



# Northern Lakes Community Mental Health Authority

## Committee of the Whole Packet

February 15, 2024



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

## COMMITTEE OF THE WHOLE - AGENDA

**DATE:** February 15, 2024

**TIME:** 12:30 p.m.

**PLACE:** Northern Lakes Community Mental Health Authority  
204 Meadows Drive, Grayling, MI 49738  
Virtual Meeting: 1-810-258-9588 ID: 364 573 74#

| TIME       | ID # | ITEM   | POLICY # |
|------------|------|--|----------|
| 12:30 p.m. |      | Call to Meeting  | 3.2      |
| 12:35 p.m. |      | Public Comment<br><i>(May be limited to three minutes by the Board Chairperson)</i>  |          |
| 12:40 p.m. | 1    | Recipient Rights<br>- Brian Newcomb, Director of the Office of Recipient Rights<br>- Update on Recipient Rights<br>- Annual Report | 3.7      |
| 1:00 p.m.  | 2    | 2023 Agency Performance Assessment   |          |
| 1:30 p.m.  | 3    | Chief Executive Officer's Report<br>- Brian Martinus, Interim Chief Executive Officer  | 2.8      |
| 1:40 p.m.  | 4    | Chief Financial Officer's Report<br>- Laura Argyle, Deputy Chief Financial Officer   |          |
| 1:50 p.m.  |      | Agenda Planning, Meeting Evaluation, Comments  | 3.2, 3.5 |
| 2:00 p.m.  |      | Adjourn  |          |

**NEXT MEETING: March 21, 2024**

**Note: This is the Board's work group, and oftentimes, 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 three days prior to the posted meeting date.

Office of Recipient Rights Director's Report  
February 2024

| Dates represented     | 10/01/21-02/07/22 | 10/1/22-02/07/23 | 10/1/23-02/07/24 |
|-----------------------|-------------------|------------------|------------------|
| Complaints            | 178               | 134              | 176              |
| OJ, No Right Inv.     | 27                | 18               | 26               |
| Interventions         | 9                 | 2                | 17               |
| Investigations        | 142               | 114              | 134              |
| Investigations Comp   | 142               | 114              | 67               |
| Investigations open   | 0                 | 0                | 67               |
| Inv > 90 days         | 0                 | 0                | 0                |
| Inv < 90 days         | 142/142(100%)     | 114/114(100%)    | 67/67(100%)      |
| Summary Report Avg    | 141/142(99.3%)    | 117/117(100%)    | 66/66(100%)      |
|                       |                   |                  |                  |
| NLCMHA staff alleg.   | 14                | 25               | 27               |
| NLCMHA Staff W/I 1 yr | 0                 | 12               | 4                |

**Complaint Source**

| Complaint Source         | Count      |
|--------------------------|------------|
| Anonymous                | 5          |
| Community/General Public | 11         |
| Guardian/Family          | 14         |
| ORR                      | 53         |
| Recipient                | 33         |
| Staff                    | 60         |
| <b>Total</b>             | <b>176</b> |

**Complaints Per Provider:**

**October 1, 2023- February 7, 2024**

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

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights

## October 1, 2023 – February 7, 2024, Investigation by Provider Report

| Program                                     | Substantiated | Pending | Not Substantiated | NA |
|---|---------------|---------|-------------------|----|
| Access                                      | 0             | 0       | 1                 | 0  |
| Assertive Community Treatment               | 0             | 3       | 0                 | 0  |
| AuSable In Home Care, LLC                   | 0             | 1       | 0                 | 0  |
| Beacon Fife Lake                            | 1             | 0       | 0                 | 0  |
| Beacon Home at Blue Lake                    | 0             | 3       | 0                 | 0  |
| Beacon Home at Cogswell                     | 1             | 0       | 0                 | 0  |
| Beacon Home at Goodrich                     | 0             | 1       | 0                 | 0  |
| Beacon Home At Ludington                    | 5             | 1       | 0                 | 0  |
| Beacon Home at Trolley Center               | 0             | 2       | 0                 | 0  |
| Beacon Home at Washburn                     | 0             | 5       | 0                 | 0  |
| Beacon Mission Point                        | 2             | 1       | 3                 | 0  |
| Beacon Wave Crest                           | 0             | 1       | 0                 | 0  |
| Bell Oaks at Ionia                          | 2             | 0       | 0                 | 0  |
| Brightside Living - Whispering Oaks         | 1             | 3       | 0                 | 0  |
| Cedar Valley AFC                            | 2             | 0       | 0                 | 0  |
| Club Cadillac                               | 0             | 1       | 0                 | 0  |
| Cornerstone AFC, LLC                        | 1             | 0       | 0                 | 0  |
| Covenant to Care                            | 2             | 1       | 1                 | 0  |
| Crisis Services                             | 1             | 2       | 2                 | 0  |
| Crisis Welcoming Center                     | 0             | 1       | 1                 | 0  |
| Danes AFC                                   | 5             | 4       | 2                 | 0  |
| Eden Prairie Residential Care Services, LLC | 1             | 0       | 0                 | 0  |
| Elmwood AFC                                 | 2             | 1       | 1                 | 0  |
| Evergreen Home                              | 0             | 2       | 2                 | 0  |
| Frances Specialized Residential             | 2             | 0       | 2                 | 0  |
| Glen Oaks Home                              | 1             | 0       | 0                 | 0  |
| Grayling Office/Crawford County             | 1             | 0       | 0                 | 0  |
| GT Street Flint Home SIP                    | 0             | 0       | 0                 | 3  |
| Heart and Soul Living LLC                   | 1             | 0       | 0                 | 1  |
| Hickory Hill AFC LLC                        | 0             | 2       | 1                 | 0  |
| Hillcrest AFC                               | 1             | 0       | 0                 | 0  |

|  |   |   |   |   |
|--|---|---|---|---|
| IDD Adult Case Management                  | 0 | 1 | 5 | 0 |
| IDD Children's Case Management             | 0 | 0 | 1 | 0 |
| Jacquelyn Street                           | 0 | 1 | 0 | 0 |
| Jones Lake AFC Home                        | 6 | 0 | 0 | 0 |
| Kennedy House West, LLC                    | 0 | 0 | 1 | 0 |
| Magnolia Care AFC West                     | 1 | 0 | 0 | 0 |
| MIA Case Management                        | 1 | 2 | 3 | 0 |
| North Hope Crisis                          | 1 | 0 | 0 | 0 |
| Northern Lakes CMH Authority               | 6 | 8 | 2 | 6 |
| Ohana AFC                                  | 0 | 2 | 0 | 0 |
| Outpatient Services                        | 1 | 0 | 1 | 0 |
| Packard Specialized Residential            | 0 | 1 | 1 | 0 |
| Pearl Street Home                          | 5 | 4 | 0 | 0 |
| Peer Support                               | 2 | 0 | 1 | 0 |
| Premier Care Assisted Living 1             | 0 | 4 | 0 | 0 |
| Premier Care Assisted Living 3             | 0 | 0 | 2 | 0 |
| Premier Care Assisted Living 4             | 0 | 0 | 1 | 0 |
| Psychiatric Services                       | 0 | 2 | 4 | 0 |
| Real Life Living Services                  | 2 | 7 | 2 | 0 |
| Seasons of Life AFC Home, LLC              | 1 | 2 | 0 | 1 |
| Seneca Place Home                          | 2 | 0 | 0 | 0 |
| Shepler AFC Home                           | 0 | 1 | 0 | 0 |
| Shepler's AFC Home, LLC                    | 1 | 0 | 0 | 0 |
| Spectrum Community Services SIP - Bremmer  | 0 | 2 | 0 | 0 |
| Spectrum Community Services SIP - Kentucky | 0 | 0 | 1 | 0 |
| Summerfield AFC                            | 0 | 9 | 1 | 0 |
| TC Office/Grand Traverse County            | 0 | 0 | 1 | 0 |
| Traverse House                             | 0 | 1 | 0 | 0 |
| Wright Street AFC Home                     | 1 | 1 | 0 | 0 |
| Zenith Home                                | 4 | 0 | 1 | 0 |

**COMPLAINT DATA FOR:**  
**RIGHTS OFFICE DIRECTOR:**

Choose from drop down menu

Brian Newcomb

CLICK ON CELL G AND

ENTER THE NAME OF

**Reporting Period:**

**FY23**

October 1, 2022 - September 30, 2023

**CMH**

# of Consumers Served  
(unduplicated count)

6218

Rights Office  
FTEs

5

**LPH**

Hours/40 Spent  
on Rights

**ALLEGATION TOTALS**

|                              |     |  |
|------------------------------|-----|--|
| Total Complaints Received    | 560 | DO NOT TYPE HERE - CELL WILL AUTO FILL |
| Allegations                  | 489 | DO NOT TYPE HERE - CELL WILL AUTO FILL |
| Investigations               | 474 | DO NOT TYPE HERE - CELL WILL AUTO FILL |
| Investigations Substantiated | 264 | DO NOT TYPE HERE - CELL WILL AUTO FILL |
| Interventions                | 15  | DO NOT TYPE HERE - CELL WILL AUTO FILL |
| Interventions Substantiated  | 13  | DO NOT TYPE HERE - CELL WILL AUTO FILL |

**ALLEGATIONS BY CATEGORY**

| Code | Category          | Received |
|------|-------------------|----------|
| 0000 | No Right Involved | 44       |

| Code | Category                      | Received |
|------|-------------------------------|----------|
| 0001 | Outside Provider Jurisdiction | 27       |

| Code  | Category                                 | Received | Investigations | Investigations Substantiated |
|-------|--|----------|----------------|------------------------------|
| 7221  | Abuse class I                            | 0        |                |                              |
| 72221 | Abuse class II - Nonaccidental act       | 7        | 7              | 1                            |
| 72222 | Abuse class II - unreasonable force      | 16       | 16             | 5                            |
| 72223 | Abuse class II - emotional harm          | 11       | 11             | 7                            |
| 72224 | Abuse class II - treating as incompetent | 0        | 0              | 0                            |
| 72225 | Abuse class II - exploitation            | 3        | 3              | 2                            |
| 7223  | Abuse - class III                        | 17       | 17             | 5                            |
| 7224  | Abuse class I - sexual abuse             | 0        | 0              | 0                            |

| Code  | Category                              | Received | Investigations | Investigations Substantiated |
|-------|---------------------------------------|----------|----------------|------------------------------|
| 72251 | Neglect class I                       | 3        | 3              | 2                            |
| 72252 | Neglect class I - failure to report   | 3        | 3              | 2                            |
| 72261 | Neglect class II                      | 13       | 13             | 7                            |
| 72262 | Neglect class II - failure to report  | 2        | 2              | 0                            |
| 72271 | Neglect class III                     | 138      | 138            | 107                          |
| 72272 | Neglect class III - failure to report | 6        | 6              | 5                            |

| Code | Category                                 | Received | Investigations | Investigations Substantiated | Interventions | Interventions Substantiated |
|------|--|----------|----------------|------------------------------|---------------|-----------------------------|
| 7550 | Right Protection System                  | 3        | 2              | 2                            | 1             | 1                           |
| 7555 | Retaliation/harassment toward recipients | 1        | 1              |                              |               |                             |

| Code | Category   | Received | Investigations | Investigations Substantiated | Interventions | Interventions Substantiated |
|------|--|----------|----------------|------------------------------|---------------|-----------------------------|
| 7040 | Civil rights: Discrimination, Accessibility, Accommodation, etc. | 6        | 6              | 1                            |               |                             |
| 7044 | Religious practice   | 1        | 1              | 0                            |               |                             |
| 7045 | Voting   | 0        |                |                              |               |                             |

| Code | Category   | Received | Investigations | Investigations Substantiated | Interventions | Interventions Substantiated |
|------|--|----------|----------------|------------------------------|---------------|-----------------------------|
| 7081 | Mental Health Services Suited to Condition (includes chapter 4 violations) | 124      | 119            | 65                           | 5             | 4                           |

2



|      |   |    |    |    |   |   |
|------|---|----|----|----|---|---|
| 7082 | Safe, Sanitary Humane Treatment Environment | 8  | 7  | 3  | 1 | 1 |
| 7083 | Least restrictive setting                   | 3  | 3  | 1  |   |   |
| 7084 | Dignity and Respect                         | 53 | 53 | 24 |   |   |

| Code | Category   | Received | Investigations | Investigations Substantiated | Interventions | Interventions Substantiated |
|------|--|----------|----------------|------------------------------|---------------|-----------------------------|
| 7100 | Physical and Mental Exams  | 0        |                |                              |               |                             |
| 7110 | Family Rights  | 8        | 8              | 2                            |               |                             |
| 7120 | Individual Written Plan of Service (Person-Centered Process)               | 7        | 7              | 3                            |               |                             |
| 7130 | Choice of Physician/Mental Health Professional                             | 3        | 3              | 2                            |               |                             |
| 7140 | Notice of Clinical Status/Progress   | 3        | 3              | 1                            |               |                             |
| 7150 | Services of a Mental Health Professional (External to the Agency/Hospital) | 0        |                |                              |               |                             |
| 7160 | Surgery  | 0        |                |                              |               |                             |
| 7170 | Electroconvulsive Therapy  | 0        |                |                              |               |                             |
| 7180 | Psychotropic drugs (AR 7158)   | 2        | 2              | 0                            |               |                             |
| 7190 | Medication Side Effects  |          |                |                              |               |                             |

| Code | Category   | Received | Investigations | Investigations Substantiated | Interventions | Interventions Substantiated |
|------|--|----------|----------------|------------------------------|---------------|-----------------------------|
| 7240 | Fingerprints, Photographs, Audiorecordings, Use of One-Way Glass | 2        | 2              | 0                            |               |                             |
| 7249 | Video Surveillance   | 0        |                |                              |               |                             |

| Code | Category                 | Received | Investigations | Investigations Substantiated | Interventions | Interventions Substantiated |
|------|--------------------------|----------|----------------|------------------------------|---------------|-----------------------------|
| 7261 | Communications-Visits    | 0        |                |                              |               |                             |
| 7262 | Communications-Telephone | 1        | 1              | 0                            |               |                             |
| 7263 | Communications-Mail      | 0        |                |                              |               |                             |

| Code | Category                        | Received | Investigations | Investigations Substantiated | Interventions | Interventions Substantiated |
|------|---------------------------------|----------|----------------|------------------------------|---------------|-----------------------------|
| 7281 | Property-Possession and use     | 6        | 6              | 2                            |               |                             |
| 7286 | Personal Property – Limitations | 2        | 2              | 0                            |               |                             |

| Code | Category               | Received | Investigations | Investigations Substantiated | Interventions | Interventions Substantiated |
|------|------------------------|----------|----------------|------------------------------|---------------|-----------------------------|
| 7360 | Labor and Compensation |          |                |                              |               |                             |

| Code | Category            | Received | Investigations | Investigations Substantiated | Interventions | Interventions Substantiated |
|------|---------------------|----------|----------------|------------------------------|---------------|-----------------------------|
| 7440 | Freedom of Movement | 8        | 8              | 3                            |               |                             |
| 7400 | Restraint           | 0        |                |                              |               |                             |
| 7420 | Seclusion           | 0        |                |                              |               |                             |

| Code          | Category  | Received   | Investigations | Investigations Substantiated | Interventions | Interventions Substantiated |
|---------------|---|------------|----------------|------------------------------|---------------|-----------------------------|
| 7460          | Complete Record   | 0          |                |                              |               |                             |
| 7480          | Disclosure of Confidential Information  | 29         | 21             | 12                           | 8             | 7                           |
| 7481          | Withhold of Confidential Information (Includes Denying Recipient Access to Records) | 0          |                |                              |               |                             |
| 7490          | Correction of Record  |            |                |                              |               |                             |
| 7500          | Privileged communication  | 0          |                |                              |               |                             |
| <b>TOTALS</b> |   | <b>489</b> | <b>474</b>     | <b>264</b>                   | <b>15</b>     | <b>13</b>                   |

| Section II: Intervention and Investigation remediation data for: |                     |   | Choose from drop down menu  |     |       |        |     |
|--|---------------------|---|-----------------------------|-----|-------|--------|-----|
| Category<br>(from Complaint Data)                                | Provider Type       | Specific Remedial Action                    | Specific Remedial Action    | SED | SED-W | DD-CWP | HSW |
| Neglect class III  | Residential DD      | Pending                                     |                             |     |       |        | 1   |
| Neglect class II   | Residential MI      | Pending                                     |                             |     |       |        |     |
| Fingerprints, Photographs, Audiotape Recordings, and             | Crisis Center       | Training                                    |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class I - failure to report                              | Case Management     | Written Reprimand                           |                             |     |       |        |     |
| Neglect class I - failure to report                              | Residential MI & DD | Pending                                     |                             |     |       |        |     |
| Mental Health Services Sued to Condition (inclu                  | Residential MI & DD | Training                                    |                             |     |       |        |     |
| Dignity and Respect  | Crisis Center       | Written Reprimand                           | Employment Termination      |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Other               | Written Reprimand                           | Policy Revision/Development |     |       |        | 1   |
| Mental Health Services Sued to Condition (inclu                  | Other               | Plan of Service Revision                    |                             |     |       |        | 1   |
| Notice of Clinical Status/Progress                               | Case Management     | Verbal Counseling                           |                             |     |       |        |     |
| Neglect class III - failure to report                            | Residential MI & DD | Verbal Counseling                           |                             |     |       |        |     |
| Neglect class I  | Residential MI & DD | Employment Termination                      |                             |     |       |        |     |
| Abuse - class III  | Other               | Suspension                                  | Training                    |     |       |        |     |
| Disclosure of Confidential Information                           | Other               | Suspension                                  | Training                    |     |       |        |     |
| Right Protection System  | Other               | Suspension                                  | Training                    |     |       |        |     |
| Dignity and Respect  | SIP                 | Employee left the agency, but substantiated |                             |     |       |        | 1   |
| Dignity and Respect  | Crisis Center       | Employment Termination                      |                             |     |       |        |     |
| Neglect class III  | Other               | Written Reprimand                           |                             |     |       |        |     |
| Abuse class II - exploitation                                    | Residential MI & DD | Written Counseling                          |                             |     |       |        |     |
| Mental Health Services Sued to Condition (inclu                  | Residential MI & DD | Written Counseling                          |                             |     |       |        |     |
| Neglect class III  | SIP                 | Policy Revision/Development                 |                             |     |       |        | 1   |
| Dignity and Respect  | SIP                 | Verbal Counseling                           |                             |     |       |        | 1   |
| Safe, Sanitary Humane Treatment Environment                      | Residential MI & DD | Employee left the agency, but substantiated |                             |     |       |        | 1   |
| Dignity and Respect  | Residential MI & DD | Employee left the agency, but substantiated |                             |     |       |        | 1   |
| Mental Health Services Sued to Condition (inclu                  | Other               | Written Reprimand                           | Training                    |     |       |        |     |
| Dignity and Respect  | ACT                 | Verbal Counseling                           |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Written Reprimand                           |                             |     |       |        | 1   |
| Neglect class III  | Residential MI & DD | Written Reprimand                           | Training                    |     |       |        | 1   |
| Neglect class III - failure to report                            | Residential MI & DD | Written Reprimand                           |                             |     |       |        | 1   |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Written Reprimand                           |                             |     |       |        |     |
| Neglect class III  | Other               | Written Reprimand                           | Policy Revision/Development |     |       |        | 1   |
| Individual Written Plan of Service (Person-Center                | Other               | Plan of Service Revision                    | Plan of Service Revision    |     |       |        | 1   |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |
| Neglect class III  | Residential MI & DD | Other                                       |                             |     |       |        |     |

| DO NOT ENTER DATA HERE. THESE COLUMNS WILL AUTO FILL |     |                   |    |
|--|-----|-------------------|----|
| REMEDATION TOTALS                                    |     | POPULATION TOTALS |    |
| Verbal Counseling                                    | 65  | SED               | 5  |
| Written Counseling                                   | 17  | SED-W             | 0  |
| Verbal Reprimand                                     | 0   | DD-CWP            | 0  |
| Written Reprimand                                    | 58  | HSW               | 91 |
| Suspension   | 12  |                   |    |
| Demotion   | 0   |                   |    |
| Staff Transfer                                       | 1   |                   |    |
| Training   | 50  |                   |    |
| Employment Termination                               | 22  |                   |    |
| Employee left the agency, but substantiated          | 30  |                   |    |
| Contract Action                                      | 6   |                   |    |
| Policy Revision/Development                          | 17  |                   |    |
| Environmental Repair/Enhancement                     | 0   |                   |    |
| Plan of Service Revision                             | 3   |                   |    |
| Recipient Transfer to Another Provider/Site          | 27  |                   |    |
| Other  | 45  |                   |    |
| Pending  | 11  |                   |    |
| None   | 0   |                   |    |
| PROVIDER TOTALS                                      |     | PROVIDER TOTALS   |    |
| ACT  | 0   |                   |    |
| Case Management                                      | 3   |                   |    |
| Children's Foster Care                               | 18  |                   |    |
| Clubhouse/Drop-in Center                             | 159 |                   |    |
| Crisis Center  | 0   |                   |    |
| Day Program DD                                       | 1   |                   |    |
| Day Program MI                                       | 8   |                   |    |
| Inpatient  | 0   |                   |    |
| Other  | 0   |                   |    |
| Out Patient  | 4   |                   |    |
| Psychosocial Rehabilitation                          | 16  |                   |    |
| Residential DD                                       | 0   |                   |    |
| Residential MI                                       | 0   |                   |    |
| Residential MI & DD                                  | 26  |                   |    |
| Respite Homes  | 7   |                   |    |
| SIP  | 0   |                   |    |
| Supported Employment                                 | 0   |                   |    |
| Workshop (prevocational)                             | 0   |                   |    |





|   |                     |   |                             |   |  |   |
|---|---------------------|---|-----------------------------|---|--|---|
| Choice of Physician/Mental Health Professional    | Residential MI & DD | Other                                       |                             |   |  |   |
| Least restrictive setting                         | SIP                 | Employment Termination                      |                             |   |  |   |
| Freedom of Movement                               | SIP                 | Employment Termination                      |                             |   |  |   |
| Dignity and Respect                               | SIP                 | Employee left the agency, but substantiated |                             |   |  | 1 |
| Mental Health Services Suited to Condition (inclu | Case Management     | Other                                       |                             |   |  | 1 |
| Neglect class III                                 | Residential MI & DD | Written Reprimand                           |                             |   |  |   |
| Dignity and Respect                               | Other               | Verbal Counseling                           |                             |   |  |   |
| Mental Health Services Suited to Condition (inclu | SIP                 | Policy Revision/Development                 |                             |   |  | 1 |
| Neglect class III                                 | Residential MI & DD | Employee left the agency, but substantiated |                             |   |  |   |
| Neglect class III                                 | Residential MI & DD | Written Reprimand                           | Training                    |   |  |   |
| Neglect class III                                 | Residential MI & DD | Written Reprimand                           |                             |   |  | 1 |
| Abuse class II - emotional harm                   | Residential MI & DD | Training                                    | Suspension                  |   |  |   |
| Abuse class II - emotional harm                   | Residential MI & DD | Training                                    | Suspension                  |   |  |   |
| Neglect class III                                 | Residential DD      | Suspension                                  |                             |   |  |   |
| Abuse class II - nonaccidental act                | Residential MI & DD | Employee left the agency, but substantiated |                             |   |  |   |
| Abuse class II - emotional harm                   | Residential MI & DD | Employee left the agency, but substantiated |                             |   |  |   |
| Neglect class III                                 | Residential MI & DD | Written Reprimand                           |                             |   |  |   |
| Dignity and Respect                               | Residential MI & DD | Employee left the agency, but substantiated |                             |   |  |   |
| Neglect class III                                 | Residential MI & DD | Employee left the agency, but substantiated |                             |   |  |   |
| Individual Written Plan of Service (Person-Cente  | Case Management     | Pending                                     |                             | 1 |  |   |
| Mental Health Services Suited to Condition (inclu | Residential DD      | Policy Revision/Development                 |                             |   |  | 1 |
| Abuse class II - unreasonable force               | Other               | Written Reprimand                           |                             |   |  |   |
| Abuse class II - emotional harm                   | Other               | Written Reprimand                           |                             |   |  |   |
| Neglect class III                                 | Day Program DD      | Verbal Counseling                           | Policy Revision/Development |   |  | 1 |
| Neglect class III                                 | Day Program DD      | Verbal Counseling                           | Policy Revision/Development |   |  |   |
| Neglect class III                                 | Residential DD      | Employee left the agency, but substantiated |                             |   |  |   |
| Dignity and Respect                               | Crisis Center       | Verbal Counseling                           |                             |   |  |   |
| Family Rights                                     | Other               | Written Counseling                          | Training                    |   |  |   |
| Mental Health Services Suited to Condition (inclu | Residential MI & DD | Employee left the agency, but substantiated |                             |   |  | 1 |
| Mental Health Services Suited to Condition (inclu | Other               | Written Counseling                          | Training                    |   |  |   |
| Mental Health Services Suited to Condition (inclu | Other               | Employment Termination                      |                             | 1 |  |   |
| Disclosure of Confidential Information            | Case Management     | Verbal Counseling                           |                             |   |  |   |
| Dignity and Respect                               | Residential DD      | Written Counseling                          |                             |   |  | 1 |
| Family Rights                                     | Other               | Employment Termination                      |                             | 1 |  |   |
| Safe, Sanitary Humane Treatment Environment       | Residential MI & DD | Policy Revision/Development                 |                             |   |  | 1 |
| Mental Health Services Suited to Condition (inclu | Residential DD      | Verbal Counseling                           |                             |   |  |   |
| Neglect class III                                 | Other               | Employment Termination                      |                             |   |  |   |
| Mental Health Services Suited to Condition (inclu | Residential MI & DD | Policy Revision/Development                 |                             |   |  |   |
| Mental Health Services Suited to Condition (inclu | Other               | Verbal Counseling                           |                             |   |  |   |
| Abuse - class III                                 | Residential MI & DD | Employee left the agency, but substantiated |                             |   |  |   |
| Mental Health Services Suited to Condition (inclu | Residential DD      | Verbal Counseling                           |                             |   |  | 1 |
| Mental Health Services Suited to Condition (inclu | Residential DD      | Written Counseling                          | Training                    |   |  |   |
| Dignity and Respect                               | Day Program MI      | Training                                    |                             |   |  |   |
| Neglect class II                                  | Other               | Employment Termination                      |                             |   |  | 1 |
| Neglect class III                                 | Residential MI & DD | Written Reprimand                           |                             |   |  | 1 |
| Mental Health Services Suited to Condition (inclu | ACT                 | Verbal Counseling                           | Other                       |   |  |   |
| Neglect class III                                 | ACT                 | Written Reprimand                           |                             |   |  |   |
| Neglect class III - failure to report             | ACT                 | Written Reprimand                           |                             |   |  |   |
| Mental Health Services Suited to Condition (inclu | Other               | Verbal Counseling                           |                             |   |  |   |
| Mental Health Services Suited to Condition (inclu | Case Management     | Written Counseling                          |                             |   |  |   |
| Mental Health Services Suited to Condition (inclu | Residential MI & DD | Written Counseling                          |                             |   |  | 1 |
| Mental Health Services Suited to Condition (inclu | Residential MI & DD | Training                                    |                             |   |  | 1 |
| Abuse - class III                                 | Residential MI & DD | Staff Transfer                              |                             |   |  | 1 |
| Abuse class II - emotional harm                   | Other               | Employee left the agency, but substantiated |                             |   |  |   |
| Neglect class II                                  | Residential MI & DD | Employee left the agency, but substantiated |                             |   |  | 1 |
| Dignity and Respect                               | Residential MI & DD | Employee left the agency, but substantiated |                             |   |  | 1 |

|   |                     |   |                             |   |  |  |   |
|---|---------------------|---|-----------------------------|---|--|--|---|
| Mental Health Services Sued to Condition (inclu     | SIP                 | Written Reprimand                           | Training                    |   |  |  |   |
| Mental Health Services Sued to Condition (inclu     | SIP                 | Employee left the agency, but substantiated |                             |   |  |  | 1 |
| Mental Health Services Sued to Condition (inclu     | SIP                 | Employee left the agency, but substantiated |                             |   |  |  | 1 |
| Mental Health Services Sued to Condition (inclu     | SIP                 | Employee left the agency, but substantiated |                             |   |  |  | 1 |
| Mental Health Services Sued to Condition (inclu     | SIP                 | Employee left the agency, but substantiated |                             |   |  |  | 1 |
| Mental Health Services Sued to Condition (inclu     | SIP                 | Employee left the agency, but substantiated |                             |   |  |  | 1 |
| Mental Health Services Sued to Condition (inclu     | SIP                 | Employee left the agency, but substantiated |                             |   |  |  | 1 |
| Mental Health Services Sued to Condition (inclu     | SIP                 | Employee left the agency, but substantiated |                             |   |  |  | 1 |
| Neglect class III                                   | Residential MI & DO | Written Counseling                          | Training                    |   |  |  |   |
| Disclosure of Confidential Information              | Case Management     | Verbal Counseling                           |                             |   |  |  | 1 |
| Mental Health Services Sued to Condition (inclu     | Other               | Policy Revision/Development                 |                             | 1 |  |  |   |
| Mental Health Services Sued to Condition (inclu     | Other               | Policy Revision/Development                 |                             | 1 |  |  |   |
| Neglect class I                                     | Residential MI & DO | Employment Termination                      |                             |   |  |  |   |
| Disclosure of Confidential Information              | Case Management     | Verbal Counseling                           |                             |   |  |  |   |
| Dignity and Respect                                 | Case Management     | Written Reprimand                           |                             |   |  |  |   |
| Neglect class III                                   | Day Program DO      | Suspension                                  | Training                    |   |  |  | 1 |
| Neglect class III                                   | Day Program DO      | Written Reprimand                           |                             |   |  |  | 1 |
| Neglect class III                                   | Day Program DO      | Written Reprimand                           |                             |   |  |  | 1 |
| Neglect class III                                   | Day Program DO      | Written Reprimand                           |                             |   |  |  | 1 |
| Disclosure of Confidential Information              | Other               | Verbal Counseling                           |                             |   |  |  |   |
| Mental Health Services Sued to Condition (inclu     | Residential MI & DO | Policy Revision/Development                 |                             |   |  |  | 1 |
| Neglect class III                                   | Residential MI & DO | Verbal Counseling                           | Training                    |   |  |  |   |
| Neglect class III                                   | Residential DO      | Written Reprimand                           | Training                    |   |  |  | 1 |
| Neglect class III                                   | Residential DO      | Written Reprimand                           | Training                    |   |  |  | 1 |
| Freedom of Movement                                 | Day Program DO      | Verbal Counseling                           |                             |   |  |  | 1 |
| Neglect class II                                    | SIP                 | Written Reprimand                           | Policy Revision/Development |   |  |  | 1 |
| Mental Health Services Sued to Condition (inclu     | SIP                 | Written Reprimand                           | Policy Revision/Development |   |  |  | 1 |
| Neglect class III                                   | Residential DO      | Employee left the agency, but substantiated |                             |   |  |  | 1 |
| Neglect class III - failure to report               | Residential DO      | Employee left the agency, but substantiated |                             |   |  |  | 1 |
| Mental Health Services Sued to Condition (inclu     | Residential MI & DO | Written Reprimand                           | Training                    |   |  |  |   |
| Civil rights: discrimination, accessibility, accomm | Residential MI & DO | Verbal Counseling                           |                             |   |  |  |   |
| Disclosure of Confidential Information              | Crisis Center       | Verbal Counseling                           |                             |   |  |  |   |
| Mental Health Services Sued to Condition (inclu     | Residential MI & DO | Verbal Counseling                           | Training                    |   |  |  |   |
| Mental Health Services Sued to Condition (inclu     | Residential MI & DO | Written Counseling                          |                             |   |  |  |   |
| Right Protection System                             | Other               | Verbal Counseling                           |                             |   |  |  |   |
| Neglect class II                                    | Residential MI & DO | Pending                                     |                             |   |  |  | 1 |
| Neglect class III - failure to report               | Residential MI & DO | Pending                                     |                             |   |  |  | 1 |
| Neglect class III                                   | Residential MI & DO | Written Reprimand                           | Training                    |   |  |  | 1 |
| Neglect class II                                    | Residential MI & DO | Verbal Counseling                           | Training                    |   |  |  |   |
| Mental Health Services Sued to Condition (inclu     | Residential MI & DO | Written Reprimand                           | Suspension                  |   |  |  |   |
| Disclosure of Confidential Information              | Other               | Verbal Counseling                           | Training                    |   |  |  |   |
| Abuse class II - unreasonable force                 | Residential MI & DO | Employee left the agency, but substantiated |                             |   |  |  | 1 |
| Mental Health Services Sued to Condition (inclu     | Residential DO      | Written Reprimand                           |                             |   |  |  | 1 |
| Dignity and Respect                                 | Residential MI & DO | Employment Termination                      |                             |   |  |  | 1 |
| Dignity and Respect                                 | Residential MI & DO | Employment Termination                      |                             |   |  |  | 1 |
| Mental Health Services Sued to Condition (inclu     | Residential MI & DO | Verbal Counseling                           | Training                    |   |  |  |   |
| Mental Health Services Sued to Condition (inclu     | SIP                 | Written Reprimand                           |                             |   |  |  | 1 |
| Mental Health Services Sued to Condition (inclu     | Residential MI & DO | Written Reprimand                           | Training                    |   |  |  |   |
| Mental Health Services Sued to Condition (inclu     | Residential MI & DO | Written Reprimand                           | Training                    |   |  |  |   |
| Mental Health Services Sued to Condition (inclu     | Residential MI & DO | Written Reprimand                           |                             |   |  |  | 1 |
| Mental Health Services Sued to Condition (inclu     | Residential MI & DO | Training                                    |                             |   |  |  |   |
| Safe, Sanitary Humane Treatment Environment         | Residential MI & DO | Written Reprimand                           | Training                    |   |  |  |   |
| Right Protection System                             | Other               | Verbal Counseling                           |                             |   |  |  |   |
| Safe, Sanitary Humane Treatment Environment         | Residential MI & DO | Written Reprimand                           | Training                    |   |  |  |   |
| Neglect class III                                   | Residential MI & DO | Written Reprimand                           |                             |   |  |  | 1 |
| Mental Health Services Sued to Condition (inclu     | Residential MI & DO | Written Reprimand                           |                             |   |  |  | 1 |

|  |                     |  |            |  |  |  |   |
|--|---------------------|--|------------|--|--|--|---|
| Mental Health Services Suiet to Condition (inclu | Residential MI & DD | Written Reprimand                            | Training   |  |  |  |   |
| Mental Health Services Suiet to Condition (inclu | Residential MI & DD | Employee left the agency, but substantiated. |            |  |  |  |   |
| Neglect class III                                | Residential DD      | Employment Termination                       |            |  |  |  | 1 |
| Dignity and Respect                              | Residential MI & DD | Employment Termination                       |            |  |  |  |   |
| Mental Health Services Suiet to Condition (inclu | Residential MI & DD | Training                                     |            |  |  |  | 1 |
| Abuse class II - exploitation                    | Case Management     | Written Reprimand                            |            |  |  |  |   |
| Disclosure of Confidential Information           | Case Management     | Written Reprimand                            | Training   |  |  |  |   |
| Mental Health Services Suiet to Condition (inclu | Residential MI & DD | Other  |            |  |  |  |   |
| Neglect class III                                | Residential MI & DD | Employment Termination                       |            |  |  |  | 1 |
| Disclosure of Confidential Information           | SIP                 | Employment Termination                       |            |  |  |  | 1 |
| Mental Health Services Suiet to Condition (inclu | Case Management     | Verbal Counseling                            |            |  |  |  |   |
| Dignity and Respect                              | Case Management     | Verbal Counseling                            |            |  |  |  |   |
| Mental Health Services Suiet to Condition (inclu | Other               | Verbal Counseling                            |            |  |  |  |   |
| Disclosure of Confidential Information           | Other               | Verbal Counseling                            |            |  |  |  |   |
| Disclosure of Confidential Information           | Other               | Verbal Counseling                            |            |  |  |  |   |
| Disclosure of Confidential Information           | Other               | Verbal Counseling                            |            |  |  |  |   |
| Disclosure of Confidential Information           | Other               | Verbal Counseling                            |            |  |  |  |   |
| Disclosure of Confidential Information           | Other               | Verbal Counseling                            |            |  |  |  |   |
| Neglect class III                                | Residential MI & DD | Written Reprimand                            |            |  |  |  |   |
| Dignity and Respect                              | Crisis Center       | Written Reprimand                            | Training   |  |  |  |   |
| Abuse class II - unreasonable force              | Residential MI & DD | Employment Termination                       |            |  |  |  | 1 |
| Neglect class III                                | Residential MI & DD | Written Reprimand                            |            |  |  |  |   |
| Abuse class II - emotional harm                  | Crisis Center       | Suspension                                   |            |  |  |  |   |
| Property-Possession and use                      | Residential MI & DD | Employment Termination                       | Training   |  |  |  | 1 |
| Property-Possession and use                      | Residential MI & DD | Verbal Counseling                            | Other      |  |  |  | 1 |
| Mental Health Services Suiet to Condition (inclu | SIP                 | Written Counseling                           | Training   |  |  |  |   |
| Neglect class II                                 | Day Program DD      | Pending                                      |            |  |  |  | 1 |
| Dignity and Respect                              | Residential DD      | Verbal Counseling                            | Training   |  |  |  |   |
| Abuse class II - unreasonable force              | Residential DD      | Written Reprimand                            | Suspension |  |  |  | 1 |
| Abuse - class III                                | Residential DD      | Written Reprimand                            | Suspension |  |  |  | 1 |
| Neglect class III                                | Residential MI & DD | Written Counseling                           | Training   |  |  |  |   |
| Abuse class II - unreasonable force              | Residential MI & DD | Written Reprimand                            |            |  |  |  |   |
| Mental Health Services Suiet to Condition (inclu | Residential MI & DD | Verbal Counseling                            |            |  |  |  |   |
| Mental Health Services Suiet to Condition (inclu | SIP                 | Verbal Counseling                            |            |  |  |  |   |
| Disclosure of Confidential Information           | Other               | Suspension                                   |            |  |  |  |   |
| Neglect class III                                | Residential MI & DD | Employee left the agency, but substantiated  |            |  |  |  | 1 |
| Neglect class III                                | SIP                 | Pending                                      |            |  |  |  | 1 |
| Mental Health Services Suiet to Condition (inclu | SIP                 | Pending                                      |            |  |  |  | 1 |
| Mental Health Services Suiet to Condition (inclu | Residential MI & DD | Training                                     |            |  |  |  |   |
| Mental Health Services Suiet to Condition (inclu | Residential MI & DD | Verbal Counseling                            |            |  |  |  |   |
| Mental Health Services Suiet to Condition (inclu | Residential MI & DD | Verbal Counseling                            |            |  |  |  | 1 |
| Mental Health Services Suiet to Condition (inclu | Residential MI & DD | Training                                     |            |  |  |  |   |
| Dignity and Respect                              | Case Management     | Written Reprimand                            | Training   |  |  |  | 1 |
| Individual Written Plan of Service (Person-Cente | Case Management     | Written Reprimand                            | Training   |  |  |  | 1 |
| Mental Health Services Suiet to Condition (inclu | Residential MI & DD | Written Counseling                           |            |  |  |  |   |
| Disclosure of Confidential Information           | Other               | Verbal Counseling                            |            |  |  |  | 1 |
| Dignity and Respect                              | SIP                 | Verbal Counseling                            |            |  |  |  |   |
| Mental Health Services Suiet to Condition (inclu | Residential MI & DD | Employee left the agency, but substantiated  |            |  |  |  |   |
| Disclosure of Confidential Information           | Other               | Verbal Counseling                            |            |  |  |  |   |
| Mental Health Services Suiet to Condition (inclu | Residential MI & DD | Verbal Counseling                            |            |  |  |  | 1 |
| Neglect class III                                | Residential MI & DD | Employment Termination                       |            |  |  |  | 1 |
| Dignity and Respect                              | Residential MI & DD | Employment Termination                       |            |  |  |  | 1 |
| Mental Health Services Suiet to Condition (inclu | Residential MI & DD | Employment Termination                       |            |  |  |  |   |
| Neglect class III                                | Residential MI & DD | Pending                                      |            |  |  |  |   |
| Abuse - class III                                | Residential MI & DD | Written Reprimand                            | Training   |  |  |  |   |
| Mental Health Services Suiet to Condition (inclu | Residential MI & DD | Policy Revision/Development                  |            |  |  |  |   |

|   |                     |                   |          |  |  |  |   |
|---|---------------------|-------------------|----------|--|--|--|---|
| Mental Health Services Suited to Condition (inclu | Residential MI & DD | Written Reprimand | Training |  |  |  | 1 |
| Disclosure of Confidential Information            | Other               | Written Reprimand |          |  |  |  | 1 |



Annual Appeals Data for:

Choose from drop down

**APPEALS INFORMATION**

| <b>Appeals Type</b>  | <b>Number</b> |
|--|---------------|
| Appeal Requests Regarding the Rights Office Investigation Received | 3             |
| Appeal Requests Regarding the Rights Office Investigation Accepted | 0             |
| Number Upheld  |               |
| Number Sent Back for Reinvestigation                               |               |
| Number Where External Investigation by MDHHS-ORR Was Requested     |               |
| Appeal Requests Regarding the Action Taken Received                |               |
| Appeal Requests Received Regarding the Action Taken Accepted       |               |
| Number Upheld  |               |
| Number Sent Back for Further Action                                |               |

| Choose from drop down menu                                |   |                     |  |                         |         |
|---|---|---------------------|--|-------------------------|---------|
| ANNUAL TRAINING ACTIVITY                                  |   |                     |  |                         |         |
| Training Received by Office Staff                         |   |                     |  |                         |         |
| (Please only list trainings related to rights protection) |   |                     |  |                         |         |
| LIST THE NAMES OF ALL RIGHTS STAFF HERE                   | Staff Name<br>(drop down: you have to scroll up to see the names) | MDHHS Course Number | Topic of Training Received   | Category<br>(drop down) | # Hours |
| Brian Newcomb   | Lisa Jones  | 23-57               | Building Resilience at Work  | IV - Augmented Training | 6.00    |
| Lisa Jones  | Brian Newcomb   | 23-57               | Building Resilience at Work  | IV - Augmented Training | 6.00    |
| Mark Draeger  | Mark Draeger  | 23-57               | Building Resilience at Work  | IV - Augmented Training | 6.00    |
| Alyssa Heider   | Alyssa Heider   | 23-57               | Building Resilience at Work  | IV - Augmented Training | 6.00    |
| Erica Smith   | Erica Smith   | 23-57               | Building Resilience at Work  | IV - Augmented Training | 6.00    |
|   | Lisa Jones  | 23-09               | How to succeed and communicate Effectively with the most challenging | IV - Augmented Training | 1.50    |
|   | Lisa Jones  | 23-12               | Keeping yourself safe while Practicing Evidenced Based Techniques    | IV - Augmented Training | 1.50    |
|   | Lisa Jones  | 23-13               | MDHHS Legislative updates  | I - Operations          | 1.00    |
|   |   |                     |  |                         |         |
|   | Lisa Jones  | 23-18               | Nurturing Boundries  | III - Leadership        | 1.50    |
|   | Mark Draeger  | 23-09               | How to succeed and communicate Effectively                           | IV - Augmented Training | 1.50    |
|   | Mark Draeger  | 23-12               | Keeping yourself safe while Practicing Evidenced Based Techniques    | IV - Augmented Training | 1.50    |
|   | Mark Draeger  | 23-13               | MDHHS Legislative updates  | I - Operations          | 1.00    |
|   | Mark Draeger  | 23-18               | Nurturing Boundries  | III - Leadership        | 1.50    |
|   | Erica Smith   | 23-09               | How to succeed and communicate Effectively                           | IV - Augmented Training | 1.50    |
|   | Erica Smith   | 23-12               | Keeping yourself safe while Practicing Evidenced Based Techniques    | IV - Augmented Training | 1.50    |
|   | Erica Smith   | 23-13               | MDHHS Legislative updates  | I - Operations          | 1.00    |
|   | Erica Smith   | 23-18               | Nurturing Boundries  | III - Leadership        | 1.50    |
|   | Alyssa Heider   | 23-09               | How to succeed and communicate Effectively with the most challenging | IV - Augmented Training | 1.50    |
|   | Alyssa Heider   | 23-12               | Keeping yourself safe while Practicing Evidenced Based Techniques    | IV - Augmented Training | 1.50    |
|   | Alyssa Heider   | 23-13               | MDHHS Legislative updates  | I - Operations          | 1.00    |
|   | Alyssa Heider   | 23-18               | Nurturing Boundries  | III - Leadership        | 1.50    |
|   | Lisa Jones  | 23-02               | stop the merry go round  | II - Legal Foundations  | 1.00    |
|   | Lisa Jones  | 23-26               | CISM   | IV - Augmented Training | 24.00   |
|   | Brian Newcomb   | 23rt-01             | MDDHS R0und table  | I - Operations          | 5.00    |
|   | Brian Newcomb   | ORR24CMHQ           | quarterly meeting  | I - Operations          | 0.75    |
|   | Brian Newcomb   | 23-37               | Oakland Mediation Services   | IV - Augmented Training | 0.25    |
|   | Brian Newcomb   | 23-35               | COURT Appointed special Advocates                                    | IV - Augmented Training | 1.50    |
|   | Brian Newcomb   | 23-36               | Applied Behavioral Analysis  | IV - Augmented Training | 2.00    |
|   | Brian Newcomb   | 23-09               | How to succeed and communicate Effectively with the most challenging | IV - Augmented Training | 1.50    |
|   | Brian Newcomb   | 23-12               | Keeping yourself safe while Practicing Evidenced Based Techniques    | IV - Augmented Training | 1.50    |
|   | Brian Newcomb   | 23-13               | MDHHS Legislative updates  | I - Operations          | 1.00    |
|   | Brian Newcomb   | 23-18               | Nurturing Boundries  | III - Leadership        | 1.50    |

Link to MDHHS-ORR Course

<https://www.michigan.gov/mdhhs/keep-mi-healthy>

| CATEGORY TOTALS         |       |
|-------------------------|-------|
| I - Operations          | 10.75 |
| II - Legal Foundations  | 1.00  |
| III - Leadership        | 7.50  |
| IV - Augmented Training | 72.75 |
| Non-CEU                 | 0.00  |

THESE NUMBERS WILL AUTO-FILL

[illegible]

| Type of Training Totals      |   | Agency Staff | Contractual Staff | Consumers | Other Staff |
|------------------------------|---|--------------|-------------------|-----------|-------------|
| Face-to-Face                 | 2 | 112          | 84                | 0         | 0           |
| Video                        | 0 | 0            | 0                 | 0         | 0           |
| Computer                     | 1 | 2            | 19                | 0         | 0           |
| Paper                        | 0 | 0            | 0                 | 0         | 0           |
| Video & Face-to-Face         | 0 | 0            | 0                 | 0         | 0           |
| Computer & Face-to-Face      | 0 | 0            | 0                 | 0         | 0           |
| Paper & Face-to-Face         | 0 | 0            | 0                 | 0         | 0           |
| Teams/Zoom, etc              | 2 | 70           | 181               | 1         | 0           |
| Other (please describe)      | 2 | 0            | 65                | 0         | 0           |
| These Numbers will self-fill |   |              |                   |           |             |



**SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PI**

Progress on Outcomes established by the office for FY 23. Pick from the drop-down in the : discontinued, or remains ongoing. Checking ongoing will result in that outcome being self-p

| Outcomes |  |
|----------|--|
| 1        | Increase ORR presence in each facility site that is served to provide rights consultations to both recipients and direct care staff, along with detailed training      |
| 2        | Complete and update the training material that is presented for RR refresher training as well as LMHP training to ensure current information is being taught and       |
| 3        | Continue to reduce investigation completion time frames to include all abuse and neglect investigations to be completed within 60 days. As, well as continuing         |
| 4        | Continue to have coverage in all NLCMHA offices, to include one ORR staff member working in the Houghton Lake Office one day per week on a rotating basis to           |
| 5        | Develop and provide training to guardians, covering the role of the guardian and how this role fits into the recipients' protected rights as established in the mental |

| Outcomes established by the office for FY24 |   |
|---|---|
| 1   | Increase ORR presence in each facility site that is served to provide rights consultations to both recipients and direct care staff, along with detailed training information that has been |
| 2   |   |
| 3   | Continue to reduce investigation completion time frames to include all abuse and neglect investigations to be completed within 60 days. As, well as continuing investigative report         |
| 4   |   |
| 5   | Develop and provide training to guardians, covering the role of the guardian and how this role fits into the recipients' protected rights as established in the mental health code          |

## SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The ORR and Advisory Committee recommends the following:

### Recommendations

- |   |  |
|---|--|
| 1 | Returning to all in person ORR training for FY 2024                                  |
| 2 | in depth review per contracted provider of rights investigation to enhance education |
| 3 | On site training for large providers at their location                               |
| 4 | work toward a 60 day completion of all investigations                                |
| 5 | Provide ORR training to all guardians of the consumers we serve                      |



# NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY

## AGENCY PERFORMANCE ASSESSMENT

### FY 2023

#### DOMAIN 1: FINANCE

At the time of this writing, the annual performance indicators are unable to be calculated pending the results of the forensic investigation to determine the accuracy of the data included in the financial system. The Annual Audit has been postponed as well.

- 1.1 Annual Actual to Budget
- 1.2 Financial Ratios
- 1.3 Direct to Contractually Provided Services Percentage
- 1.4 Financial Audit Performance
- 1.5 Administrative Cost Percentage

#### DOMAIN 2: CLINICAL STAFF EFFICIENCY/STAFF PRODUCTIVITY BY POPULATION

##### 2.1 Team percentage expectation versus actual

|            |                   | FY23<br>September<br>Production | FY22<br>September<br>Production | FY 21<br>September<br>Production | FY20<br>September<br>Production | FY 19 (Oct-<br>May)<br>Production | FY 18<br>Production |
|------------|-------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|-----------------------------------|---------------------|
| DD CSM     | Expectation 30.0% | 17.16%                          | 19.51%                          | 19.96%                           | 22.04%                          | 19.19%                            | 20.86%              |
| OP         | 50.0%             | 43.16%                          | 36.88%                          | 36.06%                           | 36.59%                          | 36.08%                            | 35.37%              |
| ES         | 30.0%             | 8.95%                           | 10.43%                          | 10.69%                           | 12.05%                          | 7.28%                             | 11.93%              |
| MIA CSM    | 30.0%             | 23.91%                          | 25.89%                          | 26.76%                           | 25.46%                          | 27.95%                            | 27.02%              |
| ACT        | 30.0%             | 15.05%                          | 13.96%                          | 16.34%                           | 19.84%                          | 26.57%                            | 25.42%              |
| CPSS       | 30.0%             | 16.37%                          | 15.03%                          | 21.95%                           | 22.85%                          | 22.20%                            | 23.82%              |
| Child IDD  | 30.0%             | 13.19%                          | 19.51%                          | 22.29%                           | 22.94%                          | 14.16%                            | 19.19%              |
| SED        | 30.0%             |                                 |                                 |                                  | 31.63%                          | 27.56%                            | 28.39%              |
| SED OP     | 50.0%             |                                 | 51.57%                          | 44.40%                           |                                 |                                   |                     |
| SED CSM    | 30.0%             |                                 | 21.19%                          | 22.05%                           |                                 |                                   |                     |
| SED HB     | 30.0%             | 24.70%                          | 28.41%                          | 26.29%                           |                                 |                                   |                     |
| SED PTP    | 30.0%             | 35.29%                          | 31.16%                          | 20.03%                           |                                 |                                   |                     |
| SED CSM/OP | 35.0%             | 34.33%                          |                                 |                                  |                                 |                                   |                     |

#### DOMAIN 3: SERVICE PROVISION

##### 3.1 Number of Persons Served by Population in FY 2023

IDD Adults- 724  
 IDD Children- 327  
 SED - 989  
 MIA- 4,178

##### 3.2 Number of Service Units by Population (Total services provided, directly employed or contractually provided)

IDD – 2,948,295  
SED – 43,699  
MIA – 481,679

### **3.3 Pre and post-hospital admission for ACT, MIA Case Management, Certified Peer Support Specialist**

Pre and Post Hospitalizations Data:

ACT had 45 pre-hospitalizations and 16 post-hospitalizations

Certified Peer Support Specialist had 26 pre-hospitalizations and 14 post hospitalizations

MIA Case Management had 194 pre-hospitalizations and 140 post-hospitalizations.

## **DOMAIN 4: CONSUMER SATISFACTION**

### **4.1 Customer Service Activity Report**

#### **End of year data reporting**

- 14 Second Opinions were completed
- 19 Local Appeals were completed
- 7 Fair Hearings were held
- 267 total Customer Services inquiries

### **4.2 External**

#### **NMRE Point in Time Satisfaction Survey**

Instead of sending out several satisfaction surveys during the year, to different populations, the NMRE created one survey that was sent to all individuals receiving CMH services (except IDD).

Northern Lakes had 59 respondents. The number of questions were reduced, those results can be seen on the spreadsheet that accompanies this report. The overall average results for Northern Lakes was around 80%.

## **DOMAIN 5**

### **Community Partner Survey**

The survey was sent to 302 recipients on 12/21/23; the email was opened by 126 people and 19 completed the survey. The survey was sent to 288 recipients (undeliverable contacts removed) on 1/4/24; the email was opened by 110 people, and an additional 17 completed the survey. A total of 36 responses were received. – Please note that this is **not** the stakeholder survey that was recently voted to do away with by the Board. This was sent to consumers and community members.

### **Q1. In what county or counties do you work?**

Crawford 8

Grand Traverse 17

Leelanau 11

Missaukee 11

Roscommon 15

Wexford 12

### **Q2. How aware are you of the services provided by NLCMHA?**

On a scale of 1-5 where 1 is not at all aware and 5 is very aware, **the weighted average score is 3.8.**

**Q3. Based on what you know how do you rate the job NLCMHA is doing in your community?**

On a scale of 1-5 where 1 is poor and 5 is excellent, **the weighted average score is 2.9.**

**Q4. Based on your knowledge of NLCMHA how well do you think NLCMHA uses your community resources?**

On a scale of 1-5, where 1 is poor and 5 is excellent, **the weighted average score is 2.7.**

**Q5: In your opinion, what do persons with mental illnesses and developmental disabilities need to live productive lives and be meaningful members of your community?**

1. Consumers of mental health services need easy access to individualized, consumer-demanded, comprehensive, and effective quality programs provided by lifelong professionals who continuously work together to support and care for people who can require medical and other diverse forms of assistance to perform necessary activities of daily living, for example, or to maintain or improve mental health quality of life.
2. Strong, plentiful, and DIVERSE support systems.
3. Access (how do they qualify for services), awareness (programs available offering a variety of services to connect to community activities and employment), and advocates assisting in connecting with service providers.
4. Training in the areas that will fit their intellectual and developmental needs
5. affordable housing more professional staff/counseling specifically for teenagers
6. They need support and involvement from family or loved ones in their recovery and the correct medications that will enable them to manage their illness.
7. More resources and educational programs
8. Housing, Transportation, and more life skill supports
9. Opportunities to be useful, connection to people, access to mental health services, supportive housing, and other basic needs.
10. Consistent counseling and affordable/safe housing for those who have mental illnesses and developmental who do not have it.
11. Good medical, psychological/psychiatric care, and connection to community resources.
12. Affordable Housing; quality time with Case Manager
13. Access to services and counseling from NLCMHA
14. transportation, support, housing, food, better agents that help with finances, coaches
15. Early intervention, crisis services, and comprehensive follow-up care.
16. Persons with mental illnesses and intellectual/developmental disabilities may need support such as mental health counseling, educational needs, social skills teaching, medical support, transportation support, etc. Needs vary based on the situation.
17. People, whether they are struggling with a mental illness or not, need community connection. They have to feel accepted by at least one other person.
18. EASY access to support services. Compassionate care.
19. Access to care BEFORE they become a threat to themselves or others.
20. Grace and understanding from community members and training for law enforcement as to how to handle someone with mental illness.
21. a solid individualized plan and the treatment/supports indicated in the plan. Ease of access
22. They need the help of well-trained professionals and strong family support.
23. Supportive and mental health services

24. Support
25. Easy to access MH/BH services. Currently, very hard for families to navigate services and interact with CMH. We recently have had many families use the ER to keep CMH accountable to providing services.
26. support services
27. YES!
28. Meaningful employment opportunities. Good physical activity opportunities.
29. Support networks individuals to their current ability and need.
30. Someone to listen to them and believe their story.
31. Having professional guidance will help them become productive members of their communities and meaningful contributors to society.
32. Supportive care and follow-up
33. There are not enough group homes for the intellectual and developmental disabilities population. Programs that offer one-on-one mentorship and life skills training are needed.
34. More options for treatment, additional providers, community supports, and base needs met.

**Q6: If you were going to recommend one thing NLCMHA could do better in your community, what would that be?**

1. NLCMH needs to ensure continuous, follow-through comprehensive quality care: Too many gaps currently cause unnecessary setbacks that hurt.
2. Educate the public on how to interact with and/or help those that are facing mental illness. I feel that it needs to be inclusive to everyone living in your community.
3. Providing better awareness in rural locations of the services available to consumers. Providing better access for those seeking services and improving the process for qualifying for services.
4. By not just seeing people who have attempted suicide, but those who are so depressed that they are considering it. We get many clients in our program who said they couldn't get in to Mental Health because their issues weren't "serious enough"
5. Help for teens in the school setting
6. Work to strengthen the mental health workforce in our communities.
7. Exposure - people need to know more about their services
8. Crisis care, but I understand that it would take a lot more staff and dollars and there is just so much you can do,
9. More community-based crisis intervention services; more training and support for families of those with mental health challenges.
10. Cost is an issue as is personnel, but counseling, more counseling and more counselors for people who need them
11. More access to services, possibly serve the mild to moderate population.
12. More Case Managers
13. Outreach and availability for members of the community and other agency partners
14. quicker intake, longer support services, additional help with long term care
15. Follow through with patients. Too many individuals are not getting the comprehensive follow-up care they need.
16. Education to the community at large. I feel that this is increasing and is known in the schools but I would love to see an increase in positivity around this amazing support throughout the community.
17. Money and resources spent on building community where people feel a sense of purpose and belonging is money well spent.

18. Be transparent. Rise above controversy. Be more compassionate to clients.
19. Access and not be spread so thin. The caseworkers have too much of load. More funding to hire more caseworkers.
20. mobile crisis services
21. I think they are working under Brian's guidance to work with the people and the county boards that make up the authority
22. More psychiatric care
23. Respond to inquiring clients in a more timely manner
24. Take accountability for the services they are supposed to provide.
25. better community assessment tools
26. More training and communication with program managers
27. Now that we've lost our local leadership, please help to ensure they are replaced with those that are committed to working together in the community.
28. Increase awareness of impact, services, and partnerships.
29. Offer services to those who are in need of mental health support that currently don't qualify due to not being suicidal
30. Focus on improving the culture of the organization.
31. Establish a more known presence
32. More consistent IMH services.
33. NLCMHA lacks staffing and funding to meet community needs. My recommendation is to hire more staff and seek additional funding resources.
34. Answer your phones when you have a client calling and you're on call.
35. Train or retrain staff in working with clients. While it is easy for us all to become burnt-out, it is imperative we maintain standards of care.

**Q7 What do you believe is the most important mental health issue or need in your community?**

1. Additional mental health care assets including providers are needed to professionally and comprehensively deliver effective, consumer-demanded, and quality medical and support services that are easily accessible.
2. Drug abuse, homelessness.
3. Helping the mild to moderate IDD and MI connect with services available to them in their community.
4. Suicide/Depression/Dually Diagnosed individuals
5. Psychologist and Psychiatrists for youth
6. There is a need for compassionate care and care that empowers people with mental illness to live independently and have meaning and purpose in their lives.
7. Psychologists are needed
8. Anxiety, PTSD and Depression
9. Access and parity.
10. more counselors, availability of counseling for people who need it/are required to have it
11. Education of community members and health care professionals, more specifically primary care physicians and educators.
12. Finding ways to help those with mental health issues besides a prescription.
13. variety of mental illness issues that prevent people from functioning at work or in the agency system.
14. evaluations that lead to support and care by intake doctors, support expansion



15. There is a need to fill the gaps in the crisis care continuum, including a CSU and CRU. Early intervention is key but we need to make sure we have mental health beds for those that are very ill especially juveniles located in our community.
16. Access to psychiatry supports and parental education on how to support their child who needs these additional supports.
17. People are struggling with a lack of a sense of purpose and meaning.
18. Depression, anxiety
19. Access to services for youth and services for those mild to moderate folks.
20. Not mental health - but I think out-of-towners need to stop turning this into a town locals can't afford to live in. Housing is far too expensive.
21. quick access to care when needed
22. I believe right now our biggest need is for those with substance use disorders
23. Psychiatric care
24. More mental health specialists
25. lack of local mental health/support services
26. access to affordable counseling and treatment services
27. I don't know.
28. Isolation.
29. Regular access to resources, (counseling, support, medication, crisis de-escalation).
30. Finding psychiatrists who are available to write prescriptions for medicines that people are already on. Sometimes people move to the area and are in need of refills, but can't get them because the doctors aren't available to meet with them. This is really important when meds are given at a hospital and the person is stabilized then they leave and cant get them anymore. It is really dangerous.
31. Substance abuse.
32. Youth depression and anxiety
33. Depression and anxiety that is untreated due to not being able to get treatment.
34. There is an insufficient number of therapists available to meet the high demand for mental health services.
35. Awareness of individual factors that can support or harm mental health.

**Q8: What do you think is the main strength of NLCMHA?**

1. A significant strength of NLCMH is its nonprofit and local structure based on democratic values of diversity, equality, and inclusion while united with other entities to provide professional, effective mental health care.
2. NLCMH has wonderful, caring case managers who advocate for consumers.
3. Their staff, who are very overworked.
4. location
5. Caring staff.
6. good professionals, caring, passionate about their jobs
7. I believe you do the best you can with the resources you have.
8. Increased attention to community collaboration in recent months/years.
9. Being open to opportunities and what could help their clients live successful lives
10. Great staff and their commitment to doing excellent work.
11. Not sure.
12. Fast Team is one of the best outreaches and community supports. Thank you for that!

13. I am seeing more willingness to examine what need to change. There is still a ways to go, but it is beginning.
14. The amazing staff who care so deeply about their communities and clients.
15. Established connections in the community.
16. Willingness to collaborate and hear the community's thoughts and ideas about various issues.
17. Great staff, many resources, and comprehensive care.
18. diversity of services and supports
19. They communicate well
20. Supportive services
21. None
22. local services
23. New Staff really seem to care about their consumers.
24. Its staff.
25. Subject matter expertise and access to state and federal money not available to other local providers.
26. Compassion
27. I hope it is a common desire to excel throughout the organization and the leadership is there to have the conversation needed to inspire and support staff.
28. Its employees!
29. Services to chronically mentally ill.
30. I don't know the strengths of NLCMHA.
31. Being housed in the community it serves.

## **DOMAIN 6: PROVIDER SATISFACTION**

### **Provider Satisfaction Surveys**

Each quarter, the Network Management Team hosts a Quality Council Meeting for the Provider Network and NLCMHA leadership and staff. These meetings include regular financial updates and HCBS updates presented by the NMRE, as well as upcoming changes, including new state, federal, or local requirements and opportunities for training. After each meeting, Network Management requests feedback specific to the meeting or any requests for additional information Providers may have. These meetings are summarized and emailed to providers who were unable to attend.

Each year in October, a survey is sent to providers to obtain feedback on what their experience has been with Network Management for that fiscal year. Providers are asked to agree or disagree with three statements and offered the opportunity to provide specific responses to two questions. The results are as follows:

**Question 1:** NLCMHA Network Management team has been available for consultation and provided helpful information for Providers.

Agree 11/Disagree 3 – 79%

**Question 2:** NLCMHA Network Management team has effectively communicated internal changes and changes required by the State of Michigan for Providers.

Agree 10/Disagree 4 – 71%

**Question 3:** NLCMHA Network Management team has responded in a timely way to inquiries made by Providers.

Agree 11/Disagree 3 – 79%

**Question 4:** *What are the strengths of the contracting process with NLCMHA?*

Responses: Providers recognized the strengths of Network Management Team as being thorough, pleasant, organized, outstanding with communication and eager to help when requested. Also noted was the team being supportive throughout the new contracts or renewals process. Providers also stated appreciation that our contracting process is online and seamless. Comments were as follows:

- #1. "It seems to be a seamless process. Uploading things into Magnet (contract software program) can be cumbersome. Beyond that – all management team (Network Management) has been extremely accessible and helpful. I think the management team as it sits today is the best NLCMH has ever had. Thank you all.
- #2. "Mark Crane and Tiffany (Fewins) have always been polite."
- #3. "Online process."
- #4 "Coordinated effort and good communication."
- #5. "Way too long of a process."
- #6. "I love that this process is digital. I can upload necessary documents as I get them and easily access and see what I still need."
- #7. "Communication regarding the process."
- #8. "Very organized."
- #9. "Always pleasant."
- #10. "It is very thorough!!"
- #11. "Outstanding communication and eager to help when requested."
- #12. "Hilary (Rappuhn) is always good with contracts, never have an issue here."
- #13 "Its pretty easy and quick."

**Question 5:** *What are the opportunities for improvement for the NLCMHA contracting process?*

Responses related to the contracting process and general NLCMHA observations are as follows:

**Improvement for contracting process:**

- #5. "Shorten process."
- #6. "I think that the contracting process is fantastic."
- #7. "Ensuring the contracts are out prior to Oct 1 for providers to review."
- #8. "Contact is amazing with some staff, especially Mark Crane."
- #10. "It would be wonderful that if the contractor does not change from year to year that all the application would not need to be re-created. Just have the provider upload new proof of insurance and any other documents that change from year to year."

**General NLCMHA observations:**

- #1. "I think an option of a daily rate sheet should be considered instead of everything tracked to a certain hour. It's hard on staffing, and lots of times with good trained and in turn staff, more than one client needs can be met at a time. We operate as a group and help as a group."
- #2. "Timeliness of disclosing renewal rates, transparency in providing Medicaid reimbursement rates charged by CMH against the Medicaid allotment. Lack of recognition of 2015 OMB guidance in covering

expenses for non-profits, lack of concern for clients versus looking good on paper. Not directly contracting but part of having a contract is the blackout of communication from Compliance officers when questioned about specific situations, the refusal to provide written, timely guidance to address issues where different divisions in CMH give different answers to questions and leave a provider in jeopardy. There is no excuse for this.”

#4. “Utilize other region/CMH quality inspection reports for out-of-county placements.”

#8. Responses from clinical and finance are often a struggle.”

#9. “Tracking IPOS training forms is cumbersome, but it is for all CMHs. Wish it would improve across the board.”

#13. “Not so much demand; we are small homes owned by individuals, and we can only do so much. And, the more you demand, the more time it takes away from our consumers, which isn’t fair to them.”

## **DOMAIN 7:**

### **Staff Satisfaction**

The agency has recently conducted a thorough staff survey, assessment, and interviews. The results of these will be presented by The Rehmann Group during an upcoming Board meeting.

## **DOMAIN 8: REGULATORY COMPLIANCE**

### **8.1 NMRE-Medicaid verification reviews (95% target)**

Four quarters of Medicaid Encounter Verification audits were conducted in FY 23 by the NMRE three resulted in 100% compliance with clean claims standards.

### **8.2 Clinical Record Review**

Sixteen (16) internal record reviews were conducted across all programs during FY23 in addition to twenty (20) inpatient screenings. Seven (7) records were reviewed by MDHHS during their annual review, and four (4) records were reviewed by the NMRE during their annual review.

The review incorporates NLCMHA policy, Medicaid and MDHHS regulations, and CARF standards and addresses specific program fidelities.

## **DOMAIN 9: BOARD POLICY COMPLIANCE**

|  |      |
|--|------|
| <b>9.1 Ends</b>                                  | 100% |
| <b>9.2 Executive Limitations</b>                 | 100% |
| <b>9.3 Board/CEO Linkage</b>                     | 100% |
| <b>9.4 Governance Process/Ownership Linkages</b> | 100% |

## **DOMAIN 10: QUALITY**

### **10.1 Performance Indicators**

The agency programs saw a decrease in some of the indicators, specifically initial assessment within 14 days of request and follow-up contact within 7 days of discharge from an inpatient unit. Access, crisis, and quality are collaborating to analyze the situation and find solutions.

### **10.2 NMRE Quality Indicators**

Our agency, along with the entire region, successfully collected data for the two measures in place: decrease no-shows through utilization of telehealth and decrease emergency room visits for medical issues through behavioral health home monitoring. We saw positive results in both cases.

### **10.3 Privacy and Security**

There was one serious HIPAA privacy violation that required breach notifications to over 400 consumers, and there were 0 violations that required the assignment of refresher compliance training courses and counseling by the Privacy Officer. Our Ethics hotline has received 12 reports during FY23.

#### **10.3.1 Privacy and Security**

##### **Two incidents**

Over the past year, we encountered two noteworthy security incidents, each presenting unique challenges and valuable lessons. The first incident involved a breach of a contracted provider's email system, which was subsequently used to send a fraudulent request to our finance department, seeking a change in bank routing information. Unfortunately, staff did not verify the legitimacy of this request with the contracted provider. Due to this incident, we have implemented a new policy to enhance communication and verification protocols between departments, significantly reducing the risk of similar deception in the future.

In the second incident, a deceptive email, from a legitimate mental health agency, was received by one of our finance department users. Again, the sender's email account had been compromised by cybercriminals. The staff member unwittingly clicked on a link in the email, provided their credentials, resulting in their login credentials being stolen.

The staff member did not report the breach to our IT department, leaving a critical security vulnerability unaddressed. Fortunately, Arctic Wolf identified the intrusion and alerted us within hours of the attack, we stopped the access quickly. The breach exposed sensitive consumer information, including names, Medicaid numbers, and addresses.

These incidents emphasize the need for ongoing staff training and awareness when recognizing and reporting phishing attacks. Quick reporting is essential to mitigate damage and ensure an effective response.

Our security officer, privacy officer, and our Office of Recipient Rights worked together in line with HIPAA guidelines to inform the affected individuals about the breach and its potential consequences.

##### **Migrating to Enhanced Cybersecurity Awareness.**

Over 70% of all cybersecurity breaches are accomplished through social engineering. These attacks are successful because end users are tricked into inviting bad actors into our environment many times by providing them with their credentials. Both incidents mentioned above were accomplished through social engineering. Our previous awareness package mostly focused on testing, lacking a solid training and educational approach. Prior to these attacks, we had budgeted to migrate to Arctic Wolf's Managed Security Awareness; the service is designed to bolster an organization's cybersecurity posture by educating and training employees to recognize and mitigate security threats effectively. This service includes features such as continuous and engaging security awareness training, simulated phishing exercises to test employees' responses to phishing attempts, tracking and reporting on individual and overall employee performance, and customized content to address specific industry and organizational needs. It also provides insights and analytics to help organizations measure the effectiveness of their security awareness efforts, ultimately reducing the risk of successful cyberattacks by enhancing employees' security awareness and response

capabilities. At the beginning of this fiscal year, we started implementing the Arctic Wolf Security Awareness program to help us bolster our staff awareness and improve our overall security posture.

#### **Enforcing Multi-Factor Authentication in Office 365.**

Multi-factor authentication (MFA) plays a pivotal role in enhancing the security of our Office 365 environment and is integral to our comprehensive cybersecurity strategy. By requiring multiple forms of verification, such as a password and a temporary authentication code sent to a mobile device, MFA significantly reduces the risk of unauthorized access to our critical data. This safeguard ensures that only authorized personnel can access sensitive information, thereby protecting our organization from data breaches and unauthorized intrusions. Additionally, MFA promotes a culture of accountability, making it easier to track user activity and detect any suspicious behavior. As we continue to navigate the evolving threat landscape, the implementation of MFA in our Office 365 environment remains a crucial investment in safeguarding our digital assets and protecting the information we have been entrusted with by all stakeholders.

#### **Implemented Conditional access policies.**

Conditional access policies in Microsoft Azure Active Directory are like digital gatekeepers for our online accounts and data. Think of them as rules you set to determine who can access our stuff and under what conditions. For example, you can make a rule that says, "Only allow access to my agency email when using a trusted device." This means that even if someone knows your password, they can't get in unless they're using a device you trust. It's a way to keep your digital world safe and secure. The process of implementing these policies requires extensive research to ensure that staff access is maintained while bad actors are restricted. We have recently migrated to Azure Active Directory which has positioned us in a way that we can now leverage conditional access rules more extensively.

#### **10.4 Annual Quality Improvement Plan**

The QI plan was reviewed and updated for 2023, as were the applicable policies.

Below is the Sentinel Event, Critical Incident, and Risk Event data.

|                        |    |   |
|------------------------|----|---|
| Sentinel Events        | 4  | 2 suicides, 1 homicide (law enforcement), 1 non-suicide |
| Critical Incidents     | 34 | 29 non-suicide deaths, 5 hospital stays                 |
| Risk Events            | 13 | 10 challenging behavior, 3 falls                        |
| Immediately reportable | 3  | both suicide and one homicide deaths.                   |

#### **10.5 Northern Health Care Management**

Northern Health Care Management (NHCM) Quality Improvement/Assurance reviews instigated by Michigan Department of Health and Human Services (MDHHS); however, the agency actively engages other quality initiatives to ensure that participants receive services driven by evidence-based best practices. In FY23 NHCM staff attended the Home and Community Based Services (HCBS) National conference, which is intended to be an opportunity to gain experience about best practices, advancements, and the future of services in the sphere of HCBS. NHCM's successfully achieved reaccreditation, attaining the National Committee for Quality Assurance (NCQA) highest distinction in receiving a 3-year accreditation. NHCM staff

participate in various quality improvement groups within our association, community networks and we continuously look at trends nationally and internationally.

#### **MDHHS Mandatory Quality Improvement Requirements**

- Quality Assurance and Performance Improvement (QAPI) program-Report completed.
- Health Services Advisory Group (HSAG)- 2 Audits successfully completed FY23.
- Provider Adequacy Reports—Successfully completed 2 FY23.
- Clinical Quality Assurance Review (CQAR) began in December 2023 and has not yet concluded; therefore, the results are pending.
- Administrative and the Community Transitions Quality Review (CTS AQR). Successfully completed FY22 with a high score; therefore, no audit required for FY23. (NHCM received at 88% for compliance and 100% for the administrative review section of the report.
- The Administrative Quality Assurance Review (AQAR) audit results are still pending and has been for 2 years.

There are other opportunities NHCM participates in that are not noted here, but listed above are routine efforts accomplished by the agency.

#### **10.6 Office of Recipient Rights**

10.6.1 Complaints Received: 560

10.6.2 Allegations: 489

10.6.3 Interventions: 16

10.6.4 No Code Protected Right/No Jurisdiction Allegations:71

10.6.5 Investigations Completed Timeframe Compliance: 100%

10.6.6 Summary Reports Timeframe Compliance: 100%

### **DOMAIN 11: ACCREDITATION/CERTIFICATION**

#### **11.1 CARF Accreditation -**

We received a 3-year CARF accreditation through 5/31/24.

#### **11.2 CMHSP**

CMH re-certification completed for 2023.

NLCMHA's certification had expired, along with most of region 2, and was explained by MDHHS as being due to COVID-19 restrictions. All CMH certifications were extended until the recertification process can be completed by the state.

##### **11.2.2 Children's Waiver**

Audit completed in 2023, in compliance.

##### **11.2.3 Licensure of Northern Lakes CMHA Six Board Operated Homes**

###### **Next LARA License Re-certification Date**

|                  |                    |               |
|------------------|--------------------|---------------|
| <b>Cadillac:</b> | Pearl Street Home  | June 2024     |
|                  | Wright Street Home | December 2024 |
|                  | Seneca Place Home  | December 2024 |



|                       |                 |               |
|-----------------------|-----------------|---------------|
| <b>Grayling:</b>      | Jones Lake Home | March 2025    |
| <b>Roscommon:</b>     | Evergreen Home  | November 2024 |
| <b>Houghton Lake:</b> | Woodland Home   | March 2025    |

Note: Biennial LARA (State of Michigan: Licensing and Regulatory Affairs) re-certification inspections are conducted every 2 years. Barring any compliance issues each of the SRS Unit Board Operated Homes as are in good standing for 2 years from their most recent audit.

## **DOMAIN 12: HUMAN RESOURCES**

### **12.1 Staff Turnover Rate**

#### **12.1.1 Postings**

FY 18 – 98 postings  
FY 19 – 105 postings  
FY 20 – 60 Postings  
FY 21 – 119 Postings  
FY 22 – 86 Postings  
FY 23 – 103 Postings

### **12.2 New Hires**

#### **12.2.1 Residential Care Aids (RCA)**

FY 18 – 41 new hires  
FY 19 – 38 new hires  
FY 20 – 32 new hires  
FY 21 – 28 new hires  
FY 22 – 29 new hires  
FY 23 – 22 new hires

#### **12.2.2 Office Staff**

FY 18 – 64 new hires  
FY 19 – 62 new hires  
FY 20 – 29 new hires  
FY 21 – 47 new hires  
FY 22 – 53 new hires  
FY 23 – 67 new hires

### **12.3 Office Postings**

FY 18 – 98 postings  
FY 19 – 105 postings  
FY 20 – 60 posting  
FY 21 – 119 Postings  
FY 22 – 86 Postings  
FY 23 – 103 Postings

### **12.4 Workers Compensation**

#### **12.4.1 Lag Time for Claims**

FY 18 – 4.8 days  
FY19 – 5.3 days  
FY 20 – 2.4 days  
FY 21 – 7.1 days  
FY 22 – 1.54 days  
FY 23 – 1 day

#### **12.4.2 Number of Claims**

FY 18 – 83 reported claims  
FY 19 – 24 reported claims  
FY 20 – 13 reported claims  
FY 21 – 7 reported claims  
FY 22 – 13 reported claims  
FY 23 – 4 reported claims

#### **12.4.3 Annual Incurred Claim Cost**

FY 18 - \$68,127  
FY 19 - \$37,813  
FY 20 - \$5,489  
FY 21 - \$2,915  
FY 22 - \$29,360  
FY 23 - \$14,278

#### **12.4.4 Average Cost per Claim**

FY 18 - \$820  
FY 19 - \$1,576  
FY 20 - \$422  
FY 21 - \$416  
FY 22 - \$2,258  
FY 23 - \$1,428

#### **12.5 Staff Exits**

##### **12.5.1 Residential Care Aids (RCA)**

FY 18 – 44 exits  
FY 19 – 38 exits  
FY 20 – 32 exits  
FY 21 – 27 exits  
FY 22 – 27 exits  
FY 23 – 18 exits

##### **12.5.2 Office Staff**

FY 18 – 26 exits  
FY 19 – 55 exits  
FY 20 – 29 exits  
FY 21 – 44 exits  
FY 22 – 51 exits  
FY 23 – 63 exits

## Agency Performance Assessment

\* 2022 values are preliminary

| STAFF EFFICIENCY       | 2017   | 2018   | 2019   | 2020   | 2021   | 2022   | 2023   |
|------------------------|--------|--------|--------|--------|--------|--------|--------|
| Adult IDD-30%          | 21.20% | 20.86% | 19.19% | 22.04% | 19.96% | 19.51% | 17.16% |
| MIA OPT-50%            | 38.50% | 35.37% | 36.08% | 36.59% | 36.06% | 36.88% | 43.16% |
| Emergency Services-30% | 14.50% | 11.93% | 7.28%  | 12.05% | 10.69% | 10.43% | 8.95%  |
| MIA CSM-30%            | 25.50% | 27.02% | 27.95% | 25.46% | 26.76% | 25.89% | 23.91% |
| MIA ACT-35%            | 27.60% | 25.42% | 26.57% | 19.84% | 16.34% | 13.96% | 15.05% |
| CPSS-30%               | 20.20% | 23.82% | 22.20% | 22.85% | 21.95% | 15.03% | 16.37% |
| Child SED-30%          | 28.60% | 28.39% | 27.56% | 31.63% |        |        |        |
| SED HB-30%             |        |        |        |        | 26.29% | 28.41% | 24.70% |
| SED PTP-30%            |        |        |        |        | 20.03% | 31.16% | 35.29% |
| Child IDD-30%          | 20.90% | 19.19% | 14.16% | 22.94% | 22.29% | 19.51% | 13.19% |
| SED CSM-30%            |        |        |        |        | 22.05% | 21.19% |        |
| SED OP-50%             |        |        |        |        | 44.40% | 51.57% |        |
| SED CSM/OP-35%         |        |        |        |        |        |        | 34.33% |

| SERVICE PROVISION                | 2017      | 2018      | 2019      | 2020      | 2021      | 2022      | 2023      |
|----------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>Population Persons Served</b> |           |           |           |           |           |           |           |
| IDD                              | 978       | 937       | 904       | 865       | 968       | 987       | 1,051     |
| SED                              | 948       | 947       | 927       | 832       | 916       | 933       | 989       |
| MIA                              | 3,591     | 3,387     | 3,278     | 3,070     | 3,554     | 3,724     | 4,178     |
| <b>Service Units</b>             |           |           |           |           |           |           |           |
| IDD                              | 1,772,927 | 1,808,959 | 1,923,761 | 1,456,904 | 2,080,494 | 2,154,742 | 2,948,295 |
| SED                              | 30,421    | 33,348    | 32,768    | 38,827    | 42,000    | 38,733    | 43,699    |
| MIA                              | 344,624   | 361,342   | 346,704   | 276,568   | 292,756   | 361,031   | 481,679   |
| <b>PRE/POST Hospitalization</b>  |           |           |           |           |           |           |           |
| ACT                              | 53/10     | 97/49     | 31/17     | 41/24     | 47/12     | 55/16     | 45/16     |
| CPSS                             | 11/2      | 38/0      | 25/9      | 33/15     | 42/21     | 50/20     | 26/14     |
| MIA Case Management              | 161/43    | 260/190   | 136/80    | 94/73     | 189/130   | 153/73    | 194/140   |

| CONSUMER SATISFACTION                       | 2017          | 2018           | 2019          | 2020          | 2021                  | 2022 | 2023             |
|---|---------------|----------------|---------------|---------------|-----------------------|------|------------------|
| <b>Satisfaction Survey</b>                  | <b>Q2, Q3</b> | <b>Q1-Q4</b>   | <b>Q1-Q4</b>  | Not Conducted | 146 total respondents |      |                  |
| Treated with dignity and respect            | 92%-100%      | 100-98-100-95% | 100%          |               |                       | 79%  | An increase 100% |
| I know how to file an appeal                | 83%-88%       | 96-84-86-83%   | 94%           |               |                       | 79%  | 83%              |
| I participated in development of my plan    | 82%-94%       | 89-80-86-82%   | 92%           |               |                       | 99%  | 91%              |
| I feel comfortable asking about my services |               |                |               | Not Conducted |                       | 95%  | 88%              |
| Sensitive to my cultural background         | NLCMHA/NMRE   | NLCMHA/NMRE    | NLCMHA/NMRE * |               |                       | 87%  | 98%              |

## Agency Performance Assessment

|  |  |  |   |
|--|--|--|---|
|  |  |  | The questions on the survey changed again in 2023. And they were not completed per population. Included individuals with IDD. |
|--|--|--|---|

| PROVIDER SATISFACTION            | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------------------------|------|------|------|------|------|------|------|
| Needs Met                        | 43%  | 36%  | 50%  | 89%  | 84%  | 75%  | 79%  |
| Responsiveness                   | 38%  | 64%  | 50%  | 66%  | 89%  | 75%  | 79%  |
| Effectively Communicates Changes | 48%  | 64%  | 50%  | 77%  | 84%  | 64%  | 71%  |

| REGULATORY COMPLIANCE     | 2017  | 2018  | 2019  | 2020  | 2021  | 2022       | 2023       |
|---------------------------|-------|-------|-------|-------|-------|------------|------------|
| Medicaid Verification-95% | 3-Feb | 4-Apr | 4-Apr | 4-Apr | 4-Apr | 4 out of 4 | 3 out of 4 |
| ORR Triennial             |       |       |       |       |       |            |            |

| BOARD POLICY COMPLIANCE              | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|--------------------------------------|------|------|------|------|------|------|------|
| Ends                                 | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Executive Limitations                | 98%  | 100% | 100% | 100% | 100% | 100% | 100% |
| Board/CEO Linkage                    | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Governance Process/Ownership Linkage | 100% | 100% | 100% | 99%  | 100% | 100% | 100% |

| QUALITY   | 2017   | 2018    | 2019    | 2020   | 2021   | 2022   | 2023   |
|---|--------|---------|---------|--------|--------|--|--|
| MDHHS Performance Indicators  | 34/64  | 46/64   | 42/64   | 51/64  | 23/24  | 22/24  | 38/40  |
| NMRE PIPs   |        |         |         |        |        |  |  |
| Diabetes and glucose screening  | Yes/No | Yes/Yes | Yes/Yes | Yes/No | Yes/No | YES - Completed the PIP, maintaining. MET  | YES - Completed the PIP, maintaining. MET  |
| ADHD meds and kids  |        |         |         |        |        | Dropped after the 1st year due to including all Medicaid kids, not just consumers. UNMET | Dropped after the 1st year due to including all Medicaid kids, not just consumers. UNMET |
| New 2023 PIP Decrease visits to the hospital for medical intervention due to participation in BHH |        |         |         |        |        | Began collecting data 10/1/22  | Data collected in 2023, accepted by NMRE   |

## Agency Performance Assessment

|  |              |                  |                         |                  |     |  |  |
|--|--------------|------------------|-------------------------|------------------|-----|--|--|
| New 2023 PIP Decrease no shows through availability of telehealth services |              |                  |                         |                  |     | Began collecting data 10/1/22                | Data collected in 2023, accepted by NMRE |
| Privacy and Security   | New Baseline | 17%H, 46%M, 37%L | Security 24% to 3% Drop | Narrative Report |     | 3 security breaches<br>4 HIPAA complaints (3 | 2 security breaches<br>HIPAA breaches    |
| Annual QI Plan Yes/No/NA   | 11-Jun       | 10-May           | New baseline            | 8/2/2004         |     | 2/23/2022                                    | 2023 plan completed                      |
| ORR  |              |                  |                         |                  |     |  |  |
| Complaints   | 334          | 331              | 288                     | 527              | 339 | 591  | 591                                      |
| Allegations  | 424          | 437              | 395                     | 667              | 382 | 664  | 664                                      |
| Investigation Timeframe Compliance   | 97%          | 99.30%           | 100%                    | 96%              | 90% | 100%   | 100%                                     |
| Summary Report Timeframe Compliance  | 100%         | 100%             | 100%                    | 98%              | 98% | 98.40%                                       | 98.40%                                   |

| ACCREDITATION/CERTIFICATION | 2017            | 2018            | 2019         | 2020          | 2021          | 2022  | 2023                        |
|-----------------------------|-----------------|-----------------|--------------|---------------|---------------|---|-----------------------------|
| CARF                        | May-18          | May-21          | May-21       | May-21        | pending       | n until 5/31/24   | accreditation until 5/31/24 |
| SUD                         | Jul-18          | Jul-19          | Jul-20       | Jul-21        | Not required  | ed by the state   | required by the state       |
| CMHSP recertification       | 2018            | 2021            | 2021         | 2021          | 2021          | DUE SEPT 2023   | Completed 2023              |
| Children's Waiver           | Full Compliance | Full Compliance | POC accepted | No Recipients | No Recipients | No CWP audit in 2022, the next one will be completed May 2023 | Completed, in compliance.   |
| Licensure of NLCMHA Homes   | 6-Jun           | 4/6 (2 pending) | 6-Jun        | 6-Jun         |               | 6-Jun   | 6-Jun                       |

| HUMAN RESOURCES                | 2017     | 2018     | 2019     | 2020     | 2021     | 2022      | 2023     |
|--------------------------------|----------|----------|----------|----------|----------|-----------|----------|
| Staff Turnover Rate - Postings | 102      | 98       | 105      | 60       | 119      | 86        | 103      |
| New Hires-RCA/Office Staff     | 38/59    | 41/64    | 38/62    | 32/29    | 28/47    | 29/53     | 22/67    |
| Workers Compensation           |          |          |          |          |          |           |          |
| Lag Time                       | 4.4 days | 4.8 days | 5.3 days | 2.4 days | 7.1 days | 1.54 days | 1 day    |
| Number of Claims               | 42       | 82       | 24       | 13       | 7        | 13        | 4        |
| Annual Incurred Claims Cost    | \$32,000 | \$68,127 | \$37,813 | \$5,489  | \$2,915  | \$29,360  | \$14,278 |
| Average Cost Per Claim         | \$1,230  | \$820    | \$1,576  | \$422    | \$416    | \$2,258   | \$1,428  |
| Staff Exits                    |          |          |          |          |          |           |          |
| Residential Care Aides         | 39       | 36       | 38       | 32       | 27       | 27        | 18       |
| Office Staff                   | 45       | 35       | 55       | 29       | 44       | 38        | 63       |

## **Interim Chief Executive Officer's**

### **Report to the Board**

**February 15, 2024**

**Citizen Comment:** None

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

**ProtoCall Update:** Verbal update.

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

**Center for Mental Wellness Update:** The team is working with state licensing requirements to see if the draft plans fully meet licensing standards before starting the project. The project is still scheduled to be completed by the December 2024 target date.

Phase 2 of the project has started.

Interviews have been conducted, and a job offer has been made to the candidate for the center director.

**North Hope Numbers:** See attached.

#### **Community Connections/Meetings:**

- February 1<sup>st</sup>, RRAC Meeting
- February 5-7<sup>th</sup> CMH Conference
- February 5-9<sup>th</sup>, PTO, Military Orders, Germany
- February 12<sup>th</sup>, CMH/DHHS – 6 County Collaborative Meeting
- February 1<sup>st</sup>, RRAC Meeting – 1:00-3:30
- February 15<sup>th</sup>, NLCMHA Board Meeting
- February 16<sup>th</sup>, All Managers Meeting
- February 20-23<sup>rd</sup>, PTO, Military Orders, Washington D.C.
- February 20<sup>th</sup>, NMRE Operations Meeting
- February 22<sup>nd</sup>, NMRE Board Meeting
- February 28<sup>th</sup>, PTO
- March 4<sup>th</sup>, NMRE SUD Oversight Meeting
- March 6<sup>th</sup>, NLD Meeting – 10:00-11:30
- March 14<sup>th</sup>, Crawford County presentation
- March 19<sup>th</sup>, NMRE Operations Committee Meeting
- March 21<sup>st</sup>, NLCMHA Board Meeting
- March 27<sup>th</sup>, NMRE Board Meeting
- April 4<sup>th</sup>, RRAC Meeting

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

- Staff updates and milestones
- Upcoming meetings
- RCA Spotlight
- A Day Out in the Community
- Building Community Resilience
- Transparency: An Intelligent Aspect of Workplace Culture – By Darryl Washington

**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://upnorthlive.com/news/instagram/caring-for-the-caregiver-new-program-helping-give-caregivers-a-break-01-16-2024>

[https://www.record-eagle.com/news/human-trafficking-new-coalitioncombats-this-crime-here/article\\_4150b320-b711-11ee-b9cec79e5315308d.html](https://www.record-eagle.com/news/human-trafficking-new-coalitioncombats-this-crime-here/article_4150b320-b711-11ee-b9cec79e5315308d.html)

<https://www.secondwavemedia.com/features/012324afchomesnl.aspx>

[https://www.record-eagle.com/news/local\\_news/no-short-term-rentals-county-adopts-new-pilot-policy/article\\_d8313778-b58c-11ee-aeff-e37ab1f2c3cd.html](https://www.record-eagle.com/news/local_news/no-short-term-rentals-county-adopts-new-pilot-policy/article_d8313778-b58c-11ee-aeff-e37ab1f2c3cd.html)

Examiners find suspected collusion, possible fraud – no link, article attached

<https://www.northernexpress.com/news/feature/on-the-move-with-mobile-crisis-care/>

[https://www.record-eagle.com/news/northern-lakes-forensic-probe-deepens/article\\_5becc1e0-c2a3-11ee-aa46-b3dee4fbabbb.html](https://www.record-eagle.com/news/northern-lakes-forensic-probe-deepens/article_5becc1e0-c2a3-11ee-aa46-b3dee4fbabbb.html)

<https://www.traverseticker.com/news/auditors-suspect-financial-fraudat-community-mental-health/>

[https://www.record-eagle.com/news/local\\_news/northern-lakes-examiners-findsuspected-collusion-possible-financial-fraud/article\\_7f0f6bb6-bfc2-11ee-8da7-6bce5b8f1af3.html](https://www.record-eagle.com/news/local_news/northern-lakes-examiners-findsuspected-collusion-possible-financial-fraud/article_7f0f6bb6-bfc2-11ee-8da7-6bce5b8f1af3.html)

[https://upnorthlive.com/news/local/examiners-suspect-possible-financial-fraud-at-northernlakes-cmh?utm\\_source=sfmc&utm\\_medium=email&sfmc\\_id=146553&utm\\_guid=1cc2fcdb-1a6b-4e35-82b3-72604e58ef6a&utm\\_campaign=](https://upnorthlive.com/news/local/examiners-suspect-possible-financial-fraud-at-northernlakes-cmh?utm_source=sfmc&utm_medium=email&sfmc_id=146553&utm_guid=1cc2fcdb-1a6b-4e35-82b3-72604e58ef6a&utm_campaign=)



In reckoning, opportunity for Northern Lakes – no link, article attached

A Day at Traverse House – no link, article attached

Respectfully submitted,  
Brian Martinus, Interim CEO

# Crisis Residential - North Hope Crisis

Dates: 7/1/2023 - 1/31/2024

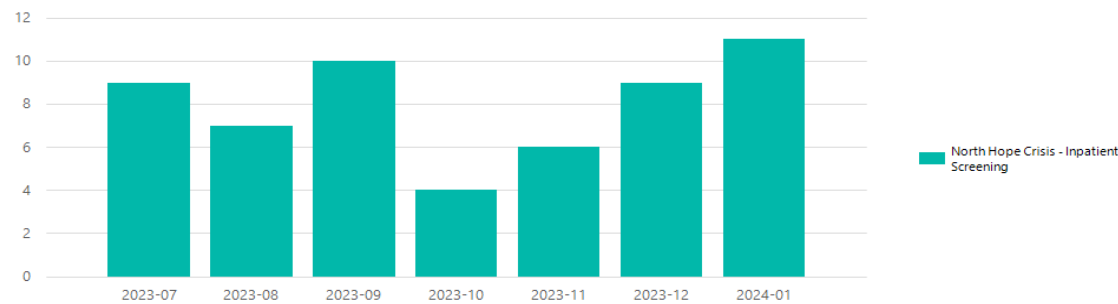
H0018 authorizations.

Screening Type: Inpatient Screening

Page 1: Charts and Data Table.

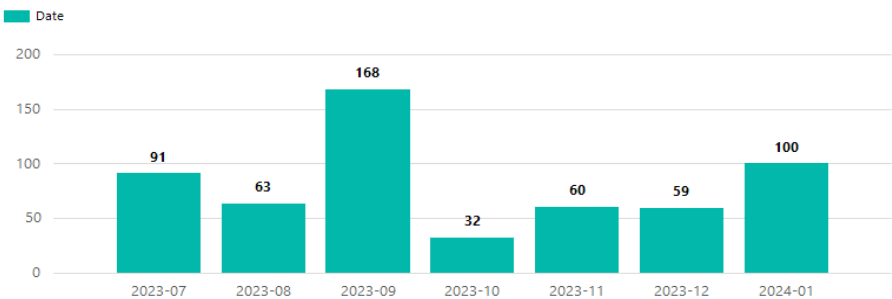
Page 2: Consumer detail - authorization info with Length of Stay.

Authorizations Per Month



|                     | 2023-07 | 2023-08 | 2023-09 | 2023-10 | 2023-11 | 2023-12 | 2024-01 | Total |
|---------------------|---------|---------|---------|---------|---------|---------|---------|-------|
| Inpatient Screening | 9       | 7       | 10      | 4       | 6       | 9       | 11      | 56    |
| Total               | 9       | 7       | 10      | 4       | 6       | 9       | 11      | 56    |

Days Per Month



| Referrals for Denied Initial Clinical Assessments       |         |          |          |
|---|---------|----------|----------|
|   |         |          |          |
|   | October | November | December |
| External Mental Health Provider                         | 15      | 9        | 6        |
| External SUD Provider                                   | 2       | 0        | 0        |
| No Referral   | 0       | 1        | 1        |
| Other Community Services                                | 6       | 4        | 2        |
|   |         |          |          |
|   |         |          |          |
| FY2023 Monthly Access Timeliness, Request to Assessment |         |          |          |
|   |         |          |          |
|   | October | November | December |
| Within 14 days  | 71      | 60       | 48       |
| Outside 14 days   | 20      | 7        | 2        |
| Consumer Cancelled/Rescheduled                          | 17      | 6        | 7        |
| Consumer Requested outside 14 day                       | 13      | 1        | 4        |
| Consumer No Showed                                      | 47      | 38       | 30       |
| Consumer Chose to Not Pursue Svcs                       | 22      | 25       | 30       |
| Other (denial, no follow up)                            | 21      | 5        | 23       |
|   |         |          |          |
| FY2023 Monthly Access Timeliness, Assessment to Service |         |          |          |
|   |         |          |          |
|   | October | November | December |
| Within 14 days  | 54      | 55       | 31       |
| Outside 14 days   | 8       | 8        | 4        |
| Consumer Cancelled/Rescheduled                          | 5       | 6        | 2        |
| Consumer Requested outside 14 day                       | 9       | 2        | 2        |
| Consumer No Showed                                      | 30      | 16       | 21       |
| Consumer Chose to Not Pursue Svcs                       | 11      | 1        | 5        |
| Other (denial, no follow up)                            | 4       | 5        | 14       |
|   |         |          |          |
|   |         |          |          |
| FY2023 Mobile Crisis Response Times, Monthly            |         |          |          |
|   | October | November | December |
| 30 Minutes or Less                                      | 46      | 65       | 49       |
| 31 Minutes to 1 Hour                                    | 5       | 5        | 5        |
| Over 1 Hour   | 1       | 1        | 0        |

| FY2023 Monthly Service Information for Crawford County                      |               |               |               |
|---|---------------|---------------|---------------|
| Area of Service   | October       | November      | December      |
| Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing | \$ 30,741.17  | \$ 30,176.40  | \$ 17,821.45  |
| Autism Services   | \$ 34,418.83  | \$ 21,869.01  | \$ 24,911.75  |
| Case Management, ACT and Treatment Planning                                 | \$ 46,546.55  | \$ 49,197.43  | \$ 48,356.00  |
| Community Living Supports   | \$ 264,517.94 | \$ 239,157.33 | \$ 240,253.45 |
| Crisis Services, Assessments and Testing                                    | \$ 27,645.64  | \$ 36,378.20  | \$ 24,012.20  |
| Evaluation and Management Physician Level                                   | \$ 27,064.77  | \$ 16,467.60  | \$ 8,938.39   |
| Psychiatric Inpatient   | \$ 46,316.35  | \$ 28,767.00  | \$ 7,525.00   |
| Psychotherapy and Outpatient Services                                       | \$ 29,248.00  | \$ 13,690.00  | \$ 19,564.00  |
| Vocational & Skills Building, Family and Health Services                    | \$ 3,541.54   | \$ 2,666.87   | \$ 1,832.97   |
| Other   | \$ 312.00     | \$ -          | 312           |
| Total   | \$ 510,352.79 | \$ 438,369.84 | \$ 393,527.21 |
|   |               |               |               |
|   |               |               |               |
|   |               |               |               |
| Number of Registered People Receiving Services                              | 218           | 192           | 187           |
| Average Cost per Registered Person Served                                   | \$ 2,341.07   | \$ 2,283.18   | \$ 2,104.42   |
|   |               |               |               |
| Service Transactions Provided   | 18,946        | 16,108        | 15,407        |
| Average Cost per Transaction  | \$ 27         | \$ 27         | \$ 26         |
|   |               |               |               |
|   |               |               |               |
| Count of Adult IDD  | 37            | 40            | 35            |
| Count of Child IDD  | 14            | 13            | 13            |
| Count of Adult SMI  | 136           | 107           | 109           |
| Count of Child SED  | 31            | 32            | 30            |
| Total   | 218           | 192           | 187           |
|   |               |               |               |
| IDD Adult Cost  | \$ 217,032.01 | \$ 200,249.12 | \$ 192,643.42 |
| IDD Child Cost  | \$ 86,189.98  | \$ 54,485.73  | \$ 60,475.83  |
| Adult SMI Cost  | \$ 168,142.30 | \$ 131,564.71 | \$ 103,631.96 |
| Child SED Cost  | \$ 38,988.50  | \$ 52,070.28  | \$ 36,776.00  |
| Total   | \$ 510,352.79 | \$ 438,369.84 | \$ 393,527.21 |
|   |               |               |               |
| Adult IDD Cost per consumer   | \$ 5,865.73   | \$ 5,006.23   | \$ 5,504.10   |
| Child IDD Cost per consumer   | \$ 6,156.43   | \$ 4,191.21   | \$ 4,651.99   |
| Adult SMI Cost per consumer   | \$ 1,236.34   | \$ 1,229.58   | \$ 950.75     |
| Child SED Cost per consumer   | \$ 1,257.69   | \$ 1,627.20   | \$ 1,225.87   |
| Total   | \$ 2,341.07   | \$ 2,283.18   | \$ 2,104.42   |

| FY2023 Service Information For Grand Traverse County                        |                 |                 |                 |
|---|-----------------|-----------------|-----------------|
| Area of Service   | October         | November        | December        |
| Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing | \$ 199,609.40   | \$ 153,751.36   | \$ 95,756.44    |
| Autism Services   | \$ 133,624.57   | \$ 131,340.38   | \$ 129,005.12   |
| Case Management, ACT and Treatment Planning                                 | \$ 225,865.04   | \$ 203,199.34   | \$ 179,124.90   |
| Community Living Supports   | \$ 1,145,744.49 | \$ 1,033,975.10 | \$ 1,105,315.08 |
| Crisis Services, Assessments and Testing                                    | \$ 185,552.23   | \$ 118,023.40   | \$ 177,253.60   |
| Evaluation and Management Physician Level                                   | \$ 86,476.58    | \$ 51,715.20    | \$ 52,918.80    |
| Psychiatric Inpatient   | \$ 292,616.21   | \$ 198,944.82   | \$ 87,213.62    |
| Psychotherapy and Outpatient Services                                       | \$ 130,317.70   | \$ 102,362.00   | \$ 109,409.34   |
| Vocational & Skills Building, Family and Health Services                    | \$ 79,750.46    | \$ 73,282.66    | \$ 61,201.46    |
| Other   | \$ 4,068.06     | \$ 2,512.43     | \$ 3,874.01     |
| Total   | \$ 2,483,624.74 | \$ 2,069,106.69 | \$ 2,001,072.37 |
|   |                 |                 |                 |
|   |                 |                 |                 |
|   |                 |                 |                 |
| Number of Registered People Receiving Services                              | 1,052           | 930             | 929             |
| Average Cost per Registered Person Served                                   | \$ 2,360.86     | \$ 2,224.85     | \$ 2,154.01     |
|   |                 |                 |                 |
| Service Transactions Provided   | 104,241         | 78,424          | 79,968          |
| Average Cost per Transaction  | \$ 24           | \$ 26           | \$ 25           |
|   |                 |                 |                 |
|   |                 |                 |                 |
| Count of Adult IDD  | 241             | 242             | 232             |
| Count of Child IDD  | 81              | 70              | 72              |
| Count of Adult SMI  | 565             | 464             | 481             |
| Count of Child SED  | 165             | 154             | 144             |
| Total   | 1,052           | 930             | 929             |
|   |                 |                 |                 |
| IDD Adult Cost  | \$ 1,107,367.34 | \$ 939,803.05   | \$ 964,143.02   |
| IDD Child Cost  | \$ 191,155.00   | \$ 197,073.76   | \$ 200,539.45   |
| Adult SMI Cost  | \$ 970,722.47   | \$ 699,578.44   | \$ 648,252.38   |
| Child SED Cost  | \$ 214,379.93   | \$ 232,651.44   | \$ 188,137.52   |
| Total   | \$ 2,483,624.74 | \$ 2,069,106.69 | \$ 2,001,072.37 |
|   |                 |                 |                 |
| Adult IDD Cost per consumer   | \$ 4,594.89     | \$ 3,883.48     | \$ 4,155.79     |
| Child IDD Cost per consumer   | \$ 2,359.94     | \$ 2,815.34     | \$ 2,785.27     |
| Adult SMI Cost per consumer   | \$ 1,718.09     | \$ 1,507.71     | \$ 1,347.72     |
| Child SED Cost per consumer   | \$ 1,299.27     | \$ 1,510.72     | \$ 1,306.51     |
| Total   | \$ 2,360.86     | \$ 2,224.85     | \$ 2,154.01     |

| FY2023 Service Information For Leelanau County                              |               |               |               |
|---|---------------|---------------|---------------|
| Area of Service   | October       | November      | December      |
| Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing | \$ 10,727.92  | \$ 15,084.07  | \$ 15,710.93  |
| Autism Services   | \$ 10,027.05  | \$ 9,952.63   | \$ 7,473.01   |
| Case Management, ACT and Treatment Planning                                 | \$ 22,046.12  | \$ 21,616.60  | \$ 12,588.00  |
| Community Living Supports   | \$ 177,155.35 | \$ 155,497.06 | \$ 151,997.02 |
| Crisis Services, Assessments and Testing                                    | \$ 9,343.00   | \$ 11,364.20  | \$ 13,576.00  |
| Evaluation and Management Physician Level                                   | \$ 11,764.75  | \$ 3,995.60   | \$ 3,785.00   |
| Psychiatric Inpatient   | \$ 15,476.46  | \$ 14,000.00  | \$ 6,438.00   |
| Psychotherapy and Outpatient Services                                       | \$ 15,401.76  | \$ 17,684.00  | \$ 15,033.29  |
| Vocational & Skills Building, Family and Health Services                    | \$ 8,734.78   | \$ 6,891.73   | \$ 6,117.09   |
| Total   | \$ 280,677.19 | \$ 256,085.89 | \$ 232,718.34 |
|   |               |               |               |
|   |               |               |               |
|   |               |               |               |
| Number of Registered People Receiving Services                              | 112           | 97            | 97            |
| Average Cost per Registered Person Served                                   | \$ 2,506.05   | \$ 2,640.06   | \$ 2,399.16   |
|   |               |               |               |
| Service Transactions Provided   | 12,691        | 9,407         | 8,727         |
| Average Cost per Transaction  | \$ 22         | \$ 27         | \$ 27         |
|   |               |               |               |
|   |               |               |               |
| Count of Adult IDD  | 41            | 36            | 36            |
| Count of Child IDD  | 5             | 4             | 4             |
| Count of Adult SMI  | 46            | 39            | 37            |
| Count of Child SED  | 20            | 18            | 20            |
| Total   | 112           | 97            | 97            |
|   |               |               |               |
| IDD Adult Cost  | \$ 193,774.61 | \$ 165,870.41 | \$ 159,695.03 |
| IDD Child Cost  | \$ 13,207.05  | \$ 13,409.43  | \$ 10,420.01  |
| Adult SMI Cost  | \$ 50,506.13  | \$ 55,156.45  | \$ 39,927.30  |
| Child SED Cost  | \$ 23,189.40  | \$ 21,649.60  | \$ 22,676.00  |
| Total   | \$ 280,677.19 | \$ 256,085.89 | \$ 232,718.34 |
|   |               |               |               |
| Adult IDD Cost per consumer   | \$ 4,726.21   | \$ 4,607.51   | \$ 4,435.97   |
| Child IDD Cost per consumer   | \$ 2,641.41   | \$ 3,352.36   | \$ 2,605.00   |
| Adult SMI Cost per consumer   | \$ 1,097.96   | \$ 1,414.27   | \$ 1,079.12   |
| Child SED Cost per consumer   | \$ 1,159.47   | \$ 1,202.76   | \$ 1,133.80   |
| Total   | \$ 2,506.05   | \$ 2,640.06   | \$ 2,399.16   |

| FY 2023 Service Information For Missaukee County                            |               |               |               |
|---|---------------|---------------|---------------|
| Area of Service   | October       | November      | December      |
| Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing | \$ 28,311.54  | \$ 23,032.20  | \$ 19,867.31  |
| Autism Services   | \$ 8,869.24   | \$ 7,353.28   | \$ 8,801.07   |
| Case Management, ACT and Treatment Planning                                 | \$ 30,570.07  | \$ 28,896.77  | \$ 27,530.77  |
| Community Living Supports   | \$ 345,958.63 | \$ 332,373.98 | \$ 344,753.27 |
| Crisis Services, Assessments and Testing                                    | \$ 11,511.60  | \$ 13,331.00  | \$ 10,125.00  |
| Evaluation and Management Physician Level                                   | \$ 15,012.46  | \$ 9,392.00   | \$ 11,249.17  |
| Psychiatric Inpatient   | \$ 29,978.45  | \$ 13,247.27  | \$ 13,092.00  |
| Psychotherapy and Outpatient Services                                       | \$ 36,872.50  | \$ 23,752.25  | \$ 22,037.63  |
| Vocational & Skills Building, Family and Health Services                    | \$ 21,223.54  | \$ 19,126.51  | \$ 17,556.63  |
| Other   | \$ -          | \$ 624.00     | \$ 156.00     |
| Total   | \$ 528,308.03 | \$ 471,129.26 | \$ 475,168.85 |
|   |               |               |               |
|   |               |               |               |
|   |               |               |               |
| Number of Registered People Receiving Services                              | 164           | 149           | 150           |
| Average Cost per Registered Person Served                                   | \$ 3,221.39   | \$ 3,161.94   | \$ 3,167.79   |
|   |               |               |               |
|   |               |               |               |
| Service Transactions Provided   | 19,976        | 20,037        | 19,830        |
| Average Cost per Transaction  | \$ 26         | \$ 24         | \$ 24         |
|   |               |               |               |
|   |               |               |               |
|   |               |               |               |
| Count of Adult IDD  | 42            | 41            | 42            |
| Count of Child IDD  | 13            | 9             | 11            |
| Count of Adult SMI  | 68            | 65            | 64            |
| Count of Child SED  | 41            | 34            | 33            |
| Total   | 164           | 149           | 150           |
|   |               |               |               |
| IDD Adult Cost  | \$ 318,376.13 | \$ 316,329.55 | \$ 343,209.13 |
| IDD Child Cost  | \$ 16,940.22  | \$ 12,098.80  | \$ 15,458.63  |
| Adult SMI Cost  | \$ 150,586.23 | \$ 104,708.91 | \$ 82,413.09  |
| Child SED Cost  | \$ 42,405.45  | \$ 37,992.00  | \$ 34,088.00  |
| Total   | \$ 528,308.03 | \$ 471,129.26 | \$ 475,168.85 |
|   |               |               |               |
| Adult IDD Cost per consumer   | \$ 7,580.38   | \$ 7,715.35   | \$ 8,171.65   |
| Child IDD Cost per consumer   | \$ 1,303.09   | \$ 1,344.31   | \$ 1,405.33   |
| Adult SMI Cost per consumer   | \$ 2,214.50   | \$ 1,610.91   | \$ 1,287.70   |
| Child SED Cost per consumer   | \$ 1,034.28   | \$ 1,117.41   | \$ 1,032.97   |
| Total   | \$ 3,221.39   | \$ 3,161.94   | \$ 3,167.79   |



| FY2023 Service Information for Roscommon County                             |               |               |               |
|---|---------------|---------------|---------------|
| Area of Service   | October       | November      | December      |
| Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing | \$ 41,321.23  | 45326.96      | \$ 25,363.52  |
| Autism Services   | \$ 19,319.38  | 11039.21      | \$ 14,757.89  |
| Case Management, ACT and Treatment Planning                                 | \$ 95,141.12  | 85229.25      | \$ 70,438.30  |
| Community Living Supports   | \$ 418,761.17 | 393588.05     | \$ 400,652.21 |
| Crisis Services, Assessments and Testing                                    | \$ 14,584.20  | 26998.55      | \$ 18,180.20  |
| Evaluation and Management Physician Level                                   | \$ 39,010.26  | 29639.6       | \$ 18,888.60  |
| Psychiatric Inpatient   | \$ 68,196.74  | 41874.95      | \$ 11,604.00  |
| Psychotherapy and Outpatient Services                                       | \$ 60,319.58  | 53007.58      | \$ 52,919.64  |
| Vocational & Skills Building, Family and Health Services                    | \$ 10,391.71  | 7580.43       | \$ 9,119.87   |
| Other   | \$ 716.24     | 240.03        | \$ 337.73     |
| Total   | \$ 767,761.63 | \$ 694,524.61 | \$ 622,261.96 |
|   |               |               |               |
|   |               |               |               |
| Number of Registered People Receiving Services                              | 337           | 310           | 299           |
| Average Cost per Registered Person Served                                   | \$ 2,278.22   | \$ 2,240.40   | \$ 2,081.14   |
|   |               |               |               |
| Service Transactions Provided   | 24,020        | 20,435        | 18,850        |
| Average Cost per Transaction  | \$ 32         | \$ 34         | \$ 33         |
|   |               |               |               |
|   |               |               |               |
| Count of Adult IDD  | 67            | 68            | 67            |
| Count of Child IDD  | 21            | 15            | 13            |
| Count of Adult SMI  | 172           | 161           | 162           |
| Count of Child SED  | 77            | 66            | 57            |
| Total   | 337           | 310           | 299           |
|   |               |               |               |
| IDD Adult Cost  | \$ 365,819.27 | \$ 334,027.30 | \$ 335,178.45 |
| IDD Child Cost  | \$ 30,224.64  | \$ 17,181.15  | \$ 17,757.10  |
| Adult SMI Cost  | \$ 263,567.49 | \$ 247,908.95 | \$ 212,775.02 |
| Child SED Cost  | \$ 108,150.23 | \$ 95,407.21  | \$ 56,551.39  |
| Total   | \$ 767,761.63 | \$ 694,524.61 | \$ 622,261.96 |
|   |               |               |               |
| Adult IDD Cost per consumer   | \$ 5,459.99   | \$ 4,912.17   | \$ 5,002.66   |
| Child IDD Cost per consumer   | \$ 1,439.27   | \$ 1,145.41   | \$ 1,365.93   |
| Adult SMI Cost per consumer   | \$ 1,532.37   | \$ 1,539.81   | \$ 1,313.43   |
| Child SED Cost per consumer   | \$ 1,404.55   | \$ 1,445.56   | \$ 992.13     |
| Total   | \$ 2,278.22   | \$ 2,240.40   | \$ 2,081.14   |

| FY2023 Service Information for Wexford County                               |                 |                 |                 |
|---|-----------------|-----------------|-----------------|
| Area of Service   | October         | November        | December        |
| Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing | \$ 126,217.88   | \$ 99,875.12    | \$ 90,737.42    |
| Autism Services   | \$ 90,633.59    | \$ 79,803.21    | \$ 72,308.65    |
| Case Management, ACT and Treatment Planning                                 | \$ 149,235.45   | \$ 121,027.00   | \$ 108,185.65   |
| Community Living Supports   | \$ 625,737.54   | \$ 600,185.33   | \$ 635,927.32   |
| Crisis Services, Assessments and Testing                                    | \$ 100,796.40   | \$ 55,614.66    | \$ 73,979.40    |
| Evaluation and Management Physician Level                                   | \$ 72,583.63    | \$ 40,328.20    | \$ 34,363.20    |
| Psychiatric Inpatient   | \$ 138,868.95   | \$ 54,833.75    | \$ 11,556.00    |
| Psychotherapy and Outpatient Services                                       | \$ 101,519.23   | \$ 84,687.86    | \$ 79,377.86    |
| Vocational & Skills Building, Family and Health Services                    | \$ 65,534.97    | \$ 54,466.23    | \$ 51,484.13    |
| Other   | \$ 12,072.59    | \$ 9,644.58     | \$ 7,488.33     |
| Total   | \$ 1,483,200.23 | \$ 1,200,465.94 | \$ 1,165,407.96 |
|   |                 |                 |                 |
|   |                 |                 |                 |
|   |                 |                 |                 |
| Number of Registered People Receiving Services                              | 597             | 516             | 513             |
| Average Cost per Registered Person Served                                   | \$ 2,484.42     | \$ 2,326.48     | \$ 2,271.75     |
|   |                 |                 |                 |
| Service Transactions Provided   | 52,398          | 44,390          | 44,578          |
| Average Cost per Transaction  | \$ 28           | \$ 27           | \$ 26           |
|   |                 |                 |                 |
|   |                 |                 |                 |
| Count of Adult IDD  | 110             | 105             | 104             |
| Count of Child IDD  | 58              | 53              | 44              |
| Count of Adult SMI  | 318             | 265             | 274             |
| Count of Child SED  | 111             | 93              | 91              |
| Total   | 597             | 516             | 513             |
|   |                 |                 |                 |
| IDD Adult Cost  | \$ 640,045.07   | \$ 597,105.57   | \$ 612,294.78   |
| IDD Child Cost  | \$ 134,458.59   | \$ 113,163.91   | \$ 109,092.11   |
| Adult SMI Cost  | \$ 584,046.75   | \$ 392,605.46   | \$ 370,858.47   |
| Child SED Cost  | \$ 124,649.82   | \$ 97,591.00    | \$ 73,162.60    |
| Total   | \$ 1,483,200.23 | \$ 1,200,465.94 | \$ 1,165,407.96 |
|   |                 |                 |                 |
| Adult IDD Cost per consumer   | \$ 5,818.59     | \$ 5,686.72     | \$ 5,887.45     |
| Child IDD Cost per consumer   | \$ 2,318.25     | \$ 2,135.17     | \$ 2,479.37     |
| Adult SMI Cost per consumer   | \$ 1,836.63     | \$ 1,481.53     | \$ 1,353.50     |
| Child SED Cost per consumer   | \$ 1,122.97     | \$ 1,049.37     | \$ 803.98       |
| Total   | \$ 2,484.42     | \$ 2,326.48     | \$ 2,271.75     |

<https://upnorthlive.com/news/instagram/caring-for-the-caregiver-new-program-helping-give-caregivers-a-break-01-16-2024#>

## Caring for the caregiver: New program helping give caregivers a break

GRAND TRAVERSE COUNTY, Mich. (WPBN/WGTU) -- There are roughly 50 million Americans serving as caregivers to a family member.

For many, it's a full-time job they do for free, out of love. But that doesn't make it easy, and over time it takes a toll on the caregiver.

A program is being launched in northern Michigan that could give those caregivers a little break.

"Often it's a friend or a loved one who's with the person all day long, and they just need a break," explained Darryl Washington with Northern Health Care Management.

If you have ever been a caregiver for a loved one, you understand exactly what Darryl Washington just said, sometimes you just need a break.

"They're very dedicated, they have made a decision for those that they love, that they want to provide the care for them," said Washington.

It's done often out of love but it still can take a toll on the care giver. It can be emotionally and physically exhausting and depending on the care needed it can be all consuming.

That's where this new program being launched through [Northern Health Care Management](#) may be able to help.

"The program is caregiver respite. It's an opportunity for them to get a respite," Washington explained.

It's called A Day Out In The Community.

"It's just one day of the month for now. For three hours in the day we'll be providing both pickup we'll be providing a snack."

It's done by appointment, the respite provided by staff of trained professionals and volunteers. It's a win win for many, the caregivers get a much needed break, those cared for get a new social experience.

The program is just being launched now and is expected to evolve and grow with time.

It's intended for those 60 and older and geared towards those who are volunteer caregivers.

"I just really hope that people take advantage of the opportunity while it's there. Again, this opportunity may help us grow other opportunities for more people and that's why it's a pilot. That's why we're excited to get some folks signed up now," explained Washington.

**"A Day Out in the Community" program is launching February 6.**

**The three hour program will continue monthly at The Gateway Center, 10783 E. Cherry Bend Road, Traverse City.**

**Space is limited so caregivers should call by February 1 to reserve a spot for the person you care for. Call 1-800-640-7478 to get more information and reserve a spot.**

[https://www.record-eagle.com/news/human-trafficking-new-coalition-combats-this-crime-here/article\\_4150b320-b711-11ee-b9ce-c79e5315308d.html](https://www.record-eagle.com/news/human-trafficking-new-coalition-combats-this-crime-here/article_4150b320-b711-11ee-b9ce-c79e5315308d.html)

## **HUMAN TRAFFICKING: New coalition combats this crime here**

- [By Peter Kobs pkobs@record-eagle.com](mailto:By Peter Kobs pkobs@record-eagle.com)
- January 20, 2024

TRAVERSE CITY — Darryl Nelson knows something that many local residents don't believe: Human trafficking is a real, growing problem in northern Michigan.

"People think it doesn't happen here because we're not a big city," said Nelson, who represents District 6 on the Grand Traverse County Board of Commissioners. "But I'm here to tell you it is happening here – and quite recently. These criminals will go to any length to control their victims. The level of deceit and manipulation they use is stunning."

Human trafficking is a form of modern slavery that occurs in every state and region, studies show. Three categories account for most of those crimes in the United States: sex trafficking, forced labor and domestic servitude. Forced participation in pornography is another notable example.

Traverse City's status as a major tourist destination with hundreds of hotel rooms makes it a more likely venue for human trafficking, according to law enforcement officials. Criminals transport vulnerable women from Grand Rapids and the Detroit area to northern Michigan for prostitution. Forced labor in agricultural areas also has occurred.

Now a coalition of local agencies and nonprofits is joining forces to fight this crime.

Starting in early February, the Coalition to Combat Human Trafficking will offer in-depth training for those on the front lines. Topics include how to recognize the signs of human trafficking, how to interact with suspected victims and how to report such cases to law enforcement.

"All of us need to learn the signs of human trafficking and how to respond safely," said Linda Solem of Catholic Human Services in Traverse City, who is helping to organize multiple training programs over the next six months.

"Don't believe the mythology – human trafficking isn't limited by socio-economic status," she added. "It could be your neighbor down the street or someone you know...Online activity makes it easier than ever to lure young people into the darkness."

The coalition's first three-day session, called "Healing Hands," will be held Feb. 7-9 at the United Way office, 4075 Copper Ridge Dr. in Traverse City. The training will be led by Jarrett Luckett, executive director of Exploit No More, a nonprofit based in the Milwaukee area. That program is funded by state grants via the Northern Michigan Regional Entity.

This first training session is best suited for front-line human service providers, such as health care workers, clinicians, counselors, addiction recovery coaches and various local organizations, including Northern Lakes Community Mental Health and area hospitals.

A different training program for law enforcement professionals will take place June 6-7, also at United Way. Led by Dan Nash, a retired state police officer, that two-day program is intended for police and sheriff officers, as well as prosecutors and advocates for marginalized groups, from throughout northern Michigan.

Nash is the founder of the Human Trafficking Training Center based in Springfield, Mo. When it comes to human trafficking, he said, law enforcement training must go beyond awareness of the problem.

"In order to be effective, law enforcement needs to learn actual skills so they're equipped to conduct investigations that ensure arrests and prosecutions," Nash said. "To use an analogy, we can't expect law enforcement officers to arrest drunk drivers if all we do is tell them what a drunk driver looks like.

"The same is true for human trafficking," he added. "Officers need practical skills they can use in the field. ...For example, knowing how to properly interview a possible victim or offender, knowing how to set up various proactive operations, or even how to write up the proper reports."

Human trafficking is one of the fastest-growing crimes in America, according to the U.S. Department of Justice. At the federal level, such cases soared 49% from 2011 to 2021. During that same period, the number of people prosecuted for human trafficking doubled. Defendants were charged with crimes ranging from peonage and slavery to forced labor and sex trafficking.

Statistics show that Michigan isn't immune to that trend, according to the National Human Trafficking Hotline. In 2021, authorities identified 429 victims this state. About 89 percent of those cases involved sex trafficking, sometimes called forced or captive prostitution. The remaining 11 percent of cases involved forced or unpaid labor, sometimes in combination with sexual exploitation.

NHTH data said the most common venues for sex trafficking in Michigan are: Hotels and motels – 13 percent; residential settings – 11 percent; pornography – 8 percent; illicit massage parlors or "spa" businesses – 8 percent; online ad venues (not specified) – 6 percent; strip clubs and hostess bars – 1 percent; other / unknown – 53 percent.

About 90 percent of Michigan victims identified are female and 10 percent male, NHTH data shows. Approximately 70 percent were U.S. citizens (born here or naturalized) and 30 percent were citizens of another country.

NHTH is funded by the U.S. Department of Health and Human Services (HHS) and is operated by Polaris, a Washington, D.C.-based nonprofit organization.

Northern Michigan is clearly part of that bigger picture. Over the last two years, law enforcement officials in the region have made more than a dozen arrests involving human trafficking and sexual exploitation, including cases in Traverse City, Alpena, Charlevoix and Cadillac.

Many cases of human trafficking go unnoticed and unreported because of the lack of awareness or understanding, they said. Data collection is spotty and often fragmented, Solem said, which is why creating a standardized intake process is so important. Once that data is available, maps of trafficking activity can be generated for the community.

“When we build awareness and collect data in a consistent way, it helps everyone target the problem more effectively,” she said. “Another key goal for our training is to teach each organization how to implement what we learn and harness the available resources. It’s about sharing and networking to maximize our responses.”

The family connection in human trafficking is one of the most shocking and misunderstood part of the problem, Nash said.

“One third to 40 percent of human trafficking is familial, which means a parent trafficking their child, or a husband trafficking his wife,” he noted. “It could be a fiancée or girlfriend being trafficked.”

The common denominator is vulnerability – not race, gender or ethnicity, Nash added. A number of factors, such as poverty, loneliness, addiction, homelessness, prior sexual abuse and a lack of feeling loved, can make a person more vulnerable to traffickers.

“These predators look for vulnerable people, then offer them false love to build up trust so they can trap the victims into a situation they can’t get out of,” he said. “Many of the migrants coming across our border are also vulnerable to sexual or labor exploitation. They often have no money left after having been exploited by the drug cartels and ‘coyotes’ [transit criminals] in Mexico.”

The No. 1 risk factor for teens in both northern Michigan and the nation is having a smartphone, Nash said: “There’s a big fallacy that it’s about your kid being abducted from a [local store] parking lot – that’s not how it happens. Having a smartphone is the biggest risk factor by far. That’s how almost all of the manipulation, grooming and exploitation [of young people] begins.”

Law enforcement officials who combat human trafficking almost never allow their children or teens to use a smartphone, Nash added. “It’s much better to give those kids a flip phone without internet access. That way they can make calls safely without the web risks, at least via phone.”

The local hotel industry is beefing up training for front-line staff so they can understand the signs of human trafficking and respond appropriately.



<https://www.secondwavemedia.com/features/012324afchomesnl.aspx>



Courtesy Northern Lakes Community Mental Health Authority

## Adult foster care homes provide caring, community-based living

Genevieve Fox | Tuesday, January 23, 2024

Share    



Dining area of a Northern Lakes CMHA group home.

More than [2 million people in Michigan live with disabilities](#): mental illnesses, intellectual disabilities, or physical disabilities. For these individuals and their families, it is challenging to find living situations that maximize independence while providing needed care.

[Northern Lakes Community Mental Health Authority](#) (NLCMHA) offers adult foster care (AFC) homes that provide such living situations across Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford counties. These AFC homes serve adults of all ages and are funded through [Supplemental Security Income](#) (SSI), Medicare, and Medicaid.

NLCMHA residential services administrator Dave Simpson relates that these AFC homes have been helping people since the early 90s, when Michigan closed its state mental hospitals.



Dave Simpson “Think of hundreds, maybe even in the thousands, of people who were served in the state hospitals being moved into community-based settings from an institutional setting,” Simpson says. “These homes were part of that movement to bring them back closer to their homes, communities, and family members.”

Constructed to meet the needs of the many different types of disabilities, each home employs a supervisor and 10 residential care aids for four to six residents who either have their own room or share one with a roommate. Limiting homes to these numbers of residents provides more direct and higher quality care compared to AFC homes housing larger numbers of residents.. Rooms are furnished with input from the residents and their families or guardians so they feel like home.

“I had a guy for years who was a minion’s guy. Then he decided he wasn’t a minion’s guy anymore,” Simpson says, recalling decorating the room in that theme and then redecorating when tastes changed. “He was interested in tropical fish. We even found a station on the TV that had 24/7 tropical fish videos, and it just brought him so much joy.”





**A Northern Lakes CMHA group home.**

### **Homes accommodate individual needs**

In 2014, NLCMHA designed one of its homes in Roscommon specifically for individuals living with autism.

“When you’ve got a person who is on the autism spectrum mixed into a home with people who have more general intellectual, mental, or physical disabilities or mental illness, it doesn’t go well,” Simpson says. “Generally serving people with autism is more successful when they have their own room and are in a home with staff who are trained in how to work with people who live on the autism spectrum.”

Keeping in mind that some residents don’t do well with change, decorating for the holidays means paying close attention to colors, textures, and the overall aesthetic.

“Flooring textures is really important because of ambulation issues,” Simpson says, noting that carpeting is usually best. “With the advent of carpets coming in squares, we can replace the squares as we need to due to stains or soils.”

Licensed dietitians create seasonal menus for the AFC homes based on age-appropriate caloric



intake scales for BMI, or body mass index. Meals are modified individually for each resident to accommodate medical issues, chewing and swallowing abilities, and food allergies.

“We are able to sustain people on G-tubes [gastrostomy tubes] who receive their food and medications through the tube,” Simpson says. “We even have portable blenders so when residents are out in the community, we can prepare their G-tube meals on outings.”



Northern Lakes Community Mental Health Authority Houghton Lake location. NLCMHA prescribes each resident an individual plan of service (IPOS) and provides therapy, transportation, and personal care for residents who need assistance in dressing, bathing, toileting, grooming, eating, taking medication, and mobility.

“Ninety percent of the people that I provide care for are not able to arrange public transportation on their own,” Simpson says. “Every home has a handicap-accessible van to take residents to appointments or out recreationally.”

Residents are evaluated regularly to make sure the homes are providing needed care. If residents require more care than the home staff can provide, they are transitioned to a nursing home.

Simpson takes great pride in providing this community-based care. AFC homes are vital to keeping people living with disabilities close to their families as well as safe and comfortable.

“I’ve got people who are still traumatized by their time in the institutional setting because it was not individualized,” Simpson says. “These homes give residents the dignity and respect they

deserve to have a successful future.”

It can be difficult for AFC home staff to navigate individualized care. Simpson’s key to success has been to work with residents rather than against them.

“Too often in this business, providers try to score square pegs into round holes,” he says. “By meeting residents at the same level with gentleness and understanding, they can live happier lives.”

Simpson shares that families and guardians have rarely moved their loved ones out of NLCMHA AFC homes due to dissatisfaction with the level of care. When families have moved a resident, it has typically been to bring them closer to their loved ones. Families and guardians feel a sense of relief knowing their loved ones are in a caring atmosphere.

Simpson concludes, “Our home is their home.”

**Genevieve Fox is an award-winning journalist from Detroit. Since graduating with a bachelor's degree in journalism from Michigan State University, she has built a solid background in environmental reporting and previous experience in radio broadcasting and photography at Great Lakes Echo and WKAR. When not working, she loves spending time outdoors and reading a good book. [More](#) by Genevieve Fox.**

**Photos courtesy Northern Lakes Community Mental Health Authority (NLCMHA). NLCMHA offices photo by John Russell.**

Jonathan Pack, 40, is director of operations for a northern Michigan hospitality company that operates hotels in Traverse City, Gaylord and Sault Ste. Marie. He also worked for many years as a front desk clerk at a local hotel.

“We’re teaching our team what to do if they are suspicious that something may be happening – especially our front desk staff and housekeepers,” Pack said. “For instance, if a housekeeper is making up a room but sees no luggage anywhere, that could be a sign of human trafficking. We encourage them to contact a team member first to discuss those suspicions, then call law enforcement.”

Pack serves on an advisory group for Choice Hotels, a national chain that operates name-brand hotels around the country. He noted that the company now requires human trafficking awareness training for its employees.

To reach independent hotel owners in the area, Pack and others work with Traverse City Tourism to spread the word about the hazards and signs of human trafficking.

Antrim County resident Becky Meeker was herself a victim of human trafficking. She was lured into the strip club scene by a “friend” who suggested she could make more money that way. Meeker started out as a waitress, but soon became an exotic dancer.

“Drugs were involved and I eventually became trapped in that lifestyle,” she recalled. “It turned out my ‘friend’ wasn’t really a friend at all. He was getting kickbacks for bringing young women into the strip clubs.”

Eventually, Meeker escaped that exploitation and now works as a nurse. To help others trapped in human trafficking, she also leads “White As Snow” ministries, which is affiliated with the Kalkaska Church of Christ. Its mission is to help those working in the sex industry to find a way out. The group also helps those with addiction and mental health issues.

People who think northern Michigan is “insulated” from sex trafficking because of geography or demographics need to know that “definitely isn’t true,” Meeker said: “Walking down the street [in Traverse City], I’ve seen older men with much younger women who looked frightened. You have to be careful and know how to respond safely.”

Sex trafficking by out-of-towners seems more prevalent in the summer months, she said, adding that forced prostitution in the wintertime is often associated with drug addiction and/or mental health issues.

Nelson got involved in the Coalition to Combat Human Trafficking after hearing Solem speak at a county commission meeting. “Sometimes God is pushing you in a direction that you may be reluctant to go, but it also feels right to act on that push,” he said. “That’s what happened to me.”

For those who doubt sexual trafficking occurs in the Traverse City area, Nelson recalled a harrowing story about a local waitress who was approached by a man claiming to be a world-



renowned surgeon: “When she was bringing over some wine to his table, the man grabbed her hand and said: ‘Oh, you have the hands of a surgeon...you should go into surgery.’”

The scammer gave the waitress a flyer and suggested that they meet to discuss her future career in medicine. The bogus flyer listed an address in the Miami, Florida, area.

Nelson took the initiative to look it up, only to find that the man lived in Chicago. The address given on the flyer was in a neighborhood with tire repair shops and similar establishments – not a doctor’s office in sight.

Human traffickers often use fraud, fear and coercion to lure their victims into captivity, officials said.

For example, they might invite a young woman to come to a local hotel to find out about “modeling opportunities” or they might offer temporary employment work to homeless people. In such cases, the victims may be quickly transported out of the area and kept incommunicado from their families.

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## **Just The Facts**

Some common signs of human trafficking:

### **Physical Health**

Unexplained injuries or signs of prolonged physical abuse

Untreated health problems

Signs of physical restraint or confinement

### **Mental Health, Behavior**

Severe anxiety, depression, or post-traumatic stress disorder (PTSD)

Unusually fearful or submissive behavior, especially in the presence of others

Unwillingness or inability to speak openly, or scripted responses in social interactions

Inconsistencies in their story, obvious gaps, inability to provide details about their background

### **Control, Coercion**

Lack of personal possessions, identification documents or financial records

Not in control of their money, no bank account

Always accompanied by another individual who seems to control them or speak for them

### **Work Conditions, Living Situations**

Unexplained or sudden changes in behavior, school performance, or daily routines

Living in poor conditions or excessively secure places

Working extremely long hours or under unusual conditions

*(Sources: Orphan's Hands nonprofit; Michigan Attorney General's Office; various federal and state law enforcement reports)*

### **More Information**

To report a case of suspected human trafficking, safely and confidentially, call the National Human Trafficking Resource Center toll-free at 1-888-373-7888, or send a text to 233733. This is a national, toll-free hotline, is available to answer calls, texts, and chats from anywhere in the country, 24-hours a day, 7-days a week, every day of the year. If you prefer, you may also contact local law enforcement.

Victims of human trafficking are also encouraged to call 1-888-373-7888 to get help and resources.

To learn more about the global problem of human trafficking, including its impact in the U.S., visit [www.polarisproject.org](http://www.polarisproject.org). The Polaris Project is a nonprofit organization founded in 2007 to combat human trafficking and connect victims with available resources. It operates the largest known dataset on human trafficking in North America.

Another way to help: The Coalition to Combat Human Trafficking is seeking sponsors for its June 2024 law enforcement training session. To donate or sponsor the program, visit them online at: <https://wefightforthem.org/>. Or send an e-mail to: [CoalitionHTKids@gmail.com](mailto:CoalitionHTKids@gmail.com). The mailing address is: P.O. Box 7062, Traverse City MI, 49686.

[https://www.record-eagle.com/news/local\\_news/no-short-term-rentals-county-adopts-new-pilot-policy/article\\_d8313778-b58c-11ee-aeff-e37ab1f2c3cd.html](https://www.record-eagle.com/news/local_news/no-short-term-rentals-county-adopts-new-pilot-policy/article_d8313778-b58c-11ee-aeff-e37ab1f2c3cd.html)

## **‘No short-term rentals’: County adopts new PILOT policy**

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

Jan 19, 2024

TRAVERSE CITY — New workforce housing projects supported by tax incentives will not be eligible for use as short-term rentals, according to a policy approved this week by the Grand Traverse County Board of Commissioners.

This PILOT policy, the county’s first, provides tax incentives to developers willing to build below-market-rate rental units in the area. Traverse City already has a separate PILOT policy in place.

PILOT stands for “payment-in-lieu-of-taxes” – a relatively new program that encourages the construction of rental units at below-market rates. Several state laws passed in 2023 authorize counties to collect a percentage of rental income instead of the usual property taxes for those properties.

To qualify for a PILOT tax abatement under state regulations, developers must promise to target renters who earn between 80 and 120 percent of area median income.

The current area median income for Grand Traverse County is about \$89,900 according to the U.S. Department of Housing and Urban Development. That means a household with two adults earning about \$45,000 each would be at 100% of the AMI for this area.

Under the new policy, workforce housing units (rental apartments) cannot be rented out for any period less than 30 days. However, extra bedrooms could be sublet as long as the original renter uses the space as his or her primary residence.

Property developers and/or owners will be responsible to verify income limits and residency requirements, board members agreed. Furthermore, developers are required to submit PILOT applications to the county at the same time as they are submitted to localities, such as townships or Traverse City.

So-called “workforce housing” is not the same thing as “affordable housing,” emphasized Commissioner T.J. Andrews. The greatest need in the area is for housing below 60 percent of AMI, she said. However, those less expensive rental units are difficult to find, forcing some renters to live many miles away from where they work.

Using that logic, Andrews argued that the income range for PILOT-supported projects should be limited to 80 to 100 percent AMI at most – not the 120 percent of AMI in the revised policy.

“All the studies show we have an extreme need to offset market rates,” she said. “The lower you go in monthly rent, the greater the demand. I believe 120 AMI is at or above market rates – so it really isn’t

below-market rate housing. Properties for lower-income people are being ‘poached’ by those with higher incomes.”

Other commissioners argued for keeping the 80 to 120 percent AMI range, saying it will encourage more rental housing construction projects in the area.

“Buying a house is an emotional process, but building a large [housing] project is all about the numbers,” said Commissioner Darryl Nelson. “Developers aren’t married to Grand Traverse County, they’re married to the finances.

“If we limit the AMI to 100 percent, maybe those developers will go to Benzie County or Altoona, Pennsylvania, or wherever. The [non-local] banks that finance these projects don’t give a lick where it’s located as long as it’s financially viable.”

After further discussion, the 80 to 120 percent AMI range was preserved in the new PILOT policy.

In a related move, the board approved a modified PILOT plan for Wallick Communities, an Ohio-based company that is planning to build a 192-unit rental housing project near Chum’s Corner.

Wallick Communities expects to break ground this spring on a project called “Corners Crossing Apartments.” It will be located on 16 acres of land just west of the Chum’s Corner intersection near the Stone House Bread store.

Rental rates for the new project are targeted at about 63% to 93% of the area median income. Based on current income levels in Grand Traverse County, that means about \$1,100 per month for a one-bedroom apartment up to \$2,140 per month for a two-bedroom unit.

Blair Township is requiring Wallick to pay an additional 2 percent of rents to fund local emergency services, on top of the 2 percent for PILOT reimbursements. In contrast, the county will waive that additional amount. The motion passed on a 6-3 vote with commissioners Jewett, Hentschel and Sieffert voting no.

At its meeting Wednesday, the board also heard extended comments from Brian Martinus, interim chief executive officer of Northern Lakes Community Mental Health, which serves clients in six counties.

Martinus explained that Northern Lakes is now instituting “key performance indicators” to track important operational and quality factors. At the same time, the agency is also undergoing an in-depth auditing process managed by the Northern Michigan Regional Entity.

NMRE manages Medicaid funding for behavioral health services in 21 counties in northern Lower Michigan. Once it completes the Northern Lakes audit, Northern Lakes will begin a search for a permanent CEO.

The next regular meeting of the Grand Traverse County board is scheduled for 9 a.m. Wednesday, Feb. 7, at the governmental center, 400 Boardman Avenue.

N O R T H E R N  
L A K E S

# Examiners find suspected collusion, possible fraud

**BY PETER KOBS**

pkobs@record-eagle.com

TRAVERSE CITY — Independent examiners found signs of suspected collusion and possible financial fraud at Northern Lakes Community Mental Health Authority during a five-month assessment of the organization.

They also recommended a forensic investigation of Northern Lakes' finances to gather evidence for possible use by law enforcement.

Those findings, and others, were presented verbally at a special meeting of the Northern Lakes board on Tuesday afternoon. A full written report on financial findings won't be issued until the forensic investigation is complete, which could take "several months," officials said.

**SEE PROBE PAGE 2A**

# PROBE

*Examiners find suspected collusion, possible financial fraud*

FROM PAGE 1A

"We are aware of potential or suspected collusion by two individuals in the [Northern Lakes] finance department," said Richard Carpenter, CPA, director of public sector finance and accounting solutions at Rehmann Robson & Co. "This potential ... puts our assessment in a new light."

If internal financial controls were overwritten, or if specific documents were fabricated to support transactions that didn't occur, a regular audit would not reveal those problems, he explained. That's why a full forensic investigation is needed.

Financial areas of possible concern include payroll transactions, invoice payments, accounting journal entries and billing transactions, Carpenter added.

"We are struggling to find evidence on how overhead and administrative costs ... are being allocated to grants and other business opera-



Record-Eagle/Jon-Michael Stump

**Northern Lakes Community Mental Health board members, from left, Ty Wessell, Greg McMorrow and Ben Townsend listen to independent examiners discuss finding signs of suspected collusion and possible financial fraud during a five-month assessment of the organization during the board's special meeting on Tuesday afternoon in Traverse City.**

tions," he said.

Northern Lakes serves adults with mental illness; people with intellectual and developmental disabilities; and children with serious emotional disturbance in six counties: Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford.

Management and operational problems have plagued Northern Lakes in recent years. In September 2023, Joanie Blamer, chief operations officer, and Lauri Fischer, chief financial of-

ficer, were placed on paid administrative leave pending an unspecified investigation.

Fischer is no longer with the organization, according to an email sent this month to board members and others, while another member of the leadership team, Matt Leiter, who served as human resources director, was previously fired.

During Tuesday's meeting, Rehmann officials did not name the current or former Northern Lakes employees who may have been involved in financial irregularities.

The Northern Michigan Regional Entity, which manages Medicaid funds for community mental health agencies, began overseeing Northern Lakes in August 2022 and appointed interim CEO Brian Martinus at that time. The agency has been without a permanent CEO for more than two years.

NMRE also authorized the in-depth assessment by Rehmann that was presented on Tuesday. On Monday, it also authorized a full forensic investigation of Northern Lakes.

Board member Mary Marois asked Carpenter if Northern Lakes might be forced to return money to NMRE if financial fraud involving Medicaid money is documented.

"Yes, that's one of my greatest concerns," he replied.

In addition to financial controls, Rehmann officials also examined the human resources situation at Northern Lakes. They interviewed 49 employees directly and received input from 233 employees via a confidential online survey. The assessment team also talked to Northern Lakes clients.

During interviews, employees cited an environment of "fear, retaliation and lack of trust that came from three

members of the organization," said Kerreen Conley, a public sector consultant for Rehmann who focuses on human resource issues.

"I'll note that the Northern Lakes HR team that is working on this now is relatively new and is facing challenges from the time of [previous] leadership," she added.

Conley recommended multiple changes in the human resources operation at Northern Lakes.

For example, favoritism in the wage adjustment system under previous leaders led to pay inequities, she said.

"If you were well liked by a particular group of individuals, you got a raise ... or if you weren't, that sat on the wayside."

She also cited a hiring process that was "very inconsistent" and that some areas hired people "outside the human resources process."

Other problem areas noted by employees include a lack of accountability, communications and teamwork. Conley also said that Northern Lakes is using out-of-date policies for equal employment opportunity, eligibility to work in the United States and training.

Employees also said that workplace safety issues were ignored in some cases, and that newly hired supervi-

sors were not given adequate training to do their jobs.

Some employees who had been with Northern Lakes for years have never had a performance evaluation, Conley added, and exit interviews were rare.

On the positive side, Conley noted that interim CEO Brian Martinus is developing a new, comprehensive human resources book for employees that will feature many updated policies for the organization.

"A lot of things are happening in the organization that will take time to overcome," she said, adding that having an interim CEO was adding "stability" to the agency.

Northern Lakes operates under an "enabling agreement" with the six counties it serves.

Following Tuesday's special meeting, Grand Traverse County Administrator Nate Alger said he "wasn't surprised by the Rehmann presentation," but that "it could have been worse." He praised the decision to use forensic investigators to gather further evidence of possible criminal activity.

The next meeting of the Northern Lakes board is scheduled for Feb. 15 at the authority's Grayling location, which is located at 204 Meadows Dr.

# On the Move with Mobile Crisis Care

**Helping people (and avoiding tragedy) anywhere in northern Michigan**

By [Ross Boissoneau](#) | Jan. 27, 2024

A recently developed collaborative program is providing those facing a mental health emergency in Grand Traverse County an option beyond first responders or a trip to the emergency room.

“If someone is in a mental health crisis, they should be talking to a mental health clinician,” says Nancy Stevenson, the COO of Northern Lakes Community Mental Health Authority (NLCMHA) in Grand Traverse and Leelanau Counties.

This mobile mental health crisis program, which went live last May, includes professionals from NLCMHA working alongside the likes of the Grand Traverse County Sheriff’s Department, Addiction Treatment Services (ATS), Traverse City Police Department (TCPD), and other partner organizations. “We all worked together” to bring the program to fruition, Stevenson says.

## *How It Works*

NLCMHA defines their mobile crisis care as “short-term, on the phone or face-to-face services intended to restore an individual’s or family’s functioning level to where it was before the crisis. Mobile mental health crisis response offers adults as well as children and families an opportunity to de-escalate a situation or problem in the least restrictive setting, while also developing strategies to address any future safety concerns.”

Stevenson says the service provides a crucial link to the community. “What was missing was in a crisis, they [those suffering a mental health emergency] would have to come to us. It’s better for us to go,” she says.

The “mobile” in mobile crisis care means that the team comes to you when a crisis hits. Clinical therapist Brad Neuder serves as the program’s community liaison, the point person for the community response to someone’s mental health crisis.

“I triage, determine the level of care” the person needs, he says. “I team up with others in other services: Goodwill Inn, ATS, etc. Our motto is, ‘Put the community back in community mental health.’ We meet the person where they’re at—in the community, in their home, etc. Each crisis is different.”



Neuder says a number of people can request a person be seen by a mental health professional such as himself in the field, including “the individual, a business or property owner, emergency services, or a family member.”

Clinical therapist Lauren Franklin of NLCMHA says people are now less reluctant to address mental health challenges. “There’s been less stigma since COVID,” she says. She says it’s also important to note that a mental health crisis needn’t be a big event. “We respond to anything—thoughts of suicide to behavioral [problems].”

### *How It’s Going*

Sheriff Michael Shea is a big believer in the program. He says in the past, the various organizations had a difficult time working together.

“It was a bureaucratic mess. What I think is really, really amazing is how law enforcement, Northern Lakes, Addiction Treatment Services are coming together and working so closely,” he says. He adds that the joint program allows all the partners to see the whole picture, where previously they might only be aware of that part their organization was directly responsible for.

Shea says he and his officers are well aware that interactions between those having a mental health crisis and police can go off the rails and lead to disaster. “It can turn into tragedy,” he acknowledges. That has led him to ask, “Does law enforcement need to be involved, or is there a better tool?”

Chief Matt Richmond of the Traverse City Police Department agrees with Shea that collaborating with other services makes sense and actually relieves pressure on law enforcement. He says that over his 20 years in the department, the various organizations focused on their individual missions. “Now we see them all come together,” he says.

The group holds monthly meetings to discuss their individual challenges and successes. Each still concentrates on its own area of expertise, but they’re no longer closed off from other organizations and unaware of others’ efforts. “We all have our areas of expertise, but there are no silos,” says Shea.

### *How It’s Growing*

Paula Lipinski, CEO of Addiction Treatment Services, echoes that sentiment. “Living in silos hasn’t been effective,” she notes. “We are all as leaders of agencies acknowledging we need each other. That was the point of hiring Jenn.”

Jenn Holm is a social worker for the TCPD, working as part of the Quick Response Team (QRT) and with the collaborative mobile mental health crisis program. “We partner with 45 agencies,” she says, including Goodwill, Safe Harbor, Traverse Health Clinic, and others. Members of vulnerable populations often face consistent issues, and QRT can assist those facing at least two of three determining factors to persons within the city limits: mental health challenges, substance abuse, and homelessness.

From its inception on Nov. 1, 2022, to Dec. 31 last year, there have been 238 referrals, with 175 of those deemed eligible for the program. Those who were not eligible either did not meet the two of three factors or were outside the city; they were referred to other agencies.

Holm says 130 of the 175 individuals signed up to participate in the program, which offers those in crisis options they might not otherwise know of. “It can be a bridge between the community and the police,” she says, as when someone who might want treatment is reluctant to call law enforcement.

While the QRT is restricted to Traverse City proper, the mobile crisis intervention services reach across Grand Traverse County. Holm and others say the hope is that over time the program’s reach will extend to other areas as well.

### *How It’s Helping*

Neuder says he also makes it a point to practice proactively as well as reactively, visiting homeless encampments, shelters, and riding along with law enforcement, anywhere there may be people in need of emergency mental health services. “I’m a ghost in the office. Between 75 and 80 percent of my work is out in the field,” he says.

Such an approach breeds familiarity, which Stevenson says is vitally important. “Those individuals know Brad,” she says, from his work at the Pines, Safe Harbor, the library, and other places where the unhoused gather. “They trust him.”

The concept of trust also extends to the partner organizations. The more they work together, the more comfortable they get with one another. “It breaks down the stigma of a social worker in law enforcement,” Neuder says. “They don’t always see eye to eye. Now officers feel very comfortable with Jenn as they’ve seen it work.”

That feeling extends to the rest of the mobile mental health crisis network, where the relationship with individuals such as Neuder provides assurance and assistance, not competition. “Brad says anytime, just call me. It allows our officers to make that contact,” says Richmond.

Shea adds the fact Traverse City police and sheriff’s officers can use an iPad to immediately communicate with mental health professionals while on scene is a huge boon. They can ask if the person they’re helping is willing to speak with a mental health professional and instantly talk with one.

“If we can stabilize and de-escalate, it’s a win,” Shea concludes.

[https://www.record-eagle.com/news/northern-lakes-forensic-probe-deepens/article\\_5becc1e0-c2a3-11ee-aa46-b3dee4fbabbb.html](https://www.record-eagle.com/news/northern-lakes-forensic-probe-deepens/article_5becc1e0-c2a3-11ee-aa46-b3dee4fbabbb.html)

## Northern Lakes: Forensic probe deepens

- By [Mardi Link](#) [mlink@record-eagle.com](mailto:mlink@record-eagle.com)

TRAVERSE CITY — Current and former employees of the region’s largest mental health organization more than two years ago described working conditions there as a dysfunctional “culture of fear.”

About that same time, board members of Northern Lakes Community Mental Health Authority questioned some expenditures and began asking for detailed financial reports.

As early as 2021, some elected officials said they’d tried working with a Northern Lakes’ top executive — now on paid administrative leave — and were met with a “my-way-or-the-highway” attitude.

And a steady stream of friends and family of people experiencing mental health crises have attended board meetings to say they feel abandoned by an organization mired in bureaucracy.

“We understand there are systemic issues that inform and impede what our organizations and institutions see as tenable,” Allison Zimpfer and Courtney Wiggins, on behalf of their unnamed friend, said during the public comment portion of the Dec. 21 board meeting.

“We cannot accept that individuals, who need support to become and stay safe, experience a rotating door of acute hospital stays, medication regimens, and encouraging words,” they said.

Board Chair Ben Townsend on Friday declined to say whether he thought the framework the board uses for oversight — a hands-off governance style called the Carver Model — contributed to these issues.

But days before, during a special meeting, the \$45,000/month consultants Northern Lakes hired in August confirmed multiple systemic financial and human resources failings at the \$90-million organization.

“The environment that they were working in was one of fear, retaliation and a lack of trust,” Rehmann Group consultant Kerreen Conley said, echoing what several employees previously told the Record-Eagle.

“There are pages and pages of employee comments that were very honest and brutal,” Conley said. “Ultimately, there’s a lot to overcome from the past.”

Richard Carpenter, also of the Rehmann Group, focused on the organization's finances and he, too, shared troubling findings.

Policies were ineffective, and evidence may point to intentional accounting errors, collusion between two unnamed finance department employees and other inappropriate activity, Carpenter said.

"That puts our assessment, and really all of the financial operations of the organization, in a different light," Carpenter said.

Former Chief Financial Officer Lauri Fisher was placed on administrative leave in September and is no longer with the organization, officials previously said.

An unnamed finance department employee was last month either fired or allowed to resign, records show.

### **From assessment to investigation**

Carpenter said the Northern Michigan Regional Entity, the Medicaid funder now overseeing Northern Lakes in an emergency manager-type roll, approved Rehmann's proposal to investigate further.

Escaping mention at the special meeting, however, was a U.S. Homeland Security investigation of \$283,000 an email scammer netted from Northern Lakes, as acknowledged by officials in October.

On Friday, Townsend, the only member of the board authorized to speak to reporters, said he'd withhold comments on consultants' findings for now.

"Until the forensic investigation is completed, it would be inappropriate and premature for the Board to comment upon the forensic investigation," Townsend said. "The Board looks forward to receiving and discussing the results of the forensic investigation upon its conclusion."

Eric Kurtz, NMRE's chief executive officer, did not return calls seeking comment Friday, although Carpenter said the proposal was presented and approved by NMRE's board prior to Northern Lakes' special meeting.

Private investigators and others will soon dig into Northern Lakes' payroll, vendor invoices, journal entries, billing transactions and other records to learn if internal controls were overwritten and documentation fabricated.

### **Carver Model criticism**

Northern Lakes provides services in six counties — Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford — and as many as 16 board members are appointed to three-year terms by their respective county commissioners.

The organization receives the majority of its funding from Medicaid, the MI Choice Waiver program, grants, other state funds and county taxes, and releases an annual report to the public to show where the money goes.

That annual report, available on the organization's website, does not contain line-item expenditures, which traditionally were not shared with the board during budget discussions, members previously said.

Consultants Conley and Carpenter delivered their findings and announced the pending investigation to the sober faces of Northern Lakes board members during a 35-minute special meeting Tuesday afternoon.

In December, the board voted unanimously for an ad hoc committee to seek an alternative to the Carver Model, which calls for a board to oversee the organization's CEO, who is granted broad powers over the organization.

The Carver Model, meeting minutes show, directs the board to regularly address nebulous-sounding agenda items such as "ownership linkage" and "global executive limitations," but take a more hands-off approach to pragmatic concerns such as employee complaints and line-item expenditures.

"The ad hoc committee is engaged in these discussions," Townsend said Friday, "and intends to present its initial recommendations to the Board, hopefully at its March meeting."

Townsend on Tuesday asked Carpenter if Rehmann's forensic investigation would be "exhaustive."

Carpenter said private investigators and others would begin with fiscal year 2023 (Oct. 1, 2022-Sept. 31, 2023) and go where the evidence might lead.

Of concern to community members, nonprofit leaders and officials, who spoke anonymously for fear of possible retaliation, is how much these controversies are costing.

A calculation from meeting minutes, internal documents and news tips, of administrative leave pay, consultant pay, the email scam, previous payroll errors for at least one leadership team member and other costs, put the total expended since September at more than \$600,000.

### **Secretive past, uncertain future**

This is not the first time the words Northern Lakes and private investigator have been used in conjunction with one another.

In 2021, Stephanie Annis was fired from her job as a Northern Lakes case manager, therapist and social worker for what NLCMHA records showed was a billing issue.

Annis, who was among the first to sound the alarm about the culture of fear, told the Record-Eagle in 2021 that she liked her job and received excellent performance reviews — but was fired in retaliation for speaking positively about another terminated employee.

Annis and the other terminated employee, Rob Ordiway, each filed Equal Employment Opportunity Commission complaints against NLCMHA, records show, after being interviewed by Grand Rapids attorney and private investigator Keith Brodie.

Internal invoices, previously provided to the Record-Eagle in response to a Freedom of Information Act request, showed Brodie was hired to investigate a possible romantic relationship between two now-former employees.

“We were invited to a meeting to supposedly talk about how we were doing under COVID,” Annis told the Record-Eagle in 2021. “Then, when we got there, we were told the man was a private investigator, hired by the interim CEO, to look into . . . a possible affair with another staff member.”

The interim CEO at that time was Joanie Blamer, who the board in April 2022 announced they had offered the permanent job to, but then rescinded that offer less than three months later.

Ordiway, records show, also applied for the post, but was not a finalist.

Blamer for several months continued to serve as interim, then was placed on paid administrative leave in mid-September for what officials say is an unspecified “pending investigation.”

Blamer has declined to comment, citing the ongoing nature of the dispute.

The current interim CEO, appointed in October, is Brian Martinus — and his efforts, along with those of longtime Northern Lakes employees, were singled out by Rehmann Group consultants as rare bright spots.

“I appreciated their cooperation and willingness to talk,” Conley said. “Nobody said they didn’t want to talk – and some we didn’t invite asked to talk.”

Attempts to reach Annis for comment were unsuccessful and Ordiway declined to comment on Northern Lakes’ previous and current controversies.

But Ordiway did say he continues to support the organization’s mission, largely because of skilled clinicians and others who stayed in their jobs, despite the problems and publicity.

Deserving of specific praise, he said, is Traverse House Clubhouse and contract providers, Magnolia and MI Independent Living.

“This organization is filled with unsung heroes,” Ordiway said.

Rehmann consultants said there is, so far, no written financial report, although a written human resources report is expected to be presented to NMRE's board at its next meeting on February 28.

<https://www.traverseticker.com/news/auditors-suspect-financial-fraud-at-community-mental-health/>

## Auditors Suspect Financial Fraud at Community Mental Health

By Beth Milligan | Jan. 31, 2024

A firm auditing Northern Lakes Community Mental Health Authority (NLCMHA) told board members at a special meeting Tuesday it suspects financial fraud within the organization – a discovery that brought the audit to an abrupt halt, as a forensic investigation into possible criminal activity will now take over. Three individuals so far are suspected of potentially fraudulent conduct. That was one of several grim updates for board members as auditing firm Rehmann outlined a series of concerns about NLCMHA’s finance and human resources departments.

Northern Michigan Regional Entity (NMRE) – which manages the Medicaid funding for behavioral health services in 21 counties and is currently overseeing NLCMHA – approved hiring Rehmann last fall to audit the organization. Rehmann’s Richard Carpenter said that through the firm’s early assessment and interactions with NLCMHA Interim CEO Brian Martinus, auditors “became aware of the potential – or the suspicion of potential – collusion between individuals within the finance department.” Collusion refers to when two or more individuals work together to hide something or engage in fraudulent activity. It’s especially damaging in finances, because it means the organization’s internal controls – the checks and balances that are supposed to prevent fraud – are overrun.

“A lot of internal controls, including those at Northern Lakes, assume that at least two people are putting eyes on transactions, typically a preparer and a reviewer and approver,” explained Carpenter. “In the presence of potential or suspected collusion, that information is no longer reliable. So that opens the door for us to question, is there inappropriate activity that has occurred during fiscal year 2023 or before?”

After realizing there was suspicious activity, Rehmann received approval from NMRE to halt the audit and switch to a forensic investigation, Carpenter said. “A forensic investigation looks more at the details of specific transactions, including payroll transactions, invoice transactions, journal entries, and potentially billing transactions related to the organization to determine if internal controls were either overridden or documentation may have been fabricated to support transactions that maybe did not exist,” Carpenter said.

The forensic investigation will likely take a few months to complete, though that could go longer depending on what Rehmann finds, Carpenter said. Investigators will be looking into potential misappropriation of assets and fraudulent financial reporting, as well as “unintentional inappropriate financial reporting that may have occurred,” Carpenter said. A NLCMHA board



member asked whether multiple employees were suspected of wrongdoing or if one employee might have been engaged in fraud while another just missed it or failed to do their job properly.

“We don’t have specific evidence,” Carpenter replied. “But yes, we have enough to suspect that it may have been intentional on (the part of) two people.” After further board questioning, Martinus disclosed that two individuals suspected of collusion are no longer employed at NLCMHA, while a third is on administrative leave. He did not name the individuals involved.

Noting that NLCMHA undergoes regular financial audits annually, board members questioned how those audits could have missed something was awry. Carpenter said that even the American Institute of Certified Public Accountants (AICPA) acknowledges that when collusion is present, a “financial statement audit may not be effective.” That’s because those audits rely partly on internal controls, which can be invalidated by collusion, and also because staff members colluding can fabricate certain documents requested by an auditor to make things look legitimate. “This is something that an audit firm would not necessarily know is occurring,” Carpenter said.

Rehmann will also be looking at contracts as part of the investigation, Carpenter said, confirming in response to board questions that the misuse of Medicaid dollars was a concern. “From my perspective, one of the greatest concerns is if we were to find that the allocation of administration costs were inappropriate to funding sources, there’s the potential that the NMRE has borne a Medicaid cost higher than it should have and other funding sources have not borne their fair share of that cost,” he said. “And so (that) therefore would result in a giveback of Medicaid funds to the NMRE, as a single example.”

Carpenter flagged other concerns in Rehmann’s financial assessment. He said certain policies and procedures were written intentionally to give the finance department “a lot of flexibility” to make judgment calls on certain activities, which opens itself to “inconsistent treatment for certain transactions.” On the flip side, he said, department heads and budget managers have too little discretion in their purchasing power and need more flexibility to operate more effectively. Carpenter also said some grants were not being efficiently utilized at NLCMHA. “The sense that we’re starting to get on some grants is...get the money first and then figure out how to use the money second,” he said.

Rehmann’s Kerreen Conley gave an update to board members on the firm’s audit of human resources. She said NLCMHA employees were “very cooperative” in sharing feedback, with Rehmann conducting 49 interviews and additionally hearing from 233 employees in an engagement survey. Their responses – which she called “very honest and brutal” – reflected an environment of “fear, retaliation, and a lack of trust,” particularly under past leadership, she said. Wage increases appear to have been awarded on a preferential and not equitable basis, Conley said, and access to performance reviews, exit interviews, and employee handbooks haven’t been available historically.

Conley said there were also issues with the organization’s hiring practices, as well as with its I-9 forms – documents that prove employees are authorized to work in the U.S. Conley recommended a “full I-9 audit” be completed, noting that organizations can incur penalties if those forms are’t in proper order. She also suggested providing “mentorship and guidance” for

the organization's new HR manager. "Ultimately there's a lot to overcome from the past, but I think they're taking some strides," Conley said of staff.

While board members asked several questions Tuesday, they did not extensively discuss the findings of Rehmann's report. That discussion may follow at upcoming meetings, as Rehmann expects to provide a written report to NMRE and then the NLCMHA board in February on its human resources audit, which will include recommended changes and improvements. The outcome of the forensic analysis will likely follow this spring or summer, depending on how long the investigation takes.

[https://www.record-eagle.com/news/local\\_news/northern-lakes-examiners-find-suspected-collusion-possible-financial-fraud/article\\_7f0f6bb6-bfc2-11ee-8da7-6bce5b8f1af3.html](https://www.record-eagle.com/news/local_news/northern-lakes-examiners-find-suspected-collusion-possible-financial-fraud/article_7f0f6bb6-bfc2-11ee-8da7-6bce5b8f1af3.html)

## **NORTHERN LAKES: Examiners find suspected collusion, possible financial fraud**

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

TRAVERSE CITY — Independent examiners found signs of suspected collusion and possible financial fraud at Northern Lakes Community Mental Health Authority during a five-month assessment of the organization.

They also recommended a forensic investigation of Northern Lakes' finances to gather evidence for possible use by law enforcement.

Those findings, and others, were presented verbally at a special meeting of the Northern Lakes board on Tuesday afternoon. A full written report on financial findings won't be issued until the forensic investigation is complete, which could take "several months," officials said.

"We are aware of potential or suspected collusion by two individuals in the [Northern Lakes] finance department," said Richard Carpenter, CPA, director of public sector finance and accounting solutions at Rehmann Robson & Co. "This potential ... puts our assessment in a new light."

If internal financial controls were overwritten, or if specific documents were fabricated to support transactions that didn't occur, a regular audit would not reveal those problems, he explained. That's why a full forensic investigation is needed.

Financial areas of possible concern include payroll transactions, invoice payments, accounting journal entries and billing transactions, Carpenter added.

"We are struggling to find evidence on how overhead and administrative costs ... are being allocated to grants and other business operations," he said.

Northern Lakes serves adults with mental illness; people with intellectual and developmental disabilities; and children with serious emotional disturbance in six counties: Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford.

Management and operational problems have plagued Northern Lakes in recent years. In September 2023, Joanie Blamer, chief operations officer, and Lauri Fischer, chief financial officer, were placed on paid administrative leave pending an unspecified investigation.

Fischer is no longer with the organization, according to an email sent this month to board members and others, while another member of the leadership team, Matt Leiter, who served as human resources director, was previously fired.

During Tuesday's meeting, Rehmann officials did not name the current or former Northern Lakes employees who may have been involved in financial irregularities.

The Northern Michigan Regional Entity, which manages Medicaid funds for community mental health agencies, began overseeing Northern Lakes in August 2022 and appointed interim CEO Brian Martinus at that time. The agency has been without a permanent CEO for more than two years.

NMRE also authorized the in-depth assessment by Rehmann that was presented on Tuesday. On Monday, it also authorized a full forensic investigation of Northern Lakes.

Board member Mary Marois asked Carpenter if Northern Lakes might be forced to return money to NMRE if financial fraud involving Medicaid money is documented.

"Yes, that's one of my greatest concerns," he replied.

In addition to financial controls, Rehmann officials also examined the human resources situation at Northern Lakes. They interviewed 49 employees directly and received input from 233 employees via a confidential online survey. The assessment team also talked to Northern Lakes clients.

During interviews, employees cited an environment of "fear, retaliation and lack of trust that came from three members of the organization," said Kerreen Conley, a public sector consultant for Rehmann who focuses on human resource issues.

"I'll note that the Northern Lakes HR team that is working on this now is relatively new and is facing challenges from the time of [previous] leadership," she added.

Conley recommended multiple changes in the human resources operation at Northern Lakes.

For example, favoritism in the wage adjustment system under previous leaders led to pay inequities, she said.

"If you were well liked by a particular group of individuals, you got a raise ... or if you weren't, that sat on the wayside."

She also cited a hiring process that was "very inconsistent" and that some areas hired people "outside the human resources process."

Other problem areas noted by employees include a lack of accountability, communications and teamwork. Conley also said that Northern Lakes is using out-of-date policies for equal employment opportunity, eligibility to work in the United States and training.

Employees also said that workplace safety issues were ignored in some cases, and that newly hired supervisors were not given adequate training to do their jobs.

Some employees who had been with Northern Lakes for years have never had a performance evaluation, Conley added, and exit interviews were rare.

On the positive side, Conley noted that interim CEO Brian Martinus is developing a new, comprehensive human resources book for employees that will feature many updated policies for the organization.

“A lot of things are happening in the organization that will take time to overcome,” she said, adding that having an interim CEO was adding “stability” to the agency.

Northern Lakes operates under an “enabling agreement” with the six counties it serves.

Following Tuesday’s special meeting, Grand Traverse County Administrator Nate Alger said he “wasn’t surprised by the Rehmann presentation,” but that “it could have been worse.” He praised the decision to use forensic investigators to gather further evidence of possible criminal activity.

The next meeting of the Northern Lakes board is scheduled for Feb. 15 at the authority’s Grayling location, which is located at 204 Meadows Dr.

[https://upnorthlive.com/news/local/examiners-suspect-possible-financial-fraud-at-northern-lakes-cmh?utm\\_source=sfmc&utm\\_medium=email&utm\\_campaign=id=146553&utm\\_guid=1cc2fcbd-1a6b-4e35-82b3-72604e58ef6a](https://upnorthlive.com/news/local/examiners-suspect-possible-financial-fraud-at-northern-lakes-cmh?utm_source=sfmc&utm_medium=email&utm_campaign=id=146553&utm_guid=1cc2fcbd-1a6b-4e35-82b3-72604e58ef6a)

# Examiners suspect possible financial fraud at Northern Lakes CMH

by Alli Baxter

Wed, January 31st 2024

Transcript Captions:

At the meeting, Northern Lakes interim CEO Brian Martinus said the two employees involved no longer work at Northern Lakes. A third employee is on administrative leave.

GRAND TRAVERSE COUNTY, Mich., (WPBN/WGTU) -- One of the largest community mental health organizations in the state is being investigated for possible financial fraud.

In a special meeting on Tuesday, Northern Lakes Community Mental Health Authority board members were told multiple employees are suspected of collusion.

"That suspicion of collusion puts our assessment and really all of the financial operations of the organization into a different light," said Richard Carpenter, the director of public sector finance and accounting solutions at Rehmann Robson & Co.

That's why what started as an assessment transitioned to a forensic investigation. According to Carpenter, collusion is when two or more people intentionally hide something.

"...and we have enough to suspect that it may have been intentional," Carpenter said.

Northern Lakes was being assessed financially the last few months outside of their normal yearly audit, but once independent examiners found what they suspected to be collusion between employees, it brought that assessment to a halt.

"We can no longer rely on the internal control structure of the organization," Carpenter explained. "So, a lot of internal controls including those at Northern Lakes, assume that at least two people are putting eyes on transactions, typically a preparer and a reviewer and approver and in the presence of potential or suspected collusion, that information is no longer reliable."

Examples of the information under investigation are the details of payroll, invoices and billing transactions. Carpenter said what's being searched for now is potential evidence of documentation that may have been fabricated to support transactions that did not exist. Carpenter said it could take several months to complete the investigation.

At the meeting, Northern Lakes interim CEO Brian Martinus said the two employees involved no longer work at Northern Lakes. A third employee is on administrative leave.

Grand Traverse County Commissioner Penny Morris was appointed to serve on the Northern Lakes authority board in 2021. Morris agreed to speak to UpNorthLive Wednesday in her role as a commissioner and not an authority board member.

"A couple of years ago, I came in and sat in this conference room and said to Nate Alger, we have got to fix our CMH. I don't know exactly what's wrong, but there's something that I can't put my finger on that doesn't seem right," Morris said.

This isn't the first financial related issue Northern Lakes has faced in the last year. In August 2023, it was reported the organization was the victim of a fake bank account scam.

"Part of the heartbreak of families living with mental illness is that it's very hard sometimes to receive services," explained Morris. "Sometimes our whole system isn't set up to be user friendly. I feel like it's very, very important for our communities that we get this right."

Northern Lakes has several partnerships with different entities across northern Michigan. When asked if any of the projects or partnerships would be affected by what's going on with the organization, Morris said she doesn't believe at this time they would be disrupted.

"I think people are afraid of that," said Morris. "There's really no way to answer that, but I wouldn't believe that it is. So, it's not just Northern Lakes. It's other entities too. It's not going to derail things, in my opinion."

That's because Morris said commissioners fully believe in the Northern Lakes staff.

"They're phenomenal. They do wonderful things for the community," said Morris. "The current management at Northern Lakes is just absolutely committed to seeing this through and making sure that it becomes an organization that we can move forward and be proud of."

**UpNorthLive News reached out to the Northern Lakes Interim CEO for comment on the financial investigation and he provided the following statement:**

*Northern Lakes Community Mental Health Authority and its staff are committed to providing world-class services to the consumers we serve. Our staff remains focused on the mission, vision, and values of the agency. We will work as an agency to build continued transparency and trust throughout our six counties.*

## In reckoning, opportunity for Northern Lakes

### OUR VIEW

For Record-Eagle readers, the litany of issues, including the "culture of fear" described in a recent Rehmann assessment of Northern Lakes Community Mental Health, weren't new.

For years, we've reported on Northern Lakes, a \$90-million organization that serves six counties and gets the majority of its funding from Medicaid, the MI Choice Waiver program, grants, other state funds and county taxes.

Mental health coverage is a fundamental part of our job. It's part of our history, as caring for those struggling with mental health had a 100-year reign as one of the region's top industries.

Yet we struggle to get care where it's needed, efficiently and effectively.

Oversight, transparency, fiduciary accountability continue to plague Northern Lakes. The agency is currently undergoing a forensic review from Rehmann Robson & Co., an independent examiner that charges \$45,000/month for their auditing services.

But a recent comment also is true: "This organization is filled with unsung heroes," Rob Ordiway, a previously terminated Northern Lakes employee pointed out last weekend.

Deserving of specific praise, he said, are Traverse House Clubhouse, contract providers Magnolia and MI Independent Living, and the skilled clinicians who stayed in their jobs, despite the problems and publicity. We're certain that there are many more employees, volunteers and others who care a great deal for those in crisis and the chronically afflicted. Today we spotlight Traverse House, a supportive, member-driven Clubhouse that receives CMH funding, but is not underneath its umbrella. Northern Lakes also is a part of several positive moves, including a new Grand Traverse Center for Mental Wellness at Munson Medical Center.

This investment, as well as others — Gov. Gretchen Whitmer hints at pushing funding to multiply Certified Community Behavioral Health Clinics that tackle mental health and substance use disorders in next year's budget, according to a Michigan Advance story — show that the issue is firmly on the public radar.

There are many in Northern Lakes, and outside it, who are working to better it. A full reckoning will move this forward.

We can move the whispers into shouts, and the shouts into positive change.





*Success in a setting that brings people together to help each other*

*Success in a setting that brings people together to help each other*

## A DAY AT TRAVERSE HOUSE

*Success in a setting that brings people together to help each other*

*Success in a setting that brings people together to help each other*

BY MARDI LINK

[mlink@record-eagle.com](mailto:mlink@record-eagle.com)

TRAVERSE CITY — Several days a week, a Northwest Food Coalition van pulls up to 105 Hall St. and, no matter the weather, people will be waiting outside to help unload.

“Coming through,” Justin Reed says, holding the double doors of Traverse House open for Vince Eaton, who carries in a box of fresh produce from the cold.

“Easy does it,” Chris Greilick says from her seat in Traverse Café, where members plan, prepare and serve lunch Monday through Friday.

“I wait on people. I’ll serve them their coffee. I like seeing people come in here,” Greilick says. “I try to come every day.”

Reed, Greilick and Eaton are among the more than 85 members of Traverse House, a community whose members experience mental illness and support one another as they job train, complete art and clerical projects, learn new skills and socialize.

Traverse House is nationally accredited by Clubhouse International, a New York City-based nonprofit advocating for people with mental illness to achieve their social, financial, educational and vocational goals.

While social programs may come and go; Clubhouse has endured.

Officially founded nationally in the late 1980s or early 1990s, locally a version of Traverse House has operated for at least that long.

“Isolation is not the answer to mental illness,” a mission statement on the now international organization’s website reads.

SEE HOUSE [PAGE 5A](#)



**Ben Layne, center, from Goodwill Northern Michigan delivers donated goods to Traverse House. From left, Holly Barton, Cheryl Askwith and Vince Eaton assist in carrying the items into the Hall Street facility.**

Record-Eagle photos/Travis Snyder



**Ben Layne of Goodwill Northern Michigan delivers donated goods to the Traverse House. Cheryl Askwith, on left, and Holly Barton assist in bringing items into the Hall Street facility.**

## HOUSE

FROM **PAGE 1A**

This same idea interpreted by Greilick is more joyful — “I just like talking to people.”

Traverse House Director Hannah Driver said she sees success every day in the daily lives of members, but also in the numbers.

In 2023, Traverse House gained 11 members, provided 10 YMCA scholarship memberships, supported four members who furthered their education, began working with two new employers (Bay Bread and Meijer Inc.), hosted two employment and education dinners and one fundraiser.

Other area businesses that have employed Traverse House members include Northwestern Michigan College’s Hagerty Center, Right Brain Brewery, Grand Traverse Industries and Little Caesars Pizza.

Membership is voluntary, and while Traverse House is financially supported by Northern Lakes Community Mental Health Authority, it is a separate entity and members do not need to receive services from Northern Lakes to join.

“Our net is quite wide as to who we can serve,” Driver said. “As long as someone can be independent in this space, we’re here.”

Members are included in decision-making about Traverse House operations and about their role. They choose how much or how little to participate, which goals to prioritize and how to achieve them.

But Driver said Traverse House is not a casual-only drop-in center and there is no child care available.

“Consistency is really important when you have a mental illness,” Driver says. “So we are able to have a routine, have a schedule – it helps to have that structure in place.”

Members are expected to keep to a “work-ordered day,” whether that means greeting arrivals, preparing food, updating and organizing records, helping set or review policies or even distributing bus passes — which member Trevor “Gus” Gustafson is sometimes in charge of.

Gustafson said he enjoys volunteering in the clerical area, getting information to people and directing them to what they need.

“I just like being here,” Gustafson said. “I like helping. I like doing good for people.”

The facility is open 8 a.m. to 4 p.m. Monday through Friday, one Saturday a month and limited hours on holidays, but it’s not all work.

At Traverse House, there is a social and recreation calendar listing activities for evenings and weekends – Pizza night at The Filling Station, for example, or a visit to a member who is temporarily homebound.

Driver said there are more accredited clubhouses in Michigan than any other state. Of the approximately 330 clubs in more than 30 countries, 200 are in the U.S. and about 40 are in Michigan.

“We’re really lucky our coalition is strong. We do a lot of work with other clubhouses around the state and our advocacy is strong with DHHS,” Driver said of Traverse House’s relationship with the state’s Department of Health and Human Services.

The success of clubhouse is a bright spot in the state’s response to mental illness, considering results of a study by the University of Wisconsin’s Population Health Institute, which ranked Michigan 35th in mental well-being.

The study analyzed the mental and physical wellbeing of residents in all 50 states, an index that includes statistics on income, frequency of mental distress, access to physical activities and population.

Michigan scored 48.2 out of a possible 100; Hawaii scored 91.4, West Virginia scored 5.6.

Michiganders struggle with more poor mental health days than the average American, with residents experiencing bouts of frequent mental distress 21.4 percent longer than the median for other U.S. residents, the study found.

Some Traverse House members live independently, others live in adult foster care homes, some live with family or in income-based apartments, Driver said, but housing is a challenge for some.

Traverse House works with Safe Harbor, Northwest Michigan Supportive Housing and Goodwill Inn’s street outreach team.

“We do have some members without housing, that is our biggest barrier to stabilization, the lack of adequate housing that is affordable in Traverse City,” she said.

Of Traverse House’s 85plus members, about nine do not have housing, Driver said.

That’s an uptick. In 2022, only two members did not have housing, Driver said.

Traverse House accepts financial support, which helps fund regular programs and activities as well as a food pantry, needed supplies and other expenses.

“When someone gets connected with clubhouse, their quality of life drastically improves,” Driver said. “They’re able to create a social network around themselves, have a structure and we really see them work toward their goals.”

A member’s goal might be getting out of the house one day a week, or it might be interviewing for a job.

Reed said his life has been better since joining.

“It might seem like a small step, working toward something, but for someone who has mental illness, it’s a very large leap,” Reed said.



**Chris Greilick takes her seat in Traverse Café, where members plan, prepare and serve lunch Monday through Friday.**

Record-Eagle/Travis Snyder

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# Northern Lakes CMH

December 2023

Preliminary  
Board Report

# Northern Lakes CMH

## Summary of Variances and Fluctuations

October 1, 2023 through December 31, 2023

### I. Assets

- 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.

### II. Operating revenue

- Amounts presented as FY 24 revenues and expenses are based upon MODIFIED ACCRUAL activities incurred during the period. Significant additional work has been completed and while the attached figures are not full accrual, amounts more closely approximate full GAAP accounting than in the November cash basis report.
- **Medicaid Capitation** - Estimated Medicaid expenses through December 31st are approximately \$762K less than the capitated payments received from NMRE. Certified rates include amounts to cover the direct care wage increase passed through on 10/1/23, however the rates do not factor in any overtime premium that may be required to be paid. The estimated revenue needed to cover expenses is about \$400K less than forecasted in the budget.
- **Healthy Michigan Capitation** - Estimated healthy Michigan expenses through December 31st are approximately \$662K greater than the capitated payments received from NMRE. The estimate revenue needed to cover expense is about \$40K less than forecasted in the budget.
- **General Fund Capitation** - Estimated expenses through December 31st are approximately \$123K more than the capitated payments received and the prior year carryforward. The estimate revenue needed to cover expense is about \$223K greater than forecasted in the budget. Due to the end of the Public Health Emergency, we are not serving spend down consumers requiring the use of General Fund before
- **MI Choice Waiver Capitated Revenue** - Amounts are based upon the capitation payments received.
- **Grant Revenues** - Adjustments to the cash basis activities have been made for grant revenues to match revenues and expenses as closely as possible.

### IV. Operating expenses

- **Salaries and wages and fringes** - Salaries and fringes are tracking right around \$2.1M per month and have been consistent.
- **Contractual Services** - YTD Contracted provider expenses have exceeded the same period last year by approximately \$1M. Funding for an increase in Direct Care Wages was passed along to all residential providers as of 10/1/2023 and represents a good majority of the increase. See attached NOLA Claims listing for additional comparative figures.



# Northern Lakes CMH

## Statement of Net Position

December 31, 2023

|   | (Unaudited)<br>December 31<br>2023 | (Unaudited)<br>December 31<br>2022 | Favorable<br>(Unfavorable) |
|---|------------------------------------|------------------------------------|----------------------------|
| <b>ASSETS &amp; DEFERRED OUTFLOWS</b>         |                                    |                                    |                            |
| Current:                                      |                                    |                                    |                            |
| Cash and cash equivalents                     | \$ 10,300,220                      | \$ 18,608,687                      | \$ (8,308,467)             |
| Investments                                   | 8,126,301                          | 5,815,589                          | 2,310,712                  |
| Due from other governmental units             | 5,099,588                          | 304,813                            | 4,794,775                  |
| Prepaid items                                 | 569,414                            | 291,857                            | 277,557                    |
| Total current                                 | 24,095,523                         | 25,020,946                         | (925,423)                  |
| Noncurrent:                                   |                                    |                                    |                            |
| Capital assets not being depreciated          | 1,870,395                          | 1,857,755                          | 12,640                     |
| Capital assets being depreciated, net         | 5,655,513                          | 4,537,658                          | 1,117,855                  |
| Deferred outflows - Pension                   | 2,033,495                          | 537,475                            | 1,496,020                  |
| Total noncurrent                              | 9,559,403                          | 6,932,888                          | 2,626,515                  |
| <b>Total assets and deferred outflows</b>     | <b>33,654,926</b>                  | <b>31,953,834</b>                  | <b>1,701,092</b>           |
| <b>LIABILITIES &amp; DEFERRED INFLOWS</b>     |                                    |                                    |                            |
| Current                                       |                                    |                                    |                            |
| Accounts payable                              | 4,241,668                          | 1,239,925                          | (3,001,743)                |
| Accrued wages and related liabilities         | 148,091                            | 22,870                             | (125,221)                  |
| Due to other governmental units               | 1,742,135                          | 6,565,304                          | 4,823,169                  |
| Self-funded insurance claims payable          | 383,142                            | 96,205                             | (286,937)                  |
| Unearned revenue                              | (123,096)                          | -                                  | 123,096                    |
| Other current liabilities                     | 93,716                             | 69,006                             | (24,710)                   |
| Compensated absences, due within one year     | 1,433,707                          | 1,386,866                          | (46,841)                   |
| Lease liability, due within one year          | 798,736                            | 921,499                            | 122,763                    |
| Total current liabilities                     | 8,718,099                          | 10,301,675                         | 1,583,576                  |
| Noncurrent                                    |                                    |                                    |                            |
| Compensated absences, due beyond one year     |                                    |                                    | -                          |
| Lease liability, due beyond one year          |                                    |                                    | -                          |
| Net pension liability                         | 5,188,225                          | 1,581,749                          | (3,606,476)                |
| Deferred inflows - Pension                    | -                                  | 1,696,876                          | 1,696,876                  |
| Total noncurrent liabilities                  | 5,188,225                          | 3,278,625                          | (1,909,600)                |
| <b>Total liabilities and deferred inflows</b> | <b>13,906,324</b>                  | <b>13,580,300</b>                  | <b>(326,024)</b>           |
| <b>NET POSITION</b>                           |                                    |                                    |                            |
| Net investment in capital assets              | 6,375,206                          | 6,375,206                          | 0                          |
| Current Year to date Revenue over Expenses    | 1,236,894                          | 901,018                            |                            |
| Unrestricted                                  | 12,136,502                         | 11,097,310                         | (1,039,192)                |
| <b>Total net position</b>                     | <b>\$ 19,748,602</b>               | <b>\$ 18,373,534</b>               | <b>\$ 1,375,068</b>        |

## Northern Lakes CMH

### Statement of Revenues, Expenses and Change in Net Position

October 1, 2023 through December 31, 2023

|   | (Unaudited)<br>YTD Dec 31<br>2023 | (Unaudited)<br>YTD Nov 30<br>2023 | Increase<br>(Decrease) |
|---|-----------------------------------|-----------------------------------|------------------------|
| <b>Revenues</b>                                   |                                   |                                   |                        |
| Medicaid Sources                                  |                                   |                                   |                        |
| Medicaid  | \$ 16,158,621                     | \$ 14,925,142                     | \$ 1,233,479           |
| Medicaid - Settlement                             | (762,619)                         | (2,009,934)                       | 1,247,315              |
| Healthy Michigan                                  | 1,403,871                         | 930,569                           | 473,302                |
| Healthy Michigan - Settlement                     | 662,628                           | 641,528                           | 21,100                 |
| State General Fund                                | 985,904                           | 633,292                           | 352,612                |
| Grants  | 573,367                           | 394,946                           | 178,421                |
| County appropriations                             | 256,685                           | 250,306                           | 6,379                  |
| Northern Healthcare Management                    | 2,617,857                         | 1,766,277                         | 851,580                |
| Other revenue                                     | 592,997                           | 322,388                           | 270,609                |
| Total operating revenue                           | 22,489,311                        | 17,854,514                        | 4,634,797              |
| <b>Employed Workforce and Agency Expenditures</b> |                                   |                                   |                        |
| Personnel   | 6,570,290                         | 4,248,164                         | 2,322,126              |
| Admin Contracts                                   | 408,385                           | 156,369                           | 252,016                |
| Direct Operations                                 | 1,157,066                         | 1,044,259                         | 112,807                |
| Contractual Servcies                              | 166,863                           | 99,697                            | 67,166                 |
| Transportation                                    | 107,422                           | 65,449                            | 41,973                 |
| Occupied Space                                    | 423,118                           | 249,075                           | 174,043                |
| Total Directly Provided & Agency Oversight        | 8,833,144                         | 5,863,013                         | 2,970,131              |
| <b>Contracted Provider Expenditures</b>           |                                   |                                   |                        |
| Autism Services Providers                         | 953,368                           | 757,113                           | 196,255                |
| Clinical Contract Providers                       | 481,939                           | 336,146                           | 145,793                |
| Daytime Activities Contract Providers             | 2,018,823                         | 1,411,662                         | 607,161                |
| FI Provided Self Determination                    | 442,724                           | 378,583                           | 64,141                 |
| Inpatient Services                                | 1,406,813                         | 2,440,881                         | (1,034,068)            |
| Theraputic Contract Providers                     | 96,803                            | 73,928                            | 22,875                 |
| Residential Contracts                             | 5,525,027                         | 5,054,366                         | 470,661                |
| CLS Providers                                     | 341,213                           | 216,512                           | 124,701                |
| Northern Health Care Mgt Services                 | 1,021,105                         | 358,211                           | 662,894                |
| Northern Health Care Mgt Respite                  | 8,318                             | 2,477                             | 5,841                  |
| Client Transportation Providers                   | 123,140                           | 60,604                            | 62,536                 |
| Total Contracted Provider Expenditure:            | 12,419,273                        | 11,090,483                        | 1,328,790              |
|   | 1,219,575                         |                                   |                        |
| Total operating expenses                          | 21,252,417                        | 16,953,496                        | 4,298,921              |
| Change in net position                            | 1,236,894                         | 901,018                           | 335,876                |

## Northern Lakes CMH

### Statement of Revenues, Expenses compared to Budget

October 1, 2023 through December 31, 2023

|   | (Unaudited)<br>December 31<br>2023 | YTD Budget<br>December 31<br>2023 | Favorable<br>(Unfavorable) |
|---|------------------------------------|-----------------------------------|----------------------------|
| <b>Revenues</b>                                   |                                    |                                   |                            |
| Medicaid Sources                                  |                                    |                                   |                            |
| Medicaid  | \$ 16,158,621                      | \$ 15,875,041                     | \$ 283,580                 |
| Medicaid - Settlement                             | (762,619)                          | -                                 | (762,619)                  |
| Healthy Michigan                                  | 1,403,871                          | 2,106,107                         | (702,236)                  |
| Healthy Michigan - Settlement                     | 662,628                            | -                                 | 662,628                    |
| State General Fund                                | 985,904                            | 762,690                           | 223,214                    |
| Grants  | 573,367                            | 624,085                           | (50,718)                   |
| County appropriations                             | 256,685                            | 256,685                           | -                          |
| Northern Healthcare Management                    | 2,617,857                          | 3,132,494                         | (514,637)                  |
| Other revenue                                     | 592,997                            | 546,837                           | 46,160                     |
| Total operating revenue                           | <u>22,489,311</u>                  | <u>23,303,939</u>                 | <u>(814,628)</u>           |
| <b>Employed Workforce and Agency Expenditures</b> |                                    |                                   |                            |
| Personnel   | 6,570,290                          | 7,890,749                         | (1,320,459)                |
| Admin Contracts                                   | 408,385                            | 312,870                           | 95,515                     |
| Direct Operations                                 | 1,157,066                          | 682,795                           | 474,271                    |
| Contractual Services                              | 166,863                            | -                                 | 166,863                    |
| Transportation                                    | 107,422                            | 186,034                           | (78,612)                   |
| Occupied Space                                    | 423,118                            | 498,314                           | (75,196)                   |
| Total Directly Provided & Agency Oversight        | <u>8,833,144</u>                   | <u>9,570,763</u>                  | <u>(737,619)</u>           |
| <b>Contracted Provider Expenditures</b>           |                                    |                                   |                            |
| Autism Services Providers                         | 953,368                            | 959,245                           | (5,877)                    |
| Clinical Contract Providers                       | 481,939                            | 979,562                           | (497,623)                  |
| Daytime Activities Contract Providers             | 2,018,823                          | 1,276,272                         | 742,552                    |
| FI Provided Self Determination                    | 442,724                            | 366,182                           | 76,542                     |
| Inpatient Services                                | 1,406,813                          | 1,713,750                         | (306,937)                  |
| Therapeutic Contract Providers                    | 96,803                             | 152,344                           | (55,541)                   |
| Residential Contracts                             | 5,525,027                          | 4,934,237                         | 590,791                    |
| CLS Providers                                     | 341,213                            | 788,420                           | (447,207)                  |
| Northern Health Care Mgt Services                 | 1,021,105                          | 2,320,081                         | (1,298,976)                |
| Northern Health Care Mgt Respite                  | 8,318                              | 20,109                            | (11,791)                   |
| Client Transportation Providers                   | 123,140                            | 222,975                           | (99,835)                   |
| Total Contracted Provider Expenditure:            | <u>12,419,273</u>                  | <u>13,733,176</u>                 | <u>(1,313,903)</u>         |
|   | 1,219,575                          |                                   |                            |
| Total operating expenses                          | <u>21,252,417</u>                  | <u>23,303,939</u>                 | <u>(2,051,522)</u>         |
| Change in net position                            | <u><u>1,236,894</u></u>            | <u><u>0</u></u>                   | <u>1,236,894</u>           |

# Northern Lakes CMH

## AP Claims Paid Recap - 1st Qtr FY 24

|   | YTD<br>12/31/2023    | YTD<br>12/31/2022   | Inc/(Dec)           | % Change        |
|---|----------------------|---------------------|---------------------|-----------------|
| 80102-91351-0000C Hope Network - Partial Day                                | \$ 226,528           | \$ 206,553          | \$ 19,975           | 9.67 %          |
| <b>80102-91441-0000C Hope Network - Residential</b>                         | <b>\$ 883,616</b>    | <b>\$ 367,227</b>   | <b>\$ 516,389</b>   | <b>140.62 %</b> |
| 80102-93001-0000C Hope Network - MCTT & ACT Teams                           | \$ 3,217             | \$ 3,165            | \$ 52               | 1.64 %          |
| 80102-93004-0000C Hope Network - Emgcy Serv/Outpatient                      | \$ 915               | \$ 39               | \$ 875              | 2,218.89 %      |
| 80102-93005-0000C Hope Network - DD CSM Team                                | \$ 415               | \$ 382              | \$ 32               | 8.40 %          |
| 80102-94118-0000C Hope Network - PT/OT/ST Only                              | \$ 303               | \$ 572              | \$ (269)            | (47.00)%        |
| 80103-91351-0000C R.O.O.C. Inc - Partial Day                                | \$ 9,440             | \$ 7,747            | \$ 1,693            | 21.85 %         |
| 80103-91441-0000C R.O.O.C. Inc - Residential                                | \$ 138,579           | \$ 122,782          | \$ 15,797           | 12.87 %         |
| 80159-91351-0000C Community Living Supports - Partial Day                   | \$ 18,872            | \$ 17,546           | \$ 1,326            | 7.56 %          |
| 80159-91441-0000C Community Living Supports - Residential                   | \$ 446,552           | \$ 416,585          | \$ 29,967           | 7.19 %          |
| 80159-93001-0000C Community Living Supports - MCTT & ACT Teams              | \$ 1,215             | \$ 60               | \$ 1,155            | 1,925.20 %      |
| 80160-91444-0000C PERS Contract - SIP Homes                                 | \$ 92,150            | \$ 69,100           | \$ 23,050           | 33.36 %         |
| 80161-95517-0000C Northern Family Intervent Svcs - MIC Client Support Servi | \$ 20,995            | \$ 30,400           | \$ (9,405)          | (30.94)%        |
| 80163-91150-0000C Community Inpatient Hospital - Inpatient                  | \$ 1,546,518         | \$ 1,532,419        | \$ 14,099           | 0.92 %          |
| 80164-91441-0000C M.I. Residential Contracts - Residential                  | \$ 365,726           | \$ 405,026          | \$ (39,300)         | (9.70)%         |
| 80166-91351-0000C Client Specific Contract - Partial Day                    | \$ 49,136            | \$ 72,304           | \$ (23,168)         | (32.04)%        |
| 80166-91441-0000C Client Specific Contract - Residential                    | \$ 81,447            | \$ 92,904           | \$ (11,457)         | (12.33)%        |
| 80166-93001-0000C Client Specific Contract - MCTT & ACT Teams               | \$ 10,635            | \$ 9,579            | \$ 1,056            | 11.02 %         |
| 80166-93004-0000C Client Specific Contract - Emgcy Serv/Outpatient          | \$ 4,129             | \$ 6,227            | \$ (2,099)          | (33.70)%        |
| 80166-93005-0000C Client Specific Contract - DD CSM Team                    | \$ 3,857             | \$ 18,658           | \$ (14,802)         | (79.33)%        |
| 80166-95021-0000C Client Specific Contract - Managed Care                   | \$ 88                | \$ -                | \$ 88               | #DIV/0!         |
| 80166-95518-0000C Client Specific Contract - Club Cadillac                  | \$ 17,010            | \$ 482              | \$ 16,528           | 3,430.55 %      |
| 80167-91351-0000C Autism Services - Partial Day                             | \$ 877,421           | \$ 768,939          | \$ 108,482          | 14.11 %         |
| 80167-91441-0000C Autism Services - Residential                             | \$ 87,747            | \$ 141,361          | \$ (53,614)         | (37.93)%        |
| 80167-93004-0000C Autism Services - Emgcy Serv/Outpatient                   | \$ 3,182             | \$ 663              | \$ 2,519            | 380.00 %        |
| 80167-93005-0000C Autism Services - DD CSM Team                             | \$ 19,685            | \$ 6,056            | \$ 13,629           | 225.05 %        |
| 80168-91441-0000C Self Determination - Residential                          | \$ 422,612           | \$ 329,225          | \$ 93,387           | 28.37 %         |
| 80168-93005-0000C Self Determination - DD CSM Team                          | \$ 19,674            | \$ 29,347           | \$ (9,673)          | (32.96)%        |
| 80300-91444-0000C MI Independent SIP - SIP Homes                            | \$ 40,927            | \$ 35,521           | \$ 5,406            | 15.22 %         |
| 80301-91444-0000C MI Independent SIP - SIP Homes                            | \$ 38,872            | \$ 33,887           | \$ 4,986            | 14.71 %         |
| 80302-91444-0000C MI Independent SIP - SIP Homes                            | \$ 22,781            | \$ 27,615           | \$ (4,833)          | (17.50)%        |
| 80304-91444-0000C Spectrum SIP - SIP Homes                                  | \$ 48,990            | \$ 54,811           | \$ (5,820)          | (10.62)%        |
| 80305-91444-0000C Spectrum SIP - SIP Homes                                  | \$ 52,646            | \$ 52,318           | \$ 328              | 0.63 %          |
| 80306-91444-0000C Spectrum SIP - SIP Homes                                  | \$ 51,632            | \$ 50,636           | \$ 996              | 1.97 %          |
| 80320-91444-0000C Woodland TC Home - SIP Homes                              | \$ 36,076            | \$ 40,906           | \$ (4,830)          | (11.81)%        |
| 80403-91441-0000C Brickways - Residential                                   | \$ 48,363            | \$ 47,928           | \$ 435              | 0.91 %          |
| <b>80414-91441-0000C Residential Contracts - Residential</b>                | <b>\$ 2,552,885</b>  | <b>\$ 1,820,925</b> | <b>\$ 731,960</b>   | <b>40.20 %</b>  |
| 80415-91441-0000C Beacon Specialized Living Center - Residential            | \$ 880,663           | \$ 917,104          | \$ (36,441)         | (3.97)%         |
| 80415-93001-0000C Beacon Specialized Living Center - MCTT & ACT Teams       | \$ 3,024             | \$ 2,808            | \$ 216              | 7.68 %          |
| 80415-93004-0000C Beacon Specialized Living Center - Emgcy Serv/Outpatient  | \$ 1,555             | \$ 1,714            | \$ (159)            | (9.26)%         |
| 80415-94103-0000C Beacon Specialized Living Center - Behavior Treatment     | \$ 270               | \$ 245              | \$ 25               | 10.29 %         |
| 80416-91441-0000C Lake Shore - Residential                                  | \$ 164,110           | \$ 253,428          | \$ 1,219,575        | 481.23 %        |
| 80417-91441-0000C Crisis Residential - Residential                          | \$ 31,471            | \$ 70,372           | \$ (38,900)         | (55.28)%        |
| 80425-95517-0000C Child and Family Services - MIC Client Support Service    | \$ 74,238            | \$ 59,240           | \$ 14,998           | 25.32 %         |
| 80461-91441-0000C Pine Rest TC (CGC) - Residential                          | \$ 52,634            | \$ 52,634           | \$ -                | 0.00 %          |
| 80461-93004-0000C Pine Rest TC (CGC) - Emgcy Serv/Outpatient                | \$ 1,084             | \$ 537              | \$ 547              | 101.91 %        |
| 80483-91351-0000C Grand Traverse Industries - Partial Day                   | \$ 205,117           | \$ 249,040          | \$ (43,923)         | (17.64)%        |
| 80483-91441-0000C Grand Traverse Industries - Residential                   | \$ 365,346           | \$ 290,525          | \$ 74,821           | 25.75 %         |
| 80501-91441-0000C Summerfield - Residential                                 | \$ 141,177           | \$ 130,511          | \$ 10,665           | 8.17 %          |
| 80502-91441-0000C East Bay - Residential                                    | \$ 105,139           | \$ 99,998           | \$ 5,141            | 5.14 %          |
| 80503-91441-0000C Lincoln House - Residential                               | \$ 106,907           | \$ 104,293          | \$ 2,614            | 2.51 %          |
| 80504-91441-0000C Fort Road - Residential                                   | \$ 86,682            | \$ 94,622           | \$ (7,940)          | (8.39)%         |
| 80505-91441-0000C New Horizons - Residential                                | \$ 121,880           | \$ 142,037          | \$ (20,157)         | (14.19)%        |
| 80520-91441-0000C Elmwood - Residential                                     | \$ 119,563           | \$ 114,937          | \$ 4,626            | 4.02 %          |
| 80521-91441-0000C Cedar Valley Home - Residential                           | \$ 78,288            | \$ 90,192           | \$ (11,903)         | (13.20)%        |
| 80531-91441-0000C Hab Waiver Supports - Residential                         | \$ 257,086           | \$ 275,648          | \$ (18,561)         | (6.73)%         |
| 80531-91444-0000C Hab Waiver Supports - SIP Homes                           | \$ 32,016            | \$ 26,849           | \$ 5,167            | 19.24 %         |
|   | <b>\$ 11,073,086</b> | <b>\$ 9,796,630</b> | <b>\$ 2,585,349</b> | <b>26.39 %</b>  |