NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

JUNE BOARD MEETING

THURSDAY, JUNE 13, 2024

3:00 PM

400 JOHNSON STREET
ALPENA, MICHIGAN 49707

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD/ADVISORY COUNCIL MEETING – STRATEGIC PLANNING PART II – AGENDA
Thursday, June 13, 2024 at 3:00 p.m.

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

I. Call to Order

II. Roll call & Determination of a Quorum

III. Pledge of Allegiance

IV. Appointment of Evaluator

V. Acknowledgement of Conflict of Interest

VI. Information and/or Comments from the Public

VII. Approval of Minutes ..... **(Pages 1 – 4)**

VIII. Conflict-Free Access and Planning (CFAP) Resolution ..... **(Pages 5 – 8)**

IX. June Monitoring Reports
1. Budgeting 01-004 ..... **(Page 9)**
2. Ends 04-001 ..... **(Pages 10 – 12)**

X. Linkage Reports
1. NMRE Board Meeting – May 22 ..... **(Verbal)**
2. CMHA Summer Conference ..... **(Verbal)**
3. NMRE Day of Education ..... **(Verbal)**

XI. Operations Report ..... **(Page 13)**

XII. Board Chair's Report
1. Strategic Plan Review ..... **(Pages 14 – 18)**

XIII. Executive Director's Report ..... **(Verbal)**

XIV. Information and/or Comments from the Public

XV. Information and/or Comments for the Good of the Organization

XVI. Next NeMCMHA Board Meeting – Thursday, July 11 at 3:00 p.m. // Next NeMCMHA Advisory Council Meeting – Monday, August 5 at 5:00 p.m.
1. Proposed Board July Agenda Items ..... **(Page 19)**

XVII. Meeting Evaluation ..... **(Verbal)**

XVIII. Adjournment

Northeast Michigan Community Mental Health Authority (NeMCMHA)
Board Meeting – May 8, 2024

I. Call to Order

Chair Eric Lawson called the meeting to order in the Board Room at 3:01 p.m.

II. Roll Call and Determination of a Quorum

Present: Les Buza, Bob Adrian, Bonnie Cornelius, Lynnette Grzeskowiak (3:08 p.m.), Charlotte Helman, Judy Jones, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Gary Nowak, Lloyd Peltier, Terry Small

Staff & Guests: Carolyn Bruning, Connie Cadarette, Mary Crittenden, Vicky DeRoven, John Galarza, Ruth Hewett, Kingsli Kraft, Eric Kurtz, Nena Sork, Brenda Stanton

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Les Buza was appointed as evaluator of the meeting.

V. Acknowledgement of Conflict of Interest

No conflicts of interest were acknowledged.

VI. Information and/or Comments from the Public

There were no comments from the public.

VII. Approval of Minutes

Moved by Gary Nowak, supported by Terry Small, to approve the minutes of the April 11, 2024 Board meeting, as presented. Motion carried.

VIII. Audit Report: Financial and Compliance

Chelsea Meeder from Straley, Lamp & Kraenzlein PC presented the FY 22-23 Financial and Compliance Audits. Though an audit is a high level of attestation, there is never a 100% guarantee of no material error. She was pleased to report there were no difficulties with management during the audit process, and they have issued an unmodified opinion. Overall assets increased by $1.3 million and noncurrent assets and capital assets also increased. Liabilities increased by $750,000 due to current and noncurrent liabilities. Revenue and expenses increased by $2.6 million. The Current Ratio is a liquidity ratio which measures the ability to pay short-term obligations. Anything above one shows an ability to pay. The Agency's Current Ratio for 2023 was 1.64, meaning all current liabilities could be paid 1.6 times. The number of days of expenses in unrestricted net position was 29 for 2023. Chelsea was pleased to report they also issued an unmodified opinion over compliance, and that both audits were very clean.

IX. Environmental Scan – Eric Kurtz

Eric Kurtz, CEO of the Northern Michigan Regional Entity (NMRE), began by reviewing the basics of the NMRE. The NMRE was created in 2014 and is a prepaid inpatient health plan (PIHP) comprised of five CMHSPs covering 21 counties. It receives funding (primarily Medicaid) from the State and disperses those funds to the five CMHSPs. Their Medicaid funding, including SUD funds, totals around $220 million. The NMRE is in sound fiscal condition and has a fully funded risk corridor.

The NMRE was the first region in the State to be awarded Behavioral Health Home (BHH) under the State Plan Amendment for Medicaid. Potential BHH enrollees are those with co-occurring mental and physical health conditions, which accounts for about 10% of the region. Opioid Health Home (OHH) began in 2019

and has 9,534 potential enrollees and 910 active enrollees. Alcohol Health Home (AHH) began in December 2022 and remains under the SUD Block Grant. MDHHS will be implementing SUD Health Home in FY 2025 for individuals with alcohol or stimulant diagnoses. The health homes are required by law to include children, and they are also a way to include the mild and moderate populations.

Looking ahead, Medicaid redeterminations should flatten out in July, though they will probably continue for the remainder of the year. Funding for the CMHSPs is based on the total number of Medicaid enrollees. About 500,000 enrollees have been lost in the Healthy MI program alone. Medicaid spenddowns are also being reinstated and those are a large cost to General Funds.

Conflict Free Access and Planning (CFAP) has a large ability to affect the individuals served by the CMHSPs. It comes from a federal requirement the State is interpreting as a structural organization separation. It would require individuals to go to one provider to get an assessment, then go elsewhere for case management and other services. This would separate the functions that a CMH can provide under one roof and would create competition for an already limited pool of providers.

Electronic Visit Verification (EVV) is a federal requirement from the CARES Act of 2020. This requires the states to have systems to electronically verify when staff are with individuals in independent settings. It is meant to be protection against fraud, waste, and abuse. Instead of keeping the scope to personal care, the State decided to include CLS and respite. This would mean families having to prove they are providing respite services in their own home. It is supposed to take effect in October, but MDHHS keeps cancelling meetings.

Some regional and environmental goals for FY24 include continuing and advancing regional marketing and advocacy efforts regarding rural initiatives, leaning heavily on rural partners to direct policy initiatives, maintaining 100% performance on MDHHS performance incentives, integrating care for children's services, and expanding crisis services on a regional basis.

Eric Kurtz left meeting at 4:13 p.m.

X. May Monitoring Reports

1. Budgeting 01-004

Connie reviewed the Statement of Expense and Change in Net Position as of March 31, 2024, with 50% of the year elapsed. Medicaid funds were underspent $809,974 and Healthy MI funds were overspent by $77,584, for a total underspent amount of $732,390. General Funds are overspent $234,709. Line items with negative variances are being monitored and any necessary budget adjustments will be made in June.

2. Treatment of Individuals Served 01-002

Ruth reported the Recipient Rights quarterly and semi-annual reports were reviewed at their meeting. The State modified the report format and created a working document that summarizes the information on one page. The percentage of allegations substantiated is a new data point and 63% of complaints were substantiated. For a complaint to be substantiated there must be a preponderance of evidence, meaning it was more likely that it happened than it didn't happen.

Moved by Gary Nowak, supported by Terry Small, to approve the May Monitoring Reports. Motion carried.

XI. Board Policy Review and Self-Evaluation

1. Board Job Description 02-003

Terry and Les Buza agreed that the Board is following the policy. Dana Labar suggested "multipurpose collaborative bodies" have their name updated to the currently used Human Services Community Collaboratives (HSCCs).

Moved by Bonnie Cornelius, supported by Lynnette Grzeskowiak, to approve the revision to the Board Job Description Policy. Motion carried.

2. Board Core Values 02-014

Les thinks the Board is following the guiding principles. There was a consensus that the Board likes the policy and follows it.

XII. Linkage Reports

1. NMRE Board Meeting – April 24

Dana and Gary reported that discussion of SUD fund utilization is ongoing. The application process has been streamlined to make it less intimidating.

XIII. Operations Report

Mary reported on operations for the month of April. There were 46 routine requests to initiate services. There were 50 crisis contacts and 60 prescreens, 22 of which were admitted to private hospitals. Employment services served 49 individuals in I/DD and 43 in MI. There are currently 91 individuals open to Light of Hope Clubhouse. Overall, 1,119 individuals were served in April. The operations report will be modified to show the breakdown of children/adults for private hospital admissions.

XIV. Board Chair's Report

1. Strategic Planning – Next Steps

Eric Kurtz's Environmental Scan is the first part of Strategic Planning. The next part will be a review of the Ends Monitoring Report and the current Strategic Plan with the Consumer Advisory Council.

2. CMHA 2024 Annual Summer Conference – June 10 – 12

Those attending the summer conference will be Judy Jones, Bonnie Cornelius, Lloyd Peltier, Dana Labar, and Gary Nowak.

3. Selection of Voting Delegates

Judy and Bonnie will be voting delegates for the Monday meeting.

XV. Executive Director's Report

Nena reported she met with all the NMRE and CMHA committees she is a part of during the last month. The Agency had an NMRE site visit/audit, and the exit interview went very well. The group home residents and staff had a Cinco de Mayo party at St. Paul Lutheran Church in Alpena. The homes crafted handmade pinatas and had a contest for the most popular. Nena commended all the staff who work together to make these events happen.

After a thorough assessment of the HR department by Rehmann, there were some major changes at the organization this week. Nena terminated the HR Manager's employment with the Agency. Rehmann will be managing the HR department, both on-site and virtually, and will be working on updating processes with current staff. Prior to today's Board meeting, Nena met with the Executive Committee to provide them with further details. If any Board members have questions, they can reach out to the Executive Committee or Nena. Eric thinks it will be a good development for the Agency. Rehmann will be building and utilizing an applicant tracking system to streamline the hiring process. The cost of the system is $9,000. Nena received Eric's approval to begin moving forward with the system, but asked for an official Board motion, as well.

Moved by Gary Nowak, supported by Terry Small, to approve the purchase of the HR applicant tracking system. Roll Call: Ayes: Bob Adrian, Les Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Charlotte Helman,

Judy Jones, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Gary Nowak, Lloyd Peltier, Terry Small; Nays: None; Absent: None. Abstain: None. Motion carried.

Nena reported that she has been shocked by the level of support she has received from staff regarding recent decisions that have been made for the good of the organization. Eric has been impressed with Nena's willingness to tackle difficult problems head on. Terry thanked her for making the hard decisions.

XVI. Information and/or Comments from the Public

None were presented.

XVII. Information and/or Comments for the Good of the Organization

None were presented.

XVIII. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, June 13 at 3:00 p.m. This meeting will include the Consumer Advisory Council.

1. June Agenda Items

The proposed June agenda items were reviewed.

XIX. Meeting Evaluation

Les reported the Board reacted very well to all items that were discussed. Eric Kurtz's presentation was very good. He felt the meeting accomplished a lot and that the reports were very good.

XX. Adjournment

Moved by Charlotte Helman, supported by Lynnette Grzeskowiak, to adjourn the meeting. Motion carried. This meeting adjourned at 4:53 p.m.

_____
Bonnie Cornelius, Secretary

Rebekah Duhaime
Recorder

_____
Eric Lawson, Chair

Minimizing Complexities

Meeting Federal Conflict Free Requirements in Ways That Promote Simplicity and Access to Care

Community Mental Health Association of Michigan

The Michigan Department of Health and Human Services (MDHHS) recently proposed new requirements for individuals seeking mental health services through the public mental health system. While the new requirements would comply more directly with federal Conflict-Free Access and Planning (CFA&P) guidelines, they would create access challenges for those seeking care, service delays and additional costs to providers.

What is Conflict-Free Access and Planning?

CFAP is based on a 2014 federal requirement for Home and Community-Based Services (HCBS), a type of Medicaid service, which attempted to limit perceived conflicts of interest for beneficiaries obtaining HCBS. In Michigan, agencies can have more than one role: access, plan development, and service delivery. If one agency is helping an individual access and plan their services it is key to ensure that a conflict of interest does not exist and that persons served/clients/consumers have a choice of providers. A conflict of interest happens when a professional uses their role to benefit themselves or their employer.

CMHA and our members fully support the intent to limit conflicts, however we believe the proposed "solutions" outlined by MDHHS cause unnecessary disruption and complexity and provide a greater threat than the conflicts they are attempting to prevent.

APPROACH PROPOSED BY MDHHS

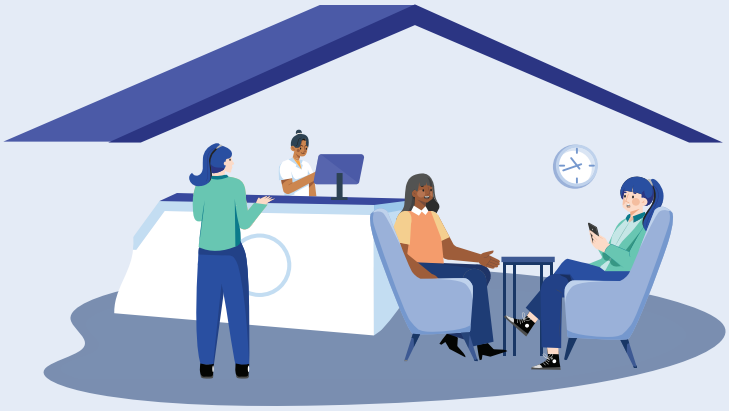
Requires you to go to one "provider" for assestment, planning, and case management, and another "provider" to receive services. If you change your service plan, you must go back to the planning "provider."

MICHIGAN'S CURRENT COMMUNITY MENTAL HEALTH-BASED MODEL

Allows a 1-stop shop for people to do an assestment, planning, case management and receive services.

Concerns with MDHHS Conflict-Free Proposal

1. The MDHHS proposal makes an already complex system more complex: Same day service would be impossible under the separation of functions that MDHHS is proposing. Outreach to persons, school children, homeless, would be seriously hindered by prohibiting the services provider from assessing and building a treatment/services plan with the person in need.
2. Persons served/clients/consumers are concerned with the MDHHS proposal: The comments of persons served (clients/consumers), obtained during the MDHHS listening sessions underscore their concerns with the MDHHS proposal:
    - "I think [separating access/planning from direct service] could be problematic due to a person having to repeat providing their info…"
    - "Having to go from here, to here, to here…to do it when being in a place where I need help would be a lot. It's a lot to ask one person to go through."



    - "Between the point of access and referral, things get dropped and lost."
3. The MDHHS proposal is in conflict with state law and other federal requirements:
    - The statutorily required core functions of Michigan's CMHs.
    - The federally required core functions of Michigan's Certified Community Behavioral Health Clinics (CCBHC) and Behavioral Health Homes (BHH)

DISADVANTAGES OF MDHHS' PROPOSED APPROACH

- Delays service delivery
- Increases costs
- Increases administrative burden
- Adds confusion and barriers for people served

CMHA-Recommended Process

Rather than add complexity to the system, Michigan can build upon the conflict mitigation approaches that already have the approval of the Federal Government.

There are a number of alternate approaches that Michigan could use to meet the federal Conflict-Free standards. One of those alternate approaches is:

1. Because it is not known until the assessment and Individual Plan of Service (IPOS) are completed, whether the person is in need of Home and Community-Based Services (HCBS), the initial assessment and Plan of Service should be carried out as it is now, by the CMHSP or their designated assessment and planning organization.
2. If HCBS are part of a person's Plan of Service, the person is presented with a list of organizations which provide those HCBS services, from which to choose. The organization carrying out the assessment and Plan of Service cannot be on that list unless that organization is the only organization who can provide that service.

Continue to strengthen the structural conflict mitigation components approved by the Federal Government

a. Persons facilitating the Person-Centered Planning (PCP) process cannot be providers of any HCBS to those with whom they facilitate PCP processes.

b. The person facilitating the PCP process or serving as the case manager/supports coordinator for the person served cannot authorize the services contained in the plan for that person.

c. Neither the persons facilitating the PCP process nor the providers of any HCBS can be the person responsible for the independent HCBS eligibility determination. This latter role is held by MDHHS.

This process is nested in a robust monitoring and contract compliance process.

Accessible, frequent, and readily-available information to persons served regarding the rights outlined above – through the use of:

(1) A uniform set of hard-copy handouts and electronic messages; (2) Notices on the websites of the state's CMHSPs, PIHPs, providers, and MDHHS; (3) Social media posts

Continual education, training, supervision, and coaching of CMHSP, PIHP, and provider staff around these rights – efforts led by MDHHS, the state's major advocacy organizations, and CMHA.

The use of contractual powers, corrective action plans, and sanctions, when needed, to ensure that these rights are afforded persons served – via the MDHHS/PIHP contract, the MDHHS/CMHSP contract, and the PIHP/CMHSP contract.

CMHA Community Mental Health Association of Michigan

The Community Mental Health Association of Michigan is the state association representing Michigan's public Community Mental Health (CMH) centers, the public Prepaid Inpatient Health Plans (PIHP – public health plans formed and governed by CMH centers) and the private providers within the CMH and PIHP provider networks.

FOR MORE INFORMATION, PLEASE VISIT CMHA.ORG OR CALL 517-347-6848.

CMHAM.org /CMHAMich @CMHAMich

Northern Michigan Regional Entity
1999 Walden Drive, Gaylord, MI 49735
p: 231.487.9144 • f: 989.448.7078

RESOLUTION OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS OPPOSING MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES DECISIONS TO IMPLEMENT CONFLICT FREE ACCESS AND PLANNING IN MICHIGAN

WHEREAS the Northern Michigan Regional Entity (NMRE) is a regional entity created in 2014 by the five Community Mental Health Services Programs (CMHSPs) of AuSable Valley Community Mental Health Authority, Centra Wellness Network, North Country Community Mental Health Authority, Northeast Michigan Community Mental Health Authority, and Northern Lakes Community Mental Health Authority and functions as the Prepaid Inpatient Health Plan (PIHP) for twenty-one Michigan counties under a master Medicaid Specialty Supports and Services Contract with the State of Michigan. The NMRE Board of Directors is comprised of three appointees from each of the CMHSPs in the NMRE region, at least one of whom is a primary or secondary consumer of behavioral health services.

WHEREAS MDHHS has announced its decision to require CMHSPs to separate service assessment and planning from service delivery, requiring beneficiaries to receive the assessment and planning services from one entity and ongoing direct services from another, separate entity by October 1, 2024.

WHEREAS after careful review the conclusions of the NMRE Board are that the current decision:

- Is in conflict with the statutory responsibilities of CMHSPs under Michigan Law;
- Erroneously implies profit drive or undue enrichment motives on the part of governmental entities (CMHSPs and PIHPs) instead of recognizing what is actually a formal transfer of governmental responsibility from the State to the Counties for the delivery of public behavioral health services;
- Ignores the capitation-based financing of the Michigan public behavioral health system, which is constant and does not vary by volume of individuals served negating any conflicts of interest in service planning and service delivery;
- Ignores Michigan's current shared risk (with MDHHS) financing system which already mitigates against conflict and self-interest;
- Is in conflict with the Certified Community Behavioral Health Clinic (CCBHC) model currently being implemented and expanded in Michigan;
- Ignores, at best, and disregards, at worst, input from persons with lived experience that have consistently stated that the available procedural safeguards are preferrable to systemic/structural upheaval inherent In MDHHS announced decisions.

THEREFORE, BE IT UNANIMOUSLY RESOLVED THAT, in the strongest possible terms, and for the reasons noted herein, the NMRE Board of Directors opposes the MDHHS announced structural strategies for compliance with the federal Conflict Free Access and Planning Rules.

BE IT FURTHER UNANIMOUSLY RESOLVED THAT, the NMRE Board of Directors requests MDHHS reconsideration of its current decisions and to honor CMS waiver approval for procedural mitigation of conflict, and to pursue CMH approval of strengthened procedural safeguards against conflict of interest in Michigan.

ON BEHALF OF THE NORTHERN MICHIGAN REGINAL ENTITY BOARD OF DIRECTORS MAY 22, 2024

Gary Klacking, Chairperson (AuSable Valley CMHA)
Don Tanner, Vice-Chairperson (Centra Wellness Network)
Karla Sherman, Secretary (North Country CMHA)

MSHN
Mid-State Health Network

Community Mental Health Member Authorities

Bay-Arenac Behavioral Health

CMH of Clinton.Eaton.Ingham Counties

CMH for Central Michigan

Gratiot Integrated Health Network

Huron Behavioral Health

The Right Door for Hope, Recovery & Wellness (Ionia County)

LifeWays

Montcalm Care Network

Newaygo County Mental Health Center

Saginaw County CMH

Shiawassee Health & Wellness

Tuscola Behavioral Health Systems

RESOLUTION OF THE MID-STATE HEALTH NETWORK BOARD OF DIRECTORS OPPOSING MDHHS DECISIONS TO IMPLEMENT CONFLICT FREE ACCESS AND PLANNING IN MICHIGAN

WHEREAS the Mid-State Health Network (MSHN) is a regional entity created in 2014 by the twelve Community Mental Health Services Programs (CMHSPs) listed at left and functions as a Pre-Paid Inpatient Health Plan (PIHP) for twenty-one mid-Michigan counties under a master Medicaid specialty supports and services contract with the Michigan Department of Health and Human Services (MDHHS). The MSHN Board of Directors is comprised of two appointees from each of the CMH Participants in the MSHN region, half of which are primary or secondary consumers of public behavioral health services.

WHEREAS in May 2023, the MSHN Board passed a resolution opposing all four models proposed by MDHHS, and the recent decisions announced by MDHHS in March and April 2024 are not substantially different from those models opposed by the MSHN Board at that time.

WHEREAS MDHHS has announced its decision to require CMHSPs to separate service assessment and planning from service delivery, requiring beneficiaries to receive the assessment and planning services from one entity and ongoing direct services from another, separate entity by October 1, 2024.

WHEREAS after careful review and in addition to the conclusions presented in our May 2023 Resolution, the conclusions of the MSHN Board are that the current decision:

- Is in conflict with the statutory responsibilities of CMHSPs under Michigan law;
- Erroneously implies profit driven or undue enrichment motives on the part of governmental entities (CMHSPs and PIHPs) instead of recognizing what is actually a formal transfer of governmental responsibility from the State to the Counties for the delivery of public behavioral health services;
- Ignores the capitation-based financing of the Michigan public behavioral health system, which is constant and does not vary by volume of individuals served negating any conflicts of interest in service planning and service delivery;
- Ignores Michigan's current shared risk (with MDHHS) financing system which already mitigates against conflict and self-interest.
- Is in conflict with the Certified Community Behavioral Health Clinic (CCBHC) model currently being implemented and expanded in Michigan;
- Ignores, at best, and disregards, at worst, input from persons with lived experience that have consistently stated that the available procedural safeguards are preferable to systemic/structural upheaval inherent in MDHHS announced decisions;

THEREFORE, BE IT UNANIMOUSLY RESOLVED THAT, i**n the strongest possible terms,** and for the reasons noted herein, the MSHN Board of Directors **opposes the MDHHS announced structural strategies** for compliance with the federal Conflict Free Access and Planning Rules.

BE IT FURTHER UNANIMOUSLY RESOLVED THAT, the Mid-State Health Network Board of Directors requests MDHHS reconsideration of its current decisions and to honor CMS waiver approval of procedural mitigation of conflict, and to pursue CMS approval of strengthened procedural safeguards against conflict of interest in Michigan.

ON BEHALF OF THE MID-STATE HEALTH NETWORK BOARD OF DIRECTORS BY ITS OFFICERS

Ed Woods, Chairperson
(LifeWays)

Irene O'Boyle, Vice Chairperson
(Gratiot Integrated Health Network)

Deb McPeek-McFadden, Secretary
(The Right Door for Hope, Recovery, and Wellness)

Unanimously Adopted May 7, 2024

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Seventh Month Ending April 30, 2024
58.33% of year elapsed

		Actual April Year to Date	Budget April Year to Date	Variance April Year to Date	Budget FY24	% of Budget Earned or Used
	Revenue					
1	State Grants	109,452.45	128,445.31	$ (18,993)	220,192.00	49.7%
2	Grants from Local Units	153,556.08	155,538.81	(1,983)	266,638.00	57.6%
3	NMRE Incentive Revenue	330,756.66	175,000.00	155,757	300,000.00	110.3%
4	Interest Income	3,562.88	2,916.69	646	5,000.00	71.3%
5	Medicaid Revenue	18,210,753.08	18,246,438.56	(35,685)	31,279,609.00	58.2%
6	General Fund Revenue	1,014,156.00	701,625.75	312,530	1,202,787.00	84.3%
7	Healthy Michigan Revenue	1,096,674.30	1,463,125.93	(366,452)	2,508,216.00	43.7%
8	Contract Revenue Blue Horizons	218,383.06	274,059.94	(55,677)	469,817.00	46.5%
9	3rd Party Revenue	258,813.37	306,898.06	(48,085)	526,111.00	49.2%
10	Behavior Health Home Revenue	113,363.31	114,508.31	(1,145)	196,300.00	57.8%
11	Food Stamp Revenue	50,373.77	60,759.44	(10,386)	104,159.00	48.4%
12	SSI/SSA Revenue	314,745.63	338,052.75	(23,307)	579,519.00	54.3%
13	Revenue Fiduciary	169,673.64	0.00	169,674	0.00	0.0%
14	Other Revenue	30,281.44	30,597.56	(316)	52,453.00	57.7%
15	**Total Revenue**	**22,074,546**	**21,997,967**	**76,579**	**37,710,801**	**58.5%**
	Expense					
16	Salaries	8,617,900.66	8,964,194.75	346,294	15,367,191.00	56.1%
17	Social Security Tax	346,672.76	396,722.09	50,049	680,095.00	51.0%
18	Self Insured Benefits	1,231,416.91	1,556,538.07	325,121	2,668,351.00	46.1%
19	Life and Disability Insurances	150,112.04	146,183.04	(3,929)	250,600.00	59.9%
20	Pension	763,522.54	752,975.96	(10,547)	1,290,816.00	59.2%
21	Unemployment & Workers Comp.	79,188.91	69,481.51	(9,707)	119,111.00	66.5%
22	Office Supplies & Postage	28,065.87	28,238.52	173	48,409.00	58.0%
23	Staff Recruiting & Development	134,403.59	107,614.11	(26,789)	184,481.00	72.9%
24	Community Relations/Education	34,686.74	33,319.37	(1,367)	57,119.00	60.7%
25	Employee Relations/Wellness	56,759.11	111,300.00	54,541	190,800.00	29.7%
26	Program Supplies	340,775.74	312,561.61	(28,214)	535,820.00	63.6%
27	Contract Inpatient	950,139.67	1,112,603.94	162,464	1,907,321.00	49.8%
28	Contract Transportation	8,268.42	26,149.06	17,881	44,827.00	18.4%
29	Contract Residential	3,153,245.26	2,785,330.31	(367,915)	4,774,852.00	66.0%
30	Local Match Drawdown NMRE	49,284.00	57,498.00	8,214	98,568.00	50.0%
31	Contract Employees & Services	4,225,995.70	4,040,468.18	(185,528)	6,926,517.00	61.0%
32	Telephone & Connectivity	127,453.49	179,547.62	52,094	307,796.00	41.4%
33	Staff Meals & Lodging	11,594.76	14,054.36	2,460	24,093.00	48.1%
34	Mileage and Gasoline	260,902.69	219,528.00	(41,375)	376,334.00	69.3%
35	Board Travel/Education	3,678.35	7,970.69	4,292	13,664.00	26.9%
36	Professional Fees	21,713.22	44,192.12	22,479	75,758.00	28.7%
37	Property & Liability Insurance	111,880.20	51,402.75	(60,477)	88,119.00	127.0%
38	Utilities	117,829.68	110,750.03	(7,080)	189,857.00	62.1%
39	Maintenance	91,332.40	145,570.74	54,238	249,550.00	36.6%
40	Interest Expense Leased Assets	13,535.46	11,421.62	(2,114)	19,580.00	69.1%
41	Rent	7,971.15	10,110.94	2,140	17,333.00	46.0%
42	Food	83,352.62	95,926.32	12,574	164,445.00	50.7%
43	Capital Equipment	30,850.81	14,959.18	(15,892)	25,644.00	120.3%
44	Client Equipment	12,521.60	7,072.94	(5,449)	12,125.00	103.3%
45	Fiduciary Expense	191,993.82	0.00		0.00	
46	Miscellaneous Expense	48,976.95	74,051.28	25,074	126,945.00	38.6%
47	Depreciation & Amoritization Expense	550,208.61	503,229.93	(46,979)	862,680.00	63.8%
48	MI Loan Repayment Program	3,000.00	7,000.00		12,000.00	
49	**Total Expense**	**21,859,234**	**21,997,967**	**326,727**	**37,710,801**	**58.0%**
50	**Change in Net Position**	**$ 215,312**	**$ 0**	**$ 215,312**	**$ -**	**0.6%**

51	Contract settlement items included above:	
52	Medicaid Funds (Over) / Under Spent	$ 679,979
53	Healthy Michigan Funds (Over) / Under Spent	(52,748)
54	**Total NMRE (Over) / Under Spent**	**$ 627,231**
55	General Funds to Carry Forward to FY24	$ -
56	General Funds Lapsing to MDHHS	(312,531)
57	**General Funds (Over) / Under Spent**	**$ (312,531)**

POLICY CATEGORY: Ends
POLICY TITLE AND NUMBER: Board Ends Statement, Policy # 04-001
REPORT FREQUENCY & DUE DATE: Semi-annual: June 2024
POLICY STATEMENT:

Ends

All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.

Sub-Ends: Services to Children

1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.

Sub-End	Status
A. Increase the number of children receiving home-based services, reducing the number of children receiving targeted case management services.	37% of individuals served in Children's Services are receiving home-based services.
B. 95% of home-based services will be provided in a home or community setting.	91% of home-based services are currently provided in a home, community, or school setting.

Sub-Ends: Services to Adults with Mental Illness and Persons with I/DD

2. Individuals needing independent living supports will live in the least restrictive environment.

Sub-End	Status
A. Expand the Supported Independence Program (SIP) to one additional county served.	SIP is currently working with an individual in the Onaway area.
B. Development of additional supported independent services for two individuals currently living in a dependent setting.	One individual has moved from a residential setting to an independent setting and another individual has moved from their family home to an independent setting.
C. Individual competitive integrated employment for persons with an intellectual/developmental disability will increase by 7%.	As of May 31, 2024, 70 individuals were employed. This is an increase of 7.69% since October 1, 2023.
D. Individual Placement and Support (IPS) employment services will successfully close 20 individuals with an SPMI diagnosis who have maintained competitive integrated employment.	As of June 4, 2024, there have been nine successful closures for IPS employment.

Sub-Ends: Services to Adults with Co-Occurring Disorders

3. Adults with co-occurring disorders will realize significant improvement in their condition.

Sub-End	Status
A. 35% of eligible Behavioral Health Home (BHH) individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues will be enrolled in BHH.	23% of eligible individuals served with two or more of the listed chronic conditions are enrolled in BHH.
B. 100% of individuals served enrolled in BHH will see their primary care provider annually.	100% of individuals enrolled in BHH see their primary care provider annually.
C. 100% of individuals served enrolled in BHH will have a base line A1C.	99% of individuals enrolled in BHH have a base line A1C.

Sub-Ends: Financial Outcomes

4. The Board's Agency-wide expenses shall not exceed Agency-wide revenue at the end of the fiscal year (except as noted in 5.B below).

Status: As of March 31, 2024, Agency-wide revenues exceed Agency-wide expenses by $732,390.

5. The Board's major revenue sources (Medicaid and Non-Medicaid) shall be within the following targets at year-end:

Sub-End	Status
A. Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved in advance by the Board and the PIHP.	As of March 31, 2024, Medicaid funds were underspent by $809,974 and Healthy Michigan funds were overspent by $77,584. This produced a net amount due to the NMRE of $732,390. These amounts are based upon actual funds received and actual expenses incurred. The Board of Directors are kept apprised of the Agency's financial situation monthly, including the status of over and underspending of Medicaid and Healthy Michigan funds. All financial status reports provided to the Board have been approved by the Board for the respective time periods. The NMRE is kept apprised of the Agency's managed care spending monthly and have clearly communicated the Agency limit spending to approved per member per month and carryforward net amounts.
B. Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the Board.	As of March 31, 2024, General Funds were overspent by $234,709. Of this amount, $0 will be allowed to be carried forward to FY25 and $234,709 would be owed back to the State, less the $60,139 carryforward from FY23 for a net due to the State of $174,570. Any local funds remaining at the end of FY24 would also help cover this amount due to the State. General Funds are used to cover costs and services not covered by another source. Medicaid spenddowns and loss of Medicaid by individuals cause services to be paid out of General Funds. This is the main reason for the overspent General Funds in FY24. Efforts to get individuals back on Medicaid and off spenddowns are being taken. The Board of Directors are kept apprised of the Agency's financial situation monthly, including the status of over and underspending of General Funds. All financial status reports provided to the Board have been approved by the Board for the respective time periods.

Sub-Ends: Community Education

6. The Board will support the Agency in providing community education. This will include the following:

Sub-End	Status
A. Disseminate mental health information to the community by hosting events, providing trainings, utilizing available technology, and publishing at least one report to the community annually.	The Agency hosted trainings open to all staff and community members on the following topics between December 2023 and May 2024: Supported Decision Making, Sexuality Education for People with Intellectual/Developmental Disabilities, Adverse Childhood Experiences: What They Are & Why They Matter, Ethics & Pain Management for Behavioral Health Practitioners, Malingering: Clinical Considerations for the Detection and Management of Feigned Illness. The Agency continues to provide training for staff and contract providers on: CPR/First Aid, Nonviolent Crisis Intervention, Medications, and Gentle Teaching. The Agency's second annual Mental Health Movement 2K | 5K | 10K Run-Walk occurred on May 18, 2024, with a goal of raising awareness for mental health. There were 207 participants from 17 counties across Michigan. The Agency published its Annual Report in May 2024. It was provided to community partners, other CMHSPs, and the public via the Agency's website and social media.
B. Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders, and violence in our society.	The Agency continues to contract with Partners in Prevention to provide many community education components of this End. They provide trainings which include trauma, ASIST, SafeTALK, and mental health first aid for youth and adults.
C. Support community advocacy.	The Agency continued its ongoing support of NAMI Northeast Michigan, suicide prevention walks in both Alpena and Presque Isle counties, and the Feed the Need food distribution.

	Program	Consumers served May 2024 (5/1/24 - 5/30/24)	Consumers served in the Past Year (6/1/23 - 5/30/24)	Running Monthly Average(year) (6/1/23 - 5/30/24)
1	**Access** **Routine**	57	679	57
	Emergent	0	5	0
	Urgent	0	2	0
	Crisis	36	434	36
	Prescreens	58	616	50
2	**Doctors' Services**	442	1391	471
3	**Case Management**			
	Older Adult (OAS)	83	140	88
	MI Adult	59	163	71
	MI ACT	22	31	24
	Home Based Children	40	79	32
	MI Children's Services	100	225	87
	IDD	160	297	154
4	**Outpatient Counseling**	86(15/71)	200	76
5	**Hospital Prescreens**	58	616	50
6	**Private Hospital Admissions**	14(4/10)	216	17
7	**State Hospital Admissions**	0	4	0
8	**Employment Services**			
	IDD	52	67	48
	MI	41	94	39
	Touchstone Clubhouse	83	108	89
9	**Peer Support**	39	57	35
10	**Community Living Support Services**			
	IDD	76	93	79
	MI	83	120	73
11	**CMH Operated Residential Services**			
	IDD Only	49	59	52
12	**Other Contracted Resid. Services**			
	IDD	34	38	32
	MI	30	34	28
13	**Total Unduplicated Served**	1055	2369	1052

County	Unduplicated Consumers Served Since June 2023
Alcona	260
Alpena	1395
Montmorency	288
Presque Isle	343
Other	66
No County Listed	17

Northeast Michigan Community Mental Health Authority

STRATEGIC PLAN
FY 24

Mission
To provide comprehensive services and supports that enable people to live and work independently.

Vision
Northeast Michigan Community Mental Health Authority will be the innovative leader in effective, sensitive mental and behavioral health services.

In so doing, services will be offered within a culture of gentleness and designed to enhance each person's potential to recover. We will continue to be an advocate for the person while educating the community in the promotion of mental and behavioral health.

Core Values
- A Person-Centered focus shall be at the heart of all activities.
- Honesty, respect and trust are values that shall be practiced by all.
- We will be supportive and encouraging to bring out the best in one another.
- Recognition of progress and movement toward a continuously improving environment is a responsibility for all.
- We prefer decision-by-consensus as a decision-making model and will honor all consensus decisions.

Forces in the Environment Impacting Behavioral Health

Payors/Payment Reform
- Reimbursement based on health outcomes
- ACA
- Health system insurance plans
- Gearing toward integration

Persons Served
- Aging population and other demographic changes
- Expansion of coverage
- Increasing comorbid conditions
- Individuals served accessing health information

Quality Improvement
- Health and safety
- Minimizing waste, fraud and abuse
- Right amount of scope & duration of service

Regulatory Changes
- Home and Community-Based Services rules
- Potential carve-in of specialty behavioral health
- 1115 waiver application

Workforce

- Shortage of qualified staff of all types of disciplines (professional and direct care)
- Aging workforce
- Competing with the private sector (lower pay)
- Challenging work environment
- Evidence-Based Practices
- Training of staff to address current environment

Technology

- Electronic Health Record (EHR)
- Data analytics
- Increase mobile capabilities
- Self-management tools/consumer portal

Goals:

1. To reduce the risk of metabolic syndrome in both adults and children.
    a. Nursing staff will collect blood pressures (BPs), weights and body mass index (BMI) on all new psychiatric evaluations and all children receiving medication clinic services.
    b. The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.
    c. Clinical staff will work with the Medicaid Health Plans to coordinate care and treatment.
    d. Participate in PIHP's Quality Assessment Performance Improvement Projects (QAPIP).
        i. QAPIP #1 – Follow up care for children prescribed ADHD medications.
        ii. QAPIP #2 – Adults prescribed psychotropic medications for more than six (6) months will be screened for diabetes.
2. Promote a community that understands the widespread impact of trauma and paths to recovery, while also recognizing the signs and symptoms of trauma in individuals to avoid re-traumatization.
3. Support services to all children and young adults diagnosed with Autism Spectrum Disorders.
4. Coordinate community education and partnerships in suicide prevention.
5. To increase Substance Use Disorder (SUD) services and training within the Agency while partnering with local SUD providers to educate and reduce substance use in the community.
6. To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available.
7. To further utilize the Health Information Exchange (HIE) with Great Lakes Health Connect and local organizations in order to share critical health care information. The Agency's current electronic record system (PCE) is a conduit for this information, which will continue to promote easy utilization.
8. To keep current in education of information technology (IT), including cybersecurity.

Barriers/Challenges:

Home and Community-Based Services – NeMCMHA will need to work with our providers to assure compliance with the rules for all.

ABA Expansion – Qualified providers, either in-person or through a telehealth arrangement, are limited in this program area.

Integrated Healthcare – The Health Information Exchange (HIE) is not progressing as rapidly as previously anticipated. Data provided is not sufficient to address real time queries on health information

of the populations served. Current restrictions of personal health information (PHI) specific to SUD/treatment does not address the total needs of the individual in an HIE venue.

Funding – The contractual obligations to the Michigan Department of Health and Human Services (MDHHS) while staying within the Per Member Per Month (PMPM) formula provided by the PIHP. Impending funding changes for children's behavioral health services in school settings.

Jail Services – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.

Recruiting and Retention of Qualified Staff – Local competition for positions has made it difficult to recruit.

Service Population – If service delivery is modified to include the mild to moderate population, the current staffing level is insufficient.

Residential Options – Decrease of family operated foster care resulting in the need to contract with more expensive corporate specialized foster care placements.

Opioid Epidemic – The increasing opioid epidemic has strained community resources.

Societal Violence – The violence in our society is requiring communities to come together to develop a comprehensive community action plan.

Staffing – The lack of a feeder system to create qualified individuals to work in this field of healthcare.

Opportunities:

Work collaboratively with community partners in the region to promote integrated services, develop shared services and improve consumer accessibility, health outcomes and efficiencies.

Introduce new Evidence-Based Practices (EBPs) and training in the delivery of services.

Using the new training certification the Agency received, the Agency can provide training opportunities for staff as well as community partners with CEUs awarded for the training.

The infrastructure of NeMCMHA is relatively strong, with excellent facilities, dedicated staff, continued IT investment and a balanced budget.

Provide education to the community at large and support and promote local advocacy efforts.

Work collaboratively with community partners in the region to address challenges related to the increasing opioid epidemic, violence and anger dyscontrol.

Take advantage of training opportunities provided by MDHHS.

Options:

The Agency must continue to strengthen its relationships with other partners of the market and reinforce its niche in intensive services for people with serious mental illness, serious emotional disturbance and intellectual/developmental disabilities, including those whose disabilities co-occur with substance use. The Agency must strategize to become a valued partner and be indispensable in the pursuit of quality, accessible health care at a lower cost. Options to be considered:

- Shared psychiatric consultation with staff at other clinics
- Easy and consistent flow of individuals and information between behavioral health and primary care providers
- Growth of health care awareness and services in CMH through enhanced training in health coaching and the use of data analytics
- Work closely to assure people with a serious mental illness or intellectual/developmental disability are receiving all necessary primary and behavioral healthcare. Expand telehealth services as it relates to pediatric and adult services.

- Provide community members and staff with training as it relates to Mental Health First Aid for youth and adults, suicide prevention, violence in our society, co-occurring disorders and the effects of trauma on individuals.
- Continue to be a member of Human Services Collaboratives.

Plan:

Community Partners will be essential for NeMCMHA as we continue to be successful in the provision of integrated, comprehensive physical and behavioral health services. Northeast will continue to work collaboratively with the major primary health care providers and the Medicaid Health Plans (MHPs) to ensure the requirements to meet the health care reform challenges are met. Joint ventures will be established with community partners to provide seamless systems of care that eliminate duplication, lower costs, ensure quality care and achieve superior outcomes.

The Ends Statements reflect methods of monitoring population groups and department specific goals.

Ends:

All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.

Sub-Ends:

Services to Children

1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.
    a. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services. 37%
    b. 95% of home-based services will be provided in a home or community setting. 91%

Services to Adults with Mental Illness and Persons with I/DD

2. Individuals needing independent living supports will live in the least restrictive environment.
    a. Expand the Supported Independence Program (SIP) to one additional county served. SIP is currently working with an individual in the Onaway area.
    b. Development of additional supported independent services for two individuals currently living in a dependent setting. One individual has moved from a residential setting to an independent setting and another individual has moved from their family home to an independent setting.
    c. Individual competitive integrated employment for persons with an intellectual/ developmental disability will increase by 7%. 7.69%
    d. Individual Placement and Support (IPS) employment services will successfully close twenty (20) individuals with an SPMI diagnosis who have maintained competitive integrated employment. 9

Services to Adults with Co-Occurring Disorders

3. Adults with co-occurring disorders will realize significant improvement in their condition.
    a. 35% of eligible Behavioral Health Home (BHH) individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, or cardiac issues will be enrolled in BHH. 23%
    b. 100% of individuals enrolled in BHH will see their primary care provider annually. 100%

c. 100% of individuals enrolled in BHH will have a baseline A1C. 99%

Financial Outcomes

4. The Board's Agency-wide expenses shall not exceed Agency-wide revenue at the end of the fiscal year (except as noted in 5.b.). As of March 31, 2024, Agency-wide revenues exceed Agency-wide expenses by $732,390.
5. The Board's major revenue sources (Medicaid and non-Medicaid) shall be within the following targets at year-end:
    a. Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved by the Board and the PIHP. As of March 31, 2024, Medicaid funds were underspent by $809,974 and Healthy Michigan funds were overspent by $77,584. This produced a net amount due to the NMRE of $732,390.
    b. Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the Board. As of March 31, 2024, General Funds were overspent by $234,709. Of this amount, $0 will be allowed to be carried forward to FY25 and $234,709 would be owed back to the State, less the $60,139 carryforward from FY23 for a net due to the State of $174,570. Any local funds remaining at the end of FY24 would also help cover this amount due to the State.

Community Education

6. The Board will support the Agency in providing community education. This will include the following:
    a. Disseminate mental health information to the community by hosting events, providing trainings, utilizing available technology, and publishing at least one report to the community annually. The Agency hosted five training courses, continued providing CPR/First Aid, Nonviolent Crisis Intervention, Medications, and Gentle Teaching, hosted its annual Mental Health Movement Run/Walk, and published its Annual Report in May.
    b. Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders, and violence in our society. The Agency continues to contract with Partners in Prevention to provide trainings for the community.
    c. Support community advocacy. The Agency continues to support local groups, including NAMI Northeast Michigan, the suicide prevention walks in Alpena and Presque Isle counties, and the Feed the Need food distribution.

The Ends will be monitored by the Board at least semi-annually.

The Strategic Plan will be reviewed by the Board at least annually.

JULY AGENDA ITEMS

Policy Review
Community Resources 01-010

Policy Review & Self-Evaluation
Public Hearing 02-010

Monitoring Reports
Budgeting 01-004
Community Resources 01-011

Activity
Strategic Planning – Part III

Ownership Linkage
NMRE Board Meeting

Educational Session
TBD