



Northern Lakes Community Mental Health Authority

Board of Directors Packet

March 21, 2024



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

BOARD AGENDA

The Northern Lakes Community Mental Health Authority Board will meet on March 21, 2024 at 2:15 p.m. at 105 Hall Street, Traverse City Mi, 49684 & Virtual: 1-810-258-9588 ID: 364 573 74#

<u>TIME</u>	<u>ID #</u>	<u>ITEMS</u>	<u>POLICY #</u>
2:15 p.m.		Confirmation of Quorum Pledge of Allegiance Appoint Timekeeper Consideration of Agenda Conflict of Interest Declaration	
2:20 p.m.		Consent Agenda - Board Consideration of Board Consent Agenda* 1 Board of Directors Minutes – February 15, 2024 – <i>Approve</i> 2 Committee of the Whole Minutes – February 15, 2024 – <i>Approve</i>	
2:30 p.m.		Citizen Comment (May be limited to three minutes by Board Chairperson)	1.1, 3.1.
2:35 p.m.	3	Chief Executive Officer's Report - Brian Martinus, Interim Chief Executive Officer	
2:45 p.m.	4	Chief Financial Officer's Report - Laura Argyle, Deputy Chief Financial Officer	
2:55 p.m.	5	Recipient Rights Report - Brian Newcomb, Director of the Office of Recipient Rights	
3:00 p.m.		Northern Michigan Regional Entity Updates	3.4
3:05 p.m.		Assurance of Organizational Performance A. Receipt of CEO Monitoring Reports CEO Response to Monitoring Reports 6 2.2 Treatment of Employed Workforce Members (Internal Inspection) * B. New Operational Worries C. March Monitoring Assignment 7 1.0 Consumer and Community Ends (Internal Inspection) (1.0.1 – 1.0.5)	3.0, 3.2
3:15 p.m.		Board Means Self-Assessment A. Receipt of Board Monitoring Report CEO Response to Monitoring Report	3.2, 4.2

8	3.5 Meeting Agendas and Schedules (Direct Inspection)* B. March Monitoring Assignment	
9	3.3 Board Member Code of Conduct (Direct Inspection)	
10	3.6 Board Chair Functions (Direct Inspection)	
3:25 p.m.	Governance Policies Discussion and Assessment A. <u>Ends</u> B. <u>Governance Process/Ownership Linkage</u> -NLD Draft Minutes & Updates – March 15, 2024 - Accept & Vote on By-laws ** - Staff Reimbursement Policy*	3.1 3.4
3:35 p.m.	A. Citizen Comment (May be limited to three minutes by Board Chairperson)	1.1, 3.1
3:40 p.m.	Closed Session MCL 15.268(1)(e)	
4:10 p.m.	Return to Open Session (Estimated time frame)	
4:15 p.m.	Announcements/Board Members Reports/Board Association	
3:50 p.m.	April 18, 2024, Agenda Planning - Traverse City	
3:55 p.m.	Meeting Evaluation/Comments	
4:00 p.m.	Adjournment	

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

NEXT MEETING: April 18, 2024

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



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

Board of Directors Meeting Minutes

February 15, 2024

2:15 p.m.

Board Members Present: Ben Townsend, Greg McMorrow, Mary Marois, Al Cambridge, Ruth Pilon, Tom Bratton, Ty Wessell, Dean Smallegan, Penny Morris, Sherry Powers, Dave Freedman, Carol Blake, Tony Lentych, Pam Babcock

Virtual: - Kate Dahlstrom

Absent: Eric Ostergren

Others Present: Brian Martinus, Interim Chief Executive Officer; Stacy Maiville, Executive Secretary; Dean Baldwin, Network Administrator; Jeremiah Williams; IT Supervisor, Kim Silbor; Operations Manager; Mark Crane; Contracts Manager, Brian Newcomb Director of the Office of Recipient Rights, Sara Houchin, Dave Simpson

Virtual –Jessica Williams, Aimee Horton Johnson, Darryl Washington, Kari Barker, Terri Henderson, Lisa Holmes, Amanda Ritchie, Alyssa Heider, Hilary Rappuhn, Melanie Schopieray, Tiffany Fewins, Lynn Pope, Mark Draeger, Melissa Bentgen, Kasie Morse, Rob Palmer, Deb Freed, Erica Smith, Kellee Hoag, Pamella Petroelje, Abby Schonfeld, Becky Brown, Ann Ketchum, Teresa Cooper, Robert Sheehan, Neil Rojas, Amanda Taylor, Lisa Jones, Rob Veale, Laura Argyle, Nancy Stevenson, Kasie Morse, Melissa Trout, Jennifer Wisnieski, Travis Merz, Jan Pytlowany, Curt Cummins

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

Timekeeper: S. Powers

Approval of the Agenda:

Added as an item under Governance Process Ownership Linkage: Credit Card Resolution

MOTION:	Approve agenda as amended
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	T. Wessell
SECONDER	D. Freedman

The Board approved the January 30, 2024, Special Meeting minutes with the correction of changing Al Cambridge and Dave Freedman from present to absent.

MOTION:	Approve the January 2024 Special Meeting minutes as amended
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	A. Cambridge
SECONDER	D. Freedman

Addition to the consent agenda: CFO Report and CEO Report.

Consent items:

January 18, 2024, Board of Directors Meeting Minutes

January 18, 2024, Committee of the Whole Meeting Minutes

February 15, 2024, Chief Executive Officer's Report

February 15, 2024, Chief Financial Officer's Report

MOTION:	Approve the Consent Agenda
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	M. Marois
SECONDER	G. McMorrow

Conflict of Interest Declaration: None.

Citizen Comment:

Kate Dahlstrom – Expressed concerns about the availability of contracts. Ms. Dahlstrom would like the Board to review contracts within a month or two of signing. She would like a Teams folder for contracts and grants to be available to the Board.

Ms. Dahlstrom stated that Hope Network “has been known to bail out on facilities that do not seem to be working well.” She also believes that some people were not aware of the crisis residential unit and referrals were not made when they could have been.

Carlton Ketchum – Would like to ask the Board to consider making all committee meetings open and available to the public and posted on the website.

Northern Michigan Regional Entity Report: It was stated that some of the other CMHs are experiencing the same number of reductions as NLCMHA.

Assurance Of Organizational Performance:

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

MOTION:	Receive the findings of policy 2.4 financial management at 91% in compliance.
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	S. Powers
SECONDER:	P. Morris

New operational worries:

Ms. Marois mentioned that the amount for staff meal reimbursement is far too low and expressed concern about the issue. Mr. Townsend directed the Interim CEO, Brian Martinus, to research new reimbursement amounts for the Staff Expense Reimbursement Policy and bring it to the Board next month for discussion and vote.

February Monitoring assignment, policy 2.2 Treatment of Employed Workforce was distributed to the Board.

Board Means Self-Assessment:

The Board was given the February Monitoring assignment Policy 3.5 Agendas and Schedules and

MOTION:	Receive the findings of policy 3.10 Board Conflict of Interest 100 % in compliance.
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	C. Blake
SECONDER:	R. Pilon

reviewed the CEO's response to Monitoring Report 3.10 Conflict of Interest from January.

Governance Policies Discussion and Assessment:

MOTION	Receive RRAC Minutes
RESULT:	ADOPTED. [UNANIMOUS]
MOVER:	T. Lentych
SECONDER	S. Powers

The Board discussed the agency credit card resolution and the establishment of a new agency credit card.

MOTION: Resolution to authorize the establishment of a credit card program with Huntington Bank.

RESULT: ADOPTED. [UNANIMOUS]

MOVER: D. Smallegan

SECONDER P. Morris

Mr. McMorrow commented that the Ad Hoc Bylaws Committee met on January 30, 2024, and the next will be on February 19, 2024.

Mr. Townsend stated that the Board will receive a draft of the revised Bylaws before the next meeting.

Citizen Comment:

Sara Houchin- The staff has had several meetings regarding productivity and efficiencies. Being short-staffed is making it difficult to get paperwork done. The agency and management are trying really hard to work on the efficiencies.

Kate Dahlstrom - Would like to see the quarterly meetings with the counties on the agenda for next month. She would also like to see a satisfaction survey done for the IDD population in the near future. Regarding Hope Network, feels that "we should go after them, and they were not answering phones, and turning people away."

Laura Argyle - Clarified that the numbers that she referred to for Medicaid eligibles are not comparative to the consumers that we are actually seeing in the agency. One is how we get paid, and the second is related to productivity.

Mr. Martinus commented on the IRS and NMRE per diem rates.

Announcements/Board Member Reports/Board Association:

Mr. Townsend referred to the CMHA Annual PAC Campaign. Individuals can give to the PAC if they choose.

Mr. Lentych would like the Board to be more prepared for reports in advance, such as when the Rehmann assessment is completed and presented. He does not want the Board to be passive when the results are given.

Ms. Marois commented about the recent CMHA conference and supports CCBHC, but the fear is the financial commitment. Feels that the agency will eventually be mandated to go that way by the state. She mentioned that some agencies downstate are more proactive about third-party payers and finding ways to get more revenue.

She also expressed concern about the patient portal and would like to direct the CEO to make a patient portal available for consumers that could remind people about their appointments, medications and records.

At the CMHA conference, Ms. Marois also attended a session about law enforcement and is proud of the work Penny and the staff have been doing to strengthen the relationship with law enforcement.

Ms. Pilon mentioned that she also attended the recent CMHA conference and learned about Preventing Suicide in Michigan Men (PRiSMM). She also learned about new initiatives regarding early diagnosis in children from ages ten to nineteen. The program is a team approach and uses an education model called resiliency in life.

Mr. Freedman commented that parity discussion is going down a little in the legislative sessions but is going to come up again. Currently, the focus is on the continuation of telehealth. Believes the bill is on a good track to pass, but anything individuals can do to be helpful is appreciated.

Agenda Planning March 21, 2024 – Traverse City:

Staff Reimbursement Policy
County Quarterly Meetings

Meeting Evaluation/Comments:

- #1 – We spent our time on the most important governance topics – excellent.
- #2 – We encouraged diversity of viewpoints – excellent.
- #3 – Our decisions were made collectively – excellent.
- #4 – The Board used its time effectively – satisfactory.

Adjournment: The meeting adjourned at 3:24 p.m.

Respectfully Submitted,

Ben Townsend, Chairperson

Stacy Maiville, Executive Secretary

Sherry Powers, Board Secretary



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

Committee of the Whole Meeting Minutes

February 15, 2024

12:30 p.m.

Board Members Present: Ben Townsend, Greg McMorrow, Mary Marois, Al Cambridge, Ruth Pilon, Tom Bratton, Ty Wessell, Dean Smallegan, Penny Morris, Sherry Powers, Dave Freedman, Carol Blake, Tony Lentych, Pam Babcock

Virtual: - Kate Dahlstrom

Absent: Eric Ostergren

Others Present: Brian Martinus, Interim Chief Executive Officer; Stacy Maiville, Executive Secretary; Dean Baldwin, Network Administrator; Jeremiah Williams, IT Supervisor; Kim Silbor, Operations Manager; Mark Crane, Contracts Manager; Brian Newcomb, Director of the Office of Recipient Rights; Sara Houchin, Dave Simpson

Virtual: Jessica Williams, Aimee Horton Johnson, Darryl Washington, Kari Barker, Terri Henderson, Lisa Holmes, Amanda Ritchie, Alyssa Heider, Hilary Rappuhn, Melanie Schopieray, Tiffany Fewins, Lynn Pope, Mark Draeger, Melissa Bentgen, Rob Palmer, Erica Smith, Kellee Hoag, Pamella Petroelje, Abby Schonfeld, Becky Brown, Ann Ketchum, Teresa Cooper, Robert Sheehan, Neil Rojas, Amanda Taylor, Lisa Jones, Rob Veale, Laura Argyle, Nancy Stevenson, Kasie Morse, Melissa Trout, Jennifer Wisnieski, Travis Merz, Jan Pytlowany, Curt Cummins.

Greg McMorrow called the meeting to order at 12:30 p.m.

Public Comment:

Sara Houchin, NLCMHA Case Manager - Appreciates the organization, her job, and her coworkers. There are a lot of people affected by what is going on, and would like the Board to remember that the staff are doing the best they can with their job. There has been recent publicity, and the staff needs stability. Ms. Houchin stated, "Not all of us are bad; we are doing the best we can to muddle through the mud and to serve the people. We are here, working and trying".

Kate Dahlstrom – Referred the Board to page 24 of the assessment and commended the staff for their work. Ms. Dahlstrom commented that the report frequently mentions that the greatest strength of Northern Lakes is the staff and hopes the staff reads the report and recognizes it.

Office of Recipient Rights Director's Report:

Brian Newcomb, Director of the Office of Recipient Rights, gave the monthly and annual recipient rights report. Currently, there are 59 open investigations, the lowest he has seen. The department is in 100% compliance. There have been 176 complaints since October 2023. Things are going well; they started in-person training at the beginning of the year and is very proud of the staff. Mr. Newcomb explained the complaint sources.

Mr. Newcomb reviewed the numbers in his annual report to the state. The report presented information such as the desired outcomes, training, and data related to recipient rights. Neglect class three is the highest reported complaint, which is most often caused by a staff member falling asleep on the job. Mr. Newcomb explained what class one abuse is and commented that there have been none in the past year. Both Mr. Newcomb and the Interim CEO, Brian Martinus, commended Recipient Rights staff member Lisa Jones for recently becoming CISM certified and how helpful that has been for the agency.

Agency Performance Assessment:

Brian Martinus, the Interim Chief Executive Officer, reviewed the Agency Performance Assessment. The Agency Performance Assessment included data and highlights from several departments. The following topics were addressed in the assessment: finance, efficiencies, service provision, consumer satisfaction, provider satisfaction, compliance, quality, privacy and security, accreditation, human resources, and more.

Mr. Martinus explained the efficiencies and addressed the plan to increase staff efficiencies. He also highlighted several upcoming trainings that staff will attend and the benefits they will bring to the consumers and community. Mr. Martinus noted the improvement in the human resources department, along with praising staff member Dave Simpson and his team for their work in the board-operated homes.

Ms. Marois commended the staff and their work according to the survey. She also mentioned that the Board needs to take the surveys and the feedback seriously.

Chief Executive Officer Report:

Mr. Martinus presented the Chief Executive Officer Report. He commented on the Dashboard report and dates of note. An offer has been made to a candidate for the Center for Mental Wellness. Phase 2 has started, and renovations have begun. The target date for opening is December 2024. The project is currently under budget and has been developing pediatric bed space.

North Hope numbers have been attached to the report. The grant is ending in March. Due to being far under the projected intake and below 50% usage rate, when the grant money runs out, North Hope will be closing its doors.

It was requested that the efficiencies be added to the Dashboard report as often as possible.

Chief Financial Report:

Laura Argyle, the Deputy Chief Financial Officer, presented the Chief Financial Officer Report. The report provided a summary of variances and fluctuations, operating expenses and revenue, a statement of net positions and changes, and a statement of revenues and expenses compared to budget. She noted that Medicaid capitation is at a surplus, and Healthy Michigan is in deficit. A concern is that each month, the revenue will be going down. The budget is tracking much closer to available revenue but still anticipates that the amount will potentially go negative in the next month or two. General funds are forecasted to be up and down throughout the year. Ms. Argyle also explained the credit card resolution to be voted on during the Board of Directors meeting. There was a discussion regarding contracts. Some members expressed the desire to approve contracts in advance, and another mentioned leaving it in the hands of staff members and bringing issues up to the Board when necessary.

Meeting Evaluation/Comments:

- #1 – We spent our time on the most important governance topics – excellent
- #2 – We encouraged diversity of viewpoints – excellent
- #3 – Our decisions were made collectively – excellent
- #4 – The Board used its time effectively – satisfactory

Reminder for phones off during the meeting.

Agenda Planning- March 21, 2024, in Traverse City

Bylaws discussion

Other/Adjourn: Meeting adjourned at 2:00 p.m.

Respectfully Submitted,

Stacy Maiville, Executive Secretary

Interim Chief Executive Officer's

Report to the Board

March 21, 2024

Citizen Comment: None

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

Contracts: No new contracts.

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

KPI Monthly Report: See attached.

Quality Improvement, Compliance, and Customer Service Board of Directors Report FY24 Q1 3/21/24 – 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.

Community Connections/Meetings:

- March 4th, NMRE SUD Oversight Meeting
- March 14th, Crawford County presentation
- March 15th, NLD Meeting – 1:00-3:00
- March 19th, NMRE Operations Committee Meeting
- March 21st, NLCMHA Board Meeting
- March 27th, NMRE Board Meeting
- April 3rd, KPI Meeting Grand Traverse, CO
- April 4th, RRAC Meeting
- April 8th, CMH/DHHS – 6 County Collaborative Meeting
- April 16th, NMRE Operations Meeting
- April 18th, NLCMHA Board Meeting
- April 24th, NMRE Board Meeting
- May 1st, NLD Meeting – 10:00-11:30
- May 6th, NMRE SUD Meeting
- May 7-9, PTO Military Orders, PEC Arkansas
- May 13th, CMH/DHHS – 6 County Collaborative Meeting
- May 16th, NLCMHA Board Meeting
- May 17th, NLCMHA All Managers Meeting
- May 20th, NLCMHA All Staff Training Event

- May 21st, NMRE Operations Committee Meeting
- May 22nd, NMRE Board Meeting
- June 6th, RRAC Meeting

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

- New hires, staffing updates & anniversaries
- EAP reminder
- Upcoming meetings
- A Day Out in the Community- A fun structured program to provide respite for caregivers
- Cultural Humility: A Value Worth Striving Toward, By Dr. Darryl Washington
- RCA Spotlight
- NLCMHA-sponsored community events (Mental Health First Aid and Mental Health Summit)
- Recent fun employee events

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:

‘THEY’RE ON YOUR TEAM NOW’ Professionals working to improve mental health treatment, prevent overdose deaths – No link, see article attached.

<https://www.secondwavemedia.com/features/behavioralhealthcrisis02082024.aspx>

From social workers on the force to crisis centers, Michigan is improving behavioral health care.

https://upnorthlive.com/news/local/a-broken-system-changes-needed-to-improve-mental-health-care-in-northern-michigan?utm_source=sfmc&utm_medium=email&sfmc_id=146553&utm_guid=1cc2fcbd-1a6b-4e35-82b3-72604e58ef6a&utm_campaign=

A broken system: Changes needed to improve mental health care in northern Michigan

<https://upnorthlive.com/news/local/bata-files-lawsuit-over-alleged-contract-breach-by-grand-traverse-county-commission/>

BATA files lawsuit over alleged contract breach by Grand Traverse County Commission

First six months of regional care transformation – Ed Ness Munson – No link, article attached.

Construction begins on center Wellness Center, Record Eagle, Mardi Link – No link, article attached.

Respectfully submitted,
Brian Martinus, Interim CEO

FY2023 Monthly Access Timeliness, Request to Assessment					
	October	November	December	January	
Within 14 days	71	60	48	79	
Outside 14 days	20	7	2	9	
Consumer Cancelled/Rescheduled	17	6	7	6	
Consumer Requested outside 14 days	13	1	4	1	
Consumer No Showed	47	38	30	38	
Consumer Chose to Not Pursue Svcs	22	25	30	36	
Other (denial, no follow up)	21	5	23	19	
FY2023 Monthly Access Timeliness, Assessment to Service					
	October	November	December	January	
Within 14 days	54	55	31	53	
Outside 14 days	8	8	4	6	
Consumer Cancelled/Rescheduled	5	6	2	6	
Consumer Requested outside 14 days	9	2	2	2	
Consumer No Showed	30	16	21	18	
Consumer Chose to Not Pursue Svcs	11	1	5	1	
Other (denial, no follow up)	4	5	14	7	
Referrals for Denied Initial Clinical Assessments					
	October	November	December	January	February
External Mental Health Provider	15	9	6	6	8
External SUD Provider	2	0	0	0	0
No Referral	0	1	1	1	1
Other Community Services	6	4	2	3	3
FY2024 Monthly Team Efficiency					
	Expected	October	November	December	January
ACT	35%	18.19%	18.51%	18.99%	20.85%
CPSS	30%	15.76%	19.46%	16.43%	22.86%
ES	30%	5.81%	5.89%	7.43%	6.40%
IDD Adult	30%	11.18%	11.82%	11.30%	11.52%
IDD Child	30%	15.93%	15.05%	18.97%	18.67%
MIA CSM	30%	20.28%	19.64%	21.94%	25.55%
MIA OP	50%	37.24%	39.71%	41.30%	44.69%
SED HB	30%	18.73%	27.60%	23.11%	29.48%
SED OP CSM	35%	36.23%	39.12%	36.68%	41.30%
SED PTP	30%	42.43%	44.75%	43.46%	44.87%
FY2023 Mobile Crisis Response Times, Monthly					
	October	November	December	January	February
30 Minutes or Less	46	65	49	51	62
31 Minutes to 1 Hour	5	5	5	1	6
Over 1 Hour	1	1	0	0	0

FY2023 Service Information For Grand Traverse County				
Area of Service	October	November	December	January
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing	\$ 206,378.77	\$ 192,706.99	\$ 198,670.66	\$ 119,282.53
Autism Services	\$ 134,087.85	\$ 136,248.94	\$ 133,832.50	\$ 139,307.12
Case Management, ACT and Treatment Planning	\$ 229,039.47	\$ 220,370.33	\$ 197,024.16	\$ 229,848.93
Community Living Supports	\$ 1,147,206.76	\$ 1,117,749.58	\$ 1,156,522.90	\$ 1,124,419.20
Crisis Services, Assessments and Testing	\$ 188,315.23	\$ 177,992.40	\$ 177,548.60	\$ 155,401.03
Evaluation and Management Physician Level	\$ 98,779.68	\$ 97,046.53	\$ 75,230.00	\$ 62,046.77
Psychiatric Inpatient	\$ 292,616.21	\$ 420,950.44	\$ 285,441.62	\$ 85,429.52
Psychotherapy and Outpatient Services	\$ 140,052.36	\$ 134,803.49	\$ 120,101.39	\$ 125,068.00
Vocational & Skills Building, Family and Health Services	\$ 79,763.09	\$ 76,696.81	\$ 61,211.22	\$ 76,144.43
Other	\$ 5,317.66	\$ 6,178.43	\$ 5,357.54	\$ 8,204.85
Total	\$ 2,521,557.08	\$ 2,580,743.94	\$ 2,410,940.59	\$ 2,125,152.38
Number of Registered People Receiving Services	1,072	1,094	986	961
Average Cost per Registered Person Served	\$ 2,352.20	\$ 2,359.00	\$ 2,445.17	\$ 2,211.40
Service Transactions Provided	104,241	78,424	79,968	79,969
Average Cost per Transaction	\$ 24	\$ 33	\$ 30	\$ 27
Count of Adult IDD	244	260	242	244
Count of Child IDD	80	73	73	75
Count of Adult SMI	583	595	525	509
Count of Child SED	165	166	146	133
Total	1,072	1,094	986	961
IDD Adult Cost	\$ 1,114,744.32	\$ 1,061,589.47	\$ 1,039,365.65	\$ 1,008,993.44
IDD Child Cost	\$ 190,756.94	\$ 214,294.98	\$ 217,139.54	\$ 214,826.68
Adult SMI Cost	\$ 995,729.89	\$ 1,051,206.05	\$ 959,182.59	\$ 730,692.15
Child SED Cost	\$ 220,325.93	\$ 253,653.44	\$ 195,252.81	\$ 170,640.11
Total	\$ 2,521,557.08	\$ 2,580,743.94	\$ 2,410,940.59	\$ 2,125,152.38
Adult IDD Cost per consumer	\$ 4,568.62	\$ 4,083.04	\$ 4,294.90	\$ 4,135.22
Child IDD Cost per consumer	\$ 2,384.46	\$ 2,935.55	\$ 2,974.51	\$ 2,864.36
Adult SMI Cost per consumer	\$ 1,707.94	\$ 1,766.73	\$ 1,827.01	\$ 1,435.54
Child SED Cost per consumer	\$ 1,335.31	\$ 1,528.03	\$ 1,337.35	\$ 1,283.01
Total	\$ 2,352.20	\$ 2,359.00	\$ 2,445.17	\$ 2,211.40

FY2023 Monthly Service Information for Crawford County				
Area of Service	October	November	December	January
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing	\$ 30,741.17	\$ 34,726.76	\$ 24,764.40	\$ 28,323.60
Autism Services	\$ 34,418.83	\$ 24,854.90	\$ 26,087.07	\$ 19,639.62
Case Management, ACT and Treatment Planning	\$ 46,633.55	\$ 51,533.88	\$ 51,622.30	\$ 54,760.25
Community Living Supports	\$ 264,551.39	\$ 243,435.54	\$ 243,975.56	\$ 223,207.33
Crisis Services, Assessments and Testing	\$ 27,995.64	\$ 36,728.20	\$ 24,012.20	\$ 30,448.00
Evaluation and Management Physician Level	\$ 29,026.17	\$ 24,067.98	\$ 15,496.44	\$ 17,859.00
Psychiatric Inpatient	\$ 46,316.35	\$ 28,767.00	\$ 69,178.83	\$ 21,220.44
Psychotherapy and Outpatient Services	\$ 32,355.12	\$ 23,528.00	\$ 23,540.00	\$ 28,840.00
Vocational & Skills Building, Family and Health Services	\$ 3,547.20	\$ 2,670.91	\$ 2,490.81	\$ 4,005.85
Other	\$ 312.00	\$ 936.00	\$ 312.00	\$ 936.00
Total	\$ 515,897.42	\$ 471,249.17	\$ 481,479.61	\$ 429,240.09
Number of Registered People Receiving Services	222	216	205	208
Average Cost per Registered Person Served	\$ 2,323.86	\$ 2,181.71	\$ 2,348.68	\$ 2,063.65
Service Transactions Provided	18,946	16,108	15,407	15,408
Average Cost per Transaction	\$ 27	\$ 29	\$ 31	\$ 28
Count of Adult IDD	37	40	37	37
Count of Child IDD	14	17	16	11
Count of Adult SMI	140	126	122	128
Count of Child SED	31	33	30	32
Total	222	216	205	208
IDD Adult Cost	\$ 217,029.81	\$ 207,411.29	\$ 197,796.92	\$ 181,536.74
IDD Child Cost	\$ 86,189.98	\$ 58,893.81	\$ 88,103.55	\$ 56,706.18
Adult SMI Cost	\$ 173,689.13	\$ 150,979.79	\$ 158,803.14	\$ 153,893.17
Child SED Cost	\$ 38,988.50	\$ 53,964.28	\$ 36,776.00	\$ 37,104.00
Total	\$ 515,897.42	\$ 471,249.17	\$ 481,479.61	\$ 429,240.09
Adult IDD Cost per consumer	\$ 5,865.67	\$ 5,185.28	\$ 5,345.86	\$ 4,906.40
Child IDD Cost per consumer	\$ 6,156.43	\$ 3,464.34	\$ 5,506.47	\$ 5,155.11
Adult SMI Cost per consumer	\$ 1,240.64	\$ 1,198.25	\$ 1,301.67	\$ 1,202.29
Child SED Cost per consumer	\$ 1,257.69	\$ 1,635.28	\$ 1,225.87	\$ 1,159.50
Total	\$ 2,323.86	\$ 2,181.71	\$ 2,348.68	\$ 2,063.65

FY2023 Service Information For Leelanau County				
Area of Service	October	November	December	January
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing	\$ 10,803.23	\$ 16,352.56	\$ 16,920.85	\$ 23,694.93
Autism Services	\$ 10,027.05	\$ 9,953.17	\$ 7,473.01	\$ 10,103.77
Case Management, ACT and Treatment Planning	\$ 22,412.71	\$ 23,443.64	\$ 14,673.31	\$ 18,708.80
Community Living Supports	\$ 177,198.55	\$ 163,081.47	\$ 157,303.69	\$ 162,819.12
Crisis Services, Assessments and Testing	\$ 9,343.00	\$ 12,478.20	\$ 13,576.00	\$ 6,084.00
Evaluation and Management Physician Level	\$ 11,913.57	\$ 7,420.87	\$ 4,895.63	\$ 3,786.00
Psychiatric Inpatient	\$ 15,476.46	\$ 29,982.54	\$ 13,287.66	\$ -
Psychotherapy and Outpatient Services	\$ 16,191.52	\$ 18,462.00	\$ 16,071.71	\$ 18,691.00
Vocational & Skills Building, Family and Health Services	\$ 8,734.78	\$ 7,504.21	\$ 6,117.09	\$ 7,612.93
Total	\$ 282,100.87	\$ 288,678.66	\$ 250,318.95	\$ 251,500.55
Number of Registered People Receiving Services	113	104	101	100
Average Cost per Registered Person Served	\$ 2,496.47	\$ 2,775.76	\$ 2,478.41	\$ 2,515.01
Service Transactions Provided	12,691	9,407	8,727	8,728
Average Cost per Transaction	\$ 22	\$ 31	\$ 29	\$ 29
Count of Adult IDD	41	37	36	36
Count of Child IDD	5	4	4	4
Count of Adult SMI	47	43	41	40
Count of Child SED	20	20	20	20
Total	113	104	101	100
IDD Adult Cost	\$ 193,774.61	\$ 178,243.70	\$ 166,986.27	\$ 175,047.66
IDD Child Cost	\$ 13,207.05	\$ 13,409.97	\$ 10,420.01	\$ 11,999.77
Adult SMI Cost	\$ 50,981.08	\$ 73,812.39	\$ 49,582.67	\$ 32,575.32
Child SED Cost	\$ 23,189.40	\$ 23,212.60	\$ 23,330.00	\$ 31,877.80
Total	\$ 281,152.14	\$ 288,678.66	\$ 250,318.95	\$ 251,500.55
Adult IDD Cost per consumer	\$ 4,726.21	\$ 4,817.40	\$ 4,638.51	\$ 4,862.44
Child IDD Cost per consumer	\$ 2,641.41	\$ 3,352.49	\$ 2,605.00	\$ 2,999.94
Adult SMI Cost per consumer	\$ 1,084.70	\$ 1,716.57	\$ 1,209.33	\$ 814.38
Child SED Cost per consumer	\$ 1,159.47	\$ 1,160.63	\$ 1,166.50	\$ 1,593.89
Total	\$ 2,488.07	\$ 2,775.76	\$ 2,478.41	\$ 2,515.01

FY2023 Service Information For Missaukee County				
Area of Service	October	November	December	January
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing	\$ 28,668.42	\$ 28,262.87	\$ 23,709.71	\$ 21,500.13
Autism Services	\$ 8,869.24	\$ 7,646.52	\$ 8,801.07	\$ 7,393.23
Case Management, ACT and Treatment Planning	\$ 30,570.07	\$ 31,897.23	\$ 28,487.77	\$ 34,085.42
Community Living Supports	\$ 349,418.10	\$ 336,058.64	\$ 348,798.07	\$ 394,695.87
Crisis Services, Assessments and Testing	\$ 11,511.60	\$ 13,856.00	\$ 11,205.00	\$ 15,629.00
Evaluation and Management Physician Level	\$ 16,723.64	\$ 15,848.81	\$ 15,294.27	\$ 11,606.00
Psychiatric Inpatient	\$ 29,978.45	\$ 16,003.52	\$ 29,330.51	\$ 18,241.00
Psychotherapy and Outpatient Services	\$ 41,095.50	\$ 35,326.69	\$ 27,103.63	\$ 29,686.50
Vocational & Skills Building, Family and Health Services	\$ 21,315.43	\$ 19,329.81	\$ 17,643.78	\$ 17,260.93
Other	\$ -	\$ 624.00	\$ 156.00	0
Total	\$ 538,150.45	\$ 504,854.09	\$ 510,529.81	\$ 550,098.08
Number of Registered People Receiving Services	166	170	159	153
Average Cost per Registered Person Served	\$ 3,241.87	\$ 2,969.73	\$ 3,210.88	\$ 3,595.41
Service Transactions Provided	19,976	20,037	19,830	19,831
Average Cost per Transaction	\$ 27	\$ 25	\$ 26	\$ 28
Count of Adult IDD	42	41	42	39
Count of Child IDD	13	10	11	12
Count of Adult SMI	70	83	70	64
Count of Child SED	41	36	36	38
Total	166	170	159	153
IDD Adult Cost	\$ 322,106.77	\$ 321,206.05	\$ 350,613.74	\$ 359,066.06
IDD Child Cost	\$ 16,940.22	\$ 14,852.18	\$ 17,760.89	\$ 23,446.30
Adult SMI Cost	\$ 154,880.01	\$ 119,655.99	\$ 104,367.18	\$ 134,661.72
Child SED Cost	\$ 44,223.45	\$ 49,139.87	\$ 37,788.00	\$ 32,924.00
Total	\$ 538,150.45	\$ 504,854.09	\$ 510,529.81	\$ 550,098.08
Adult IDD Cost per consumer	\$ 7,669.21	\$ 7,834.29	\$ 8,347.95	\$ 9,206.82
Child IDD Cost per consumer	\$ 1,303.09	\$ 1,485.22	\$ 1,614.63	\$ 1,953.86
Adult SMI Cost per consumer	\$ 2,212.57	\$ 1,441.64	\$ 1,490.96	\$ 2,104.09
Child SED Cost per consumer	\$ 1,078.62	\$ 1,365.00	\$ 1,049.67	\$ 866.42
Total	\$ 3,241.87	\$ 2,969.73	\$ 3,210.88	\$ 3,595.41

FY2023 Service Information for Roscommon County				
Area of Service	October	November	December	January
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 41,825.23	\$ 51,502.41	\$ 31,640.89	\$ 27,594.71
Autism Services	\$ 19,319.38	\$ 12,910.65	\$ 14,757.89	\$ 11,985.17
Case Management, ACT and Treatment Planning	\$ 96,371.25	\$ 88,357.77	\$ 72,637.12	\$ 93,075.20
Community Living Supports	\$ 419,059.67	\$ 403,258.48	\$ 412,804.55	\$ 411,577.22
Crisis Services, Assessments and Testing	\$ 23,859.20	\$ 28,233.55	\$ 19,055.20	\$ 40,383.00
Evaluation and Management Physician Level	\$ 44,537.67	\$ 42,729.14	\$ 26,644.70	\$ 27,699.67
Psychiatric Inpatient	\$ 68,196.74	\$ 41,874.95	\$ 43,038.32	\$ 21,021.85
Psychotherapy and Outpatient Services	\$ 63,383.74	\$ 67,747.66	\$ 61,183.32	\$ 60,127.80
Vocational & Skills Building, Family and Health Services	\$ 10,412.35	\$ 9,804.16	\$ 11,755.52	\$ 13,784.01
Other	\$ 716.67	240.83	\$ 338.53	\$ 582.78
Total	\$ 787,681.90	\$ 746,659.60	\$ 693,856.04	\$ 707,831.41
Number of Registered People Receiving Services	353	349	318	328
Average Cost per Registered Person Served	\$ 2,231.39	\$ 2,139.43	\$ 2,181.94	\$ 2,158.02
Service Transactions Provided	24,020	20,435	18,850	18,851
Average Cost per Transaction	\$ 33	\$ 37	\$ 37	\$ 38
Count of Adult IDD	68	72	70	66
Count of Child IDD	22	17	15	16
Count of Adult SMI	185	191	174	186
Count of Child SED	78	69	59	60
Total	353	349	318	328
IDD Adult Cost	\$ 367,831.00	\$ 350,644.32	\$ 353,310.90	\$ 360,621.92
IDD Child Cost	\$ 30,602.64	\$ 22,577.99	\$ 18,963.10	\$ 22,825.21
Adult SMI Cost	\$ 279,956.03	\$ 273,995.08	\$ 263,956.65	\$ 246,416.52
Child SED Cost	\$ 109,292.23	\$ 99,442.21	\$ 57,625.39	\$ 77,967.76
Total	\$ 787,681.90	\$ 746,659.60	\$ 693,856.04	\$ 707,831.41
Adult IDD Cost per consumer	\$ 5,409.28	\$ 4,870.06	\$ 5,047.30	\$ 5,463.97
Child IDD Cost per consumer	\$ 1,391.03	\$ 1,328.12	\$ 1,264.21	\$ 1,426.58
Adult SMI Cost per consumer	\$ 1,513.28	\$ 1,434.53	\$ 1,516.99	\$ 1,324.82
Child SED Cost per consumer	\$ 1,401.18	\$ 1,441.19	\$ 976.70	\$ 1,299.46
Total	\$ 2,231.39	\$ 2,139.43	\$ 2,181.94	\$ 2,158.02

FY2023 Service Information for Wexford County				
Area of Service	October	November	December	January
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing	\$ 126,493.88	\$ 119,808.61	\$ 117,113.11	122378.85
Autism Services	\$ 90,741.79	\$ 79,847.93	\$ 72,775.37	62818.56
Case Management, ACT and Treatment Planning	\$ 149,846.25	\$ 130,814.57	\$ 113,396.20	127480.76
Community Living Supports	\$ 627,544.93	\$ 617,410.05	\$ 645,866.54	689561.97
Crisis Services, Assessments and Testing	\$ 100,808.40	\$ 67,034.98	\$ 80,126.56	56840.4
Evaluation and Management Physician Level	\$ 79,320.66	\$ 66,844.77	\$ 48,304.67	44019.2
Psychiatric Inpatient	\$ 153,559.95	\$ 106,039.51	\$ 84,694.25	72930.22
Psychotherapy and Outpatient Services	\$ 107,835.59	\$ 99,007.28	\$ 87,974.50	96823.72
Vocational & Skills Building, Family and Health Services	\$ 65,839.58	\$ 55,164.76	\$ 52,321.39	55213.58
Other	\$ 12,088.40	\$ 9,660.36	\$ 7,497.45	11459.77
Total	\$ 1,514,079.43	\$1,351,632.82	\$1,310,070.04	\$1,339,527.03
Number of Registered People Receiving Services	605	568	546	540
Average Cost per Registered Person Served	\$ 2,502.61	\$ 2,379.64	\$ 2,399.40	\$ 2,480.61
Service Transactions Provided	52,398	44,390	44,578	44,579
Average Cost per Transaction	\$ 29	\$ 30	\$ 29	\$ 30
Count of Adult IDD	111	110	106	111
Count of Child IDD	57	54	44	56
Count of Adult SMI	328	308	306	281
Count of Child SED	109	96	90	92
Total	605	568	546	540
IDD Adult Cost	\$ 644,338.08	\$ 631,061.49	\$ 633,490.93	\$ 663,450.22
IDD Child Cost	\$ 134,200.79	\$ 121,738.56	\$ 114,998.02	\$ 105,460.54
Adult SMI Cost	\$ 611,250.54	\$ 481,261.35	\$ 458,766.49	\$ 488,315.02
Child SED Cost	\$ 124,290.02	\$ 117,571.42	\$ 102,814.60	\$ 82,301.25
Total	\$ 1,514,079.43	\$1,351,632.82	\$1,310,070.04	\$1,339,527.03
Adult IDD Cost per consumer	\$ 5,804.85	\$ 5,736.92	\$ 5,976.33	\$ 5,977.03
Child IDD Cost per consumer	\$ 2,354.40	\$ 2,254.42	\$ 2,613.59	\$ 1,883.22
Adult SMI Cost per consumer	\$ 1,863.57	\$ 1,562.54	\$ 1,499.24	\$ 1,737.78
Child SED Cost per consumer	\$ 1,140.28	\$ 1,224.70	\$ 1,142.38	\$ 894.58
Total	\$ 2,502.61	\$ 2,379.64	\$ 2,399.40	\$ 2,480.61

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

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

❖ Strategic Objectives

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

❖ Key Performance Indicators

Measure	Prior Quarter Results	FY 22-23 Target	FY 22-23 Actual
Ensure individuals served at NLCMHA receive quality services to meet their unique needs. (5 Measures)			
Percent of consumers at NLCMHA readmitted to psychiatric inpatient services within 90 days	11%	<20%	17%
Percent of consumers who were diverted from psychiatric inpatient admission	42%	>30%	47%
Number of substantiated Recipient Rights' Complaints.		<5	
Number of Upheld Appeals		<5	
Number of Upheld Grievances		<5	
Ensure individuals and families receive quality services to meet their unique needs, resulting in access to the right services, at the right time, in the right amount. (6 Measures)			
Percent of adults newly enrolled in Mental Health services who had their first clinical service within 14 days of enrollment	74%	>80%	61%

Percent of children newly enrolled in Mental Health services who had their first clinical service within 14 days of enrollment	50%	>80%	57%
Percent of adults newly enrolled in Substance Abuse services who had their first clinical service within 14 days of enrollment	N/A	>80%	N/A
Percent of adults newly enrolled in developmental disability services who had their first clinical service within 14 days of enrollment	100%	>80%	71%
Percent of children newly enrolled in developmental disability services who had their first clinical service within 14 days of enrollment	70%	>80%	71%
Percent of Substance Use Disorder (SUD) clients successfully discharged who re-entered services within 90 days	N/A	<25%	N/A
Build and support a community that promotes recovery and resilience to help individuals and families thrive. (2 Measures)			
Number of certified peers employed during the quarter	10	>8	10
Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person- centered planning process	100%	>85%	100%
Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence (1 Measure)			
Percent of consumers who were discharged from a psychiatric hospital and had a follow-up service within 30 days	92%	>90%	90%

Workload Measures

Measure	Last Quarter Results	FY 2023 Target	FY 2023 Actual
Peer Specialists and Recovery Coaches (2 Measures)			
Number of <u>new</u> Certified Peer Specialists to include those in specialty tracks of family and youth		>2	7
Number of people trained in Recovery Coaching		>5	2
Communication (2 Measures)			
Number of public outreach events per quarter	13	>3	13
Number of hits to the NLCMHA website	80,612	>100	200,990
Outreach Services (1 Measure)			
Number of interventions from Crisis Response Team	178	>24	429
Operational/Legal Matters (2 Measures)			
Staff turnover per quarter		<10%	4%
Claims filed with Michigan Municipal Risk Management Authority		<3	

Northern Lakes Community Mental Health Authority
Director of Quality Improvement, Compliance, and Customer Service
Kari Barker, Director
Board of Directors Report FY24 Q1 3/21/24

Who: Kari Barker and team, Jess Williams, Melanie Schopieray, Amanda Ritchie, and Trapper Merz oversee Quality, Compliance, and Customer Service for staff, leadership, the Board, consumers, and external providers across Northern Lakes Community Mental Health Authority.

What: The presentation shares the following information:

- Quality data
- Compliance data
- Customer Service data

When and Where: Quality, Compliance, and Customer Service staff collaborate with staff, consumers, providers, and leadership: completing required professional staff credentialing, exclusionary reporting, agency policy management, coordinating Grievance & Appeals, leading committees, providing training, conducting audits and monitoring, conducting clinical record review, coordinating annual and other agency reviews, collaborating and attending monthly meetings with the NMRE, and monitoring claims at all levels across Northern Lakes CMHA.

Why: Developing a Culture of Integrity requires engaging the entire agency, our NMRE partners, and external partners. We're striving to be proactive in all efforts to conform to state and federal regulations through education, communication, auditing, and having a robust compliance program which includes Board engagement and advisement.

Quality

- **Risk Events:** There was 1 Risk event document as Law Enforcement was needed to ensure safety during an individual's violent outburst.
- **Critical Incidents:** There were 10 critical incidents reported, all were non-suicide deaths by natural causes due to chronic medical conditions such as heart disease, cancer kidney failure, or diabetes. Our population is aging and succumbing to complications of chronic medical conditions, many are receiving Hospice care in their homes. Chronic conditions may have worsened for those who contracted Covid-19 or did not have as much access to healthcare during the pandemic.
- **Sentinel Events/Reviews:** There were 2 completed suicides in this quarter, Sentinel Event Reviews were convened and reported to NMRE/MDHHS. Both were individuals just getting started with NLCMHA services after hospitalizations, which is a high-risk period. No improvements were found to be made, except for the need for more step-down, or crisis residential settings.

Compliance

- **Compliance/HIPAA reports were received.** There were no inquiries received during the quarter.
- **Exclusionary reporting:** All clear, no sanctions or pending investigations for staff, Board members, or external providers.
- **OIG reporting:** No instances of suspicion of fraud, waste, or abuse submitted.
- **Compliance training:** Staff complete annual training through Relias, and virtual training is offered every other month. This will be moving to a quarterly schedule, and Social Work staff will begin receiving CEUs for the virtual course in March 2024.
- **Professional Credentialing:** New hire and re-credentialing continue to be completed according to mandated timelines. The new credentialing process was in full compliance at our Annual NMRE Qualitative Review.
- **Program Integrity Review-NHCM:** There were no compliance reviews requested for this quarter.

Customer Service

- **Grievances:** There were 37 grievances received and 36 were resolved within 30days. The outlier was due to the individual being incarcerated.
- **Appeals:** There were 7 appeals received and both were resolved in 30days and 86% of those were upheld.
- **Inquiries:** 100% of customer service inquiries were resolved within 1 day.
- **Fair Hearing requests:** There were 0 Fair Hearings requested during this quarter.

‘THEY’RE ON YOUR TEAM NOW’

Professionals working to improve mental health treatment, prevent overdose deaths

Mental health

BY MARDI LINK

mlink@record-eagle.com

TRAVERSE CITY — It was mid-October, about 4 p.m., when Deputy Isaac Hearld noticed a car stopped in the median of South Airport Road.

“Need help?” Hearld asked – or maybe it was “Looks like you’ve got a problem” — standard greetings for Grand Traverse County road patrol officers.

The driver’s answer would turn out to be yes – although not for jumper cables or a tow truck.

Hearld said the man was young, maybe just out of his teens, looked familiar and seemed jittery, even excessively so.

“That’s the No. 1 indicator someone is using meth,” Hearld said.

A few minutes later, the deputy said he saw a small pipe and what appeared to be

SEE OD **PAGE 2A**

OD

FROM **PAGE 1A**

methamphetamine and he arrested the driver for possession.

A records check showed the driver was 21, had prior misdemeanor convictions and a pending charge.



From left, Jail Clinical Social Worker Alana Zacharias, Grand Traverse Sheriff Deputy Isaac Hearld and Sara Bush, jail liaison for Northern Lakes Community Mental Health.

Record-Eagle/Jan-Michael Stump

The Traverse City Police Department and the Grand Traverse County Sheriff’s Office also have new leaders — Matt Richmond was appointed police chief in November and Mike Shea was sworn in as sheriff in August.

“We hear how this should have happened 14 or 15 years ago, but it’s happening now and it’s amazing,” Bush said.

This arrest violated bond and Hearld booked him into the county's jail where he stayed until mid-January.

That's when he checked in for treatment at a downstate medical facility.

The Record-Eagle isn't including his name to protect his privacy. But chronicling his experience, even anonymously, highlights the efforts of three local professionals working to improve mental health treatment and prevent overdose deaths.

A 911 CALL

The young driver's story actually starts the night before Hearld encountered him on South Airport Road.

Hearld was on duty then, too, and responded to a 911 overdose call placed from an address Hearld said local law enforcement knows as a home frequented by people who use drugs.

The driver with the brokendown vehicle was the same person who'd overdosed — that's why he looked familiar — and it took responders six doses of Narcan to get him breathing and conscious.

"I knew, if he kept going that way, he was going to overdose again and not be brought back," Hearld said.

Methamphetamine is a stimulant, an often altered and highly addictive version of a prescription drug, illegally manufactured in labs and smoked, snorted or injected.

The effect on the body is the opposite of what people who use alcohol feel. Users can spend days not sleeping and appear hyperactive — the Drug Enforcement Agency has data showing a large percentage of meth users actually have a diagnosis of attention deficit hyperactivity disorder.

Some health providers say using meth is a way to self-medicate an existing and untreated medical condition.

For Grand Traverse County road patrol officers, seeing jittery behavior and immediately thinking "meth," isn't a very big leap.

For jail diversion to work, a community has to care about members who are struggling, she said, and everyone needs to do their part and communicate well with one another.

'THEY'RE ON YOUR TEAM NOW'

In 2018, Natasha Glezman faced charges of manufacture and delivery of a controlled substance that she says stemmed from her own use and related behaviors.

Glezman says she would have accepted treatment back then, no jail diversion program existed when she was sentenced, and she went to Huron Valley Correctional, a women's prison in Ypsilanti.

Glezman says she served her time, was released on probation, and relapsed.

By then, however, Northern Lakes had the jail diversion program well underway, Zacharias referred Glezman, her application was approved and she said she now has 320 days sober.

"I've been homeless, I've been an addict, I've been in abusive situations," Glezman said. "Sara (Bush) knows how to navigate resources that helped me stay alive and gave me a better quality of life. Now I want to find a way to do that for other people."

Glezman checks in regularly with Bush and is in intensive outpatient treatment with Munson Behavioral Health.

At her sentencing, Glezman said 13th Circuit Court Judge Charles Hamlyn said something that made an impression.

"I told him I was this many days clean, and he said no, and that I was never dirty, and that I was that many days sober," Glezman said. "That mattered to me. These people really care. They're on your team now."

A county's prosecutor has to approve program participation, people facing non-violent charges and co-occurring mental health and substance use needs are prioritized, Bush said, and participants don't have to use other Northern Lakes services to qualify.

“It’s cheap right now,” Hearld said of the drug. “The street value is incredibly low because there is so much of it coming into the county.”

U.S. Attorney Mark Totten has said it’s a nationwide problem, and previously referenced what’s long been an open secret among western Michigan narcotics officers — an illegal drug corridor along US-31 between Muskegon and Traverse City.

A study published in the American Journal of Public Health showed meth overdose deaths in the U.S. increased a staggering 50-fold between 1999 and 2021.

Centers for Disease Control data shows manufacturers often mix meth with a potent opioid like fentanyl, increasing the likelihood of overdose.

JAIL DIVERSION

Back on South Airport Road, Hearld recalled how the young driver repeatedly expressed a desire to stop using.

Hearld says he gave the man his cell phone number and later visited him in jail.

By then, three things had happened — the man was arraigned on the new charge and denied bond; he’d met with Alana Zacharias, a jail health social worker; and he’d been referred to a jail diversion program.

The idea behind jail diversion is simple — use what experts know about human behavior to help people with unmet mental health needs, which can include substance use disorder, to prevent or limit incarceration.

The state’s Mental Health Code, in 1996, began requiring such services: “Each community mental health service program shall provide services designed to divert persons with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate,” Section 207 states.

In practice, however, successful jail diversion is a lot more complicated.

There has to be buy-in from prosecutors, law enforcement, judges, corrections officers, health care providers, insurance administrators, staff

Private insurance often does not cover treatment, Bush said, and Medicaid or grant assistance is arranged through a Northern Michigan Regional Entity approval process.

Once that happens, Bush brings the full court press.

A DIFFERENT KIND OF LIFE

“We go with them to sentencing hearings, we’ll give them rides to appointments, I’ve written resumes with people, gone to doctor’s appointments and job interviews,” Bush said. “I’ve worked with someone who did not know they had to file taxes. This is what it takes.”

You can’t expect someone to have a different kind of life, if they don’t know how that life works, she said.

Bush, Hearld and Zacharias had words for people who express a lock-them-up mentality, which Bush referred to as “antique thinking.”

All three said they don’t think society can judge, arrest, punish or incarcerate its way out of a mental health and substance use crisis.

“There are people who are a victim of this epidemic,” Hearld said. “But it doesn’t have to define them.”

There is no line item for jail diversion in Northern Lakes budget, Bush said, and the program is paid for with block grants, Medicaid funds and state, county and city government resources.

Evidence of success, she said, is in personal successes and in the numbers.

In 2023 in Grand Traverse County, 108 people with criminal charges or who were at risk for incarceration completed the program through probation and parole. Of those, she said 24 had a violation, and many of those people have since re-entered jail diversion, she said.

Zacharias said standard statistics show those with co-occurring substance abuse disorder and mental health needs may attend treatment four times or more, before reaching their goals.

with treatment facilities, insurance funders and people who are incarcerated.

Northern Lakes Community Mental Health Authority didn't have the formalized jail diversion program it sponsors today until late 2021 or early 2022.

"It's still considered new," Sara Bush, a Northern Lakes social worker and jail liaison, said.

Establishment of the program roughly coincides with the lead-up to a spate of leadership and policy changes.

Grand Traverse County jail, for example, under the leadership of Capt. Chris Barsheff, implemented a new screening process in February 2022, and later changed its medical care provider from Wellpath to Advanced Correctional Healthcare — Zacharias' employer.

Northern Lakes' board appointed a new interim CEO in October, following years of turmoil.

Bush said she's hopeful for participants; so are the parents of the 21-year-old driver from South Airport Road.

In a Jan. 10 email to Sheriff Mike Shea, they said they're grateful their son is in the program — and they're grateful he's alive.

"We have been trying for years to get him help and felt helpless," they said. "Former attempts for rehab failed due to insurance issues."

"The night before his arrest he told us he sat in his car and cried for hours because he wanted to stop and didn't know how," they said. "This is the first time in a decade that we have hope he may get the support he truly needs and is willing to accept it."

From social workers on the force to crisis centers, Michigan is improving behavioral health care

Estelle Sloomaker | Thursday, February 8, 2024

Here's a look at three ways Michigan providers are offering new ways to help people experiencing a mental health crisis.

As a team lead for Grand Rapids-based [Arbor Circle](#)'s outpatient counseling program in Newaygo, Nicole Klomp became familiar with the mental health needs of the rural West Michigan community as well as with [its police department](#). Many of the calls the police department fielded involved mental health crises. And while the officers did the best they could, social work was not their expertise. With Arbor Circle's blessing, Klomp applied for a grant from the Michigan Health Endowment Fund to pay for a social worker to join the force. When the grant was approved, Klomp took over the position.

"The City of Newaygo Police Department had a really good relationship with Arbor Circle, as well. That's why Chief [Georgia] Andres was very willing for me to take on this new innovative role," Klomp says. "Pretty much every call that I go on has some sort of mental health component to it, whether it be a diagnosis that they already have, they're feeling suicidal, or lack awareness that they have some sort of mental health issue. When it comes to a juvenile concern, where kids are just not listening to the parents, a lot of times it's an undiagnosed mental health issue. I'm able to point them in the right direction."



Nicole Klomp with Newaygo Police Chief Georgia Andres.

The innovative partnership between Arbor Circle and the Newaygo police is just one example of how Michigan mental health agencies and health care providers are expanding mental health

crisis care. They range from [mental health urgent care facilities](#) and crisis centers to [mobile crisis teams](#). Here's a look at three ways Michigan providers are offering new ways to help people in crisis.

Social worker on the beat

The crises Klomp deals with range from domestic violence and suicidal ideation to substance use disorders, which have become a big concern in Newago's schools. Klomp recently sat with a husband and wife when the police were called to their house because a family member had died there. The couple didn't want to call and tell anyone, but they obviously needed family support. Klomp explained that once the medical examiner and police wrapped up their work and left, they would be better off if they weren't alone. Klomp continued to sit with the couple until they were ready to make that call for help.



Nicole Klomp.

"I can respond to anything with the officers. We're at a point where they're very comfortable with me being out there," Klomp says. "I also respond to the officers if they need help with debriefings after a crisis or even their family problems."

While Klomp's job is to help folks through a crisis, she also refers people who need additional help to treatment at Arbor Circle or other community mental health providers.



Nicole Klomp talks with Newaygo Police Sgt. Lloyd Walerczyk.

"I think in a rural community, it's necessary to have a collaboration like we do," Klomp says. "I'm stationed here at the police department and Arbor Circle provides that supervision. I'm not all on my own. Arbor Circle provides the accreditation and holds us accountable. It really helps ease some of those tensions between social work and law enforcement. It sets the example that,

hey, law enforcement and social work programs can work together. And I think that that's huge."

Center will divert mental health crises from the ER and jail

Another Grand Rapids-based behavioral health services provider, [Network 180](#), is collaborating with [Trinity Health Grand Rapids Hospital](#), local law enforcement, and a host of community stakeholders in building a new Behavioral Health Crisis Center (BHCC) adjacent to the hospital in downtown Grand Rapids. The BHCC will provide a calm, caring environment where mental health professionals help people experiencing a behavioral health crisis to de-escalate in living-room-like surroundings and connect with needed care.



A rendering of the living room at the forthcoming Behavioral Health Crisis Center in Grand Rapids.

"This is a brand new model that's possible because of legislation that Gov. Whitmer signed in 2021," says Carrie Mull, clinical services director for behavioral health and case management services at Trinity Health Grand Rapids.



A rendering of the reception area at the forthcoming Behavioral Health Crisis Center in Grand Rapids.

The BHCC's Crisis Stabilization Unit will serve up to 16 people at a time. Currently, people in the Grand Rapids area who experience a mental health crisis often end up in emergency rooms waiting for placement in a psychiatric facility. If a placement isn't open, the wait can further

traumatize the individual and strain the health care workers who are trying to help. Loved ones seeking to help people in a mental health crisis often call law enforcement — and that can result in jail.



Beverly Ryskamp.

"We know that neither of those settings actually helps to stabilize a crisis," says Beverly Ryskamp, COO of Network 180. "Most of the time, people get worse in those settings. It's not because people aren't doing their jobs. It's just that they're not set up to deliver treatment. The whole point is to get people as rapidly as possible to a setting that can deliver immediate treatment. This setting fills a gap."

Trinity Health Grand Rapids will provide BHCC patients with medical care, lab and pharmacy services, radiology, and medical consultations. It will also provide operational needs like infection control, security, food service, and environmental services. Network 180 will provide the core behavioral health services: psychiatry, social work, peer support services, and case management, as well as administrative support. Mull says the BHCC will be the "one place to go" for behavioral health crisis needs, "no matter your insurance, no matter what."



Carrie Mull.

"When individuals in crisis know that one place to go, they'll seek out care more proactively," she says. "That's going to impact the community because when people seek care proactively, we know that their health is better. And then the overall health of the community will be better."

Northern Michigan crisis center offers residential treatment

After years of foundational preparation led by the [Northwest Michigan Community Health Innovation Region \(CHIR\) Behavioral Health Initiative](#) in collaboration with a wide range of community stakeholders, a new behavioral health center is in the works in Traverse City. The center is a partnership between [Northern Lakes Community Mental Health](#) (NLCMH) and [Munson Medical Center](#).

The [Grand Traverse Mental Wellness Center](#) will be located on the Munson Medical Center campus in a former outpatient behavioral health building. It will bring existing crisis services, including NLCMH's centralized access services, welcoming center, crisis hotline, mobile crisis services, and intervention, under one roof.



Nancy Stevenson.

"We want our Wellness Center to be as welcoming and as warm and nurturing as humanly possible — just like a safety. It's hard to get that type of ambience in an emergency room setting," says NLCMH COO Nancy Stevenson. "This is more of a homelike setting. We want people to feel safe and welcome and have everything that they need in that moment."

By the end of 2024, center leaders hope to offer outpatient therapy, peer support services, care coordination, nursing, and psychiatric assessment. In its next phase, the center will provide rooms for residential treatment. A separate area will offer services to children and a separate entrance will accommodate law enforcement.

"Law enforcement has a special role," says Terri LaCroix-Kelty, director of behavioral health at Munson Medical Center. "Let's say that we're concerned about someone. They are the only entity that can go and actually check on someone, take them into protective custody, and bring them to a safe place for care. That can be really important for people who are too scared or unwilling to

come in for care, but really need it."



Pennie Foster-Fishman.

Dr. Pennie Foster-Fishman, project leader for the Northwest Michigan CHIR, sees the facility as a hub for behavioral health care in the region, a "one-stop shop" that will broaden the continuum of services.

"We're really using this as the jumping-off point," she says. "The center is not the end of this conversation. It's really the beginning of what I think is an exciting opportunity for the region."

Estelle Slootmaker is a working writer focusing on journalism, book editing, communications, poetry, and children's books. You can contact her at Estelle.Slootmaker@gmail.com or www.constellations.biz.

https://upnorthlive.com/news/local/a-broken-system-changes-needed-to-improve-mental-health-care-in-northern-michigan?utm_source=sfmc&utm_medium=email&sfmc_id=146553&utm_guid=1cc2fcdbd-1a6b-4e35-82b3-72604e58ef6a&utm_campaign=

A broken system: Changes needed to improve mental health care in northern Michigan

by Marc Schollett

Wed, February 7th 2024

MICHIGAN, (WPBN/WGTU) -- More than two years ago, a national emergency was declared when it comes to our children and their mental health.

There was hope the declarations would lead to positive changes.

But here in northern Michigan some parents and providers say the situation has only gotten worse and they're begging for something to change.

- **Also read:** [Examiners suspect possible financial fraud at Northern Lakes CMH](#)

"They're told to come forward and ask for help and then there's nowhere to take them," said Michelle Dungjen.

"It looks like unacceptable levels of human suffering," said Michigan State Rep. Betsy Coffia.

"It is a gut punch to have to say no to a family," said Megan Morrissey.

Ask policymakers, parents and providers and you'll hear the same thing when it comes to our kids and their ability to get them much needed mental health help.

"I talk to people all the time who are exhausting themselves looking for, not just the right therapist, but any therapist to see their kids," Morrissey said.

Megan Morrissey is one of the handful of therapists in northern Michigan who specializes in helping young people navigate exceptional trauma, as well as some of the more traditional challenges of growing up.

Kids these days are dealing with a lot.

They are also being told to speak up and ask for help.

But frustrated parents say that's where the ball is being dropped.

"Somebody has got to be willing to call it out and somebody has to be willing to say, 'This is broken!'" Dungjen said.

So, what exactly is the problem?

Why aren't there more opportunities for young people to get the mental health care they need.

Well it's a complex situation.

"There is a serious supply and demand issue. There are not enough mental health professionals in our region," Morrissey said.

So why not?

Morrissey says fewer aspiring therapists are going to school to train for it and part of that could be because she says there is flaw in the system.

"Making the bare minimum to see some clients who have Medicaid, means I have to take more clients who, on the other end can privately pay," Morrissey said.

She understands why other therapists have a "no Medicaid" policy.

She stresses it's not a matter of greed or lining her pockets.

It's a business model that she says would drain her business to a breaking point.

"From a therapist standpoint, it hurts a lot to have to make decisions based on money," Morrissey said.

In her mind, addressing the insurance reimbursement rate would be a good first step in not only getting clients seen now, but also encouraging a generation of future adolescent therapists.

"If the state could help make it easier to accept insurance, accept every type of insurance, then, more people would likely be able to serve a broader range of people, as well as maybe attract more people to the profession," Morrissey said.

The fight with insurance isn't limited to Medicaid or one family or one community up north.

Concerned and frustrated parents say it's the entire system, seemingly everywhere, that needs to be addressed.

"This system is broken. It's broken for the therapist. It's broken for the kids. It's broken for the families," Dungjen said.

Addressing that system, is going to take time and a lot of different approaches from a lot of different people, including our lawmakers.

"I sit in rooms, I just have had conversations in the last week with people who have been to the emergency room dozens of times in mental health crises. This is a severe, urgent need," Rep. Coffia said.

"My colleagues are going to get sick of hearing me talk about it because I amplified, housing, mental health, housing, mental health; they're the number one issues that I'm hearing in the region," Rep. Coffia said.

Efforts through Lansing could lead to systemic changes but could also take a lot of time to be felt by local families, who feel lost and let down.

It's proving to be a hard battle, but one that therapist say we simply can't afford to lose.

"It's not completely fruitless. There are the occasional openings and it's important to just stick with it. Keep fighting," Morrissey said.

There is legislation and ongoing discussions in an attempt to address the situation.

But many providers and parents believe that any solution stemming from those, is still a long way off.

They're hoping that something can be done soon and quickly, before an even greater toll is taking on our youngest residents.

[https://upnorthlive.com/news/local/bata-files-lawsuit-over-alleged-contract-breach-by-grand-traverse-county-commission\](https://upnorthlive.com/news/local/bata-files-lawsuit-over-alleged-contract-breach-by-grand-traverse-county-commission)

BATA files lawsuit over alleged contract breach by Grand Traverse County commission

by Alli Baxter

Thu, February 15th 2024 at 6:48 PM

Updated Fri, February 16th 2024 at 10:12 AM



BATA is asking the court to stop the appointment of more than one Grand Traverse County commissioner.

GRAND TRAVERSE COUNTY, Mich., (WPBN/WGTU) --A nearly year long feud between some board members on the Grand Traverse County commission and the Bay Area Transportation Authority (BATA) has reached the courts.

BATA filed a lawsuit against Grand Traverse County for what BATA believes is a breach of contract.

UpNorthLive obtained a copy of the lawsuit filed in 13th Circuit Court. In it, BATA explains why the organization believes Grand Traverse County commissioners violated an agreement between them and Leelanau County.

BATA said the language in the agreement is specific that Grand Traverse and Leelanau each appoint "a" county commissioner, meaning one to BATA's board of directors.

During a Grand Traverse County commission meeting in January, two Grand Traverse County commissioners were appointed to the board by a 5 to 4 vote.

At that same meeting, Commissioner Rob Hentschel said, "People that are accusing us of trying to destroy BATA don't realize the trouble they're already in. You've only got 60%, maybe 65% of the people saying yeah, we're going to pay for the service in our counties."

Hentschel compared the issue to the board's debate with Northern Lakes Community Mental Health. He explained commissioners also made hard and unpopular decisions at the time.

"We were right. There was shenanigans going on," said Hentschel. "It was the right thing to do at the time, and I think this is the right thing to do right now."

Hentschel said appointing two commissioners to BATA's board of directors is the right decision because more hard questions need to be asked.

"I realize this is a tough choice and not everyone agrees with it," said Hentschel. "And you know, I'm the first one to admit I'm wrong if it doesn't work out. But right now, with what I know I think this is the best choice...I think they do need more oversight."

First six months of regional care transformation

Munson Healthcare is now nearly six months into a three-year Regional Care Transformation Plan and already it is coming to life in many ways across the region.

Back in September, we introduced the plan which is designed to expand access to the primary, outpatient and specialty care services that are needed in the communities we serve. One priority is to make it easier to find a doctor and more convenient to schedule timely appointments.

We're making strides in Traverse City. The Foster Family Primary Care clinic, located at 550 Munson Ave. within the Foster Family Community Health Center (FFCHC), opened in late-November with Thomas Yax, M.D.; Joanna Heindl, D.O.; Sarah Shepler, P.A. and Susan Cogswell, P.A. accepting new patients. The clinic's location in FFCHC also gives patients greater access to services located within the building, including laboratory, radiology and pharmacy services.

On March 18, Munson Healthcare Elmwood Primary Care and Munson Healthcare Cedarwoods Internal and Geriatric Medicine will open in Traverse City. These new locations increase patient access and build upon the need that was previously served by Milliken Medical Group. Each practice moves into a newly renovated facility with Elmwood Primary Care located at 921 West Front St. and Cedarwoods Internal and Geriatric Medicine located at 5041 North Royal Drive.

Munson Medical Center (MMC) continues to make advancements as the region's high-level specialty care hospital. Earlier this week, a former stroke patient, Richard Witham, and his family were honored after making a generous \$2.5 million donation to what is now The Witham Family Comprehensive Stroke Center. MMC took an historic step in December when it became the first and only comprehensive stroke center in northern Michigan and this most recent gift will build on that momentum that is impacting hundreds of lives each year. This summer, we will welcome five new neurologists which will fill a significant gap in patient access to this specialty service in our region.

Entering the New Year, Cowell Family Cancer Center began providing its first Theranostic cancer treatments and welcomed a visiting professor from the Mayo Clinic this past month in working toward offering Bisphosphonate Cell Therapy. The addition of this specialty care for rare cancers means patients who may have previously deferred treatment due to the long travel required to receive care can now get what they need much closer to home.

This is also true with orthopedic care and surgical robotics. We continue to expand our robotic surgery capabilities, which includes new robots in Charlevoix, Cadillac and Traverse City. The roster of fellowship trained subspecialty surgeons at the Munson Orthopedic Institute (MOI) has doubled over the last six months. We're also now providing orthopedic trauma coverage 24/7 in Traverse City.

Perhaps the most exciting expansion project, and one that will be impactful in addressing the greatest need identified in our most recent Community Needs Health Assessment, is taking form on the MMC campus at 420 West Brook St. In partnership with Northern Lakes Community Mental Health Authority, construction is currently

SEE NESS [PAGE 4B](#)



ED NESS

Munson Healthcare CEO

The first six months of regional care transformation

NESS

FROM **PAGE 1B**

underway on the Grand Traverse Center for Mental Wellness. The building that previously housed outpatient behavioral health services (now located at Copper Ridge) is undergoing a complete renovation, which is anticipated to be finished by the end of the year.

The construction being done right now will help bring much needed mental health services to adults, youth and children of our region.

This first phase includes bringing existing crisis services under one roof, expands psychiatric urgent care and includes additional crisis residential beds. The second phase will be focused on expanding mental health services for our youth population.

In just a short time, we've begun to see substantive change and are building momentum toward a new

model for the delivery of care to serve our communities and strengthen our health system.

But there is still much work to be done and we will continue to provide updates as we transform for the future.

Ed Ness is the president and CEO of Munson Healthcare.

[Copyright \(c\)2024 The Record-Eagle, Edition 3/13/2024](#)

[Powered by TECNAVIA](#)

Construction begins on center

Wellness Center

BY MARDI LINK

mlink@record-eagle.com

TRAVERSE CITY — Transformation of Munson Healthcare’s behavioral health outpatient services facility is under-budget and on schedule, according to the facilities director.

“I promised it by Christmas,” said System Facilities Director Jim Fegan, describing phase one of the project, which turns the outpatient services facility, built in 1987, into a state-of-the-art wellness center.

Currently, mostly local contractors are reconfiguring walls for an open floor plan, updating lighting, paint and flooring, adding a security office and at least one alternate egress, he said.

A newly completed outdoor deck faces a stand of cedar trees on a hill above Munson Manor and the hospital’s helicopter pad.

The project is a partnership between Munson Healthcare and Northern Lakes Community Mental Health Authority, with Munson leading design and acting as fiduciary for \$5 million in American Rescue Plan Act funds and \$5 million in Michigan Health and Hospital Association funds.

Once open, Munson and Northern Lakes will provide psychiatric urgent care and crisis services, which could help alleviate congestion at Munson’s emergency department, said spokesperson Megan Brown.



Munson Medical Center is in the first phase of construction in transforming its behavioral health outpatient services facility into a state-of-the-art wellness center in partnership with the Northern Lakes Community Mental Health Authority. The project, expected to be completed by the end of the year, will provide psychiatric urgent care and crisis services.

Record-Eagle photos/Jan-Michael Stump



Building materials can be seen as Munson Medical Center is in the first phase of construction for a state-of-the-art wellness center in partnership with the Northern Lakes Community Mental Health Authority.

[Copyright \(c\)2024 The Record-Eagle, Edition 3/13/2024](#)
[Powered by TECNAVIA](#)

Wednesday, 03/13/2024 Page .A03

Copyright (c)2024 The Record-Eagle, Edition 3/13/2024

Northern Lakes CMH

January 2024

Preliminary
Board Report

Northern Lakes CMH

Summary of Variances and Fluctuations
October 1, 2023 through January 31, 2024

- I. Assets
- **Balance Sheet amounts presented represent the amounts rolled forward from FY 23. However, neither a financial close nor audit has been conducted at this time. Therefore, amounts should be considered preliminary and subject to adjustment.**
 - While the cash and investment balances on the balance sheet show a \$6.4 million decrease, there has been an increase in amounts due from NMRE of \$6.2 million and a reduction in amounts payable to NMRE of \$4.8 million. Therefore an overall improvement of \$4.6 million has been achieved for cash related resources.
- II. Operating revenue
- **Amounts presented as FY 24 revenues and expenses are based upon MODIFIED ACCRUAL activities incurred during the period. At this time full accrual has not yet been achieved pending the discovery of additional financial practices that have historically been in place.**
 - **Medicaid Capitation** - Estimated Medicaid expenses through January 31st are approximately \$125K more than the capitated payments received from NMRE resulting in a current OVERSPEND. The estimated revenue needed to cover expenses is about \$428K more than forecasted in the FY 24 budget.
** 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. A State rate setting meeting is scheduled for March 21st and it is expected current rates will be adjusted for the missing overtime payments as well as an adjustment for the significant difference of expected individuals losing Medicaid to the actual patterns. The outcome is expected to be positive, but is unknown at this time.*
 - **Healthy Michigan Capitation** - Estimated healthy Michigan expenses through January 31st are approximately \$902K greater than the capitated payments received from NMRE resulting in an OVERSPEND. The estimate revenue needed to cover expense is about \$45K less than forecasted in the budget.
 - **General Fund Capitation** - Estimated expenses through January 31st are approximately \$235K more than the capitated payments received and the prior year carryforward resulting in a year to date OVERSPEND. The estimate revenue needed to cover expense is about \$138K greater than forecasted in the budget. Due to the end of the Public Health Emergency, consumers on spend down has required the use of \$203K of General Fund before their Medicaid kicks in which has not be experienced over the last couple of fiscal years. The reported numbers will likely fluctuate some as some retro Medicaid applications will be made for some of the activity (mostly crisis services for individual who are new to the system). The trends described for General Fund are not unexpected following the end of the Public Health Emergency; however require efforts to forecast and manage the general fund spend that hasn't been in place in a few years.
 - **MI Choice Waiver Capitated Revenue** - Amounts are based upon the capitation payments received. January represented a decrease of \$60K from previous months this year, but overall the revenues are consistent with the prior year to date.
 - **Grant Revenues** - Adjustments to the cash basis activities have been estimated for grant revenues to match revenues and expenses. A summary of grant activity has been included.
- IV. Operating expenses
- **Salaries, wages and fringes** - Salaries and fringes are tracking right around \$2.1M per month and have been consistent each month. The actual balance is quite a bit less than budgeted; however, the budget methodology was to include 100% of the cost of vacant positions which has overstated the payroll related budget figures. This has created a cushion as it is not realistic that vacant positions will be filled at 100% of cost.
 - **CMH Provider Network Contractual Services** - YTD Contracted Provider expenses for CMH services are approximately \$1.1M greater than the established budget. Funding for an increase in Direct Care Wages was passed along to all residential providers as of 10/1/2023 and some inflationary increases were provided. See attached Contracted Claims Detail for additional comparative figures.
 - **Northern Health Care Management Contractual Services** - Amounts reported are the cash basis expenses associated with payroll and contracts and are coming in \$1.4M below the established budget. No forecast of accrued liability for services has been recorded at this time. The total contracted expenses are averaging about \$300K per month.

Prepared by Laura Argyle, Deputy CFO on 3/14/2024

Northern Lakes CMH

Statement of Net Position

January 31, 2024

	(Unaudited) January 31 2024	(Unaudited) January 31 2023	Favorable (Unfavorable)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 9,877,189	\$ 18,559,692	\$ (8,682,503)
Investments	8,126,301	5,868,845	2,257,456
Due from other governmental units	6,516,849	305,887	6,210,962
Prepaid items	443,159	288,265	154,894
Total current	24,963,498	25,022,689	(59,191)
Noncurrent:			
Capital assets not being depreciated	1,870,395	1,857,755	12,640
Capital assets being depreciated, net	5,649,926	5,576,010	73,916
Deferred outflows - Pension	2,033,495	537,475	1,496,020
Total noncurrent	9,553,816	7,971,240	1,582,576
Total assets and deferred outflows	34,517,314	32,993,929	1,523,385
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	5,614,067	1,709,854	(3,904,213)
Accrued wages and related liabilities	148,131	51,754	(96,377)
Due to other governmental units	1,742,135	6,565,304	4,823,169
Self-funded insurance claims payable	284,578	19,317	(265,261)
Unearned revenue	-	-	-
Other current liabilities	86,135	76,676	(9,460)
Compensated absences, due within one year	1,433,707	1,386,866	(46,841)
Lease liability, due within one year	781,482	895,188	113,706
Total current liabilities	10,090,235	10,704,960	614,725
Noncurrent			
Compensated absences, due beyond one year			-
Lease liability, due beyond one year			-
Net pension liability	5,188,225	1,581,749	(3,606,476)
Deferred inflows - Pension	-	1,696,876	1,696,876
Total noncurrent liabilities	5,188,225	3,278,625	(1,909,600)
Total liabilities and deferred inflows	15,278,460	13,983,585	(1,294,875)
NET POSITION			
Net investment in capital assets	6,375,206	6,375,206	0
Current Year to date Revenue over Expenses	756,692	901,018	144,326
Unrestricted	12,106,956	11,734,120	(372,836)
Total net position	\$ 19,238,854	\$ 19,010,344	\$ 228,510

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

Northern Lakes CMH

Statement of Revenues, Expenses compared to Budget

October 1, 2023 through January 31, 2024

	(Unaudited) January 31 2023	YTD Budget January 31 2023	Favorable (Unfavorable)
Revenues			
Medicaid Sources			
Medicaid	\$ 21,470,185	\$ 21,166,721	\$ 303,464
Medicaid - Settlement	125,380	-	125,380
Healthy Michigan	1,860,264	2,808,143	(947,879)
Healthy Michigan - Settlement	902,260	-	902,260
State General Fund	1,154,932	1,016,920	138,012
Grants	1,042,845	832,114	210,731
County appropriations	501,418	342,247	159,171
Northern Healthcare Management	3,406,131	4,176,658	(770,527)
Other revenue	729,727	729,116	611
Total operating revenue	31,193,142	31,071,918	121,224
Employed Workforce and Agency Expenditures			
Personnel	8,974,094	10,520,999	(1,546,905)
Admin Contracts	453,771	417,160	36,611
Direct Operations	1,854,548	910,394	944,154
Contractual Services	341,404	-	341,404
Transportation	162,318	248,045	(85,727)
Occupied Space	632,721	664,418	(31,697)
Total Directly Provided & Agency Oversight	12,418,856	12,761,017	(342,161)
Contracted Provider Expenditures			
Autism Services Providers	1,421,813	1,278,994	142,819
Clinical Contract Providers	680,205	1,306,082	(625,877)
Daytime Activities Contract Providers	2,571,200	1,701,695	869,505
FI Provided Self Determination	539,367	488,242	51,125
Inpatient Services	2,714,102	2,285,000	429,102
Therapeutic Contract Providers	164,391	203,126	(38,735)
Residential Contracts	7,539,099	6,578,982	960,117
CLS Providers	429,364	1,051,226	(621,862)
Northern Health Care Mgt Services	1,666,317	3,093,442	(1,427,125)
Northern Health Care Mgt Respite	11,399	26,812	(15,413)
Client Transportation Providers	280,337	297,300	(16,963)
Total Contracted Provider Expenditure:	18,017,594	18,310,901	(293,307)
	739,373		
Total operating expenses	30,436,450	31,071,918	(635,468)
Change in net position	756,692	0	756,692

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

Northern Lakes CMH

Summary of Provider Network Contract Activity

October 1, 2023 through January 31, 2024

Provider Network Category	YTD Budget 1/31/2024	YTD 1/31/2024	Budget to Actual Inc/(Dec)	YTD 1/31/2023	Variance from PY Inc/(Dec)	% Change
Houghton Lake Drop In - Drop In Centers		\$ 36,000		\$ 19,750	\$ 16,250	82.28 %
Kandu Island - Drop In Centers		\$ 48,141		\$ 40,926	\$ 7,215	17.63 %
Contracted Clinical Services - OBRA Screening		\$ 36,455		\$ 54,341	\$ (17,886)	(32.91)%
Contracted Clinical Services - Behavior Treatment		\$ 52,325		\$ 47,301	\$ 5,024	10.62 %
Client Specific Contract - Partial Day		\$ 70,576		\$ 72,304	\$ (1,728)	(2.39)%
Client Specific Contract - Residential		\$ 96,365		\$ 17,063	\$ 79,302	464.75 %
Client Specific Contract - MCTT & ACT Teams		\$ 13,512		\$ 7,018	\$ 6,494	92.53 %
Client Specific Contract - Emgcy Serv/Outpatient		\$ 1,587		\$ 4,566	\$ (2,979)	(65.24)%
Client Specific Contract - DD CSM Team		\$ 825		\$ 18,612	\$ (17,787)	(95.57)%
Client Specific Contract - Managed Care		\$ 88		\$ -	\$ 88	100.00 %
Client Specific Contract - Club Cadillac		\$ 5,085		\$ -	\$ 5,085	100.00 %
Contr Psych's - Med Clinic		\$ 287,716		\$ 320,976	\$ (33,260)	(10.36)%
Client Transportation - Partial Day		\$ 273,593		\$ 219,201	\$ 54,392	24.81 %
Total Clinical Contract Providers (less grant activity)	\$ 1,603,382	\$ 922,268	\$ 681,114	\$ 822,059	\$ 100,209	12.19 %
Autism Services - Partial Day		\$ 1,279,027		\$ 903,310	\$ 375,717	41.59 %
Autism Services - Residential		\$ 113,322		\$ 141,361	\$ (28,039)	(19.84)%
Autism Services - Emgcy Serv/Outpatient		\$ 3,978		\$ 663	\$ 3,315	500.00 %
Autism Services - DD CSM Team		\$ 25,486		\$ 6,296	\$ 19,190	304.80 %
Total Autism Providers	\$ 1,278,994	\$ 1,421,813	\$ (142,819)	\$ 1,051,631	\$ 370,182	826.55 %
Hope Network - Partial Day		\$ 342,173		\$ 233,042	\$ 109,131	46.83 %
Hope Network - Residential		\$ 1,135,061		\$ 282,278	\$ 852,783	302.11 %
Hope Network - MCTT & ACT Teams		\$ 4,910		\$ 1,488	\$ 3,422	229.96 %
Hope Network - Emgcy Serv/Outpatient		\$ 1,434		\$ 10	\$ 1,424	14,283.15 %
Hope Network - DD CSM Team		\$ 500		\$ -	\$ 500	100.00 %
Hope Network - PT/OT/ST Only		\$ 303		\$ -	\$ 303	100.00 %
R.O.O.C. Inc - Partial Day		\$ 19,308		\$ 9,523	\$ 9,785	102.76 %
R.O.O.C. Inc - Residential		\$ 199,596		\$ 148,261	\$ 51,335	34.62 %
Grand Traverse Industries - Partial Day		\$ 305,781		\$ 249,930	\$ 55,851	22.35 %
Grand Traverse Industries - Residential		\$ 562,134		\$ 290,525	\$ 271,609	93.49 %
Total Daytime Providers	\$ 1,701,695	\$ 2,571,200	\$ (869,505)	\$ 1,215,056	\$ 1,356,144	253.22 %
Community Inpatient Hospital - Inpatient		\$ 2,520,422		\$ 2,075,805	\$ 444,617	21.42 %
Crisis Residential - Residential		\$ 59,046		\$ 88,250	\$ (29,204)	(33.09)%
County - State Fac - Inpatient - State		\$ 91,817		\$ 85,274	\$ 6,543	7.67 %
County - Forensic Ctr - Inpatient - State		\$ 42,817		\$ 65,870	\$ (23,053)	(35.00)%
Total Inpatient Providers / State Hospital Inpatient	\$ 2,285,000	\$ 2,714,102	\$ (429,102)	\$ 2,315,200	\$ 398,902	(39.00)%
Self Determination - Residential		\$ 536,691		\$ 312,755	\$ 223,936	71.60 %
Self Determination - DD CSM Team		\$ 2,676		\$ 23,404	\$ (20,728)	(88.57)%
Total Fiscal Intermediary Providers	\$ 488,242	\$ 539,367	\$ (51,125)	\$ 336,159	\$ 203,208	(55.96)%
Child and Family Services - MIC Client Support Service		\$ 103,394		\$ 59,240	\$ 44,154	74.53 %
Child and Family Services - Residential		\$ 592		\$ -	\$ 592	100.00 %
Child and Family Services - Mobile Crisis		\$ 60,405		\$ 55,420	\$ 4,985	8.99 %
Total Fiscal Intermediary Providers	\$ 203,126	\$ 164,391	\$ 38,735	\$ 114,660	\$ 49,731	183.53 %
Community Living Supports - Partial Day		\$ 26,987		\$ 20,191	\$ 6,796	33.66 %
Community Living Supports - Residential		\$ 540,440		\$ 332,834	\$ 207,606	62.38 %
Community Living Supports - MCTT & ACT Teams		\$ 709		\$ 60	\$ 649	1,081.67 %
M.I. Residential Contracts - Residential		\$ 492,005		\$ 405,026	\$ 86,979	21.47 %
Residential Contracts - Residential		\$ 3,667,329		\$ 1,927,468	\$ 1,739,861	90.27 %
Beacon Specialized Living Center - Residential		\$ 1,171,744		\$ 889,850	\$ 281,894	31.68 %
Beacon Specialized Living Center - MCTT & ACT Teams		\$ 3,792		\$ 2,808	\$ 984	35.02 %
Beacon Specialized Living Center - Emgcy Serv/Outpatient		\$ 1,555		\$ 1,714	\$ (159)	(9.26)%
Beacon Specialized Living Center - Behavior Treatment		\$ 450		\$ 245	\$ 205	83.82 %
Lake Shore - Residential		\$ 216,326		\$ 253,428	\$ (37,102)	(14.64)%
Summerfield - Residential		\$ 193,959		\$ 130,511	\$ 63,448	48.61 %
East Bay - Residential		\$ 135,862		\$ 99,998	\$ 35,864	35.87 %
Lincoln House - Residential		\$ 143,535		\$ 104,293	\$ 39,242	37.63 %
Fort Road - Residential		\$ 115,890		\$ 94,622	\$ 21,268	22.48 %
New Horizons - Residential		\$ 190,584		\$ 142,037	\$ 48,547	34.18 %
Elmwood - Residential		\$ 160,658		\$ 116,444	\$ 44,214	37.97 %
Cedar Valley Home - Residential		\$ 108,714		\$ 90,232	\$ 18,482	20.48 %
Hab Waiver Supports - Residential		\$ 325,081		\$ 265,596	\$ 59,485	22.40 %
Hab Waiver Supports - SIP Homes		\$ 42,804		\$ 26,849	\$ 15,955	59.42 %
Total Residential Providers	\$ 6,578,982	\$ 7,538,424	\$ (959,442)	\$ 4,904,206	\$ 2,634,218	53.71 %
MI Independent SIP - SIP Homes		\$ 48,629		\$ 35,521	\$ 13,108	36.90 %
MI Independent SIP - SIP Homes		\$ 54,082		\$ 33,887	\$ 20,195	59.60 %

Northern Lakes CMH

Summary of Provider Network Contract Activity

October 1, 2023 through January 31, 2024

Provider Network Category	YTD Budget 1/31/2024	YTD 1/31/2024	Budget to Actual Inc/(Dec)	YTD 1/31/2023	Variance from PY Inc/(Dec)	% Change
MI Independent SIP - SIP Homes		\$ 32,376		\$ 27,615	\$ 4,761	17.24 %
Spectrum SIP - SIP Homes		\$ 62,655		\$ 54,811	\$ 7,844	14.31 %
Spectrum SIP - SIP Homes		\$ 64,987		\$ 52,318	\$ 12,669	24.21 %
Spectrum SIP - SIP Homes		\$ 69,554		\$ 50,636	\$ 18,918	37.36 %
Woodland TC Home - SIP Homes		\$ 47,792		\$ 40,906	\$ 6,886	16.83 %
Brickways - Residential		\$ 49,289		\$ 55,755	\$ (6,466)	(11.60)%
Total CLS Providers	\$ 1,051,226	\$ 429,364	\$ 621,862	\$ 351,449	\$ 77,915	22.17 %
	\$ 14,987,522	\$ 16,196,943	\$ (1,149,016)	\$ 11,051,180	\$ 5,145,763	46.56 %

FY 23 Activity is report on cash basis and FY 24 activity is reported on accrual basis.

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

Northern Lakes CMH

Summary of Grant Revenue And Expenses

October 1, 2023 through January 31, 2024

Annual Award / Budget	MH Block Grants							Covid 19 Block Grant	SAMHSA	PEP	Total
	\$ 30,559	\$ 250,000	\$ 40,000	\$ 219,983	\$ 7,500	\$ 7,500	\$ 941,900	\$ 68,000	\$ 1,006,336	\$ 204,875	\$ 2,776,653
Grant Category	Criminal Justice Diversion Services	Crisis Stabilization Unit Establishment	Hope Begins Here Drop In	Integrated Health Care	CBH - New Connections	CBH - Kandou Island	OBRA	BH Work force Stabalization Funds - ARPA	SAMSHA - CRU	Presumptive Eligibility Pilot - PEP	Total
1. Salaries and Wages				39,272				122,828			162,100
2. Fringe Benefits				10,960				44,321			55,281
3. Travel/Staff Training				682				506	41,931		43,119
4. Supplies and Materials								558	12,581		13,139
5. Contractual (Sub-Contracts)					1,917	4,087	36,455		512,808		555,267
6. Equipment											-
7. Other Expenses									33,273		33,273
8. TOTAL DIRECT	-	-	-	50,914	1,917	4,087	204,668	54,512	546,081	-	862,179
9a. Indirect Costs:							20,467		54,608		75,075
10. TOTAL EXPENDITURES	-	-	-	50,914	1,917	4,087	225,135	54,512	600,689	-	1,538,933
SOURCE OF FUNDS:											
11. State Agreement				50,912	1,917	4,087	231,074	54,512			342,502
12. Local											
13. Federal									600,689		600,689
14. Other											
15. Fees & Collections											
16. TOTAL FUNDING	-	-	-	50,912	1,917	4,087	231,074	54,512	600,689	-	943,191

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

Office of Recipient Rights Director's Report March 2024

Dates represented	10/01/21-03/11/22	10/1/22-03/11/23	10/1/23-03/11/24
Complaints	235	154	236
OJ, No Right Inv.	33	19	36
Interventions	12	3	23
Investigations	190	132	178
Investigations Comp	190	132	98
Investigations open	0	0	80
Inv > 90 days	0	0	0
Inv < 90 days	190/190 (100%)	132/132 (100%)	98/98 (100%)
Summary Report Avg	187/190 (98.4%)	135/135 (100%)	100/100 (100%)
NLCMHA staff alleg.	26	26	35
NLCMHA Staff W/I 1 yr	6	12	5

Complaint Source

Complaint Source	Count
Anonymous	8
Community/General Public	17
Guardian/Family	14
ORR	62
Recipient	40
Staff	95
Total	236

Complaints Per Provider:

October 1, 2023- March 11, 2024

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

Notes:

Updating all trainings to more of a digital process.

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights

October 1, 2023-March 11, 2024, Complaint by Provider

Program	Substantiated	Pending	Not Substantiated	NA
Access	0	0	1	0
Assertive Community Treatment	0	3	0	0
AuSable In Home Care, LLC	1	0	0	0
Beacon Fife Lake	1	0	0	0
Beacon Home at Blue Lake	1	0	2	0
Beacon Home at Cogswell	1	1	0	0
Beacon Home at Goodrich	0	1	0	0
Beacon Home At Ludington	5	1	0	0
Beacon Home at Miller	0	1	0	0
Beacon Home at Trolley Center	2	0	0	0
Beacon Home at Washburn	0	5	0	0
Beacon Mission Point	2	1	4	0
Beacon Silverview	0	1	0	0
Beacon Wave Crest	0	0	1	0
Bell Oaks at Ionia	2	0	0	0
Brightside Living - Whispering Oaks	3	0	1	0
Cedar Valley AFC	2	0	0	0
Club Cadillac	0	0	0	1
Cornerstone AFC, LLC	1	0	0	0
Covenant to Care	2	1	1	0
Crisis Services	2	0	3	0
Crisis Welcoming Center	0	0	2	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	1	1	3	0
Frances Specialized Residential	2	0	2	0
Glen Oaks Home	1	0	0	0
Grayling Office/Crawford County	1	0	0	1
Great lakes Center for Autism	0	1	0	0
GT Street Flint Home SIP	0	0	0	3

Heart and Soul Living LLC	1	2	0	1
Hickory Hill AFC LLC	2	0	1	0
Hillcrest AFC	1	0	0	0
IDD Adult Case Management	0	2	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	4	1	3	0
Munson Medical Center	0	1	0	0
North Arrow ABA	0	0	0	1
North Arrow ABA, LLC	0	0	0	1
North Hope Crisis	1	0	0	0
Northern Lakes CMH Authority	6	11	3	6
Ohana AFC	0	0	1	1
Outpatient Services	1	0	1	0
Packard Specialized Residential	0	1	1	0
Pearl Street Home	6	3	1	0
Peer Support	2	1	1	0
Premier Care Assisted Living 1	0	5	0	0
Premier Care Assisted Living 3	0	0	2	0
Premier Care Assisted Living 4	0	0	1	0
Psychiatric Services	1	0	5	0
Real Life Living Services	5	5	5	0
Seasons of Life AFC Home, LLC	1	2	0	1
Seneca Place Home	2	1	0	0
Shepler AFC Home	0	0	1	0
Shepler's AFC Home, LLC	1	0	0	0
Spectrum Community Services SIP - Bremmer	2	0	0	0
Spectrum Community Services SIP - Kentucky	0	0	1	0
Summerfield AFC	0	9	1	0
TC Office/Grand Traverse County	1	28	1	0
Traverse House	0	1	0	0

Westwood Specialized Residential	0	3	0	0
Woodland AFC Home	0	2	0	0
Wright Street AFC Home	1	1	0	0
Zenith Home	4	0	1	0

CEO Response to February 15, 2024 Board Monitoring Report Evaluation
March 21, 2024
Policy 2.2 – Treatment of Employed Workforce Members – Internal Inspection

Fifteen (15) Monitoring Reports were completed. There are sixteen (16) Board members.

Question 1 - Was this report submitted when due? 15 – Yes

Question 2 - Did the report lay out the CEO's interpretation of the request? 14 Yes, 1- unanswered

Question 3 - Was I convinced that the interpretation is justified and reasonable? 12 – Yes, 2 No, 1 unanswered

Question 4 - Did the interpretation address all aspects of the subject? 11- Yes, 2 – No, 2-unanswered

Question 5 - Does the information show compliance with the Board's direction/policy? 10- Yes, 2- No, 3 - unanswered

Question 6 - Other Comments & CEO Response:

1. Recent Reports have indicated that these policies have not been followed in the past. However, under the current direction, these performances have clearly improved.

CEO Response – Our entire HR Team is fairly new and has all been working hard to fix errors that were made by those before them.

2. The Special meeting implied major issues with HR – This reads as if everything is ok.

CEO Response – The Special Meeting reflected items of the past and before our new HR team came in. Our HR team has made huge strides to improve practices and policies.

3. Where are the policies? Have never seen them. Workforce policies, many were changed in 2023 – what were the changes?

CEO Response – Our policies are always being updated. We have hundreds of policies. It has never been the practice of the CEO to bring every policy to the Board as that is an internal and organizational matter. As the Board has a monitoring schedule of their policies, the organization has a monitoring schedule of our 300 + policies.

4. **CEO Response** - The fourth comment has been removed due to confidentiality. But to answer this Board member's question, our HR team has been working extremely hard in developing an employee handbook and improving practices. The recent audit by Rehmann referenced items of the past that have since been remedied and/or improved upon since we hired our new HR Director. Our HR team now always offers exit interviews to staff when they submit their resignation. This was a procedure that was not consistent with past management but is practiced now. Additionally, the policies have always been organized and in order but have not been put in a physical handbook. We use a software called Doctract to organize, review, monitor, and update all our policies.

CEO Response 2024:

I appreciate the Board's assessment that we are in 67% compliance with this policy.

Respectfully Submitted,
Brian Martinus, Interim CEO

ASSURANCE OF ORGANIZATIONAL PERFORMANCE
POLICY 1.0 CONSUMER AND COMMUNITY ENDS
INTERNAL REPORT - CEO
March 21, 2024

1.0 Consumer and Community Ends

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

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

Consumer Ends:

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

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

Community Ends:

We are committed to the following Community Ends.

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

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

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

CEO Interpretation 2024

This policy highlights the areas in which the Board and CEO are unified. We are committed to our Vision, Mission, and Values. We are committed to providing care in a culture of gentleness with the expectation that Recovery is possible. We do this through a person-centered process and the development of the Individual Plan of Service. We understand there are community stakeholders, including consumers, families, guardians, schools, law enforcement, and elected officials, and we value their partnership in meeting our Consumer and Community Ends.

NLCMHA completes an Annual Review and Agency Performance Assessment each year to demonstrate how the activities in the previous year met these Consumer and Community Ends. Those reports were shared with the Board in January and February 2024. In terms of holding ourselves accountable, NLCMHA does this through satisfaction surveys, provider network surveys, holding an Annual Public Meeting, and Annual Reports to the County Commissions. We also began meeting with County Commissions on a regular basis for those Counties that were interested in doing so.

Respectfully Submitted,

Brian Martinus
Interim CEO

Board Policy Being Monitored:

1.0 Consumer and Community Ends

March 21, 2024

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

Comment:

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

Comment:

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

Comment:

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

Comment:

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

Comment:

6. Other Comment: _____

**CEO Response to February 15, 2024 Board Monitoring Report Evaluation
March 21, 2024
Policy 3.5 – Meeting Agendas and Schedules – Direct Inspection**

Fourteen (14) of the sixteen (16) Board Members completed the monitoring report.

Question 1. Do you believe we are in strict compliance with the policy as stated for each provision? 12- Yes, 2 - No

Question 2. If you indicated that the Board is not in full compliance with the policy as stated, please indicate what areas and what you notice that gives evidence that we are not in compliance.

Comment(s): 1. “Need new agenda that reflects new governance. Changes have been made to the agenda that have not been approved by the Board.”

2. “ February agenda does not include CEO or CFO Report – they are now on the COW. They need to be approved by the Board”.

Question 3. How do you think we could improve our process to be in full compliance?

Comment(s):” Move forward, create a new agenda format.”

Question 4. What do we need to learn or discuss in order to live by this policy more completely?

Comment(s): “Don’t want to live by this policy.”

Question 5. Does this policy remain in compliance with the Policy_Governance model in terms of content and format? 11-Yes, 3- No

Comment(s) “Needs to completely change.”

CEO Response 2024:

I appreciate the Board’s assessment that we are in 86 % compliance with this policy. The Board Chair set the February agenda. I believe we moved those reports to the COW for the sake of time. See the Chair for questions regarding the agenda.

Respectfully Submitted,

Brian Martinus, Interim CEO

BOARD MEANS SELF ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
3.3 BOARD MEMBER CODE OF CONDUCT– DIRECT INSPECTION - BOARD
MARCH 21, 2024

3.3 Board Member Code of Conduct

The board commits itself and its members to ethical, businesslike, and lawful conduct, including proper use of authority and appropriate decorum when acting as board members. Conflict of interest is addressed in the Board By-laws and this policy.

3.3.1 Members must have loyalty to the ownership, unconflicted by loyalties to staff, other organizations, and any personal interest to a consumer.

3.3.2 Members must avoid conflict of interest with respect to their fiduciary responsibility.

3.3.3 Board members may not attempt to exercise individual authority over the organization.

3.3.3.1 Members' interaction with the Chief Executive Officer or with staff must recognize the lack of authority vested in individuals except when explicitly board authorized.

3.3.3.2 Members' interaction with public, press or other entities must recognize the same limitation and the inability of any board member to speak for the board except to repeat explicitly stated board decisions.

3.3.4 Members will respect the confidentiality appropriate to issues of a sensitive nature.

Members must not disclose identifiable information (with or without names) about Northern Lakes Community Mental Health Authority consumers, regardless of where this information was obtained from, without informed consent of an authorized party. Members must comply with the confidentiality regulations of the Michigan Mental Health Code and the Administrative Rules.

3.3.5 Members will be properly prepared for board deliberation.

3.3.6 If a member has a concern with another member with regard to this Code of Conduct. The issue should be directed in the following manner.

3.3.6.1 If the issues involves a member other than the Board Chairperson, the issues should be directed to the Board Chairperson.

3.3.6.2 If the concern involves the Board Chairperson, the issue should be directed to the Vice Chairperson.

3.3.6.3 If the concern involves both the Board Chairperson and the Vice Chairperson, the member should select two other members and direct the issue to them for review of the concern.

3.3.7 If all attempts at an internal resolution of the concern has failed, then the Board Chairperson under 6.1 or the Board Vice Chairperson under 6.2 shall refer the manner to the applicable County Board of Commissioners Chairperson for resolution under Section 1224 of the Michigan Mental Health Code.

3.3.8 All Board members shall review this policy during their initial orientation and shall sign the NLCMH Code of Conduct Declaration. This shall be repeated no less than annually.

Attachment: Board Member Code of Conduct Declaration

BOARD MEANS SELF ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
3.3 BOARD MEMBER CODE OF CONDUCT – DIRECT INSPECTION - BOARD
March 21, 2024

Review all sections of the policy listed and evaluate our compliance with policy.

1. Do you believe we are in strict compliance with the policy as stated for each provision?

Yes

No (requires comment)

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

3. How do you think we could improve our process to be in full compliance?

4. What do we need to learn or discuss in order to live by this policy more completely?

5. Does this policy remain in compliance with the Policy Governance model in terms of content and format? Yes No (requires comment)

Northern Lakes Community Mental Health Authority *Board Member Code of Conduct Declaration*

This is to confirm my receipt and review of the NLCMHA Board Governance Code of Conduct policy. This policy was written to formally establish the Board's ethics and serves as a foundation of the administrative Code of Conduct. Key aspects of this policy are as follows:

1. The expectation that Board Members have loyalty to the ownership, unconflicted by loyalties to staff, other organizations, and any personal interest as a consumer.
2. The expectation that Board Members practice consistent with the NLCMHA Conflict of Interest policy.
3. The expectation that Board Members not attempt to exercise individual authority over the organization.
4. The expectation that Board Members comply with the confidentiality regulations of the Michigan Mental Health Code and the Administrative Rules.
5. The expectation that Board Members will be properly prepared to complete their Board responsibilities.
6. The expectation that all board members shall review Code of Conduct policy during their initial orientation and shall sign this NLCMHA Code of Conduct Declaration. This shall be repeated no less than annually.

NLCMHA Board Member

Date

**BOARD MEANS SELF ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
3.6 BOARD CHAIR FUNCTIONS – DIRECT INSPECTION - BOARD
MARCH 21, 2024**

3.6 Board Chair Functions

The Chair ensures the integrity of the Board's governance process as the Board carries out its governance obligations.

Powers of the Chair. The Chair:

- 3.6.1 Proposes Agendas for meetings of the Board;
- 3.6.2 Limits consideration of issues to those properly before the Board and within the scope of its authority as set forth in Board Governance Policies;
- 3.6.3 Ensures that Board deliberation is fair, open, thorough, timely, orderly, and on task;
- 3.6.4 Exercises the procedural authority accorded the position of Chair by Roberts Rules of Order;
- 3.6.5 Subject to the Bylaws, names and charges ad hoc committees as more particularly provided in the Governance Policy on Board committees;
- 3.6.6 When and to the extent authorized by the Board to do so, serves as spokesperson for the Board to the media and the public concerning the positions taken on issues by the Board as a whole; and
- 3.6.7 Rules on requests from members to attend outside conferences and meetings.

Limits on the Powers of the Chair. The Chair shall not exercise the powers granted to the Chair hereunder for any of the following purposes:

- 3.6.8 To preclude Board consideration of a decision to employ or terminate a CEO;
- 3.6.9 To unilaterally amend or modify a Board Governance Policy;
- 3.6.10 To supervise or direct the CEO with the exception of the power to grant a leave of absence provided the Board is notified of granting the request within eight hours of being granted.
- 3.6.11 To publicly represent a personal position on an issue as that of the Authority.

Delegation of the Powers of the Chair. Subject to the provisions of the Bylaws, the Chair may delegate the powers of the Chair to one or more Board members, provided that the Chair remains accountable for the exercise of any powers so delegated.

BOARD MEANS SELF ASSESSMENT
SUMMARY OF BOARD COMPLIANCE MONITORING EVALUATION
3.6 BOARD CHAIR FUNCTIONS– DIRECT INSPECTION - BOARD
MARCH 21, 2024

Review all sections of the policy listed and evaluate our compliance with policy.

1. Do you believe we are in strict compliance with the policy as stated for each provision?

Yes No (requires comment)

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

3. How do you think we could improve our process to be in full compliance?

4. What do we need to learn or discuss in order to live by this policy more completely?

5. Does this policy remain in compliance with the Policy Governance model in terms of content and format? Yes No (requires comment)