advisory Committee and Recipient Rights Appeals Committee members, being the same members, remain on the new Recipient Rights Advisory Committee and Recipient Rights Appeals Committee.

RESULT: Adopted [UNANIMOUS]

MOVER: B. Townsend

SECONDER: L. Pope

MOTION: Ad Hoc Finance committee members become Finance Committee members.

RESULT: Adopted [UNANIMOUS]

MOVER: D Freedman

SECONDER: D. Smallegan

MOTION: Ad Hoc CEO Committee members become the new CEO Search Committee members.

RESULT: Adopted [UNANIMOUS]

MOVER: D. Freedman

SECONDER: D. Smallegan

MOTION: Ad Hoc Policy Committee members become the new Policy Committee members.

RESULT: Adopted [UNANIMOUS]

MOVER: B. Townsend

SECONDER: D. Freedman

Remaining committees' members will be tabled and discussed at next meeting.

Jail Services discussion: Penny Morris, Dr. Curtis Cummins, Medical Director, and Erica Longstreet, CCO, presented a disagreement between the 6 counties we represent and NLCMH with regards to funding and services covered by the enabling agreement for Jail Diversion Services. Agreement of the board is that the new Community Engagement and Services Committee will be able to help define responsibilities, services provided and funding. Dr. Cummins and Erica Longstreet have been working on a solution for positions to fill the gap of services.

Rehmann – Employment Engagement Results: The November 2023 Employment Engagement Survey, conducted by The Rehmann Group, was compared to Gallop's National polls of Employment Engagement. Results in three categories of Engaged, Not Engaged and Actively Disengaged employees, with a 66% response rate by Northern Lakes employees, were above the national scores. Meeting employee needs were broken down to four categories: Basic Needs, Management Support, Teamwork, and Growth and was determined that finding a mechanism to help employees feel more engaged will be needed. Confidence in supervisors and Interim CEO is high, while impact of the Board of Directors is low. The Board feels that the new governance policy will help. Employees also gave feedback in all categories with overall response of encouragement with the onboarding of Interim CEO.

Timetable – Plan for CEO Search Committee. Tabled till next meeting but is to remain until search is complete.

Public Comment: None

Announcements/Board Member Reports/Board Association: None

Next Meeting: November 21, 2024- Cadillac

Adjournment:

The meeting adjourned at 4:23 p.m.

Respectfully Submitted,

Victoria McDonald, Administrative Specialist

Greg McMorrow, Chairperson

Lynn Pope, Secretary

Office of Recipient Rights Director's Report
November 2024

Dates represented	10/01/22-11/07/22	10/1/23-11/7/23	10/1/24-11/7/24
Complaints	42	54	56
OJ, No Right Inv.	9	8	12
Interventions	1	7	7
Investigations	32	40	37
Investigations Comp	32	40	11
Investigations open	0	0	26
Inv > 90 days	0	0	0
Inv < 90 days	32/32 (100%)	40/40(100%)	11/11(100%)
Summary Report Avg	34/34 (100%)	43/43(100%)	3/3(100%)
NLCMHA staff alleg.	8	14	5
NLCMHA Staff W/I 1 yr	2	3	1

Complaint Source

Complaint Source	Count
Anonymous	3
Community/General Public	6
Guardian/Family	21
ORR	7
Recipient	7
Staff	19
Total	56

5-year Trends of Abuse/Neglect Cases

	Abuse I & II	Abuse III	Neglect I & II	Neglect III	Services Suited to Condition	Total
FY2020	52	37	22	116	138	365
FY2021	23	32	17	80	74	226
FY2022	44	46	25	152	151	418
FY2023	39	17	21	144	2	223
FY2024	27	24	4	98	0	153
FY2025	1	0	0	0	0	1

Complaints Per Provider:

October 1, 2024- November 7, 2024

See attached chart.

Notes:

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights

October 1, 2024- November 7, 2024, Provider Report

Program	Substantiated	Pending	Not Substantiated	NA
Beacon Home at Woodland	0	2	0	0
Beacon Mission Point	1	0	0	0
Beacon Silverview	2	0	0	1
Beacon Specialized Living Services, Inc.	0	2	0	0
Cadillac Office/Wexford County	0	2	0	0
Cedar Valley AFC	1	1	0	0
Crisis Services	1	0	0	0
Danes AFC	0	2	0	0
Elmwood AFC	0	8	0	0
Grayling Office/Crawford County	0	0	1	0
Great lakes Center for Autism	0	1	0	0
Hickory Hill AFC LLC	0	1	0	0
Hope Network Neo Grand Rapids - Bristol	0	3	0	0
Hope Network Neo Wyoming	1	1	0	0
Hope Network Westlake VIII	0	3	0	0
IDD Adult Case Management	0	2	0	0
Jones Lake AFC Home	0	1	0	0
Mid-Michigan Specialized Residential	0	0	1	0
Montclair Specialized Residential Services	0	0	1	0
Northern Lakes CMH Authority	1	1	3	0
Ohana AFC	0	0	1	0
Outpatient Services	0	1	0	0
Packard Specialized Residential	0	1	0	0
Pearl Street Home	0	1	1	0
Peer Support	0	0	1	0
Seasons of Life AFC Home, LLC	0	1	0	0
Seneca Place Home	1	0	0	0
TC Office/Grand Traverse County	1	0	1	0
Wright Street AFC Home	1	0	1	0

Interim Chief Executive Officer's

Report to the Board November 21, 2024

Citizen Comment:

None

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

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

Center for Mental Wellness Update: Phase 1 is set to open January 2025. Dr. Ibrahim has agreed to partner with NLCMHA and Munson for the Adult CRU. We are looking to schedule a walk through for the NLCMHA Board of Directors in December.

Community Connections/Meetings:

- November 4th, NMRE SUD Oversight Committee Meeting
- November 8th, NLCMHA Managers Meeting
- November 11th, CMH/DHHS – 6 County Collaborative Meeting
- November 15th, 17th Annual Art of Recovery Reception
- December 2nd, GTCMW Team Meeting
- December 10th, NMRE Operations Committee Meeting
- December 11th, NLCMHA All Staff Training Event
- December 18th, NMRE Board Meeting
- December 19th, NLCMHA Board Meeting

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

- 17th Annual Art of Recovery

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.northernexpress.com/news/feature/meeting-the-mental-health-need-clubhouse-international/>

<https://www.northernexpress.com/news/feature/inside-the-science-of-emdr/>

<https://www.freep.com/story/news/local/michigan/2024/11/09/post-election-mental-health-resources-michigan/76107472007/>

https://www.record-eagle.com/news/local_news/grand-traverse-county-jail-report-sparks-heated-discussion/article_3da16710-918b-11ef-9301-db877cb58213.html

https://www.cnhinews.com/michigan/article_a6d88298-ad0f-5ca3-b319-3228f86284a6.html

<https://www.9and10news.com/2024/11/12/club-cadillac-speaking-out-after-thousands-of-fundraised-dollars-discovered-stolen/>

UpNorthLive Program on Stigma Watch Link: <https://www.youtube.com/watch?v=X6g1gQgGmYM>

Respectfully submitted,
Brian Martinus, Interim CEO

FY2025 Monthly Access Timeliness, Request to Assessment												
	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept
Within 14 days	71	60	48	79	101	74	100	75	59	58	65	53
Outside 14 days	20	7	2	9	6	15	8	7	6	5	8	14
Consumer Cancelled/Rescheduled	17	6	7	5	5	4	6	7	3	4	5	8
Consumer Requested outside 14 days	13	1	4	1	3	2	1	0	1	4	0	3
Consumer No Showed	47	38	30	38	37	39	28	37	21	27	19	18
Consumer Chose to Not Pursue Svcs	22	25	30	36	31	31	36	20	23	30	32	23
Other (denial, no follow up)	21	5	23	19	14	5	8	5	5	5	7	13

FY2025 Monthly Access Timeliness, Assessment to Service												
	October	November	December	January	February	March	April	May	June	July	August	September
Within 14 days	54	55	34	57	66	65	71	69	39	47	31	52
Outside 14 days	8	8	1	2	1	5	3	4	2	1	3	1
Consumer Cancelled/Rescheduled	5	6	2	6	4	4	4	5	3	3	1	1
Consumer Requested outside 14 days	9	2	2	2	6	1	1	2	0	3	2	0
Consumer No Showed	30	16	21	18	19	18	15	16	5	7	16	7
Consumer Chose to Not Pursue Svcs	11	1	5	1	2	7	9	6	3	2	6	2
Other (denial, no follow up)	4	5	14	7	8	6	4	1	2	7	4	1
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%	98.1%

Referrals for Denied Initial Clinical Assessments												
	October	November	December	January	February	March	April	May	June	July	August	September
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

FY2025 Mobile Crisis Response Times, Monthly												
	October	November	December	January	February	March	April	May	June	July	August	September
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

FY2025 Inpatient Readmission Rate			
	Admissions	Readmits in 30 Days	% Readmitted
October	67	6	9%
November	66	9	14%
December	69	15	22%
January	71	6	8%
February	64	8	13%
March	64	5	8%
April	70	9	13%
May	65	7	11%
June	71	13	18%
July	72	9	13%
August	65	5	8%
September	56	9	16%
TOTAL			13%

FY2025 Monthly Team Efficiency													
	Expected	October	November	December	January	February	March	April	May	June	July	August	September
ACT	35%	18.19%	18.51%	18.99%	20.85%	14.20%	16.51%	17.16%	21.65%	17.32%	14.74%	15.72%	18.02%
CPSS	30%	15.76%	19.46%	16.43%	22.86%	21.22%	22.80%	25.37%	23.28%	21.86%	23.73%	20.53%	18.61%
ES	30%	5.81%	5.89%	7.43%	6.40%	8.48%	7.69%	8.19%	3.41%	3.68%	4.83%	4.72%	5.11%
IDD Adult	30%	11.18%	11.82%	11.30%	11.52%	12.51%	12.49%	14.51%	13.80%	16.31%	11.98%	12.61%	12.76%
IDD Child	30%	15.93%	15.05%	18.97%	18.67%	28.89%	24.44%	26.13%	23.79%	20.33%	20.88%	18.56%	18.47%
MIA CSM	30%	20.28%	19.64%	21.94%	25.55%	20.58%	19.24%	21.16%	20.73%	18.77%	17.13%	17.38%	18.20%
MIA OP	50%	37.24%	39.71%	41.30%	44.69%	29.00%	32.33%	24.99%	35.93%	36.63%	37.54%	39.30%	41.02%
SED HB	30%	18.73%	27.60%	23.11%	29.48%	23.75%	23.92%	26.85%	28.57%	26.57%	22.17%	20.77%	18.95%
SED OP CSM	35%	36.23%	39.12%	36.68%	41.30%	37.52%	38.17%	37.83%	40.32%	31.83%	32.98%	31.54%	26.87%
SED PTP	30%	42.43%	44.75%	43.46%	44.87%	49.09%	51.76%	48.32%	52.17%	45.93%	28.81%	38.47%	39.01%

FY2025 Monthly Service Information for Crawford County												
Area of Service	October	November	December	January	February	March	April	May	June	July	August	September
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing	\$ 29,773.17	\$ 35,100.76	\$ 25,700.40	\$ 31,290.12	\$ 33,810.16	\$ 28,730.89	\$ 38,729.75	\$ 30,514.16	\$ 31,057.91	\$ 27,957.09	\$ 26,117.27	\$ 18,685.45
Autism Services	\$ 35,165.59	\$ 24,709.10	\$ 26,093.13	\$ 23,972.17	\$ 25,963.69	\$ 26,248.30	\$ 25,944.08	\$ 26,234.09	\$ 23,427.41	\$ 27,961.78	\$ 25,577.82	\$ 28,726.67
Case Management, ACT and Treatment Planning	\$ 47,623.55	\$ 53,320.48	\$ 55,886.60	\$ 58,126.65	\$ 56,382.81	\$ 62,352.32	\$ 73,408.69	\$ 65,254.67	\$ 55,556.87	\$ 55,119.94	\$ 47,869.82	\$ 43,278.25
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	\$ 283,018.09	\$ 280,271.98
Crisis Services, Assessments and Testing	\$ 25,628.64	\$ 31,461.20	\$ 21,895.20	\$ 23,431.00	\$ 24,208.75	\$ 21,369.00	\$ 25,964.00	\$ 16,351.20	\$ 12,848.00	\$ 13,431.00	\$ 12,825.00	\$ 19,017.20
Evaluation and Management Physician Level	\$ 29,177.06	\$ 24,904.33	\$ 16,970.01	\$ 23,651.05	\$ 21,557.37	\$ 20,185.77	\$ 23,741.57	\$ 22,466.20	\$ 20,077.54	\$ 17,756.23	\$ 16,922.00	\$ 17,326.80
Psychiatric Inpatient	\$ 55,932.35	\$ 30,399.97	\$ 45,354.44	\$ 21,220.44	\$ 17,090.95	\$ 18,849.11	\$ 11,308.05	\$ 5,495.00	\$ -	\$ 35,471.95	\$ 51,567.25	\$ 27,040.00
Psychotherapy and Outpatient Services	\$ 32,355.12	\$ 23,808.00	\$ 24,060.00	\$ 33,499.14	\$ 29,195.38	\$ 23,394.00	\$ 28,860.76	\$ 17,933.00	\$ 13,568.00	\$ 20,517.02	\$ 18,341.20	\$ 19,014.00
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	\$ 3,059.48	\$ 3,734.56	\$ 3,171.75	\$ 3,964.21
Other	\$ 936.00	\$ 1,872.00	\$ 624.00	\$ 2,184.00	\$ 1,872.00	\$ 1,560.00	\$ 1,560.00	\$ 1,326.00	\$ 2,028.00	\$ 936.00	\$ 1,248.00	\$ 624.00
Total	\$ 524,690.07	\$ 471,682.29	\$ 463,050.15	\$ 476,045.43	\$ 455,075.08	\$ 463,343.26	\$ 503,822.96	\$ 467,513.18	\$ 418,314.29	\$ 458,743.72	\$ 486,658.20	\$ 457,948.56
Number of Registered People Receiving Services	225	216	211	223	207	210	225	195	181	177	165	180
Average Cost per Registered Person Served	\$ 2,331.96	\$ 2,183.71	\$ 2,194.55	\$ 2,134.73	\$ 2,198.43	\$ 2,206.40	\$ 2,239.21	\$ 2,397.50	\$ 2,311.13	\$ 2,591.77	\$ 2,949.44	\$ 2,544.16
Service Transactions Provided	19,041	17,706	16,500	18,437	18,229	20,340	20,790	23,050	19,964	21,369	22,723	23,109
Average Cost per Transaction	\$ 28	\$ 27	\$ 28	\$ 26	\$ 25	\$ 23	\$ 24	\$ 20	\$ 21	\$ 21	\$ 21	\$ 20
Count of Adult IDD	40	42	38	44	39	40	41	40	39	38	41	41
Count of Child IDD	13	14	13	11	13	16	10	10	9	10	10	10
Count of Adult SMI	143	127	130	137	126	123	135	114	100	101	90	100
Count of Child SED	29	33	30	31	29	31	39	31	33	28	24	29
Total	225	216	211	223	207	210	225	195	181	177	165	180
IDD Adult Cost	\$ 219,616.81	\$ 210,278.60	\$ 199,320.92	\$ 215,062.61	\$ 203,581.87	\$ 217,960.68	\$ 232,669.99	\$ 233,333.37	\$ 213,713.14	\$ 213,176.07	\$ 234,107.34	\$ 241,883.95
IDD Child Cost	\$ 85,144.74	\$ 55,802.01	\$ 58,010.61	\$ 57,455.93	\$ 60,122.36	\$ 59,998.26	\$ 56,845.88	\$ 57,011.09	\$ 53,091.45	\$ 59,182.02	\$ 58,362.50	\$ 59,244.11
Adult SMI Cost	\$ 182,636.02	\$ 150,800.43	\$ 168,600.62	\$ 164,834.89	\$ 153,130.85	\$ 148,555.32	\$ 161,048.29	\$ 141,527.72	\$ 116,571.70	\$ 158,445.63	\$ 169,292.36	\$ 127,308.70
Child SED Cost	\$ 37,292.50	\$ 54,801.25	\$ 37,118.00	\$ 38,692.00	\$ 38,240.00	\$ 36,829.00	\$ 53,258.80	\$ 35,641.00	\$ 34,938.00	\$ 27,940.00	\$ 24,896.00	\$ 29,511.80
Total	\$ 524,690.07	\$ 471,682.29	\$ 463,050.15	\$ 476,045.43	\$ 455,075.08	\$ 463,343.26	\$ 503,822.96	\$ 467,513.18	\$ 418,314.29	\$ 458,743.72	\$ 486,658.20	\$ 457,948.56
Adult IDD Cost per consumer	\$ 5,490.42	\$ 5,006.63	\$ 5,245.29	\$ 4,887.79	\$ 5,220.05	\$ 5,449.02	\$ 5,674.88	\$ 5,833.33	\$ 5,479.82	\$ 5,609.90	\$ 5,709.94	\$ 5,899.61
Child IDD Cost per consumer	\$ 6,549.60	\$ 3,985.86	\$ 4,462.35	\$ 5,223.27	\$ 4,624.80	\$ 3,749.89	\$ 5,684.59	\$ 5,701.11	\$ 5,899.05	\$ 5,918.20	\$ 5,836.25	\$ 5,924.41
Adult SMI Cost per consumer	\$ 1,277.17	\$ 1,187.40	\$ 1,296.93	\$ 1,203.17	\$ 1,215.32	\$ 1,207.77	\$ 1,192.95	\$ 1,241.47	\$ 1,165.72	\$ 1,568.77	\$ 1,881.03	\$ 1,273.09
Child SED Cost per consumer	\$ 1,285.95	\$ 1,660.64	\$ 1,237.27	\$ 1,248.13	\$ 1,318.62	\$ 1,188.03	\$ 1,365.61	\$ 1,149.71	\$ 1,058.73	\$ 997.86	\$ 1,037.33	\$ 1,017.65
Total	\$ 2,331.96	\$ 2,183.71	\$ 2,194.55	\$ 2,134.73	\$ 2,198.43	\$ 2,206.40	\$ 2,239.21	\$ 2,397.50	\$ 2,311.13	\$ 2,591.77	\$ 2,949.44	\$ 2,544.16

FY2025 Service Information For Grand Traverse County												
Area of Service	October	November	December	January	February	March	April	May	June	July	August	September
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing	\$ 204,500.77	\$ 192,763.54	\$ 207,490.43	\$ 207,782.62	\$ 157,211.88	\$ 164,651.83	\$ 177,645.17	\$ 233,816.29	\$ 163,222.86	\$ 185,792.57	\$ 172,469.12	\$ 132,969.13
Autism Services	\$ 122,970.41	\$ 126,074.74	\$ 124,919.78	\$ 151,180.33	\$ 150,241.72	\$ 163,076.23	\$ 176,092.29	\$ 169,929.69	\$ 146,060.06	\$ 163,205.95	\$ 152,116.59	\$ 135,632.52
Case Management, ACT and Treatment Planning	\$ 230,348.53	\$ 225,390.17	\$ 199,170.96	\$ 247,853.75	\$ 230,480.58	\$ 236,717.93	\$ 265,917.26	\$ 256,909.61	\$ 212,929.21	\$ 209,130.40	\$ 213,561.87	\$ 199,524.89
Community Living Supports	\$ 1,148,299.60	\$ 1,118,437.18	\$ 1,158,415.27	\$ 1,243,212.71	\$ 1,194,726.36	\$ 1,247,615.78	\$ 1,218,956.48	\$ 1,263,117.47	\$ 1,217,212.70	\$ 1,289,549.72	\$ 1,291,540.02	\$ 1,287,379.34
Crisis Services, Assessments and Testing	\$ 191,737.23	\$ 179,687.40	\$ 185,245.60	\$ 158,379.98	\$ 162,141.23	\$ 152,270.61	\$ 148,350.20	\$ 145,214.20	\$ 110,490.43	\$ 98,105.39	\$ 109,326.13	\$ 114,248.00
Evaluation and Management Physician Level	\$ 98,650.15	\$ 99,665.62	\$ 86,661.57	\$ 100,477.63	\$ 91,949.12	\$ 100,842.60	\$ 106,837.97	\$ 103,967.26	\$ 86,346.04	\$ 86,920.77	\$ 91,534.21	\$ 67,421.43
Psychiatric Inpatient	\$ 300,196.26	\$ 474,010.44	\$ 316,115.80	\$ 310,387.87	\$ 191,365.07	\$ 147,042.66	\$ 204,791.00	\$ 196,675.67	\$ 335,113.68	\$ 296,480.79	\$ 244,056.19	\$ 103,755.99
Psychotherapy and Outpatient Services	\$ 140,337.36	\$ 141,821.62	\$ 130,142.64	\$ 154,876.40	\$ 150,094.13	\$ 126,939.79	\$ 162,769.80	\$ 193,739.89	\$ 158,862.89	\$ 161,811.88	\$ 140,412.87	\$ 115,010.66
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	\$ 73,188.16	\$ 72,318.36	\$ 71,459.85	\$ 82,948.05	\$ 78,534.46	\$ 66,511.02
Other	\$ 5,317.66	\$ 6,178.43	\$ 5,747.54	\$ 9,140.85	\$ 8,165.92	\$ 5,915.98	\$ 11,710.48	\$ 8,555.39	\$ 9,080.91	\$ 10,476.76	\$ 12,584.13	\$ 11,490.05
Total	\$ 2,522,121.06	\$ 2,640,725.95	\$ 2,476,921.87	\$ 2,661,636.07	\$ 2,411,349.86	\$ 2,414,994.32	\$ 2,546,258.81	\$ 2,644,243.83	\$ 2,510,778.63	\$ 2,584,422.28	\$ 2,506,135.59	\$ 2,233,943.03
Number of Registered People Receiving Services	1,075	1,075	1,013	1,041	1,026	1,034	1,068	1,061	986	957	948	896
Average Cost per Registered Person Served	\$ 2,346.16	\$ 2,456.49	\$ 2,445.14	\$ 2,556.81	\$ 2,350.24	\$ 2,335.58	\$ 2,384.14	\$ 2,492.22	\$ 2,546.43	\$ 2,700.55	\$ 2,643.60	\$ 2,493.24
Service Transactions Provided	103,910	96,643	93,841	105,856	106,589	108,657	110,754	114,486	107,469	114,325	112,958	102,487
Average Cost per Transaction	\$ 24	\$ 27	\$ 26	\$ 25	\$ 23	\$ 22	\$ 23	\$ 23	\$ 23	\$ 23	\$ 22	\$ 22
Count of Adult IDD	244	244	245	252	247	256	262	271	256	265	261	254
Count of Child IDD	81	81	75	76	79	79	81	78	73	64	63	62
Count of Adult SMI	601	601	561	589	565	572	573	562	514	511	503	463
Count of Child SED	149	149	132	124	135	127	152	150	143	117	121	117
Total	1,075	1,075	1,013	1,041	1,026	1,034	1,068	1,061	986	957	948	896
IDD Adult Cost	\$ 1,111,861.78	\$ 1,111,861.78	\$ 1,052,595.91	\$ 1,118,121.54	\$ 1,100,430.80	\$ 1,151,881.89	\$ 1,126,213.36	\$ 1,155,567.40	\$ 1,105,889.47	\$ 1,203,038.85	\$ 1,170,555.42	\$ 1,123,028.87
IDD Child Cost	\$ 181,581.89	\$ 181,581.89	\$ 210,329.38	\$ 236,766.21	\$ 241,732.58	\$ 265,448.35	\$ 270,763.13	\$ 306,368.73	\$ 237,027.29	\$ 257,503.88	\$ 245,522.22	\$ 218,682.50
Adult SMI Cost	\$ 1,039,257.46	\$ 1,039,257.46	\$ 1,027,437.77	\$ 1,070,619.46	\$ 890,447.07	\$ 812,292.66	\$ 880,942.45	\$ 914,315.54	\$ 984,847.59	\$ 919,386.14	\$ 900,905.84	\$ 724,428.90
Child SED Cost	\$ 189,419.93	\$ 189,419.93	\$ 186,558.81	\$ 236,128.86	\$ 178,739.41	\$ 191,274.43	\$ 268,339.87	\$ 267,992.16	\$ 183,014.28	\$ 204,493.41	\$ 189,152.11	\$ 167,802.76
Total	\$ 2,522,121.06	\$ 2,522,121.06	\$ 2,476,921.87	\$ 2,661,636.07	\$ 2,411,349.86	\$ 2,420,897.33	\$ 2,546,258.81	\$ 2,644,243.83	\$ 2,510,778.63	\$ 2,584,422.28	\$ 2,506,135.59	\$ 2,233,943.03
Adult IDD Cost per consumer	\$ 4,556.81	\$ 4,556.81	\$ 4,296.31	\$ 4,436.99	\$ 4,455.19	\$ 4,499.54	\$ 4,298.52	\$ 4,264.09	\$ 4,319.88	\$ 4,539.77	\$ 4,484.89	\$ 4,421.37
Child IDD Cost per consumer	\$ 2,241.75	\$ 2,241.75	\$ 2,804.39	\$ 3,115.34	\$ 3,059.91	\$ 3,360.11	\$ 3,342.75	\$ 3,927.80	\$ 3,246.95	\$ 4,023.50	\$ 3,897.18	\$ 3,527.14
Adult SMI Cost per consumer	\$ 1,729.21	\$ 1,729.21	\$ 1,831.44	\$ 1,817.69	\$ 1,576.01	\$ 1,420.09	\$ 1,537.42	\$ 1,626.90	\$ 1,916.05	\$ 1,799.19	\$ 1,791.07	\$ 1,564.64
Child SED Cost per consumer	\$ 1,271.27	\$ 1,271.27	\$ 1,413.32	\$ 1,904.27	\$ 1,324.00	\$ 1,506.10	\$ 1,765.39	\$ 1,786.61	\$ 1,279.82	\$ 1,747.81	\$ 1,563.24	\$ 1,434.21
Total	\$ 2,346.16	\$ 2,346.16	\$ 2,445.14	\$ 2,556.81	\$ 2,350.24	\$ 2,341.29	\$ 2,384.14	\$ 2,492.22	\$ 2,546.43	\$ 2,700.55	\$ 2,643.60	\$ 2,493.24

FY2025 Service Information For Leelanau County												
Area of Service	October	November	December	January	February	March	April	May	June	July	August	September
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 10,803.23	\$ 16,160.56	\$ 16,933.43	\$ 30,869.75	\$ 27,426.18	\$ 23,935.79	\$ 32,295.10	\$ 22,432.12	\$ 19,590.24	\$ 17,491.50	\$ 58,476.62	\$ 11,277.21
Autism Services	\$ 9,939.57	\$ 9,865.69	\$ 7,404.97	\$ 11,402.23	\$ 16,292.14	\$ 18,969.75	\$ 16,144.94	\$ 18,840.12	\$ 8,955.19	\$ 5,086.76	\$ 7,282.00	\$ 5,073.19
Case Management, ACT and Treatment Planning	\$ 22,805.71	\$ 23,443.64	\$ 15,401.31	\$ 20,199.96	\$ 18,405.98	\$ 17,684.18	\$ 32,211.42	\$ 25,375.18	\$ 19,240.59	\$ 22,568.87	\$ 16,853.06	\$ 18,311.87
Community Living Supports	\$ 177,198.55	\$ 163,081.47	\$ 157,303.69	\$ 169,124.21	\$ 164,127.39	\$ 173,322.07	\$ 172,350.39	\$ 175,338.88	\$ 166,635.07	\$ 175,578.19	\$ 163,058.20	\$ 154,658.56
Crisis Services, Assessments and Testing	\$ 7,449.00	\$ 12,478.20	\$ 13,576.00	\$ 5,934.00	\$ 10,287.00	\$ 16,571.20	\$ 16,852.00	\$ 14,111.00	\$ 15,170.00	\$ 7,038.00	\$ 11,681.20	\$ 9,052.00
Evaluation and Management Physician Level	\$ 12,503.97	\$ 7,936.30	\$ 5,784.37	\$ 6,624.60	\$ 7,613.23	\$ 6,828.28	\$ 14,365.23	\$ 6,923.58	\$ 5,465.50	\$ 6,324.25	\$ 6,367.45	\$ 5,382.74
Psychiatric Inpatient	\$ 15,476.46	\$ 29,982.54	\$ 14,887.66	\$ 21,195.00	\$ 10,061.44	\$ -	\$ 2,705.00	\$ 16,591.27	\$ 7,991.27	\$ -	\$ 5,375.00	\$ 15,532.88
Psychotherapy and Outpatient Services	\$ 19,611.28	\$ 18,462.00	\$ 16,066.55	\$ 23,764.23	\$ 19,157.76	\$ 17,717.41	\$ 21,463.98	\$ 18,798.24	\$ 16,488.12	\$ 18,768.02	\$ 9,266.32	\$ 7,426.02
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	\$ 7,415.22
Total	\$ 284,522.55	\$ 288,914.61	\$ 253,475.07	\$ 296,726.91	\$ 281,216.77	\$ 282,054.67	\$ 316,502.32	\$ 307,303.37	\$ 269,282.91	\$ 264,705.39	\$ 287,954.28	\$ 234,129.69
Number of Registered People Receiving Services	113	104	102	105	107	106	123	118	103	99	99	93
Average Cost per Registered Person Served	\$ 2,517.90	\$ 2,778.03	\$ 2,485.05	\$ 2,825.97	\$ 2,628.19	\$ 2,660.89	\$ 2,573.19	\$ 2,604.27	\$ 2,614.40	\$ 2,673.79	\$ 2,908.63	\$ 2,517.52
Service Transactions Provided	12,701	11,412	10,009	11,380	11,923	12,837	13,213	13,471	12,440	12,785	10,303	9,008
Average Cost per Transaction	\$ 22	\$ 25	\$ 25	\$ 26	\$ 24	\$ 22	\$ 24	\$ 23	\$ 22	\$ 21	\$ 28	\$ 26
Count of Adult IDD	41	37	36	37	36	37	38	36	37	37	37	36
Count of Child IDD	5	4	4	4	5	5	7	7	5	3	4	5
Count of Adult SMI	50	44	44	46	47	45	58	54	42	44	42	40
Count of Child SED	17	19	18	18	19	19	20	21	19	15	16	12
Total	113	104	102	105	107	106	123	118	103	99	99	93
IDD Adult Cost	\$ 194,723.34	\$ 178,243.70	\$ 167,351.01	\$ 182,989.58	\$ 179,376.87	\$ 185,538.58	\$ 190,625.10	\$ 188,599.42	\$ 181,074.51	\$ 195,849.72	\$ 222,847.80	\$ 163,324.13
IDD Child Cost	\$ 13,119.57	\$ 13,322.49	\$ 10,351.97	\$ 13,920.23	\$ 17,873.14	\$ 23,105.55	\$ 22,598.94	\$ 21,452.12	\$ 13,566.19	\$ 7,730.76	\$ 10,361.80	\$ 6,809.19
Adult SMI Cost	\$ 55,968.24	\$ 75,131.82	\$ 53,748.09	\$ 69,050.30	\$ 50,324.96	\$ 45,270.54	\$ 64,410.60	\$ 64,315.47	\$ 51,164.93	\$ 42,280.91	\$ 39,221.73	\$ 52,849.37
Child SED Cost	\$ 20,711.40	\$ 22,216.60	\$ 22,024.00	\$ 30,766.80	\$ 33,641.80	\$ 28,140.00	\$ 38,867.68	\$ 32,936.36	\$ 23,477.28	\$ 18,844.00	\$ 15,522.95	\$ 11,147.00
Total	\$ 284,522.55	\$ 288,914.61	\$ 253,475.07	\$ 296,726.91	\$ 281,216.77	\$ 282,054.67	\$ 316,502.32	\$ 307,303.37	\$ 269,282.91	\$ 264,705.39	\$ 287,954.28	\$ 234,129.69
Adult IDD Cost per consumer	\$ 4,749.35	\$ 4,817.40	\$ 4,648.64	\$ 4,945.66	\$ 4,982.69	\$ 5,014.56	\$ 5,016.45	\$ 5,238.87	\$ 4,893.91	\$ 5,293.24	\$ 6,022.91	\$ 4,536.78
Child IDD Cost per consumer	\$ 2,623.91	\$ 3,330.62	\$ 2,587.99	\$ 3,480.06	\$ 3,574.63	\$ 4,621.11	\$ 3,228.42	\$ 3,064.59	\$ 2,713.24	\$ 2,576.92	\$ 2,590.45	\$ 1,361.84
Adult SMI Cost per consumer	\$ 1,119.36	\$ 1,707.54	\$ 1,221.55	\$ 1,501.09	\$ 1,070.74	\$ 1,006.01	\$ 1,110.53	\$ 1,191.03	\$ 1,218.21	\$ 960.93	\$ 933.85	\$ 1,321.23
Child SED Cost per consumer	\$ 1,218.32	\$ 1,169.29	\$ 1,223.56	\$ 1,709.27	\$ 1,770.62	\$ 1,481.05	\$ 1,943.38	\$ 1,568.40	\$ 1,235.65	\$ 1,256.27	\$ 970.18	\$ 928.92
Total	\$ 2,517.90	\$ 2,778.03	\$ 2,485.05	\$ 2,825.97	\$ 2,628.19	\$ 2,660.89	\$ 2,573.19	\$ 2,604.27	\$ 2,614.40	\$ 2,673.79	\$ 2,908.63	\$ 2,517.52

FY2025 Service Information for Roscommon County												
Area of Service	October	November	December	January	February	March	April	May	June	July	August	September
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 42,137.23	\$ 54,154.41	\$ 34,292.89	\$ 66,044.39	\$ 55,745.53	\$ 58,206.96	\$ 62,876.01	\$ 57,203.85	\$ 59,480.38	\$ 53,234.84	\$ 52,611.20	\$ 35,564.51
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	\$ 8,928.79	\$ 1,904.21	\$ 12,006.80
Case Management, ACT and Treatment Planning	\$ 96,967.92	\$ 90,050.11	\$ 79,364.12	\$ 101,422.20	\$ 98,494.06	\$ 80,155.29	\$ 94,634.01	\$ 81,826.83	\$ 67,653.29	\$ 82,409.18	\$ 65,361.63	\$ 63,091.88
Community Living Supports	\$ 420,053.38	\$ 404,083.68	\$ 413,995.31	\$ 424,607.77	\$ 424,291.43	\$ 462,831.44	\$ 471,608.77	\$ 464,760.15	\$ 458,587.48	\$ 473,220.93	\$ 477,290.31	\$ 499,032.03
Crisis Services, Assessments and Testing	\$ 15,109.20	\$ 27,708.55	\$ 21,411.20	\$ 40,221.00	\$ 47,863.20	\$ 24,897.00	\$ 41,056.20	\$ 13,647.99	\$ 16,580.40	\$ 23,881.84	\$ 18,122.00	\$ 15,773.00
Evaluation and Management Physician Level	\$ 44,565.61	\$ 44,221.18	\$ 30,117.36	\$ 42,424.65	\$ 41,707.76	\$ 39,131.88	\$ 46,632.82	\$ 43,871.08	\$ 34,149.21	\$ 38,032.90	\$ 38,394.37	\$ 29,474.53
Psychiatric Inpatient	\$ 68,196.74	\$ 41,874.95	\$ 69,604.32	\$ 133,205.76	\$ 52,481.59	\$ 87,067.54	\$ 110,074.92	\$ 65,279.88	\$ 71,321.00	\$ 78,920.71	\$ 24,098.27	\$ 37,074.43
Psychotherapy and Outpatient Services	\$ 63,391.98	\$ 67,600.62	\$ 62,574.70	\$ 69,337.98	\$ 68,569.14	\$ 51,618.76	\$ 61,291.64	\$ 55,559.57	\$ 36,383.07	\$ 49,218.00	\$ 56,880.96	\$ 39,441.68
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	\$ 14,566.90	\$ 14,245.79
Other	\$ 716.67	240.83	\$ 338.53	\$ 607.20	\$ 1,388.65	\$ 954.53	\$ 598.41	\$ 354.17	\$ 533.92	\$ 1,414.62	\$ 1,735.74	\$ 1,450.89
Total	\$ 780,870.46	\$ 752,649.14	\$ 739,272.31	\$ 911,266.14	\$ 821,611.43	\$ 829,870.50	\$ 927,050.16	\$ 821,781.14	\$ 771,453.91	\$ 824,044.81	\$ 750,965.59	\$ 747,155.54
Number of Registered People Receiving Services	354	349	334	363	378	365	390	341	317	317	311	275
Average Cost per Registered Person Served	\$ 2,205.85	\$ 2,156.59	\$ 2,213.39	\$ 2,510.38	\$ 2,173.58	\$ 2,273.62	\$ 2,377.05	\$ 2,409.92	\$ 2,433.61	\$ 2,599.51	\$ 2,414.68	\$ 2,716.93
Service Transactions Provided	24,112	23,192	22,009	24,531	23,609	22,838	26,841	25,325	24,196	25,149	26,070	24,599
Average Cost per Transaction	\$ 32	\$ 32	\$ 34	\$ 37	\$ 35	\$ 36	\$ 35	\$ 32	\$ 32	\$ 33	\$ 29	\$ 30
Count of Adult IDD	69	72	72	69	71	73	70	66	69	73	71	67
Count of Child IDD	22	19	18	18	20	22	22	16	15	19	17	20
Count of Adult SMI	187	189	181	209	218	206	227	200	185	176	170	133
Count of Child SED	76	69	63	67	69	64	71	59	48	49	53	55
Total	354	349	334	363	378	365	390	341	317	317	311	275
IDD Adult Cost	\$ 375,850.13	\$ 358,946.83	\$ 362,190.60	\$ 454,275.22	\$ 378,994.41	\$ 413,821.02	\$ 434,348.24	\$ 416,476.41	\$ 414,873.71	\$ 426,102.07	\$ 427,460.01	\$ 441,255.97
IDD Child Cost	\$ 34,878.21	\$ 27,245.48	\$ 23,775.92	\$ 37,992.57	\$ 39,762.53	\$ 27,450.00	\$ 31,657.14	\$ 33,115.07	\$ 21,770.53	\$ 24,980.10	\$ 15,187.96	\$ 33,114.23
Adult SMI Cost	\$ 268,145.51	\$ 269,102.36	\$ 268,187.49	\$ 326,672.63	\$ 308,738.65	\$ 301,003.90	\$ 355,174.24	\$ 266,452.87	\$ 251,203.11	\$ 285,730.39	\$ 228,477.34	\$ 201,189.65
Child SED Cost	\$ 101,996.61	\$ 97,354.47	\$ 85,118.30	\$ 92,325.72	\$ 94,115.84	\$ 87,595.58	\$ 105,870.54	\$ 105,736.79	\$ 83,606.56	\$ 87,232.25	\$ 79,840.28	\$ 71,595.69
Total	\$ 780,870.46	\$ 752,649.14	\$ 739,272.31	\$ 911,266.14	\$ 821,611.43	\$ 829,870.50	\$ 927,050.16	\$ 821,781.14	\$ 771,453.91	\$ 824,044.81	\$ 750,965.59	\$ 747,155.54
Adult IDD Cost per consumer	\$ 5,447.10	\$ 4,985.37	\$ 5,030.43	\$ 6,583.70	\$ 5,337.95	\$ 5,668.78	\$ 6,204.97	\$ 6,310.25	\$ 6,012.66	\$ 5,837.01	\$ 6,020.56	\$ 6,585.91
Child IDD Cost per consumer	\$ 1,585.37	\$ 1,433.97	\$ 1,320.88	\$ 2,110.70	\$ 1,988.13	\$ 1,247.73	\$ 1,438.96	\$ 2,069.69	\$ 1,451.37	\$ 1,314.74	\$ 893.41	\$ 1,655.71
Adult SMI Cost per consumer	\$ 1,433.93	\$ 1,423.82	\$ 1,481.70	\$ 1,563.03	\$ 1,416.23	\$ 1,461.18	\$ 1,564.64	\$ 1,332.26	\$ 1,357.85	\$ 1,623.47	\$ 1,343.98	\$ 1,512.70
Child SED Cost per consumer	\$ 1,342.06	\$ 1,410.93	\$ 1,351.08	\$ 1,378.00	\$ 1,364.00	\$ 1,368.68	\$ 1,491.13	\$ 1,792.15	\$ 1,741.80	\$ 1,780.25	\$ 1,506.42	\$ 1,301.74
Total	\$ 2,205.85	\$ 2,156.59	\$ 2,213.39	\$ 2,510.38	\$ 2,173.58	\$ 2,273.62	\$ 2,377.05	\$ 2,409.92	\$ 2,433.61	\$ 2,599.51	\$ 2,414.68	\$ 2,716.93

FY2025 Service Information for Wexford County												
Area of Service	October	November	December	January	February	March	April	May	June	July	August	September
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	\$ 133,199.17	\$ 126,768.18	\$ 143,239.85	\$ 122,713.40	\$ 99,212.17
Autism Services	\$ 103,340.79	\$ 92,243.99	\$ 83,811.41	\$ 83,042.04	\$ 72,691.36	\$ 61,049.31	\$ 66,953.85	\$ 75,786.94	\$ 77,970.89	\$ 91,371.45	\$ 86,572.84	\$ 64,323.81
Case Management, ACT and Treatment Planning	\$ 150,236.25	\$ 131,850.57	\$ 117,210.20	\$ 137,562.60	\$ 126,249.71	\$ 121,065.65	\$ 131,860.84	\$ 139,899.97	\$ 125,892.93	\$ 130,340.48	\$ 127,525.38	\$ 115,696.43
Community Living Supports	\$ 629,523.73	\$ 619,210.05	\$ 649,756.25	\$ 691,436.69	\$ 647,692.50	\$ 698,095.94	\$ 728,776.76	\$ 765,283.98	\$ 758,973.20	\$ 804,873.28	\$ 786,257.48	\$ 736,595.40
Crisis Services, Assessments and Testing	\$ 99,709.85	\$ 66,004.98	\$ 69,022.74	\$ 59,934.77	\$ 60,953.20	\$ 63,616.12	\$ 64,979.40	\$ 56,221.00	\$ 49,908.20	\$ 47,373.00	\$ 55,996.40	\$ 54,654.20
Evaluation and Management Physician Level	\$ 79,777.61	\$ 73,216.31	\$ 55,441.40	\$ 72,973.15	\$ 74,248.75	\$ 65,015.63	\$ 71,901.47	\$ 77,197.42	\$ 67,367.27	\$ 64,962.83	\$ 56,597.68	\$ 51,177.30
Psychiatric Inpatient	\$ 153,559.95	\$ 106,050.44	\$ 104,769.52	\$ 147,960.02	\$ 229,855.48	\$ 191,771.61	\$ 178,336.00	\$ 158,159.77	\$ 187,446.59	\$ 173,927.50	\$ 69,275.64	\$ 83,891.76
Psychotherapy and Outpatient Services	\$ 107,432.79	\$ 99,836.92	\$ 93,543.86	\$ 107,835.58	\$ 98,702.52	\$ 89,885.18	\$ 104,209.99	\$ 97,807.74	\$ 86,949.41	\$ 87,016.05	\$ 92,348.27	\$ 64,620.76
Vocational & Skills Building, Family and Health Services	\$ 65,839.58	\$ 55,240.35	\$ 52,355.40	\$ 55,377.19	\$ 59,382.53	\$ 61,101.85	\$ 65,391.63	\$ 66,303.59	\$ 65,069.04	\$ 65,116.00	\$ 72,173.74	\$ 58,715.76
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	\$ 10,097.92	\$ 7,596.92
Total	\$ 1,528,104.83	\$ 1,373,240.13	\$ 1,351,291.44	\$ 1,511,126.20	\$ 1,510,408.01	\$ 1,492,772.78	\$ 1,556,295.73	\$ 1,582,988.85	\$ 1,559,353.13	\$ 1,620,389.70	\$ 1,479,558.75	\$ 1,336,484.51
Number of Registered People Receiving Services	610	576	564	593	593	605	596	553	543	521	543	505
Average Cost per Registered Person Served	\$ 2,505.09	\$ 2,384.10	\$ 2,395.91	\$ 2,548.27	\$ 2,547.06	\$ 2,467.39	\$ 2,611.23	\$ 2,862.55	\$ 2,871.74	\$ 3,110.15	\$ 2,724.79	\$ 2,646.50
Service Transactions Provided	53,797	49,495	48,555	54,111	52,550	54,066	56,484	57,262	55,328	57,439	56,192	45,777
Average Cost per Transaction	\$ 28	\$ 28	\$ 28	\$ 28	\$ 29	\$ 28	\$ 28	\$ 28	\$ 28	\$ 28	\$ 26	\$ 29
Count of Adult IDD	113	111	109	114	116	114	118	116	112	117	118	119
Count of Child IDD	60	57	49	57	46	52	51	50	52	45	53	51
Count of Adult SMI	339	320	322	336	334	339	320	271	271	265	262	232
Count of Child SED	98	88	84	86	97	100	107	116	108	94	110	103
Total	610	576	564	593	593	605	596	553	543	521	543	505
IDD Adult Cost	\$ 669,828.66	\$ 655,472.32	\$ 658,905.28	\$ 702,940.88	\$ 666,251.66	\$ 697,030.23	\$ 705,080.13	\$ 738,916.78	\$ 729,576.87	\$ 756,237.85	\$ 744,035.25	\$ 699,671.98
IDD Child Cost	\$ 147,619.03	\$ 134,818.17	\$ 129,102.44	\$ 133,724.37	\$ 106,666.97	\$ 107,216.23	\$ 110,042.51	\$ 113,634.08	\$ 115,707.35	\$ 127,584.63	\$ 128,220.49	\$ 90,409.33
Adult SMI Cost	\$ 596,186.29	\$ 472,931.22	\$ 464,698.89	\$ 571,289.82	\$ 572,091.36	\$ 573,498.60	\$ 580,757.37	\$ 541,008.48	\$ 554,889.27	\$ 620,097.20	\$ 484,257.95	\$ 429,041.68
Child SED Cost	\$ 114,470.85	\$ 110,018.42	\$ 98,584.83	\$ 103,171.13	\$ 165,398.02	\$ 115,027.72	\$ 160,415.72	\$ 189,429.51	\$ 159,179.64	\$ 116,470.02	\$ 123,045.06	\$ 117,361.52
Total	\$ 1,528,104.83	\$ 1,373,240.13	\$ 1,351,291.44	\$ 1,511,126.20	\$ 1,510,408.01	\$ 1,492,772.78	\$ 1,556,295.73	\$ 1,582,988.85	\$ 1,559,353.13	\$ 1,620,389.70	\$ 1,479,558.75	\$ 1,336,484.51
Adult IDD Cost per consumer	\$ 5,927.69	\$ 5,905.16	\$ 6,045.00	\$ 6,166.15	\$ 5,743.55	\$ 6,114.30	\$ 5,975.26	\$ 6,369.97	\$ 6,514.08	\$ 6,463.57	\$ 6,305.38	\$ 5,879.60
Child IDD Cost per consumer	\$ 2,460.32	\$ 2,365.23	\$ 2,634.74	\$ 2,346.04	\$ 2,318.85	\$ 2,061.85	\$ 2,157.70	\$ 2,272.68	\$ 2,225.14	\$ 2,835.21	\$ 2,419.25	\$ 1,772.73
Adult SMI Cost per consumer	\$ 1,758.66	\$ 1,477.91	\$ 1,443.16	\$ 1,700.27	\$ 1,712.85	\$ 1,691.74	\$ 1,814.87	\$ 1,996.34	\$ 2,047.56	\$ 2,339.99	\$ 1,848.31	\$ 1,849.32
Child SED Cost per consumer	\$ 1,168.07	\$ 1,250.21	\$ 1,173.63	\$ 1,199.66	\$ 1,705.13	\$ 1,150.28	\$ 1,499.21	\$ 1,633.01	\$ 1,473.89	\$ 1,239.04	\$ 1,118.59	\$ 1,139.43
Total	\$ 2,505.09	\$ 2,384.10	\$ 2,395.91	\$ 2,548.27	\$ 2,547.06	\$ 2,467.39	\$ 2,611.23	\$ 2,862.55	\$ 2,871.74	\$ 3,110.15	\$ 2,724.79	\$ 2,646.50

FY2025 Service Information For Missaukee County												
Area of Service	October	November	December	January	February	March	April	May	June	July	August	September
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	\$ 28,319.38	\$ 19,071.02	\$ 16,112.46
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	\$ 12,889.15
Case Management, ACT and Treatment Planning	\$ 30,483.07	\$ 31,984.23	\$ 29,823.77	\$ 35,432.42	\$ 26,306.42	\$ 30,468.23	\$ 33,706.42	\$ 36,758.98	\$ 23,945.25	\$ 30,251.11	\$ 29,321.92	\$ 24,725.27
Community Living Supports	\$ 350,959.68	\$ 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	\$ 397,438.60	\$ 400,658.47
Crisis Services, Assessments and Testing	\$ 11,161.60	\$ 11,266.00	\$ 10,616.00	\$ 16,109.00	\$ 22,445.00	\$ 15,180.00	\$ 9,966.20	\$ 9,810.00	\$ 9,339.00	\$ 4,658.00	\$ 11,010.47	\$ 10,172.00
Evaluation and Management Physician Level	\$ 17,080.27	\$ 19,055.24	\$ 16,446.16	\$ 17,568.00	\$ 19,960.58	\$ 19,320.31	\$ 17,406.01	\$ 17,590.85	\$ 16,035.64	\$ 18,029.80	\$ 11,810.63	\$ 11,989.92
Psychiatric Inpatient	\$ 29,978.45	\$ 16,003.52	\$ 33,083.27	\$ 28,971.00	\$ 31,775.00	\$ 41,623.00	\$ 2,066.46	\$ 16,997.63	\$ 17,204.44	\$ 7,511.00	\$ 30,697.82	\$ -
Psychotherapy and Outpatient Services	\$ 39,999.10	\$ 34,948.69	\$ 28,176.63	\$ 38,695.63	\$ 35,726.51	\$ 29,519.38	\$ 22,599.82	\$ 20,746.04	\$ 24,437.04	\$ 21,060.25	\$ 21,535.36	\$ 13,544.00
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	\$ 17,737.24
Other	\$ -	\$ 624.00	\$ 156.00	\$ -	\$ -	\$ -	\$ -	\$ 1,382.08	\$ 1,423.57	\$ 1,043.62	\$ 2,376.46	\$ 2,717.21
Total	\$ 538,983.26	\$ 505,767.40	\$ 518,719.03	\$ 585,278.81	\$ 569,384.00	\$ 593,555.32	\$ 518,068.82	\$ 544,322.72	\$ 527,008.30	\$ 533,600.75	\$ 556,313.72	\$ 510,545.72
Number of Registered People Receiving Services	166	171	161	169	170	174	162	158	144	149	139	129
Average Cost per Registered Person Served	\$ 3,246.89	\$ 2,957.70	\$ 3,221.86	\$ 3,463.19	\$ 3,349.32	\$ 3,411.24	\$ 3,197.96	\$ 3,445.08	\$ 3,659.78	\$ 3,581.21	\$ 4,002.26	\$ 3,957.72
Service Transactions Provided	20,931	21,239	21,010	24,104	24,178	26,768	24,164	24,715	23,363	24,138	25,573	24,970
Average Cost per Transaction	\$ 26	\$ 24	\$ 25	\$ 24	\$ 24	\$ 22	\$ 21	\$ 22	\$ 23	\$ 22	\$ 22	\$ 20
Count of Adult IDD	43	43	44	40	41	42	41	43	43	44	44	45
Count of Child IDD	12	8	9	11	9	11	13	15	8	13	15	11
Count of Adult SMI	71	84	71	75	79	81	73	68	63	66	56	47
Count of Child SED	40	36	37	43	41	40	35	32	30	26	24	26
Total	166	171	161	169	170	174	162	158	144	149	139	129
IDD Adult Cost	\$ 324,603.95	\$ 322,675.93	\$ 352,826.24	\$ 363,909.66	\$ 344,537.90	\$ 364,921.58	\$ 352,286.83	\$ 369,313.12	\$ 350,004.86	\$ 363,178.51	\$ 364,985.58	\$ 368,735.23
IDD Child Cost	\$ 15,279.22	\$ 13,758.18	\$ 17,129.96	\$ 26,734.25	\$ 30,528.58	\$ 28,411.12	\$ 25,125.63	\$ 25,765.39	\$ 23,993.99	\$ 28,239.23	\$ 27,001.85	\$ 23,538.85
Adult SMI Cost	\$ 154,798.64	\$ 122,075.42	\$ 97,924.83	\$ 154,022.90	\$ 156,569.52	\$ 155,037.62	\$ 105,630.36	\$ 116,035.21	\$ 125,516.45	\$ 115,717.01	\$ 128,224.49	\$ 95,936.64
Child SED Cost	\$ 44,301.45	\$ 47,257.87	\$ 50,838.00	\$ 40,612.00	\$ 37,748.00	\$ 45,185.00	\$ 35,026.00	\$ 33,209.00	\$ 27,493.00	\$ 26,466.00	\$ 36,101.80	\$ 22,335.00
Total	\$ 538,983.26	\$ 505,767.40	\$ 518,719.03	\$ 585,278.81	\$ 569,384.00	\$ 593,555.32	\$ 518,068.82	\$ 544,322.72	\$ 527,008.30	\$ 533,600.75	\$ 556,313.72	\$ 510,545.72
Adult IDD Cost per consumer	\$ 7,548.93	\$ 7,504.09	\$ 8,018.78	\$ 9,097.74	\$ 8,403.36	\$ 8,688.61	\$ 8,592.36	\$ 8,588.68	\$ 8,139.65	\$ 8,254.06	\$ 8,295.13	\$ 8,194.12
Child IDD Cost per consumer	\$ 1,273.27	\$ 1,719.77	\$ 1,903.33	\$ 2,430.39	\$ 3,392.06	\$ 2,582.83	\$ 1,932.74	\$ 1,717.69	\$ 2,999.25	\$ 2,172.25	\$ 1,800.12	\$ 2,139.90
Adult SMI Cost per consumer	\$ 2,180.26	\$ 1,453.28	\$ 1,379.22	\$ 2,053.64	\$ 1,981.89	\$ 1,914.04	\$ 1,446.99	\$ 1,706.40	\$ 1,992.32	\$ 1,753.29	\$ 2,289.72	\$ 2,041.21
Child SED Cost per consumer	\$ 1,107.54	\$ 1,312.72	\$ 1,374.00	\$ 944.47	\$ 920.68	\$ 1,129.63	\$ 1,000.74	\$ 1,037.78	\$ 916.43	\$ 1,017.92	\$ 1,504.24	\$ 859.04
Total	\$ 3,246.89	\$ 2,957.70	\$ 3,221.86	\$ 3,463.19	\$ 3,349.32	\$ 3,411.24	\$ 3,197.96	\$ 3,445.08	\$ 3,659.78	\$ 3,581.21	\$ 4,002.26	\$ 3,957.72

Attachment III

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

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

❖ Strategic Objectives

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

❖ Key Performance Indicators

Measure	Prior Quarter Results	FY 24-25 Target	FY 24-25 Current Qtr
Ensure individuals served at NLCMHA receive quality services to meet their unique needs. (5 Measures)			
Percent of consumers at NLCMHA readmitted to psychiatric inpatient services within 90 days	11%	<20%	21%
Percent of consumers who were diverted from psychiatric inpatient admission	42%	>30%	37%
Number of substantiated Recipient Rights' Complaints.		<5	
Number of Upheld Appeals		<5	
Number of Upheld Grievances		<5	
Ensure individuals and families receive quality services to meet their unique needs, resulting in access to the right services, at the right time, in the right amount. (6 Measures)			
Percent of adults newly enrolled in Mental Health services who had their first clinical service within 14 days of enrollment	54%	>80%	65%

Percent of children newly enrolled in Mental Health services who had their first clinical service within 14 days of enrollment	67%	>80%	69%
Percent of adults newly enrolled in Substance Abuse services who had their first clinical service within 14 days of enrollment	N/A	>80%	N/A
Percent of adults newly enrolled in developmental disability services who had their first clinical service within 14 days of enrollment	75%	>80%	83%
Percent of children newly enrolled in developmental disability services who had their first clinical service within 14 days of enrollment	85%	>80%	76%
Percent of Substance Use Disorder (SUD) clients successfully discharged who re-entered services within 90 days	N/A	<25%	N/A
Build and support a community that promotes recovery and resilience to help individuals and families thrive. (2 Measures)			
Number of certified peers employed during the quarter	10	>8	10
Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process (This is done annually).	100%	>85%	100%
Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence (1 Measure)			
Percent of consumers who were discharged from a psychiatric hospital and had a follow-up service within 30 days	92%	>90%	95%

Workload Measures

Measure	Last Quarter Results	FY 2023 Target	FY 24-25 Current Qtr
Peer Specialists and Recovery Coaches (2 Measures)			
Number of <u>new</u> Certified Peer Specialists to include those in specialty tracks of family and youth		>2	
Number of people trained in Recovery Coaching		>5	
Communication (2 Measures)			
Number of public outreach events per quarter	13	>3	13
Number of hits to the NLCMHA website	80,612	>100	65,346
Outreach Services (1 Measure)			
Number of interventions from Crisis Response Team	178	>24	161
Operational/Legal Matters (2 Measures)			
Staff turnover per quarter	3%	<10%	5%
Claims filed with Michigan Municipal Risk Management Authority		<3	

<https://www.northernexpress.com/news/feature/meeting-the-mental-health-need-clubhouse-international/>

Clubhouse International Is Meeting the Mental Health Need

Inside northern Michigan's Clubhouses, "the best-kept secret in our community"

By [Kierstin Gunsberg](#) | Nov. 9, 2024

Whether they're sharing jokes over homemade holiday meals or heading to the store to stock up on essentials for the week, members of northern Michigan's Clubhouse International affiliates spend their days creating a sense of community and looking out for each other.

Focused on supporting people living with mental illness, Clubhouse International (CI) is a global nonprofit whose goal is to end the social and economic isolation surrounding a mental health diagnosis by empowering its members toward recovery and independence. Clubhouse members, who join by referral through their local mental health agencies, meet at their local Clubhouse throughout the week. There, they receive peer and personal development support in a non-clinical setting.

CI's first club—New York's Fountain House—was opened in 1948. Since then, the model has expanded to over 350 Clubhouses across 32 countries, with Michigan holding the record (at over 40!) for most Clubhouse International accredited clubhouses in the country.

Meet three of them making a positive impact right here in northern Michigan.

Who: Petoskey Club

Areas Served: Charlevoix, Cheboygan, and Emmet Counties

It's all hands on deck at Petoskey Club, where every member is needed to keep things running smoothly throughout the workweek. From serving lunch to other members out of their commercial kitchen and tidying up around the facility to researching grants and making business calls, the club's nearly 50 active members all play an important role in the day-to-day.

"The big decisions on things like where big money is going to be spent goes to the membership," explains Petoskey Club director Leslie Elrod, adding that staff input is minimal in the member-run environment. "They [members] decide what activities are going to be offered, all those sorts of things."

Autonomy is foundational to all CI affiliates, who practice under the organization’s model of psychosocial rehabilitation, where members are seen not just for their inherent value but as critical members of society within the Clubhouse—and beyond.

Globally, one in eight people experience a mental health disorder, according to the World Health Organization. Those affected most severely experience symptoms that interfere with their daily life. Because of this, Elrod says all members are met exactly where they’re at, and everyone participating in a Clubhouse is there because they want to be—the whole experience is voluntary once they’ve been referred by a participating agency.

For some, making it to Petoskey Club, which offers transportation to members who need it, is a really big first step in and of itself. Once members feel ready, they take part in something called The Work Ordered Day (WOD), a cornerstone of CI’s model that involves attending meetings, completing tasks, and working with others in the Clubhouse in a way that mirrors a professional environment.

From there, they practice time management, teamwork, and multitasking, whether by working with the Club’s Culinary Unit whipping up meals or taking on a role with the Clerical Unit handling things like billing. Routine helps members build consistency and stamina, says Elrod.

“We’ve seen people who had agoraphobia and couldn’t leave their house come here,” she tells us. “They’re able to grow and lead meetings, do great projects, and work and self-advocate. We’ve had other people who were completely withdrawn who then went and presented at a conference... It just builds them up to a point where they’re able to be themselves again and not the illness.”

To learn more about Petoskey Club call (231) 347-1786

Who: Club Cadillac

Areas Served: Wexford and Missaukee Counties

While Club Cadillac’s active membership of 85 includes people well into their 80s, director Amy Kotulski thinks one of the best things about the Clubhouse is how it provides a judgment-free zone for young adults to learn essential life skills. “We’re a great transition center for youth moving into adulthood,” she says.

Navigating adulthood even on the best days can feel chaotic, especially for the one in 10 young adults living with a serious mental illness (SMI) in the U.S. An SMI is defined by the National Institute of Mental Health as “a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.”

But Kotulski and others in the Clubhouse community believe that recovery from mental health symptoms is possible when people are given the opportunity to regain what's often lost when symptoms become unmanageable: connection and support.

“When they come to the clubhouse, they immediately get community and a non-judgmental, listening ear,” she says. “We welcome everybody with open arms,” and with that support, says Kotulski, members’ confidence and well-being grows as their goals expand.

For many, a goal is gaining employment.

Club Cadillac helps members reach that goal through transitional employment partnerships with places like YMCA, Blue Heron Cafe, and Goodwill. Most recently, Club Cadillac partnered with Wildflour Bakery where a member began a part-time front-of-house role at the downtown bakery, taking orders, mixing custom bobas, and serving up fresh baked goods to customers. These transitional partnerships provide recent work experience and job references as members hone their skill set and work toward financial stability.

In the meantime, says Kotulski, “We’re a good place to make mistakes and learn adulting in a safe space.”

To learn more about Club Cadillac call (231) 775-5638

Who: Traverse House

Areas Served: Grand Traverse and Leelanau Counties

Having fun together is as important as working hard together. Clubhouses go on putt-putt outings, host fundraisers at Cherry Festival, and gather for crafts when the weather turns chilly. They also participate in regional conferences and events to raise awareness for their mission. Because for every barrier that northern Michigan’s Clubhouses are overcoming, there’s still work to be done to ensure inclusion and stability for their members.

Much of that work involves addressing the factors that impact mental wellness outside of Clubhouse hours.

“Affordable housing continues to be a need in our community,” says Hannah Driver, director of Traverse House, which is located in the Northern Lakes Community Mental Health building. “When an individual living with mental illness is also experiencing homelessness, it is almost impossible to gain any level of stability.”

Indeed, the latest data from Michigan’s Campaign to End Homelessness reports that here in northern Michigan, the total unhoused population jumped by a jarring 56 percent between 2021 and 2022, while also showing that 23 percent of the state’s unhoused adults have a diagnosed mental health condition.

In response, Traverse House works closely with Northwest Michigan Supportive Housing, Safe Harbor, and Goodwill Inn “to provide wrap-around support for our mutual clients.”

Besides offering housing support, Traverse House also partners with the Before, During and After Incarceration (BDAI) program to help those living with mental illness and returning from incarceration receive reentry support.

“Having strong education around mental health services is imperative,” Driver says, noting that community awareness efforts, like hosting weekly Clubhouse tours, aim to make Traverse House better known among organizations, employers, and legislators. “We have wonderful human service agencies, but at times people fall through the cracks because there is not enough information about how to refer or what programs they qualify for,” she adds. “Too many times we’ve been told that ‘Traverse House is the best-kept secret in our community.’”

To learn more about Traverse House call (231) 922-2060.

Inside the Science of EMDR

Local mental health experts explore the growing interest in this newer psychotherapy

By [Anna Faller](#) | Nov. 9, 2024

When you think about therapy, what comes to mind? Is it a chaise lounge in a quiet room? A stoic professional taking notes? Sigmund Freud?

Whatever visual the term conjures, we bet it doesn't include using bilateral stimulation to help process traumatic experiences—but that's exactly what the psychotherapy known as Eye Movement Desensitization and Reprocessing (EMDR), does.

EMDR was developed in 1987 by Dr. Francine Shapiro, Ph.D., a psychologist and mental health research fellow, and hinges on the connection between rapid eye movement and how the brain handles trauma.

Because it's a newer therapy—especially in comparison to practices like psychoanalysis, which date back to the 19th century—EMDR wasn't formally recognized by health organizations until the late 1990s. Since then, it's been proven to achieve results quickly for many patients, with more than 30 control studies published, some with a nearly 90 percent success rate.

"It's such a wild and fun therapy to watch in session," says Alyssa Withun, outpatient supervisor at Northern Lakes Community Mental Health (NLCMH). "It's amazing how quickly EMDR patients can get past something that's been affecting them for years."

Reframing Memory

So, how does EMDR work? Though formal research is still emerging—in fact, scientists have yet to reach a consensus as to exactly how EMDR functions—the basic gist pairs traumatic memory with a form of bilateral stimulation (engaging alternate sides of the brain) to help work through and ultimately re-file those memories in a less detrimental way.

EMDR is not the removal of memory, nor is it a form of hypnosis—a common misconception, per NLCMH Operations Manager Kendall Sidnam. Instead, she explains, it's "targeting different parts of the brain to reframe how we remember trauma."

Take the ubiquitous (and usually positive) memory of visiting the zoo as a kid. Because we've fully dealt with those memories, a process which largely occurs in the brain's cortical regions, they tend to fade and feel less vivid once we grow into adulthood.

Traumatic memories, by contrast, can sometimes get stuck in the limbic system—that’s where your fight, flight, or freeze response lives—and as a result, can be set off by daily sensations, like sounds or smells, that make those memories feel just as vivid and horrific as when they first happened.

The goal of EMDR therapy is to un-stick those negative experiences and weave them back into the main memory line. “The idea,” adds Withun, “is to remember those traumas [in the same way we remember] that trip to the zoo. Though the experience is [no less] terrible, it no longer feels like you’re reliving it.”

A Trauma Inventory

This psychotherapeutic process, which, per the EMDR Institute, comprises eight “phases,” starts by compiling patient history, wherein the client and therapist build a “trauma inventory.”

The specifics here differ based on provider—Sidnam, for instance, who works mostly with kids, helps conceptualize the weight of each memory with capital and lowercase T’s for “trauma”—but the framework often includes creating a timeline of the patient’s memories, highlights and lowlights, and the emotional impact of each event.

Then there’s the question of determining whether a patient is a good fit for EMDR, or phase two.

Per Sidnam, there are no known age or demographic contingencies to the therapy’s efficacy. EMDR works for both kids and adults, she says, and though this type of psychotherapy is most often used to treat PTSD, it’s also “all-encompassing,” meaning it can successfully mitigate the effects of various traumas, both mental and physical.

EMDR is, however, very intense, and essentially asks patients to revisit some of their most deeply-repressed and painful experiences. It’s for this reason that a strong set of coping skills is non-negotiable for EMDR patients. These could include self-calming techniques developed from other therapies as well as external supports like financial security, physical safety, and a robust familial and social network.

There’s also an element of consent at play here, as the patient should feel comfortable enough with their provider to tell them when they need a break, as well as ensuring that patients understand what EMDR entails. As Sidnam reiterates, the goal of this therapy is to fully heal and process old traumas, but that can only happen if the patient is prepared enough to address them.

“It’s a day-by-day and sometimes moment-by-moment process,” Withun says. “The last thing we want to do is retraumatize someone by doing something they’re not ready to do.”

Down to Zero

Once the patient gets the green light, the next three EMDR phases take place mid-session.

This starts with the patient and provider talking through a target memory, with a focus on the negative beliefs it has produced (I'm worthless, I'm unlovable, I'm at fault, etc.), as well as a positive replacement emotion. It's also here that the patient establishes a baseline for how distressing that memory feels by rating it on a scale from zero (no disturbance) all the way up to a 10 (worst possible).

From there, the patient again queues up the memory and associated emotions, this time using bilateral stimulation and analyzing their experience as they process. Per Withun, standard stimuli here range from REM-adjacent visuals, wherein patients follow a finger or light, as well as tactile sensations, like alternated tapping, touches, and even auditory tones.

All of these methods achieve the same goal, she adds, and can be catered to meet the needs of each patient.

Once the trauma's been processed down to a zero (though a rating as high as a two could suffice), EMDR phases seven and eight involve a debrief and full body scan to close the memory, before recording the patient's progress in preparation for future therapy sessions.

Faster Processing

All told, unpacking each memory could take anywhere from 20 minutes to weeks to process, depending on that patient's capacity and the severity of the experience.

In comparison to other therapies, like cognitive behavioral therapy, EMDR has been clinically proven to deliver patient results in less time, on average, sometimes even within one session. This, says Withun, is because the EMDR process provides the framework for the brain to self-heal, in contrast to the extra processing time conversation-based therapies often require. It's a definite draw for patients, she adds, as is the reduced verbal component, which applies both to the patient and the provider.

"EMDR is very client-led, so they get to come to their own understanding that maybe they're not all these horrible things that they've thought about themselves for so long. That brings a lot of confidence and pride, and I think that's a very big thing," Sidnam notes.

Still, it wasn't until the early 2000s that EMDR was recommended for trauma treatment. Since then, it's gained ground for its efficacy, which is not only reflected in formal research representing a range of disturbances from PTSD to addiction, assault, and beyond, but also in patients' firsthand accounts.

Sidnam, for instance, remembers a teen who was deeply affected by the violent death of two family members and was struggling with psychological disturbances like nightmares and flashbacks. Three weeks of EMDR later, she says, he was able to reprocess those memories and manage his symptoms.

“Now he’s a sophomore in college and can speak fondly on [those relatives] without the memories of their deaths overshadowing their lives,” she adds.

With the global mental health crisis in mind—not to mention healthcare field advances, like the rise of telehealth and Medicaid’s extended coverage—and both Sidnam and Withun expect that the recent uptick in demand for EMDR is just the beginning.

As Sidnam underscores, the number of patients interested in pursuing EMDR currently outweighs providers. EMDR is seen as an expedient service, and therefore, a better bang for agencies’ and clients’ buck. Further, people are seeing results and sharing their experiences.

“I think there’s a word-of-mouth component to it, which isn’t necessarily a bad thing,” adds Sidnam. “EMDR can be very effective, and the more people are talking about it, the more it [can help] people.”

<https://www.freep.com/story/news/local/michigan/2024/11/09/post-election-mental-health-resources-michigan/76107472007/>

The election's over and you're anxious, depressed. Here's how to find help



[Jenna Prestininzi](#)

Detroit Free Press

As the 2024 [election cycle](#) winds down, some may be feeling lingering anxiety or depression.

If you're struggling with election-related stress or blues, help is available.

Here's what to know.

Limit your news consumption

Today's [24/7 news cycle](#), combined with a hyper-partisan atmosphere, can make for a staggering combination. Being over-informed, especially with negative news, can lead to depression and anxiety and negative physical health impacts, according to [Johns Hopkins University](#).

Experts with Johns Hopkins recommend limiting your daily news intake to 30 minutes, avoiding anxiety triggers and reading rather than watching the news to avoid disturbing imagery.

Take a break from your social media feed

If you're [overwhelmed](#) by political content on social media, it might be time to take a break, according to the [Cleveland Clinic](#).

Avoid "doom scrolling" on your social media feed because spending too much time online can lead to feelings of anxiety and isolation.

When you're starting to feel drained by your feed, consider putting down your phone and taking a walk in nature. If you're finding it hard to disconnect, try strategies to limit engagement, like deleting social media apps, keeping your phone in another room, or unfollowing or muting content you don't like, the clinic recommends.

What are common mental health hotlines?

If you're in a crisis and seeking immediate support, consider picking up the phone to speak with mental health professionals. Here are some hotlines to call if you're in need:

- [**Common Ground**](#): 800-231-1127
- [**Listening Ear**](#):
 - **Clare County**: 989-386-2774
 - **Isabella County**: 989-772-2918
- [**National Alliance on Mental Illness HelpLine**](#): 800-950-NAMI (6264) Monday-Friday 10 a.m. to 10 p.m. ET
- [**National Suicide Prevention Lifeline**](#): 988
- [**Substance Abuse and Mental Health Services Administration National Helpline**](#): 800-662-HELP (4357)
- [**The Trevor Project**](#): 866-488-7386
- [**Washtenaw County Community Mental Health Crisis Services**](#): 734-544-3050

How can you seek mental health support in Michigan?

Healthcare centers across the state provide mental health and behavioral health care services. Here are some to local resources to check out:

- [**Burton Health Center in Grand Rapids**](#)
- [**Community Mental Health Authority of Clinton, Eaton, and Ingham Counties**](#)
- [**Detroit Wayne Integrated Health Network**](#)
- [**Northern Lakes Community Mental Health Authority**](#)
- [**Washtenaw County Community Mental Health**](#)

https://www.record-eagle.com/news/local_news/grand-traverse-county-jail-report-sparks-heated-discussion/article_3da16710-918b-11ef-9301-db877cb58213.html

GRAND TRAVERSE COUNTY: Jail report sparks heated discussion

- [By Peter Kobs pkobs@record-eagle.com](mailto:pkobs@record-eagle.com)
- Oct 24, 2024

TRAVERSE CITY — A nationwide shortage of corrections officers is impacting operations at prisons and jails around Michigan, including the Grand Traverse County jail.

On Wednesday morning, Sheriff Mike Shea delivered a statistical report during a county board of commissioners’ study session that underscores those continuing challenges.

“The shortage of corrections officers is not sustainable,” Shea said. “This board needs to determine what to do with our jail ...This is a 20- 30-year ongoing conversation.”

Jail staffing levels stood at 25 corrections officers in September, down from a five-year high of 32 in early 2023. Six new corrections officer candidates are now under consideration, officials noted.

And, in another staffing challenge, Capt. Chris Barsheff is leaving his role as jail administrator to become the first township manager of Garfield Township. Barsheff joined the sheriff’s office in 1996 and took charge of corrections in 2019.

A handful of people have expressed interest in taking over the jail administrator role, but so far no decision has been made, officials said.

Growing frustration

Shea expressed frustration with what he sees as a lack of board action or direction on a new jail.

“We understand we have a problem now, but what will the future look like?” asked Commissioner Darryl Nelson. “I’m not a jail expert ... For us to just throw a dart – we need help to determine what a solution is.”

Shea replied that it would be a “waste of time” to work on such a plan “with no direction from the Commission.”

In the past 25 years, previous county boards and sheriffs have studied the issue, but very little changed, the sheriff pointed out.

Commissioner Penny Morris, who represents District 9, then asked Shea for his overall vision for a new jail.

“If you had a magic wand – give us your ‘pie in the sky’ version as a utopia for corrections.”

In response, Shea said: “Ideally, I’d like separate wings – a mental health wing, an education and a locked-door facility. We also need a transitional portion so we don’t throw people out on the street and shut the door.”

Shea said he and his fellow officers have been invited to tour more modern jail facilities around the state, but such trips would be pointless until the county board sets its vision for a new jail.

“I’m not wasting taxpayer dollars to tour facilities because, by the time we get direction from the board, those facilities may already be outdated,” he said. “Once you give us direction, we’ll do whatever you want.”

Board member Ashlea Walter said the county needs a “holistic” approach to a new jail that includes provisions for mental health care, substance abuse recovery and court diversion programs.

“Some of this is related to our FMP,” she said, referring to a multi-year facilities master plan developed by consultant Tower Pinkster. “We have to look at the bigger picture.”

No recommendations were made at Wednesday’s study session.

In the meantime, Shea said he is struggling to finalize an agreement with Northern Lakes Community Mental Health Authority to hire a “desperately needed” discharge planner and/or diversion-support specialist at the jail.

Getting permission to reassign funding for one “full-time equivalent” to that role is a possible solution, he added, if county leaders agree.

Board Vice Chair Brad Jewett voiced approval for the idea.

“I’m sure the board would be willing to say ‘yeah’ if we need another FTE,” Jewett said.

Another unfinished project at the jail involves creating three new isolation cells and making the booking area more private. Even though the county authorized \$25,000 for that project last December, it isn’t complete.

“It should have been done by now,” Shea said. “Is it a Band-Aid? Yes! But that’s what we’ve been doing the last several years.”

Overtime way up

In response to staffing shortages, more corrections officers have been working overtime, driving up overtime wages about 48 percent from 2019 to 2023.

Even with a smaller staff, the county’s total expenditures on corrections increased \$489,000 over that same five-year period.

Another strategy for managing staffing shortages is to board inmates in other counties that have extra jail capacity, which comes at a cost of about \$35 per inmate per “bed day.”

For example, the sheriff's office paid Leelanau County a total of \$74,370 to board inmates for 2,479 bed days during 2023. That year, it also paid Benzie County \$148,190 for the same services.

In 2024, the county is also boarding jail inmates in Lapeer and Clare counties.

But some counties with excess jail capacity are too far away from Traverse City to make inmate transport feasible, said Lt. Jimmy Argyle.

"If it takes six- to seven hours, round-trip, for two officers to transport an inmate to another county. That's hard to justify," he said.

Inmate classifications

Officials noted that not all inmates are handled the same.

Most jails, including the one in Grand Traverse County, adhere to a classification system that assigns a custody level to each inmate based on their risk levels, gender and needs. For example, some counties do not accept females from other counties for boarding in their jails.

The goal is to keep inmates and staff safe, while also providing rehabilitation opportunities. Several factors are considered in the classification process, depending on the county. These factors can include:

- Medical and mental health care needs
- Staff-to-inmate ratios
- Inmate participation in programs
- Living skills / human interactions
- Disciplinary infractions
- Percentage of time served

"Objective jail classification ... is considered one of the most important management tools available to jail administrators and criminal justice system planners," according to the National Institute of Corrections, which publishes a guide for jail administrators.

"An effective system of inmate classification will reduce escapes and escape attempts, suicides and suicide attempts, and inmate assaults."

Today, the Grand Traverse County jail has a maximum capacity of 168 inmates, according to Argyle.

However, because of inmate classifications, some cells cannot be used at maximum capacity.

"For example, we might have a six-person cell with five inmates in it for days," he said. "That type of situation affects our capacity limits."

Next steps

Proposals to improve or replace the county jail have been hotly debated for more than a decade, according to county board meeting records.

Commissioner Walter suggested creating a new ad hoc committee of the county board to propel tangible action on those issues. A study session group is not permitted to make resolutions or vote on proposals; that requires action at the board level.

The next general meeting of the Grand Traverse Board of Commissioners is scheduled for Wednesday, Nov. 20, at the Governmental Center, 400 Boardman Ave. in downtown Traverse City.

https://www.cnhinews.com/michigan/article_a6d88298-ad0f-5ca3-b319-3228f86284a6.html

Traverse City Record Eagle
Northern Living in Brief: 10/20/2024

- **Oct 20, 2024**

Call for art

TRAVERSE CITY — [Northern Lakes Community Mental Health](#) is calling for entries for its annual “Art of Recovery: The Human Journey” show.

People in recovery in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford counties may submit a piece. The deadline is Oct. 25.

Find the entry form at <https://tinyurl.com/3h6jxv6e>.

Artwork will be displayed from Nov. 8-26 at Traverse Area District Library. A public reception is open from 2-6 p.m. Nov. 15.

<https://www.9and10news.com/2024/11/12/club-cadillac-speaking-out-after-thousands-of-fundraised-dollars-discovered-stolen/>

Club Cadillac speaking out after thousands of fundraised dollars discovered stolen

Jodi Miesen, Jacob Johnson

11-12-2024 at 07:02:38 PM EST| Updated 11-13-2024 at 12:57:18 PM EST

A Northern Michigan nonprofit is speaking out after they say tens of thousands of dollars was stolen.

Now, they're asking the community to help them keep critical programs going.

Club Cadillac serves people battling mental illness in Wexford and Missaukee counties.

Amy Kotulski, director of Club Cadillac said about \$50,000 was stolen from three accounts that the board of directors holds, allowing them to raise extra money to support the non-day to day activities at Club Cadillac.

Although their operational budget is funded through Medicaid dollars from Northern Lakes Community Mental Health, this will have a big impact on what they can do this holiday season.

"It was very, very shocking, pretty devastating to our membership. We worked really, really hard to fundraise that money; to get those grants," said Kotulski.

Kotulski said this is crushing for the organization. The money in those accounts come mainly from fundraising and grants. She said she worries for their future.

"Some of the opportunities that they've had in the past aren't there right now until we're able to fundraise, to replenish some of that money, to get so that we can take advantage of some future opportunities," said Kotulski.

She said they use those funds for everything from housing needs, to sending members to conferences and trainings, to care packages for members for the holidays, and much more.

Kotulski said until they can replenish the funds, they are looking for monetary donations and donated items so they can make sure those holiday care packages still arrive.

"We're looking for socks, [which] are always our number one most requested item, but any warm weather things socks, hats, gloves, scarves and then toiletries, hygiene items, deodorant, shampoo, body wash, things like that," said Kotulski.

Board President Kristen Kenny said this isn't just a setback for the holiday support for members, but they had real plans to tackle the housing crisis.

She said they had been working on starting a housing development.

"This was our seed money. This was the money that we were going to use to start this housing development.

Kenny said people with mental health issues struggle with housing insecurity. "It's a huge issue, especially for people with mental illness because of stigma. They're in subpar housing. They're living in group homes when they don't belong in group homes," said Kenny.

She said this is a blow to everything they've been working for.

"That was a lofty goal in the first place. And now, you know, it's a major setback. It's gone, it's all gone. And we worked really hard," said Kenny.

She said it feels like a betrayal to find out the money was stolen.

The Wexford County Prosecutor's office is looking at the case and haven't yet said if they will file charges.

"I feel not only extremely angry, but I feel betrayed, extremely betrayed. I want the full extent of the law. This is just unacceptable," said Kenny.

<https://www.upnorthlive.com/community/your-mental-health-connection/your-mental-health-connection-stigma-about-mental-health-conditions>

Watch Link: <https://www.youtube.com/watch?v=X6g1gQgGmYM>

Your Mental Health Connection: Stigma about mental health conditions

UpNorthLive, 11132024, 26 mins

Darryl Washington, NLCMHA Chief Strategic Officer, and Kendall Sidnam, Operations Manager, discussed stigma about mental health conditions with UpNorthLive's Brendan Kinney.

#

Northern Lakes CMH

September 2024

Preliminary
Board Report

Northern Lakes CMH

Summary of Variances and Fluctuations

October 1, 2023 through September 30, 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 \$500K decrease and liquid cash remains stable.

II. Operating revenue

- **Medicaid Capitation** - Estimated Medicaid expenses are approximately **\$4.3M MORE** than the capitated payments received from NMRE resulting in a current **OVERSPEND**. The estimated revenue needed to cover expenses is about **\$4.5M 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 **\$427K** 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.

- **General Fund Capitation** - Estimated expenses are approximately **\$1.5M 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 \$2.2M 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** - The actual balance is \$1.3M less than budgeted; however, the budget methodology was to include 100% of the cost of vacant positions which has overstated the payroll related budget figures. This has created a cushion as it is not realistic that vacant positions will be filled at 100% of cost. As a reminder there is no expense related to a CEO and CFO expenses are reported within the administrative contact line item.

- **CMH Provider Network Contractual Services** - YTD Contracted Provider expenses are about \$4.9M 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 \$6.9M balance reported represents the cash basis expenses associated contractual services. We will continue to see some expenses continue to come in as the program is wrapped up. Costs associated with internal staff and other related activities total \$3M resulting in year to date expenses of \$9.9M. There is a year to date surplus of just over \$1M.

Prepared by Laura Argyle, Deputy CFO on 11/14/2024

Northern Lakes CMH

Statement of Net Position

September 30, 2024

	(Unaudited) 9/30 2024	(Unaudited) 9/30 2023	Favorable (Unfavorable)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 3,535,609	\$ 12,024,014	\$ (8,488,405)
Investments	8,126,301	7,967,259	159,042
Due from other governmental units	13,344,827	5,504,873	7,839,954
Prepaid items	452,858	429,678	23,180
Total current	25,459,595	25,925,823	(466,228)
Noncurrent:			
Capital assets not being depreciated	1,870,395	1,870,395	0
Capital assets being depreciated, net	4,264,619	4,992,521	(727,902)
Deferred outflows - Pension	2,033,495	2,033,495	-
Total noncurrent	8,168,509	8,896,411	(727,902)
Total assets and deferred outflows	33,628,104	34,822,234	(1,194,130)
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	5,990,780	6,394,819	404,039
Accrued wages and related liabilities	1,257,623	793,350	(464,273)
Due to other governmental units	1,742,135	1,742,135	-
Self-funded insurance claims payable	1,113,000	535,862	(577,138)
Unearned revenue	(50,000)	-	50,000
Other current liabilities	65,095	92,258	27,163
Compensated absences, due within one year	1,433,707	1,433,706	(1)
Lease liability, due within one year	720,406	822,418	102,012
Total current liabilities	12,272,746	11,814,547	(458,199)
Noncurrent			
Compensated absences, due beyond one year			-
Lease liability, due beyond one year			-
Net pension liability	5,188,225	5,188,225	-
Deferred inflows - Pension	-	-	-
Total noncurrent liabilities	5,188,225	5,188,225	-
Total liabilities and deferred inflows	17,460,971	17,002,772	(458,199)
NET POSITION			
Net investment in capital assets	6,375,206	6,375,206	0
Current Year to date Revenue over Expenses	(1,425,271)	(617,955)	
Unrestricted	11,217,197	12,062,211	845,014
Total net position	\$ 16,167,132	\$ 17,819,462	\$ (1,652,330)

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 September 30, 2024

	(Unaudited) 9/30 2024	YTD Budget 9/30 2024	Favorable (Unfavorable)
Revenues			
Medicaid Sources			
Medicaid	\$ 63,644,978	\$ 63,500,164	\$ 144,814
Medicaid - Settlement	4,384,255	-	4,384,255
Healthy Michigan	4,899,354	8,424,428	(3,525,074)
Healthy Michigan - Settlement	3,097,196	-	3,097,196
State General Fund	2,980,487	3,050,761	(70,274)
Grants	2,323,660	2,496,341	(172,681)
County appropriations	1,013,983	1,026,740	(12,757)
Northern Healthcare Management	10,313,829	12,529,974	(2,216,145)
Other revenue	2,946,597	2,187,347	759,250
Total operating revenue	95,604,339	93,215,755	2,388,584
Employed Workforce and Agency Expenditures			
Personnel	30,245,324	31,562,997	(1,317,673)
Admin Contracts	1,759,164	1,251,481	507,683
Direct Operations	3,412,999	2,731,182	681,817
Contractual Services	1,088,241	-	1,088,241
Transportation	634,507	744,136	(109,629)
Occupied Space	2,057,667	1,993,255	64,412
Total Directly Provided & Agency Oversight	39,197,902	38,283,051	914,851
Contracted Provider Expenditures			
Autism Services Providers	4,097,423	3,836,981	260,442
Clinical Contract Providers	2,492,140	3,918,247	(1,426,107)
Daytime Activities Contract Providers	7,264,848	5,105,086	2,159,762
FI Provided Self Determination	1,837,276	1,464,727	372,549
Inpatient Services	7,404,117	6,855,000	549,117
Therapeutic Contract Providers	497,019	609,377	(112,358)
Residential Contracts	23,078,297	19,736,946	3,341,351
CLS Providers	3,259,765	3,153,679	106,086
Northern Health Care Mgt Services	6,921,756	9,280,325	(2,358,569)
Northern Health Care Mgt Respite	18,692	80,436	(61,744)
Client Transportation Providers	960,375	891,900	68,475
Total Contracted Provider Expenditure	57,831,708	54,932,704	2,899,004
Total operating expenses	97,029,610	93,215,755	3,813,855
Change in net position	(1,425,271)	0	(1,425,271)

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 September 30, 2024

Provider Network Category	YTD Budget	YTD	Budget to Actual	YTD	Variance from PY	% Change
	9/30/2024	9/30/2024	Inc/(Dec)	9/30/2023	Inc/(Dec)	
Houghton Lake Drop In - Drop In Centers	\$ 86,787	\$ 86,787		\$ -	\$ 86,787	#DIV/0!
Kandu Island - Drop In Centers	\$ 140,947	\$ 140,947		\$ -	\$ 140,947	#DIV/0!
Contracted Clinical Services - OBRA Screening	\$ 303,470	\$ 303,470		\$ 190,059	\$ 113,411	59.67 %
Contracted Clinical Services - Behavior Treatment	\$ 205,707	\$ 205,707		\$ 181,221	\$ 24,486	13.51 %
Client Specific Contract - Partial Day	\$ 243,769	\$ 243,769		\$ 263,305	\$ (19,536)	(7.42)%
Client Specific Contract - Residential	\$ 321,557	\$ 321,557		\$ 301,076	\$ 20,481	6.80 %
Client Specific Contract - MCTT & ACT Teams	\$ 48,727	\$ 48,727		\$ 53,443	\$ (4,716)	(8.82)%
Client Specific Contract - Emgcy Serv/Outpatient	\$ (364)	\$ (364)		\$ 21,736	\$ (22,100)	(101.67)%
Client Specific Contract - DD CSM Team	\$ (46)	\$ (46)		\$ 67,769	\$ (67,815)	(100.07)%
Client Specific Contract - Managed Care	\$ 96	\$ 96		\$ 713	\$ (617)	100.00 %
Client Specific Contract - Club Cadillac	\$ 1,598	\$ 1,598		\$ 35,992	\$ (34,394)	100.00 %
Contr Psych's - Med Clinic	\$ 3,918,247	\$ 1,127,872		\$ 1,194,006	\$ (66,134)	(5.54)%
Client Transportation - Partial Day	\$ 891,900	\$ 783,716		\$ 538,993	\$ 244,723	45.40 %
Total Clinical Contract Providers (less grant activity)	\$ 4,810,147	\$ 3,263,836	\$ (1,546,311)	\$ 2,848,313	\$ 415,523	14.59 %
Autism Services - Partial Day	\$ 3,721,554	\$ 3,721,554		\$ 3,485,334	\$ 236,220	6.78 %
Autism Services - Residential	\$ 315,324	\$ 315,324		\$ 502,072	\$ (186,748)	(37.20)%
Autism Services - Emgcy Serv/Outpatient	\$ 7,655	\$ 7,655		\$ 5,171	\$ 2,484	48.03 %
Autism Services - DD CSM Team	\$ 52,890	\$ 52,890		\$ 36,533	\$ 16,357	44.77 %
Total Autism Providers	\$ 3,836,981	\$ 4,097,423	\$ 260,442	\$ 4,029,110	\$ 68,313	62.38 %
Hope Network - Partial Day	\$ 995,505	\$ 995,505		\$ 883,842	\$ 111,663	12.63 %
Hope Network - Residential	\$ 3,122,867	\$ 3,122,867		\$ 1,730,224	\$ 1,392,643	80.49 %
Hope Network - MCTT & ACT Teams	\$ 16,068	\$ 16,068		\$ 13,317	\$ 2,751	20.66 %
Hope Network - Emgcy Serv/Outpatient	\$ 5,519	\$ 5,519		\$ 2,966	\$ 2,553	86.07 %
Hope Network - DD CSM Team	\$ 2,648	\$ 2,648		\$ 1,421	\$ 1,227	100.00 %
Hope Network - PT/OT/ST Only	\$ 351	\$ 351		\$ 1,083	\$ (732)	100.00 %
R.O.O.C. Inc - Partial Day	\$ 65,754	\$ 65,754		\$ 50,653	\$ 15,101	29.81 %
R.O.O.C. Inc - Residential	\$ 574,013	\$ 574,013		\$ 525,349	\$ 48,664	9.26 %
Grand Traverse Industries - Partial Day	\$ 871,263	\$ 871,263		\$ 893,618	\$ (22,355)	(2.50)%
Grand Traverse Industries - Residential	\$ 1,610,860	\$ 1,610,860		\$ 1,338,851	\$ 272,009	20.32 %
Total Daytime Providers	\$ 5,105,086	\$ 7,264,848	\$ 2,159,762	\$ 5,441,325	\$ 1,823,523	56.89 %
Community Inpatient Hospital - Inpatient	\$ 6,857,481	\$ 6,857,481		\$ 6,386,633	\$ 470,848	7.37 %
Crisis Residential - Residential	\$ 147,306	\$ 147,306		\$ 374,470	\$ (227,164)	(60.66)%
County - State Fac - Inpatient - State	\$ 337,431	\$ 337,431		\$ (395,545)	\$ 732,976	(185.31)%
County - Forensic Ctr - Inpatient - State	\$ 61,512	\$ 61,512		\$ -	\$ 61,512	#DIV/0!
Total Inpatient Providers / State Hospital Inpatient	\$ 6,855,000	\$ 7,403,730	\$ 548,730	\$ 6,365,558	\$ 1,038,172	#DIV/0!
Self Determination - Residential	\$ 1,835,558	\$ 1,835,558		\$ 1,412,286	\$ 423,272	29.97 %
Self Determination - DD CSM Team	\$ 1,718	\$ 1,718		\$ 79,542	\$ (77,824)	(97.84)%
Total Fiscal Intermediary Providers	\$ 1,464,727	\$ 1,837,276	\$ 372,549	\$ 1,491,828	\$ 345,448	#DIV/0!
Child and Family Services - MIC Client Support Service	\$ 256,060	\$ 256,060		\$ 277,650	\$ (21,590)	(7.78)%
Child and Family Services - Residential	\$ 3,713	\$ 3,713		\$ -	\$ 3,713	100.00 %
Child and Family Services - Mobile Crisis	\$ 237,096	\$ 237,096		\$ 215,611	\$ 21,485	9.96 %
Total Fiscal Intermediary Providers	\$ 609,377	\$ 496,869	\$ (112,508)	\$ 493,261	\$ 3,608	102.19 %
M.I. Residential Contracts - Residential	\$ 1,463,428	\$ 1,463,428		\$ 1,594,878	\$ (131,450)	(8.24)%
Residential Contracts - Residential	\$ 12,745,527	\$ 12,745,527		\$ 8,599,323	\$ 4,146,204	48.22 %
Beacon Specialized Living Center - Residential	\$ 3,727,406	\$ 3,727,406		\$ 3,439,087	\$ 288,319	8.38 %
Beacon Specialized Living Center - MCTT & ACT Teams	\$ 5,708	\$ 5,708		\$ 13,092	\$ (7,384)	(56.40)%
Beacon Specialized Living Center - Emgcy Serv/Outpatient	\$ 1,696	\$ 1,696		\$ 8,012	\$ (6,316)	(78.83)%
Beacon Specialized Living Center - Behavior Treatment	\$ 687	\$ 687		\$ 1,795	\$ (1,108)	(61.73)%
Lake Shore - Residential	\$ 655,611	\$ 655,611		\$ 805,603	\$ (149,992)	(18.62)%
Summerfield - Residential	\$ 525,598	\$ 525,598		\$ 519,448	\$ 6,150	1.18 %
East Bay - Residential	\$ 435,004	\$ 435,004		\$ 413,805	\$ 21,199	5.12 %
Lincoln House - Residential	\$ 424,494	\$ 424,494		\$ 415,197	\$ 9,297	2.24 %
Fort Road - Residential	\$ 345,356	\$ 345,356		\$ 367,137	\$ (21,781)	(5.93)%
New Horizons - Residential	\$ 569,799	\$ 569,799		\$ 534,562	\$ 35,237	6.59 %
Elmwood - Residential	\$ 425,387	\$ 425,387		\$ 454,371	\$ (28,984)	(6.38)%
Cedar Valley Home - Residential	\$ 422,567	\$ 422,567		\$ 361,881	\$ 60,686	16.77 %
Hab Waiver Supports - Residential	\$ 1,147,440	\$ 1,147,440		\$ 1,235,353	\$ (87,913)	(7.12)%
Hab Waiver Supports - SIP Homes	\$ 117,118	\$ 117,118		\$ 106,522	\$ 10,596	9.95 %
Total Residential Providers	\$ 19,736,946	\$ 23,012,826	\$ 3,275,880	\$ 18,870,068	\$ 4,142,758	21.95 %
Community Living Supports - Partial Day	\$ 76,642	\$ 76,642		\$ 68,171	\$ 8,471	12.43 %
Community Living Supports - Residential	\$ 1,885,646	\$ 1,885,646		\$ 1,283,372	\$ 602,274	46.93 %
Community Living Supports - MCTT & ACT Teams	\$ 1,721	\$ 1,721		\$ 263	\$ 1,458	555.57 %
MI Independent SIP - SIP Homes	\$ 100,248	\$ 100,248		\$ 142,650	\$ (42,402)	(29.72)%
MI Independent SIP - SIP Homes	\$ 168,937	\$ 168,937		\$ 155,477	\$ 13,460	8.66 %
MI Independent SIP - SIP Homes	\$ 100,116	\$ 100,116		\$ 142,424	\$ (42,308)	(29.71)%
Spectrum SIP - SIP Homes	\$ 178,095	\$ 178,095		\$ 254,714	\$ (76,619)	(30.08)%
Spectrum SIP - SIP Homes	\$ 250,869	\$ 250,869		\$ 233,503	\$ 17,366	7.44 %
Spectrum SIP - SIP Homes	\$ 187,294	\$ 187,294		\$ 226,162	\$ (38,868)	(17.19)%
Woodland TC Home - SIP Homes	\$ 126,039	\$ 126,039		\$ 141,725	\$ (15,686)	(11.07)%
Brickways - Residential	\$ 53,770	\$ 53,770		\$ 201,221	\$ (147,451)	(73.28)%
Total CLS Providers	\$ 3,153,679	\$ 3,129,377	\$ (24,302)	\$ 2,849,681	\$ (332,508)	(11.67)%
	\$ 45,571,943	\$ 50,506,185	\$ 4,934,242	\$ 42,389,143	\$ 7,504,839	17.70 %

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 COMMUNITY MENTAL HEALTH AUTHORITY

COMMITTEE APPOINTMENTS

2024 - 2025

NAME	COMMITTEES								
	EXECUTIVE COMMITTEE (Board officers)	RECIPIENT RIGHTS & ADVISORY COMMITTEE* (RRAC) (2)	RECIPIENT RIGHTS & APPEALS COMMITTEE	FINANCE COMMITTEE	POLICY COMMITTEE	COMMUNITY ENGAGEMENT AND SERVICES COMMITTEE	PERSONNEL COMMITTEE***	NMRE BOARD REPS (3)	AD HOC CEO SEARCH COMMITTEE (1 PER COUNTY)
CRAWFORD CTY									
Ruth Pilon							X	X	X
Shawn Kraycs				X					
GRAND TRAV CTY									
Dave Freedman				X	X				
Penny Morris	X – V. Chair					X			
Tom Bratton				X				X	X - Chair
Mary Marois					X	X		X	
Christal Frost Anderson						X	X		
Tony Lentych		X	X (Plus one other committee member)	X					
LEELANAU CTY									
Ty Wessell				X	X				
Greg McMorrow	X - Chair								X
MISSAUKEE CTY									
Lynn Pope	X – Sec.								
Dean Smallegan				X					X
ROSCOMMON CTY									
Al Cambridge		X		X - Chair					X
Eric Ostergren **									
WEXFORD CTY									
Ben Townsend				X					X
Carol Blake **									

*RRAC also has community members: Charles Corwin, Marleen Cassidy, Rose Denny, Rudy Wright, Vacant

** Term ending

*** Additional member to be determined