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**NORTHEAST  
MICHIGAN  
COMMUNITY  
MENTAL HEALTH  
AUTHORITY**



# **MARCH BOARD MEETING**

THURSDAY, MARCH 13, 2025



3:00 PM

400 JOHNSON STREET  
ALPENA, MICHIGAN 49707

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD**

**Meeting Agenda | Thursday, March 13, 2025 | 3:00 p.m.**

- 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 – 3)**
- VIII. **March Monitoring Reports**
  - 1. Budgeting 01-004 ..... **(Page 4)**
- IX. **Board Policies Review and Self-Evaluation**
  - 1. Budgeting 01-004 (Review) ..... **(Page 5)**
  - 2. Board Members’ Ethical Code of Conduct 02-008 (Review & Self-Evaluate) ..... **(Pages 6 – 7)**
- X. **Board Member Recognition** ..... **(Page 8)**
- XI. **Recess & Refreshments**
- XII. **Linkage Reports**
  - 1. NMRE Board ..... **(Pages 9 – 10)**
- XIII. **Operations Report** ..... **(Page 11)**
- XIV. **Endowment Fund Grant Awards** ..... **(Page 12)**
- XV. **Board Chair’s Report**
  - 1. CMH PAC Campaign ..... **(Pages 13 – 14)**
  - 2. Schedule Nominations Committee Meeting ..... **(Verbal)**
- XVI. **Executive Director’s Report** ..... **(Verbal)**
- XVII. **Information and/or Comments from the Public**
- XVIII. **Information and/or Comments for the Good of the Organization**
- XIX. **Next NeMCMHA Board Meeting – Thursday, April 10 at 3:00 p.m.**
  - 1. Proposed April Agenda Items ..... **(Page 15)**
- XX. **Meeting Evaluation** ..... **(Verbal)**
- XXI. **Adjournment**

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

**Northeast Michigan Community Mental Health Authority Board**  
**Board Meeting – February 13, 2025**

- 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: Bob Adrian, Bonnie Cornelius, Lynnette Grzeskowiak, Charlotte Helman, Judy Jones, Dana Labar, Eric Lawson, Lloyd Peltier  
Absent: Les Buza (Excused), Kara Bauer LeMonds (Excused), Gary Nowak (Excused), Terry Small (Excused)  
Staff & Guests: Connie Cadarette, Mary Crittenden, Vicky DeRoven, Rebekah Duhaime, Erin Fletcher, Jason Lepper, Brenda Stanton
  
- III. **Pledge of Allegiance**  
Attendees recited the Pledge of Allegiance as a group.
  
- IV. **Appointment of Evaluator**  
Charlotte Helman 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 Charlotte Helman, supported by Lloyd Peltier, to approve the minutes of the January Board meeting, as presented.*** Motion carried.
  
- VIII. **February Monitoring Reports**
  1. **Budgeting 01-004**  
Connie Cadrette reported on the Statement of Revenue and Expense and Change in Net Position for the month ending December 31, 2024, with 25% of the year elapsed. She reviewed line items with negative variances, including Telephone and Connectivity, Staff Meals and Lodging, Property and Liability Insurance, Utilities, and Capital Equipment. The change in net position will most likely be negative for a while as incentive revenue won't be received until late spring. Medicaid and Healthy Michigan funds are overspent by \$155,788 due to the poor rate of redetermination. The Agency is working to get individuals back on full Medicaid and the General Funds committee is meeting often to review cases. BHH revenue and expenses will now be reported every month. The on-site audit happened in January and once Connie gets final reports from the auditors they will be reported to the Board.
  
  2. **Treatment of Individuals Served 01-002**  
Judy Jones reported that Ruth Hewett, Recipient Rights Officer, will be retiring soon. Judy commended her on doing an excellent job. The Recipient Rights Advisory Committee reviewed their budget and discussed complaint activity for the last quarter.
  
  3. **Staff Treatment 01-003**  
Board members reviewed the Staff Turnover Report and discussed departments with higher turnover rates.

*Moved by Lloyd Peltier, supported by Dana Labar, to approve the February Monitoring Reports.* Motion carried.

**IX. Board Policies Review and Self-Evaluation**

**1. Asset Protection 01-007**

Connie briefly reviewed the Agency's capital improvement plan, which mainly involves vehicles and IT equipment. Bob Adrian discussed concerns regarding plans for large expenses like roof replacements and HVAC. Mary Crittenden reported that Rich Greer, Facilities and Fleet Supervisor, does a phenomenal job of planning ahead and that he communicates well with Nena. No revisions were made to the policy.

**2. Board Committee Principles 02-005**

Eric stated the CARF reviewers really look at how the Board is reviewing their policies and whether they are being thoughtfully discussed. Dana and Charlotte agreed that this policy seems sufficient and does not require any revisions at this time.

**3. Delegation to the Executive Director 03-002**

Eric said that Lynne Fredlund told them in training that Nena represents the Agency, and the Board represents the 60,000 people served in the catchment area. Board members appreciate how well this Board runs and that they all come to the table with different perspectives.

**X. Linkage Reports**

**1. NMRE Board**

Bob reported they are continually discussing State financing and the budget issues from last fiscal year regarding unreleased funds. Work continues on the lawsuit and more entities have been added to it, now representing about half of the counties in the State. As of the last meeting, they still do not have an official response regarding the Waskul settlement.

**2. Advisory Council**

Lloyd reported they met on Monday, but did not have a quorum as only three members were in attendance. They viewed the recording of Zack Miller's educational session from the October Board meeting. Three Advisory Council members were reappointed for three-year terms. In June, the Council will be attending the full Board meeting to assist with Strategic Planning.

**XI. Operations Report**

Mary Crittenden reported on operations for the month of January. Access had 47 routine requests for services and 1 urgent request. There were 57 crisis contacts and 51 preadmission screens, of which 20 were placed in inpatient settings (19 adults and 1 child). Case management served 92 individuals for MI, 65 for Older Adult Services, and 162 for I/DD. The total of unduplicated individuals served in January was 1,010.

**XII. Board Chair's Report**

**1. Recipient Rights Committee**

Judy Jones will be retiring from the Board as of March 31, 2025. This will leave a vacant seat on the Recipient Rights Committee. Lynnette Grzeskowiak is interested in filling the open seat.

**2. CARF**

CARF will be coming to do their three-year survey in the summer. They will need to interview at least one Board member as part of the survey. Bonnie Cornelius is willing to do the interview, and Lloyd will be the alternate.

**XIII. Executive Director's Report**

Mary reported on Agency happenings for the last month. Dennis Bannon retired in January, and his position will be filled by Jason Lepper as the IS Security Officer and Mark Blandford as the IS Data Officer. The NMRE has held discussions with all five CMHSP directors regarding how to lower costs, and Nena will keep the Board informed of decisions as they move forward. The General Fund Committee continues to work through past billings to ensure everything was billed correctly and that incorrect billings or necessary retroactive payments are not missed. The committee has been working to transfer/close appropriate cases. MDHHS continues to redefine the definition of rural areas, with Alpena County now being identified as a micro urban county. These changes are ongoing and the Rural and Frontier Caucus will continue to advocate for the rural counties.

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

None were presented.

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

Bonnie and Charlotte commended Mary on doing a great job filling in for Nena during the meeting. Lloyd discussed the PACE Center that is opening in the old Peebles building in Alpena. It will host adult day care programs and should be open by the end of March. They will be providing transportation, meals, and medication administration.

**XVI. Next Meeting**

The next meeting of the NeMCMHA Board is scheduled for Thursday, March 13 at 3:00 p.m.

**1. March Agenda Items**

The proposed March agenda items were reviewed.

**XVII. Meeting Evaluation**

Charlotte reported there was great discussion despite the small crowd. She applauded Mary and her group for their work on the General Funds budget. She noted that one area for self-improvement is on the Board self-evaluations during policy review. Eric encouraged Board members to speak up and to not be afraid to share their thoughts and opinions.

**XVIII. Adjournment**

***Moved by Lloyd Peltier, supported by Bonnie Cornelius, to adjourn the meeting.*** Motion carried. This meeting adjourned at 4:13 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Fourth Month Ending January 31, 2025**  
**33.33% of year elapsed**

	Actual January Year to Date	Budget January Year to Date	Variance January Year to Date	Budget FY25	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	73,108.24	90,450.68	\$ (17,342)	271,352.00	26.9%
2 Grants from Local Units	88,879.33	88,879.32	0	266,638.00	33.3%
3 NMRE Incentive Revenue	-	110,000.00	(110,000)	330,000.00	0.0%
4 Interest Income	952.40	2,000.00	(1,048)	6,000.00	15.9%
5 Medicaid Revenue	11,155,393.42	10,959,044.68	196,349	32,877,134.00	33.9%
6 General Fund Revenue	400,928.00	400,928.92	(1)	1,202,787.00	33.3%
7 Healthy Michigan Revenue	746,572.43	475,785.68	270,787	1,427,357.00	52.3%
8 3rd Party Revenue	137,805.93	189,281.68	(51,476)	567,845.00	24.3%
9 Behavior Health Home Revenue	134,421.51	103,241.68	31,180	309,725.00	43.4%
10 Food Stamp Revenue	39,543.31	31,608.36	7,935	94,825.00	41.7%
11 SSI/SSA Revenue	212,371.80	223,978.00	(11,606)	671,934.00	31.6%
12 Revenue Fiduciary	87,739.90	0.00	87,740	0.00	0.0%
13 Other Revenue	26,880.13	16,934.00	9,946	50,802.00	52.9%
14 <b>Total Revenue</b>	<b>13,104,596</b>	<b>12,692,133</b>	<b>412,463</b>	<b>38,076,399</b>	<b>34.4%</b>
<b>Expense</b>					
15 Salaries	5,295,670.26	5,115,225.28	(180,445)	15,345,676.00	34.5%
16 Social Security Tax	221,246.46	212,919.32	(8,327)	638,758.00	34.6%
17 Self Insured Benefits	962,241.54	905,557.44	(56,684)	2,716,673.00	35.4%
18 Life and Disability Insurances	83,931.06	89,853.28	5,922	269,560.00	31.1%
19 Pension	460,187.72	476,764.64	16,577	1,430,294.00	32.2%
20 Unemployment & Workers Comp.	39,781.07	42,913.64	3,133	128,741.00	30.9%
21 Office Supplies & Postage	12,312.67	14,890.28	2,578	44,671.00	27.6%
22 Staff Recruiting & Development	20,822.93	43,756.88	22,934	131,268.00	15.9%
23 Community Relations/Education	13,834.42	22,291.32	8,457	66,874.00	20.7%
24 Employee Relations/Wellness	25,935.90	36,946.00	11,010	110,838.00	23.4%
25 Program Supplies	170,367.22	186,399.96	16,033	559,200.00	30.5%
26 Contract Inpatient	508,093.67	556,265.68	48,172	1,668,797.00	30.4%
27 Contract Transportation	753.54	4,675.00	3,921	14,025.00	5.4%
28 Contract Residential	1,809,141.59	1,711,957.00	(97,185)	5,135,871.00	35.2%
29 Local Match Drawdown NMRE	24,642.00	32,856.00	8,214	98,568.00	25.0%
30 Contract Employees & Services	2,550,301.23	2,394,105.32	(156,196)	7,182,316.00	35.5%
31 Telephone & Connectivity	74,139.65	73,581.96	(558)	220,746.00	33.6%
32 Staff Meals & Lodging	11,199.64	8,957.36	(2,242)	26,872.00	41.7%
33 Mileage and Gasoline	149,585.54	145,699.88	(3,886)	437,100.00	34.2%
34 Board Travel/Education	1,821.15	4,553.32	2,732	13,660.00	13.3%
35 Professional Fees	8,463.32	11,349.96	2,887	34,050.00	24.9%
36 Property & Liability Insurance	71,373.43	30,945.32	(40,428)	92,836.00	76.9%
37 Utilities	79,610.07	64,533.28	(15,077)	193,600.00	41.1%
38 Maintenance	58,253.76	48,109.24	(10,145)	144,328.00	40.4%
39 Interest Expense Leased Assets	22,912.36	14,366.64	(8,546)	43,100.00	53.2%
40 Rent	2,855.72	2,750.00	(106)	8,250.00	34.6%
41 Food	55,164.57	46,633.36	(8,531)	139,900.00	39.4%
42 Capital Equipment	9,763.53	4,433.24	(5,330)	13,300.00	73.4%
43 Client Equipment	5,680.02	7,666.68	1,987	23,000.00	24.7%
44 Fiduciary Expense	88,448.56	0.00	88,449	0.00	0.0%
45 Miscellaneous Expense	50,536.18	51,899.36	1,363	155,698.00	32.5%
46 Depreciation & Amortization Expense	323,733.06	325,276.36	1,543	975,829.00	33.2%
47 MI Loan Repayment Program	0.00	4,000.00	4,000	12,000.00	0.0%
48 <b>Total Expense</b>	<b>13,212,804</b>	<b>12,692,133</b>	<b>(432,222)</b>	<b>38,076,399</b>	<b>34.7%</b>
49 <b>Change in Net Position</b>	<b>\$ (108,207)</b>	<b>\$ -</b>	<b>\$ (108,207)</b>	<b>\$ -</b>	<b>-0.3%</b>
50 Contract settlement items included above:					
51 Medicaid Funds (Over) / Under Spent	\$ (294,440)				
52 Healthy Michigan Funds (Over) / Under Spent	(152,121)				
53 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ (446,561)</b>				
54 General Funds to Carry Forward to FY25	\$ -				
55 General Funds Lapsing to MDHHS	(211,176)				
56 <b>General Funds (Over) / Under Spent</b>	<b>\$ (211,176)</b>				

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**EXECUTIVE LIMITATIONS**

(Manual Section)

**BUDGETING**

Board Approval of Policy

April 8, 2004

Policy Last Reviewed:

March 14, 2024

Last Revision to Policy Approved by Board:

March 14, 2024

●1 **POLICY:**

Budgeting any fiscal year or the remaining part of any fiscal year shall not deviate materially from Board *Ends* priorities, risk fiscal jeopardy, or fail to be derived from a multi-year plan.

Accordingly, the Executive Director may not cause or allow budgeting which:

1. Contains too little information to enable credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.
2. Plans the expenditure in any fiscal year of more funds than are conservatively projected to be received in that period.
3. Provides less than is sufficient for Board prerogatives, such as costs of fiscal audit, Board development, Board and committee meetings, and Board legal fees.
4. Reduce the current assets at any time to less than twice current liabilities (or allow cash and cash equivalents to drop below a safety reserve of less than \$2,500,000 at any time).
5. Endangers the fiscal soundness of future years or ignores the building of organizational capability sufficient to achieve ends in future years.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

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**GOVERNANCE PROCESS**

(Manual Section)

**BOARD MEMBERS ETHICAL CODE OF CONDUCT**

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

March 14, 2024

Last Revision to Policy Approved by Board:

March 9, 2023

**●1 POLICY:**

The Board commits itself and its members to ethical and businesslike conduct. This includes proper use of authority and appropriate decorum when acting as Board members.

1. Members must represent unconflicted loyalty to the interests of the people of Alcona, Alpena, Montmorency, and Presque Isle counties. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other boards or staffs. It also supersedes the personal interest of any Board member acting as an individual served by the organization's services.
2. Members must avoid conflict of interest with respect to their fiduciary responsibility.
  - A. There must be no self-dealing or any conduct of private business or personal services between any Board member and the organization except as procedurally controlled to assure openness, competitive opportunity, and equal access to "inside" information.
  - B. When the Board is to decide upon an issue, about which a member has an unavoidable conflict of interest, that member shall absent herself or himself without comment from not only the vote, but also from the deliberation.
  - C. Board members must not use their positions to obtain employment in the organization for themselves, family members, or close associates. Should a member desire employment, he or she must first resign.
  - D. Members will disclose their involvements with other organizations, with vendors, or any other associations which might produce a conflict.
3. Board members may not attempt to exercise individual authority over the organization except as explicitly set forth in Board policies.



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

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- A. Members' interaction with the Executive Director or with staff must recognize the lack of authority vested in individuals except when explicitly Board-authorized.
  - B. Members' interaction with public, press, or other entities must recognize the same limitation and the inability of any Board member to speak for the Board.
  - C. Members will give no consequence or voice to individual judgments of Executive Director or staff performance.
- 4. Members will respect the confidentiality appropriate to issues of a sensitive nature.
  - 5. Members will be properly prepared for Board deliberation.
  - 6. All special gifts, donations, and bequests to the Board and its members shall be reported to the Board. Board members shall not accept gifts, gratuities, entertainment, or other favors from any party under contract with, seeking to do business with, or receiving services from Northeast Michigan Community Mental Health Authority.
    - A. If fixed property or equipment is donated to the Board, the Board shall determine the fair market value of that property at the time of transfer. If only the use of the property is donated and such usage shall be for matching any other funds, the amount allowed to be matching shall be determined by the fair market value upon the evaluation of an independent appraiser.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Eric Lawson  
**SUBJECT:** 2025 Board Member Recognition  
**DATE:** February 28, 2025

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We recognize all our Board members and their combined 92 years of service to the people of Northeast Michigan. The following Board members have reached milestone years of service to Northeast Michigan Community Mental Health Authority:

Les Buza – 15 Years  
Certificate of Appreciation

Judy Jones – 12 Years  
Certificate of Appreciation Upon Retirement

Bonnie Cornelius – 10 Years  
Certificate of Appreciation

Eric Lawson – 10 Years  
Certificate of Appreciation

Bob Adrian – 5 Years  
Certificate of Appreciation

**Board Members' Years of Service**

Gary Nowak – 26 Years  
Lynnette Grzeskowiak – 4 Years  
Terry Small – 4 Years  
Charlotte Helman – 2 Years  
Lloyd Peltier – 2 Years  
Dana Labar – 1 Year  
Kara Bauer LeMonds – 1 Year

# Press Release

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**FOR IMMEDIATE RELEASE:** Feb. 28, 2025

**CONTACT:** Lynn Sutfin, 517-241-2112, [Sutfin1@michigan.gov](mailto:Sutfin1@michigan.gov)

## **MDHHS launches initiative to strengthen behavioral health care access, quality and choice for Michigan families**

*Online survey offered to identify opportunities and improvements to Medicaid behavioral health services prior to selecting Pre-Paid Inpatient Health Plans*

LANSING, Mich. – The Michigan Department of Health and Human Services (MDHHS) is launching an initiative designed to improve access to quality behavioral health care. As part of this effort, MDHHS is seeking public input through an online survey as the department moves to a competitive procurement process for the state’s Pre-Paid Inpatient Health Plan (PIHP) contracts.

This initiative will help to increase consumer choice and access to services while preserving the Community Mental Health Services Programs (CMHSPs) many Medicaid beneficiaries go to for behavioral health care services today.

“Michigan Medicaid beneficiaries deserve access to behavioral health care services when and where they need them,” said Elizabeth Hertel, MDHHS director. “This effort brings together the investment, creativity and commitment of the department and its partners – including community mental health, health care providers, individuals served and communities – to create a more accessible and person-centered system of care dedicated to ensuring Michigan residents a healthier future.”

Michigan’s specialty behavioral health system provides health care coverage to approximately 300,000 Michiganders, including adults with serious mental illness, children with serious emotional disturbance, individuals with substance use disorder and individuals with intellectual and developmental disabilities. MDHHS contracts with PIHPs as the regional Medicaid managed care entity.

PIHPs are charged with providing adequate supports and services to those in need of the specialty behavioral health benefit and are key to achieving the department’s mission to improve the health, safety and prosperity of residents. PIHPs manage provider networks including CMHSPs and behavioral health providers.

“The specialty behavioral health system needs to be more accountable and responsive to the needs of people served. It’s time for a change,” said Sherri Boyd, executive director, The Arc Michigan.

Through an [online survey](#), MDHHS seeks input from people currently enrolled in Medicaid and their families, advocacy groups, community-based organizations, federally recognized tribal governments, providers of health care, behavioral health and other interested parties to identify opportunities for innovation and improvement in the services and supports provided through the PIHP system.

Survey questions seek feedback on priorities to help determine where the state should focus its efforts. Examples include strengthening person-centered care, conflict-free access and planning,

increasing access to providers, beneficiary behavioral health plan choice, beneficiary provider choice, enhancing quality, strengthening outcomes and using data to drive quality.

Feedback received will help guide planning and decision-making in preparation for the implementation of new PIHP behavioral health plan contracts, as well as other MDHHS efforts to improve the health of residents served by the programs.

Survey responses must be submitted through the [online survey](#) no later than 5 p.m., Monday, March 31. The Arc Michigan, The Mental Health Association in Michigan and other advocacy organizations are working with MDHHS to include the voices of individuals served and their families who may not have internet access, have alternative communication needs or would prefer to work through an advocacy organization.

For more information, visit [Michigan.gov/BehavioralHealth](http://Michigan.gov/BehavioralHealth). Procurement-related questions can be sent to [MDHHS-BHSurvey@michigan.gov](mailto:MDHHS-BHSurvey@michigan.gov).

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	Program	Consumers served February 2025 (2/1/25 - 2/28/25)	Consumers served in the Past Year (3/1/24 - 2/28/25)	Running Monthly Average(year) (3/1/24 - 2/28/25)
1	Access Routine	36	606	49
	Emergent	0	1	0
	Urgent	0	2	0
	Crisis	51	552	46
	Prescreens	33	585	48
2	Doctors' Services	351	1309	426
3	Case Management			
	Older Adult (OAS)	89	139	87
	MI Adult	64	179	61
	MI ACT	15	27	20
	Home Based Children	12	85	33
	MI Children's Services	45	229	81
	IDD	161	287	153
4	Outpatient Counseling	91(27/64)	260	87
5	Hospital Prescreens	33	585	48
6	Private Hospital Admissions	14(1/13)	212	17
7	State Hospital Admissions	0	4	0
8	Employment Services			
	IDD	46	63	48
	MI	37	89	40
	Touchstone Clubhouse	68	101	77
9	Peer Support	50(5/45)	70	43
10	Community Living Support Services			
	IDD	82	96	81
	MI	69	119	75
11	CMH Operated Residential Services			
	IDD Only	48	54	49
12	Other Contracted Resid. Services			
	IDD	39	40	38
	MI	30	34	31
13	Total Unduplicated Served	963	2330	1040

County	Unduplicated Consumers Served Since March 2024
Alcona	234
Alpena	1408
Montmorency	292
Presque Isle	310
Other	72
No County Listed	14



To: NeMCMHA Board of Directors  
From: Margie Hale-Manley  
Date: 3/5/2025  
Subject: Endowment Fund Grant Awards

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In continuing to provide notification to the Board for usage of the spendable dollars available in the Endowment Fund created through the Community Foundation for Northeast Michigan, this memo serves as an update of the grant awards since August 1, 2024.

As you may recall, a committee was established to review applications for grants and approve awards while maintaining funding to ensure future needs can be met. The funds awarded are not covered by other resources.

1. \$260.00 Driving School and Driving Test
2. \$323.27 Laptop for College



February 19, 2025

To: CMH Board Members/Executive Directors (CMH & PIHP)/Management Staff (CMH & PIHP)/Provider Alliance Members

From: PAC Committee

Re: 2025 Annual PAC Campaign

This memorandum is being sent to all CMH boards, PIHPs and Provider Alliance members to announce and solicit participation in this year's CMH-PAC campaign. The CMH-PAC is a political action committee that helps support representatives and senators in leadership positions and those who champion the funding, legislation, and policy initiatives that help support and improve the provision of community-based mental health and substance use disorder services.

Your donations to the CMH PAC help support candidates who are supportive of our efforts at CMHA. The money that is raised for the CMH PAC helps raise awareness of our issues. While we are not able to match dollar for dollar the contributions of the larger interest groups your efforts go a long way and give CMHA a "seat at the table".

**The 2024 election certainly changed the landscape in Lansing for the foreseeable future** – Republicans regained control of the Michigan House with a 58-52 majority. We are now in the era of divided government with Democrats narrowly controlling the Senate and the Governor's office. **The 2026 is an election is going to be historic in Michigan – everything will be up for grabs: Governor, US Senate, US House, Attorney General, Secretary of State and control of the Michigan Legislature. The demand for PAC dollars has never been higher, we receive fundraising requests almost daily.**

As you know, the threat of privatization still remains as well as a new sense of government downsizing being pushed from Washington DC and Lansing. We have to remain vigilant and ready to fight potential threats, on flip side, we must be ready to push our own priorities through the new Legislature. Behavioral health has been a part of the legislative dialog, it is critical we maintain an active presence and keep it in conversation – **WE MUST BUILD OUR PAC FUND to a new level** and support those key leaders who are willing to work with us.

Our office did a recent analysis of PAC contributions to legislators, legislative caucus funds and the governor **over the last 7 years that showed the insurance industry and for-profit health plan executives have given NEARLY \$8.5 MILLION. By comparison, our CMH PAC has given around \$50,000!**

In order to compete and stay relevant in Lansing we must increase our PAC contributions. As you know in 2021, we launched our new online capabilities, which makes it easier than ever to contribute to the CMH PAC. **We can now take credit card payments online by accessing the link below to use our secure online checkout function.**

<https://cmham.org/public-policy/cmh-pac/>

## **2025 CMH PAC CAMPAIGN Details and Timeline**

As always, our PAC goal is to have as many boards and members participate as possible. Typically, in past years we only had about 1/3 of our membership participate in the PAC campaign – **our goal is 100% member participation, we MUST increase our contributions.**

### **\*\*PAC FUNDRAISING GOAL\*\***

**Our new annual fundraising goal is \$20,000 / year!** We believe we can reach that goal if all of our membership participates – **we need 40 organizations (CMHs, PIHPs, and Provider Alliance members) to each contribute \$500.** If you are a CMH and all of your board members donated 1 meeting per diem and the CEO contributed the same amount the \$500 goal would be reached.

In past years as an incentive to increase participation we have been able to provide Tiger game suite tickets (12 tickets) donated by Muchmore Harrington Smalley and Associates that went into a drawing of all the eligible members – we will send out the date and time once it becomes available. **In order to qualify for the Tiger ticket drawing members must meet the new \$500 goal contributions, which can come from the board members and/or staff.**

The campaign is being announced early with the hope that more boards will have time to discuss its merits locally and increase the participation rate. The PAC Committee requests that CMH directors and board chairpersons announce and discuss the campaign over the next three months at their regular monthly meetings.

Again, we will have the details on the Tiger game later this year if it becomes available. In order to qualify for the special drawing members should expect to forward their campaign and donations to CMHA by late June / early July.

In addition to the Tiger drawing CMHA staff will be looking into special recognition for those CMH boards who have 100% participation in the PAC by contributing at least a ½ day per diem.

**Again, you can pay online at the link below to use our secure online checkout function or make checks payable to: CMH PAC ~ 507 S. Grand Ave ~ Lansing, MI 48933 (no corporate checks, please).**

<https://cmham.org/public-policy/cmh-pac/>

If you have any questions regarding this year's campaign, please contact Robert Sheehan or Alan Bolter at CMHAM. Thank you for your participation.



## **APRIL AGENDA ITEMS**

### **Policy Review**

Financial Condition 01-005

Communication & Counsel 01-009

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

Governing Style 02-002

Cost of Governance 02-013

### **Monitoring Reports**

Budgeting 01-004

Financial Condition 01-005 (CPA Audit Report)

Asset Protection 01-007 (CPA Audit Report)

Communication & Counsel 01-009

### **Activity**

Seating of Reappointed Board Members

Election of Officers

Set Calendar and Committee Appointments

### **Educational Session**

TBD