



**Northern Lakes
Community Mental
Health Authority**

**Board of Directors
Packet**

September 21, 2023



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

BOARD AGENDA

The Northern Lakes Community Mental Health Authority Board will meet on September 21, 2023 at 2:15 p.m. at 2715 South Townline Road, Houghton Lake 1-810-258-9588 Conference ID 986 665 315#

<u>TIME</u>	<u>ID #</u>	<u>ITEMS</u>	<u>POLICY #</u>
2:15 p.m.		Roll Call Pledge of Allegiance Appoint Timekeeper Confirmation of Quorum Consideration of Agenda Conflict of Interest Declaration	
2:20 p.m.		Consent Agenda - Board Consideration of Board Consent Agenda* 1 Board of Directors Minutes – August 17, 2023 – <i>Approve</i> 2 Committee of the Whole Minutes – August 17, 2023 – <i>Approve</i>	
2:30 p.m.		Ownership Linkage A. Citizen Comment (May be limited to three minutes by Board Chairperson) B. Ownership Communication	1.1, 3.1
2:40 p.m.	3	Chief Executive Officer’s Report	
2:50 p.m.	4	Chief Financial Officer’s Report	
3:00 p.m.		Northern Michigan Regional Entity Report	3.4
3:05 p.m.		Assurance of Organizational Performance A. Receipt of CEO Monitoring Reports CEO Response to Monitoring Reports 5 2.1 Consumer Services (Internal Inspection) * B. New Operational Worries C. September Monitoring Assignment 6 1.0 Consumer and Community Ends (1.0.6-1.0.11) (Internal Inspection) 7 2.3 Compensation of the Employed Workforce (Internal Inspection)	3.0, 3.2
3:15 p.m.		Board Means Self-Assessment A. Receipt of Board Monitoring Report CEO Response to Monitoring Report 8 4.2 Accountability (Direct Inspection) *	3.2, 4.2

3:25 p.m.	Governance Policies Discussion and Assessment	3.1
	A. <u>Ends</u>	
	B. <u>Executive Limitations</u>	
	C. <u>Governance Process/Ownership Linkage</u>	3.4
9	a. NLD Update & Minutes -September 8, 2023 - Objective of Board Retreat	
10	b. Ad Hoc Budget Committee Minutes – August 3, 2023*	
	D. <u>Board/CEO Linkage</u>	
	Ownership Linkage	1.1, 3.1
3:30 p.m.	A. Citizen Comment (May be limited to three minutes by Board Chairperson)	
3:35 p.m.	<u>Closed Session</u> MCL 15.268(1)(h)):	
4:05 p.m.	Announcements/Board Members Reports/Board Association - October 2, 2023 Board Retreat - Cadillac	
4:10 p.m.	October 19, 2023 Agenda Planning – Traverse City	
4:15 p.m.	Meeting Evaluation/Comments/Adjournment	

NEXT MEETING: October 19, 2023 – Traverse City

NOTICE: If any person with a disability needs accommodations, please call the CEO's Office(231-409-6065) three days prior to the posted meeting date.

* Action Items, ** Action from Committee of the Whole, *** Action Other



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

Board of Directors Meeting Minutes

August 17, 2023

2:15 p.m.

Board Members Present: Ben Townsend, Greg McMorrow, Mary Marois, Al Cambridge, Pam Babcock, Kate Dahlstrom, Ruth Pilon, Tom Bratton, Carol Blake, Ty Wessell, Eric Ostergren, Penny Morris, Sherry Powers, Dean Smallegan, David Freedman, Tony Lentych (virtual)

Absent: Eric Ostergren – Advance notice

Others Present: Brian Martinus, Interim Chief Executive Officer; Stacy Maiville, Executive Secretary; Dean Baldwin, Network Administrator; Brian Newcomb, Director of Recipient Rights; Lauri Fischer, Chief Financial Officer; Darryl Washington, Northern Health Care Management Director; Nancy Stevenson, Chief Operations Officer; Kari Barker, QI Compliance Director; Dan Mauk, Chief Information Officer, Jennifer Hemmes, Administrative Assistant, Karlson Ketchum, Barb Conley, Kelly Macintosh

Virtual –Curtis Cummins, Medical Director; Jessica Williams, Performance Improvement Specialist; Aimee Horton Johnson, Office Administrator; Terri Henderson, Service Information Specialist; Lisa Holmes, Clinical Review Manager; Chris Biggar, Finance Manager; Amanda Ritchie, Improvements Coordinator, Deb Freed, Public Relations; Alyssa Heider, Recipient Rights Specialist; Hilary Rappuhn, Project Coordinator; Melanie Schopieray, Customer Service Specialist - Quality Improvement & Compliance; Tiffany Fewins, Administrative Assistant; Jeremiah Williams, Information Technology Supervisor; Kari Barker, QI Compliance Director; Andrew Waite, Dave Simpson, Joanie Blamer, Marsha Brown, Teresa Cooper, Guest

Call to Order: Mr. Ben Townsend called the meeting to order at: 2:15 p.m.

Timekeeper: Sherry Powers

Approval of the Agenda:

Ms. Dahlstrom asked to add a CCBHC feasibility discussion along with the topic of the Policy Committee and Board governance. Items were added under the 3:35pm area.

Ms. Babcock requested to add a discussion about Board Retreat. Item added under 3:35pm area.

MOTION:	Accept the Agenda as amended
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	M. Marois
SECONDER	K. Dahlstrom

Ms. Dahlstrom also requested to discuss holding a special meeting regarding the governance model. This item was not added to the agenda.

MOTION:	Approve the Consent Agenda
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	S. Powers
SECONDER	D. Smallegan

Conflict of Interest Declaration: None.

Ownership Linkage:

Citizen Comment:

Carlson Ketchum, Grand Traverse County –Commented that he finds that the Center for Mental Wellness has no sustainability plan and emphasized the importance of a project manager. Concerned about its future.

Barb Conley, Leelanau County- Commented that there is a desperate need to increase the availability of mental health providers and services, especially in the schools. Very encouraged with the recent progress NLCMH has made. Urges the agency to evaluate all funding sources to available including the CCBHC.

Kelly Macintosh, Grand Traverse County – Commented that she hopes that the person in charge of the Center for Mental Wellness project does not stand to gain financially in any way shape or form. As a previous nurse in Munson, she remembers that there used to be places to send children in a mental health crisis. Too many people in crisis end up being taken to jail. Would like to see the project “hop to it and get it done”.

Chief Executive Officer’s Report:

Brian Martinus, Interim Chief Executive Officer, gave the Chief Executive Officer’s Report. Mr. Martinus thanked the board for voting in support for the retention pay for the staff and commented how it is made a positive impact on the lives of employees. The Crisis Welcome Center hours have been reduced due to safety concerns and staff shortages. The new hours are 6:00 a.m.- 12:00 a.m. There is an afterhours on-call phone number for those in crisis when the center is not open. Mr. Martinus also provided in his report, dates of note, the status of the Human Resource Manager position, and topics mentioned in the NLCMHA email blast and recent media.

Chief Financial Officer’s Report:

Lauri Fischer, Chief Financial Officer, reviewed her report with the Board. Medicaid redeterminations are still ongoing and will affect 3,197 people in the six counties. HSW enrollments continue to increase. The Clubhouses raised \$22,000 from fundraising during the Cherry festival which will help support activities, employments, trainings and more for its members.

Ms. Fischer also reviewed Medicaid, Healthy Michigan Plan and General funds. The CFO additionally discussed residential/inpatient usage. The average daily cost of a person in a contracted specialized residential home is \$240, a person in a semi-independent placement home is \$273. Inpatient services are

over budget by \$378,602 for this fiscal year. North Hope Crisis Residential is successfully diverting consumers in crisis from the hospital.

Revenues exceed expenses by \$3,851,969 through July 31, 2023. Ms. Fischer reviewed the contract page and the details within it. Last month 1,552 called the protocol crisis line.

Board members requested that Mr. Martinus review the effectiveness of the protocol line and report back to the Board next month.

The Board moved to approve the budget and capitalization plan for FY 2024.

MOTION:	Approve the 2024 Budget
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	A. Cambridge
SECONDER	C. Blake

MOTION:	Approve the 2024 Capitalization Plan
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	D. Smallegan
SECONDER	P. Morris

Northern Michigan Regional Entity Report: Recent NMRE updates were briefly discussed.

Assurance Of Organizational Performance:

A. Receipt of Board Monitoring Report & CEO Response to Monitoring Report:

MOTION:	The Board finds the organization in 100% compliance with policy 2.4 Financial Management
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	T. Wessell
SECONDER:	C. Blake

B. New Operational Worries:

A Board member expressed concern about Grand Traverse Center for Mental Wellness and stated that she would like to see the agency work with a company to provide guidance. Another member identified the topic is operational and that moving forward staff will give a monthly update on this topic, as requested earlier in the meeting.

C. August Monitoring Assignment:

The Board was given policy 2.1 Consumer Services as the August monitoring assignment.

Board Means Self-Assessment:

A. Receipt of Board Monitoring Report & CEO Response to Monitoring Report:

MOTION:	The Board finds the organization in 91% compliance with policy 4.1 Unity of Control
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	S. Powers
SECONDER:	T. Wessell

B. August Monitoring Assignment:

The Board was given policy 4.2 Accountability as the August monitoring assignment.

Governance Policies Discussion and Assessment:

A. Ends: None

B. Executive Limitations: None.

C. Governance Process/Ownership Linkage:

MOTION:	Approve the July 6, 2023 Budget Committee Minutes
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	M. Marois
SECONDER:	D. Freedman

MOTION:	Motion to increase the per diem amount to \$65 for less than four hours and \$110 for more than four hours.
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	M. Marois
SECONDER:	S. Powers

D. CCBHC Discussion – Ms. Dahlstrom provided her reasoning as to why the agency should do a feasibility study regarding CCBHC. There was substantial discussion about this topic. It was decided that some Board members will look into the CCBHC and share information with the Board.

E. Policy Committee – Ms. Dahlstrom asked what happened to the Policy Committee that the Board decided on during the October 2022 meeting. The Chair responded by referencing the November 2022 minutes where the Board decided to “table the Policy Committee”.

F. Board Retreat - Members of the Board discussed ideas for presenters during the Board retreat. The retreat will be an open meeting, posted, and available to public. Ideas for speakers include a representative from Oakland County, Sarah Bannon, and contacting the CMHA of MI for their recommendations. The NLD meeting in September will discuss further detail.

Ownership Linkage:

Citizen Comment:

Kelly Macintosh- Stated that after seeing the Board Meeting today, she understands why it has taken fifteen years since they shut down the facility for things to be done. Ms. Macintosh commented, “I feel sorry for you guys”. She stated “If this is how we are going to help the mentally ill in our community then something has got to change. Nothing has been accomplished today, other than someone is going to talk to someone about possibly coming to a meeting”. Ms. Macintosh mentioned that she will pray for the Board.

Toni Stanfield – Applauds the Board for “actually coming to a decision”. Commented that a retreat is a good idea and will help the Board make a decision, about how to make a decision. It is Important that the Board and staff are on the same page. Stated that it is clear the Board is not familiar with the pros and cons of a CCBHC. It is important that the Board has a specialist come in and educate the Board. Ms. Stanfield is very happy to see the relationship strengthen relations between law enforcement and the agency.

Announcements/Board Member Reports/Board Association:

Board Retreat is October 2, 2023, at the Cadillac Gym. 10am-4pm.

Mr. Freedman would like to ask the Board to support the Bill HB4707. The bill holds insurance companies accountable for providing these services. Would like the Board to send a letter of support for the bill. The Chairperson of the Board, Mr. Townsend, stated that he will look into if the letter can go out on letterhead or if it should go out on non-letterhead, so as not to be confused with lobbying.

MOTION	Write a letter from the board in support of HB4707.
RESULT:	ADOPTED. 14 – Yes, 1 Nay
MOVER:	D. Freedman
SECONDER	G. McMorrow

Ms. Dahlstrom commented about a recent round table with judges about AOT. She also expressed the 988 is a nationwide and encourages everyone to remember that number.

Ms. Morris spoke about the conference in Texas she attended, and the agency is headed in a good direction with the partnership with law enforcement.

Ms. Babcock spoke about an upcoming truck show, on September 13th in Roscommon.

Agenda Planning September -Houghton Lake:

Concept of Recovery – Board Education Session

Meeting Evaluation/Comments:

- #1 – We spent our time on the most important governance topics – Satisfactory
- #2 – We encouraged diversity of viewpoints – Excellent
- #3 – Our decisions were made collectively – Satisfactory
- #4 – The Board used it’s time effectively – Satisfactory

Two Board members expressed desire for microphones. The Chief Information Officer clarified that if microphones are added to the meeting, the P.A. system will interfere with the virtual aspect of the meeting.

Adjournment: The meeting adjourned at 4:12pm

Respectfully Submitted,

Ben Townsend, Chairperson

Stacy Maiville, Executive Secretary

Sherry Powers, Board Secretary

DRAFT



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

**Committee of the Whole Meeting
Minutes**

August 17, 2023

12:30 PM

Ben Townsend called the meeting to order at 12:30 p.m.

Board Members Present: Ben Townsend, Greg McMorro, Mary Marois, Al Cambridge, Pam Babcock, Kate Dahlstrom, Ruth Pilon, Tom Bratton, Carol Blake, Ty Wessell, David Freedman, Dean Smallegan, Penny Morris, Sherry Powers, and Tony Lentych (virtual)

Absent: Eric Ostergren- advance notice given

Others Present: Brian Martinus, Interim Chief Executive Officer; Stacy Maiville, Executive Secretary; Dean Baldwin, Network Administrator; Brian Newcomb, Director of Recipient Rights; Lauri Fischer, Chief Financial Officer; Darryl Washington, Northern Health Care Management Director; Nancy Stevenson, Chief Operations Officer; Dan Mauk, Chief Information Officer; Jennifer Hemmes, Administrative Assistant, Reception; Doug Neilson, Harold Mewas, Dean Baldwin, Andy, Deb Allen, Leelanau County Administrator

Virtual –Curtis Cummins, Medical Director; Jessica Williams, Performance Improvement Specialist; Aimee Horton Johnson, Office Administrator; Terri Henderson, Service Information Specialist; Lisa Holmes, Clinical Review Manager; Chris Biggar, Finance Manager; Amanda Ritchie, Improvements Coordinator, Deb Freed, Public Relations; Alyssa Heider, Recipient Rights Specialist; Hilary Rappuhn, Project Coordinator; Melanie Schopieray, Customer Service Specialist - Quality Improvement & Compliance; Tiffany Fewins, Administrative Assistant; Jeremiah Williams, Information Technology Supervisor; Kari Barker, QI Compliance Director; Andrew Waite, Dave Simpson, Joanie Blamer, Marsha Brown, Teresa Cooper, Guest

Public Comment: None.

The County Administrator, Deb Allen spoke and welcomed the Board and Staff.

Office of Recipient Rights Director's Report:

Brian Newcomb, Director of the Office of Recipient Rights, gave his monthly report on recipient rights. 63 open investigations. 100% compliant. Only 3 site visits left for the year.

Ad hoc Budget Committee Update:

Chairman of the Ad hoc Budget Committee, Al Cambridge gave an update regarding the committee's activity. The committee recently had their final meeting. During the last meeting on August 3, 2023, the committee discussed capitation rates and reviewed the 2024 fiscal year budget. Mr. Cambridge commented that the Chief Financial Officer will go over the 2024 budget and the approval of the budget will be voted on during the Board Meeting.

Initial FY 2024 Budget and 2024 Capitalization Plan:

Lauri Fischer, the Chief Financial Officer reviewed the requested budget for fiscal year 2024. The CFO noted that in November the finance report will be based on the layout presented today. The budget being requested is the amount of \$93,215,755. The budget considers revenue, expenditures, and services that are being contracted out. There is an increase of just over \$3 million since last year.

Ms. Fischer clarified the different categories of the budget and the details of each of those. The CFO also went into depth regarding the capitalization plan and described those categories. The Chairman of the Budget committee stated that the committee unanimously endorses approval of the budget.

Transportation of CMH Consumers:

Interim Chief Executive Officer, Brian Martinus, clarified the parameters of transportation of CMH consumers. Mr. Martinus stated that the agency contracts with certain transportation agencies for consumers. Additionally, the agency-ran homes provide transportation to those residents. The agency can provide transportation if it is specified in their IPOS by their CLS provider.

Cost of Governance:

Every year the Board looks at the per diem rate to decide if they would like changes. The Chairman of the Board, Ben Townsend, clarified that the per diem starts when the member leaves for the meeting and includes drivetime. There was discussion around the different options for per diem rates. The committee decided that they will vote during the Board of Directors Meeting to reflect the amount Grand Traverse County gives their commissioners. The amount is \$65 for four hours and under and \$110 for four hours or more.

Agenda Planning:

Next meeting is September 21, 2023, Houghton Lake.

Mr. Wessell requested another update on the center. It was decided to make that a standing item on the agenda.

Meeting Evaluations/Comments:

#1 – We spent our time on the most important governance topics – Excellent

#2 – We encouraged diversity of viewpoints – Excellent

#3 – Our decisions were made collectively - Excellent

#4 – The Board used it's time effectively – Excellent

Other/Adjourn:

Meeting adjourned at 2:00 p.m.

Respectfully Submitted,

Stacy Maiville

Executive Secretary

Interim Chief Executive Officer's

Report to the Board

September 21, 2023

Citizen Comment: Northern Lakes CMH and Munson healthcare are dedicated to a partnership for the Center of Wellness. Agreements are being drafted for staffing and management of the Center. These will be delivered in our three-phase approach as presented to the community in open forum. No agency within the community stems to make a profit off of the Center for Mental Wellness or gain financially. The Center for Mental Wellness is a community collaboration to address the needs of consumers within the community.

Grants of Significant Value: \$40,000 Grayling drop-in center grant for drop-in center startup cost.

Human Resource Manager: Neil Rojas was hired as the new Human Resource Manager with the start date of September 14th, 2023. Neil has over 16 years of Human Resource experience and holds an MBA in Human Resource Management. Neil is a United States Army Veteran and resides in Traverse City with his family.

All-staff Training Event: On September 7, 2023 we held an All-Staff Training event at Grand Traverse Resort & Spa. The agency flew in international speaker, Peter Diaz to present on resiliency and mental health. The event was a huge success and we have received a lot of positive feedback from staff.

Northern Michigan Regional Entity (NMRE) Oversight Audit: Rehmann Group will be conducting a third-party independent audit of Northern Lakes Community Mental Health Authority as part of the NMRE oversight of NLCMHA to include Finance Department Practices Assessment and Human Resources Practices Assessment. This audit will conclude October 31, 2023, when a final report will be issued to the NMRE Board. This is part of the NLCMHA oversight agreement with the NMRE.

NLCMHA Board Retreat: NLCMHA board retreat will take place at 527 Cobb Street, Cadillac, on October 2, 2023 from 10:00 a.m. – 4:00 p.m.

This board retreat is open to the public and will feature three speakers on Policy Governance. The three speakers presenting are Susan Radwan, John Amrhein, and Sarah Bannon. At the end of the board retreat the intent is to come up with a governance model for the NLCMHA board of directors.

ProtoCall Update: Attached is the Protocol Utilization Report for the past 13 months, as requested by Board of Directors.

Center for Mental Wellness Update: The architect and design team have met and have drafted initial plans that will be finalized based on existing structure of the building. Project is scheduled to be completed by December 2024 target date.

Community Connections/Meetings:

- September 6th, Managers Training Event
- September 7th, All-staff Training Event
- September 12th, North Arrow ABA Meeting
- September 14th, Law Enforcement Meeting
- September 19th, NMRE Operations Committee Meeting
- September 20th, CSU Pilot Event - Lansing
- September 21st, NLCMHA Board Meeting
- September 22, DHHS Collaboration & Partnership Meeting
- September 22nd, NMRE - Rehmann Group Audit starts.
- September 27th, NMRE Board Meeting
- October 2nd, NLCMHA Board Retreat
- October 3rd, Leelanau Commissioner Presentation
- October 4th, Recovery Celebration
- October 4th, David Wood-Bartley Presentation
- October 11th, RRAC Meeting – 10:00-11:30
- October 12th, Law Enforcement Meeting
- October 17th, NMRE Operations Committee Meeting

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

- Staff Changes & new Hires
- Upcoming meetings
- All-Staff Training Event
- Board Operated Homes Update
- Kudos to Northern Health Care Management – 99.64 score out of 100!
- RCA Spotlight
- Recent employee morale boosting events
- Mental Health First Aid & training in the community
- Walk a mile in my shoes event
- Recovery Celebration Event information
- Wellbeing Expo with TCAPS

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

https://www.record-eagle.com/news/mental-health-services-cooperation-among-agencies-improves-care/article_0cd571d8-37c0-11ee-9b4a-47592d10c564.html

<https://www.secondwavemedia.com/features/082223parity.aspx>

https://www.record-eagle.com/news/local_news/better-transparency-better-accountability-better-community-involvement-michael-shea-named-new-gtc-sheriff/article_9d766606-4202-11ee-ac2b-ef8d24a158e6.html

<https://www.secondwavemedia.com/features/071223ruralmentalhealth.aspx>

Respectfully submitted,
Brian Martinus, Interim CEO

Monthly Utilization Report

Customer: 354

Northern Lakes Community Mental Health Authority

Month	Total Number of Incoming Calls	Total Number of Calls Answered	Speed of Service			Average Length of Call (min)	Accessibility	
			Number of Call Answered within 30 seconds	Percentage of Calls Answered within 30 seconds	Average Speed of Answer (sec)		Abandonment Rate*	Calls Abandoned Before 30 seconds
<i>Aug 2022</i>	854	742	648	84.2	33	9.0	3.6	84
<i>Sep 2022</i>	991	827	649	73.3	47	9.0	6.6	100
<i>Oct 2022</i>	827	697	590	81.2	29	5.0	4.1	100
<i>Nov 2022</i>	939	856	782	89.7	21	4.4	1.8	66
<i>Dec 2022</i>	1374	1154	1053	88.2	22	3.8	3.4	78
<i>Jan 2023</i>	969	902	831	89.9	19	4.5	2.4	45
<i>Feb 2023</i>	848	745	654	85.6	24	5.3	2.5	84
<i>Mar 2023</i>	1245	1150	1053	90.2	20	3.6	1.5	78
<i>Apr 2023</i>	1532	1438	1307	89.6	20	3.1	1.4	73
<i>May 2023</i>	845	755	710	91.6	14	4.5	2.6	70
<i>Jun 2023</i>	1097	967	916	92.8	16	5.2	2.0	71
<i>Jul 2023</i>	1415	1350	1310	96.9	11	4.4	0.1	63
<i>Aug 2023</i>	654	596	585	97.2	10	5.1	1.0	52
Past 13 mo's	13590	12179	11088	87.8	22	4.9	2.4	964

***Definitions**

Number of Calls Answered within 30 seconds: Total number of all incoming calls not terminating prior to 30 seconds that were live answered.

Percentage of calls answered within 30 seconds: Percentage of all incoming calls not terminating prior to 30 seconds that were live answered.

Abandonment Rate: Percentage of all incoming calls not terminating prior to 30 seconds that terminated after 30 seconds prior to receiving a live answer.

Please direct questions to your ProtoCall Point of Contact

MENTAL HEALTH SERVICES: Cooperation among agencies improves care

TRAVERSE CITY — A group of law enforcement and Northern Lakes Community Mental Health personnel have been meeting about once a month for about a year to talk about how they can better work together to improve services for those who need them in Grand Traverse County.

The group also includes people from Addiction Treatment Services, Munson Healthcare, those who work as jail diversion liaisons, a social worker who rides along with officers from the Traverse City Police Department, those on Northern Lakes crisis mobile teams and more — all of whom bring their unique perspective to addressing mental health and addiction issues, which often go hand-in-hand.

They bounce ideas off each other, they report on what's been working for the county and they visit other counties around the state to see what's working there. They also come up with new ways agencies can work together.

[Former Munson behavioral building site of new mental health center](#)

['UNDER ONE ROOF': Mental wellness center starts with \\$5 million ARPA request](#)

[Counties sign off on revised mental health services agreement](#)

[Mental health services take giant leap forward](#)

Sara Bush, diversion liaison for the Grand Traverse and Leelanau county jails, said it would be great to have a deputy from the sheriff's office work with the TCPD as secondary support on its Quick Response Team that responds to overdoses in the city and works to connect people to treatment. It would be helpful for people who may walk into the TCPD for mental health treatment, but don't actually live in the city, she said.

“Getting the community police officers working together ... would be a really big asset, especially to QRT,” Bush said.

Interim police Chief Matthew Richmond said the grant-funded program, which includes social worker Jenn Holm’s position, has limited jurisdiction.

“It’s growing and growing and growing,” Richmond said. “It’s becoming its own entity. Every time I talk with the grant supervisors they say, ‘We love what you’re doing, keep it going.’ It’s becoming its own entity.”

The grant ends in October but Richmond expects the department to add the program to its budget. “It’s not going away.”

Nancy Stevenson, chief operations officer for Northern Lakes Community Mental Health, reported that a 24/7 Crisis Welcoming Center that opened last year has shortened its hours because of safety reasons at night and is now open from 6 a.m. to midnight.

A combination of a staffing shortage and the fact that the building is not designed for such a center, prompted the change, Stevenson said.

A new center that will be located in the former Munson Behavioral Center is in the works, though many code and safety issues must be addressed during its renovation. When completed, the center will be a one-stop-shop for all mental health services — crisis stabilization and crisis residential services for children and adults — and will divert people from being taken to jail or emergency rooms.

Care will be provided, regardless of insurance coverage or the patient's ability to pay, according to Munson, which owns the building, with services provided by Northern Lakes.

Until then, a mental health crisis taking place in the Grand Traverse community must be addressed, Stevenson said. She'd like to expand mobile crisis teams that respond to mental health crises in the community until the center is established.

Julie Moore, executive director of health services for ATS, said the agency in the first 10 days in August has seen the highest census since before COVID.

The 17-bed ATS detox unit, which is staffed 24/7, is evolving into a mental health center, Moore said.

"We're feeling that same pressure and safety concerns in the middle of the night and it stems from the mental illness and the psychosis related to stimulants," Moore said. "We would love some trained mental health personnel side by side to treat this thoroughly and correctly and leave it 24/7."

County Commissioner Penny Morris, who also serves on the Northern Lakes board, said that, in the past, law enforcement and Northern Lakes have not always seen eye to eye.

Changes in management have improved the relationship, she said.

"I have just been so impressed watching this group grow and change," Morris said.

https://www.record-eagle.com/news/mental-health-services-cooperation-among-agencies-improves-care/article_0cd571d8-37c0-11ee-9b4a-47592d10c564.html

<https://www.secondwavemedia.com/features/082223parity.aspx>

Northern Lakes CMHA works to ensure coverage parity for behavioral health

RYLEE BARNSDALE | TUESDAY, AUGUST 22, 2023

Navigating the world of health insurance can be tricky — from determining whether or not certain services are covered by a plan or if a provider is available in the area to simply figuring out how exactly to pay for everything. Finding and receiving care isn't always a straight shot. The same goes for behavioral health care. Sometimes, finding care or assistance for mental health or substance use struggles can be even more difficult.

That's where behavioral health parity comes in. Parity means if an insurance provider covers behavioral health care or substance use care, access and coverage to those services must be similar to the access provided to physical health care. According to the [Behavioral Health Parity Action Team at the Community Health Innovation Regions of Northern Michigan](#) (CHIR), "federal law requires most health insurance plans to provide parity in coverage, but not all do."

[Northern Lakes Community Mental Health Authority](#) (Northern Lakes CMHA) board member Dave Freedman has been working with the Parity Action Team at Northern Michigan CHIR to educate patients and providers. According to Freedman and resources provided by CHIR, patients can report a lack of parity first to their insurance provider, and if their concerns are not addressed, the complaint can be taken to [Michigan's Department of Insurance and Financial Services](#). Freedman and the team at Northern Michigan CHIR agree that complaints like these are "one way to force health plans to be accountable to parity laws," and can also lead to improvements in coverage overall.

In a recent conversation with MI Mental Health, Freedman shared what parity is and what to do when a patient experiences a lack of it.

Q. What should the average person know about behavioral health parity?

A. Parity says that if you have substance use/mental health coverage, it should be covered at the same level as your medical coverage. All [ACA](#) plans have behavioral health coverage with the exception of Medicare, but the "equal amount" is determined by the individual plan.

Q. What could a lack of parity look like for someone? What should someone do if they experience a lack of parity?

A. One example is if someone's insurance company says they only provide outpatient treatment for behavioral health, but inpatient treatment is provided for physical health conditions. Another is if the condition, whether it be a behavioral health condition or one related to substance abuse, is considered "not severe enough" to receive treatment. Right now, if you think you have parity and you see that your rights are not being upheld, there are ways to submit complaints — that's your only recourse right now, outside of hiring a lawyer.

While existing parity laws apply to things like individual health plans, insurance provided through a company, or Medicaid, not all plans are covered. This means that it is completely legal for some insurance providers to restrict visits to behavioral health services, require authorization for behavioral health services, or deny services altogether when they are deemed not medically necessary.

Q. What are some common issues or roadblocks that people face when searching for behavioral health care or health care providers?

A. The first thing people assume is that they don't have coverage for behavioral health. There are challenges following up on things regarding health insurance, like if you've ever been blocked on your own health care insurance, that amplifies that experience. There are also the geographic challenges. If the only provider in your network is four hours away and you don't have transportation or access to telehealth, the options seem very limited. There also just aren't enough providers in Northern Michigan. It can sometimes be difficult to find care at all.

Q. How is it determined whether or not a behavioral health care service is medically essential?

A. There are a number of levels you may be at with a physical condition, and the same goes for behavioral health and substance use. It's very dependent on the insurance company.

Q. What is currently being done to keep people aware of their rights and to keep behavioral health care accessible?

A. We will now be working on supporting [HB-4707](#) which is the state legislation for parity enforcement. Education is coming down from [Northern Michigan] CHIR to Northern Lakes CMHA as well as other locations across the state.

HB-4707, if passed, will amend the state of Michigan's current parity laws to standardize what can be deemed medically necessary when it comes to insurance companies covering behavioral health and substance use services, ultimately making those services more accessible. While the Parity Action Team at [Northern Michigan] CHIR is hard at work fighting for this amendment, patients can make a difference themselves by submitting complaints when they experience a lack of parity.

For more information on parity and the work of the Action Team, contact the team at behavioralhealth@northernmichiganchir.org or visit michirlearning.org.

https://www.record-eagle.com/news/local_news/better-transparency-better-accountability-better-community-involvement-michael-shea-named-new-gtc-sheriff/article_9d766606-4202-11ee-ac2b-ef8d24a158e6.html

'Better transparency, better accountability, better community involvement': Michael Shea named new GTC Sheriff

- [By Elizabeth Brewer ebrewer@record-eagle.com](mailto:ebrewer@record-eagle.com)

TRAVERSE CITY — Current undersheriff Michael Shea was unanimously voted as the new sheriff for Grand Traverse County.

He will serve in this role from Sept. 4 until the next election cycle in 2024, when he will be required to run for office in order to continue serving as sheriff.

Bensley announced on Aug. 4 in a letter to Scheele that he will step down on Sept. 3 after 15 years in the county's highest law enforcement post. On Wednesday evening, the Statutory Appointment Committee interviewed Shea and applicant Charles Jetter before making their final decision. At the end of the meeting, Shea was sworn into office by Probate Court judge and committee member Jennifer Whitten.

State law mandates that the committee to choose the sheriff's replacement must consist of the county clerk, the lead prosecuting attorney and the probate division judge. For Grand Traverse County, that means Whitten was joined by Noelle Moeggenberg and county clerk Bonnie Scheele.

The interview process

They asked Shea and Jetter a total of 10 questions, making each interview slightly over a half-hour long.

Some of the questions committee members asked were pretty standard for any job interview, including asking candidates about what their greatest strengths and weaknesses are.

Others were more pointed towards how each candidate would serve as sheriff, if presented the opportunity.

Both Shea and Jetter brought up similar issues that have plagued the department.

That list included the infrastructure of the jail, transparency with community members, mental health advocacy, staff retention and recruitment and the role of policing in the county.

During the course of Shea's tenure with the department, he talked about how he started a coalition between law enforcement and Northern Lakes Community Mental Health as a way to facilitate solutions to the burgeoning mental health crisis in the community.

That group most recently met earlier this [month](#).

“Leadership, transparency, the uniform and badge itself whether it’s the sheriff’s office, the police department, stand for integrity, stands for who you are and for the common good,” Shea said in response to what he believes the role of the sheriff’s office is. “I think we need to move forward with better transparency, better accountability, better community involvement.”

He later added, “there is no one thing – it’s all of that.”

Shea was also big proponent and advocate for the sheriff’s office acquiring and then implementing the use of body cameras. This is something he, and later Moeggenberg, both highlighted.

“You all know me, some better than others, if I stumbled on my words today I ask that you know who I am and you know what I’m about, you know who I stand for, and I ask that you make the correct decision, the best decision, in keeping the sheriff’s office, and our community in the forefront of your decision,” he said in closing. “I truly believe I am the best person.”

During Jetter’s subsequent interview, he also talked about the need for transparency with the department and to have the sheriff at more public events.

“I want to bring the sheriff out into the community,” he said. “I want to be an active member in the community. There are a lot of events that I think the sheriff’s department doesn’t partake in. I want to be a positive influence, a positive image out in the community.”

Prior to joining the sheriff’s office in 2001, Jetter worked for the Isabella County sheriff for two years.

In 2007, Jetter, a trained sniper, was investigated after fatally shooting an Interlochen man after an 11-hour armed standoff, ending the siege. He was one of more 50 law enforcement officers to respond, and was found not responsible after a Michigan State Police investigation, an Attorney General investigation and other court actions.

He directly addressed this moment during his interview with the selection committee in response to their question about the hardest moment in his law enforcement career.

“That was my biggest challenge, waking up everyday making it through that” Jetter said. “You don’t know what that’s like until you walk out in public and somebody’s like ‘Oh you’re the guy that shot that guy.’”

Since leaving the department in 2017, Jetter said he now wants to come back. He explained that he left the sheriff’s office because he was working midnights and his lawn care business was beginning to ramp up, so “it was like time to try something different.”

Jetter’s spent the past six years as a small business owner, operating and running Jett’s Lawn Care. He also made a bid for Grand Traverse County Commissioner in 2022.

The selection process After a five minute recess following both interviews, Scheele called for public comment before the committee’s deliberation.

Sheriff's office deputy and union president Chris Whetstone was the only person who spoke.

"Earlier this month our union was happy and proud to provide a letter of support for undersheriff Shea," he said. "I think it's very important we note right now that in this atmosphere in the community we have a momentum that is moving forward and it's going places where I didn't think we ever would be."

Whetstone emphasized that under Shea's tutelage, everyone in the department treats every person they interact with the same, no matter what their background is.

The committee then talked about both candidates, with the overall deliberation lasting less than 10 minutes.

"After the interviews I will be putting forth a motion for undersheriff Shea," Moeggenberg said. "To a large extent he's already done this job."

Public trust with law enforcement has improved a great deal due to the former undersheriff's efforts to repair it, she added.

Whitten echoed the prosecutor's sentiments, and said she too would be voting for the undersheriff.

"I've only been in my role for a short period and I've only ever had really positive experiences with [Shea]," she said. "Mr. Jetter I just don't have that relationship with at this point."

Scheele closed out the discussion, noting that both candidates "are wonderful men."

"I think they'd be a great team together, but we can only appoint one," she said prior to asking for a formal motion.

All three women voted yes for the motion making Shea the new sheriff, which meant it passed unanimously.

The new sheriff

Shea has had a long history not just with the Grand Traverse County Sheriff's Office, but also with the county itself.

He was born and raised in Traverse City, only living elsewhere while he received his degree at Michigan State University.

It was there that he met his wife of 36 years, who moved back up north with him after they graduated.

Before joining law enforcement in 2005, Shea worked as an engineer for a local business and for his family's farm, eventually working up to the number two spot at Peninsula Fruit Exchange.

"It was a very rewarding experience," he said.

Both of his children still live in town, and work in the public service sector too.

When Shea graduated from Traverse City Central High School, he took an aptitude test. The results showed that he would be best suited for a career in law enforcement.

He ultimately was able to follow his dream.

“I went through the police academy knowing full well this is where I want to be and where I have to be,” he said. “And I was then lucky enough to be hired by the sheriff’s office.”

Shea has worked as a deputy, field training officer, dive team member, East Bay Township community police officer and detective all with the Grand Traverse County Sheriff’s Office.

He has never worked for another law enforcement agency.

When he was first appointed undersheriff in Oct. 2018, he said it “helped facilitate” getting experience to one day become sheriff.

That day has now finally arrived.

<https://www.secondwavemedia.com/features/071223ruralmentalhealth.aspx>



Michigan's rural CMHs work hard on improving access to mental health resources

SARAH SPOHN | TUESDAY, SEPTEMBER 12, 2023

Unlike urban areas rich with multiple options and ease of access, Michigan's rural communities have less access to mental health resources.



Northern Lakes Community Mental Health Authority Grayling location.

In rural areas, residents often live in what are known as behavioral or medical health care deserts. For some, the choices are slim to none, as their list of nearby health care providers is just one sole provider. Unlike urban areas rich with multiple options and ease of access, for many rural communities, addressing mental health needs is even trickier, consisting of longer drives and private providers with waitlists.

[Northern Lakes Community Mental Health Authority](#) (NLCMHA) chief operations officer Joanie Blamer and [Sanilac County Community Mental Health](#) (SCCMH) CEO Wil Morris spoke with MI Mental Health about what their agencies are doing to support Michigan's rural community.

NLCMHA serves adults with serious mental illness, persons with intellectual and developmental disabilities or substance abuse disorders, and children with serious emotional disturbances.

Blamer has been with NLCMHA for 16 years and oversees clinical services for these clients. Blamer believes the most pressing needs within the rural community stem from access barriers.

“People who live with behavioral health challenges face complex problems every day, such as limited access to care. Private providers may have waitlists, and there are not many service providers outside of the public community mental health system,” Blamer says. “In rural communities, we do not have access to health care at the same rates as urban areas and many rural areas can be behavioral and medical health care deserts.”

For rural residents, their choices for providers are limited, sometimes with only one Medicaid provider, Blamer notes. Mild conditions often go untreated due to lack of providers.

“There are little to no services for people who experience a mild-to-moderate behavioral health condition. Accessing the social determinants of health are more challenging also, such as access to food, housing, child care, and other similar critical needs for healthy lives,” she says.

Rural communities also don't typically offer lucrative benefit packages or

higher wages like urban areas can, adding to an already short-staffed workforce.



Maria Mills welcomes folks to Northern Lakes Community Mental Health Authority.

Needs are the same, opportunities differ

While the needs of rural residents aren't unique in their mental health concerns, the challenges they face while trying to access help do vary from urban communities. Their ability to receive help may be different.

For some rural residents, the stigma surrounding mental health feels even more suffocating.

“In general, people may believe that most living in rural areas are impoverished or are less educated, which is not accurate,” Blamer says. “In terms of mental health stigma, it’s real and influences people’s decisions to get treatment or not, especially considering in a rural area, citizens are more likely to know when a person is getting treatment.”



Northern Lakes Community Mental Health Authority lobby at its Grayling location welcomes its rural neighbors.

Blamer hopes that society can help normalize mental health symptoms as a more common occurrence and less debilitating and devastating. She hopes that conversations started during the pandemic regarding awareness, education on behavioral health conditions, and the introduction of telehealth appointments can continue to grow. She would also like to see change when it comes to insurance company policies and benefits, like allowing for reimbursements and helping mitigate transportation and geographic challenges.

Biggest barriers: transportation, housing, and affordable care

Wil Morris has been with Sanilac County CMH for 13 and a half years. He oversees operations, manages public relations, and collaborates with local and state organizations to improve services and access.

Morris believes transportation and access to housing and affordable care are the biggest issues in rural communities.



Wil Morris, CEO Sanilac County Community Mental Health.

“Sanilac County is a large rural county,” he says. “Even with public transportation, rural communities have limited access to transportation. We assist with access as we are able and facilitate connections within the community. Housing needs are also scarce, and we are always looking for housing partners to assist with affordable housing. Access to psychiatric hospitalization is also a concern as the closest psychiatric hospital is over an hour from Sandusky, which is also an impediment to care.”

With few mental health organizations and even fewer psychiatrists in the local area, Morris says it’s easy for Sanilac and other rural areas to fly under the radar.

“Sometimes we get lost in the conversation, and treatment types and programs are more designed for urban communities,” he says. “Some things in rural communities can be provided for in a different way to best meet the community's needs while being fiscally responsible.”

In order to address these barriers in rural areas, where phone or internet coverage might be lagging and spotty, agencies have looked at satellite offices. These offices can help alleviate transportation issues and help serve residents closer to where they live.

“Additionally, [we have provided iPads](#) to all local law enforcement agents

to add an additional access point in the community,” Morris says. “We provide phone and text check-ins and provide telehealth services as appropriate.”



Northern Lakes Community Mental Health Authority Houghton Lake location.

Expanded services, drop-in centers, and after-hours crisis care can help

Although Morris has witnessed a strengthened sense of community and collaborative relationships among providers and organizations, the agency continually looks for ways to work together to address needs.

“We are working towards becoming a [Certified Community Behavioral Health Clinic](#) (CCBHC) demonstration site, which will enhance our ability to provide mental health services to a larger, more diverse section of the community,” he says. “This includes citizens with mild symptoms, which will hopefully reduce the mental health services needed in the future as well as reduce the impact of those symptoms on their lives.”

Increased crisis services at NLCMHA help address the ever-growing demand for mental health resources, including a walk-in service center and after-hours crisis hotline. Mobile units help provide care for children and adults in their homes, in the community, in jail, at hospitals, and in other locations.

NLCMHA has two drop-in centers in Traverse City and Houghton Lake, and another one in Grayling, in the works. The agency is also looking at developing a full community crisis center, opioid health home, and expanding other programs focused on mental health treatment.

“A person does not need to be receiving services from our CMH in order to access these community resources,” she says. “NLCMHA has developed partnerships with community providers and other community agencies to help meet the needs of people experiencing a behavioral health condition.”

**Northern Lakes Community Mental Health Authority
Financial Reporting for 8/31/2023**

Highlights:

- Milliman Actuaries have published the draft rates for behavioral health. The rates are specific to geographical regions. The average area factor change in rates is 0.12% with Region 1 (Upper Peninsula) and Region 2 (Northern Michigan Region including NLCMHA) the only regions with factor changes exceeding 2%. The largest factor change decreases were experienced in the SE regions of Michigan. However, entity specific factor changes averaged increases of .21% with the NMRE at .3%. Between the redeterminations and capitation rates the NMRE is requesting the CMH's to budget no increases in spending and to not plan in stabilization funding in FY 2024.
- In the month of September 2,881 people in the six counties served by NLCMHA will have their Medicaid redetermined and 101 of those people are open to services. In September, 62 consumers receiving services who had Medicaid in August have lost their Medicaid coverage.
- Through August there are 175 habilitation supports waiver (HSW) enrollments for NLCMHA. The NMRE has 28 open HSW slots as of 9/13/2023. The Northern Michigan Regional Entity currently holds 689 slots to be utilized by the five community mental health service programs. The HSW slots provide between 20 and 25% of traditional Medicaid capitation funds. The region has not fully utilized all slots available on a consistent basis and is at risk of permanently losing some of those slots for regions in need of additional waiver slots and the revenue it provides.
- NLCMHA utilized 66 bed days at the North Hope crisis residential unit in Traverse City. Confirmation was received on September 11th any unused SAMHSA funding as of 9/30 will be available into FY 2024. It is anticipated that about \$1M of SAMHSA funding will be carried forward to continue the capacity contract with Hope Network for North Hope Crisis Residential Unit with funding expected to last until approximately early March 2024.
- Michigan Department of Health and Human Services sent out a request to the CMH's in the State for information about any expected lapses of general funds. NLCMHA offered up \$300,000 in what is considered a 236 transfer which allows CMH's to transfer unused general funds to other CMH's in need of additional general funds. Detroit Wayne Integrated Health Network did request the \$300,000 of NLCMHA general funds, the interim CEO authorized, and payment was made in early September. The underspending of general funds will decrease \$300,000 in the September report.

Medicaid Spending as compared to Regional Funding Advances:

- Services provided to individuals with traditional Medicaid coverage will be reported at \$58,356,391. This is \$510,911 below capitated advances provided by the NMRE and 11/12ths of the FY 2022 carryforward made available to NLCMHA.
- Services provided to individuals with Healthy Michigan Plan coverage will be reported at \$7,753,484. This is \$132,365 below capitated advances provided by the NMRE and 11/12ths of the FY 2022 carryforward made available to NLCMHA.

- Services which must be paid for by General Funds total \$1,480,414. This is \$1,319,385 below the year's allocation. Services which are paid for by general funds due to Medicaid Deductibles total \$71,279 through August 31st.

Residential/Inpatient Usage:

- At the end of July, it is expected there were 232 people in contractual specialized residential placements, 23 people in semi-independent homes, and 33 people in the direct run or board operated homes including Glen Oaks apartments. This is a total of 288 people in supported residential living arrangements and a net increase of 4. The average daily cost of a person in a contracted specialized residential home is \$231. The average daily cost of a person residing in a semi-independent placement home is \$267 and all SIP arrangements are contractual placements.
- The amount paid to community inpatient hospitals, on a cash basis, was \$744,473 in the month of August. Inpatient services are over budget by \$642,501 so far, this fiscal year.

Revenues and Spending:

- Revenues exceed expenses by \$4,036,175 through August 31, 2023.
- Cash on hand decreased \$6,581,459 in August. The fiscal year 2022 closeout with the NMRE was processed in August. The staff retention was paid out in August and the NMRE advanced the August capitation in September.

Northern Lakes Community Mental Health Authority

List of Contracts and Agreements Entered Into

For the Month of August 2023

	Vendor by Category	Comments or Details	Estimated Annual Financial Value of Contract or Amendment
1	Specialized Residential Services and Community Living Supports		
*	Papa's Place Adult Day Center, LLC First Amendment	Add Service Code	\$ 10,000
*			\$ 10,000
2	Inpatient and Hospital Contracts Including Single Case Agreements		
*	None		
*			
3	Independent Contractors and Leases		
*	None		
*			
4	Northern Health Care Management		
*	Krause, Barbara RN	Nursing Contract for Assessments	\$ 15,000
*			\$ 15,000
5	Other Administrative Services		
*	None		
*			
6	Other Professional Services (Legal and Accounting)		
*	MST Services, LLC	Program Fidelity Review	\$ 7,700
			\$ 7,700
7	Grants-Revenue Contracts		
*	MDHHS - Northern Health Care Management	MI Choice Home & Community Based Services Contract	\$ 12,100,600
*	MDHHS - Northern Health Care Management	Nursing Facility Transion	\$ 215,000
*	MDHHS - Comprehensive Services for Behahioral Health	MDHHS Block Grants	
	Criminal Justice Jail Diversion Services	\$ 30,017	
	Crisis Stabilization Unit Establishment	\$ 250,000	
	New Connections Drop-In Center	\$ 7,500	
	Kandu Island Drop-In Center	\$ 7,500	
	Integrated Health Care	\$ 219,983	
	Mental Health Access and Juvenile Justice Diversion	\$ 100,000	\$ 615,000
*	MDHHS - Covid 19 - Comprehensive Services for Behahioral Health	MDHHS Block Grants	
	Behavioral Health Workforce Stabilization Support	\$ 68,000	
	Mental Health COVID Supplemental Services	\$ 25,000	\$ 93,000
			\$ 13,023,600

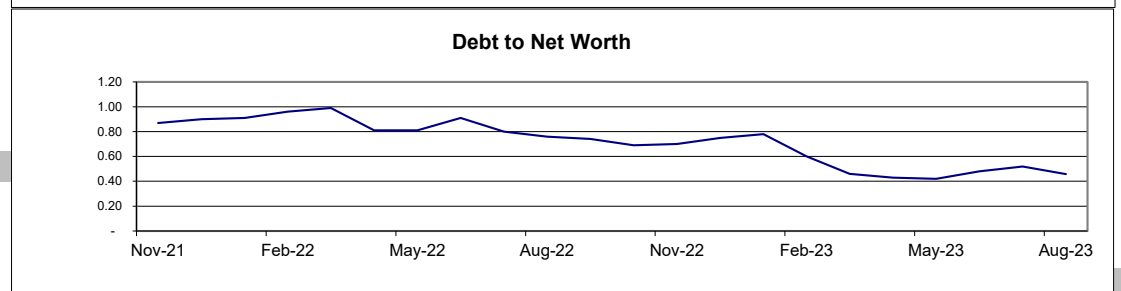
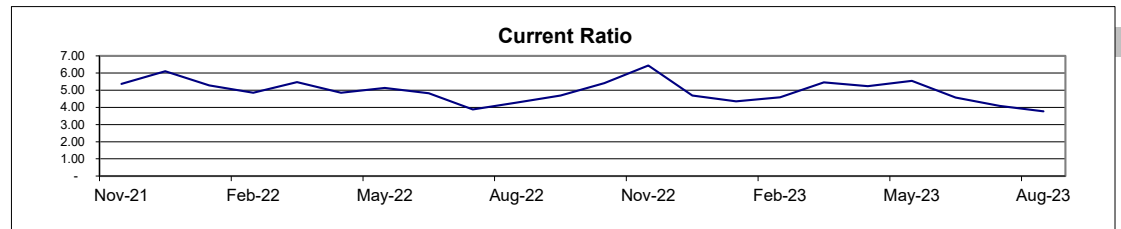
Northern Lakes Community Mental Health Authority
Finance Report As of 8/31/2023
Fiscal Year Ending September 30, 2023

Revenues	2023-#1	92%	Actual	Actual	Percentage	Capitated Category	Provided Advances	(Expenses)	
	Total Budget	2023-#1 YTD Budget	YTD Revenues	Over/(Under)	YTD			Earned Revenues	Worries (Over)/Under
State Sources	\$ 5,222,029	4,786,860	5,598,662	811,802	107%				
Local Sources	\$ 2,031,467	1,862,178	2,212,617	350,439	109%	General Funds	2,799,799	1,480,414	1,319,385
Medicaid Sources	\$ 68,140,272	62,461,916	67,149,050	4,687,134	99%	Medicaid	58,867,302	58,356,391	510,911
Reimbursements	\$ 2,745,124	2,516,364	1,217,515	(1,298,848)	44%	Healthy Michigan	7,885,849	7,753,484	132,365
Northern Health Care Mgmt	\$ 11,952,470	10,956,431	9,687,232	(1,269,199)	81%	Behavioral Health Home	603,302	454,948	148,353
Total Revenues	\$ 90,091,362	82,583,748	85,865,075	3,281,327	95%	Northern Health Care Mgm	9,687,232	8,822,981	864,251
						Local Requirements	2,212,617	766,669	1,445,948
							82,056,099	77,634,887	4,421,213
						Earned and allowable to retain			2,598,542
Expenditures	Total Budget	92% YTD Budget	Actual YTD Expenses	Actual (Over)/Under	Percentage YTD				
Personnel	\$ 30,356,676	27,826,953	27,616,781	210,172	91%				
Direct Operations	\$ 2,570,154	2,355,975	2,492,444	(136,469)	97%				
Contractual Services	\$ 12,967,971	11,887,307	9,747,686	2,139,621	75%				
Contract Agencies	\$ 7,891,208	7,233,607	9,061,798	(1,828,191)	115%				
Residential Contracts	\$ 26,547,018	24,334,767	23,041,063	1,293,704	87%				
Inpatient Services	\$ 6,491,000	5,950,083	6,592,584	(642,501)	102%				
Transportation	\$ 1,535,132	1,407,204	1,497,904	(90,700)	98%				
Occupied Space	\$ 1,732,203	1,587,853	1,778,641	(190,789)	103%				
Total Expenses	\$ 90,091,362	\$ 82,583,749	\$ 81,828,900	\$ 754,848	91%				
Net Revenues over Expenditures			\$ 4,036,175						

Medicaid and Healthy Michigan Plan expenses that exceed capitation advances would need to be requested to be covered by Medicaid savings or the Medicaid Internal Service Fund held by the NMRE.

Services/expenses which must be covered by General Funds that exceed the General Funds allocation must be covered by Local Sources or NLCMHA Fund Balance.

Monthly Indicators	Previous Month	Current Month
Current Ratio	4.08	3.77
Cash on Hand	\$ 27,265,997	\$ 20,684,538
Short Term Liabilities	\$ 6,681,072	\$ 5,487,583
<i>According to Financial Performance Indicators the goal is greater than 2.</i>		
Debt to Net Worth	0.52	0.46
Short Term Liabilities	\$ 6,681,072	\$ 5,487,583
Long Term Liabilities	\$ 2,968,615	\$ 2,968,615
Compensated Absences	\$ 1,386,866	\$ 1,386,866
Net Pension Liability	\$ 1,581,749	\$ 1,581,749
Unrestricted Fund Balance Audit	\$ 12,072,621	\$ 12,072,621
Net Assets (Undepreciated Value)	\$ 6,360,903	\$ 6,360,903
<i>According to Financial Performance Indicators the goal is less than 2.5.</i>		
Proforma YTD Fund Balance	\$ 14,586,859	\$ 14,671,163
Self Funded Health Insurance IS	\$ 268,857	\$ 318,929
Directly provided services	39.8%	40.0%
Contractually provided services	60.2%	60.0%



**CEO Response to August 17, 2023 Board Monitoring Report Evaluation
September 21, 2023**

Policy 2.1 – Consumer Services – Internal Inspection

Ten (10) out of sixteen (16) Board Members completed and submitted the monitoring report.

Question 1 - Was this report submitted when due? – 10 Yes

Question 2 - Did the report lay out the CEO's interpretation of the request? –10 Yes

Question 3 - Was I convinced that the interpretation is justified and reasonable? – 10 Yes

Question 4 - Did the interpretation address all aspects of the subject? -10 Yes

Question 5 - Does the information show compliance with Board direction/policy? –10 Yes

Other Comments: Reiterate with staff and Board members the proper channels of communication or abstaining from such.

CEO Response 2023:

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

Respectfully Submitted,

Brian Martinus
Interim CEO

**ASSURANCE OF ORGANIZATIONAL PERFORMANCE
POLICY 1.0 (1.06 - 1.0.11)
INTERNAL MONITORING REPORT - CEO
SEPTEMBER 21, 2023**

1.0 Consumer and Community Ends

We are committed to the guiding principles of Culture of Gentleness and Recovery. We are committed to be a strong and effective partner in Michigan to improve the overall health, wellness and quality of life of the individuals, families, and communities we serve. We believe the systems of care and support we create and manage must serve and provide encouragement, support and opportunities that promote growth and create desired and positive outcomes for all persons served. We are committed to the elimination of stigma in cooperation with welcoming communities and the intent to meet owner expectations. As a manager and a provider of public health services utilizing federal, state, local funding sources, grants, and other reimbursements we hold ourselves accountable and are held accountable. Our responsibility is not to simply serve, but to ensure eligible persons with severe mental illnesses (including those with co-occurring conditions), children with serious emotional disturbances, persons with intellectual/developmental disabilities and persons with substance use disorders have satisfying, hopeful, and contributing lives that are consistent with their hopes and dreams.

We believe active consumer involvement is critical to Ends accomplishment and in ensuring consumers served achieve the following Ends consistent with individual choice and self-determination.

Consumer Ends

- 1.0.1 Meaningful and satisfying community experiences, work (income generation) and/or volunteering, and/or success in an educational or vocational setting
- 1.0.2 Meaningful relationships within an ever expanding circle of support
- 1.0.3 Children and families have rewarding family relationships
- 1.0.4 A safe living environment of their choice and with whom they want (adults)
- 1.0.5 Community membership, inclusion and participation
- 1.0.6 A reduction in psychiatric symptoms (as applicable)
- 1.0.7 An enhanced overall quality of life
- 1.0.8 Sobriety (as applicable)
- 1.0.9 Integration of behavioral health and physical health services

There are multiple community stakeholders that impact and/or are impacted by what we do and we place a high priority on working cooperatively with them toward the accomplishment of our Vision, Mission, and Ends. Key stakeholders include, but are not limited to, consumers, consumer parents, families, and/or guardians; health care providers; schools; law enforcement; the spiritual community; and local, state, and federal elected officials. To promote Ends accomplishment, we need skilled providers, constructive relationships, and compliance with funding and other governing entities.

Community Ends

We are committed to the following Community Ends.

- 1.0.10 Our respective communities and key stakeholders accept and treat consumers with respect, dignity and compassion and promote community membership.

1.0.11 Community Stakeholders know and demonstrate support of the Northern Lakes Community Mental Health Authority Ends.

Accomplishment of these Ends will be promoted by having services grounded on accessible and culturally competent services, evidenced-based practices, consumer choice, a commitment to recovery and reintegration, resilience, empowerment, and independence. A cornerstone is our commitment to excellence in person/family centered planning and services. We will utilize the most objective data available and a variety of methods to measure the degree of achievement of our Ends and will do so consistent with the MDHHS Quality Improvement Performance Indicators (measures) and satisfaction surveys, third party perspectives regarding our performance, and other locally adopted measures.

CEO Interpretation of the Ends

Ends

1.0.7 An enhanced overall quality of life

1.0.10 Our respective communities and key stakeholders accept and treat consumers with respect, dignity and compassion and promote community membership.

Customer Satisfaction

NLCMHA Board of Directors and staff are extremely committed to and promote resiliency, recovery, and a culture of gentleness to those we serve. We use a person centered approach to assist each individual (or guardian) in voicing their goals and work alongside them to accomplish those goals. We offer a broad range of medically necessary services to assist the person on this path. During the course of treatment, we are encouraging and focus on activities to promote the desired outcomes. We partner with local, regional, and state agencies to improve the overall health and wellness of people living in our community and served by us to help with social determinants, such as unemployment.

The NMRE annual satisfaction surveys are completed to help us in assess our performance. A Likert Scale is used as follows: 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, and 5-Strongly Agree. A new questionnaire was utilized for 2023 which decreased the amount of questions and tallied results into percentages. Some of the strengths are listed below.

- Staff has demonstrated they are involving clients in their health care decisions and the development of their treatment plan.
- Clients feel that staff explain information in a way they can understand
- Clients feel that they are treated with dignity and respect, staff has done a wonderful job of making clients comfortable at the CMH.

Questions	FY 2023
I know how to file a complaint if needed.	100%
I am treated with respect.	99%
I know who to call in an emergency	96%
I am involved in decision making & development of my plan	99.2%
Staff explained things so I could understand	96.5%

Areas for improvement identified:

- Consumers could use more education about the risks of tobacco, drugs, and alcohol
- A better explanation of our Privacy Notice would be appreciated.
- Ensure that consumers are well-educated on their right to Grievance and Appeals

Post-discharge surveys

Additionally, Customer Services conducts post-discharge satisfaction surveys. The Customer Services Specialist contacts former consumers approximately 6 months after discharge, this helps us to track if individuals are continuing recovery activities and are engaging in community resources. It’s important that we reach out to these individual s who can give us some clear feedback as to how they are doing in their recovery journey after receiving services. It’s also an opportune time to remind them if they ever feel they need help again that we’re just a phone call away. The overall average level of satisfaction from Oct-Sept ’23 was 3.81.

A Likert Scale is used as follows: 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, and 5-Strongly Agree for the below questions.

Questions	
We have a voice in what Services We receive.	
The IPOS has obtainable goals that service providers are supporting us in obtaining these goals.	
Skills have improved from services provided by NLCMHA	
NLCMHA staff, home staff, and other services providers, work well together to ensure the best services are provided	
Overall, I am satisfied with the services we receive	

Ends

- 1.0.6 A reduction in psychiatric symptoms (as applicable)
- 1.0.7 An enhanced overall quality of life

Performance Indicators

Beginning April 2020, MDHHS changed the methodology to counting forward from Assessment to service, there are also no exceptions (consumer cancel or no-show) allowed any longer. NLCMHA is performing along side our peers across the state, a little higher in some areas, a little lower in some areas. The Quality Improvement group is focused on quicker response and follow up to consumer cancellations so we can bring that number down. The data for FY23 Q1 & Q2 access to service are below, Q3 & Q4 are not available yet.

First Face to Face Assessment with 14 days of request	Q1: 48%	Q2: 46%
First Face to Face service after Assessment within 14 days	Q1: 62%	Q2: 63%

Ends

- 1.0.6 A reduction in psychiatric symptoms (as applicable)
- 1.0.7 An enhanced overall quality of life

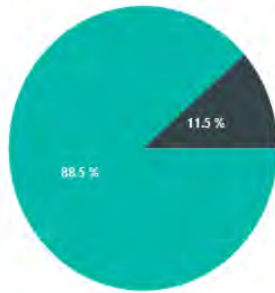
Appointments kept and appointments cancelled

Annually, thousands of individually seek help through psychiatric services for evaluations and med reviews. Our goal, to the best degree possible is to stabilize the individual’s symptoms, improve their quality of life, and assist them on their recovery journey. To do that, consistent

participation by the individual is essential to their well-being, we continue to focus on engaging consumers.

During Oct-Sept '23, 5676 individuals schedule appointments, 5026 kept those appointments, and 650 cancelled them. These statistics are improved approximately 10% since the use of telehealth.

Appointment Status %
10/1/2022 - 8/31/2023



Appointment Status

- Appointment Kept
- No Show

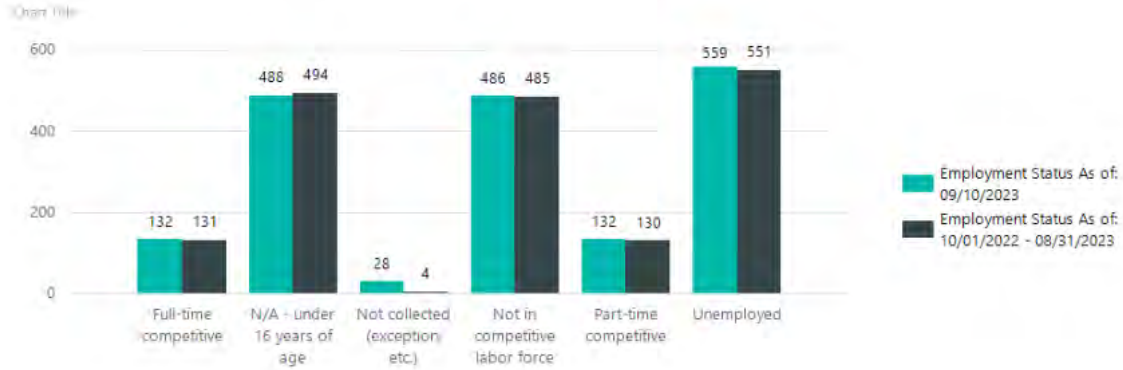
Appointment Status	Total	Percent Of Total
Appointment Kept	5,026	88.5%
No Show	650	11.5%
Total	5,676	

Ends

1.0.1 Meaningful and satisfying community experiences, work (income generation) and/or volunteering, and/or success in an educational or vocational setting

Employment

Surprisingly, throughout the Public Health Emergency, employment status for adults with mental illness receiving case management services stayed stable and we've continued to see that as it's come to an end. Our Clubhouse members also participate in Transitional Employment and volunteer opportunities. If able, employment is good for all people, providing them confidence, self-satisfaction, and a financial boost. We continue to work with providers to offer all aspects of employment, from piece work, and interview practice to supported employment, and job coaching. Employment statistics improved for adults with mental illness, during Oct-Sept. '23 as 142 individuals were employed in some manner.



	Employment Status As of: 09/10/2023		Employment Status As of: 10/01/2022 - 08/31/2023	
Full-time competitive	132	7.2%	131	7.3%
N/A - under 16 years of age	488	26.7%	494	27.5%
Not collected (exception, etc.)	28	1.5%	4	0.2%
Not in competitive labor force	486	26.6%	485	27.0%
Part-time competitive	132	7.2%	130	7.2%
Unemployed	559	30.6%	551	30.7%
Total	1825		1795	

Ends

1.0.10 Our respective communities and key stakeholders accept and treat consumers with respect, dignity and compassion and promote community membership.

Jail Diversion

In FY 2023 we continued to work with our local prosecuting attorneys, defense attorneys, law enforcement, and jails to complete jail diversions, and we are succeeding in our mission to repair relationships and build strong partnerships that enable the highest quality of services to our consumers. This includes the opening of the Crisis Welcoming Center which provided 24/7 walk-in crisis at the Traverse City NLCMHA building, and employment of a youth diversion specialist to assist minors and their families in securing the mental health assistance they need in lieu of incarceration.

A total of 855 jail diversions were completed Oct-September '23.

In conclusion, we believe having consumers involved in decision making is essential, therefore we have consumers serving on a variety of boards and committees, in addition to regional and state committees and advocacy groups.

V/R

Brian Martinus, Interim CEO

Board Policy being monitored

1.0 Consumer and Community Ends

September 21, 2023

1. Was this report submitted when due?
YES No (requires comment)

Comment:

2. Did the report lay out the CEO's interpretation of the request?
Yes No (requires comment)

Comment:

3. Was I convinced that the interpretation is justified and reasonable?
Yes No (requires comment)

Comment:

4. Did the interpretation address all aspects of the subject?
Yes No (requires comment)

Comment:

5. Does the information show compliance with board direction/policy?
Yes No (requires comment)

Comment:

6. Other Comment: _____

**ASSURANCE OF ORGANIZATIONAL PERFORMANCE
POLICY 2.3 COMPENSATION OF THE EMPLOYED WORKFORCE
INTERNAL MONITORING REPORT - CEO
SEPTEMBER 21, 2023**

2.3 Compensation of the Employed Workforce

The CEO shall not:

2.3.1 Directly or by implication, promise any member or prospective member of the Workforce any direct or indirect compensation that is not reduced to writing and signed by the CEO or included in a collective bargaining agreement.

2.3.2 Offer to any current or prospective employee any status other than employment at will or modified at will according to the Discipline Review Policy (DRP) unless the employee in question is or on hiring will be covered by a collective bargaining agreement.

2.3.3 Offer or promise any member or prospective member of the Workforce compensation exceeding the fair market value of the services or that would constitute an illegal inducement under federal and state laws and regulations.

2.3.4 Financially obligate the Authority under any contract of employment or collective bargaining agreement over a longer period of time than is justified by the exercise of sound business judgment.

2.3.5 Without the prior express approval of the Board of Directors, permit the creation of any unfunded pension liability or modify or alter a pension plan in a manner that excludes a full-time employed member of the workforce from participation in a pension plan.

2.3.6 Modify his or her own wages without the approval of the Board.

CEO Interpretation September 2023

Policy 2.3 Compensation of the Employed Workforce is extremely important. This policy is intended to promote positive and ethical business conduct, positive employee relationships, and to avoid unnecessary risk. The policy further provides the CEO authority to create and maintain a competitive wage and benefit package to assist in staff recruitment and retention. If the Board would like more information, I am happy to provide it upon request.

Board Policy being monitored:
2.3 Compensation of the Employed Workforce
September 21, 2023

1. Was this report submitted when due?
Yes No (requires no comment)

Comment:

2. Did the report lay out the CEO's interpretation of the request?
Yes No (requires no comment)

Comment:

3. Was I convinced that the interpretation is justified and reasonable?
Yes No (requires no comment)

Comment:

4. Did the interpretation address all aspects of the subject?
Yes No (requires no comment)

Comment:

5. Does the information show compliance with board direction/policy?
Yes No (requires no comment)

Comment:

6. Other Comment: _____

**CEO Response to August 17, 2023 Board Means Monitoring Report Evaluation
September 21, 2023**

Policy 4.2 - Accountability - Direct Inspection

Eleven (11) out of sixteen (16) Board Members completed and submitted the monitoring report.

Question One - Do you believe we are in strict compliance with the policy as stated for each provision? – 10 Yes, 1 No,

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

Comment: *“Board members should not intervene in staff matters, nor necessarily bring staff concerns to the full board unless special circumstances exist.”*

Question Three – How do you think we could improve our process to be in full compliance?

Comment:

1. *“Address the separation between Board & staff.”*
2. *“Continued review”.*

Question Four – What do we need to learn or discuss in order to live by this policy more completely?

Comment: *“Follow the chain of command. Workforce should communicate with direct supervisor or CEO w/ concerns instead of board members.”*

Question Five - Does this policy remain in compliance with the Policy Governance model in terms of content and format? – 9 Yes, 2 unanswered

CEO Response 2023:

I appreciate the Board’s assessment of being 90% compliant with this policy.

Brian Martinus
Interim CEO



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

Nominating and Leadership Development Committee Meeting Minutes

September 8, 2023

10:00 AM

Attendance:

Greg McMorrow called the meeting to order at 10:02 a.m. at 527 Cobb Street, Cadillac and virtual.
Board Members Present: Pam Babcock, Greg McMorrow, Ruth Pilon,

Board Members Absent: Mary Marois, Carol Blake, - Advance notice given. Eric Ostergren

Others Present: Brian Martinus, Interim Chief Executive Officer; Stacy Maiville, Executive Secretary.

There was no quorum. The NLD had discussion but was unable to vote.

There was much discussion about the upcoming Board Retreat, it's agenda and objectives.

The NLD requested to add at the top of the agenda:

"Objective of the Board Retreat is to select a governance model by the end of the day".

The NLD would like an action item at the end of the agenda so the Board can vote on their chosen governance model. It was stated that choosing a governance model is the first step to move forward from under NMRE oversight.

The topic of CCBHC was brought up. It was stated that a CCBHC may not be sustainable and application for CCBHC process has been closed.

It was mentioned that it would be good to bring the other activities of the agency to a close before a serious discussion of CCBHC occurs. The Board must first have a governance model selection, audit concluded, and established CEO in place, before other large changes such as changing to CCBHC are made. The committee recommended to lock in Bob Sheehan for the December Board Meeting to discuss CCBHC.

Board Education & Training Topics:

September – Recovery part 1

October- Recovery Part 2

November – How to access services

December – Bob Sheehan CCBHC

January 2024 – Redbook Training

Public Comment: None

Next Meeting: November 1, 2023 - Items TBD

Meeting adjourned at 11:27am

Respectfully Submitted,

Stacy Maiville, Executive Secretary



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

NLCMHA 2023 Board Retreat

Agenda

DATE: October 2, 2023
TIME: 10:00 a.m.
PLACE: Northern Lakes Community Mental Health Authority
Virtual Meeting and 527 Cobb Street, Cadillac
Dial 1-810-258-9588 Conference ID859 328 195#

Objective of the Board Retreat is to select a governance model by the end of the day.

TIME	ID#	ITEM
10:00 a.m.		Approval of the Agenda
10:05 a.m.		Policy Governance – Susan Radwan
12:00 p.m.		Break
12:15 p.m.		Working Lunch - Governance - John Amrhein
1:30 p.m.		Break
1:40 p.m.		Governance Best Practices- Sarah Bannon
3:30 p.m.		Discussion & Selection Vote on Governance Model*
4:00 p.m.		Adjourn

* Action Items

Note: This is the Board's work group and often times the Board's work groups do not follow set times.

NOTICE: If any person with a disability needs accommodations, please call the CEO's Office (231-409-6065) three days prior to the posted meeting date.



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

Ad Hoc Budget Committee Meeting

Minutes

August 3, 2023

10:00 a.m.

Attendance: Al Cambridge, Ty Wessell, Ben Townsend, Dave Freedman

Others Present: Brian Martinus, Interim CEO; Lauri Fischer, Chief Financial Officer; Stacy Maiville; Executive Secretary, Chris Bigger, Finance Manager

MOTION:	Approval of the July 6, 2023 Minutes
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	Al Cambridge
SECONDER:	Ben Townsend

The Chief Financial Officer, Lauri Fischer, provided information regarding capitation rates. Lauri explained the capitation rates in comparison to previous years. She reviewed the SFY 2022 base experience comparison to SFY 2021 by population.

Lauri discussed the SFY 2024 capitation rate methodology and timeline of rating activities. In addition, explained how the agency receives their Medicaid monies from a monthly perspective. Lauri noted that NLCMHA receives 4.13 million for Medicaid each month.

The committee reviewed capitation rates for Medicaid sources, habilitation supports waiver, children’s waiver program, severe emotional disturbance, Healthy Michigan Plan, behavioral health home, and opioid health home.

It was decided that the board will approve a budget for 2024 at 98% Medicaid, 95% turnover for staffing. Lauri will present the budget at the August 17th Board Meeting.

The committee decided to review the presentation with the CFO via Teams on August 8th, 2023, that will be in the board packet on August 17, 2023.

Next meeting: TBD

Respectfully Submitted,

Stacy Maiville, Executive Secretary