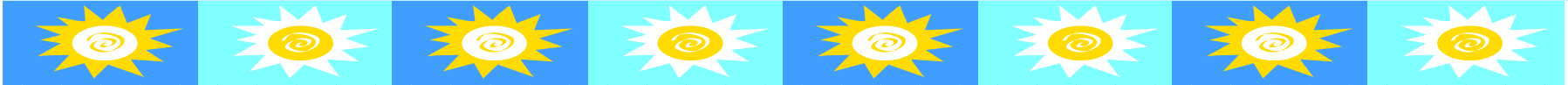


*Northeast Michigan Community Mental Health Authority  
April 2022 Meetings*



- Board Meeting – Thursday,  
April 14 at 3:00 pm  
{Organizational Meeting}
- Recipient Rights Committee\* –  
Wednesday, April 20 at 3:00 pm

*All meetings held at the main office located at 400  
Johnson Street in Alpena unless otherwise noted*

*\* Meeting held in the Administrative Conference  
Room/400 Johnson Street/Alpena*

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD  
BOARD MEETING

April 14, 2022 at 3:00 p.m.

A G E N D A

- I. Call to Order
- II. Seating of Board Members
  - Robert Adrian – Alpena County
  - Les Buza – Presque Isle County
  - Judy Jones – Alpena County
  - Terry Larson – Presque Isle County
- III. Roll Call & Determination of a Quorum
- IV. Pledge of Allegiance
- V. Acknowledgement of Conflict of Interest
- VI. Appointment of Evaluator
- VII. Report of the Nomination’s Committee .....(See page 1)
- VIII. Election of Officers ..... (See page 2 – By-law excerpt)
- IX. Information and/or Comments from the Public
- X. Approval of Minutes.....(See pages 3-8)
- XI. Compliance Audit..... (Straley, Lamp and Kraenzlein See Booklet)
- XII. Educational Session – CARF Standards ..... Lynne Fredlund
- XIII. Consent Agenda.....(See page 9)
  - 1. War Memorial Hospital
  - 2. Valenz Assurance EPStaffCheck Software Service
- XIV. April Monitoring Reports
  - 1. Budgeting 01-004 .....(See page 10)
  - 2. Communication and Counsel 01-009 ..... (See pages 11-13)
- XV. Board Policies Review and Self-Evaluation
  - 1. Financial Condition 01-005..... [Review Only].....(See page 14)
  - 2. Communication and Counsel 01-009 ..... [Review Only]..... (See pages 15-16)
  - 3. Governing Style 02-002..... [Review & Self Evaluate] .....(See page 17)
  - 4. Cost of Governance 02-013 ..... [Review & Self Evaluate] .....(See page 18)
- XVI. Linkage Reports
  - 1. Northern Michigan Regional Entity
    - a. Regional Board Meetings
      - i. February 23, 2022..... (See pages 19-22)
      - ii. March 23, 2022..... (Verbal)
    - b. Appointment to NMRE Board – Terry Larson’s term expired 03/31/2022
  - 2. Board Association
    - a. Spring Conference June 07 & 08 – Grand Traverse Resort..... (Verbal)
  - 3. Advisory Council ..... (Verbal)
- XVII. Operations Report .....(See page 23)
- XVIII. Chair's Report
  - 1. Section 222 & Conflict of Interest ..... (See pages 24-26)
  - 2. Disclosure of Ownership Forms Update .....(See page 27)
  - 3. Strategic Planning Discussion ..... (Verbal)
- XIX. Director's Report
  - 1. Directors Report..... (Verbal Update)
  - 2. QI Council Update ..... (See pages 28-32)
- XX. Information and/or Comments from the Public
- XXI. Information and/or Comments for the Good of the Board
- XXII. New Business
  - 1. Establishment of Regular Meeting Date
  - 2. Appointment of Standing Committees .....(See page 33)
- XXIII. Next Meeting – Thursday, May 13 at 3:00 p.m.
  - 1. Set May Agenda.....(See page 34)
  - 2. Evaluation of meeting ..... (All)
- XXIV. Adjournment

MISSION STATEMENT  
To provide comprehensive services and supports  
that enable people to live and work independently

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Diane Hayka  
**SUBJECT:** Nomination / Board Member Composition Committee Report  
**DATE:** February 24, 2022

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At the November Board meeting, the Nomination / Board Member Composition Committee provided the Board with their report. Below is an excerpt from the meeting minutes...

Gary Nowak noted the committee met. Letters were sent to the respective counties. He reported officer positions for next year were discussed. Their recommendation will be to keep the officers as they are at this time. This will result in not having to meet again in the spring.

The current officers are:

Eric Lawson, Chair  
Roger Frye, Vice Chair  
Bonnie Cornelius, Secretary  
Gary Nowak, Past Chair

- By the March meeting, that Committee shall report its recommendations to the Board for its members' consideration prior to the April election meeting.
- During the April Meeting, a slate of candidates for the Board's three offices shall be placed in nomination first by the Nomination/Board Member Composition Committee, which shall give its report at the call of the Chair.
- Election of the Board's Chair for the next year shall be the first election, and shall be conducted by the current Chair, who shall state the Nomination/Board Member Composition Committee's nomination, then ask if there are any [further] nominations from the floor; if/when none is heard after *three* such invitations, then the Chair shall declare that nominations are closed and the election may proceed.
- Balloting may be by voice, by show-of-hands or by roll call at the request of any Board member, as the Board may determine in advance or by its majority vote at any time during the election process; a majority of votes cast shall determine the outcome of the election.
- Following the election of a new Chair (and assuming the current Chair does not succeed to the office), the immediate-past-Chair shall relinquish the chair to the new Chair, who shall conduct the balance of the elections in the same manner.
- Elections then proceed in this order:  
    Vice-Chair... then Secretary.
- Newly-elected officers assume their offices immediately upon elections.
- If questions of procedure arise before or during the meeting or elections, the Board shall resolve these questions via reference to its By-Laws, Policies and/or Robert's Rules.

**Northeast Michigan Community Mental Health Authority Board  
Board Meeting  
March 10, 2022**

**I. Call to Order**

Chair Eric Lawson called the meeting to order in the Board Room at 3:00 p.m.

**II. Roll Call and Determination of a Quorum**

Present: Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Grzeskowiak, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small

Absent: Bob Adrian (excused), Judy Jones (excused)

Staff & Guests: Carolyn Bruning, Connie Cadarette, Mary Crittenden, Rebekah Duhaime, Erin Fletcher, Chelsea McConnell, Larry Patterson, Nena Sork, Jen Whyte

**III. Pledge of Allegiance**

Attendees recited the Pledge of Allegiance as a group.

**IV. Appointment of Evaluator**

Eric Lawson appointed Les Buza as evaluator for this meeting.

**V. Acknowledgement of Conflict of Interest**

There was no conflict of interest declared.

**VI. Information and/or Comments from the Public**

Bonnie Cornelius noted the drinking fountains are being revamped to fill water bottles from the drinking fountains with filtered water.

**VII. Approval of Minutes**

*Moved by Gary Nowak, supported by Roger Frye, to approve the minutes of the February 10, 2022 meeting as presented.* Motion carried.

**VIII. Consent Agenda**

**A. Blue Cross Blue Shield of Michigan (BCBSM) Administrative Agreement**

*Moved by Gary Nowak, supported by Terry Small, to approve the Consent Agenda as presented.* Roll call vote: Ayes: Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Grzeskowiak, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small; Nays: None; Absent: Bob Adrian, Judy Jones. Motion carried.

**IX. Audit Report - Financial**

Chelsea McConnell, representing Straley, Lamp and Kraenzlein PC, presented the financial audit report to Board members. She reviewed what the auditors look for when reviewing the financial statements. The Agency received an unqualified opinion on this audit. There are some new auditing standards being released this fiscal year which will have an impact on next year's audit opinion. She reported there was a change in net position of \$188,026. She reported both revenues and expenses were higher last fiscal year.

The most significant in the revenue increase is due to Medicaid revenues. Unrestricted net position decreased but the net investments in capital assets increased. Current ratio remained the same as last fiscal year. The unrestricted net position would finance day-to-

day operations for 35 days this year and previously was for 45 days [decrease of 2.7%]. This is due to the net capital asset increase [increase of 6.6%]. This is still a favorable target.

Ms. McConnell reviewed the Audit Communications letter. There were no issues identified during the completion of the audit. The Audit Communication is a required letter (loose letter). The next audit period will require a focus on leases and she noted she has already begun working with the Accounting Team to assure compliance.

***Moved by Pat Przeslawski, supported by Lynnette Grzeskowiak, to accept and file the FY21 Audit Report as presented.*** Roll call vote: Ayes: Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Grzeskowiak, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small; Nays: None; Absent: Bob Adrian, Judy Jones. Motion carried.

**X. Board Member Recognition**

Board members were recognized for service on the Board of this Agency. In total, Board members served this Agency for 114 years.

Roger Frye	28 years	Eric Lawson	7 years
Gary Nowak	23 years	Bonnie Cornelius	7 years
Pat Przeslawski	22 years	Robert Adrian	2 years
Terry Larson	21 years	Lynnette Grzeskowiak	1 year
Les Buza	12 years	Geyer Balog	1 year
Judy Jones	9 years	Terry Small	1 year

Board recessed at 3:12 p.m.

Board resumed at 3:32 p.m.

**XI. March Monitoring Report**

**1. Treatment of Individuals Served 01-002**

The monitoring report from Customer Satisfaction Committee focuses on the I/DD population group. Carolyn Bruning reported the response rate increased by 4% this year. The survey contained several positive responses.

Mental Health Services survey is conducted through the regional entity using survey monkey for the MI population group. Pat Przeslawski noted it is reassuring to know the majority of respondents indicated the staff treat them with dignity and respect.

**2. Staff Treatment 01-003**

The first set of graphs are developed from staff leaving the agency conducted during an exit process. The written portion of this monitoring report is the staff survey of current staff. We went from a -10 detractor score to a 7 detractor score; the range is -100 to 100. Nena Sork reported she would like to see the detractor score rise another 30 points. The good thing with this survey is it gives management items to focus on. Nena Sork reported moving forward we will be asking two questions: "Would you recommend someone to work here?" and "What would you do to improve the organization?" The recommendation of asking only the two questions came from a consultant.

Nena Sork reported staff have a tendency to provide good suggestions for the organization. One measure staff suggested is the need to recognize strong work

performance. Nena noted we are working to revamp our employee evaluation process to address this concern.

Gary Nowak questioned if there was consideration for bonuses for staff. Nena Sork noted they would be retention or reinvestment payments as bonuses are not allowed. In the past, the retention/reinvestment payments have been awarded based on number of hours worked, not necessarily the performance of work.

Eric Lawson believes the Agency is trying to get the compensation to average and then work on other options. Nena Sork reported this has been an effort over the last couple of years and three of the five categories of staff are now close to average. The other two will be worked on this fiscal year.

### **3. Financial Condition 01-005**

Connie Cadarette requested this monitoring report be addressed prior to the Budgeting report. She noted the auditor touched on this report. The days of unrestricted net position has decreased slightly due to the capital asset expenditures; however, this is still a good level.

Connie Cadarette reported the Community Foundation quarterly balance sheet was also part of this monitoring report. This report provides the balances of the endowment fund and the spendable portion of this fund. The current spendable amount is \$21,898.02.

### **4. Budgeting 01-004**

Connie Cadarette noted due to the change in accounting process, this is the first report to present this fiscal year. She reported Medicaid Revenue and Healthy Michigan revenue has increased. The Incentive Payment of \$264,500.13 is not included as revenue in this report. Currently, Medicaid funds are underspend by \$715,332 and General Funds are underspent by \$46,728.

Larry Patterson reviewed the expenses noting the expense in Staff Development is attributed to some FY21 costs and costs associated with the heavy recruiting underway. Larry noted some of the variances are still due to some prior year charges. The telephone line item has some duplicate services as we are transitioning from Verizon to AT&T. Other items are mainly due to timing. The Maintenance is due to some repairs made at a home to waterproof the crawl area. Rental expenses are due to Princeton temporary relocation due to renovation and tax adjustments conducted annually for group homes under rental arrangements. He reported expenses are on target and those areas with variances will be monitored.

### **5. Asset Protection 01-007**

The monitoring report for Asset Protection is based upon the Financial Audit, which was presented previously in this meeting.

*Moved by Les Buza, supported by Gary Nowak, to accept the March Monitoring Reports as presented. Motion carried.*

## **XII. Board Policies Review & Self-Evaluation**

### **1. Budgeting 01-004**

Board members reviewed the Budgeting policy 01-004. Pat Przeslawski reported this policy is still stating the necessary objectives.

## **2. Board Members Code of Conduct 02-008**

This policy was reviewed by Board members. This requires Board members to attest to their adherence to this policy. Diane Hayka requested Board members to sign the form and return the forms to her.

### **XIII. Linkage Reports**

#### **1. Northern Michigan Regional Entity (NMRE)**

##### **a. Board Meeting February 23, 2022**

Gary Nowak requested to table this discussion until the draft minutes are available.

*Moved by Gary Nowak, supported by Terry Larson to table discussion on this topic until the minutes are available for review.* Motion carried.

#### **2. Community Mental Health Association of Michigan (CMHAM)**

##### **a. CMHA Northern Regional Meeting February 23, 2022**

Eric Lawson reported he attended the regional meeting on February 23. He reported the nominations for the officer positions were reviewed and basically current position were bumped up to the next level. Joe Stone, representing the northern region, will continue as past president. Gary Nowak would like to get a bio on those running for the various positions prior to voting. This most likely will be included with the information for the voting delegates closer to the June conference.

The regional meeting also requested input for the Jim Neubacher Media Award and the Partners in Excellence Award.

##### **b. Spring Conference [June 7 & 8 – Grand Traverse Resort – Acme]**

The Spring Board conference is scheduled for Grand Traverse Resort in Acme for June 7 and 8. Board members interested in attending include Roger Frye, Bonnie Cornelius, Judy Jones, Eric Lawson and Lynnette Grzeskowiak (if she can get cleared from her employer).

### **XIV. Operations Report**

Mary Crittenden reviewed the service data from the February report. She reviewed the Access/Crisis/Prescreen data with Board members indicating there were 49 routine, 1 urgent, 48 crisis and 82 prescreens during this timeframe. She noted there were no new state facility admissions. During the month of February, 950 individuals received a service.

### **XV. Nomination/Board Member Composition Report**

Gary Nowak indicated the committee members met in November and suggest the officers remain as is for the next Board year. All officers agreed to serve. The April meeting includes the election of officers. The current officers include Eric Lawson (Chair), Roger Frye (Vice Chair) and Bonnie Cornelius (Secretary). Gary Nowak would retain his status as Past Chair.

### **XVI. Chair's Report**

Eric Lawson reported he is in receipt of a letter from the Alpena Board of Education thanking the Board for the earbuds and thumb drives provided to students at Besser School.

#### **1. CMH PAC Campaign**

Eric Lawson reported the CMH PAC is still requesting contributions to their campaign. He reported the detail of support the CMHA has provided using these funds does not include any political bias. He reported since transitioning to the online campaign, the



contributions have not been as robust. Board members who would like to contribute via check can give them to Diane Hayka to submit.

**XVII. Director's Report**

**1. Director Update**

Nena Sork reported management staff have focused on the recent staff survey responses. She reported she met with MMRMA and will continue with the same level of insurance as the Agency currently subscribes. She reported a review of the Program Plan was conducted and updated with focus on the Long-Range Plans for the Agency. Board members received a copy of the Program Plan.

The Child Death Review Team in Presque Isle met this week, of which she is a member, and reviewed some cases to determine if there are things that can be implemented to prevent occurrences of such deaths in the future.

Nena Sork reported the Department has released the Annual Submission, formerly referred to as Program Planning Guidelines (PPGs). One requirement of this submission is for the Agency to hold a Public Hearing for stakeholders every other year. The state requires us to ask three specific questions. The Public Hearing is scheduled for March 28 at 4:00 p.m. in the Board Room.

Nena Sork informed the Board of the award of the Executive Secretary position to Rebekah Duhaime who will succeed Diane Hayka.

Nena Sork noted the Agency's Annual Report is traditionally published in May as May is Mental Health Month. She questioned if the Board had any suggestions of what to include in the Annual Report. Board members are to contact Diane Hayka with any input they may have. The Board Chair will work on the Letter to Community included in this publication, either in joint with the Director or independently.

Financially, our policy requires the Director get Board approval for any purchase over \$5,000. Last year the Board allowed for spending without prior approval as long as the budget was still in the black and items were reported to the Board. Nena reported one renovation project identified for this fiscal year is to convert the open floor space in the accounting and reimbursement area to individual offices. Gary Nowak suggested the Chair be included in decisions.

***Moved by Gary Nowak, supported by Roger Frye, to authorize the Director to purchase items when identified with concurrence of the Board Chair in the current fiscal year with report to the Board.*** Roll Call Vote: Ayes: Geyer Balog Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Grzeskowiak, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small; Nays: None; Absent: Robert Adrian, Judy Jones. Motion carried.

Pat Przeslawski suggested the office renovation be done as soon as possible.

**XVIII. Information and/or Comments from the Public**

There were no comments presented.

**XIX. Information and/or Comments for the Good of the Board**

Roger Frye reported this was a good meeting.

**XX. Next Meeting**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, April 14, 2022 at 3:00 p.m.

**1. Set April Agenda**

The April agenda items were reviewed.

**XXI. Evaluation of Meeting**

Les Buza reported the meeting started at 3:01 p.m. Les Buza reported the audit report was very good and the Director's report was also informative. He would like the Board to compliment the Director and staff on their efforts.

**XXII. Adjournment**

*Moved by Terry Small, supported by Lynnette Grzeskowiak, to adjourn the meeting.* Motion carried. This meeting adjourned at 4:30 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Diane Hayka  
Recorder

**NORTHEAST MICHIGAN COMMUNITY  
MENTAL HEALTH AUTHORITY**

CMH Compliance Examination

September 30, 2021

**STRALEY LAMP & KRAENZLEIN P.C.**

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**Independent Accountant's Report on Compliance with Requirements Applicable to Medicaid,  
GF and CMHS Block Grant Programs and on Internal Control Over Compliance in  
Accordance with *CMH Compliance Examination Guidelines* Issued by the Michigan  
Department of Health And Human Services**

To the Board of Directors  
Northeast Michigan Community Mental Health Authority

**Report on Compliance**

We have examined the compliance of the Northeast Michigan Community Mental Health Authority (the "Authority") with the specified requirements described in *CMH Compliance Examination Guidelines*, issued by the Michigan Department of Health and Human Services ("MDHHS"), that are applicable to its Medicaid, General Fund ("GF") and Community Mental Health Services ("CMHS") Block Grant Programs for the year ended September 30, 2021.

***Management's Responsibility***

The Authority is responsible for compliance with federal statutes, regulations and the terms and conditions of its specified requirements issued by the Michigan Department of Health and Human Services ("MDHHS"), that are applicable to its Medicaid, General Fund ("GF") and Community Mental Health Services ("CMHS") Block Grant Programs.

***Accountant's Responsibility***

Our responsibility is to express an opinion on the Authority's compliance based on our examination of the types of compliance requirements referred to above. We conducted our examination in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the specified requirements described in *CMH Compliance Examination Guidelines*, that are applicable to its Medicaid, GF and CMHS Block Grant Programs is in accordance with the criteria, in all material respects. An examination involves performing procedures to obtain evidence about the specified requirements described in *CMH Compliance Examination Guidelines*, that are applicable to its Medicaid, GF and CMHS Block Grant Programs. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of the risks of material misstatements of the specified requirements described in *CMH*

*Compliance Examination Guidelines*, that are applicable to its Medicaid, GF and CMHS Block Grant Programs, whether due to fraud or error.

We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion. Our examination does not provide a legal determination on the Authority's compliance with those requirements.

### ***Opinion on Medicaid, GF and CMHS Block Grant Programs***

In our opinion, Northeast Michigan Community Mental Health Authority complied, in all material respects, with the specified requirements referred to above that are applicable to its Medicaid, GF and CMHS Block Grant Programs for the year ended September 30, 2021.

### **Report on Internal Control Over Compliance**

The management of the Authority is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations and programs applicable to its Medicaid, GF and CMHS Block Grant Programs. In planning and performing our examination, we considered the Authority's internal control over compliance with the requirements that could have a direct and material effect on its Medicaid, GF and CMHS Block Grant Programs in order to determine our examination procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with criteria established by MDHHS, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct noncompliance with a type of compliance requirement of the Medicaid, GF or CMHS Block Grant programs on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of the Medicaid, GF or CMHS Block Grant programs will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a MDHHS contract that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be deficiencies, significant deficiencies, or material weaknesses in internal control over compliance. We did not identify any deficiencies in internal control over compliance that we consider to be a material weakness, as defined above.

This report is intended solely for the information and use of the Authority's board of directors, management, and MDHHS. This report is an integral part of our examination in accordance with these guidelines in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

## Examination Schedules

As required by CMH Compliance Examination Guidelines, we have prepared the accompanying Examined FSR Schedule, and other required schedules as noted in the contents page of this report.

*Straley Lamp & Kraenzlein P.C.*

March 28, 2022

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
FINANCIAL STATUS REPORT - ALL NON MEDICAID**

CMHSP:	Northeast Michigan Community Mental Health	SUBMISSION TYPE:	YE Final	FISCAL YEAR:	FY 20 / 21	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
		SUBMISSION DATE:	3/31/2022	REPORTED			
			Column A	Column B			

<b>A</b>	<b>MEDICAID SERVICES - Summary From FSR - Medicaid (incl Direct Care Wage)</b>							
<b>AC</b>	<b>INTENTIONALLY LEFT BLANK</b>							
<b>AE</b>	<b>OPIOID HEALTH HOME SERVICES - Summary From FSR - Opioid Health Home Services</b>							
<b>AG</b>	<b>HEALTH HOME SERVICES - Summary From FSR - Health Home Services</b>							
<b>AI</b>	<b>HEALTHY MICHIGAN SERVICES - Summary From FSR - Healthy Michigan (incl Direct Care Wage)</b>							
<b>AK</b>	<b>MI HEALTH LINK SERVICES - Summary From FSR - MI Health Link</b>							
<b>RES</b>	<b>RESTRICTED FUND BALANCE ACTIVITY</b>							

<b>B</b>	<b>GENERAL FUND</b>							
<b>B</b>	<b>100</b>	<b>REVENUE</b>						
<b>B</b>	101	CMH Operations		1,001,627			1,001,627	
<b>B</b>	102	Intentionally left blank						
<b>B</b>	103	Intentionally left blank						
<b>B</b>	120	<b>Subtotal - Current Period General Fund Revenue</b>		1,001,627			1,001,627	
<b>B</b>	121	1st & 3rd Party Collections (Not in Section 226a Funds) 100% Services						
<b>B</b>	122	1st & 3rd Party Collections (Not in Section 226a Funds) 90% Services						
<b>B</b>	123	Prior Year GF Carry Forward		47,052			47,052	
<b>B</b>	124	Intentionally left blank						
<b>B</b>	140	<b>Subtotal - Other General Fund Revenue</b>		47,052			47,052	
<b>B</b>	190	<b>TOTAL REVENUE</b>		1,048,679			1,048,679	
<b>B</b>	<b>200</b>	<b>EXPENDITURE</b>						
<b>B</b>	201	100% MDHHS Matchable Services / Costs		169,039			169,039	
<b>B</b>	202	100% MDHHS Matchable Services Based on CMHSP Local Match Cap						
<b>B</b>	203	90% MDHHS Matchable Services / Costs - REPORTED	630,455					
		90% MDHHS Matchable Services / Costs - EXAMINATION ADJUSTMENTS						
		90% MDHHS Matchable Services / Costs - EXAMINED TOTAL	630,455	567,410			567,410	
<b>B</b>	204	Intentionally left blank						
<b>B</b>	205	Intentionally left blank						
<b>B</b>	290	<b>TOTAL EXPENDITURE</b>		736,449			736,449	
<b>B</b>	295	<b>NET GENERAL FUND SURPLUS (DEFICIT)</b>		312,230			312,230	
<b>B</b>	<b>300</b>	<b>Redirected Funds (To) From</b>						
<b>B</b>	301	(TO) Medicaid - Redirected for Unfunded Medicaid Costs - <b>A331</b> (PIHP use only)						
<b>B</b>	301.1	(TO) Healthy Michigan - Redirected for Unfunded Healthy Michigan Costs - <b>A1331</b> (PIHP use only)						
<b>B</b>	301.2	Intentionally left blank						
<b>B</b>	301.3	(TO) Opioid Health Home Services - Redirected for Unfunded Opioid Health Home Services <b>AE331</b> (PIHP use only)						
<b>B</b>	301.4	(TO) Health Home Services - Redirected for Unfunded Health Home Services <b>AG331</b> (PIHP use only)						
<b>B</b>	301.5	(TO) MI Health Link - Redirected for Unfunded MI Health Link Costs - <b>AK331</b> (PIHP use only)						
<b>B</b>	303	Intentionally left blank						
<b>B</b>	304	(TO) Targeted Case Management - <b>D301</b>						
<b>B</b>	305	Intentionally left blank						
<b>B</b>	306	Intentionally left blank						
<b>B</b>	307	Intentionally left blank						
<b>B</b>	308	Intentionally left blank						
<b>B</b>	309	(TO) Allowable GF Cost of Injectable Medications - <b>G301</b>						
<b>B</b>	310	(TO) PIHP to Affiliate Medicaid Services Contracts - <b>I304</b>						
<b>B</b>	310.1	Intentionally left blank						
<b>B</b>	310.2	(TO) PIHP to Affiliate Opioid Health Home Services Contracts - <b>IB304</b>						
<b>B</b>	310.3	(TO) PIHP to Affiliate Health Home Services Contracts - <b>IC304</b>		(13,763)			(13,763)	
<b>B</b>	310.4	(TO) PIHP to Affiliate MI Health Link Services Contracts - <b>ID304</b>						
<b>B</b>	312	(TO) CMHSP to CMHSP Earned Contracts - <b>J305</b> (explain - section Q)		(79,475)			(79,475)	
<b>B</b>	313	FROM CMHSP to CMHSP Earned Contracts - <b>J302</b>						
<b>B</b>	314	FROM Non-MDHHS Earned Contracts - <b>K302</b>						
<b>B</b>	330	<b>Subtotal Redirected Funds rows 301 - 314</b>		(93,238)			(93,238)	
<b>B</b>	331	FROM Local Funds - <b>M302</b>						
<b>B</b>	332	FROM Risk Corridor - <b>N303</b>						
<b>B</b>	390	<b>Total Redirected Funds</b>		(93,238)			(93,238)	
<b>B</b>	400	<b>BALANCE GENERAL FUND (cannot be &lt; 0)</b>		218,992			218,992	

<b>OTHER GF CONTRACTUAL OBLIGATIONS</b>							
<b>C</b>	300	Redirected Funds (To) From					
<b>C</b>	400	<b>BALANCE (cannot be &lt; 0)</b>					

<b>FEE FOR SERVICE MEDICAID</b>								
<b>D</b>	<b>TARGETED CASE MANAGEMENT - (GHS Only)</b>							
<b>D</b>	190	Revenue						
<b>D</b>	290	Expenditure						
<b>D</b>	295	<b>NET TARGETED CASE MANAGEMENT (cannot be &gt; 0)</b>						
<b>D</b>	<b>300</b>	<b>Redirected Funds (To) From</b>						
<b>D</b>	301	FROM General Fund - <b>B304</b>						
<b>D</b>	302	FROM Local Funds - <b>M304</b>						
<b>D</b>	303	(TO) CMHSP to CMHSP Earned Contracts - <b>J304.4</b>						
<b>D</b>	304	FROM CMHSP to CMHSP Earned Contracts - <b>J303.4</b>						
<b>D</b>	390	<b>Total Redirected Funds</b>						
<b>D</b>	400	<b>BALANCE TARGETED CASE MANAGEMENT (GHS Only) (must = 0)</b>						



**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
FINANCIAL STATUS REPORT - ALL NON MEDICAID**

CMHSP:	Northeast Michigan Community Mental Health	FISCAL YEAR:	FY 20 / 21		
		SUBMISSION TYPE:	YE Final		
		SUBMISSION DATE:	3/31/2022		
			Column A	REPORTED Column B	EXAMINATION ADJUSTMENTS
					EXAMINED TOTALS
<b>G</b>	<b>INJECTABLE MEDICATIONS</b>				
G	190 Revenue				-
G	290 Expenditure				-
G	295 <b>NET INJECTABLE MEDICATIONS (cannot be &gt; 0)</b>		-	-	-
G	300 <b>Redirected Funds (To) From</b>				
G	301 FROM General Fund - <b>B309</b>				-
G	302 FROM Local Funds - <b>M309</b>				-
G	390 <b>Total Redirected Funds</b>		-	-	-
G	400 <b>BALANCE INJECTABLE MEDICATIONS (must = 0)</b>		-	-	-

**OTHER FUNDING**

<b>H</b>	<b>MDHHS EARNED CONTRACTS</b>				
H	100 <b>REVENUE</b>				
H	101 Comprehensive Services for Behavioral Health		95,472		
H	102 Housing and Homeless Services		-		
H	103 Juvenile Justice Programs		-		
H	104 Suicide Lifeline Programs		-		
H	105 Projects for Assistance in Transition from Homelessness		-		
H	106 Regional Perinatal Collaborative		-		
H	108 Substance Use and Gambling Services		-		
H	109 Intentionally left blank				
H	150 Other MDHHS Earned Contracts (describe): Bay View Drop In Center		3,493		
H	151 Other MDHHS Earned Contracts (describe):		-		
H	190 <b>TOTAL REVENUE</b>		98,965		
H	200 <b>EXPENDITURE</b>				
H	201 Comprehensive Services for Behavioral Health		95,472		
H	202 Housing and Homeless Services		-		
H	203 Juvenile Justice Programs		-		
H	204 Suicide Lifeline Programs		-		
H	205 Projects for Assistance in Transition from Homelessness		-		
H	206 Regional Perinatal Collaborative		-		
H	208 Substance Use and Gambling Services		-		
H	209 Intentionally left blank				
H	250 Other MDHHS Earned Contracts (describe): Bay View Drop In Center		3,493		
H	251 Other MDHHS Earned Contracts (describe):		-		
H	290 <b>TOTAL EXPENDITURE</b>		98,965		
H	400 <b>BALANCE MDHHS EARNED CONTRACTS (cannot be &lt; 0)</b>		-		

<b>I</b>	<b>PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY</b>				
I	100 <b>REVENUE</b>				
I	101 Revenue - from PIHP Medicaid (incl Direct Care Wage)		30,661,550		30,661,550
I	104 Revenue - from PIHP Healthy Michigan Plan (incl Direct Care Wage)		1,687,663		1,687,663
I	122 1st & 3rd Party Collections - Medicare/Medicaid Consumers - Affiliate		660,484		660,484
I	123 1st & 3rd Party Collections - Healthy Michigan Plan Consumers - Affiliate		5,054		5,054
I	190 <b>TOTAL REVENUE</b>		33,014,751	-	33,014,751
I	201 Expenditure - Medicaid (incl Direct Care Wage)		31,322,034		
I	202 Expenditure - Healthy Michigan Plan (incl Direct Care Wage)		1,692,717		
I	203 Expenditure - MI Health Link (Medicaid) Services (incl Direct Care Wage)		-		
I	290 <b>TOTAL EXPENDITURE</b>		33,014,751		
I	295 <b>NET PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS SURPLUS (DEFICIT)</b>		-		
I	300 <b>Redirected Funds (To) From</b>				
I	301 (TO) CMHSP to CMHSP Earned Contracts - <b>J306</b>		-	-	-
I	302 FROM CMHSP to CMHSP Earned Contracts - <b>J303</b>				-
I	303 FROM Non-MDHHS Earned Contracts - <b>K303</b>				-
I	304 FROM General Fund - <b>B310</b>				-
I	306 FROM Local Funds - <b>M309.1</b>				-
I	390 <b>Total Redirected Funds</b>		-	-	-
I	400 <b>BALANCE PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS (must = 0)</b>		-	-	-
IA	390 <b>Total Redirected Funds</b>		-		
IA	400 <b>BALANCE PIHP to AFFILIATE SERVICES CONTRACTS (must = 0)</b>		-		

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
FINANCIAL STATUS REPORT - ALL NON MEDICAID**

CMHSP:	Northeast Michigan Community Mental Health	SUBMISSION TYPE:	FISCAL YEAR:	FY 20 / 21		
		SUBMISSION DATE:	YE Final	3/31/2022	<b>REPORTED</b>	<b>EXAMINATION ADJUSTMENTS</b>
				Column A	Column B	<b>EXAMINED TOTALS</b>

IB	PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY				
190	Revenue - Medicaid Opioid Health Home Services - from PIHP				-
290	Expenditure - Medicaid Opioid Health Home Services				-
295	<b>NET PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)</b>			-	-
300	<b>Redirected Funds (To) From</b>				
304	FROM General Fund - B310.2				-
306	FROM Local Funds - M309.3				-
390	<b>Total Redirected Funds</b>			-	-
400	<b>BALANCE PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS (cannot be &lt; 0)</b>			-	-

IC	PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY				
190	Revenue - Medicaid Health Home Services - from PIHP			30,534	30,534
290	Expenditure - Medicaid Health Home Services			44,297	44,297
295	<b>NET PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)</b>			(13,763)	(13,763)
300	<b>Redirected Funds (To) From</b>				
304	FROM General Fund - B310.3			13,763	13,763
306	FROM Local Funds - M309.4				-
390	<b>Total Redirected Funds</b>			13,763	13,763
400	<b>BALANCE PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS (cannot be &lt; 0)</b>			-	-

ID	PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS - CMHSP USE ONLY				
100	<b>REVENUE</b>				
101	Revenue - MI Health Link - from PIHP				-
122	1st & 3rd Party Collections - MI Health Link Consumers - Affiliate				-
190	<b>TOTAL REVENUE</b>			-	-
200	<b>EXPENDITURE</b>				
201	Expenditure				-
202	Intentionally left blank				
290	<b>TOTAL EXPENDITURE</b>			-	-
295	<b>NET PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS SURPLUS (DEFICIT)</b>			-	-
300	<b>Redirected Funds (To) From</b>				
301	(TO) CMHSP to CMHSP Earned Contracts - J306.3			-	-
302	FROM CMHSP to CMHSP Earned Contracts - J303.3				-
303	FROM Non-MDHHS Earned Contracts - K303.3				-
304	FROM General Fund - B310.4				-
305	Intentionally left blank				
306	FROM Local Funds - M309.5				-
390	<b>Total Redirected Funds</b>			-	-
400	<b>BALANCE PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS (must = 0)</b>			-	-

J	CMHSP to CMHSP EARNED CONTRACTS				
190	Revenue			217,033	217,033
290	Expenditure			296,508	296,508
295	<b>NET CMHSP to CMHSP EARNED CONTRACTS SURPLUS (DEFICIT)</b>			(79,475)	(79,475)
300	<b>Redirected Funds (To) From</b>				
301	(TO) Medicaid Services - A302 (PIHP use only)			-	
301.1	(TO) Healthy Michigan - A1302 (PIHP use only)			-	
301.2	Intentionally left blank				
301.3	(TO) MI Health Link - AK302 (PIHP use only)			-	
302	(TO) General Fund - B313			-	-
303	(TO) PIHP to Affiliate Medicaid Services Contracts - I302			-	-
303.2	Intentionally left blank				
303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - ID302			-	-
303.4	(TO) Targeted Case Management - D304			-	-
304	FROM Medicaid Services - A301 (PIHP use only)				-
304.1	FROM Healthy Michigan - A1301 (PIHP use only)				-
304.2	Intentionally left blank				
304.3	FROM MI Health Link - AK301 (PIHP use only)				-
304.4	FROM Targeted Case Management - D303				-
305	FROM General Fund - B312			79,475	79,475
306	FROM PIHP to Affiliate Medicaid Services Contracts - I301				-
306.2	Intentionally left blank				
306.3	FROM PIHP to MI Health Link Services Contracts - ID301				-
307	FROM Local Funds - M310				-
390	<b>Total Redirected Funds</b>			79,475	79,475
400	<b>BALANCE CMHSP to CMHSP EARNED CONTRACTS (must = 0)</b>			-	-

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
FINANCIAL STATUS REPORT - ALL NON-MEDICAID**

CMHSP:	Northeast Michigan Community Mental Health		FISCAL YEAR:	FY 20 / 21		
			SUBMISSION TYPE:	YE Final		
			SUBMISSION DATE:	3/31/2022	<b>REPORTED</b>	<b>EXAMINATION ADJUSTMENTS</b>
				<b>Column A</b>	<b>Column B</b>	<b>EXAMINED TOTALS</b>
<b>K</b>		<b>NON-MDHHS EARNED CONTRACTS</b>				
K	190	Revenue		27,687		27,687
K	290	Expenditure		29,955		29,955
K	295	<b>NET NON-MDHHS EARNED CONTRACTS SURPLUS (DEFICIT)</b>		(2,268)	-	(2,268)
K	300	<b>Redirected Funds (To) From</b>				
K	301	(TO) Medicaid Services - <b>A303</b> (PIHP use only)		-		
K	301.1	(TO) Healthy Michigan - <b>AI303</b> (PIHP use only)		-		
K	301.2	Intentionally left blank				
K	301.3	(TO) MI Health Link - <b>AK303</b> (PIHP use only)		-		
K	302	(TO) General Fund - <b>B314</b>		-		
K	303	(TO) PIHP to Affiliate Medicaid Services Contracts - <b>I303</b>		-		
K	303.2	Intentionally left blank				
K	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - <b>ID303</b>		-		
K	304	(TO) Local Funds - <b>M315</b>		-		
K	305	FROM Local Funds - <b>M311</b>		2,268		2,268
K	390	<b>Total Redirected Funds</b>		2,268		2,268
K	400	<b>BALANCE NON-MDHHS EARNED CONTRACTS (must = 0)</b>		-		-
L	390	<b>Total Redirected Funds</b>		-		-
L	400	<b>BALANCE (must = 0)</b>		-		-

<b>M</b>		<b>LOCAL FUNDS</b>				
M	100	<b>REVENUE</b>				
M	101	County Appropriation for Mental Health		266,639		266,639
M	102	County Appropriation for Substance Abuse - Non Public Act 2 Funds				-
M	103	Section 226 (a) Funds		31,709		31,709
M	104	Affiliate Local Contribution to State Medicaid Match Provided from CMHSP (PIHP only)				-
M	105	Medicaid Fee for Service Adjuster Payments				-
M	106	Local Grants				-
M	107	Interest		682		682
M	108	Intentionally left blank				
M	109	SED Partner				-
M	110	All Other Local Funding		49,049		49,049
M	111	Performance Bonus Incentive Pool (PBIP) Restricted Local Funding		218,278		218,278
M	190	<b>TOTAL REVENUE</b>		566,357		566,357
M	200	<b>EXPENDITURE</b>				
M	201	GF 10% Local Match		63,045		63,045
M	202	Reported Local match cap amount				
		Examination Adjustment Local match cap amount				
		Examined Total Local match cap amount		-		
M	203	GF Local Match Capped per MHC 330.1308				-
M	204	Local Cost for State Provided Services		113,438		113,438
M	205	Local Contribution to State Medicaid Match (CMHSP Contribution Only)		199,580		199,580
M	206	Local Contribution to State Medicaid Match on Behalf of Affiliate (PIHP Only)				-
M	207	Local Match to Grants and MDHHS Earned Contracts				-
M	208	Intentionally left blank				
M	209	Local Only Expenditures				-
M	290	<b>TOTAL EXPENDITURE</b>		376,063		376,063
M	295	<b>NET LOCAL FUNDS SURPLUS (DEFICIT)</b>		190,294		190,294
M	300	<b>Redirected Funds (To) From</b>				
M	301	(TO) Medicaid Services - <b>A332</b> (PIHP use only)		-		
M	301.1	(TO) Healthy Michigan - <b>AI332</b> (PIHP use only)		-		
M	301.2	Intentionally left blank				
M	301.3	(TO) Opioid Health Home Services - <b>AE332</b> (PIHP use only)		-		
M	301.4	(TO) Health Home Services - <b>AG332</b> (PIHP use only)		-		
M	301.5	(TO) MI Health Link - <b>AK332</b> (PIHP use only)		-		
M	302	(TO) General Fund - <b>B331</b>		-		
M	304	(TO) Targeted Case Management - <b>D302</b>		-		
M	305	Intentionally left blank				
M	306	Intentionally left blank				
M	307	Intentionally left blank				
M	308	Intentionally left blank				
M	309	(TO) Injectable Medications - <b>G302</b>		-		
M	309.1	(TO) PIHP to Affiliate Medicaid Services Contracts - <b>I306</b>		-		
M	309.2	Intentionally left blank				
M	309.3	(TO) PIHP to Affiliate Opioid Health Home Services Contracts - <b>IB306</b>		-		
M	309.4	(TO) PIHP to Affiliate Health Home Services Contracts - <b>IC306</b>		-		
M	309.5	(TO) PIHP to Affiliate MI Health Link Services Contracts - <b>ID306</b>		-		
M	310	(TO) CMHSP to CMHSP Earned Contracts - <b>J307</b>		-		
M	311	(TO) Non-MDHHS Earned Contracts - <b>K305</b>		(2,268)		(2,268)
M	313	(TO) Activity Not Otherwise Reported - <b>O302</b>		-		
M	313.3	FROM MI Health Link (Medicare) - <b>AK336</b> - (PIHP use only)				
M	314	Intentionally left blank				
M	315	FROM Non-MDHHS Earned Contracts - <b>K304</b>				
M	390	<b>Total Redirected Funds</b>		(2,268)		(2,268)
M	400	<b>BALANCE LOCAL FUNDS</b>		188,026		188,026

<b>N</b>		<b>RISK CORRIDOR</b>				
N	190	<b>TOTAL REVENUE</b>		-		-
N	400	<b>BALANCE RISK CORRIDOR (must = 0)</b>		-		-

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
FINANCIAL STATUS REPORT - ALL NON MEDICAID**

CMHSP:	Northeast Michigan Community Mental Health	FISCAL YEAR:	FY 20 / 21		
		SUBMISSION TYPE:	YE Final		
		SUBMISSION DATE:	3/31/2022	<b>REPORTED</b>	<b>EXAMINATION ADJUSTMENTS</b>
			<b>Column A</b>	<b>Column B</b>	<b>EXAMINED TOTALS</b>
<b>O</b>	<b>ACTIVITY NOT OTHERWISE REPORTED</b>				
O	100 <b>REVENUE</b>				
O	101 Other Revenue (describe): Production and Donor Revenues		544,351		544,351
O	102 Other Revenue (describe):				-
O	103 Other Revenue (describe):				-
O	190 <b>TOTAL REVENUE</b>		544,351	-	544,351
O	200 <b>EXPENDITURE</b>				
O	201 Other Expenditure (describe): Production and Donor Expenditures		544,351		544,351
O	202 Other Expenditure (describe):				-
O	290 <b>TOTAL EXPENDITURE</b>		544,351	-	544,351
O	295 <b>NET ACTIVITY NOT OTHERWISE REPORTED SURPLUS (DEFICIT)</b>		-	-	-
O	300 <b>Redirected Funds (To) From</b>				
O	301 Intentionally left blank				
O	302 FROM Local Funds - M313				-
O	390 <b>Total Redirected Funds</b>		-	-	-
O	400 <b>BALANCE ACTIVITY NOT OTHERWISE REPORTED</b>		-	-	-

<b>P</b>	<b>GRAND TOTALS</b>				
P	190 <b>GRAND TOTAL REVENUE</b>		35,548,357	-	35,548,357
P	290 <b>GRAND TOTAL EXPENDITURE</b>		35,141,339	-	35,141,339
P	390 <b>GRAND TOTAL REDIRECTED FUNDS (must = 0)</b>		-	-	-
P	400 <b>NET INCREASE (DECREASE)</b>		407,018	-	407,018

<b>Q</b>	<b>REMARKS</b>			
Q	This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.			
Q	M101: Alcona County, \$35,224; Alpena County, \$150,216; Montmorency County, \$31,435; Presque Isle County, \$49,764 = \$266,639. B312: CMHSP to CMHSP Earned Contracts had a shortfall of \$79,475 which was supplemented with General Funds.			
Q				
Q				
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Q				

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)										
FINANCIAL STATUS REPORT - ALL NON MEDICAID - SUPPLEMENTAL										
CMHSP:	Northeast Michigan Community Mental Health				SUBMISSION TYPE:	YE Final	FISCAL YEAR:	FY 20 / 21	YEAR TO DATE REPORTING	
					SUBMISSION DATE:	3/31/2022				
					Column A	Column B	Column C			
H	Grant Program Code	Grant Program Title	Project Code	Project Title	REVENUE	EXPENDITURES	BALANCE			
H	CBH	Comprehensive Services for Behavioral Health	ABHS	Asian Behavioral Health Services			-			
H	CBH	Comprehensive Services for Behavioral Health	BC / BWC	Benefits Coaches / Benefits to Work Coaches			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	BCDP	Branch County Diversion Project			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	BHC	Behavioral Health Consultant			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	BHSNA	Behavioral Health Services for Native Americans			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	BHSVV	Behavioral Health Services for Vietnam Veterans			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	CLUB	Clubhouse Engagement			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	CRIM	Criminal Justice			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	CRMGT	Care Management			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	CSC	Child System of Care			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	DROP**				-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	DROP**				-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	FIT	Fit Together			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	HBHS	Hispanic Behavioral Health Services			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	IHC	Integrated Healthcare			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	**CSSE	Intensive Crisis Stabilization Service(s) Expansion			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	IMH	Health Innovation in Manistee and Benzie Counties			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	JIHC	Justice Involved Health Coach			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MHAJJ	Mental Health Access and Juvenile Justice Diversion			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MHJSE	Mental Health and Juvenile Justice Screening Expansion			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MHJSP	Mental Health Juvenile Justice Screening Project			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MHTC	58th District Mental Health Court Expansion			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MICHT	Michigan Healthy Transitions			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	NCC	Enhanced Nutrition Care Coordination and Medical Culinary Ed Prgrms			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	NTPH	Navigators for Transition from Psychiatric Hospitals			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	OBRA	Pre-Admission Screening Annual Resident Reviews	95,472	95,472	-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PACC	Promoting Access and Continuity of Care			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PCPCP	Psychiatric Consultation to Primary Care Practices			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PDTOB	Peer Driven Tobacco Cessation			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PHC	Peer(s) as Health Coach(es)			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PIPBHC	Promoting Integration of Primary and Behavioral Health Care			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PMTO*				-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	RCVC	Recovery Conference			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	RPTS	Regional PMTO Training Support			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	RT	Rural Transportation			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	RTTSE	Infant and Early Childhood Mental Health Consultation.			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	SCCHB	Saginaw Community Care HUB			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	SFEP	First Episode Psychosis			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	SPTTA	Statewide PMTO Training and TA			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TBRS	Technology-Based Recovery Support			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TCR	Transportation to Crisis Residential			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TFCC	Trauma Focused CBT Coordination & Training			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TFCO	Treatment Foster Care Oregon			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TIC / TISC	Trauma Informed Care / System of Care			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TPC	Tuscola Peer Center			-			Must = 0
H	CBH	Comprehensive Services for Behavioral Health	VET*				-			Must = 0
H	<b>SUBTOTAL Comprehensive Services for Behavioral Health</b>					95,472	95,472	-		Must = 0
H	CCBH	COVID-19 Comprehensive Services for Behavioral Health	CMHCSS	Children's Mental Health COVID Supplemental Services			-			Must = 0
H	CCBH	COVID-19 Comprehensive Services for Behavioral Health	MHCSS	Mental Health COVID Supplemental Services			-			Must = 0
H	<b>SUBTOTAL COVID-19 Comprehensive Services for Behavioral Health</b>					-	-	-		Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	PREVII	Prevention II COVID			-			Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	SUDADII	Substance Use Disorder Administration COVID			-			Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	TRMTII	Treatment COVID			-			Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	WSSII	Women's Specialty Services COVID			-			Must = 0
H	<b>SUBTOTAL COVID-19 Substance Use and Gambling Services</b>					-	-	-		Must = 0
H	EBSJJ	Evidence Based Services for Youth in the Juvenile Justice System	EBSJJ	Evidence Based Services for Youth in the Juvenile Justice System			-			Must = 0
H	<b>SUBTOTAL Evidence Based Services for Youth in the Juvenile Justice System</b>					-	-	-		Must = 0
H	HHS	Housing and Homeless Services	PSH	Permanent Supportive Housing Dedicated Plus			-			Must = 0
H	HHS	Housing and Homeless Services	RRP	Consolidated Rapid Re-Housing			-			Must = 0
H	HHS	Housing and Homeless Services	SH	Permanent Supportive Housing Statewide Leasing			-			Must = 0
H	HHS	Housing and Homeless Services	SPC*	Permanent Supportive Housing			-			Must = 0
H	<b>SUBTOTAL Housing and Homeless Services</b>					-	-	-		Must = 0
H	JURT	Juvenile Urgent Response Teams	JURT	Juvenile Urgent Response Teams			-			Must = 0
H	<b>SUBTOTAL Juvenile Urgent Response Teams</b>					-	-	-		Must = 0
H	JJDP	Pilot Programs for Juvenile Justice Diversion	JJDP	Pilot Programs for Juvenile Justice Diversion			-			Must = 0
H	<b>SUBTOTAL Pilot Programs for Juvenile Justice Diversion</b>					-	-	-		Must = 0
H	PATH	Projects for Assistance in Transition from Homelessness	PATH	Projects for Assistance in Transition from Homelessness			-			Must = 0
H	<b>SUBTOTAL Projects for Assistance in Transition from Homelessness</b>					-	-	-		Must = 0
H	RPC	Regional Perinatal Collaborative	RPC	Regional Perinatal Collaborative			-			Must = 0
H	<b>SUBTOTAL Regional Perinatal Collaborative</b>					-	-	-		Must = 0
H	SAMES	Substance Abuse & Mental Health Emergency Supplemental	SAMES	Substance Abuse & Mental Health Emergency Supplemental			-			Must = 0
H	<b>SUBTOTAL Substance Abuse &amp; Mental Health Emergency Supplemental</b>					-	-	-		Must = 0
H	SAMHC	Substance Abuse & Mental Health COVID-19 Grant Program	SAMHC	Substance Abuse & Mental Health COVID-19 Grant Program			-			Must = 0
H	<b>SUBTOTAL Substance Abuse &amp; Mental Health COVID-19 Grant Program</b>					-	-	-		Must = 0
H	SLCBG	Suicide Lifeline Capacity Building Grant	SLCBG	Suicide Lifeline Capacity Building Grant			-			Must = 0
H	<b>SUBTOTAL Suicide Lifeline Capacity Building Grant</b>					-	-	-		Must = 0
H	SPLP	Suicide Prevention Lifeline Planning	SPLP	Suicide Prevention Lifeline Planning			-			Must = 0
H	<b>SUBTOTAL Suicide Prevention Lifeline Planning</b>					-	-	-		Must = 0

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)								
FINANCIAL STATUS REPORT - ALL NON MEDICAID - SUPPLEMENTAL								
CMHSP:	Northeast Michigan Community Mental Health			FISCAL YEAR:	FY 20 / 21	YEAR TO DATE REPORTING		
				SUBMISSION TYPE:	YE Final			
				SUBMISSION DATE:	3/31/2022			
				Column A	Column B	Column C		
<b>H</b>	<b>MDHHS EARNED CONTRACTS</b>							
	<b>Grant Program Code</b>	<b>Grant Program Title</b>	<b>Project Code</b>	<b>Project Title</b>	<b>REVENUE</b>	<b>EXPENDITURES</b>	<b>BALANCE</b>	
H	SUGS	Substance Use and Gambling Services	CG	Community Grant	-	-	- Must = 0	
H	SUGS	Substance Use and Gambling Services	GRT	Gambling Residential Treatment	-	-	- Must = 0	
H	SUGS	Substance Use and Gambling Services	MGDPP	Michigan Gambling Disorder Prevention Project	-	-	- Must = 0	
H	SUGS	Substance Use and Gambling Services	MSOR	Michigan State Opioid Response	-	-	- Must = 0	
H	SUGS	Substance Use and Gambling Services	MYTIEP	Michigan Youth Treatment Improvement & Enhancement PIHP	-	-	- Must = 0	
H	SUGS	Substance Use and Gambling Services	PREV	Prevention	-	-	- Must = 0	
H	SUGS	Substance Use and Gambling Services	SDA	State Disability Assistance	-	-	- Must = 0	
H	SUGS	Substance Use and Gambling Services	SORII	State Opioid Response II	-	-	- Must = 0	
H	SUGS	Substance Use and Gambling Services	SPFS	Strategic Partnership for Success	-	-	- Must = 0	
H	SUGS	Substance Use and Gambling Services	SUDADM	Substance Use Disorder - Administration (ADM)	-	-	- Must = 0	
H	SUGS	Substance Use and Gambling Services	SUDT	Substance Use Disorder Services - Tobacco	-	-	- Must = 0	
H	SUGS	Substance Use and Gambling Services	SUDTII	Substance Use Disorder Services - Tobacco II	-	-	- Must = 0	
H	SUGS	Substance Use and Gambling Services	WSS	Substance Use Disorder Services - Womens' Specialty Services	-	-	- Must = 0	
H	<b>SUBTOTAL Substance Use and Gambling Services</b>				-	-	- Must = 0	
H	Other MDHHS Earned Contracts (describe): Bay View Drop In Center				3,493	3,493	- Must = 0	
H	Other MDHHS Earned Contracts (describe):						- Must = 0	
H	<b>SUBTOTAL Other MDHHS Earned Contracts</b>				3,493	3,493	- Must = 0	
H	<b>BALANCE MDHHS EARNED CONTRACTS (must = 0)</b>				98,965	98,965	- Must = 0	
<b>Q</b>	<b>REMARKS</b>							
Q	This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.							
Q								
Q								
Q								
Q								
Q								
Q								
Q								
Q								

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
FINANCIAL STATUS REPORT - ALL NON MEDICAID DIRECT CARE WAGE - SUPPLEMENTAL**

CMHSP:	Northeast Michigan Community Mental Health	FISCAL YEAR:	FY 20 / 21	
		SUBMISSION TYPE:	YE Final	YEAR TO DATE REPORTING
		SUBMISSION DATE:	3/31/2022	
			<b>Column A</b>	<b>Column B</b>

			Fiscal period	
I			10/1/20-9/30/21	Total
<b>I</b>		<b>PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY</b>		
I	201	Expenditure - Medicaid	30,159,439	30,159,439
I	201	Expenditure - Medicaid Direct Care Wage	1,162,595	1,162,595
I	201	<b>SUBTOTAL Medicaid Expenditures (incl Direct Care Wage)</b>	<b>31,322,034</b>	<b>31,322,034</b>
I	202	Expenditure - Healthy Michigan Plan	1,629,851	1,629,851
I	202	Expenditure - Healthy Michigan Plan Direct Care Wage	62,866	62,866
I	202	<b>SUBTOTAL Healthy Michigan Plan Expenditures (incl Direct Care Wage)</b>	<b>1,692,717</b>	<b>1,692,717</b>
I	203	Expenditure - MI Health Link		-
I	203	Expenditure - MI Health Link Direct Care Wage		-
I	203	<b>SUBTOTAL MI Health Link Expenditures (incl Direct Care Wage)</b>	<b>-</b>	<b>-</b>
I	290	<b>TOTAL EXPENDITURE</b>	<b>33,014,751</b>	<b>33,014,751</b>

<b>REMARKS</b>		
	Remarks may be added about any entry or activity on the report for which additional information may be useful.	
	Total Medicaid Direct Care Wage (Medicaid DCW - I. 201 + MI Health Link DCW - I. 203)	1,162,595

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
GENERAL FUND CONTRACT RECONCILIATION AND CASH SETTLEMENT**

**CMHSP:** Northeast Michigan Community Mental Health  
**FISCAL YEAR:** FY 20 / 21  
**SUBMISSION TYPE:** YE Final  
**SUBMISSION DATE:** 3/31/2022

1. General Fund Services - Available Resources		Funding Resources
a.	CMH Operations (FSR B 101)	1,001,627
b.	Intentionally left blank	
c.	Intentionally left blank	
d.	Sub-Total General Fund Contract Authorization	\$ 1,001,627
e.	1st & 3rd Party Collections (FSR B 121 + B 122)	-
f.	Prior Year GF Carry-Forward (FSR B 123)	47,052
g.	Intentionally left blank	
h.	Redirected CMHSP to CMHSP Contracts (FSR B 313)	-
i.	Redirected Non-MDHHS Earned Contracts (FSR B 314)	-
j.	Sub-Total Other General Fund Resources	\$ 47,052
k.	Local 10% Associated to 90/10 Services (FSR M 201)	63,045
l.	Local 10% Match Cap Adjustment (FSR M 203)	-
m.	Sub-Total Local 10% Associated to 90/10 Services	\$ 63,045
n.	Total General Fund Services - Resources	\$ 1,111,724

3. Summary of Resources / Expenditures		Amount
a.	Total General Fund Services - Resources	1,111,724
b.	Total General Fund Services - Expenditures	892,732
c.	Sub-Total General Fund Services Surplus (Deficit)	\$ 218,992
d.	Less: Forced Lapse to MDHHS (GF work sheet 5 d column F)	-
e.	Net General Fund Services Surplus (Deficit)	\$ 218,992

4. Disposition:		Amount
a.	<b>Surplus</b>	
b.	Transfer to Fund Balance - GF Carry-Forward Earned	(50,081)
c.	Lapse to MDHHS - Contract Settlement	(168,911)
d.	Total Disposition - Surplus	\$ (218,992)

e.	<b>Deficit</b>	
f.	Redirected from Local (FSR B 331)	-
g.	Redirected from risk corridor (FSR B 332)	-
h.	Total Disposition - Deficit	\$ -

5. Cash Settlement: (Due MDHHS) / Due CMHSP		Amount
a.	Forced Lapse to MDHHS	-
b.	Lapse to MDHHS - Contract Settlement	(168,911)
c.	Return of Prior Year General Fund Carry-Forward	(47,052)
d.	Intentionally left blank	
e.	Contract Authorization - Late Amendment	-
f.	Intentionally left blank	
g.	Misc: (please explain)	
h.	Total Cash Settlement: (Due MDHHS) / Due CMHSP	\$ (215,963)

2. General Fund Services - Expenditures		90/10 - Local Cap	Expenditures
a.	100% MDHHS Matchable Services (FSR B 201)		169,039
b.	100% MDHHS Matchable Services - CMHSP Local Match Cap (FSR B 202)		-
c.	90/10% MDHHS Matchable Services (FSR B 203 Column A)	630,455	
d.	Local 10% Match Cap Adjustment (FSR M 203)	-	630,455
e.	Intentionally left blank		
f.	Intentionally left blank		
g.	Sub-Total General Fund Services - Expenditures		\$ 799,494
h.	Intentionally left blank		
i.	Intentionally left blank		
j.	Intentionally left blank		
k.	Intentionally left blank		
l.	Intentionally left blank		
m.	Intentionally left blank		
n.	GF Supplement for Unfunded Targeted Case Management (FSR B 304)		-
o.	Intentionally left blank		
p.	Intentionally left blank		
q.	GF Supplement for Injectable Medications (FSR B 309)		-
r.	GF Supplement for PIHP to Affiliate Medicaid Services Contracts (FSR B 310)		-
s.	Intentionally left blank		
t.	GF Supplement for PIHP to Affiliate Opioid Health Home Services Contracts (FSR B 310.2)		-
u.	GF Supplement for PIHP to Affiliate Health Home Services Contracts (FSR B 310.3)		13,763
v.	GF Supplement for PIHP to Affiliate MI Health Link Services Contracts (FSR B 310.4)		-
w.	GF Supplement for CMHSP to CMHSP Contracts (FSR B 312)		79,475
x.	Sub-Total General Fund Services Supplement - Expenditures		\$ 93,238
y.	Total General Fund Services - Expenditures		\$ 892,732

6. General Fund MDHHS Commitment		
a.	MDHHS / CMHSP Contract Funded Expenditures	782,635
b.	Earned General Fund Carry-Forward	50,081
c.	Total MDHHS General Fund Commitment	\$ 832,716

7. Report Certification	
This certification has been moved to the CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS 6.5.1.1 REPORT SUBMISSIONS form.	
<b>Questions should be directed to:</b>	
This contact information has been moved to the CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS 6.5.1.1 REPORT SUBMISSIONS form.	



**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
GENERAL FUND CONTRACT SETTLEMENT WORKSHEET**

**CMHSP:** Northeast Michigan Community Mental Health  
**FISCAL YEAR:** FY 20 / 21  
**SUBMISSION TYPE:** YE Final  
**SUBMISSION DATE:** 3/31/2022

1. General Fund (Formula and Categorical Funding)	Contract Authorization	Cash Received			Amount Due CMHSP / (MDHHS) Cash Settlement
		Through 9/30	After 9/30 Prior to Settlement	Total	
a. CMH Operations	1,001,627	1,001,627		1,001,627	-
c. Total Current FY GF Authorization / Cash Received / Cash Settlement	\$ 1,001,627	\$ 1,001,627	\$ -	\$ 1,001,627	\$ -

2. Current Year - General Fund Carry-Forward - Maximum	Contract Authorization	Maximum C/F
a. CMH Operations	1,001,627	
b. Total Current Year Maximum Carry-Forward	\$ 1,001,627	\$ 50,081

3. Prior Year - General Fund Carry-Forward	FY	If balance of Prior Year GF Carry-Forward is not zero, balance must be explained
a. Prior Year GF Carry-Forward Earned		
b. Prior Year GF Carry-Forward (FSR B 123)	47,052	
c. Balance of Prior Year General Fund Carry-Forward	\$ (47,052)	

4. Categorical - Categories	Authorization	Expenditures	Lapse	Cost Above Authorizations
a. Other Funding - Please explain			-	-
b. Other Funding - Please explain			-	-
c. Other Funding - Please explain			-	-
d. Totals	\$ -	\$ -	\$ -	\$ -

**5. Narrative: Both CRCS and Contract Settlement Worksheet**

**SPECIAL FUND ACCOUNT**  
**For Recipient Fees and Third-Party Reimbursement**  
 As Added to Mental Health Code per PA 423, 1980

**CMHSP:** Northeast Michigan Community Mental Health  
**FISCAL YEAR:** FY 20 / 21  
**SUBMISSION TYPE:** YE Final  
**SUBMISSION DATE:** 3/31/2022

Part A: Mental Health Code (MHC) 330.1311 - County Funding Level		EXAMINATION ADJUSTMENTS	EXAMINED TOTAL
1. County Funding - 1979/1980	\$ 83,304		\$ 83,304
2. County Funding - Current Fiscal Year	\$ 266,638		\$ 266,638

Part B: Mental Health Code (MHC) 330.1226a - Cash Collections						EXAMINATION ADJUSTMENTS	EXAMINED TOTAL
Year to Date by Service Category and Source							
Service Category	(1) Individuals Relatives	(2) Insurers Including Medicare	(3) Medicaid Health Plan Organizations	(4) Total			
1. Inpatient Services				\$ -			\$ -
2. Residential Services				\$ -			\$ -
3. Community Living Services		\$ 6,174		\$ 6,174			\$ 6,174
4. Outpatient Services		\$ 25,535		\$ 25,535			\$ 25,535
5. Total	\$ -	\$ 31,709	\$ -	\$ 31,709	\$ -		\$ 31,709

Part C: Mental Health Code (MHC) 330.1226a - Cash Collections		EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
Quarterly Summary			
1. First Quarter	\$ 11,573		\$ 11,573
2. Second Quarter	\$ (737)		\$ (737)
3. Third Quarter	\$ 11,731		\$ 11,731
4. Fourth Quarter	\$ 9,142		\$ 9,142
5. Total	\$ 31,709	\$ -	\$ 31,709

Explanation of Accrual and Examination Adjustments

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS C.6.5.1.1 & P.7.7.1.1 REPORT SUBMISSIONS**

<b>CMHSP:</b>	Northeast Michigan Community Mental Health	<b>FISCAL YEAR:</b>	FY 20 / 21
		<b>SUBMISSION TYPE:</b>	YE Final
		<b>SUBMISSION DATE:</b>	3/31/2022

**An "X" in the appropriate box in the section(s) below identifies the reports covered by this certification.**

		Contact		
General Fund - Non Medicaid Reports	"X"	Name	Telephone #	Email Address
Special Fund Account - Section 226a	X	Connie Cadarette	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>
Financial Status Report (FSR) - All Non-Medicaid	X	Connie Cadarette	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>
Financial Status Report (FSR) - All Non-Medicaid Supplemental	X	Connie Cadarette	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>
Contract Reconciliation and Cash Settlement	X	Connie Cadarette	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>
Contract Settlement Worksheet	X	Connie Cadarette	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>
Year End Accrual Schedule				

		Contact		
Medicaid Reports	"X"	Name	Telephone #	Email Address
Financial Status Report (FSR) - Medicaid				
Financial Status Report (FSR) - Healthy Michigan				
Financial Status Report (FSR) - Health Homes				
Financial Status Report (FSR) - Opioid Health Homes				
Financial Status Report (FSR) - MI Health Link				
RES Fund Balance				
Internal Service Fund (ISF)				
Shared Risk Calculation & Risk Financing				
Contract Reconciliation and Cash Settlement				
Contract Settlement Worksheet				
Year End Accrual Schedule				

CERTIFICATION			
The name below is authorized to certify on behalf of the CMHSP or PIHP that this is an accurate statement of revenues / expenditures for the reporting period. Appropriate documentation is available and will be maintained for the required period to support the revenues and expenditures reported.			
Contact Information			
Name & Title	Date	Telephone #	Email Address
Connie Cadarette, Finance Officer	March 31, 2022	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
FINANCIAL STATUS REPORT BUNDLE**

<b>CMHSP:</b>	Northeast Michigan Community Mental Health	<b>FISCAL YEAR:</b>	FY 20 / 21
		<b>SUBMISSION TYPE:</b>	YE Final
		<b>SUBMISSION DATE:</b>	3/31/2022

The "Additional Narrative" tab of the FSR Bundle should be utilized to provide additional narrative explanation regarding any entry or activity where additional information would be beneficial when the narrative section of the individual form was not sufficient.

<b>Column Instructions:</b>	
FORM (FSR Bundle Tab):	Select the appropriate Form (FSR Bundle Tab) from the drop down menu.
Row Reference:	Enter the row reference that the additional narrative refers to.
Narrative:	Enter narrative explanation regarding any entry or activity where additional information would be beneficial.

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

**Northeast Michigan Community Mental Health Authority**

Schedule of Findings and Questioned Costs

For the Year Ended September 30, 2021

---

**Section I - Summary of Accountant's Results**

Medicaid Program

Type of accountant's report issued on compliance:

Unmodified

Internal control over Medicaid program:  
Material weakness(es) identified?

\_\_\_ Yes X No

Significant deficiency(ies) identified not considered  
to be material weaknesses?

\_\_\_ Yes X None reported

Material noncompliance with the provisions of laws,  
regulations, or contracts noted?

\_\_\_ Yes X No

Known fraud identified?

\_\_\_ Yes X No

General Fund Program

Type of accountant's report issued on compliance:

Unmodified

Internal control over General Fund program:  
Material weakness(es) identified?

\_\_\_ Yes X No

Significant deficiency(ies) identified not considered  
to be material weaknesses?

\_\_\_ Yes X None reported

Material noncompliance with the provisions of laws,  
regulations, or contracts noted?

\_\_\_ Yes X No

Known fraud identified?

\_\_\_ Yes X No

**CMHS Block Grant Program**

Not applicable.

**Northeast Michigan Community Mental Health Authority**

Schedule of Findings and Questioned Costs (continued)

For the Year Ended September 30, 2021

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**Section II - Current Year Findings and Questioned Costs**

None noted in the current year.

**Section III - Examination Adjustments**

None noted in the current year.



*Accredited in 17 Programs*

**400 Johnson Street • Alpena, Michigan 49707**

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(800) 968-1964**

### **Report on Prior Year Findings and Questioned Costs**

There were no findings related to the Medicaid, GF and CMHS Block Grant Programs which were required to be reported in accordance with criteria established by MDHHS for the year ended September 30, 2021.



*Accredited in 17 Programs*

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### **Corrective Action Plan**

A corrective action plan is not required since there are no findings or questioned costs noted in the current year.



# NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

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## INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** Consent Agenda  
**DATE:** March 22, 2022

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### **1. War Memorial Hospital**

The War Memorial Hospital contract was previously approved by the Board at a rate of \$925.00 per day. War Memorial did not sign the contract and it was returned to NeMCMHA unsigned. Hospital contracts are negotiated by the NMRE for the region and War Memorial requested a higher rate. This is notification to the Board that the rate approved by NMRE and the Directors of the Boards is \$975.00, retroactive to October 1, 2021. This is a \$50.00 daily increase from what was initially presented. We recommend approval of this increase.

### **2. Valenz Assurance EPStaffCheck Software Service**

The Northern Michigan Regional Entity (NMRE) is placing the monthly exclusionary checks responsibilities back to each CMH; in an effort to meet this contract requirement the agency is recommending purchase of Valenz Assurance EPStaffCheck Software Service. This service will provide federal and state sanction and exclusionary services, as well as professional credentialing and disciplinary monitoring. This product can provide all necessary exclusionary background checks required on a monthly basis and was the software used for this function by the NMRE. The cost will be \$2,418.67 per year. We recommend approval.

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Five Months Ending February 28, 2022**  
**41.7% of year elapsed**

	Actual February Year to Date	Budget February Year to Date	Variance February Year to Date	Budget FY22	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	92,078.59	135,016.25	\$ (42,938)	324,039.00	28.4%
2 Private Contracts	5,620.00	17,590.00	(11,970)	42,216.00	13.3%
3 Grants from Local Units	127,772.58	220,263.35	(92,491)	528,632.00	24.2%
4 Interest Income	183.11	625.00	(442)	1,500.00	12.2%
5 Medicaid Revenue	12,176,705.37	12,709,389.70	(532,684)	30,502,535.00	39.9%
6 General Fund Revenue	423,279.50	480,120.04	(56,841)	1,152,288.00	36.7%
7 Healthy Michigan Revenue	859,015.41	924,783.80	(65,768)	2,219,481.00	38.7%
8 Contract Revenue Blue Horizons		205,995.85		494,390.00	
9 3rd Party Revenue	152,287.05	173,916.65	(21,630)	417,400.00	36.5%
10 Behavior Health Home Revenue	32,640.21	12,708.31	19,932	30,500.00	0.0%
11 Food Stamp Revenue		43,955.40		105,493.00	
12 SSI/SSA Revenue	213,721.50	217,305.00	(3,584)	521,532.00	41.0%
13 Other Revenue	21,060.16	13,645.85	7,414	32,750.00	64.3%
14 <b>Total Revenue</b>	<b>14,104,363</b>	<b>15,155,315</b>	<b>(801,000)</b>	<b>36,372,756</b>	<b>38.4%</b>
<b>Expense</b>					
13 Salaries	6,052,851.65	6,701,575.70	648,724	16,083,782.00	37.6%
14 Social Security Tax	257,595.54	326,442.95	68,847	783,463.00	32.9%
15 Self Insured Benefits	886,478.45	1,585,367.60	698,889	3,804,882.00	23.3%
16 Life and Disability Insurances	86,020.67	102,081.66	16,061	244,996.00	35.1%
17 Pension	476,376.32	549,863.30	73,487	1,319,672.00	36.1%
18 Unemployment & Workers Comp.	67,318.86	100,947.05	33,628	242,273.00	27.8%
19 Office Supplies & Postage	18,243.18	20,634.00	2,391	49,521.00	36.8%
20 Staff Recruiting & Development	77,179.51	62,985.80	(14,194)	151,166.00	51.1%
21 Community Relations/Education	7,106.35	10,130.00	3,024	24,312.00	29.2%
22 Employee Relations/Wellness	41,005.23	37,588.75	(3,416)	90,213.00	45.5%
23 Program Supplies	109,241.71	251,926.35	142,685	604,623.00	18.1%
24 Contract Transportation	17,065.28	29,932.55	12,867	71,838.00	23.8%
25 Contract Residential	1,853,364.99	1,665,825.83	(187,539)	3,997,982.00	46.4%
26 Contract Inpatient	583,528.60	596,019.17	12,491	1,430,446.00	40.8%
27 Contract Employees & Services	2,704,488.32	2,221,384.90	(483,103)	5,331,324.00	50.7%
28 Telephone & Connectivity	70,944.29	63,778.35	(7,166)	153,068.00	46.3%
29 Staff Meals & Lodging	4,951.65	12,710.00	7,758	30,504.00	16.2%
30 Mileage and Gasoline	126,334.68	144,562.15	18,227	346,949.00	36.4%
31 Board Travel/Education	2,707.04	5,693.35	2,986	13,664.00	19.8%
32 Professional Fees	38,975.03	30,482.90	(8,492)	73,159.00	53.3%
33 Property & Liability Insurance	53,572.50	60,481.65	6,909	145,156.00	36.9%
34 Utilities	84,226.94	73,650.85	(10,576)	176,762.00	47.6%
35 Maintenance	112,183.05	65,897.05	(46,286)	158,153.00	70.9%
36 Rent	99,470.72	94,525.05	(4,946)	226,860.00	43.8%
37 Food	24,350.73	65,700.85	41,350	157,682.00	15.4%
38 Capital Equipment	20,782.05	30,811.55	10,030	73,948.00	28.1%
39 Client Equipment	6,386.98	10,000.00	3,613	24,000.00	26.6%
40 Miscellaneous Expense	40,767.67	67,881.20	27,114	162,915.00	25.0%
41 Depreciation Expense	175,565.95	166,434.55	(9,131)	399,443.00	44.0%
42 <b>Total Expense</b>	<b>14,099,084</b>	<b>15,155,315</b>	<b>1,056,231</b>	<b>36,372,756</b>	<b>39.2%</b>
43 <b>Change in Net Position</b>	<b>\$ 5,280</b>	<b>\$ 0</b>	<b>\$ 5,279</b>	<b>\$ -</b>	<b>-0.8%</b>
44 Contract settlement items included above:					
45 Medicaid Funds (Over) / Under Spent	\$ 880,107				
46 Healthy Michigan Funds (Over) / Under Spent	80,570				
47 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ 960,677</b>				
47 General Funds to Carry Forward to FY23	\$ 22,963				
48 General Funds Lapsing to MDHHS	63,089				
49 <b>General Funds (Over) / Under Spent</b>	<b>\$ 86,052</b>				

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Five Months Ending February 28, 2022**  
**41.7% of year elapsed**

	Actual February Year to Date	Budget February Year to Date	Variance February Year to Date	Budget FY22	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	92,078.59	135,016.25	\$ (42,938)	324,039.00	28.4%
2 Private Contracts	5,620.00	17,590.00	(11,970)	42,216.00	13.3%
3 Grants from Local Units	127,772.58	220,263.35	(92,491)	528,632.00	24.2%
4 Interest Income	183.11	625.00	(442)	1,500.00	12.2%
5 Medicaid Revenue	12,176,705.37	12,709,389.70	(532,684)	30,502,535.00	39.9%
6 General Fund Revenue	423,279.50	480,120.04	(56,841)	1,152,288.00	36.7%
7 Healthy Michigan Revenue	859,015.41	924,783.80	(65,768)	2,219,481.00	38.7%
8 Contract Revenue Blue Horizons		205,995.85		494,390.00	
9 3rd Party Revenue	152,287.05	173,916.65	(21,630)	417,400.00	36.5%
10 Behavior Health Home Revenue	32,640.21	12,708.31	19,932	30,500.00	0.0%
11 Food Stamp Revenue		43,955.40		105,493.00	
12 SSI/SSA Revenue	213,721.50	217,305.00	(3,584)	521,532.00	41.0%
13 Other Revenue	21,060.16	13,645.85	7,414	32,750.00	64.3%
14 <b>Total Revenue</b>	<b>14,104,363</b>	<b>15,155,315</b>	<b>(801,000)</b>	<b>36,372,756</b>	<b>38.4%</b>
<b>Expense</b>					
13 Salaries	6,052,851.65	6,701,575.70	648,724	16,083,782.00	37.6%
14 Social Security Tax	257,595.54	326,442.95	68,847	783,463.00	32.9%
15 Self Insured Benefits	886,478.45	1,585,367.60	698,889	3,804,882.00	23.3%
16 Life and Disability Insurances	86,020.67	102,081.66	16,061	244,996.00	35.1%
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49 <b>General Funds (Over) / Under Spent</b>	<b>\$ 86,052</b>				

**POLICY CATEGORY:**

Executive Limitations

**POLICY TITLE AND NUMBER:**

Communication and Counsel to the Board,  
Policy # 01-009

**REPORT FREQUENCY & DUE DATE:**

Annual: April 2022

**POLICY STATEMENT:**

With respect to providing information and counsel to the board, the Executive Director may not permit the board to be uninformed or unsupported in its work. Accordingly, he or she may not:

1. Neglect to submit monitoring data required by the board (see policy on Monitoring Executive Performance) in a timely, accurate and understandable fashion, directly addressing provisions of the board policies being monitored.

- **Interpretation**

The monitoring reports required by board policy and included in the monitoring schedule are to be prepared, delivered and presented clearly to the Board on a timely basis including any necessary data or evidence.

- **Status**

During the last 12 months, monitoring reports have been submitted on a timely basis in accordance with the monitoring schedule. Due to many changes with MDHHS requiring Standard Cost Allocation (SCA) and other financial reporting changes this year some of the financial monitoring reports have been delayed as the General Ledger is being completely redone. This report will occur at our April meeting. Lead staff from various departments continue to be included in the development and presentation of various reports to more accurately relay information.

2. Let the board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, and particularly changes in the assumptions upon which any board policy has previously been established.

- **Interpretation**

The Director will keep the Board apprised of any significant information or events that bear on the Board's responsibilities.

- **Status**

Most of our counties have passed resolutions or have initiated advocacy efforts to not support SB 597 & 598. In addition, we are tracking the movement on Representative Whiteford's HB 4925-4929. We are very supportive of the movement, as outlined in Representative Whiteford's bills of the mild to moderate mental health system to the public mental health system. This change will close the gap that currently exists between the segment of the Medicaid benefit current managed by the state's private Medicaid managed care plans and the state's CMHs and PIHPs. MDHHS just recently launched a "reorganization" of the Department. The five CMHSPs of the NMRE have develop a pilot program with MDHHS to continue our goal of integrating physical and behavioral health care in the Northern 21 counties. We were able to secure funding and began piloting this Behavioral Health Home program on October 1, 2021. We have enrolled 30 individuals into the Behavioral Health Home currently.

The Section 928 boilerplate item that arranged for a planned 20% reduction each year in the local match dollars being sent to the State for Medicaid draw down has been reinstated by MDHHS.

3. Fail to advise the board if, in the Executive Director's opinion, the board is not in compliance with its own policies on Governance Process and Board-Staff Relationship, particularly in the case of board behavior which is detrimental to the work relationship between the board and the Executive Director.

- **Interpretation**

The Director has the opportunity and responsibility to frankly raise concerns related to the Governance Process, Board Relationships and Board-Staff Relationships and the Board has the duty to consider those concerns.

- **Status**

The Board's commitment to adopt and implement Policy Governance appears to be very strong. Frank open conversation between the Board and Executive Director provides an environment which supports the governance model, allowing the sharing of critical information without placing Board Members in the role expected of the Director or other employees. Board Members adhere to their policies and hold the Executive Director responsible for reporting and compliance with its annual planning goals, policies and expectations. Board members have managed concerns about individuals receiving services and citizens requests discretely and in a manner consistent with the laws of confidentiality and the Health Insurance Privacy

4. Fail to marshal for the board as many staff and external points of view, issues and options as needed for fully informed board choices.

- **Interpretation**

Though the Director is the only employee that reports directly to the Board, he/she is expected to assure that the expertise of staff and valued input from other community resources are available for the Board.

- **Status**

Each month key staff participates in reporting to the Board in addition to the Executive Director. Routine reports from the Finance and Accounting Officers and Chief Operations Officer occur monthly along with Quality Improvement reports on at least a quarterly basis. Periodic reports from Human Resources and the Office of Recipient Rights are also made with regularity. Educational presentations from staff concerning programs and services occur throughout the year and occasional presentations from community partners, the NMRE Director, our Compliance Officer and staff of the Community Mental Health Association of Michigan Board is included in the Board's agenda.

5. Present information in unnecessarily complex or lengthy form or in a form that fails to differentiate among information of three types: monitoring, decision preparation and other.

- **Interpretation**

Monitoring reports and other material prepared to assist the Board in its responsibilities should be concise and logical in presentation.

- **Status**

The Board completed a thorough review of the By-laws of the Board. Monitoring Reports to the board occur using a perpetual calendar of review. While on occasion some of those presentations required lengthy detailed discussions, most presentations met the tests of this policy issue.

6. Fail to provide a mechanism for official board, officer or committee communications.

- **Interpretation**

The Director is to assist with and facilitate meetings of the Board and provide whatever support, including clerical, necessary to assure communication among board members and officers.

- **Status**

I believe this requirement continues to be met for all routine meetings, Recipient Rights Committee meetings and the Executive Committee and all other communications. Communication with Board members assigned to the Northern Michigan Regional Entity continues to be sufficient.

7. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the board.
  - **Interpretation**  
The Director is to respond to directives of the whole Board rather than to individual members except when such an individual member or committee is duly authorized by the Board for a specific purpose.
  - **Status**  
Over the last year the Board continues to act as an entire body and does not place individual demands on the Executive Director or leadership staff. Board members have handled citizen concerns professionally and confidentially.
  
8. Fail to report in a timely manner an actual or anticipated noncompliance with any policy of the Board.
  - **Interpretation**  
The Director is to inform the board when issues of noncompliance either actual or anticipated with any Board policy occurs either through communication at the next board meeting or via contacting the Chair directly to inform him/her of the noncompliance.
  
  - **Status**  
Over the last year, there have been no instances of noncompliance.
  
9. Fail to supply for the consent agenda all items delegated to the Executive Director yet required by law or contract to be board approved, along with the monitoring assurance pertaining thereto.
  - **Interpretation**  
The Director is to report to the board all items required by law or contract to be distributed to the board in Agenda prior to the next board meeting. If there is an occasion where contracts or actions need to be addressed or signed prior to the next board meeting, the Director will contact the Chair for guidance and direction.
  
  - **Status**  
The Director has presented a thorough consent agenda for those contract obligations when received by the State or contract providers. There was one contract that needed executed prior to the next Board meeting and the process of notifying the Chair was followed and the Board notified of the contract at the next opportunity

### **Board Review/Comments**

Reasonableness Test: Is the interpretation by the Executive Director reasonable?

Data Test: Is the data provided by the Executive Director both relevant and compelling?

Fine-tuning the Policy: Does this report suggest further study and refinement of the policy?

Other Implications: Does this report suggest the other policies may be necessary?

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY  
POLICY & PROCEDURE MANUAL**

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EXECUTIVE LIMITATIONS

(Manual Section)

**FINANCIAL CONDITION**

(Subject)

Board Approval of Policy  
Last Revision of Policy Approved

August 8, 2002  
April 09, 2020

●1 **POLICY:**

With respect to the actual, ongoing condition of the organization's financial health, the Executive Director may not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from board priorities established in Ends policies.

Accordingly, he or she may not:

1. Expend more funds than have been received in the fiscal year to date unless the debt guideline (below) is met.
2. Borrow money in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 60 days.
3. Use any designated reserves other than for established purposes.
4. Conduct inter-fund shifting in amounts greater than can be restored to a condition of equal or greater to the original discrete fund balances by certain, otherwise unencumbered revenues within 30 days.
5. Fail to settle payroll and debts in a timely manner.
6. Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.
7. Acquire, encumber, or dispose of real property.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

EXECUTIVE LIMITATIONS

(Manual Section)

**COMMUNICATION AND COUNSEL TO THE BOARD**

(Subject)

Board Approval of Policy  
Last Revision of Policy Approved

August 8, 2002  
April 9, 2020

●1 **POLICY:**

With respect to providing information and counsel to the board, the Executive Director may not permit the board to be uninformed or unsupported in its work. Accordingly, he or she may not:

1. Neglect to submit monitoring data required by the board (see policy on Monitoring Executive Performance) in a timely, accurate and understandable fashion, directly addressing provisions of the board policies being monitored.
2. Let the board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, particularly changes in the assumptions upon which any board policy has previously been established.
3. Fail to advise the board if, in the Executive Director's opinion, the board is not in compliance with its own policies on Governance Process and Board-Staff Relationship, particularly in the case of board behavior which is detrimental to the work relationship between the board and the Executive Director.
4. Fail to marshal for the board as many staff and external points of view, issues and options as needed for fully informed board choices.
5. Present information in unnecessarily complex or lengthy form or in a form that fails to differentiate among information of three types: monitoring, decision preparation and other.
6. Fail to provide a mechanism for official board, officer or committee communications.
7. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the board.
8. Fail to report in a timely manner an actual or anticipated noncompliance with any policy of the Board.



9. Fail to supply for the consent agenda all items delegated to the Executive Director yet required by law or contract to be board-approved, along with the monitoring assurance pertaining thereto.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY  
POLICY & PROCEDURE MANUAL**

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**GOVERNANCE PROCESS**

(Manual Section)

**GOVERNING STYLE**

(Subject)

Board Approval of Policy

Last Revision of Policy Approved by Board:

August 8, 2002

April 9, 2020

●1 **POLICY:**

The board will govern with an emphasis on outward vision encouraging diversity of viewpoints, strategic leadership more than administrative detail, clear and concise roles of board and Executive Director, collectively and proactively focusing on the future.

The board will:

1. Function as a unit, be responsible for governing itself, and initiate its own practices. The board will use the expertise of individual members to enhance the ability of the board as a body.
2. Focus its primary efforts on the intended long-term impact outside the operating organization, and will direct the organization through the development of written board policies.
3. Enforce upon itself whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policymaking principles, respect of roles, and ensuring the continuity of governance capability. Continual board development will include orientation of new members in the board's governance process and periodic board discussion of process improvement.
4. Monitor and discuss the board's process and performance at each meeting. Self-monitoring will include comparison of board activity and discipline to policies in the Governance Process and Board-Staff Relationship categories.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

**COST OF GOVERNANCE**

(Subject)

Board Approval of **Policy**  
Last Revision of Policy Approved

November 7, 2002  
April 08, 2021

●1 **POLICY:**

Because poor governance costs more than learning to govern well, the board will invest in its governance capacity.

Accordingly:

1. Board skills, methods and supports will be sufficient to assure governing with excellence.
  - A. Training and retraining will be used liberally to orient new members and candidates for membership, as well as to maintain and increase existing member's skills and understandings.
  - B. Outside monitoring assistance will be arranged so that the board can exercise confident control over organizational performance. This includes but is not limited to fiscal audits.
  - C. Outreach mechanisms will be used as needed to ensure the board's ability to listen to owner viewpoints and values.
2. Costs will be prudently incurred, though not at the expense of endangering the development and maintenance of superior capability.
  - A. Up to \$~~13,664~~16,208 in fiscal year '~~21~~22 for training including attendance at conferences and workshops.
  - B. Up to \$~~28,830~~28,086 in fiscal year '~~21~~22 for audit and other third-party monitoring of organizational performance.
  - C. Up to \$~~17,208~~27,112 in fiscal year '~~21~~22 for surveys, focus groups, opinion analysis, and meeting costs.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM – MARCH 23, 2022  
GAYLORD BOARDROOM**

<b>ATTENDEES:</b>	<b>Roger Frye, Randy Kamps, Ed Ginop, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Justin Reed, Richard Schmidt, Karla Sherman, Don Smeltzer, Don Tanner</b>
<b>VIRTUAL ATTENDEES:</b>	<b>Gary Klacking (West Branch), Gary Nowak (Rogers City), Jay O’Farrell (Whittemore), Joe Stone (Belleville, KS)</b>
<b>NMRE/CMHSP STAFF:</b>	<b>Jodie Balhorn, Joanie Blamer, Eugene Branigan, Christine Gebhard, Eric Kurtz, Brian Martinus, Diane Pelts, Denise Switzer, Deanna Yockey, Carol Balousek, Lisa Hartley</b>
<b>PUBLIC:</b>	<b>Tom Bratton, Marie Fielder, Chris Frasz, Kassondra Glenister, Susan Pulaski, Kara Steinke</b>
<b>GUESTS:</b>	<b>Brandon, Hausbeck, Justin Severs</b>

CALL TO ORDER

Let the record show that Chairman Don Tanner called the meeting to order at 10:05AM.

ROLL CALL

Let the record show that all NMRE Board Members were in attendance for the meeting on this date, either in Gaylord or remotely.

PLEDGE OF ALLEGIANCE

Let the record show that the Pledge of Allegiance was recited as a group.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that no Conflicts of Interest to any of the meeting Agenda items were declared.

APPROVAL OF AGENDA

Mr. Tanner stated that a Nominating Committee is needed for upcoming election of officers; this will be added under “New Business”.

**MOTION BY RANDY KAMPS TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR MARCH 23, 2022 AS AMENDED; SUPPORT BY RICHARD SCHMIDT. MOTION CARRIED.**

APPROVAL OF PAST MINUTES

Let the record show that the February minutes of the NMRE Governing Board were included in the materials for the meeting on this date. Mr. Kamps noted one error which will be corrected.

**MOTION BY ROGER FRYE TO APPROVE THE MINUTES OF THE FEBRUARY 23, 2022 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS AS AMENDED; SUPPORT BY RANDY KAMPS. MOTION CARRIED.**

## CORRESPONDENCE

- 1) Center for Healthcare Integration & Innovation and Community Mental Health Association of Michigan (CMHAM) 2021/2022 Summary Report dated February 2022.
- 2) MDHHS FY23 Budget Executive Recommendation for the State Hospital Administration presentation dated March 9, 2022.
- 3) MDHHS FY23 Budget Executive Recommendation for Behavioral and Physical Health and Aging Services Administration presentation dated March 9, 2022.
- 4) Draft minutes of the March 9, 2022 NMRE Regional Finance Committee meeting.

## ANNOUNCEMENTS

Let the record show that there were no announcements during the meeting on this date.

## PUBLIC COMMENTS

Let the record show that the members of the public attending the meeting virtually were recognized.

## REPORTS

### **Executive Committee Report**

Let the record show that no meetings of the NMRE Executive Committee have occurred since the February Board Meeting.

### **CEOs Report**

The NMRE CEO Monthly Report for March 2022 was included in the materials for the meeting on this date. Mr. Kurtz thanked AuSable Valley for the invitation to present to its Board of Directors on February 28<sup>th</sup>.

### **Financial Report**

#### January 2022

- Traditional Medicaid showed \$66,440,248 in revenue, and \$58,063,977 in expenses, resulting in a net surplus of \$8,376,271. Medicaid ISF was reported as \$9,298,368 based on the unaudited FSR. Medicaid Savings was reported as \$11,296,867.
- Healthy Michigan Plan showed \$10,338,832 in revenue, and \$7,570,183 in expenses, resulting in a net surplus of \$2,768,649. HMP ISF was reported as \$7,059,749 based on the unaudited FSR. HMP savings was reported as \$5,061,250.
- Net Position\* showed net surplus Medicaid and HMP of \$11,144,920. Medicaid carry forward was reported as \$16,358,117. The total Medicaid and HMP Current Year Surplus was reported as \$25,125,545. Medicaid and HMP combined ISF was reported as \$16,358,117; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$41,483,662.
- Health Home showed \$399,719 in revenue, and \$316,653 in expenses, resulting in a net surplus of \$83,066.
- SUD showed all funding source revenue of \$7,846,427, and \$6,230,947 in expenses, resulting in a net surplus of \$1,615,480. Total PA2 funds were reported as \$5,723,748.

Ms. Yockey reported that additional columns were added to the "Schedule of PA2 by County" page per the Board's request. Clarification was made that PA2 can be spent on prevention and treatment of substance use disorders. Mr. Kamps asked whether it makes sense to encourage counties with excess funds to reduce their balances by putting funds into services. Mr. Kurtz explained that part of the reason for the current high balances is the implementation of Healthy Michigan Plan; prior to HMP, liquor tax funds would have been used to pay for services to uninsured, indigent individuals. Mr. Kamps requested that Mr. Kurtz work with the Substance Use

Disorder Oversight Board to examine the issue. The annual anticipated revenue was reported as \$1,487,584 which will come to the NMRE from the counties in three payments, the first of which is expected in April.

**MOTION BY CHRISTIAN MARCUS TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR JANUARY 2022; SUPPORT BY MARY MAROIS.**

Discussion: Mr. Kamps noted eligibility trends are up in all categories; however, revenue remains flat. Mr. Kamps also recognized that the region currently has 19 open HSW slots and a very large surplus (partly due to the pandemic and the halt in Medicaid redeterminations); he is fearful that the actuary will reduce rates based on unspent funds.

**Voting took place on Mr. Marcus's motion. MOTION CARRIED.**

**Operations Committee Report**

The draft minutes from March 15, 2022 were included in the materials for the meeting on this date. A discussion of the Department's salary and wage survey and Milliman's Standard Cost Allocation reporting occurred. Pursuant to MSA policy 21-39, CMHSPs are required to comply with the Standard Cost Allocation methodology, which "will fulfill the detailed reporting requirement for providers."

**PRESENTATION**

**Carter Kits**

During its March 15<sup>th</sup> meeting, the Operations Committee recommended using surplus funds to purchase Carter Kits Sensory Bags for communities in region. Brandon Hausbeck, Carter Kits President and CEO and Justin Severs, Vice President of Operations, joined the meeting virtually. Carter Kits were designed to help first responders when they arrive at a scene with a special needs individual, particularly someone with an autism spectrum disorder. Each Sensory Bag contains a weighted blanket, sunglasses, noise reducing earmuffs, sensory toys, and non-verbal cue cards at a cost of \$80. More information can be found at [Carter Kits - Home](#).

**MOTION BY MARY MAROIS TO AUTHORIZE THE NORTHERN MICHIGAN REGIONAL ENTITY TO PURCHASE UP TO TWO THOUSAND (2000) CARTER KITS SENSORY BAGS AT A TOTAL COST NOT TO EXCEED ONE HUNDRED SIXTY THOUSAND DOLLARS (\$160,000.00) INCLUDING TRAINING AND SUPPORT; SUPPORT BY ROGER FRYE. ROLL CALL VOTE.**

**"Yea" Votes:** R. Frye, E. Ginop, R. Kamps, T. Larson, C. Marcus, M. Marois, J. Reed, R. Schmidt, K. Sherman, D. Smeltzer, D. Tanner

**"Nay" Votes:** Nil

**Voting took place on Ms. Marois's motion. MOTION CARRIED.**

The suggestion was made that the 500 kits currently in stock be distributed during the April 27<sup>th</sup> Board meeting to coincide with Autism Acceptance month; media coverage will be arranged.

**NMRE SUD Oversight Board Report**

The draft minutes from March 7, 2022 were included in the materials for the meeting on this date. Liquor tax requests will be presented for approval under "New Business."

## NEW BUSINESS

### **Liquor Tax Requests**

- 1) Drug Free Northern Michigan 21-County Alliance – Marijuana Media Campaign – All 21 Counties - \$64,500.
- 2) Emmet County Sheriff's Office – Polycom System to Support SUD Services for Emmet County Inmates – Emmet County - \$5,974.03
- 3) Bear River Health – Charlevoix Recovery House – Charlevoix County - \$133,199.
- 4) Bear River Health – Peer Recovery Coach Services – Otsego County - \$22,232.
- 5) Bear River Health – Jail Medication Assisted Treatment (MAT) Services – Otsego County - \$20,156.
- 6) Community Recovery Alliance – Recovery Support Services – Otsego County - \$16,642.

The total dollar amount requested was \$262,703.03.

**MOTION BY MARY MAROIS TO APPROVE THE REQUESTS FOR LIQUOR TAX FUNDS RECOMMENDED BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD ON MARCH 7, 2022 IN THE TOTAL AMOUNT OF TWO HUNDRED SIXTY-TWO THOUSAND SEVEN HUNDRED THREE DOLLARS AND THREE CENTS (\$262,703.03); SUPPORT BY KARLA SHERMAN. ROLL CALL VOTE.**

**“Yea” Votes:** R. Frye, E. Ginop, R. Kamps, T. Larson, C. Marcus, M. Marois, J. Reed, R. Schmidt, K. Sherman, D. Smeltzer, D. Tanner

**“Nay” Votes:** Nil

**Voting took place on Ms. Marois’s motion. MOTION CARRIED.**

### **MDHHS Behavioral Health Reorganization**

The MDHH Behavioral Health Restructuring Presentation dated March 3, 2022 was included in the materials for the meeting on this date.

- The Division of Chronic Disease was created (Linda Scarpetta), which includes SUD Prevention; the Office of Recovery Oriented Systems of Care was dissolved.
- The Bureau of Children’s Services was formed (Lindsay McLaughlin) partially in response to the KB lawsuit and to put more focus on children services.
- Farrah Hanley was named Chief Deputy of Health, overseeing Behavioral and Physical Health and Aging Services (Kate Massey) and the State Hospital Administration (Dr. George Mellos).
- The Bureau of Community-Based Services (Jeff Wieferich) is a pared down version of the former Behavioral Health and Developmental Disabilities Administration containing four divisions:
  - 1) Adult Home and Community Based Services (Belinda Hawks)
  - 2) Division of Contracts and Quality Management (Jackie Sproat)
  - 3) Behavioral Health Customer Services Section (Kendra Brinkley)
  - 4) Service Delivery Transformation Section (Vacant) will include Health Home and Certified Community Behavioral Health Clinics (CCBHC).

Mr. Kamps expressed great pride in the fact that PIHP Regions 1 and 2 (NorthCare Network and NMRE) are engaged in both the Behavioral and Opioid Health Homes; since FY21, enrollment has increased by 368%.

## **NMRE Nominating Committee**

The Election of Board Officers will occur during the May 25<sup>th</sup> meeting. A nominating committee was formed to consist of: Roger Frye, Randy Kamps, Christian Marcus, Jay O'Farrell, and Don Smeltzer. A Nominating Committee meeting will occur via Teams prior to the May Board meeting.

## OLD BUSINESS

### **Senate Bills 597 & 598/House Bills 4925 – 4929 – The Latest**

Included in the materials for the meeting on this date were:

- 1) A Press Release from CMHAM titled “New Poll Finds Two out of Three Likely Michigan Voters and More Than 100 Michigan-Based Groups Prefer Public-led Mental Health System” dated February 21, 2022.
- 2) Document from CMHAM titled “A New Day for Behavioral Health in Michigan: Roles of the Key Partners”
- 3) Document from the Michigan Association of Health Plans titled “Locals are Fearful of Competition & Choice”.

A discussion about a rural exception occurred. Mr. Kurtz clarified that the rural exemption is a law put in place to allow states to exempt rural areas from multiple Health Plans as competition for services is basically limited to current providers. Mr. Kurtz has learned that in the development of both the Senate and House bills consideration was given to allow for a rural exceptions but have not made it in either bills.

It was noted that Rep. Whiteford will be attending the Northern Counties Association meeting on April 18<sup>th</sup>.

## COMMENTS

### **Board**

- Mr. Tanner encouraged attendees to think about Ukrainians.
- Mr. Reed apologized for being late to the meeting. He reminded the Board that after two years of COVID isolation, re-engaging has been difficult for some individuals.

## MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on April 27, 2022.

## ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 11:55AM.



**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM – FEBRUARY 23, 2022  
GAYLORD BOARDROOM**

<b>ATTENDEES:</b>	Roger Frye, Ed Ginop, Christian Marcus, Gary Nowak, Justin Reed, Don Smeltzer, Joe Stone, Don Tanner
<b>VIRTUAL ATTENDEES:</b>	Gary Klacking (West Branch), Terry Larson (Rogers City), Mary Marois (Destin, FL), Jay O’Farrell (Whittemore), Richard Schmidt (Kaleva), Karla Sherman (LaJolla, CA)
<b>ABSENT:</b>	Randy Kamps
<b>NMRE/CMHSP STAFF:</b>	Joanie Blamer, Christine Gebhard, Chip Johnston, Eric Kurtz, Tema Pefok, Brandon Rhue, Sara Sircely, Nena Sork, Teresa Tokarczyk, Deanna Yockey, Carol Balousek
<b>PUBLIC:</b>	Nichole Flickema, Jackie Guzman, Donna Hardies, Sue Winter

***Note: At 10:00AM there was not a quorum present to proceed with the Board meeting. The decision was made to begin with the “Presentation” portion of the Agenda and then determine whether a quorum was present.***

**PRESENTATION**

**Substance Use Disorder Prevention Coalition Updates**

Donna Hardies (Catholic Human Services) and Nichole Flickema (Health Department of Northwest Michigan) were in attendance virtually to provide updates on the current activities of Prevention Coalitions operating within the NMRE region.

**CALL TO ORDER**

Let the record show that Chairman Don Tanner called the meeting to order at 10:30AM as a quorum was present in Gaylord.

**ROLL CALL**

Let the record show that Randy Kamps was excused from the meeting on this date; all other Board Members were in attendance either in Gaylord or remotely.

**PLEDGE OF ALLEGIANCE**

Let the record show that the Pledge of Allegiance was recited as a group.

**ACKNOWLEDGEMENT OF CONFLICT OF INTEREST**

Let the record show that no Conflicts of Interest to any of the meeting Agenda items were declared.

**APPROVAL OF AGENDA**

Let the record show that no changes to the meeting Agenda were requested.

**MOTION BY JOE STONE TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR FEBRUARY 23, 2022 AS AMENDED; SUPPORT BY GARY NOWAK. MOTION CARRIED.**

### APPROVAL OF PAST MINUTES

Let the record show that the January minutes of the NMRE Governing Board were included in the materials for the meeting on this date.

**MOTION BY ROGER FRYE TO APPROVE THE MINUTES OF THE JANUARY 26, 2022 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY GARY NOWAK. MOTION CARRIED.**

### CORRESPONDENCE

- 1) The minutes from the February 3, 2022 PIHP CEO meeting.
- 2) Press release from Michigan Attorney General Dana Nessel's Office giving an opinion on Meeting Attendance Accommodations Required under ADA.
- 3) MDHHS's Michigan Integration Efforts February 2022 Update.
- 4) MDHHS's Michigan Psychiatric Care Improvement Project (MPCIP) February 2022 Update.
- 5) MDHHS's Region 2 MiCAL Rollout Timeline.
- 6) CMHAM February 2022 Social Media campaign to combat Senate Bills 597 & 598.
- 7) Email correspondence from CMHAM dated February 7, 2022 regarding hacking of recent CMHAM meetings.
- 8) Email correspondence from Alan Bolter at CMHAM providing an overview of the Governor's FY23 Budget Recommendation in Senate Appropriations Subcommittee.
- 9) Email correspondence from CMHAM dated February 16, 2022 providing Guidance related to demand for financial data by Milliman and MDHHS: View of Provider Alliance leadership and CMHA.
- 10) Draft minutes of the February 9, 2022 NMRE Regional Finance Committee meeting.

Mr. Kurtz drew attention to the MiCAL rollout timeline and discussion during the February 15<sup>th</sup> Operations Committee meeting; NMRE is scheduled to "go live" with the MiCAL 988 National Suicide Prevention Lifeline (NSPL) on March 31, 2022. Mr. Kurtz also brought attention to correspondence from Jacque Wilson, Chair CMHA Provider Alliance and Robert Sheehan, CMHAM CEO to PIHP/CMHSP CEOs and Provider Alliance Members outlining guidance related to the demand for financial data by Milliman and MDHHS (provider salary and wage survey, provider expense survey, Standard Cost Allocation).

Mr. Marcus referenced the "Strategic Behavioral Health Integration and Coordination Initiatives" section of the February 3<sup>rd</sup> PIHP CEO meeting minutes regarding the expansion of Health Homes in the state and the implementation of a SUD Health Home in the NMRE region; he asked what the potential impact on funding could be. Mr. Kurtz indicated that there would not be an impact and responded that PIHPs are funded by enrollee; Health Homes are 90% Federally funded (BHH for 8 quarters, OHH for 10 quarters).

### ANNOUNCEMENTS

Let the record show that there were no announcements during the meeting on this date.

### PUBLIC COMMENTS

Let the record show that the members of the public attending the meeting virtually were recognized.

### REPORTS

#### **Executive Committee Report**

Let the record show that no meetings of the NMRE Executive Committee have occurred since the January Board Meeting.

## **CEOs Report**

The NMRE CEO Monthly Report for February 2022 was included in the materials for the meeting on this date.

## **Financial Report**

### December 2021

- Traditional Medicaid showed \$49,360,242 in revenue, and \$42,879,230 in expenses, resulting in a net surplus of \$6,481,012. Medicaid ISF was reported as \$9,298,750 based on the interim FSR. Medicaid Savings was reported as \$11,296,664.
- Healthy Michigan Plan showed \$7,385,336 in revenue, and \$5,489,748 in expenses, resulting in a net surplus of \$1,895,589. HMP ISF was reported as \$7,059,746 based on the interim FSR. HMP savings was reported as \$5,061,832.
- Net Position\* showed net surplus Medicaid and HMP of \$8,376,601. Medicaid carry forward was reported as \$16,358,496. The total Medicaid and HMP Current Year Surplus was reported as \$22,572,877. Medicaid and HMP combined ISF was reported as \$16,358,496; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$38,931,373.
- Health Home showed \$287,798 in revenue, and \$236,739 in expenses, resulting in a net surplus of \$51,059.
- SUD showed all funding source revenue of \$5,864,110, and \$4,562,086 in expenses, resulting in a net surplus of \$1,302,024. Total PA2 funds were reported as \$5,752,223.

The Direct Care Wage Surplus was reported as \$2,162,220. Ms. Yockey reported that the first of three PA2 payments for FY22 is expected in April. Ms. Gebhard that a column showing the amount of PA2 funds allocated and the projected revenue by county be added to the report, which Ms. Yockey agreed to provide beginning with the January 2022 report.

**MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR DECEMBER 2021; SUPPORT BY JOE STONE.  
MOTION CARRIED.**

## **Operations Committee Report**

The minutes from February 15, 2022 were included in the materials for the meeting on this date. A discussion of salary caps, longevity pay, and salary structures for PIHP and CMHSP staff occurred; the importance of retaining seasoned staff was emphasized.

## **NMRE SUD Oversight Board Report**

Let the record show that the next meeting of the NMRE Substance Use Disorder Oversight Board is scheduled for March 7, 2022 at 10:00AM in the Gaylord Conference Room.

## NEW BUSINESS

### **Bear River Health (BRH)**

Mr. Kurtz shared that on February 9, 2022, he was notified by the CMH Partnership of Southeast Michigan (Region 6 PIHP) that BRH had received a (payroll) tax levy and that all payments from Southeast Michigan needed to be made to the IRS; subsequently, Network 180 (Kent County) and Community Mental Health of Ottawa County also contacted Mr. Kurtz about the communication.

Mr. Kurtz met with BRH staff on February 11<sup>th</sup> to discuss the issue. A letter dated February 11<sup>th</sup> from Dan Hartman, BRH Executive Director and email correspondence from Jackie Guzman, BRH Financial Director were included in the materials for the meeting on this date. Mr. Kurtz

reported that he was notified of the release of the levy from the IRS on February 22, 2022; the issue appears to be resolved though Mr. Kurtz noted more information is needed to assure this is not an ongoing concern.

### **PIHP Representative on the CMHAM Board of Directors**

Correspondence from CMHAM about PIHP representation on its Board of Directors was included in the materials for the meeting on this date. Interested NMRE Board Members were instructed to contact Mr. Kurtz.

### **Performance Bonus**

Email correspondence from MDHHS dated January 28, 2022 was included in the materials for the meeting on this date. The NMRE earned full points in both the PIHP/MHP joint metrics and PIHP-only deliverable for a total bonus payment of \$1,737,751.66 which will be passed to the Boards as local dollars.

### **Lambert Public Relations**

Mr. Kurtz informed the Board that he is overall unimpressed by the work Lambert PR has done for the NMRE to date; he is considering going in a different direction.

### OLD BUSINESS

#### **Senate Bills 597 & 598/House Bills 4925 – 4929 – The Latest**

A summary of the Mental Health Listening Tour by Michigan House Democrats titled, “Enhancing our Community Mental Health System” was included in the materials for the meeting on this date. Mr. Johnston expressed his feeling that meetings with the Northern Michigan Counties Association have been extremely effective; Mr. Tanner agreed. Ms. Gebhard referenced a report authored by Rep. Brabec (55<sup>th</sup> House District); Rep. Brabec is working closely with Rep. Whiteford on making alterations to her bills based on feedback from the listening tour.

The possibilities of a rural exception and/or PIHP/CMHSP financial risk arrangement were discussed.

### COMMENTS

#### **Board**

- Mr. Russell commented about a discussion that occurred during the February meeting of the Northern Lakes CMHA Board of Directors; the public (Record Eagle) appears to be blaming the CMH for AFCs closing in Grant Traverse County.
- Mr. Tanner advised everyone to watch their secure data streams during globally volatile times.

#### **Staff/CMHSP CEOs**

- Mr. Johnston expressed that he has had a variety of interactions with CMHSPs in the UP recently; he stressed the need to stay out of “southern Michigan issues” for the benefit of individuals served.
- Board Members were invited to stay to attend the CMHAM Northern Region meeting at 1:00PM.

### MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on March 23, 2022.

### ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 11:32AM.



# Advisory Council

Regular Meeting

04-11-22

5:00 PM to 5:47 PM

Board Room

**Meeting called by:** Diane Hayka

**Type of meeting:** Regular

**Facilitator:** Janet Freeman

**Attendees:** Les Buza, Janet Freeman, Rebecca Stockford, Eileen Tank

**Absent:** Anne Ryan (excused), Alan Fischer

**Public:**

**Staff:** Lisa Orozco, Nena Sork, Diane Hayka, Rebekah Duhaime

## ----- Agenda Topics -----

### Welcome

Janet Freeman welcomed Council members. Introduction was made of Rebekah Duhaime as she will be replacing Diane Hayka when she retires in August.

### Targeted Agenda Items:

#### *Election of Officers*

### Discussion:

Les Buza recommends the officer positions remain the same for this next year. By consensus, the council concurs with the recommendation. Janet Freeman will remain as Chair and Anne Ryan will remain as Vice Chair.

### Action items:

### Person responsible:

Diane Hayka

### Deadline:

### Targeted Agenda Items:

#### *Approval of Minutes*

### Discussion:

By consensus, the minutes of the December 6, 2021 Advisory Council meeting were approved.

### Action items:

### Person responsible:

Diane Hayka

### Deadline:

### Targeted Agenda Items:

#### *Educational Session – Behavioral Health Home (BHH)*

### Discussion:

Lisa Orozco, Psychiatric Nursing Supervisor, presented Council members with a summary of the Behavioral Health Home program. She reported Behavioral Health Home does not refer to a home or building but a benefit to individuals receiving services. The Team consists of a Behavioral Health

Specialist, Nurse Care Manager, Certified Peer Support Specialists, a Medical consultant Sarah Hainstock [Alcona Health Center], Carrie Standen DNP, Mary Crittenden Chief Operating Officer and Erin Fletcher Clinical Director. The Behavioral Health Specialist position is currently vacant.

Lisa Orozco reported this Agency has always coordinated physical health with behavioral health care to assure those receiving services are getting full care. The goal of the Behavioral Health Home benefit is to improve the health of the people we serve by providing a comprehensive care management and coordination services to Medicaid beneficiaries with a serious mental illness or a serious emotional disturbance. The services are geared toward the whole person including medical conditions such as cardio vascular, asthma/COPD, diabetes, obesity and hypertension. She reports our staff work closely with the individual to educate the individual on their diagnoses. Lisa Orozco provided a short story related to an individual success story. The actions taken by our staff most likely saved this person's life.

Eileen Tank questioned if the services would continue if the individual was admitted to a residential facility such as MediLodge or other adult foster care facility.

Our case holders are alerted for admissions, discharges and transfers for individuals on their caseload who are admitted to the hospital or discharged. Nena Sork reported our staff work closely with the individual to assure they are getting their proper services through their primary care provider.

Lisa Orozco reported there are 30 individuals currently in the program, which was implemented October 2020. The care manager provides training for staff and the various programs within the Agency to assure individuals on their caseload are referred for this program if eligible.

Lisa Orozco reported with coordination of the services with the primary care provider, the individual's labs and other tests are shared and not duplicated saving dollars in the end.

Janet Freeman shared her observation of the increased awareness of mental health in the community with more coverage in newspaper articles and with the legislature focusing on it as well since she joined the Council. There are also more educational opportunities for community members to take advantage of if desired.

**Action items:**

**Person responsible:**

All

**Deadline:**

**Targeted Agenda Items:**

***NMRE Updates***

**Discussion:**

Regional Entity Partners (REP) Update

The minutes from the January 20<sup>th</sup> and March 17<sup>th</sup> meeting were included in the mailing. Eileen reported she is new on the REP Committee. Rebecca reported the Committee is focusing on planning the Day of Mental Health Education. Eileen reported she was confused by the term used for this event previously referring to "recovery." They did change the name to the "Day of Mental Health Education." The REP Committee is working to get baskets for a giveaway at the event. The CMHs will all be requested to put together a basket along with Clubhouse and Bay View Center. The theme is "Bridging the Gap." Eileen reported they are still looking for a couple of speakers.

NMRE Board Meetings

The minutes of the NMRE Board meeting for January 26<sup>th</sup> and February 23<sup>rd</sup> were included in the mailed materials for this meeting.

REP Member Nomination/Advisory Council Need

Recruitment efforts for both the REP Committee and the local Council are underway. Council members were requested to reach out to others if they know of any interested parties. The application for the Advisory Council is located in the magazine rack in the Alpena Office.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:**

*Operational Report*

**Discussion:**

Nena Sork reviewed the March Operations report with Council members. She reported some areas the numbers have dropped slightly in children's services and outpatient counseling due to staffing shortages. Overall, 1,055 individuals received a service during the month.

**Action items:**

**Person responsible:**

**Deadline:**

**DRAFT**

**Targeted Agenda Items:**

**Board Agenda Review**

**Discussion:**

Nena Sork reviewed the Board's agenda for their meeting April 14<sup>th</sup> noting April is the Board's organizational meeting.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:**

*Set Meeting Dates and Times*

**Discussion:**

Council members discussed the option of changing the time or date of the meeting. Consensus was to leave time and dates as is. Meetings will remain on the Monday prior to the Board meeting at 5:00 p.m.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:**

*Day of Mental Health Education – May 20/Walk a Mile In My Shoes – September 15*

**Discussion:**

The Day of Mental Health Education was discussed earlier in this meeting under the NMRE REP discussion. The Walk a Mile in My Shoes has been changed to September 15<sup>th</sup>. This will be an in-person event. Interested parties may want to take part in this event but going down to Lansing and back in one day makes it a very long day. In the past, one of our members took a group to this event and all attendees determined it was too long of a day for them. The CMHA does a good job of posting pictures of the event on their website and this group may be able to view them at a future meeting if they wish.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:**

*Other*

**Discussion:**

There was no other addressed.

**Action items:**

**Person responsible:**

**Deadline:**

**DRAFT**

**Next Regular Meeting Date:**

The next regular meeting is scheduled for June 9, 2022 @ 3:00 p.m. in the Board Training Room. This meeting adjourned at 5:47 p.m.



	Program	Consumers served March 2022 (3/1/22 - 3/31/22)	Consumers served in the Past Year (4/1/21 - 3/31/22)	Running Monthly Average(year) (4/1/21 - 3/31/22)
1	<b>Access / Crisis / Prescreens</b>	60 - Routine 0 - Emergent 0 - Urgent 46 - Crisis 70 - Prescreens	661 - Routine 4 - Emergent 5 - Urgent 664 - Crisis 749 - Prescreens	55 - Routine 0 - Emergent 0 - Urgent 55 - Crisis 62 -Prescreens
2	<b>Doctors' Services</b>	441	1402	401
3	<b>Case Management</b>			
	Older Adult (OAS)	104	289	101
	MI Adult	160	389	132
	MI ACT	31	64	27
	Home Based Children	22	55	40
	MI Children's Services	47	100	98
	IDD	196	425	172
4	<b>Outpatient Counseling</b>	94(22/72)	240	130
5	<b>Hospital Prescreens</b>	70	749	62
6	<b>Private Hospital Admissions</b>	23	226	19
7	<b>State Hospital Admissions</b>	0	5	0
8	<b>Employment Services</b>			
	IDD	54	82	46
	MI	16	34	18
	Touchstone Clubhouse	97	110	87
9	<b>Peer Support</b>	38	60	38
10	<b>Community Living Support Services</b>			
	IDD	77	150	80
	MI	57	100	58
11	<b>CMH Operated Residential Services</b>			
	IDD Only	58	64	57
12	<b>Other Contracted Resid. Services</b>			
	IDD	34	37	32
	MI	35	45	36
13	<b>Total Unduplicated Served</b>	1055	2327	1026

County	Unduplicated Consumers Served Since February 2021
Alcona	250
Alpena	1422
Montmorency	265
Presque Isle	313
Other	59
No County Listed	18

Northeast Michigan Community Mental Health Authority

MEMORANDUM

To: Northeast Board Members

From: Nena Sork

Date: March 31, 2022

Subject: Mental Health Code Section 222

Annually the Board *must* certify its compliance with Section 222 of the Mental Health Code. That section of the Code (a copy of which is attached) sets certain requirements and limitations for participation by individuals as board members. These requirements and limitations may be summarized as follows:

- At least four members must be primary consumers or family members of primary consumers
- At least two of the above four members must be primary consumers
- No more than four county commissioners
- No more than six public officials, including the above mentioned county commissioners (Please use the definitions on the survey form.)

It is important that Board members understand the use of this information. We are required to disclose to the Department (or essentially anyone who might ask) the composition of our Board and prove that we are in compliance with these provisions. It is the Department's interpretation that those Board members who we "count" as primary or family members be willing to have that information publicly disclosed. Therefore, please have this in mind as you complete this form.

Section 222 also addresses avoidance of conflict of interest. The attached form has been revised to address these items as well. Board members must not be:

- employed by the Department of Community Health or Community Mental Health;
- a party to a contract with Community Mental Health; or
- serve in a policy making position with an Agency under contract with Community Mental Health (except under certain circumstances)

Please complete this form and leave it or return it to Diane Hayka as soon as possible. Thank you.

Attachment: Sec. 222(1)(4)(5)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Board Composition** (please use the definitions immediately below in responding to these 4 questions.)

1. Are you, or have you ever been a “primary consumer” of mental health services?  
 Yes  No
2. Are you a family member of a primary consumer who is receiving, or has received, mental health services?  
 Yes  No
3. Are you a county commissioner?  
 Yes  No
4. Are you a public official?  
 Yes  No

Please use the following definitions in responding to this inquiry. These are the definitions used in the Mental Health Code.

**Primary Consumer:**

“Primary Consumer” means an individual who has received or is receiving services from the Department or a community mental health services program or services from the private sector equivalent to those offered by the Department or a community mental health services program.

**Family Member:**

“Family Member” means a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his or her financial support.

**Public Official**

“Public Officials” are individuals serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government.

**Conflict of Interest**

1. Are you employed by the Department or Community Mental Health?  
 Yes  No
2. Are you party to a contract with Northeast Michigan Community Mental Health?  
 Yes  No
3. Do you serve in a policy-making position with an agency under contract with CMH?  
 Yes  No
4. Do you serve in other than a policy-making position with an agency with which the Board holds a contract or is considering a contract? [If so, the procedure required by Sec. 222 (5) must be followed regarding disclosure and voting]  
 Yes  No

**MENTAL HEALTH CODE (EXCERPT)**  
**Act 258 of 1974**

**330.1222 Board; composition; residence of members; exclusions; approval of contract; exception; size of board in excess of § 330.1212; compliance.**

Sec. 222. (1) The composition of a community mental health services board shall be representative of providers of mental health services, recipients or primary consumers of mental health services, agencies and occupations having a working involvement with mental health services, and the general public. At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3 at least 1/2 of those members shall be primary consumers. All board members shall be 18 years of age or older.

(2) Not more than 4 members of a board may be county commissioners, except that if a board represents 5 or more counties, the number of county commissioners who may serve on the board may equal the number of counties represented on the board, and the total of 12 board memberships shall be increased by the number of county commissioners serving on the board that exceeds 4. In addition to an increase in board memberships related to the number of county commissioners serving on a board that represents 5 or more counties, board memberships may also be expanded to more than the total of 12 to ensure that each county is entitled to at least 2 board memberships, which may include county commissioners from that county who are members of the board if the board represents 5 or more counties. Not more than 1/2 of the total board members may be state, county, or local public officials. For purposes of this section, public officials are defined as individuals serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government.

(3) A board member shall have his or her primary place of residence in the county he or she represents.

(4) An individual shall not be appointed to and shall not serve on a board if he or she is 1 or more of the following:

(a) Employed by the department or the community mental health services program.

(b) A party to a contract with the community mental health services program or administering or benefiting financially from a contract with the community mental health services program, except for a party to a contract between a community mental health services program and a regional entity or a separate legal or an administrative entity created by 2 or more community mental health services programs under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, or under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536.

(c) Serving in a policy-making position with an agency under contract with the community mental health services program, except for an individual serving in a policy-making position with a joint board or commission established under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, or a regional entity to provide community mental health services.

(5) If a board member is an employee or independent contractor in other than a policy-making position with an agency with which the board is considering entering into a contract, the contract shall not be approved unless all of the following requirements are met:

(a) The board member shall promptly disclose his or her interest in the contract to the board.

(b) The contract shall be approved by a vote of not less than 2/3 of the membership of the board in an open meeting without the vote of the board member in question.

(c) The official minutes of the meeting at which the contract is approved contains the details of the contract including, but not limited to, names of all parties and the terms of the contract and the nature of the board member's interest in the contract.

(6) Subsection (5) does not apply to a board member who is an employee or independent contractor in other than a policy-making position with a joint board or commission established under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, a separate legal or administrative entity established under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, a combination of municipal corporations joined under 1951 PA 35, MCL 124.1 to 124.13, or a regional entity to provide community mental health services.

(7) In order to meet the requirement under subsection (1) related to the appointment of primary consumers and family members without terminating the appointment of a board member serving on March 28, 1996, the size of a board may exceed the size prescribed in section 212. A board that is different in size than that prescribed in section 212 shall be brought into compliance within 3 years after the appointment of the additional board members.

**History:** 1974, Act 258, Eff. Aug. 6, 1975;--Am. 1995, Act 290, Eff. Mar. 28, 1996;--Am. 2002, Act 596, Imd. Eff. Dec. 3, 2002;--Am. 2003, Act 278, Imd. Eff. Jan. 8, 2004

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Diane Hayka  
**SUBJECT:** Disclosure of Ownership Update  
**DATE:** April 1, 2022

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Every three years, Board members must complete a new Disclosure of Ownership declaration to update the records. I have printed out the forms with the information each of you currently has on file and sealed it in the enclosed envelope to keep the information confidential. Please review the forms and, if correct, sign the form and return to me at the meeting. If things have changed, please make the changes on the form and then sign the updated form and return to me.

I am supplying this to all Board members so the three-year expiration date occurs at the same time in the future, rather than staggered expirations...so for the new Board members who recently completed this, if you could appease me and update, I would appreciate it. Thanks!

In your Board packet there is also a form needing completed to declare your position on the Board (i.e., primary consumer, family member, county commissioner, public official, etc.). I have enclosed that form in this envelope to return.

And lastly, for the Board members who were absent from the March meeting, I have enclosed the Code of Conduct policy, which requires a signature from you annually.



DRAFT

# QI Council Minutes

For Meeting on 02/21/22

10:15 AM/11:55 AM

Board Training Room

**Meeting called by:** Lynne Fredlund  
**Type of meeting:** Bi-Monthly  
**Facilitator:** Jen Whyte  
**Note taker:** Pennie Hoeft, Clerical Services  
**Timekeeper:**

**Attendees:** Lynne Fredlund, Amber Gapske, Lisa Orozco, Rich Greer, Genny Domke

**Absent:** Nena Sork, Angela Stawowy, Jen Whyte, Joe Garant (excused)

**QI Coordinator:** Lynne Fredlund

**Assistant:** Pennie Hoeft

## Agenda Topics

The meeting was called to order by Lynne Fredlund in Jen Whyte's absence at 10:19am.

## Review of Minutes

**Discussion:** Review and by consensus, the minutes of the October 18, 2021 meeting were approved.

**Action items:**

**Person responsible:** Pennie Hoeft Clerical Services Support Staff

**Deadline:** ASAP

**Welcome our new support staff, Pennie Hoeft to QI!!**

## **Committees requesting Additional Time**

There were no requests from the Committees to have additional time.

## Management Team

**Discussion:** Minutes from 10-11-21, 11-08-21 and 12-06-21 were included in the 02-21-2022 QI packet. The committee reported the fiscal year 2022 budget, audit, training updates, phone updates from MIS, policies reviewed, background checks for contract providers, earbud and thumb drive distribution, Covid-19 vaccine and numbers updates, Majestic updates, Staff Survey results, the Take Back event and the completion and implementation of the exercise room. Please refer to the minutes for more detailed information.

**Action Items:** Report Monthly

**Person Responsible:** Nena Sork

**Deadline:**

# DRAFT

## Advisory Council

**Discussion:** Minutes from the 10-11-21 and 12-06-21 meetings were included in the 02-21-2022 QI packet. The committee reported on the *Walk a Mile in My Shoes* keynote speaker, operational numbers of services, a community involvement PowerPoint, NMRE updates and staffing shortages. Please refer to the minutes for more detailed information.

**Action Items:** Report Bi-Monthly

**Person Responsible:** Nena Sork

**Deadline:**

## CARF Committee

**Discussion:** A verbal report was given from Lynne Fredlund. The CARF audit has been delayed and will be sometime between July 1<sup>st</sup> and August 31<sup>st</sup>. We have been preparing for the review this week from two CARF surveyors. We have also been working on saving evidence and documentation to the NEM-FS server and getting prepared for everything CARF may want.

**Action Items:**

**Person Responsible:** Lynne Fredlund

**Deadline:**

## Clinical Leadership Team

**Discussion:** Lisa Orozco reported that we will be participating in the take back event again this spring on April 30<sup>th</sup>. There has been a lot of work from the Training Team to get more training done. We have a Morbidity and Mortality group that the providers have initiated and are doing case reviews quarterly to see what other treatments and management could be done. This is to try to figure out the best treatment plan possible for individuals that have high needs. We continue to track hospitalizations and those have been good. We are reviewing the Coordination of Care and are meeting to complete a written enhanced pharmacy process.

**Action Items:** Report Monthly

**Person Responsible:** Lisa Orozco

**Deadline:**

## Customer Satisfaction Committee

**Discussion:** Minutes from the 01-24-22 and 02-16-22 meetings were included in the 02-21-22 QI packet. The committee reported on the 2021 IDD Customer Satisfaction Survey and creation of new brochure, including questions related to services during the pandemic. Please refer to the minutes for more detailed information.

*No suggestions in the suggestion box.*

**Action Items:** Report Bi-Monthly

**Person Responsible:** Angie Stawowy

**Deadline:**

## Resource Standards and Development Committee

**Discussion:** Genny Domke reported that they are continuing to do the employee of the month, random act of kindness, Friday theme days, picture board and shout outs to staff. Continue to find ways to boost staff morale. Looking at keeping staff trained, be in compliance with training and the annual staff training.

**Action Items:** Monthly

**Person Responsible:** Genny Domke

**Deadline:**

# DRAFT

## Risk Management Committee

**Discussion:** Lynne Fredlund reported we have a new person on this team, Blair Devlon, making two psychologists on the team. No other report as the last meeting minutes were not completed. These will be presented at the next QI meeting.

**Grievance & Appeals:**

**Behavior Support:**

**Recipient Rights:**

**Risk Review**

**Action Items:** Report Bi-Monthly

**Person Responsible:** Lynne Fredlund

**Deadline:**

## Safety Committee

**Discussion:** Rich Greer reported on the minutes from three different meetings that were submitted. The Safety committee has been working very hard on getting the Safety and Emergency Preparedness manual completed and implemented. Infection control reports, basically normal rates. Recipient rights, normal as well. Should have Safety manual ready for Management team approval soon.

**Action Items:**

**Person Responsible:** Rich Greer

**Deadline:**

## Utilization Management

**Discussion:** Minutes from the 10-07-21 and 11-04-21 meetings were included in the 02-21-22 QI packet. The committee new LOCUS training, hospitalization report additions, Covid-19 numbers reporting and LOCUS report numbers. Please refer to the minutes for more detailed information.

**LOCUS**

**Case Reviews:**

**COVID Report:**

**NMRE Quarterly Submission:**

**Action Items:** Report Monthly

**Person Responsible:** Jennifer Whyte

**Deadline:**

## Quality Oversight Committee (QOC) – NMRE

**Discussion:** Verbal report by Lynne Fredlund. Minutes from last meeting unavailable at this time. Behavior Treatment Team, working on reducing number of events. Do not collect time for these and that needs to be discussed. Hoping to be able to see data and trends of quarterly reviews of risk, sentinel events and compare. MDHHS audit was reviewed. One thing was not completed in the 10 days that was given and was sent to contract compliance with the State of Michigan. Just have to make sure it is fixed and that we had justification



as to why it wasn't done. It should be fine, as we have it completed now. We are going to be doing our own exclusion checks on our providers and our staff. This has been delayed due to a new system. HR is going to be doing those and not the PIHP. We will also be doing background checks on contractors as well and that is new. We do them every two years on those that are being credentialed. When it's all set up, it will be just a touch of a button, but the set up will be labor intensive. We will be inquiring as to what the rules and requirements are. Meet again the first Tuesday in March.

**Action Items:** Report Bi-Monthly  
**Person Responsible:** Lynne Fredlund  
**Deadline:**

**QI Member Concerns**

**Discussion:** Members had no concerns.

**Action Items:**  
**Person(s) Responsible:** All members  
**Deadline:**

**Project Team/Workgroup Update/Old Business**

1. **MDHHS Audit (Plan of Correction Underway)** Will not be here until 2023.
2. **Update Ace Team:** Human Trafficking Training was really good, eye opening. DSM 5 training diagnostic manual training. LGBTQ training. Motivational interviewing in June. Implicate Bias training. In the future QI will be seeing the review of the trainings.
3. **Update CLC Team:** Members of the CLC team will be reporting at the Board Conference next week. Panel Discussion will be held.
4. **QI Training:** Page 6-8 see our numbers. Fiscal year, we never get more than 1 or 2 people. Need to be done within 3 hours. We do very well with prescreens. No shows, cancellations, used to be exemptions, but now they don't do that, just use raw data. We are not going to make the threshold of 50. Our biggest issue will be staffing. Will have 4<sup>th</sup> quarter totals compared to other CMHs will be presented next time.
5. **Safety:** The Safety Committee is finalizing the updates to the Environment of Care manual which will now be called the Safety and Emergency Preparedness manual (SEP).

**New Business:**

1. Select Vice Chair: nominations were tabled till next meeting.
2. PIHP review March 15, 2022. Review of all programs. Everything needs to be submitted beforehand. Credentialing and training review. 122
3. All-funding source report provided by Lynne.

**Department/Program Process Improvements/New Business**

1. **Other**  
There was no other presented.

**Adjournment**

DRAFT

**Discussion:** Next Meeting is scheduled for April 18, 2022, at 10:15 a.m. in the Board Training Room.

**Action Items:** By consensus, this meeting adjourned at 11:12 a.m.

**Northeast Michigan Community Mental Health Authority Board  
COMMITTEE ROSTER**

**April 2022 [New]**

**EXECUTIVE COMMITTEE**

\_\_\_\_\_, Chair  
\_\_\_\_\_, Vice Chair  
\_\_\_\_\_, Secretary  
\_\_\_\_\_, Past Chair

**RECIPIENT RIGHTS COMMITTEE**

\_\_\_\_\_  
\_\_\_\_\_  
Tom Fredlund  
Renee Smart-Sheppler  
Lorell Whitscell  
Barbara Murphy  
Ruth Hewett, Recipient Rights Officer

**2021/2022 [Current]**

**EXECUTIVE COMMITTEE**

Eric Lawson, Chair  
Roger Frye, Vice Chair  
Bonnie Cornelius, Secretary  
Gary Nowak, Past Chair

**RECIPIENT RIGHTS COMMITTEE**

Judy Jones (Board Rep.)  
Patricia Przeslawski (Board Rep.)  
Tom Fredlund  
Renee Smart-Sheppler  
Lorell Whitscell  
Barbara Murphy  
Ruth Hewett, Recipient Rights Officer

## **MAY AGENDA ITEMS**

### **Policy Review**

### **Policy Review & Self-Evaluation**

Board Job Description 02-003

Board Core Values 02-014

### **Monitoring Reports**

Treatment of Consumers 01-002 [Recipient Rights Log]

Budgeting 01-004

Financial Condition 01-005

### **Activity**

### **Ownership Linkage**

### **Educational Session**

Part I of Strategic Planning - Environmental Scan

# Northern Michigan Regional Entity

Friday, May 20, 2022  
10:30 am—3pm  
(Registration begins at 9:30 am)  
Treetops Resort—Gaylord

## Day of Mental Health Education



“Bridging the Gap”



### “Bridging the Gap”

**Joseph Reid**

Executive Director/Founder of Broken-people.org

Author of “Broken Like Me: An Insider’s Toolkit for Mending Broken People”

### Breakout Sessions :

- A. The Sharing Circle ~ Tom Melnik, LBSW, LPC
- B. Living with Dissociative Identity Disorder~ Katherine Robino
- C. Peer Support and Advocacy~ TBD
- D. Supporting People With MI ~ TBD

*Recipients who plan on attending are encouraged to bring a guest: this can be a friend, family member, employer, or other person who would like to learn how they can help support those in their lives with a Mental Illness. All attendees must register, so make sure your guest fills out a registration!*



### Includes:

- ◆ Plated Lunch
- ◆ Health Checks
- ◆ Door Prizes
- ◆ Info Displays
- ◆ Entertainment

If you have any questions  
Call Mari Hesselink at 833-285-0050  
Register with your Clubhouse or Drop-in Center, or CMH by May 6th

**Northeast Michigan Community Mental Health Authority**

400 Johnson Street

Alpena, MI 49707

<b>County Representing</b>	<b>Name/Address</b>	<b>E-mail Address</b>	<b>Home Phone</b>	<b>Term Expiration</b>
Alcona <i>Secretary</i>	Bonnie Cornelius 306 Hubbard Lake Road Hubbard Lake MI 49747		(989) 727-3145	3-31-2023
Alcona	Terry Small (John) 2066 Wilson Road Curran MI 48728		(989) 590-0364	3-31-2024
Alpena	Robert Adrian 227 Dawson St Alpena MI 49707		(989) 255-0208	3-31-2025
Alpena	Lynnette Grzeskowiak 6120 Blackberry Lane Alpena MI 49707		(701) 240-4802	3-31-2023
Alpena	Judith Jones 7397 US-23 South Ossineke MI 49766		(989) 471-5142	3-31-2025
Alpena <i>Chair</i>	Eric Lawson PO Box 73 Ossineke MI 49766		(989) 255-3762	3-31-2024
Alpena	Patricia Przeslawski 567 Northwood Drive Alpena MI 49707		(989) 354-4438	3-31-2024
Montmorency <i>Vice Chair</i>	Roger Frye 22955 Lake Avalon Road Hillman MI 49746		(989) 742-4026	3-31-2023
Montmorency	Geyer Balog 21710 Behring Road Hillman MI 49746		(989) 590-2475	3-31-2024
Presque Isle	Lester Buza PO Box 106 Rogers City MI 49779		(989) 734-7383	3-31-2025
Presque Isle	Terry A. Larson 376 E. Orchard Street Rogers City MI 49779		(989) 734-4453	3-31-2025
Presque Isle <i>Past Chair</i>	Gary Nowak PO Box 168 Rogers City MI 49779		(989) 734-3404	3-31-2023