



Northern Michigan Regional Entity

Board Meeting

July 23, 2025

1999 Walden Drive, Gaylord

10:00AM

Agenda

Page Numbers

1. Call to Order
2. Roll Call
3. Pledge of Allegiance
4. Acknowledgement of Conflict of Interest
5. Approval of Agenda
6. Approval of Past Minutes – June 25, 2025
7. Correspondence
8. Announcements
9. Public Comments
10. Reports
 - a. Executive Committee Report – Has Not Met
 - b. CEO's Report – July 2025
 - c. Financial Report – May 2025
 - d. Operations Committee Report – July 15, 2025
 - e. NMRE SUD Oversight Board Report – July 7, 2025
11. New Business
 - a. FY25 Liquor Tax Requests (3)
 - i. County Overviews
 - b. FY26 Liquor Tax Requests (17)
 - i. County Overviews
 - c. Prevention Services RFP
 - d. NMRE Financial Auditing Firm Selection (FY25 – FY27)
12. Old Business
 - a. Northern Lakes Update
 - b. FY25 PIHP Contract Injunction and Complaint - Update
13. Presentation
 - FY25 Satisfaction Survey Results
14. Comments
 - a. Board
 - b. Staff/CMHSP CEOs
 - c. Public
15. Next Meeting Date – August 27, 2025 at 10:00AM
16. Adjourn

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Conference ID: 497 719 399#

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – JUNE 25, 2025
GAYLORD BOARDROOM**

| | |
|---------------------------|---|
| ATTENDEES: | Bob Adrian, Tom Bratton, Ed Ginop, Karen Goodman, Gary Klacking, Dana Labar, Eric Lawson, Mary Marois, Michael Newman, Karla Sherman, Don Smeltzer, Don Tanner, Chuck Varner |
| VIRTUAL ATTENDEES: | Ruth Pilon |
| ABSENT: | Jay O’Farrell |
| NMRE/CMHSP STAFF: | Bea Arsenov, Brian Babbitt, Carol Balousek, Eugene Branigan, Ann Friend, Kevin Hartley, Chip Johnston, Eric Kurtz, Brian Martinus, Brie Molaison, Diane Pelts, Pam Polom, Brandon Rhue, Neil Rojas, Nena Sork, Denise Switzer, Deanna Yockey |
| PUBLIC: | Anonymous (4), Erin Barbus, Dave Freedman, Greg McMorrow, Justin Reed, Crystal Weaver |

CALL TO ORDER

Let the record show that Board Chairman, Gary Klacking, called the meeting to order at 10:00AM.

ROLL CALL

Let the record show that Jay O’Farrell was excused from the meeting on this date. All other NMRE Board Members were in attendance either virtually or in Gaylord.

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 the June 23, 2025 Executive Committee meeting report was added to the meeting Agenda.

MOTION BY ERIC LAWSON TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR JUNE 25, 2025 AS AMENDED; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.

APPROVAL OF PAST MINUTES

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

MOTION BY BOB ADRIAN TO APPROVE THE MINUTES OF THE MAY 28, 2025 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY DON TANNER. MOTION CARRIED.

CORRESPONDENCE

- 1) A letter from Jessica Hickley, Acting Deputy Director in the Division of Managed Care Policy Center for Medicaid and CHIP Services at the Centers for Medicare and Medicaid Services (CMS) to Meghan Groen, Chief Deputy Director for Health Services at MDHHS dated May 8, 2025, approving Michigan's submission of a proposal for delivery system and provider payment initiatives under Medicaid managed care plan contracts.
- 2) Email correspondence from Bob Sheehan, CEO of the Community Mental Health Association of Michigan (CMHAM) dated June 12, 2025, expressing concerns with the MDHHS's Mental Health Framework initiative.
- 3) Infographic from CMHAM titled, "Protecting People Over Profit: Public Management of Michigan's Behavioral Health System."
- 4) Action Alert from CMHAM urging the public to contact legislators to express their concerns over the MDHHS PIHP Procurement proposal.
- 5) CMHAM document titled, "Analysis of MDHHS PIHP Procurement Plan," dated May 2025.
- 6) CMHAM document titled, "Concerns Regarding MDHHS PIHP Contract Procurement Proposal," dated June 2025.
- 7) The draft minutes of the June 11, 2025, regional Finance Committee meeting.

Mr. Kurtz drew attention to the correspondence items related to the PIHP bid out and Mental Health Framework (MHF). MDHHS is moving forward with the MHF without any clear consensus on how it will work. Even though the Michigan Mental Health Codes lists CMHSPs' as being responsible for inpatient screenings, under the MHF, Medicaid Health plans will be responsible for serving the mild-moderate population, including inpatient hospitalizations. Inpatient admissions will be based on Level of Care Utilization System (LOCUS) assessment scores, but it is not clear what staff from what entity will be administering the LOCUS. Mr. Babbitt noted that it is not appropriate to conduct a LOCUS on an individual in crisis. The MHF appears to be an extension of the PIHP bid out.

ANNOUNCEMENTS

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

PUBLIC COMMENT

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

REPORTS

Executive Committee Report

A meeting of the NMRE Board Executive Committee occurred on June 23, 2025 at 9:30AM. The draft meeting minutes and an "Update Regarding Northern Lakes Community Mental Health Authority and Cost Reduction Plans" drafted by Mr. Kurtz were distributed during the meeting. Time was allotted for Board Members to review the materials.

Mr. Tanner spoke on behalf of the NMRE Executive Committee. Mr. Tanner explained that the NMRE Board Executive Committee was convened to discuss concerns related to funding and cash flow issues with Northern Lakes and options that the region can consider to resolve the issues.

It was noted that a Cost Containment Plan has yet to be approved by the Northern Lakes Board of Directors. Beyond that, two additional issues have surfaced: a request for cash advance by Northern Lakes CMHA's CFO and preliminary findings for the and Rehmann cost allocation lookback. Mr. Bratton explained that Northern Lakes did not approve the Cost Containment Plan as it was presented pending further details.

On June 17th, Northern Lakes CMHA's Chief Financial Officer reached out to the NMRE to inquire about a cash advance against the FY23 and FY24 cost settlement due to cash flow needs.

On June 19th, Mr. Kurtz received a preliminary report from Rehmann providing the most recent status and summary of the misallocation lookback. Preliminary findings show that a multimillion-dollar payback is owed to the NMRE due to these misallocations.

It was noted that Northern Lakes may need to look at other avenues for cash flow.

Ms. Sork asked what happened to the \$11.3M "rainy day fund" and \$8.1M invested in a savings account referenced in the October 18, 2024, Northern Lakes CMHA Board Minutes. Northern Lakes also recently cashed in some long-term CDs. NLCMHA's Chief Financial Officer, Kevin Hartly responded that Northern Lakes current spending is \$500K - \$600K beyond the capitated payment. Ms. Sork questioned why Northern Lakes took funds from the ISF in prior years if it had long-term investments.

Mr. Klacking asked what it will take for the Northern Lakes Board to have what it needs to move forward with cost containment plan. Ms. Marois responded that the Board has asked for specific information related to staff reductions. Ms. Marois voiced that the Northern Lakes Board doesn't have confidence in the Interim CEO. Mr. Kurtz responded that he is pulling Mr. Martinus from the position effective June 30, 2025.

The NMRE Board Executive Committee listed options that the NMRE can take regarding Northern Lakes, including:

- 1) Removing Northern Lakes CMHA from the NMRE governance structure.
- 2) Deciding what Medicaid functions the NMRE prepared to take over.

Mr. Kurtz stated that the primary issue currently is the potential need for cash advance and how long cash flow will be an issue. Ms. Marois acknowledged that an emergency meeting of the Northern Lakes Board is needed. NMRE Board Chair, Greg McMorrow, who attended the meeting virtually as a member of the public, agreed.

Ms. Sherman stressed that the Internal Service Fund is meant for the region, not just one Member. She expressed that she feels strongly about not allowing Northern Lakes to drain the ISF.

MOTION BY KARLA SHERMAN TO NOT EXTEND ANY FUNDS FROM THE NORTHERN MICHIGAN REGIONAL ENTITY'S INTERNAL SERVICE FUND TO NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY TO COVER FISCAL YEAR 2025 OVERSPENDING; SUPPORT BY DON TANNER.

Discussion: Mr. Tanner questioned whether the NMRE Board has the authority to execute the motion. Mr. Kurtz agreed, adding that he would like to put a barrier in place at the discretion of the Board.

MS. SHERMAN WITHDREW HE MOTION. MR. TANNER WITHDREW HIS SUPPORT.

Mr. Hartley clarified that he was under the understanding Northern Lakes was owed cost settlement funds for FY23 and FY24. If he had known about cost allocation amounts, he would not have inquired about a cash advance. By policy, Northern Lakes is allowed to wait 30 days to pay providers. The current cash flow issue can be resolved by somewhat delaying payments. The Medicaid and Healthy Michigan payments are due from the NMRE on July 3rd.

MOTION BY KARLA SHERMAN TO NOT ADVANCE ANY FUNDS TO NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY BEYOND THE PER MEMBER PER MEMBER REVENUE TO COVER ONGOING EXPENSES; SUPPORT BY DON TANNER.

Discussion: Ms. Marois requested that the motion contain a time limit. Ms. Marois asked that the motion be tabled pending the emergency meeting of the Northern Lakes Board. Mr. Lawson emphasized that a commitment is needed from the Northern Lakes Board that it will spend within the PM/PM by October 1, 2026.

ROLL CALL VOTING TOOK PLACE ON MS. SHERMAN'S MOTION.

"Yea" Votes: R. Adrian, E. Ginop, K. Goodman, G. Klacking, E. Lawson, K. Sherman, D. Tanner,

"Nay" Votes: T. Bratton, D. Labar, M. Marois, M. Newman, D. Smeltzer, C. Varner

MOTION CARRIED.

MOTION BY DON TANNER TO TERMINATE BRIAN MARTINUS' TERM AS INTERIM CHIEF EXECUTIVE OFFICER OF NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY EFFECTIVE JULY 1, 2025; SUPPORT BY BOB ADRIAN. MOTION CARRIED.

MOTION BY DON TANNER TO REVIEW THE UPDATE REGARDING NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY AND COST REDUCTION PLANS DRAFT DOCUMENT FOR THIRTY (30) DAYS AND REVISIT IT DURING THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD MEETING ON JULY 23, 2025; SUPPORT BY KARLA SHERMAN. MOTIN CARRIED.

MOTION BY KAREN GOODMAN TO APPROVE THE MINUTES OF THE JUNE 23, 2025 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS EXECUTIVE COMMITTEE; SUPPORT BY CHUCK VARNER. MOTION CARRIED.

A follow-up Executive Committee meeting may be scheduled following the Northern Lakes Emergency Board Meeting. Clarification was made that Executive Committee meetings are public meetings, subject to the Open Meetings Act.

CEO Report

The NMRE CEO Monthly Report for June 2025 was included in the materials for the meeting on this date.

April 2025 Financial Report

- Net Position showed a net surplus for Medicaid and HMP of \$1,760,323. Carry forward was reported as \$736,656. The total Medicaid and HMP current year surplus was reported as \$2,496,979. FY24 HSW revenue was reported as \$1,137,411. The total Medicaid and HMP adjusted current year surplus was reported as \$1,359,568. The total Medicaid and HMP Internal Service Fund was reported as \$20,576,156. The total Medicaid and HMP net surplus was reported as \$23,073,135.
- Traditional Medicaid showed \$125,455,745 in revenue, and \$121,681,030 in expenses, resulting in a net surplus of \$3,774,715. Medicaid ISF was reported as \$13,514,675 based on the current FSR. Medicaid Savings was reported as \$0.
- Healthy Michigan Plan showed \$15,495,242 in revenue, and \$17,509,634 in expenses, resulting in a net deficit of \$2,014,392. HMP ISF was reported as \$7,068,394 based on the current FSR. HMP savings was reported as \$736,656.
- Health Home showed \$1,950,192 in revenue, and \$1,556,270 in expenses, resulting in a net surplus of \$393,922.
- SUD showed all funding source revenue of \$16,703,387 and \$12,993,828 in expenses, resulting in a net surplus of \$3,709,559. Total PA2 funds were reported as \$4,783,867.

PA2/Liquor Tax was summarized as follows:

| Projected FY25 Activity | | | |
|-------------------------|-------------------|-------------------|--------------------------|
| Beginning Balance | Projected Revenue | Approved Projects | Projected Ending Balance |
| \$4,765,231 | \$1,847,106 | \$2,150,940 | \$4,461,397 |

| Actual FY25 Activity | | | |
|----------------------|------------------|----------------------|------------------------|
| Beginning Balance | Current Receipts | Current Expenditures | Current Ending Balance |
| \$4,765,231 | \$835,755 | \$817,119 | \$4,783,867 |

On June 19th, the NMRE received \$151,830 in retroactive HSW payments. The next payment is expected on July 10th.

The region currently has 4 open HSW slots.

Although eligibles have declined, revenue is up \$1M eight months into FY25 from the same period in FY24, mainly due to HSW payments.

Some financial relief is expected with the rate amendment included in Amendment 3 to the FY25 PIHP Contract. The state is recouping all payments for FY25 and reissuing them with new (higher) rates. June data received earlier on this date reflected the new rates.

MOTION BY DON TANNER TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR APRIL 2025; SUPPORT BY DON SMELTZER. ROLL CALL VOTE.

"Yea" Votes: R. Adrian, T. Bratton, E. Ginop, K. Goodman, G. Klacking, D. Labar, E. Lawson, M. Marois, M. Newman, K. Sherman, D. Smeltzer, D. Tanner, C. Varner

"Nay" Votes: Nil

MOTION CARRIED.

Operations Committee Report

The draft minutes from June 17, 2025 were included in the materials for the meeting on this date. Mr. Kurtz reviewed the PIHP bid out options. As it stands, current PIHPs are excluded from bidding as only entities with 501(c)(3) status are being considered. Under the new model, CMHSPs are prohibited from performing any managed care functions. The Request for Proposals (RFP) requires the National Committee for Quality Assurance (NCQA) accreditation, which is a costly process and can take up to three-years to achieve. The NMRE is working with Region 1 (NorthCare Network) as always and highlighting rural issues and legal options.

NMRE SUD Oversight Committee Report

The next meeting of the NMRE Substance Use Disorder (SUD) Oversight Committee is scheduled for 10:00AM on July 7, 2025.

NEW BUSINESS

Let the record show that there was no New Business to present to the Board during the meeting on this date.

OLD BUSINESS

Northern Lakes CMHA Update

Mr. Bratton reported that the Northern Lakes CMHA Search Committee is meeting on June 27th to review and score CEO candidates' resumes and applications. The candidates will be scored on criteria developed by the Search Committee. The Search Committee will then present the top two candidates to the full Board by June 30, 2025. The top two candidates will participate in a tour of Northern Lakes' facilities and participate in group interviews with the Northern Lakes Leadership Team on July 10th. The Board will interview the candidates on July 11th during an open meeting. A final hiring decision will be made by the Board during the July 17th Board meeting.

Mr. Adrian wished Northern Lakes good luck with securing a CEO.

FY25 PIHP Contract Injunction and Complaint Update

The complaint filed by Taft, Stettinius & Hollister, LLP, on behalf of Northcare Network Mental Health Care Entity, Northern Michigan Regional Entity, Community Mental Health Partnership of Southeast Michigan, and Region 10 PIHP (Plaintiffs) against the State of Michigan, State of Michigan Department of Health and Human Services, a Michigan State Agency, and its Director, Elizabeth Hertel, in her official capacity (Defendants) is currently in a waiting period pending the appointed judge's decision.

PRESENTATION

FY25 Quality Assessment and Performance Improvement (QAPIP) Update

NMRE Chief Clinical Officer, Branislava Arsenov, was in attendance to provide an update on the NMRE's FY25 QAPIP.

The QAPIP is a requirement of MDHHS and is intended to serve several functions including but not limited to:

- Serve as the quality improvement structure for the managed care activities of the NMRE as the PIHP for the 21-county area.
- Provide oversight of the CMHSPs' quality improvement structures and ensure coordination with PIHP activities, as appropriate.
- Provide leadership and coordination for the PIHP Performance Improvement Plans (PIPs).
- Coordinate with the regional Compliance Coordinator and Regional Compliance Committee to verify the validity of Medicaid claims submitted.
- Describe how these functions will be executed within the NMRE's organizational structure.

Ms. Arsenov provided an update on a few of the QAPIP's 16 goals:

Quality Measures: The NMRE will review the following Healthcare Effective Data and Information Set (HEDIS) measures to demonstrate and ensure quality care.

1) Follow-Up After Hospitalization (FUH) for Mental Illness within 30 Days.

| | |
|--------------------------|--------|
| Michigan Medicaid Total | 65.27% |
| Medicaid Managed Care | 66.18% |
| Medicaid Fee for Service | 58.74% |
| NMRE | 68.25% |

2) Follow-Up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence.

| | |
|--------------------------|--------|
| Michigan Medicaid Total | 38.47% |
| Medicaid Managed Care | 38.91% |
| Medicaid Fee for Service | 33.24% |
| NMRE | 42.98% |

Performance Improvement Projects (PIPs): The NMRE will engage in Performance Improvement Projects (PIPs) to improve health outcomes and member satisfaction.

- 1) The NMRE will strive to improve the percentage of individuals who are enrolled in the Behavioral Health Home program from 5% to 6% by September 30, 2025.

| CMHSP | Receiving BHH Waiver Services | Enrolled + Potential Enrollees Actively Enrolled with CMHSP | Percent Enrolled |
|--------------------|--------------------------------------|--|-------------------------|
| Centra Wellness | 144 | 770 | 18.70% |
| North Country | 92 | 2,283 | 4.03% |
| Northeast Michigan | 112 | 1,486 | 7.54% |
| Northern Lakes | 142 | 3,391 | 4.19% |
| Wellvance | 83 | 1,691 | 4.91% |
| Total | 573 | 9,621 | 5.96% |

- 2) The NMRE will collect data and conduct analysis to show evidence of increased enrollment in the Substance Use Disorder (SUD) Health Home by September 30, 2025.

| Time Period | Running Date | Enrolled | Eligible | % of PE Enrolled |
|---------------|--------------|----------|----------|------------------|
| Pre-Baseline | <= 9/30/20 | 284 | 5,372 | 5.29% |
| Baseline | <= 9/30/21 | 587 | 7,603 | 7.72% |
| Post-Baseline | <= 9/30/22 | 890 | 8,398 | 10.90% |
| Year 1 | <= 9/30/23 | 936 | 6,400 | 14.63% |
| Year 2 | <= 9/30/24 | 820 | 7,142 | 11.48% |
| Year 3 SUDHH | <= 9/30/25 | 974 | 7,274 | 13.39% |

Performance Bonus Incentive Pool (PBIP) Improvement Needs:

- 1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET).

| | |
|-------------------------|--------|
| Michigan Medicaid Total | 11.28% |
| NMRE | 13.03% |

- 2) Adherence to antipsychotic medications for individuals with schizophrenia (SAA-AD).

| | |
|-------------------------|--------|
| Michigan Medicaid Total | 62.38% |
| NMRE | 70.9% |

Other Accomplishments:

- The NMRE provided Individual Plan of Services (IPOS) and Adverse Benefit Determination (ABD) training to all five Member CMHSPs.
- The NMRE implemented ABD monitoring for compliance with federal rules.
- The NMRE Completed Medicaid Encounter Validation (MEV) audits quarterly.
- The NMRE conducted regular site visits for the CMHSPs and SUD services providers.

COMMENTS

Board

Ms. Marois recommended a movie on Netflix titled, "Straw."

Ms. Goodman spoke with Rep. Moolenaar's legislative assistant, Edward Kim, to try to explain the downstream damage related to the PIHP bid out.

Public

Justin Reed spoke about the implications of Northern Lakes CMHA's cost containment plan. He noted that the new Board Governance structure hasn't fixed the ongoing issues with the Northern Lakes Board. Mr. Reed also voiced his support for the removal of Brian Martinus as Northern Lakes CMHA's Interim CEO.

NEXT MEETING DATE

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on July 23, 2025.

ADJOURN

Let the record show that Mr. Klacking adjourned the meeting at 12:30PM.

MILESTONE FOR COMMUNITY: Mental health crisis center now open 24/7

By Peter Kobs pkobs@record-eagle.com

Jul 12, 2025



TRAVERSE CITY — The Grand Traverse Mental Health Crisis and Access Center, which opened in early January, is now serving the community 24 hours a day, seven days a week.

Area mental health advocates are calling it a “milestone” because it fills a persistent need in the region.

“Anyone experiencing a mental health crisis now has access care at the Center any hour of the day, every day of the year,” said Michael Corby, the center’s behavioral health director.

“This is an exciting day and a significant step forward in the mental health resources we are able to provide our community.”

At 410 Brook St. on the campus of Munson Medical Center, the two-story center with patient- and family-friendly features opened earlier this year. Crisis services are currently provided by Northern Lakes Community Mental Health Authority.

In addition to the 24/7 schedule, the facility will now also offer psychiatric urgent care on weekdays from 8 a.m. to 5 p.m. Those services are provided by Munson Healthcare.

"The center adds a much-needed component to the behavioral health continuum of care that's been missing in our community," said Terri Lacroix-Kelty, executive director of behavioral health for Munson Healthcare.

"We've seen a steady increase in the number of people utilizing the center during these initial six months and we're excited about the impact these expanded hours and addition of psychiatric services will have in our community."

Psychiatric urgent care is best suited for people with acute behavioral health needs that are serious, but not immediately life-threatening, Munson officials said. Examples include:

- Escalating symptoms of depression, anxiety or mania without immediate danger
- Suicidal ideation with or without a plan and intent
- Behavioral changes that are concerning but do not pose an immediate safety risk
- A need for timely medication adjustments, crisis intervention or short-term stabilization

The nonprofit crisis center accepts all patients and all forms of insurance.

NEXT TWO PHASES

The final two phases of the center's ongoing rollout will include an adult crisis residential unit and pediatric crisis residential unit. Depending on licensing and staff availability, those phases are slated for late 2025 and/or 2026, according to a Munson spokesperson.

In some cases, a visit to the emergency department at Munson Medical Center, or another similarly equipped hospital, may be warranted, clinicians said. For example, an immediate risk to life because of disorientation, psychosis, aggressive behavior or serious medical concern, such as overdose, chest pain, or significant injury, may require an emergency department visit.

Those people whose symptoms are stable, are in ongoing treatment, and are effectively using medication and coping strategies, can often be best served through outpatient services, they added.

MORE IN-PATIENT BEDS

While the crisis center is welcome news, mental health advocates say more must be done to fill the critical need for in-patient psychiatric care beds, which can function differently from "crisis residential beds" on the broader continuum of care.

"In-patient psychiatric beds and residential mental health crisis unit beds represent different levels of care within the mental health system," Lacroix-Kelty explained.

"Inpatient psychiatric beds offer 24/7 medical and nursing supervision, most often in a hospital setting within a locked unit," she added. "Residential mental health crisis units are not locked and offer a more home-like environment for individuals needing crisis stabilization or a next step in care following an inpatient hospitalization."

Munson officials said they anticipate the new crisis residential units will help offset some of the demand at Munson Medical Center "because many of those patients will be able to receive the level of care they need at the crisis center."

Meanwhile, leaders, clinicians and activists from around the state recently testified at a Michigan Legislature hearing July 1 on the same topic, many of them via video link. Several of the commenters were from the Grand Traverse County area.

"When it comes to inpatient psychiatric beds, northern Michigan is the most underserved region in the state," said local mental health advocate Kate Dahlstrom. "The more people know about this shortage, the more we'll be able to get the resources and facilities we need."

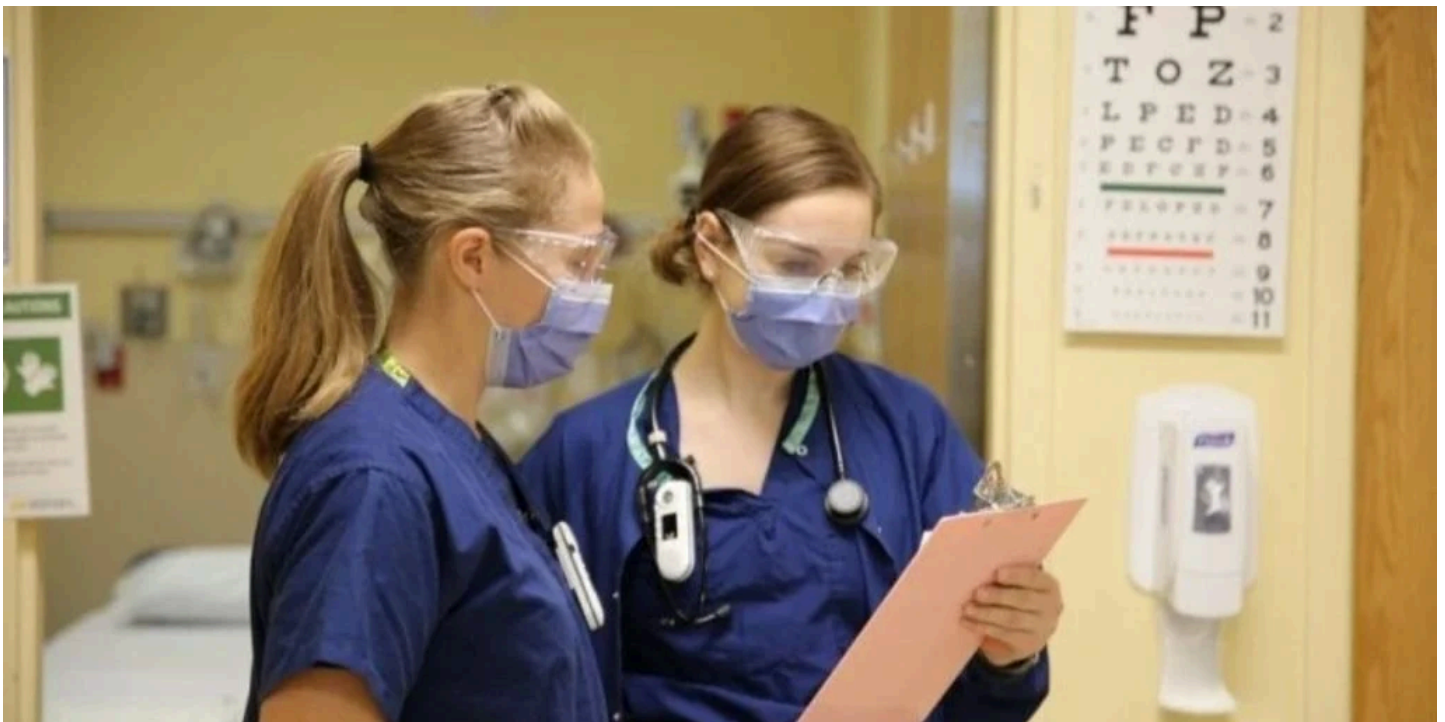
Another hearing on the topic is scheduled for July 15, according to Stone Kelly, legislative director for state Rep. Matthew Bierlein, R-Vassar.

Health Care



Michigan hospitals brace for \$6B in Medicaid funding cuts

By Mark Sanchez, Crain's Grand Rapids Business

Gift Article



Credit: Courtesy photo

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July 09, 2025 07:00 AM | 4 HOURS AGO

The more than \$6 billion in projected Medicaid funding cuts over a decade could drive some Michigan hospitals to close or eliminate medical services, limiting access to care for all patients.

That's just one of the potential ramifications from the legislation that Congress passed and President Trump signed into law last week that targets \$1 trillion in Medicaid spending cuts nationally over 10 years starting in late 2027.

Medicaid accounts for 40% or more in operating revenue for some hospitals, especially in rural markets. As such, the planned spending reductions “will have direct and immediate consequences for access to quality, affordable care provided by our member hospitals and health systems throughout the state in both urban and rural settings,” said Brian Peters, president and CEO of the Michigan Health & Hospital Association.

Related →

Michigan Medicine's new CEO is out front — and walking a tightrope

Blue Cross strikes first deal with major health system in pivotal contract talks

Feds target UM Health over transgender care and religious rights of employees

“They will jeopardize access to care for all of us throughout the state of Michigan, regardless of our source of insurance coverage,” Peters said during a Tuesday morning virtual press conference for a coalition of health care providers and advocates known as Protect MI Care. “I say that because when a hospital has to reduce staff, has to reduce or completely eliminate an entire service line, or has to close their doors entirely, those programs and services that were previously offered to all of us in that community are no longer available.

“That is not an idle threat. That is exactly what will happen if these cuts are fully implemented in the years to come. You cannot take \$6 billion out of the hospital funding line without severe consequences in terms of access to patient care.”

The financial pressure resulting from the Medicaid spending cuts could drive more hospital consolidation, as smaller hospitals that are still independent seek to become part of larger health systems that can better spread fixed costs across a far broader operation and patient volume, Peters said.

Peters notes how consolidation or closures have lowered the number of hospitals in Michigan to just 134 today, down from 240 from five decades ago.

“So, hospital closure is not an abstract concept. It’s real, it’s happened, and, unfortunately, I think we’re going to see more of that,” he said, noting the Medicaid cuts

“will likely accelerate” consolidation.

Medicaid represents the largest source of health coverage in Michigan, covering one in four residents, said Elizabeth Hertel, director of the Michigan Department of Health and Human Services.

“The state cannot absorb these losses, and we will have to make significant cuts in other critical areas,” Hertel said. “People will lose their health care coverage. Someone who is uninsured doesn’t stop getting sick, doesn’t stop needing life-saving care, and doesn’t stop needing medications to control chronic conditions.”

Hertel worries that people who lose Medicaid coverage will defer care for as long as possible, then end up in a costly hospital emergency room, driving up cost-shifting to private payers to offset losses from uncompensated care.

“When they can’t afford to pay the bill, our provider partners still need to cover those costs, and they pass them on to everyone else,” she said. “It’s more expensive for the rest of us, even for people with private or employer-sponsored coverage.”

While the Medicaid reductions won’t happen until late 2027, Hertel said the consequences for hospitals could start immediately. She cited how doctors, nurses and other care professionals could opt not to seek positions at hospitals with high Medicaid patient populations because of concerns about the institutions’ future financial stability.

Rural communities stand to be the most affected, Hertel said.

“We already have a shortage of providers in our rural areas and I am incredibly concerned that this will exacerbate that problem,” she said. “We won’t have a remedy for ensuring that people in those areas will have access to a provider, so it could be affecting people’s decisions as early as today, given that they don’t know what will come from the ramifications of this bill.”

The federal legislation enacted last week includes \$50 billion for a fund to support rural hospitals. Michigan will apply to the fund, which will disperse funding nationally at \$10 billion annually over five years, Hertel said.

“We would certainly look to take advantage of the opportunity to have these funds come to Michigan,” Peters said, noting that the new support would not come close to replacing the lost Medicaid funding, particularly for rural hospitals.



By Mark Sanchez, Crain's Grand Rapids Business

Mark Sanchez is a reporter covering finance and health care across West Michigan for [Crain's Grand Rapids Business](#).

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Michigan Medicine's new CEO is out front — and walking a tightrope



McLaren hospital nurses begin 3-day strike

email correspondence

From: [Monique Francis](#)
To: [Monique Francis](#)
Cc: [Robert Sheehan](#); [Alan Bolter](#)
Subject: FOIA response confirms no CMS prohibition on current MDHHS sole-source contract with public PIHPs
Date: Monday, July 14, 2025 10:27:51 AM
Attachments: [image001.png](#)

To: CEOs of the state's CMHSPs, PIHPs, Provider Alliance members
CC: CMHA Officers, CMHA Board of Directors, Board Chairs

You may remember that, since the announcement of the MDHHS proposal to bid out the contracts held by state's public Prepaid Inpatient Health Plans (PIHPs), MDHHS leadership repeatedly indicated that the Department was pursuing the bid-out of those contracts in compliance with a requirement by the federal Centers for Medicare and Medicaid Services (CMS) to halt its 27-year long sole source arrangement with these PIHPs and to reprocure those contracts including private health plans as bidders

In order to ensure that you, CMHA, and our stakeholders had a full sense of the CMS communication to MDHHS, CMHA submitted a FOIA request for the CMS document that included the prohibition against the continuation of the sole source contract of MDHHS with the state's public PIHPs.

Recently, CMHA received the response to that FOIA. That response is contained in the email provided below.

Of central interest is the excerpt from that response (language bolded for emphasis by CMHA):

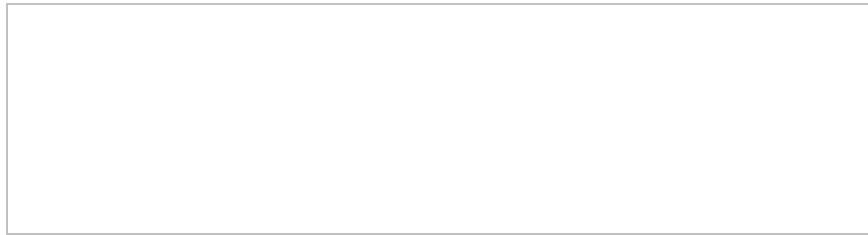
" To the best of the Department's knowledge, information, and belief, this Department does not possess or maintain records under the description you provided or by other names reasonably known to the Department. **CMS has not required that we change or halt our sole source process.**"

Robert Sheehan
Chief Executive Officer
Community Mental Health Association of Michigan
2nd Floor
507 South Grand Avenue
Lansing, MI 48933
517.374.6848 main
517.237.3142 direct
www.cmham.org



Begin forwarded message:

From: MDHHS FOIA Records Center <michigandhhs@govqa.us>
Date: July 10, 2025 at 5:14:32 PM EDT
To: Robert Sheehan <rsheehan@cmham.org>
Subject: MDHHS FOIA Request :: H028772-061625



RE: Public Records Request, Reference # H028772-061625.

Dear Mr. Sheehan,

This notice is issued in response to your request, legally received by the Michigan Department of Health and Human Services (Department) on June 17, 2025, requesting information under the Freedom of Information Act (FOIA), MCL 15.231 *et seq.*

Your request is denied.

To the best of the Department's knowledge, information, and belief, this Department does not possess or maintain records under the description you provided or by other names reasonably known to the Department. CMS has not required that we change or halt our sole source process.

As to the denial, the Department is obligated to inform you that under MCL 15.240 the following remedies are available:

1. Appeal this decision in writing to the Legal Affairs Administration, Department of Health and Human Services, Suite 207, PO Box 30037, Lansing, MI 48909. The writing must specifically state the word "appeal" and must identify the reason or reasons you believe the denial should be reversed. The Department must respond to your appeal within ten days of receipt. Under unusual circumstances, the time for response to your appeal may be extended by ten business days.

2. File an action in the appropriate court within 180 days after the date of the final determination to deny the request. If you prevail in such an action, the court is to award reasonable attorney fees, costs, disbursements, and possible damages.

The Department's FOIA policies and procedures are available at [Policies and Procedures](#).

Sincerely,

Bureau of Legal Affairs

email correspondence

From: [Monique Francis](#)
To: [Monique Francis](#)
Cc: [Robert Sheehan](#); [Alan Bolter](#)
Subject: Survey responses provided in response to CMHA's FOIA request
Date: Thursday, July 17, 2025 7:55:46 AM
Attachments: [image001.png](#)

To: CEOs of CMHs, PIHPs, and Provider Alliance members
CC: CMHA Officers; Members of the CMHA Board of Directors and Steering Committee; CMH & PIHP Board Chairpersons
From: Robert Sheehan, CEO, CMH Association of Michigan
Re: Survey responses provided in response to CMHA's FOIA request

As you may remember, in May of this year, CMHA made a FOIA (Freedom of Information Act) request for the raw responses to the MDHHS procurement-related survey. Today, MDHHS provided CMHA with those raw responses, all 2,624 responses.

In our review of these (we examined only several hundred of the full set of responses), the concerns that were cited centered around:

- workforce shortages
- high caseloads for existing staff (given difficulties in recruitment and retention),
- significant funding shortages causing workforce shortages, staff turnover, limiting length of service duration, waiting lists
- the burden of administrative and paperwork demands, taking staff time and resources from service delivery (burdens borne by CMHSPs, PIHPs, and providers to ensure that these organizations can comply with state mandates)
- the lack of psychiatric inpatient access
- the lack of long term residential care for children and adolescents
- need for uniform contracts for providers across the state
- lack of understanding of the roles of the PIHPs
- lack of access to behavioral health services managed by the private Medicaid Health Plans

When CMHA completes a thorough analysis of these responses, we will share that analysis with CMHA members and allies.

Robert Sheehan
Chief Executive Officer
Community Mental Health Association of Michigan
2nd Floor
507 South Grand Avenue
Lansing, MI 48933
517.374.6848 main
517.237.3142 direct
www.cmham.org

WHAT HAPPENS IF THE STATE PRIVATIZES MENTAL HEALTH?

The Michigan Department of Health and Human Services recently announced its intention to implement a competitive procurement process for the state's public health plans. This approach brings with it several risks without addressing real gaps in the system.

1



Less Care, Higher Costs

Private insurers spend up to 15% on admin costs. The public mental health system spends just 2%. That's hundreds of millions taken from direct care.

2



Specialty Services Could Disappear

Peer support, housing help and crisis services are all at risk if private insurers call the shots.

3



Locals Lose Control

Local mental health agencies know your community. Under this plan, they'll lose decision-making power.

4



No Public Oversight

Public PIHPs and CMHs follow open meetings and FOIA laws. Private insurers don't.

5



The Public Says NO

Most Michiganders oppose privatizing mental health care. Our communities deserve to be heard.

Take Action!

Take two minutes to urge your legislator to protect public mental health care.

<https://cmham.org>

SCAN ME



**NORTHERN MICHIGAN REGIONAL ENTITY
FINANCE COMMITTEE MEETING
10:00AM – JULY 9, 2025
VIA TEAMS**

| |
|--|
| ATTENDEES: Brian Babbitt, Connie Cadarette, Ann Friend, Kevin Hartley, Chip Johnston, Eric Kurtz, Donna Nieman, Allison Nicholson, Trish Otremba, Brandon Rhue, Nena Sork, Erinn Trask, Jennifer Warner, Tricia Wurn, Deanna Yockey, Carol Balousek |
|--|

REVIEW AGENDA & ADDITIONS

No additions to the meeting agenda were requested.

REVIEW PREVIOUS MEETING MINUTES

The June minutes were included in the materials packet for the meeting.

MOTION BY CONNIE CADARETTE TO APPROVE THE MINUTES OF THE JUNE 11, 2025 NORTHERN MICHIGAN REGIONAL ENTITY REGIONAL FINANCE COMMITTEE MEETING; SUPPORT BY DONNA NIEMAN. MOTION APPROVED.

MONTHLY FINANCIALS

May 2025 Financial Report

- Net Position showed a net surplus for Medicaid and HMP of \$1,866,598. Carry forward was reported as \$736,656. The total Medicaid and HMP current year surplus was reported as \$2,603,254. FY24 HSW revenue was reported as \$1,137,411. The total Medicaid and HMP adjusted current year surplus was reported as \$1,465,843. The total Medicaid and HMP Internal Service Fund was reported as \$20,576,156. The total Medicaid and HMP net surplus was reported as \$23,179,410.
- Traditional Medicaid showed \$145,510,866 in revenue, and \$141,600,288 in expenses, resulting in a net surplus of \$3,910,578. Medicaid ISF was reported as \$13,514,675 based on the current FSR. Medicaid Savings was reported as \$0.
- Healthy Michigan Plan showed \$19,385,187 in revenue, and \$21,429,166 in expenses, resulting in a net deficit of \$2,043,979. HMP ISF was reported as \$7,068,394 based on the current FSR. HMP savings was reported as \$736,656.
- Health Home showed \$2,150,637 in revenue, and \$1,722,783 in expenses, resulting in a net surplus of \$377,854.
- SUD showed all funding source revenue of \$18,962,214 and \$14,823,574 in expenses, resulting in a net surplus of \$4,138,640. Total PA2 funds were reported as \$4,646,549.

Deanna explained that, in June, the NMRE received \$1,137,411 in retroactive HSW payments for FY24. This amount was subtracted from the "Total Current Year Surplus," to arrive at a "Adjusted Current Year Surplus" amount of \$1,465,843.

Brian asked Kevin whether Northern Lakes has a lot of Medicaid hitting General Funds. Kevin responded, yes, mostly (i)SPA consumers. It was noted that, in April, Northern Lakes' Medicaid

swung \$1M above trend. Kevin responded that Northern Lakes is looking into some issues within the PCE system.

PA2/Liquor Tax was summarized as follows:

| Projected FY25 Activity | | | |
|-------------------------|-------------------|-------------------|--------------------------|
| Beginning Balance | Projected Revenue | Approved Projects | Projected Ending Balance |
| \$4,765,231 | \$1,847,106 | \$2,150,940 | \$4,461,397 |

| Actual FY25 Activity | | | |
|----------------------|------------------|----------------------|------------------------|
| Beginning Balance | Current Receipts | Current Expenditures | Current Ending Balance |
| \$4,765,231 | \$835,755 | \$954,437 | \$4,646,549 |

It was noted that the NMRE is working to redirect PA2 funds to block grant funding, where it can.

MOTION BY ERINN TRASK TO RECOMMEND APPROVAL OF THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR MAY 2025; SUPPORT BY DONNA NIEMAN. MOTION APPROVED.

EDIT UPDATE

The next EDIT meeting is scheduled for July 17th at 10:00AM. Donna reported that an update/clarification to the code chart is in process. The Supported Employment H2023 is being split to differentiate services for individuals with HMP. Donna further clarified that H2023 must be provided in a group setting for individuals on HMP rather than 1:1. PCE has been notified of this change.

Brandon referenced a scenario that was brought to light by the OIG at the end of June. Duplicates were found in a very small number of claims (36) using the H2016 code from FY22-FY23. Some investigation and clean-up is needed.

The NMRE is moving forward with an internal audit on all claims using the code chart. Documentation was found in the code chart that lacks duplicate threshold language, although some of the codes did have duplicate threshold language in previous versions of the code chart.

EQI UPDATE

Brandon reported that the NMRE reached out to Crystal Williams at MDHHS for clarification regarding expectations for direct vs. contracted health home services, how they are identified, and the logic used. Erin noted that, because the health home programs are paid, fee-for-service, they show up on the EQI as contracted services.

ELECTRONIC VISIT VERIFICATION (EVV)

There was no report on this agenda topic. An EVV Leads meeting is scheduled for later on this date.

HSW OPEN SLOTS UPDATE

In the July HSW payment, the region was paid for 649 out of 693 filled slots in addition to 71 payments for prior months totaling \$595,279. There are currently four open HSW slots in the region.

CHAMPS Fix Update/ Verification

The NMRE is monitoring to ensure that the fix for the HSW billing issues has been effective. A manual file was sent in June for which back payment was received for missed payments outside of the 6-month window. Payment is still being withheld for some individuals as their Medicaid is showing inactive for the enrollment months.

DAB TRANSITION

There was no report on this agenda topic.

NMRE REVENUE & ELIGIBLES ANALYSIS

An analysis of November 2023 – June 2025 Revenue and Eligibles was emailed to the committee during the meeting.

| Children's Waiver Program | | | |
|----------------------------------|---------------------|------------------|-----------------|
| | <u>October 2023</u> | <u>June 2025</u> | <u>% Change</u> |
| Revenue | \$36,882 | \$29,628 | -19.67% |
| Enrollees | 11 | 9 | -18.18% |
| Average Payment per Enrollee | \$3,353 | \$3,292 | -1.82% |

| DAB | | | |
|------------------------------|---------------------|------------------|-----------------|
| | <u>October 2023</u> | <u>June 2025</u> | <u>% Change</u> |
| Revenue | \$10,003,003 | \$10,924,471 | 9.21% |
| Enrollees | 28,444 | 25,439 | -10.56% |
| Average Payment per Enrollee | \$352 | \$429 | 22.11% |

| HMP | | | |
|------------------------------|---------------------|------------------|-----------------|
| | <u>October 2023</u> | <u>June 2025</u> | <u>% Change</u> |
| Revenue | \$2,369,569 | \$2,347,811 | -0.92% |
| Enrollees | 47,550 | 32,786 | -31.05% |
| Average Payment per Enrollee | \$50 | \$72 | 43.70% |

| HSW | | | |
|------------------------------|---------------------|------------------|-----------------|
| | <u>October 2023</u> | <u>June 2025</u> | <u>% Change</u> |
| Revenue | \$4,638,399 | \$5,073,499 | 9.38% |
| Enrollees | 650 | 674 | 3.69% |
| Average Payment per Enrollee | \$7,136 | \$7,527 | 5.49% |

| SED | | | |
|-------------------------------|---------------------|------------------|-------------------|
| | <u>October 2023</u> | <u>June 2025</u> | <u>% Change**</u> |
| Revenue | \$40,846 | \$13,193 | -67.70% |
| Enrollees | 21 | 19 | -9.52% |
| Average Payment per Enrollee* | \$1,945 | \$694 | -64.30% |

**SED revenue was moved into DAB October 1, 2024.

| TANF | | | |
|------------------------------|---------------------|------------------|-----------------|
| | <u>October 2023</u> | <u>June 2025</u> | <u>% Change</u> |
| Revenue | \$2,865,200 | \$2,973,828 | 3.79% |
| Enrollees | 66,801 | 53,283 | -20.24% |
| Average Payment per Enrollee | \$43 | 56 | 30.12% |

| TOTAL | | | |
|--------------|---------------------|---------------------|-----------------|
| | <u>October 2023</u> | <u>June 2025***</u> | <u>% Change</u> |
| | \$19,953,899 | \$21,362,430 | 7.06 |

***The April payment included retro HSW.

COST CONTAINMENT PLANS

During an emergency meeting of the Northern Lakes CMHA Board of Directors on June 27th, current Interim CEO, Dr. Curt Cummins, and the Northern Lakes Leadership Team were authorized to move forward with the recommended employee cuts to help balance the budget. Next steps will include presenting the Board with a balanced budget for FY26.

AUDIT FY25 – FY26 RFP

Dennis, Gartland & Niergarth notified the NMRE that it would not be bidding. The firm of Anderson Tackman & Co. did not provide a bid. It was noted that although there are efficiencies in using the same firm for the NMRE and the four bidding (Centra Wellness, North Country, Northern Lakes, and Wellvance) Boards, it is not required. Northeast Michigan has selected the firm of Straley, Lamp & Kraenzlein.

Review NMRE Bid

NMRE staff met on June 2nd to review and score the bids that were received from Roslund, Prestage, & Co. and Yeo and Yeo. Based on the submissions, NMRE staff recommended that Roslund, Prestage, & Co. be awarded the audit contract for the NMRE for fiscal years 2025, 2026, and 2027 based on cost and experience.

MOTION BY ANN FRIEND TO APPROVE THE SELECTION OF ROSLUND, PRESTAGE, AND COMPANY, PC AS THE NORTHERN MICHIGAN REGIONAL ENTITY'S FINANCIAL AUDING FIRM FOR THE FISCAL YEARS ENDING SEPTEMBER 20, 2025, SEPTEMBER 30, 2026, AND SEPTEMBER 30, 2027; SUPPORT BY DONNA NIEMAN. MOTION CARRIED.

The recommendation will be presented to the NMRE Operations Committee on July 15th and the NMRE Board on July 23rd.

The CMHSP Boards were asked to submit their audit firm selections to the NMRE by Thursday, August 28, 2025 at 5:00pm. The NMRE will send out award letters.

FY25 RATE AMENDMENT SCHEDULE

An email from the MDHHS-MSA Actuarial Division dated July 3, 2025 announcing the PIHP FY25 Rate Amendment Timeline was included in the meeting materials.

- 1) June 2025 Effective Rate Amendment.
 - a) This amendment will be reflected in July and subsequent PIHP capitation payments.
 - b) June recoup/repay anticipated schedule:
 - 7/17/2025:** Recoup/repay of HSW-MC, CWP-MC, and SED-MC payments.
 - 8/14/2025:** Recoup/repay of BHMA, MHMA-MHP, BHHMP, and MHHMP-MC.
- 2) January – May 2025 Amended Capitation Payments.
 - 7/31/2025:** Anticipated date of recoup/repay activity.
- 3) November and December 2024 Amended Capitation Payments.
 - 8/7/2025:** Anticipated date of recoup/repay activities.
- 4) October 2024 Amended Capitation Payments.
 - 8/21/25:** Anticipated date of recoup/repay activities.

The schedule was created to maintain the integrity of the CHAMPS system.

Ms. Sork asked whether any ballpark numbers have been supplied by the Department. Mr. Kurtz responded that the total preliminary estimate for the region was provided as \$12.1M.

NEXT MEETING

The next meeting was scheduled for August 13th at 10:00AM.



Chief Executive Officer Report

July 2025

This report is intended to brief the NMRE Board on the CEO's activities since the last Board meeting. The activities outlined are not all inclusive of the CEO's functions and are intended to outline key events attended or accomplished by the CEO.

June 27: Attended and participated in CMHAM Rural Caucus.

July 1: Attended and participated in GT Crisis and Wellness Center Meeting.

July 3: Attended and participated in MDHHS PIHP Operations Meeting.

July 7: Attended and participated in SUD Oversight Committee Meeting.

July 8: Attended and participated in PIHP CEO Meeting.

July 9: Attended and participated in Regional Finance Committee Meeting.

July 9: Met with Capital Affairs regarding government relations.

July 10: Met with NMRE and CMHAM legal representatives.

July 10: Attended and participated in NMRE Internal Operations Committee Meeting.

July 11: Attended Crawford County Opioid Advisory Committee Meeting.

July 15: Chaired NMRE Operations Committee Meeting.

July 17: Met with MDHHS staff regarding the PIHP bid out.

July 17: Attended and participated in FY 26 PIHP Rate Setting Meeting.



May 2025

Finance Report

May 2025 Financial Summary

| Funding Source | YTD Net Surplus (Deficit) | Carry Forward | ISF |
|------------------|---------------------------------|-------------------|----------------------|
| Medicaid | 3,910,578 | - | 13,514,675 |
| Healthy Michigan | (2,043,979) | 736,656 | 7,068,394 |
| | <u>\$ 1,866,598</u> | <u>\$ 736,656</u> | <u>\$ 20,583,069</u> |

| | NMRE MH | NMRE SUD | Northern Lakes | North Country | Northeast | Wellvance | Centra Wellness | PIHP Total |
|---|------------------|------------------|--------------------|------------------|------------------|----------------|--------------------|-----------------------|
| Net Surplus (Deficit) MA/HMP | 2,241,619 | 3,825,962 | (4,932,726) | (79,914) | (195,280) | 871,986 | 134,952 | \$ 1,866,598 |
| Carry Forward | | - | - | - | - | - | - | 736,656 |
| Total Med/HMP Current Year Surplus | <u>2,241,619</u> | <u>3,825,962</u> | <u>(4,932,726)</u> | <u>(79,914)</u> | <u>(195,280)</u> | <u>871,986</u> | <u>134,952</u> | <u>\$ 2,603,254</u> |
| FY24 Hab Support Waiver Revenue | | | | | | | | <u>\$ (1,137,411)</u> |
| Total Med/HMP Current Year Surplus Adjusted | | | | | | | | <u>\$ 1,465,843</u> |
| Medicaid & HMP Internal Service Fund | | | | | | | | 20,576,156 |
| Total Medicaid & HMP Net Surplus | | | | | | | | <u>\$ 23,179,410</u> |

Northern Michigan Regional Entity

Funding Source Report - PIHP

Mental Health

October 1, 2024 through May 31, 2025

| | NMRE MH | NMRE SUD | Northern Lakes | North Country | Northeast | Wellvance | Centra Wellness | PIHP Total |
|--|---------------------|---------------------|-----------------------|-------------------|--------------------|---------------------|--------------------|---------------------|
| Traditional Medicaid (inc Autism) | | | | | | | | |
| Revenue | | | | | | | | |
| Revenue Capitation (PEPM) | \$ 140,879,713 | \$ 4,631,153 | | | | | | \$ 145,510,866 |
| CMHSP Distributions | (132,533,968) | | 42,598,019 | 36,247,613 | 22,349,731 | 19,221,311 | 12,117,293 | (0) |
| 1st/3rd Party receipts | | | - | - | - | - | - | - |
| Net revenue | <u>8,345,745</u> | <u>4,631,153</u> | <u>42,598,019</u> | <u>36,247,613</u> | <u>22,349,731</u> | <u>19,221,311</u> | <u>12,117,293</u> | <u>145,510,866</u> |
| Expense | | | | | | | | |
| PIHP Admin | 1,989,609 | 37,263 | | | | | | 2,026,871 |
| PIHP SUD Admin | | 85,223 | | | | | | 85,223 |
| SUD Access Center | | - | | | | | | - |
| Insurance Provider Assessment | 1,216,915 | 23,863 | | | | | | 1,240,778 |
| Hospital Rate Adjuster | 2,263,034 | | | | | | | 2,263,034 |
| Services | 541,519 | 2,499,972 | 45,165,869 | 35,974,185 | 22,378,379 | 17,959,050 | 11,465,407 | 135,984,381 |
| Total expense | <u>6,011,077</u> | <u>2,646,321</u> | <u>45,165,869</u> | <u>35,974,185</u> | <u>22,378,379</u> | <u>17,959,050</u> | <u>11,465,407</u> | <u>141,600,288</u> |
| Net Actual Surplus (Deficit) | <u>\$ 2,334,668</u> | <u>\$ 1,984,832</u> | <u>\$ (2,567,850)</u> | <u>\$ 273,428</u> | <u>\$ (28,648)</u> | <u>\$ 1,262,261</u> | <u>\$ 651,886</u> | <u>\$ 3,910,578</u> |

Notes

Medicaid ISF - \$13,514,675 - based on current FSR

Medicaid Savings - \$0

Northern Michigan Regional Entity

Funding Source Report - PIHP

Mental Health

October 1, 2024 through May 31, 2025

| | NMRE MH | NMRE SUD | Northern Lakes | North Country | Northeast | Wellvance | Centra Wellness | PIHP Total |
|-------------------------------|--------------------|---------------------|-----------------------|---------------------|---------------------|---------------------|---------------------|-----------------------|
| Healthy Michigan | | | | | | | | |
| Revenue | | | | | | | | |
| Revenue Capitation (PEPM) | \$ 11,195,145 | \$ 8,190,042 | | | | | | \$ 19,385,187 |
| CMHSP Distributions | (9,273,273) | | 3,407,646 | 2,649,738 | 1,202,800 | 1,261,919 | 751,168 | - |
| 1st/3rd Party receipts | | | | - | - | - | - | - |
| Net revenue | <u>1,921,872</u> | <u>8,190,042</u> | <u>3,407,646</u> | <u>2,649,738</u> | <u>1,202,800</u> | <u>1,261,919</u> | <u>751,168</u> | <u>19,385,187</u> |
| Expense | | | | | | | | |
| PIHP Admin | 194,741 | 89,412 | | | | | | 284,153 |
| PIHP SUD Admin | | 204,494 | | | | | | 204,494 |
| SUD Access Center | | - | | | | | | - |
| Insurance Provider Assessment | 117,441 | 56,318 | | | | | | 173,759 |
| Hospital Rate Adjuster | 1,702,739 | | | | | | | 1,702,739 |
| Services | - | 5,998,688 | 5,772,523 | 3,003,081 | 1,369,432 | 1,652,194 | 1,268,103 | 19,064,021 |
| Total expense | <u>2,014,921</u> | <u>6,348,912</u> | <u>5,772,523</u> | <u>3,003,081</u> | <u>1,369,432</u> | <u>1,652,194</u> | <u>1,268,103</u> | <u>21,429,166</u> |
| Net Surplus (Deficit) | <u>\$ (93,049)</u> | <u>\$ 1,841,130</u> | <u>\$ (2,364,877)</u> | <u>\$ (353,343)</u> | <u>\$ (166,632)</u> | <u>\$ (390,275)</u> | <u>\$ (516,935)</u> | <u>\$ (2,043,979)</u> |

Notes

HMP ISF - \$7,068,394 - based on current FSR

HMP Savings - \$736,656

| | | | | | | | | |
|--|---------------------|---------------------|-----------------------|--------------------|---------------------|-------------------|-------------------|----------------------|
| Net Surplus (Deficit) MA/HMP | <u>\$ 2,241,619</u> | <u>\$ 3,825,962</u> | <u>\$ (4,932,726)</u> | <u>\$ (79,914)</u> | <u>\$ (195,280)</u> | <u>\$ 871,986</u> | <u>\$ 134,952</u> | <u>\$ 1,866,598</u> |
| Medicaid/HMP Carry Forward | | | | | | | | 736,656 |
| Total Med/HMP Current Year Surplus | | | | | | | | <u>\$ 2,603,254</u> |
| Medicaid & HMP ISF - based on current FSR | | | | | | | | 20,576,156 |
| Total Medicaid & HMP Net Surplus (Deficit) including Carry Forward and ISF | | | | | | | | <u>\$ 23,179,410</u> |

Northern Michigan Regional Entity

Funding Source Report - PIHP

Mental Health

October 1, 2024 through May 31, 2025

| | NMRE MH | NMRE SUD | Northern Lakes | North Country | Northeast | Wellvance | Centra Wellness | PIHP Total |
|------------------------------------|-------------------|-------------|-------------------|------------------|----------------|----------------|--------------------|-------------------|
| Health Home | | | | | | | | |
| Revenue | | | | | | | | |
| Revenue Capitation (PEPM) | \$ 767,465 | | 346,758 | 242,520 | 279,021 | 144,600 | 370,273 | \$ 2,150,637 |
| CMHSP Distributions | - | | | | | | | - |
| 1st/3rd Party receipts | | | | | | | | - |
| Net revenue | <u>767,465</u> | <u>-</u> | <u>346,758</u> | <u>242,520</u> | <u>279,021</u> | <u>144,600</u> | <u>370,273</u> | <u>2,150,637</u> |
| Expense | | | | | | | | |
| PIHP Admin | 25,638 | | | | | | | 25,638 |
| BHH Admin | 27,064 | | | | | | | 27,064 |
| Insurance Provider Assessment | - | | | | | | | - |
| Hospital Rate Adjuster Services | <u>336,909</u> | | <u>346,758</u> | <u>242,520</u> | <u>279,021</u> | <u>144,600</u> | <u>370,273</u> | <u>1,720,081</u> |
| Total expense | <u>389,611</u> | <u>-</u> | <u>346,758</u> | <u>242,520</u> | <u>279,021</u> | <u>144,600</u> | <u>370,273</u> | <u>1,772,783</u> |
| Net Surplus (Deficit) | <u>\$ 377,854</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 377,854</u> |

Northern Michigan Regional Entity

Funding Source Report - SUD

Mental Health

October 1, 2024 through May 31, 2025

| | Medicaid | Healthy Michigan | Opioid Health Home | SAPT Block Grant | PA2 Liquor Tax | Total SUD |
|---|--------------|------------------|--------------------|------------------|----------------|---------------|
| Substance Abuse Prevention & Treatment | | | | | | |
| Revenue | \$ 4,631,153 | \$ 8,190,042 | \$ 2,750,592 | \$ 2,435,990 | \$ 954,437 | \$ 18,962,214 |
| Expense | | | | | | |
| Administration | 122,486 | 293,906 | 111,442 | 155,739 | | 683,574 |
| OHH Admin | | | 51,911 | - | | 51,911 |
| Block Grant Access Center | - | - | - | - | | - |
| Insurance Provider Assessment | 23,863 | 56,318 | - | | | 80,181 |
| Services: | | | | | | |
| Treatment | 2,499,972 | 5,998,688 | 2,274,560 | 1,138,627 | 954,437 | 12,866,284 |
| Prevention | - | - | - | 600,871 | - | 600,871 |
| Healing and Recovery Grant | | | | | | |
| ARPA Grant | - | - | - | 540,753 | - | 540,753 |
| Total expense | 2,646,321 | 6,348,912 | 2,437,913 | 2,435,990 | 954,437 | 14,823,574 |
| PA2 Redirect | | | - | 0 | | 0 |
| Net Surplus (Deficit) | \$ 1,984,832 | \$ 1,841,130 | \$ 312,679 | \$ 0 | \$ - | \$ 4,138,640 |

Northern Michigan Regional Entity

Statement of Activities and Proprietary Funds Statement of

Revenues, Expenses, and Unspent Funds

October 1, 2024 through May 31, 2025

| | PIHP MH | PIHP SUD | PIHP ISF | Total PIHP |
|------------------------------------|---------------------|---------------------|----------------------|----------------------|
| Operating revenue | | | | |
| Medicaid | \$ 140,879,713 | \$ 4,631,153 | \$ - | \$ 145,510,866 |
| Medicaid Savings | - | - | - | - |
| Healthy Michigan | 11,195,145 | 8,190,042 | - | 19,385,187 |
| Healthy Michigan Savings | 736,656 | - | - | 736,656 |
| Health Home | 2,150,637 | - | - | 2,150,637 |
| Opioid Health Home | - | 2,750,592 | - | 2,750,592 |
| Substance Use Disorder Block Grant | - | 2,435,990 | - | 2,435,990 |
| Public Act 2 (Liquor tax) | - | 954,437 | - | 954,437 |
| Affiliate local drawdown | 446,112 | - | - | 446,112 |
| Performance Incentive Bonus | 1,653,705 | - | - | 1,653,705 |
| Miscellaneous Grant Revenue | - | 93,332 | - | 93,332 |
| Veteran Navigator Grant | 58,121 | - | - | 58,121 |
| SOR Grant Revenue | - | 998,555 | - | 998,555 |
| Gambling Grant Revenue | - | 144,195 | - | 144,195 |
| Other Revenue | 59 | - | 2,325 | 2,384 |
| Total operating revenue | 157,120,148 | 20,198,296 | 2,325 | 177,320,769 |
| Operating expenses | | | | |
| General Administration | 2,384,791 | 508,771 | - | 2,893,562 |
| Prevention Administration | - | 81,933 | - | 81,933 |
| OHH Administration | - | 51,911 | - | 51,911 |
| BHH Administration | 27,064 | - | - | 27,064 |
| Insurance Provider Assessment | 1,334,356 | 80,181 | - | 1,414,537 |
| Hospital Rate Adjuster | 3,965,773 | - | - | 3,965,773 |
| Payments to Affiliates: | | | | |
| Medicaid Services | 133,484,409 | 2,499,972 | - | 135,984,381 |
| Healthy Michigan Services | 13,065,333 | 5,998,688 | - | 19,064,021 |
| Health Home Services | 1,720,081 | - | - | 1,720,081 |
| Opioid Health Home Services | - | 2,274,560 | - | 2,274,560 |
| Community Grant | - | 1,138,627 | - | 1,138,627 |
| Prevention | - | 518,938 | - | 518,938 |
| State Disability Assistance | - | - | - | - |
| ARPA Grant | - | 540,753 | - | 540,753 |
| Public Act 2 (Liquor tax) | - | 954,437 | - | 954,437 |
| Local PBIP | 1,579,647 | - | - | 1,579,647 |
| Local Match Drawdown | 446,112 | - | - | 446,112 |
| Miscellaneous Grant | - | 93,332 | - | 93,332 |
| Veteran Navigator Grant | 58,121 | - | - | 58,121 |
| SOR Grant Expenses | - | 998,555 | - | 998,555 |
| Gambling Grant Expenses | - | 144,195 | - | 144,195 |
| Total operating expenses | 158,065,687 | 15,884,853 | - | 173,950,540 |
| CY Unspent funds | (945,539) | 4,313,443 | 2,325 | 3,370,229 |
| Transfers In | - | - | - | - |
| Transfers out | - | - | - | - |
| Unspent funds - beginning | 3,466,474 | 4,765,230 | 20,583,069 | 28,814,773 |
| Unspent funds - ending | \$ 2,520,935 | \$ 9,078,673 | \$ 20,585,394 | \$ 32,185,002 |

Northern Michigan Regional Entity

Statement of Net Position

May 31, 2025

| | PIHP MH | PIHP SUD | PIHP ISF | Total PIHP |
|----------------------------------|---------------------|---------------------|----------------------|----------------------|
| Assets | | | | |
| Current Assets | | | | |
| Cash Position | \$ 54,377,419 | \$ 7,980,977 | \$ 20,585,394 | \$ 82,943,790 |
| Accounts Receivable | 6,365,197 | 2,018,931 | - | 8,384,128 |
| Prepays | 84,521 | - | - | 84,521 |
| Total current assets | <u>60,827,137</u> | <u>9,999,908</u> | <u>20,585,394</u> | <u>91,412,439</u> |
| Noncurrent Assets | | | | |
| Capital assets | <u>479,259</u> | <u>-</u> | <u>-</u> | <u>479,259</u> |
| Total Assets | <u>61,306,396</u> | <u>9,999,908</u> | <u>20,585,394</u> | <u>91,891,698</u> |
| Liabilities | | | | |
| Current liabilities | | | | |
| Accounts payable | 58,488,720 | 921,235 | - | 59,409,955 |
| Accrued liabilities | 296,741 | - | - | 296,741 |
| Unearned revenue | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> |
| Total current liabilities | <u>58,785,461</u> | <u>921,235</u> | <u>-</u> | <u>59,706,696</u> |
| Unspent funds | <u>\$ 2,520,935</u> | <u>\$ 9,078,673</u> | <u>\$ 20,585,394</u> | <u>\$ 32,185,002</u> |

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Mental Health

October 1, 2024 through May 31, 2025

| | Total Budget | YTD Budget | YTD Actual | Variance Favorable (Unfavorable) | Percent Favorable (Unfavorable) |
|-------------------------------|----------------------|---------------------|---------------------|--|---------------------------------------|
| Operating revenue | | | | | |
| Medicaid | | | | | |
| * Capitation | \$ 187,752,708 | \$ 125,168,472 | \$ 140,879,713 | \$ 15,711,241 | 12.55% |
| Carryover | 11,400,000 | - | - | - | - |
| Healthy Michigan | | | | | |
| Capitation | 19,683,372 | 13,122,248 | 11,195,145 | (1,927,103) | (14.69%) |
| Carryover | 5,100,000 | - | 736,656 | 736,656 | 0.00% |
| Health Home | 1,451,268 | 967,512 | 2,150,637 | 1,183,125 | 122.29% |
| Affiliate local drawdown | 594,816 | 446,112 | 446,112 | - | 0.00% |
| Performance Bonus Incentive | 1,334,531 | 1,334,531 | 1,653,705 | 319,174 | 23.92% |
| Miscellaneous Grants | - | - | - | - | 0.00% |
| Veteran Navigator Grant | 110,000 | 73,336 | 58,121 | (15,215) | (20.75%) |
| Other Revenue | - | - | 59 | 59 | 0.00% |
| Total operating revenue | 227,426,695 | 141,112,211 | 157,120,148 | 16,007,937 | 11.34% |
| Operating expenses | | | | | |
| General Administration | 3,591,836 | 2,377,504 | 2,384,791 | (7,287) | (0.31%) |
| Health Home Administration | - | - | 27,064 | (27,064) | 0.00% |
| Insurance Provider Assessment | 1,897,524 | 1,265,016 | 1,334,356 | (69,340) | (5.48%) |
| Hospital Rate Adjuster | 4,571,328 | 3,047,552 | 3,965,773 | (918,221) | (30.13%) |
| Local PBIP | 1,737,753 | - | 1,579,647 | (1,579,647) | 0.00% |
| Local Match Drawdown | 594,816 | 446,112 | 446,112 | - | 0.00% |
| Miscellaneous Grants | - | - | - | - | 0.00% |
| Veteran Navigator Grant | 110,004 | 61,144 | 58,121 | 3,023 | 4.94% |
| Payments to Affiliates: | | | | | |
| Medicaid Services | 176,618,616 | 117,745,744 | 133,484,409 | (15,738,665) | (13.37%) |
| Healthy Michigan Services | 17,639,940 | 11,759,960 | 13,065,333 | (1,305,373) | (11.10%) |
| Health Home Services | 1,415,196 | 943,464 | 1,720,081 | (776,617) | (82.32%) |
| Total operating expenses | 208,177,013 | 137,646,496 | 158,065,687 | (20,419,191) | (14.83%) |
| CY Unspent funds | <u>\$ 19,249,682</u> | <u>\$ 3,465,715</u> | (945,539) | <u>\$ (4,411,254)</u> | |
| Transfers in | | | - | | |
| Transfers out | | | - | 158,065,687 | |
| Unspent funds - beginning | | | 3,466,474 | | |
| Unspent funds - ending | | | <u>\$ 2,520,935</u> | (945,539) | |

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Abuse

October 1, 2024 through May 31, 2025

| | Total Budget | YTD Budget | YTD Actual | Variance Favorable (Unfavorable) | Percent Favorable (Unfavorable) |
|------------------------------------|---------------------|---------------------|---------------------|--|---------------------------------------|
| Operating revenue | | | | | |
| Medicaid | \$ 4,678,632 | \$ 3,119,088 | \$ 4,631,153 | \$ 1,512,065 | 48.48% |
| Healthy Michigan | 11,196,408 | 7,464,272 | 8,190,042 | 725,770 | 9.72% |
| Substance Use Disorder Block Grant | 6,467,905 | 4,311,935 | 2,435,990 | (1,875,945) | (43.51%) |
| Opioid Health Home | 3,419,928 | 2,279,952 | 2,750,592 | 470,640 | 20.64% |
| Public Act 2 (Liquor tax) | 1,533,979 | 511,326 | 954,437 | 443,111 | 86.66% |
| Miscellaneous Grants | 4,000 | 2,667 | 93,332 | 90,665 | 3399.95% |
| SOR Grant | 2,043,984 | 1,362,656 | 998,555 | (364,101) | (26.72%) |
| Gambling Prevention Grant | 200,000 | 133,333 | 144,195 | 10,862 | 8.15% |
| Other Revenue | - | - | - | - | 0.00% |
| Total operating revenue | 29,544,836 | 19,185,229 | 20,198,296 | 1,013,067 | 5.28% |
| Operating expenses | | | | | |
| Substance Use Disorder: | | | | | |
| SUD Administration | 1,082,576 | 681,720 | 508,771 | 172,949 | 25.37% |
| Prevention Administration | 118,428 | 78,952 | 81,933 | (2,981) | (3.78%) |
| Insurance Provider Assessment | 113,604 | 75,736 | 80,181 | (4,445) | (5.87%) |
| Medicaid Services | 3,931,560 | 2,621,040 | 2,499,972 | 121,068 | 4.62% |
| Healthy Michigan Services | 10,226,004 | 6,817,336 | 5,998,688 | 818,648 | 12.01% |
| Community Grant | 2,074,248 | 1,382,832 | 1,138,627 | 244,205 | 17.66% |
| Prevention | 634,056 | 422,704 | 518,938 | (96,234) | (22.77%) |
| State Disability Assistance | 95,215 | 63,479 | - | 63,479 | 100.00% |
| ARPA Grant | - | - | 540,753 | (540,753) | 0.00% |
| Opioid Health Home Admin | - | - | 51,911 | (51,911) | 0.00% |
| Opioid Health Home Services | 3,165,000 | 2,110,000 | 2,274,560 | (164,560) | (7.80%) |
| Miscellaneous Grants | 4,000 | 2,667 | 93,332 | (90,665) | (3399.95%) |
| SOR Grant | 2,043,984 | 1,362,656 | 998,555 | 364,101 | 26.72% |
| Gambling Prevention | 200,000 | 133,333 | 144,195 | (10,862) | (8.15%) |
| PA2 | 1,533,978 | 511,326 | 954,437 | (443,111) | (86.66%) |
| Total operating expenses | 25,222,653 | 16,263,781 | 15,884,853 | 378,928 | 2.33% |
| CY Unspent funds | <u>\$ 4,322,183</u> | <u>\$ 2,921,448</u> | 4,313,443 | <u>\$ 1,391,995</u> | |
| Transfers in | | | - | | |
| Transfers out | | | - | | |
| Unspent funds - beginning | | | 4,765,230 | | |
| Unspent funds - ending | | | <u>\$ 9,078,673</u> | | |

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Mental Health Administration

October 1, 2024 through May 31, 2025

| | Total Budget | YTD Budget | YTD Actual | Variance Favorable (Unfavorable) | Percent Favorable (Unfavorable) |
|----------------------------|---------------------|---------------------|---------------------|--|---------------------------------------|
| General Admin | | | | | |
| Salaries | \$ 1,921,812 | \$ 1,281,208 | \$ 1,340,611 | \$ (59,403) | (4.64%) |
| Fringes | 666,212 | 422,416 | 421,172 | 1,244 | 0.29% |
| Contractual | 683,308 | 455,544 | 409,162 | 46,382 | 10.18% |
| Board expenses | 18,000 | 12,000 | 14,467 | (2,467) | (20.56%) |
| Day of recovery | 14,000 | 14,000 | 886 | 13,114 | 93.67% |
| Facilities | 152,700 | 101,800 | 85,738 | 16,062 | 15.78% |
| Other | 135,804 | 90,536 | 112,755 | (22,219) | (24.54%) |
| Total General Admin | <u>\$ 3,591,836</u> | <u>\$ 2,377,504</u> | <u>\$ 2,384,791</u> | <u>\$ (7,287)</u> | <u>(0.31%)</u> |

Northern Michigan Regional Entity

Schedule of PA2 by County

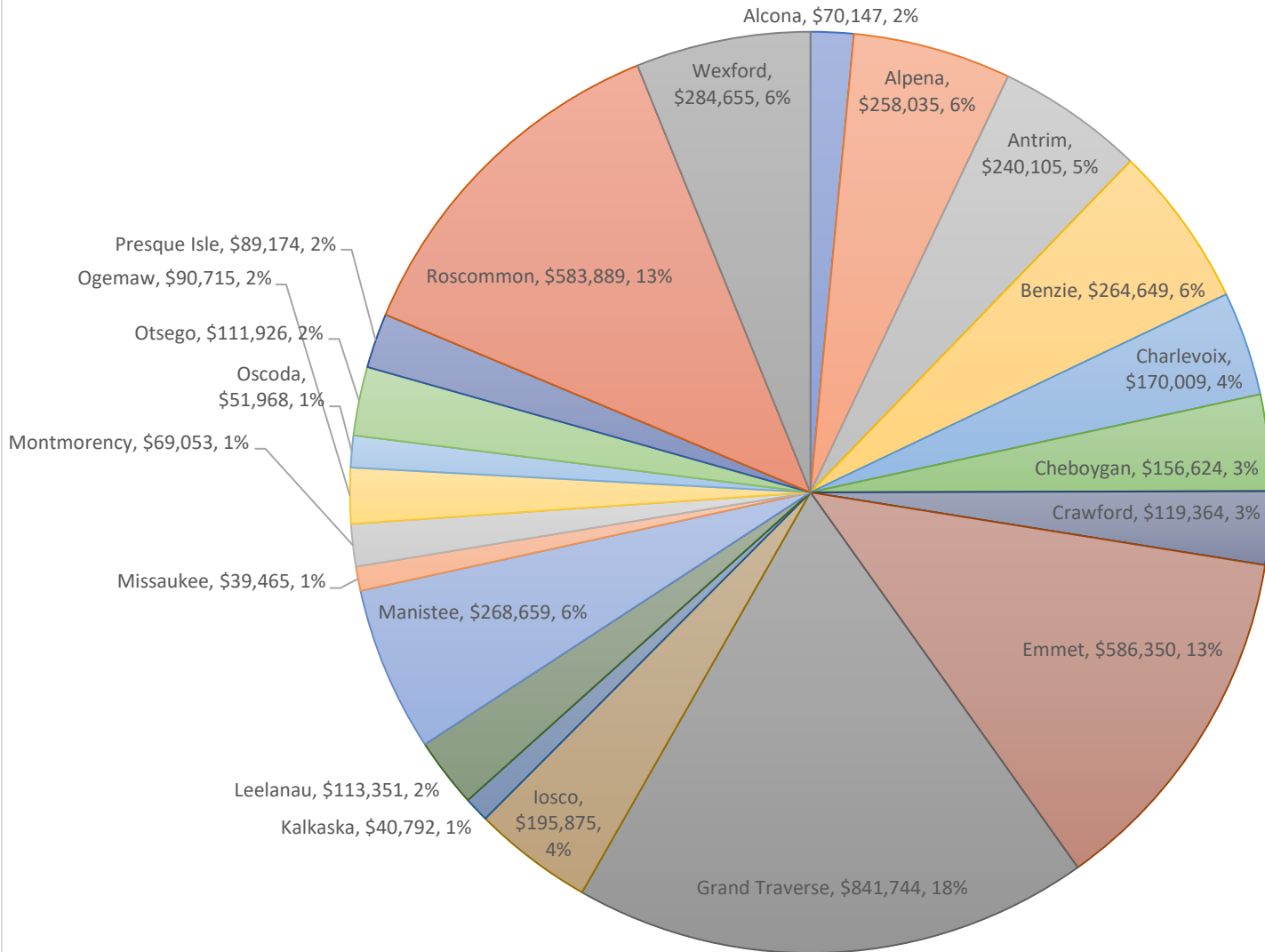
October 1, 2024 through May 31, 2025

| County | Projected FY25 Activity | | | | Actual FY25 Activity | | | |
|----------------|-------------------------------|------------------------|------------------------|--------------------------|----------------------|--------------------------|------------------------------------|------------------|
| | Beginning Balance | FY25 Projected Revenue | FY25 Approved Projects | Projected Ending Balance | Current Receipts | County Specific Projects | Region Wide Projects by Population | Ending Balance |
| | Actual Expenditures by County | | | | | | | |
| Alcona | \$ 71,885 | \$ 23,013 | \$ 21,562 | \$ 73,336 | \$ 9,914 | 11,651 | \$ - | \$ 70,147 |
| Alpena | 276,605 | 81,249 | 115,352 | 242,502 | 38,033 | 56,603 | - | 258,035 |
| Antrim | 225,891 | 71,430 | 37,276 | 260,045 | 33,812 | 19,598 | - | 240,105 |
| Benzie | 257,777 | 64,021 | 52,479 | 269,320 | 29,286 | 22,414 | - | 264,649 |
| Charlevoix | 240,410 | 106,977 | 204,773 | 142,613 | 46,677 | 117,078 | - | 170,009 |
| Cheboygan | 141,238 | 85,508 | 65,816 | 160,930 | 40,575 | 25,188 | - | 156,624 |
| Crawford | 126,884 | 36,205 | 68,993 | 94,096 | 17,924 | 25,444 | - | 119,364 |
| Emmet | 604,860 | 182,951 | 363,695 | 424,117 | 82,567 | 101,078 | - | 586,350 |
| Grand Traverse | 947,150 | 464,163 | 558,074 | 853,238 | 205,396 | 310,801 | - | 841,744 |
| Iosco | 186,997 | 84,319 | 73,780 | 197,537 | 38,690 | 29,812 | - | 195,875 |
| Kalkaska | 25,843 | 41,796 | 2,436 | 65,203 | 18,678 | 3,729 | - | 40,792 |
| Leelanau | 97,166 | 63,811 | 39,737 | 121,240 | 27,988 | 11,804 | - | 113,351 |
| Manistee | 259,014 | 82,480 | 104,210 | 237,284 | 36,904 | 27,258 | - | 268,659 |
| Missaukee | 30,683 | 22,352 | 20,908 | 32,127 | 10,850 | 2,068 | - | 39,465 |
| Montmorency | 59,540 | 30,318 | 8,457 | 81,401 | 13,074 | 3,561 | - | 69,053 |
| Ogemaw | 64,110 | 68,787 | 11,101 | 121,797 | 30,828 | 4,224 | - | 90,715 |
| Oscoda | 44,727 | 21,668 | 7,577 | 58,818 | 10,432 | 3,191 | - | 51,968 |
| Otsego | 112,969 | 105,067 | 98,424 | 119,612 | 48,085 | 49,128 | - | 111,926 |
| Presque Isle | 82,660 | 24,977 | 11,701 | 95,936 | 11,445 | 4,931 | - | 89,174 |
| Roscommon | 576,714 | 87,317 | 55,007 | 609,024 | 39,501 | 32,326 | - | 583,889 |
| Wexford | 332,107 | 98,696 | 229,583 | 201,220 | 45,098 | 92,550 | - | 284,655 |
| | <u>4,765,231</u> | <u>1,847,106</u> | <u>2,150,940</u> | <u>4,461,397</u> | <u>835,755</u> | <u>954,437</u> | <u>-</u> | <u>4,646,549</u> |

PA2 Redirect

-
4,646,549

PA2 FUND BALANCES BY COUNTY



Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Abuse Administration

October 1, 2024 through May 31, 2025

| | Total Budget | YTD Budget | YTD Actual | Variance Favorable (Unfavorable) | Percent Favorable (Unfavorable) |
|---------------------------|---------------------|-------------------|-------------------|--|---------------------------------------|
| SUD Administration | | | | | |
| Salaries | \$ 723,372 | \$ 482,248 | \$ 301,223 | \$ 181,025 | 37.54% |
| Fringes | 212,604 | 141,736 | 100,489 | 41,247 | 29.10% |
| Access Salaries | - | - | - | - | 0.00% |
| Access Fringes | - | - | - | - | 0.00% |
| Access Contractual | - | - | - | - | 0.00% |
| Contractual | 129,000 | 50,000 | 75,332 | (25,332) | (50.66%) |
| Board expenses | 5,000 | 3,336 | 3,500 | (164) | (4.92%) |
| Day of Recover | - | - | 10,507 | (10,507) | 0.00% |
| Facilities | - | - | - | - | 0.00% |
| Other | 12,600 | 4,400 | 17,720 | (13,320) | (302.73%) |
| Total operating expenses | <u>\$ 1,082,576</u> | <u>\$ 681,720</u> | <u>\$ 508,771</u> | <u>\$ 172,949</u> | 25.37% |

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - ISF

October 1, 2024 through May 31, 2025

| | Total Budget | YTD Budget | YTD Actual | Variance Favorable (Unfavorable) | Percent Favorable (Unfavorable) |
|---------------------------------|-----------------|-----------------|----------------------|--|---------------------------------------|
| Operating revenue | | | | | |
| Charges for services | \$ - | \$ - | \$ - | \$ - | 0.00% |
| Interest and Dividends | 7,500 | 5,000 | 2,325 | (2,675) | (53.50%) |
| Total operating revenue | <u>7,500</u> | <u>5,000</u> | <u>2,325</u> | <u>(2,675)</u> | <u>(53.50%)</u> |
| Operating expenses | | | | | |
| Medicaid Services | - | - | - | - | 0.00% |
| Healthy Michigan Services | - | - | - | - | 0.00% |
| Total operating expenses | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>0.00%</u> |
| CY Unspent funds | <u>\$ 7,500</u> | <u>\$ 5,000</u> | 2,325 | <u>\$ (2,675)</u> | |
| Transfers in | | | - | | |
| Transfers out | | | - | - | |
| Unspent funds - beginning | | | <u>20,583,069</u> | | |
| Unspent funds - ending | | | <u>\$ 20,585,394</u> | | |

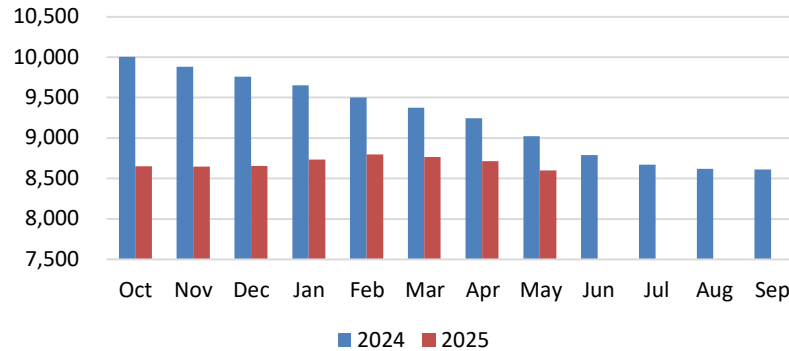
Northern Michigan Regional Entity

Narrative

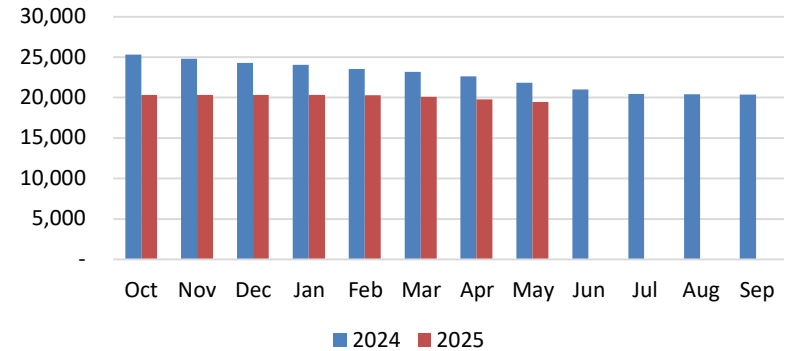
October 1, 2024 through May 31, 2025

Northern Lakes Eligible Members Trending - based on payment files

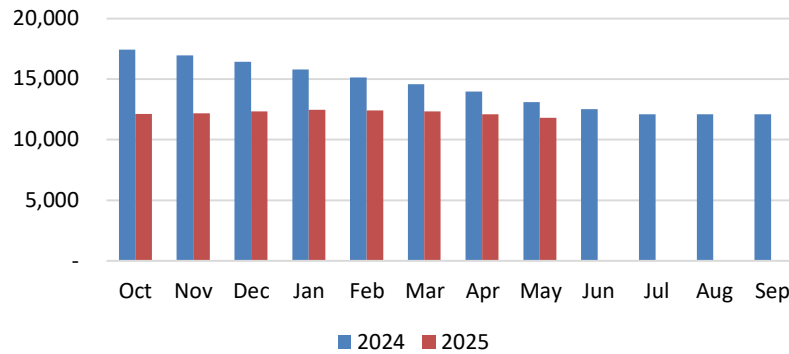
DABS - Northern Lakes



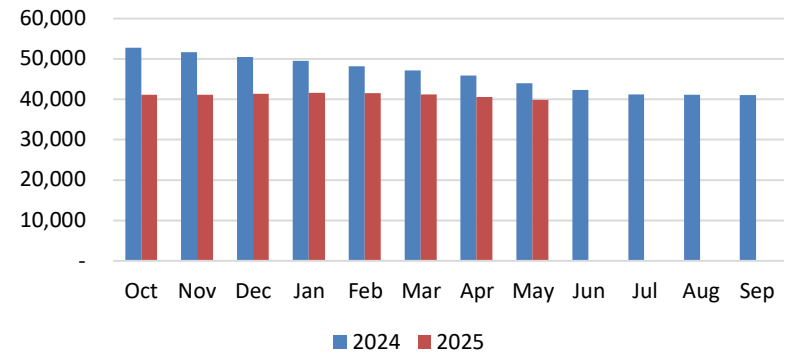
TANF - Northern Lakes



HMP - Northern Lakes



Total - Northern Lakes



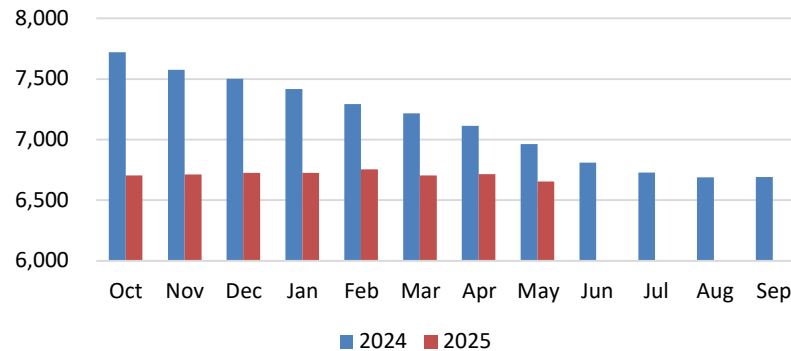
Northern Michigan Regional Entity

Narrative

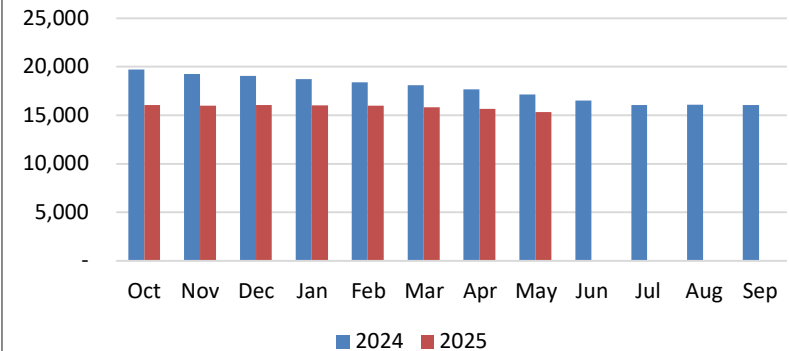
October 1, 2024 through May 31, 2025

North Country Eligible Members Trending - based on payment files

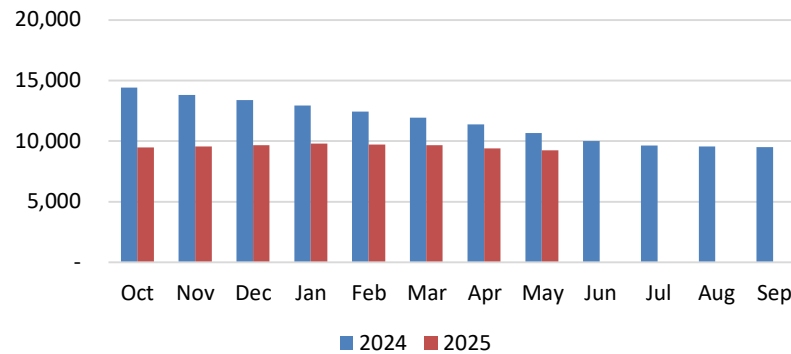
DABS - North Country



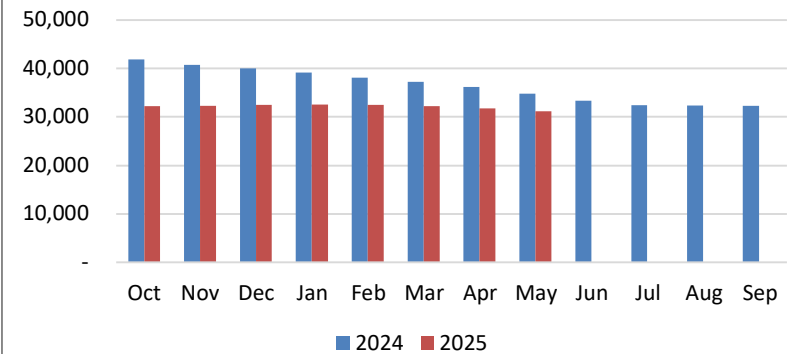
TANF - North Country



HMP - North Country



Total - North Country



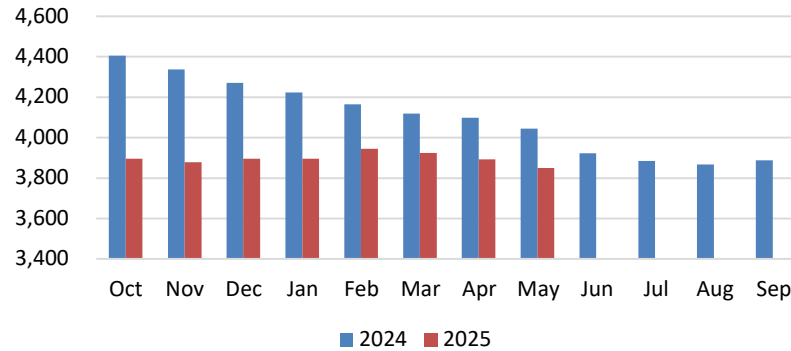
Northern Michigan Regional Entity

Narrative

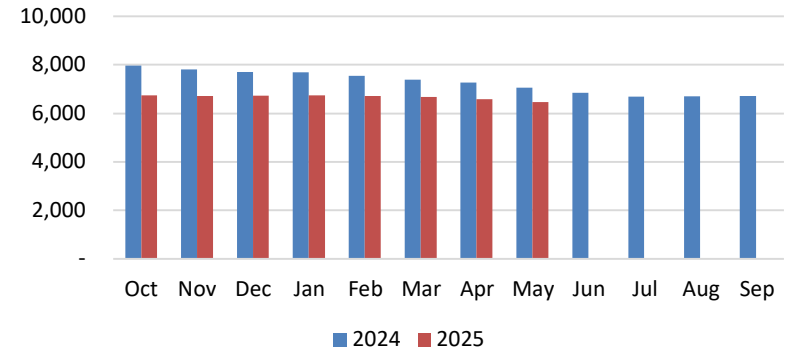
October 1, 2024 through May 31, 2025

Northeast Eligible Members Trending - based on payment files

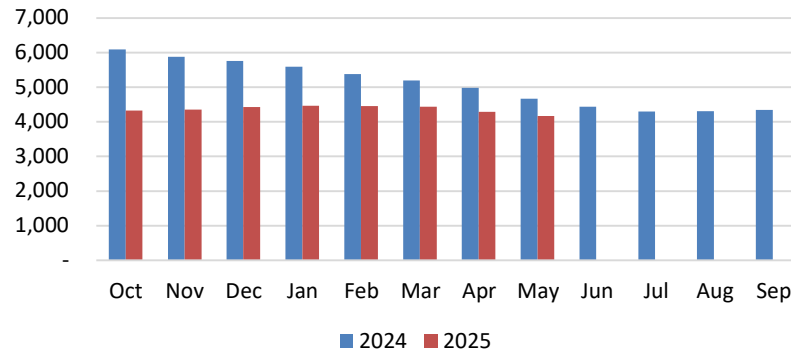
DABS - Northeast



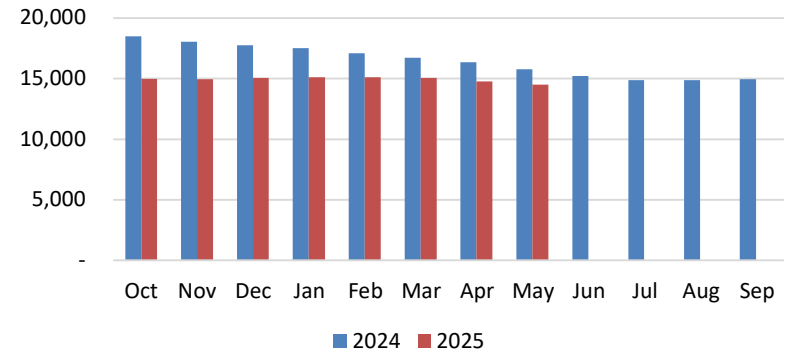
TANF - Northeast



HMP - Northeast



Total - Northeast

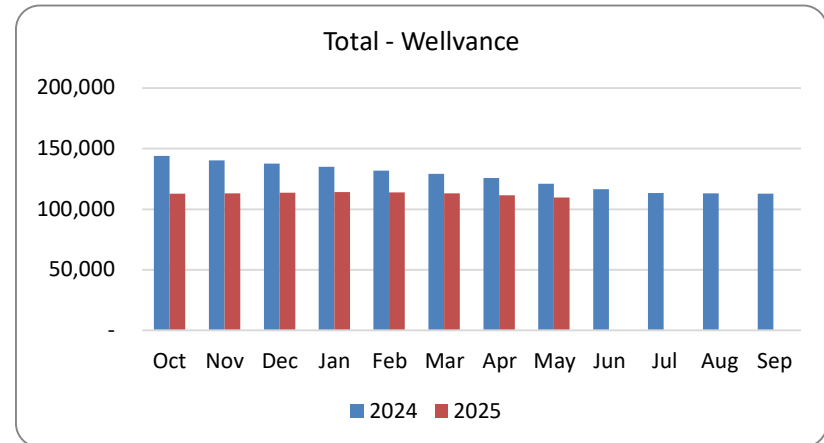
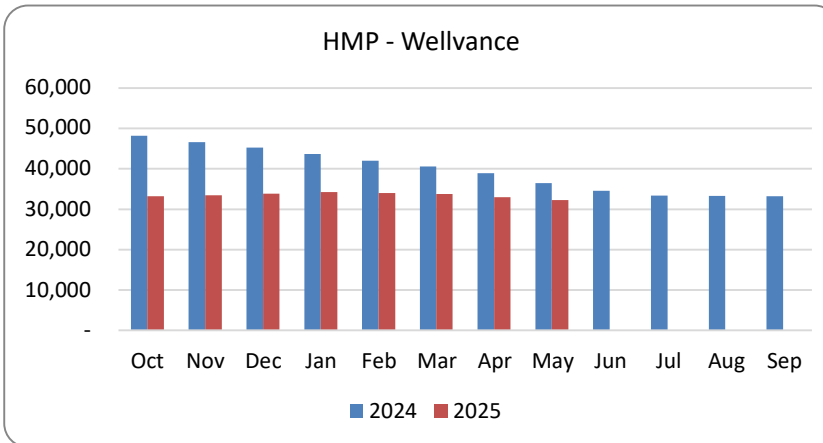
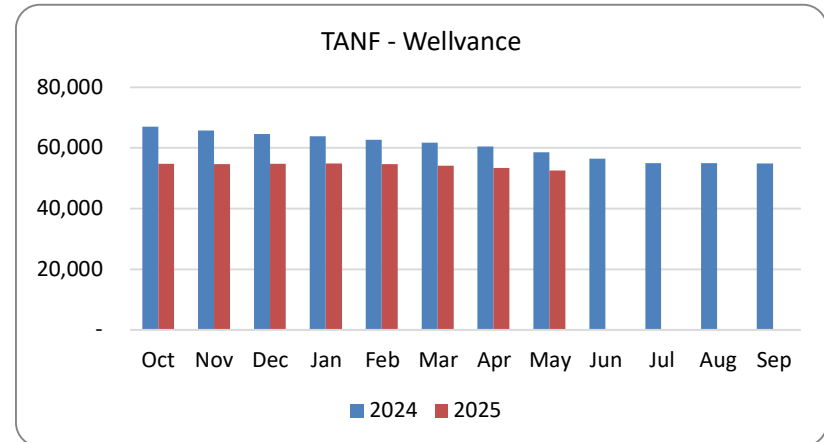
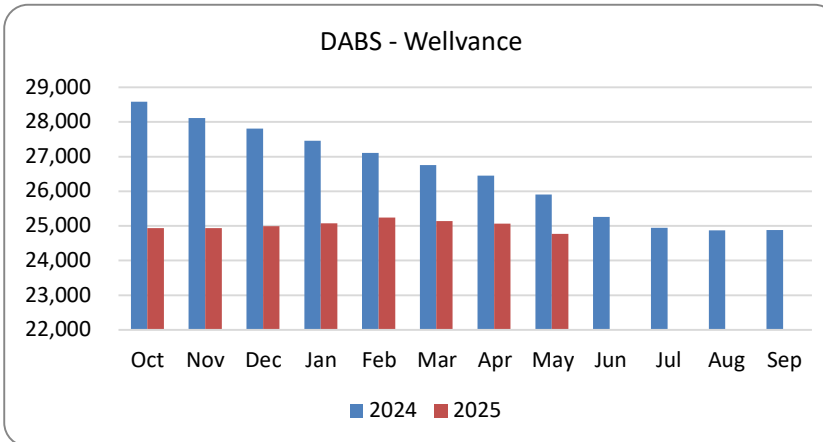


Northern Michigan Regional Entity

Narrative

October 1, 2024 through May 31, 2025

Wellvance Eligible Members Trending - based on payment files



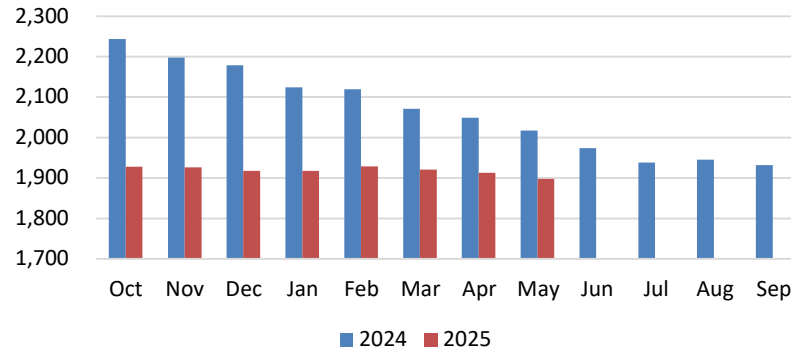
Northern Michigan Regional Entity

Narrative

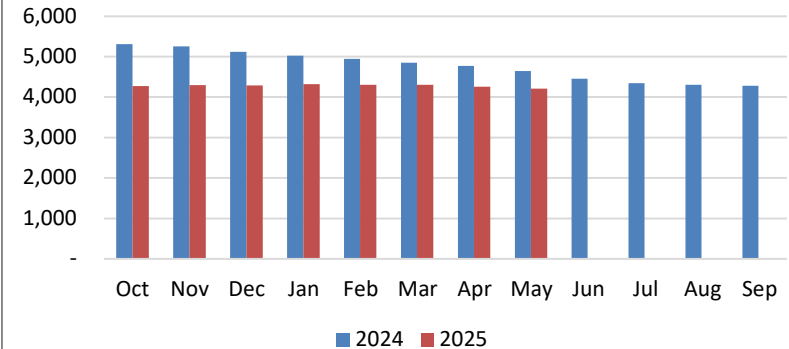
October 1, 2024 through May 31, 2025

Centra Wellness Eligible Members Trending - based on payment files

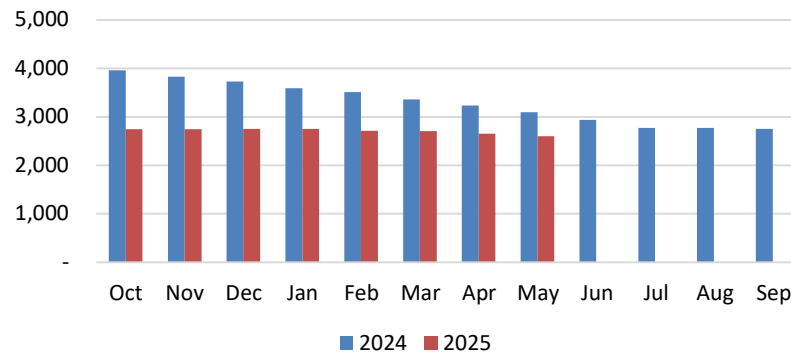
DABS - Centra



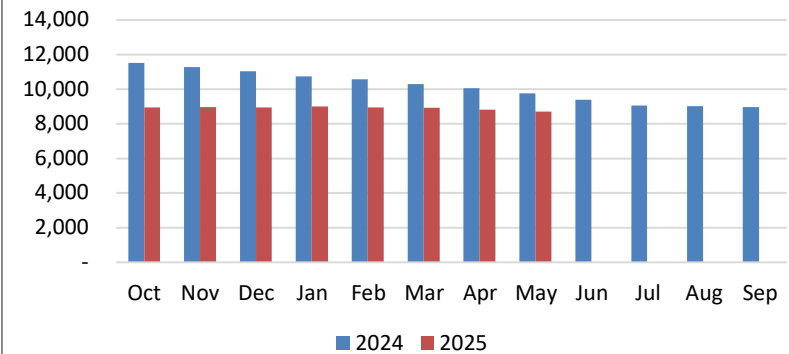
TANF - Centra



HMP - Centra



Total - Centra



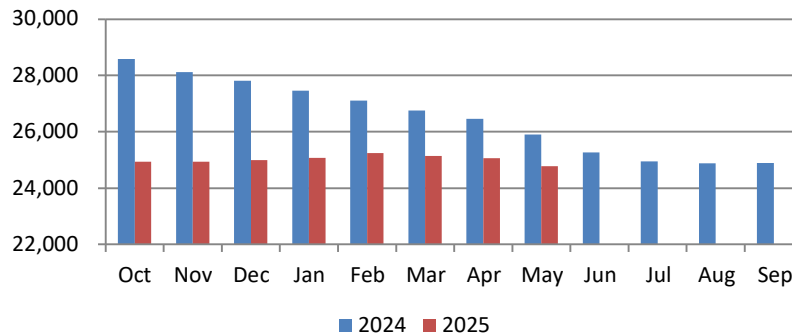
Northern Michigan Regional Entity

Narrative

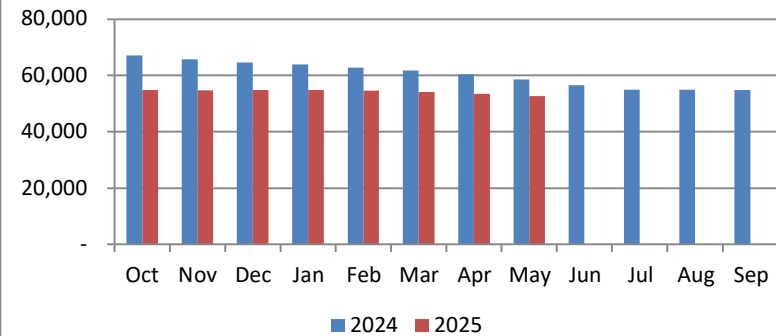
October 1, 2024 through May 31, 2025

Regional Eligible Trending

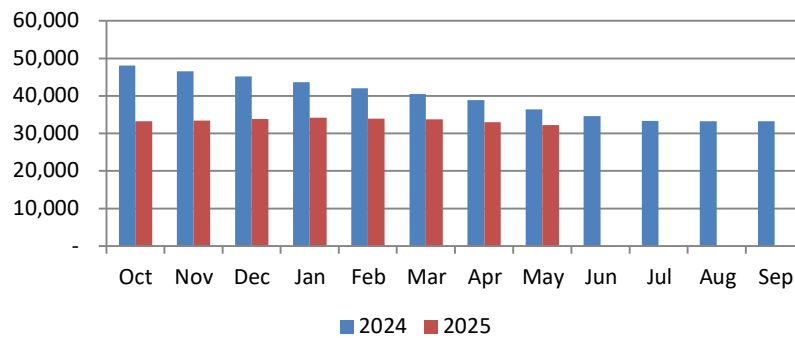
DAB Eligibles



TANF Eligibles



Healthy Michigan Eligibles



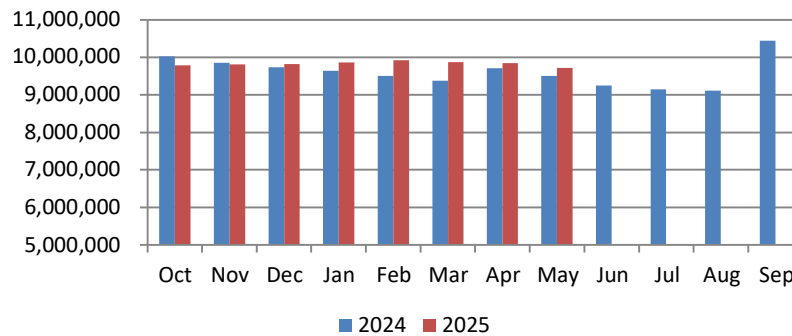
Northern Michigan Regional Entity

Narrative

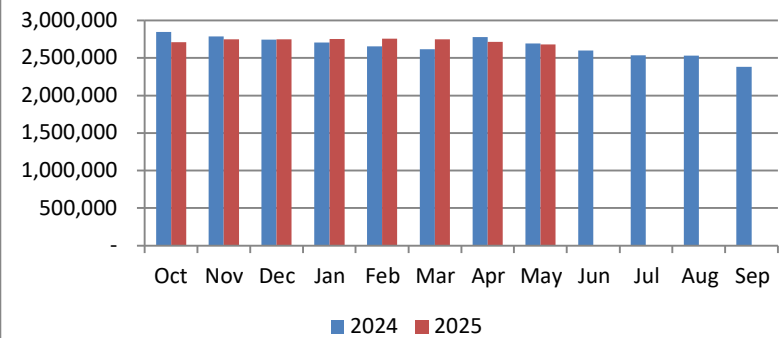
October 1, 2024 through May 31, 2025

Regional Revenue Trending

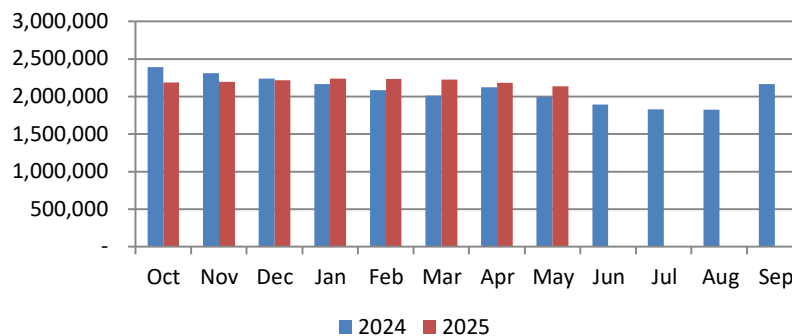
DAB Revenue



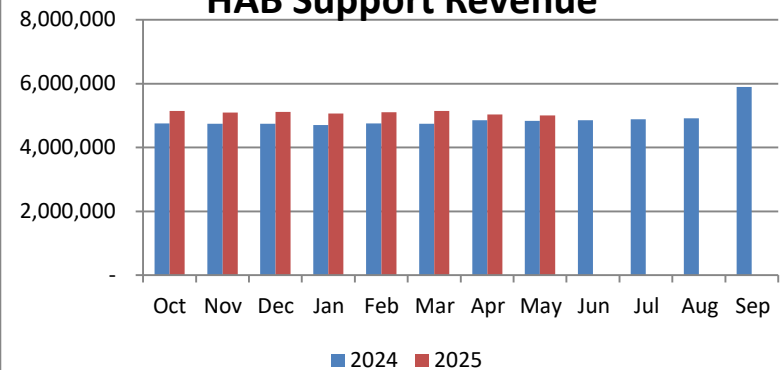
TANF Revenue



Healthy Michigan Revenue



HAB Support Revenue



**NORTHERN MICHIGAN REGIONAL ENTITY
OPERATIONS COMMITTEE MEETING
9:30AM – JULY 15, 2025
GAYLORD CONFERENCE ROOM**

| | |
|-------------------|--|
| ATTENDEES: | Brian Babbitt, Curt Cummins, Chip Johnston, Eric Kurtz, Trish Otremba, Diane Pelts, Nena Sork, Carol Balousek |
| GUEST: | Chris Cooke |

WELCOME & INTRODUCTIONS

Dr. Curt Cummins, Medical Director and current Interim CEO of Northern Lakes, was introduced.

REVIEW OF AGENDA AND ADDITIONS

Mr. Babbitt requested that Behavior Treatment Plans and LBA requirement be added to the meeting agenda.

APPROVAL OF PREVIOUS MINUTES

The minutes from June 17th were included in the meeting materials.

MOTION BY DIANE PELTS TO APPROVE THE JUNE 17, 2025 MINUTES OF THE NORTHERN MICHIGAN REGIONAL ENTITY OPERATIONS COMMITTEE; SUPPORT BY BRIAN BABBITT. MOTION CARRIED.

FINANCE COMMITTEE AND RELATED

May 2025 Financial Report

- Net Position showed a net surplus for Medicaid and HMP of \$1,866,598. Carry forward was reported as \$736,656. The total Medicaid and HMP current year surplus was reported as \$2,603,254. FY24 HSW revenue was reported as \$1,137,411. The total Medicaid and HMP adjusted current year surplus was reported as \$1,465,843. The total Medicaid and HMP Internal Service Fund was reported as \$20,576,156. The total Medicaid and HMP net surplus was reported as \$23,179,410.
- Traditional Medicaid showed \$145,510,866 in revenue, and \$141,600,288 in expenses, resulting in a net surplus of \$3,910,578. Medicaid ISF was reported as \$13,514,675 based on the current FSR. Medicaid Savings was reported as \$0.
- Healthy Michigan Plan showed \$19,385,187 in revenue, and \$21,429,166 in expenses, resulting in a net deficit of \$2,043,979. HMP ISF was reported as \$7,068,394 based on the current FSR. HMP savings was reported as \$736,656.
- Health Home showed \$2,150,637 in revenue, and \$1,722,783 in expenses, resulting in a net surplus of \$377,854.
- SUD showed all funding source revenue of \$18,962,214 and \$14,823,574 in expenses, resulting in a net surplus of \$4,138,640. Total PA2 funds were reported as \$4,646,549.

| | Centra Wellness | North Country | Northeast MI | Northern Lakes | Wellvance |
|-----------------|----------------------------|--------------------------|-------------------------|---------------------------|------------------|
| Medicaid | \$651,886 | \$273,428 | (\$28,648) | (\$2,567,850) | \$1,262,261 |
| HMP | (\$390, 275) | (\$353,343) | (\$166,632) | (\$2,364,877) | (\$390,275) |
| Total | \$134,952 | (\$79,914) | (\$195,280) | (\$4,932,726) | \$871,986 |

Mr. Kurtz asked Dr. Cummins about the status of Northern Lakes' Cost Containment Plan. Dr. Cummins reported that, during an emergency meeting on June 27th, the Northern Lakes Board approved moving forward with Phase 1 of the Cost Containment Plan. A reduction of 27 staff for an estimated savings of \$2.4M – \$2.7M is in process. An RFP is being issued to contract with a provider to staff residential homes owned or leased by Northern Lakes. All Northern Lakes CMHA contracts are under review. The Northern Lakes Leadership Team is meeting weekly to monitor progress.

Ms. Pelts mentioned a motion passed by the NMRE Board on June 25th to restrict Northern Lakes' funding to the PM/PM revenue. Mr. Kurtz added that new language was added to the PIHP/CMHSP contracts to allow the NMRE to use its discretion not cover CMHSP cost overruns or only portion of those cost overruns to ensure an adequate or fully funded risk reserve.

Rehmann is currently reviewing FY20 as part of the cost allocation lookback. Mr. Kurtz would like to finalize the lookback upon the completion of FY20 and extrapolate the findings.

Ms. Sork questioned what happened to the \$11.3M "rainy day fund" and \$8.1M invested in a savings account referenced in the October 18, 2024, Northern Lakes CMHA Board Minutes.

Mr. Babbitt asked whether Northern Lakes has any pending cash flow issue. Dr. Cummins responded that Northern Lakes is pushing payments to vendors for 30 days in an effort to improve cash flow.

MOTION BY BRIAN BABBITT TO RECOMMEND APPROVAL OF THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR MAY 2025; SUPPORT BY NENA SORK. MOTION APPROVED.

Rate Amendment

Pursuant to Amendment No. 3 to the PIHP Contract, MDHHS intends on recouping all payments for FY25 and repaying them at a higher rate (\$161.4M statewide). This may allow the NMRE to preserve some of its ISF this year.

An email from the MDHHS-MSA Actuarial Division dated July 3, 2025 announcing the PIHP FY25 Rate Amendment Timeline was included in the meeting materials.

- 1) June 2025 Effective Rate Amendment.
 - a) This amendment will be reflected in July and subsequent PIHP capitation payments.
 - b) June recoup/repay anticipated schedule:
 - 7/17/2025:** Recoup/repay of HSW-MC, CWP-MC, and SED-MC payments.
 - 8/14/2025:** Recoup/repay of BHMA, MHMA-MHP, BHHMP, and MHHMP-MC.

- 2) January – May 2025 Amended Capitation Payments.
7/31/2025: Anticipated date of recoup/repay activity.
- 3) November and December 2024 Amended Capitation Payments.
8/7/2025: Anticipated date of recoup/repay activities.
- 4) October 2024 Amended Capitation Payments.
8/21/25: Anticipated date of recoup/repay activities.

The schedule was created to maintain the integrity of the CHAMPS system.

Audit Proposal

An RFP was conducted from May 15th – June 27th to collect bids to secure a financial auditing firm(s) for fiscal years 2025, 2026, and 2027 for the NMRE, Centra Wellness, North Country, Northern Lakes and Wellvance. Northeast Michigan already approved the auditing firm of Straley Lamp & Kraenzlein.

NMRE staff met on June 2nd to review and score the bids that were received from Roslund, Prestage, & Co. and Yeo and Yeo. Based on the submissions, NMRE staff recommended that Roslund, Prestage, & Co. be awarded the audit contract for the NMRE based on cost and experience.

MOTION BY NENA SORK TO APPROVE THE SELECTION OF ROSLUND, PRESTAGE, AND COMPANY, PC AS THE NORTHERN MICHIGAN REGIONAL ENTITY'S FINANCIAL AUDITING FIRM FOR THE FISCAL YEARS ENDING SEPTEMBER 30, 2025, SEPTEMBER 30, 2026, AND SEPTEMBER 30, 2027; SUPPORT BY DIANE PELTS. MOTION CARRIED.

The recommendation will be presented to the NMRE Board on July 23rd.

CMHAM LEGAL ISSUES REGARDING BID OUT

Attorney Chris Cooke (Secrest Wardle) was invited to join the meeting to review concerns related to the PIHP bid out.

Mr. Johnston summarized a meeting that was held on June 10th with senior CMHSP Directors, Mr. Kurtz, and legal counsel, which mainly focused on the central region of the state.

A meeting initiated by NorthCare Network is scheduled for July 17th at 1:00PM, intended to stress that the implications of the bid out to the northern region are potentially catastrophic.

Email correspondence was received from Bob Sheehan and Alan Bolter of the Community Mental Health Association of Michigan (CMHA) dated July 14th attesting that the response to their request filed under the Freedom of Information Act (FOIA) confirmed that no CMS prohibition on the current MDHHS sole-source contract with public PIHPs exists.

The communication from MDHHS states, "To the best of the Department's knowledge, information, and belief, this Department does not possess or maintain records under the description you provided or by other names reasonably known to the Department. **CMS has not required that we change or halt our sole source process.**"

PSYCHIATRIC INPATIENT NEGOTIATIONS

NMRE Provider Network Manager, Chris VanWagoner, included the following hospital rate requests for FY26.

MyMichigan Health

| | FY25 Rate | Proposed FY26 Rate | % Increase |
|------------------------------------|------------------|---------------------------|-------------------|
| Adult Psychiatric Inpatient (0100) | \$1,105.19 | \$1,138.35 | 3% |
| Partial Hospitalization (0912) | \$632.42 | * | * |
| Adolescent Intensive IOP (0905) | \$450.00 | 450.00 | 0% |
| ECT (0901) NEW | NA | Currently Unknown | |

* For FY26 Partial Hospitalization has been split into 1) Intensive (0913) at a rate of \$632.42 (same as FY25), and 2) Non-Intensive (0912) at a rate of \$459.42 (38% decrease).

HealthSource Saginaw

| | FY25 Rate | Proposed FY26 Rate | % Increase |
|------------------------------------|------------------|---------------------------|-------------------|
| Adult Psychiatric Inpatient (0100) | \$1,081.50 | \$1,103.13 | 2% |
| Adolescent Inpatient (0100) | \$1,081.50 | \$1,113.95 | 3% |
| Geriatric Inpatient (0100) | \$1,081.50 | \$1,113.95 | 3% |

HealthSource has also requested a \$1,500 lump sum payment for transportation costs.

Pine Rest

| | FY25 Rate | Proposed FY26 Rate | % Increase |
|---|------------------|---------------------------|-------------------|
| Adult Psychiatric Inpatient (0100) | \$1,269.00 | \$1,294.00 | 2% |
| Child/Adolescent Inpatient (0100) | \$1,393.00 | \$1,421.00 | 2% |
| Older Adult Unit (0100) | \$1,269.00 | \$1,294.00 | 2% |
| Partial Hospitalization for Adults and Children (0912) | \$582.00 | \$594.00 | 2% |
| Partial Hospitalization for Children (Eating Disorder) (0912) | \$756.00 | \$771.00 | 2% |
| ECT Inpatient (0901) (In Addition to Per Diem) | \$879.00 | \$897.00 | 2% |
| ECT Outpatient (0901) | \$1,136.00 | \$1,159.00 | 2% |

Southridge Behavioral Health – NEW

| | FY25 Rate | Proposed FY26 Rate | % Increase |
|------------------------------------|------------------|---------------------------|-------------------|
| Adult Psychiatric Inpatient (0100) | NA | \$1,100.00 | NA |

Mr. Kurtz stated that he would like to keep FY26 rate increases as low as possible as the hospitals received a sizable increase in hospital rate adjustment (HSA) payments.

MOTION BY BRIAN BABBITT TO APPROVE ALL HOSPITAL RATE REQUESTS FOR FISCAL YEAR 2026 THAT ARE NO GREATER THREE PERCENT (3%) HIGHER THAN THE

RATE APPROVED IN FISCAL YEAR 2025; SUPPORT BY DIANE PELTS. MOTION CARRIED.

Dr. Cummins recognized the benefit of having an ECT program in the region (Pine Rest).

Ms. Sork noted for others to be aware that Kalamazoo NeuroPsychiatric Hospital has questionable discharge planning.

MENTAL HEALTH FRAMEWORK

Communication from MDHHS dated July 10th regarding the Michigan Medicaid "Mental Health Framework" was included in the meeting materials.

Beginning in October 2026, Medicaid Health Plans will be responsible for most mental health services for Medicaid beneficiaries with lower levels of mental health need (including inpatient psychiatric care, crisis residential services, partial hospitalization services, and targeted case management). Service providers whose scope of practice includes assessments of mental health needs and who are participating in Michigan's Medicaid program will be required to:

- Use standardized tools (MichiCANS, LOCUS) for assessing the level of mental health need of enrollees seeking mental health services.
- Adopt a standardized referral process for mental health services.

Mr. Kurtz was authorized to compose a regional response to the MHF.

NLCMHA UPDATE

This topic was partially discussed under the Financial Report.

On June 27th, the Northern Lakes Search Committee scored the top four candidates for the CEO position. The top 2 candidates were to be interviewed by the full Board on July 11th, however, one of the top two candidates withdrew. The next Board meeting is scheduled for July 17th.

BEHAVIOR TREATMENT PLANS AND LBA REQUIREMENT

MDHHS has issued a directive that Behavior Treatment plans be written by Licensed Behavioral Analysts (LBA) or a psychologist under the supervision of LBA, effective October 1st. None of the five CMHSPs have an LBA on staff and will not prior to October 1st. Mr. Babbitt questioned the possibility of a waiver.

OTHER

With regard to MDHHS audit findings, Ms. Sork asked whether the NMRE will provide training on deficiencies that are universal throughout the region. Mr. Kurtz agreed to discuss the matter with NMRE Chief Clinical Officer, Branislava Arsenov, but regional training is probable.

NEXT MEETING

The next meeting was scheduled for August 19th at 9:30AM

**NORTHERN MICHIGAN REGIONAL ENTITY
SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE MEETING
10:00AM – JULY 7, 2025
GAYLORD CONFERENCE ROOM & MICROSOFT TEAMS**

| | | | |
|-------------------|--|--|---|
| Alcona | <input checked="" type="checkbox"/> Carolyn Brummund | Kalkaska | <input type="checkbox"/> David Comai |
| Alpena | <input checked="" type="checkbox"/> Lucille Bray | Leelanau | <input type="checkbox"/> Vacant |
| Antrim | <input checked="" type="checkbox"/> Pam Singer | Manistee | <input type="checkbox"/> Vacant |
| Benzie | <input checked="" type="checkbox"/> Tim Markey | Missaukee | <input checked="" type="checkbox"/> Dean Smallegan |
| Charlevoix | <input checked="" type="checkbox"/> Annemarie Conway | Montmorency | <input checked="" type="checkbox"/> Michelle Hamlin |
| Cheboygan | <input checked="" type="checkbox"/> John Wallace | Ogemaw | <input type="checkbox"/> Ron Quackenbush |
| Crawford | <input checked="" type="checkbox"/> Matthew Moeller | Oscoda | <input checked="" type="checkbox"/> Chuck Varner |
| Emmet | <input checked="" type="checkbox"/> Terry Newton | Otsego | <input checked="" type="checkbox"/> Doug Johnson |
| Grand | | Presque Isle | <input checked="" type="checkbox"/> Dana Labar |
| Traverse | <input checked="" type="checkbox"/> Dave Freedman | Roscommon | <input checked="" type="checkbox"/> Darlene Sensor |
| Iosco | <input checked="" type="checkbox"/> Jay O'Farrell | Wexford | <input checked="" type="checkbox"/> Gary Taylor |
| Staff: | <input checked="" type="checkbox"/> Bea Arsenov <input type="checkbox"/> Jodie Balhorn <input checked="" type="checkbox"/> Carol Balousek <input checked="" type="checkbox"/> Brady Barnhill <input type="checkbox"/> Lisa Hartley <input checked="" type="checkbox"/> Eric Kurtz <input type="checkbox"/> Heidi McClenaghan <input checked="" type="checkbox"/> Pamela Polom <input type="checkbox"/> Brandon Rhue <input checked="" type="checkbox"/> Denise Switzer <input type="checkbox"/> Chris VanWagoner <input type="checkbox"/> Deanna Yockey | Chief Clinical Officer Prevention Coordinator Executive Administrator IT Specialist Claims Assistant Chief Executive Officer Quality Manager Finance Specialist Chief Information Officer/Operations Director Grant and Treatment Manager Contract and Provider Network Manager Chief Financial Officer | |
| Public: | Nichole Flickema, Donna Hardies, Alyssa Harrold, Sarah Hegg, Larry LaCross, Sarah May, Susan Pulaski, Laruen Reed, Marjie Rich, Ellen Templeton, Sharon Vreeland Corey Winfield, Marney Winfield, Kerry Zahner | | |

CALL TO ORDER

Let the record show that Committee Vice-Chair, Jay O'Farrell, called the meeting to order at 10:00AM.

ROLL CALL

Let the record show that David Comai, and Ron Quackenbush were absent for the meeting on this date; all other SUD Oversight Committee Members were in attendance either in Gaylord or virtually.

PLEDGE OF ALLEGIANCE

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

APPROVAL OF PAST MINUTES

The May minutes were included in the materials for the meeting on this date.

MOTION BY PAM SINGER TO APPROVE THE MINUTES OF THE MAY 5, 2025 NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE MEETING; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

APPROVAL OF AGENDA

Ms. Sensor requested that the liquor tax request from Catholic Human Services to fund the Roscommon County Drug Free Coalition Roscommon in the amount of \$116,748 be tabled until the September meeting.

MOTION BY TERRY NEWTON TO APPROVE THE AGENDA FOR THE JUNE 7, 2025 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE, AS AMENDED; SUPPORT BY ANNEMARIE CONWAY. MOTION CARRIED.

ANNOUNCEMENTS

Let the record show that newly appointed committee member, Lucille Bray, representing Alpena County, was introduced.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that Mr. O'Farrell called for any conflicts of interest to any of the meeting agenda items; none were declared.

INFORMATIONAL REPORTS

FY24 Admissions Report

The admissions report through May 31, 2025 was included in the materials for the meeting on this date. Admissions were down 17.5% (consistent across all levels of care) from the same period in FY24, likely due to individuals losing Medicaid and Healthy Michigan (HMP) after the resumption of redeterminations, particularly for individuals on Healthy Michigan (20% decline). The data showed that outpatient was the highest level of treatment admissions at 43%, and alcohol was the most prevalent primary substance at 59%, all opiates (including heroin) were the second most prevalent primary substance at 18%, and methamphetamine was the third most prevalent primary substances at 16%.

County-specific reports were posted to the NMRE website at [County Admission Reports | NMRE](#). The county-specific reports are intended to be shared with Boards of Commissioners and other community stakeholders.

Mr. Freedman referenced the nationwide decrease in overdose deaths. According to the Centers for Disease Control and prevention (CDC), drug overdose deaths decreased almost 27% in the US, from approximately 110,000 deaths in 2023 to 80,400 in 2024. Deaths involving opioids, cocaine, and psychostimulants (like methamphetamine) also decreased. Experts attribute the recent decline to a combination of factors, including increased availability of naloxone (an overdose reversal medication), improved access to treatment for substance use disorders, and potential changes in the illicit drug supply (e.g., weaker fentanyl).

Financial Report

All SUD funding through April 30, 2025, showed revenue of \$16,703,387 and \$12,993,828 in expenses, resulting in a net surplus of \$3,709,559. Total PA2 funds were reported as \$4,783,867.

PA2/Liquor Tax was summarized as follows:

| Projected FY25 Activity | | | |
|-------------------------|-------------------|-------------------|--------------------------|
| Beginning Balance | Projected Revenue | Approved Projects | Projected Ending Balance |
| \$4,765,231 | \$1,847,106 | \$2,150,940 | \$4,461,397 |

| Actual FY25 Activity | | | |
|----------------------|------------------|----------------------|------------------------|
| Beginning Balance | Current Receipts | Current Expenditures | Current Ending Balance |
| \$4,765,231 | \$835,755 | \$817,119 | \$4,783,867 |

FY25 final PA2 balances will be finalized in November.

Last year, the NMRE's block grant funding was overspent by \$310K which had to be supplemented with liquor tax funds. This year looks much better and the NMRE is working to redirect PA2 funds to block grant funding, where it can.

Clarification was made that the NMRE received 40% of the counties liquor tax to be used for substance abuse treatment programs within the counties from which the funding originated. The counties retain the remaining 60%.

LIQUOR TAX PARAMETERS

The Liquor Tax funds parameters approved by the NMRE Board of Directors on April 24, 2024 were included in the meeting materials to inform the SUD Oversight Committee's decision whether to recommend approval of the liquor tax requests brought before the Committee on this date.

FY25 Liquor Tax Requests

1. Centra Wellness Benzie Area Youth (BAY) Benzie \$10,068 Amendment
Network Initiative

Meets PA2 Parameters? ☒ Yes ☐ No

The original amount requested and approved was \$7,790. The additional funds will bring the project total to \$17,858.00.

MOTION BY TO TIM MARKEY APPROVE THE REQUEST FROM CENTRA WELLNESS NETWORK FOR FISCAL YEAR 2025 BENZIE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF TEN THOUSAND SIXTY-EIGHT DOLLARS (\$10.068.00) TO FUND THE BAY AREA YOUTH INITIATIVE; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

2. 217 Recovery Recovery Engagement Grand \$29,760 New
Advocate Advocate Traverse

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM 217 RECOVERY FOR FISCAL YEAR 2025 GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF TWENTY-NINE THOUSAND SEVEN HUNDRED SIXTY DOLLARS (\$29,760.00) TO FUND A RECOVERY ENGAGEMENT ADVOCATE; SUPPORT BY PAM SINGER. MOTION CARRIED.

3. 217 Recovery Recovery Stories: Grand \$4,700 Continuation
Message of Hope Part VI Traverse

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM 217 RECOVERY FOR FISCAL YEAR 2025 GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF FOUR THOUSAND SEVEN HUNDRED DOLLARS (\$4,700.00) TO FUND PART VI OF THE RECOVERY STORIES: MESSAGE OF HOPE SERIES; SUPPORT BY PAM SINGER. MOTION CARRIED.

FY25 County Overviews

The impact of the liquor tax requests approved on this date on county fund balances was reported as:

| | Projected FY25 Available Balance | Amount Approved July 7, 2025 | Projected Remaining Balance |
|----------------|---|---|--|
| Benzie | \$193,744.70 | \$10,068.00 | \$183,676.70 |
| Grand Traverse | \$383,275.88 | \$34,460.00 | \$348,815.88 |
| Total | | \$44,528.00 | |

The "Projected Remaining Balance" reflects funding available for projects while retaining a fund balance equivalent of one year's receivables.

FY26 Liquor Tax Requests

1. 57th Emmet Emmet County Recovery Emmet \$267,037 Continuation
County Circuit Program (ECRP)
Court

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM THE EMMET COUNTY 57TH CIRCUIT COURT FOR FISCAL YEAR 2026 EMMET COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF TWO HUNDRED SIXTY-SEVEN THOUSAND THIRTY-SEVEN DOLLARS (\$267,037.00) TO FUND THE EMMET COUNTY RECOVERY PROGRAM; SUPPORT BY DOUG JOHNSON.

Discussion: Mr. Labar asked whether the request is to add individuals to the existing program. Ms. Switzer responded that the request is to continue the program into FY26 and

expand its capacity (from 10 to 20 individuals). The funds will also be used to pay the salary of the Recovery Court Coordinator, Alyssa Harrold.

VOTING TOOK PLACE ON MR. NEWTON'S MOTION. MOTION CARRIED

- | | | | | | |
|----|-------------------------|---|--------|---------|--------------|
| 2. | Catholic Human Services | Alcona Prevention Students Leading Students (SLS) | Alcona | \$9,900 | Continuation |
|----|-------------------------|---|--------|---------|--------------|

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY CAROLYN BRUMMUND TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR FISCAL YEAR 2026 ALCONA COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF NINE THOUSAND NINE HUNDRED DOLLARS (\$9,900.00) TO FUND THE ALCONA PREVENTION STUDENTS LEADING STUDENTS PROGRAM; SUPPORT BY ANNEMARIE CONWAY. MOTION CARRIED.

- | | | | | | |
|----|-------------------------|---|--------|----------|--------------|
| 3. | Catholic Human Services | Alpena Prevention Students Leading Students (SLS) | Alpena | \$51,687 | Continuation |
|----|-------------------------|---|--------|----------|--------------|

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY LUCILLE BRAY TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR FISCAL YEAR 2026 ALPENA COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF FIFTY-ONE THOUSAND SIX HUNDRED EIGHTY-SEVEN DOLLARS (\$51,687.00) TO FUND THE ALPENA PREVENTION STUDENTS LEADING STUDENTS PROGRAM; SUPPORT BY DANA LABAR. MOTION CARRIED.

- | | | | | | |
|----|--|----------------|------------|----------|--------------|
| 4. | Charlevoix County 33 rd Circuit Court | Drug/DWI Court | Charlevoix | \$17,480 | Continuation |
|----|--|----------------|------------|----------|--------------|

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY ANNEMARIE CONWAY TO APPROVE THE REQUEST FROM THE CHARLEVOIX COUNTY 33RD CIRCUIT COURT FOR FISCAL YEAR 2026 CHARLEVOIX COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF SEVENTEEN THOUSAND FOUR HUNDRED EIGHTY DOLLARS (\$17,480.00) TO FUND THE DRUG COURT PROGRAM; SUPPORT BY DOUG JOHNSON. MOTION CARRIED.

- | | | | | | |
|----|-------------------------|--|----------|----------|--------------|
| 5. | Catholic Human Services | Crawford Partnership to End Substance Misuse | Crawford | \$22,621 | Continuation |
|----|-------------------------|--|----------|----------|--------------|

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY MATT MOELLER TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR FISCAL YEAR 2026 CRAWFORD COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF TWENTY-TWO THOUSAND SIX HUNDRED TWENTY-ONE DOLLARS

(\$22,621.00) TO FUND THE CRAWFORD PARTNERSHIP TO END SUBSTANCE MISUSE PROGRAM; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

- | | | | | | |
|----|-------------------------|--|----------------|----------|--------------|
| 6. | Catholic Human Services | Generations Ahead Substance Use Prevention with Teen Parents | Grand Traverse | \$79,329 | Continuation |
|----|-------------------------|--|----------------|----------|--------------|

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR FISCAL YEAR 2026 GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF SEVENTY-NINE THOUSAND THREE HUNDRED TWENTY-NINE DOLLARS (\$79,329.00) TO FUND THE GENERATIONS AHEAD SUBSTANCE USE PREVENTION PROGRAM WITH TEEN PARENTS; SUPPORT BY ANNEMARIE CONWAY. MOTION CARRIED.

- | | | | | | |
|----|-------------------------|---|----------------|----------|--------------|
| 7. | Catholic Human Services | Grand Traverse Addiction and Recovery Council | Grand Traverse | \$76,665 | Continuation |
|----|-------------------------|---|----------------|----------|--------------|

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR FISCAL YEAR 2026 GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF SEVENTY-SIX THOUSAND SIX HUNDRED SIXTY-FIVE DOLLARS (\$76,665.00) TO FUND THE GRAND TRAVERSE ADDICTION AND RECOVERY COUNCIL; SUPPORT BY PAM SINGER. MOTION CARRIED.

- | | | | | | |
|----|-------------------------|--|----------------|----------|-----|
| 8. | Catholic Human Services | Grand Traverse Jail-Based Substance Use Disorder Program | Grand Traverse | \$53,438 | New |
|----|-------------------------|--|----------------|----------|-----|

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR FISCAL YEAR 2026 GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF FIFTY-THREE THOUSAND FOUR HUNDRED THIRTY-EIGHT DOLLARS (\$53,438.00) TO FUND THE GRAND TRAVERSE JAIL-BASED SUBSTANCE USE DISORDER PROGRAM; SUPPORT BY PAM SINGER.

Discussion: Mr. Freedman noted that he wasn't contacted in advance of this request. Ms. Singer suggested that a checkbox added to the liquor tax request application to indicate that the NMRE SUD Oversight Committee member representing the county from which funds are requested has been notified of the request.

VOTING TOOK PLACE ON MR. FREEDMAN'S MOTION. MOTION CARRIED.

9. Health Department of Northwest Michigan SAFE in Northern Michigan Prevention Coalition Antrim, Charlevoix, Emmet \$132,000 Continuation

| | | |
|--------------|-----------|---------------------|
| Antrim | \$ | 37,211.27 |
| Charlevoix | \$ | 41,759.63 |
| Emmet | \$ | 53,029.10 |
| Total | \$ | \$132,000.00 |

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR FISCAL YEAR 2026 ANTRIM, CHARLEVOIX, AND EMMET COUNTY LIQUOR TAX DOLLARS IN THE TOTAL AMOUNT OF ONE HUNDRED THIRTY-TWO THOUSAND DOLLARS (\$132,000.00) TO FUND THE SAFE IN NORTHERN MICHIGAN PREVENTION COALITION; SUPPORT BY ANNEMARIE CONWAY. MOTION CARRIED.

10. Catholic Human Services Iosco Substance Free Coalition Iosco \$46,162 Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY JAY O'FARRELL TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR FISCAL YEAR 2026 IOSCO COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF FORTY-SIX THOUSAND ONE HUNDRED SIXTY-TWO DOLLARS (\$46,162.00) TO FUND THE IOSCO SUBSTANCE FREE COALITION; SUPPORT BY PAM SINGER. MOTION CARRIED.

11. Catholic Human Services Leelanau County Coordinated Youth SUD Prevention Leelanau \$36,740 Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY ANNEMARIE CONWAY TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR FISCAL YEAR 2026 LEELANAU COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF THIRTY-SIX THOUSAND SEVEN HUNDRED FORTY DOLLARS (\$36,740.00) TO FUND THE LEELANAU COUNTY COORDINATED YOUTH SUBSTANCE USE DISORDER PREVENTION COALITION; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

12. Catholic Human Services Ogemaw County Drug Free Coalition Ogemaw \$9,450 Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DOUG JOHNSON TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR FISCAL YEAR 2026 OGEMAW COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF NINE THOUSAND FOUR HUNDRED FIFTY DOLLARS (\$9,450.00) TO FUND THE OGEMAW COUNTY DRUG FREE COALITION; SUPPORT BY PAM SINGER. MOTION CARRIED.

- | | | | | | |
|-----|-------------------------|--|-----------|----------|--------------|
| 13. | Catholic Human Services | Pulling Together: Cheboygan County Drug Free Coalition | Cheboygan | \$73,360 | Continuation |
|-----|-------------------------|--|-----------|----------|--------------|

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY JOHN WALLACE TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR FISCAL YEAR 2026 CHEBOYGAN COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF SEVENTY-THREE THOUSAND THREE HUNDRED SIXTY DOLLARS (\$73,360.00) TO FUND "PULLING TOGETHER," THE CHEBOYGAN COUNTY DRUG FREE COALITION; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

- | | | | | | |
|-----|---|---|--------|----------|--------------|
| 14. | Health Department of Northwest Michigan | RISE Otsego Substance Free Coalition | Otsego | \$86,932 | Continuation |
|-----|---|---|--------|----------|--------------|

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DOUG JOHNSON TO APPROVE THE REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR FISCAL YEAR 2026 OTSEGO COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF EIGHTY-SIX THOUSAND NINE HUNDRED THIRTY-TWO DOLLARS (\$86,932.00) TO FUND "RISE," THE OTSEGO COUNTY SUBSTANCE FREE COALITION; SUPPORT BY GARY TAYLOR. MOTION CARRIED.

- | | | | | | |
|-----|-------------------------|---|-----------|-----------|--------------|
| 15. | Catholic Human Services | Roscommon County Drug Free Coalition | Roscommon | \$116,748 | Continuation |
|-----|-------------------------|---|-----------|-----------|--------------|

Meets PA2 Parameters? ☒ Yes ☐ No

As stated previously, Ms. Sensor requested that this item be tabled until September.

- | | | | | | |
|-----|-------------------------|---|-----------|----------|-----|
| 16. | Catholic Human Services | Roscommon Jail-Based Substance Use Disorder Program | Roscommon | \$53,438 | New |
|-----|-------------------------|---|-----------|----------|-----|

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DARLENE SENSOR TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR FISCAL YEAR 2026 ROSCOMMON COUNTY LIQUOR TAX DOLLARS IN AMOUNT OF FIFTY-THREE THOUSAND FOUR HUNDRED THIRTY-EIGHT DOLLARS (\$53,438.00) TO FUND THE ROSCOMMON JAIL BASED SUBSTANCE USE DISORDER PROGRAM; SUPPORT BY JOHN WALLACE.

Discussion: Ms. Sensor reported that she sent the request to the Roscommon County Sheriff, who was not aware of the request but expressed his support. Clarification was made that the .6 FTE represents two full days per week of jail-based services.

Mr. Varner noted that Oscoda County lodges inmates in the Roscommon County Jail. He questioned whether the expense could be shared and/or amended so that Oscoda inmates could benefit from the program. Ms. Arsenov suggested that additional funding be requested to treat residents of Oscoda County.

VOTING TOOK PLACE ON MS. SENSOR'S MOTION. MOTION CARRIED.

- | | | | | | |
|-----|-------------------------|--|----------------|-----------|--------------|
| 17. | Catholic Human Services | Opioid Use Prevention and Medication Safety Media Campaign | Grand Traverse | \$155,000 | Continuation |
|-----|-------------------------|--|----------------|-----------|--------------|

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR FISCAL YEAR 2026 GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF ONE HUNDRED FIFTY-FIVE THOUSAND DOLLARS (\$155,000.00) TO FUND THE OPIOID USE PREVENTION AND MEDICATION SAFETY MEDIA CAMPAIGN; SUPPORT BY TERRY NEWTON.

Discussion: Clarification was made that the request in FY24 was for the same amount of funding. Mr. Freedman asked whether any data will be available to measure the impact of the medica campaign. Sharon Vreeland, Prevention Specialist with Catholic Human Services, responded that hit rates are submitted in quarterly reports to the NMRE. All are consistently above industry standards.

VOTING TOOK PLACE ON MR. FREEDMAN'S MOTION. MOTION CARRIED.

- | | | | | | |
|-----|-------------------------|---|---------|-----------|--------------|
| 18. | Catholic Human Services | Wexford Jail-Based Substance Use Disorder Program | Wexford | \$107,194 | Continuation |
|-----|-------------------------|---|---------|-----------|--------------|

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY GARY TAYLOR TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR FISCAL YEAR 2026 WEXFORD COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF ONE HUNDRED SEVEN THOUSAND ONE HUNDRED NINETY-FOUR DOLLARS (\$107,194.00) TO FUND THE WEXFORD JAIL BASED SUBSTANCE USE DISORDER PROGRAM; SUPPORT BY DOUG JOHNSON. MOTION CARRIED.

FY26 County Overviews

The impact of the liquor tax requests approved on this date on county fund balances was reported as:

| | Projected FY26 Available Balance | Amount Approved July 7, 2025 | Projected Remaining Balance |
|----------------|---|---|--|
| Alcona | \$71,518.76 | \$9,900.00 | \$61,618.76 |
| Alpena | \$244,953.50 | \$51,687.00 | \$193,266.50 |
| Antrim | \$253,333.30 | \$37,211.27 | \$216,122.03 |
| Charlevoix | \$121,585.71 | \$59,239.63 | \$62,346.08 |
| Cheboygan | \$162,226.55 | \$73,360.00 | \$88,866.55 |
| Crawford | \$92,752.89 | \$22,621.00 | \$70,131.89 |
| Emmet | \$320,158.73 | \$320,066.10 | \$92.63 |
| Grand Traverse | \$800,645.87 | \$364,432.00 | \$436,213.87 |
| Iosco | \$200,106.61 | \$46,162.00 | \$153,944.61 |
| Leelanau | \$103,348.17 | \$36,740.00 | \$66,608.17 |
| Ogemaw | \$121,409.61 | \$9,450.00 | \$111,959.61 |
| Otsego | \$120,034.73 | \$86,932.00 | \$33,102.73 |
| Roscommon | \$608,965.37 | \$53,438.00 | \$555,527.37 |
| Wexford | \$197,283.85 | \$107,194.00 | \$90,089.85 |
| Total | \$3,418,323.65 | \$1,278,433.00 | \$2,139,890.65 |

The "Projected Remaining Balance" reflects funding available for projects while retaining a fund balance equivalent of one year's receivables.

Healing And Recovery Grant (Opioid Settlement) Allocations

Early in 2025, MDHHS announced that PIHPs would receive \$1M in Healing and Recovery Regional Appropriations to support infrastructure and inventory and/or invest in community engagement and planning activities. After proposals were received by the NMRE through a Request for Information (RFI) process, MDHHS approved the following projects:

| Provider | Allocation Purpose | Amount |
|----------------------------------|---|---------------|
| 217 Recovery | Vehicles for SUD transport (3) | \$114,000.00 |
| Addiction Treatment Services | New boilers for men residential and women's recovery home | \$24,322.00 |
| Addiction Treatment Services | Men's Residential Bathroom Update | \$15,650.00 |
| Addiction Treatment Services | New Outpatient Building AC Unit | \$36,000.00 |
| Addiction Treatment Services | Detox Emergency Generator | \$1,800 |
| Michigan Therapeutic Consultants | OTP Expansion/Renovation, Additional medication window | \$20,000.00 |
| Michigan Therapeutic Consultants | OTP Expansion/Renovation, Creation of 4 Dedicated Therapy Rooms | \$65,000.00 |
| Catholic Human Services | Traverse City and Alpena Regional Offices Lighting and Handicap Accessibility | \$13,880.00 |
| Catholic Human Services | Mobile Unit Deployment | \$20,000.00 |
| Catholic Human Services | Alpena Access and Client Accommodations | \$90,000.00 |
| Harbor Hall | Transit Vans (2) | \$128,640.00 |
| NMSAS Recovery Center | OTP Therapy Space Renovations (6 new offices) | \$164,196.00 |

| | | |
|----------------|--|---------------------|
| Project Unity | Recovery Residence Expansion – three new bedrooms | \$86,006.25 |
| Sunrise Centre | SUD Treatment Provider Facility Expansion - Furnishing | \$100,000.00 |
| Sunrise Centre | New Electronic Health Record System | \$60,000.00 |
| Total | | \$939,494.25 |

Prevention RFP Results

The NMRE conducted a Request for Proposals (RFP) from May 12, 2025 – June 6, 2025 to select providers of prevention services for 7 of the region's 21 counties. Based on the submissions received, prevention contracts were awarded as follows:

| NMRE County Recommendations for Contract Award | Provider | Amount Requested of NMRE Estimated Allocation (\$) |
|---|-------------------------------|---|
| Benzie | <i>No proposals received</i> | |
| Grand Traverse | Catholic Human Services | \$96,641.00 |
| Kalkaska | Catholic Human Services | \$16,357.00 |
| Leelanau | Catholic Human Services | \$20,906.00 |
| Manistee | District Health Department 10 | \$23,742.00 |
| Missaukee | District Health Department 10 | \$13,379.00 |
| Wexford | District Health Department 10 | \$32,715.00 |
| Total | | \$203,740.00 |

PRESENTATION

217 Recovery

Corey Winfield and Marney Winfield were in attendance to provide an overview of the services provided by 217 Recovery. 217 Recovery is a Recovery Community Organization (RCO) serving individuals impacted by substance use disorder by providing peer led, compassionate recovery support across Northern Michigan.

217 Recovery offers:

- Recovery support transportation services provided by certified peer recovery coaches
- Peer support services/one-on-one recovery coaching
- Peer-led recovery support meetings honoring multiple pathways to recovery
- Community engagement
- Website with resources, news, and upcoming events
- Fun-in-Recovery events (game nights, volleyball, movie nights, sporting events)
- Recovery friendly workplace (RFW) training
- Narcan distribution and training
- Podcast [217 Recovery | Podcasts](#)
- Working toward opening a new café and meeting place

PUBLIC COMMENT

Let the record show that no comments from the public were offered.

NEXT MEETING

The next meeting was scheduled for September 8, 2025 at 10:00AM.

MOTION BY PAM SINGER TO ADJOURN THE MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE MEETING FOR JULY 7, 2025; SUPPORT BY DAVE FREEDMAN. MOTION CARRIED.

Let the record show that Mr. O'Farrell adjourned the meeting at 11:34AM.

DRAFT



PA2/Liquor Tax Criteria for Review/Adoption

- The NMRE will update projected end balances for each county for the current fiscal year monthly. New applications will be compared to projected end balances to ensure that there is adequate funding in the county to financially support the request.
- If possible, depending on SUD Block Grant usage, a balance equivalent to one year's revenue will remain as a fund balance for each county.
- Project requests for services that can be covered by routine funding from other sources (Medicaid, Healthy Michigan) will not be considered.
- Applications that include any purchase of or renovations to buildings, automobiles, or other capital investments* will not be considered.
- To be considered, applications must be for substance use disorder prevention, treatment, or recovery services or supports.
- Region-wide (21 county) requests should be limited to media requests; other region-wide requests will be evaluated on a case-by-case basis.
- Multi-county requests (2 or more) must include detailed information on the provision of services and/or project activities for each county from which funds are requested.
- Staff who receive staffing grants via liquor tax approvals will not be eligible to bill services to the NMRE.
- Budget Requirements:
 - Budgets must include information in all required fields.
 - Fringe benefit budget requests that exceed 30% should be broken out by Health, Dental, Vision, Retirement, taxes, etc. totals and be subject to NMRE staff and Board approval.
 - Indirect costs, when applicable, should **not** exceed 10% of the requested budget total.
 - Liquor tax funds may be used to cover up to one FTE (across all projects) per person.

- The amount requested for salaries should be based on the staff person's actual salary and not the billable rate.
- All staff participating in PA2 funded activities are to be listed under budget FTEs (not under indirect cost).
- Requests for liquor tax funds should be coordinated with area stakeholders (CMHSPs, SUD Oversight Committee Members, County Commissioners, courts, law enforcement, SUD services providers) whenever possible.
 - Requestor should inform the county of the request submission at the same time submission to NMRE is completed.

* "Capital investment" refers to funds invested in a company or enterprise to further its business objectives; Capital investments are often used to acquire or upgrade physical assets such as property, buildings or equipment to expand or improve long-term productivity or efficiency; (Source: Nasdaq)

If at the end of the NMRE's fiscal year there is excess SUD Block Grant funding available, it will be used to offset liquor tax expenses as opposed to lapsing SUD Block Grant funding. In reverse, if SUD Block Grant funding runs a deficit, PA2 funding is used for treatment deficits. Normally for under or uninsured clients.

CWN – BENZIE AREA YOUTH (BAY) INITIATIVE - AMENDMENT

| | |
|-------------------------|-------------|
| Organization/Fiduciary: | CWN |
| County: | Benzie |
| Project Total: | \$10,068.00 |

DESCRIPTION:

The Benzie Area Youth Initiative focuses on preventing youth substance use and promoting mental well-being by reaching out to students, community members, and parents.

Prevention efforts will be strengthened by sharing information about the health effects of vaping, alcohol, and cannabis use through social media posts, pamphlets, and community events. Infographics will be developed to share key data points with the community highlighting the percentage of youth not using substances. BAY will partner with alcohol retailers to participate in the Sticker Shock Campaign to reduce underage drinking. Finally, BAY will provide an alternative activity for youth by partnering with the Garden Theater's Stories that Heal Project which offers students the opportunity to express themselves through music, poetry, and art.

***Original Amount Requested and Approved: \$7,790. With Amendment, new project total is: \$17,858.00**

| | |
|-----------------------------------|-----|
| Meets Parameters for PA2 Funding: | Yes |
|-----------------------------------|-----|

| County | Project | Requested Budget |
|--------|--|------------------|
| Benzie | Benzie Area Youth (BAY) Initiative - Amendment | \$10,068 |

217 RECOVERY – RECOVERY ENGAGEMENT ADVOCATE - NEW

| | |
|-------------------------|----------------|
| Organization/Fiduciary: | 217 Recovery |
| County: | Grand Traverse |
| Project Total: | \$29,760.00 |

DESCRIPTION:

This initiative seeks to enhance access to recovery resources and long-term support systems for individuals with Substance Use Disorder (SUD) in Grand Traverse County by strengthening community coordination and increasing awareness of available services.

Although many recovery-related services exist, individuals in early recovery frequently encounter fragmented systems, uncertainty about next steps, and limited knowledge of local support options. This project directly addresses those barriers by launching a formal Recovery Engagement & Resource Connection initiative, anchored by a new Recovery Engagement Advocate position.

Through this initiative, 217 Recovery will:

- Hire a full-time Recovery Engagement Advocate who will build and maintain partnerships with treatment providers, recovery residences, probation and parole offices, courts, employers, and other community stakeholders. This engagement will take place through email, phone calls, text messaging, social media, in-person meetings, and travel throughout Michigan to gather resources and best practices for local implementation.
- Develop and regularly update a comprehensive community resource map specifically tailored to the needs of individuals in recovery.
- Host recurring resource briefings and networking events to foster collaboration among service providers and reduce silos within the system.
- Support Peer Recovery Coaches by helping clients navigate the recovery landscape efficiently, ensuring timely and appropriate connections to services.
- Promote the role and impact of Recovery Community Organizations (RCOs) by participating in local coalitions, community forums, and health-focused initiatives.

This project not only connects individuals to critical recovery supports—it cultivates a more informed, collaborative, and recovery-oriented ecosystem. By reducing service fragmentation, minimizing duplication of efforts, and reinforcing long-term recovery pathways, it ensures that individuals are supported not only clinically, but socially and structurally as well.

| | |
|-----------------------------------|-----|
| Meets Parameters for PA2 Funding: | Yes |
|-----------------------------------|-----|

| County | Project | Requested Budget |
|----------------|------------------------------|------------------|
| Grand Traverse | Recovery Engagement Advocate | \$29,760.00 |

217 RECOVERY – RECOVERY STORIES: MESSAGE OF HOPE PART VI - CONTINUING

| | |
|-------------------------|----------------|
| Organization/Fiduciary: | 217 Recovery |
| County: | Grand Traverse |
| Project Total: | \$4,700 |

DESCRIPTION:

Recovery Stories 6 will be held at the Grand Traverse Event Center on July 24th at 6pm. We offer a safe place to enjoy a meal and bond with others in the Recovery Community while listening to strategic messages of hope from speakers who live in the community. Recovery Stories 6 also offers Volunteer opportunities for people in recovery. It's a great night of sober fun and entertainment.

Recovery Stories 6 supports healing through the lens of Attachment Theory and Trauma-Informed Care by creating a safe, supportive space where individuals can connect, feel seen, and share their stories. The event fosters trust, reduces isolation, and empowers people in recovery by promoting healthy relationships, emotional safety, and a strong sense of community—all essential for long-term healing and recovery.

| | |
|-----------------------------------|-----|
| Meets Parameters for PA2 Funding: | Yes |
|-----------------------------------|-----|

| County | Project | Requested Budget |
|----------------|---|------------------|
| Grand Traverse | Recovery Stories: Message of Hope Part VI | \$4,700 |

BENZIE COUNTY OVERVIEW

| | |
|------------------------|--------------|
| Projected FY25 Balance | \$193,744.70 |
|------------------------|--------------|

| Project | Requested Budget | Remaining County Running Balance |
|-------------------------|------------------|----------------------------------|
| BAY Coalition - Amended | \$10,068.00 | \$183,676.70 |

| County | One Year Fund Balance (withheld) | Projected FY25 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|--------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Benzie | \$67,707.20 | \$193,744.70 | \$10,068.00 | \$183,676.70 |

GRAND TRAVERSE COUNTY OVERVIEW

| | |
|------------------------|--------------|
| Projected FY25 Balance | \$383,275.88 |
|------------------------|--------------|

| Project | Requested Budget | Remaining County Running Balance |
|---|------------------|----------------------------------|
| 217 Recovery Stories: Message of Hope Part VI | \$4,700.00 | \$378,575.88 |
| 217 Recovery - Recovery Engagement Advocate | \$29,760.00 | \$348,815.88 |

| County | One Year Fund Balance (withheld) | Projected FY25 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|----------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Grand Traverse | \$455,155.20 | \$383,275.88 | \$34,460.00 | \$348,815.88 |

EMMET COUNTY – 57TH EMMET COUNTY RECOVERY PROGRAM (ECRP) - CONTINUING

| | |
|-------------------------|---|
| Organization/Fiduciary: | 57 th Circuit Court/Emmet County |
| County: | Emmet |
| Project Total: | \$267,037.00 |

DESCRIPTION:

The 57th Emmet County Recovery Program (ECRP) seeks enhancement funding to expand its capacity and strengthen its ability to deliver comprehensive, evidence-based rehabilitative services to individuals charged with felony-level offenses linked to substance use disorders and co-occurring mental health conditions. Aligned with Michigan and National Best Practice Standards for treatment courts, ECRP operates on the foundational understanding that addiction is a chronic disease requiring individualized treatment, intensive supervision, and holistic support.

Since its inception, the program has demonstrated early success with a maximum capacity of 10 participants. With enhancement funding, ECRP will double its participant capacity to serve up to 20 individuals, allowing for broader community impact and increased access to services. This expansion will support the program’s core components, including intensive treatment, drug and alcohol testing, judicial oversight, and wraparound services such as peer support, housing stabilization, counseling, and employment assistance.

Increasing the program’s size will also require investment in staffing, training, and supportive infrastructure to ensure continued adherence to best practice standards. By focusing on rehabilitation over incarceration, ECRP promotes long-term recovery, reduces recidivism, and contributes to a safer and healthier community. This enhancement represents a natural evolution of the program’s mission and capacity, allowing it to meet the growing needs of the local justice-involved population.

| | |
|-----------------------------------|-----|
| Meets Parameters for PA2 Funding: | Yes |
|-----------------------------------|-----|

| County | Project | Requested Budget |
|--------|---|------------------|
| Emmet | 57 th Emmet County Recovery Program (ECRP) | \$267,037.00 |

CHS – ALCONA COUNTY STUDENTS LEADING STUDENTS (SLS) - CONTINUING

| | |
|-------------------------|-------------------------|
| Organization/Fiduciary: | Catholic Human Services |
| County: | Alcona |
| Project Total: | \$9,900 |

DESCRIPTION:

Since implementation, the program has seen substantial progress. Alcona Students Leading Students (SLS) chapter was established at Alcona High School, initiating a peer mentoring model rooted in evidence-based prevention strategies. The SLS program aligns closely with the Strategic Prevention Framework (SPF) by building capacity, planning based on local data, implementing culturally appropriate interventions, and evaluating impact—ensuring that the work is sustainable and community-driven.

The benefits of SLS and peer mentoring are already being realized. The chapter launched with six trained student leaders and has rapidly expanded to over 20 engaged members. Twelve youth have committed to participating in an intensive summer training to deepen their knowledge of peer mentoring, substance misuse prevention, and community outreach. This peer-led model fosters leadership development, reinforces positive social norms, and strengthens youth resilience—essential components of long-term community wellness.

Alcona Schools have demonstrated exceptional commitment by providing in-kind office space, daily student access to the Prevention Specialist, and prioritizing youth voice in prevention planning. They are working in close collaboration with our team to ensure the continued success of peer mentoring and coalition development.

| | |
|-----------------------------------|-----|
| Meets Parameters for PA2 Funding: | Yes |
|-----------------------------------|-----|

| County | Project | Requested Budget |
|--------|---|------------------|
| Alcona | Alcona County Students Leading Students (SLS) | \$9,900 |

CHS – ALPENA PREVENTION STUDENTS LEADING STUDENTS (SLS) - CONTINUING

| | |
|-------------------------|-------------------------|
| Organization/Fiduciary: | Catholic Human Services |
| County: | Alpena |
| Project Total: | \$51,687.00 |

DESCRIPTION:

This marks our fourth funding request for Alpena Prevention (Students Leading Students) activities, which continue to expand in scope and impact. The primary goal of this initiative is to prevent underage use of alcohol, nicotine (including tobacco and vaping products), marijuana, and other substances by increasing awareness of risk factors, promoting protective factors, and supporting recovery. Our comprehensive strategy focuses on both school-based and community-wide interventions aimed at fostering healthy decision-making and reducing stigma.

Alpena Public Schools remains the only school district in Alpena County and the largest in Northeast Michigan, positioning this program to create systemic change. The expansion of Chet’s services into both the Jr. High and High School has significantly increased community and administrative buy-in, creating momentum for even greater prevention success. We are shifting community norms through universal prevention messaging, reducing the normalization of high-risk choices, and improving access to recovery pathways. The support of this grant will enable continued growth, enhance our reach, and deepen the impact of our efforts to ensure that Alpena students and families have the tools, education, and support necessary to thrive in substance-free environments.

We have also attached Letters of Support from the High School Principal and Community Policing Liaison to demonstrate the relationship and benefits of having this service available to students and staff at Alpena Public Schools.

| | |
|-----------------------------------|-----|
| Meets Parameters for PA2 Funding: | Yes |
|-----------------------------------|-----|

| County | Project | Requested Budget |
|--------|---|------------------|
| Alpena | Alpena Prevention Students Leading Students (SLS) | \$51,687.00 |

Explanation of the project:

This marks our fourth funding request for Alpena Prevention (Students Leading Students) activities, which continue to expand in scope and impact. The primary goal of this initiative is to prevent underage use of alcohol, nicotine (including tobacco and vaping products), marijuana, and other substances by increasing awareness of risk factors, promoting protective factors, and supporting recovery. Our comprehensive strategy focuses on both school-based and community-wide interventions aimed at fostering healthy decision-making and reducing stigma.

Strategy and Target Overview:

- Information Dissemination (10%) – Universal Direct:
 - o Direct engagement through awareness campaigns and schoolwide events.
- Education (60%) – Universal Indirect:
 - o Prevention curriculum delivery, training for stakeholders, and structured classes.
- Community-Based Process (30%):
 - o Partnership-building, student leadership, and stakeholder engagement across the county.

Program Highlights & Accomplishments:

Alpena High School Students Leading Students:

- 13 Student Leadership Services (SLS) meetings conducted to empower peer-led prevention.
- Thanksgiving Outreach Event during all 3 lunch periods, engaging over 1,200 students with themed prevention messaging.
- Red Ribbon Week Participation – A full week (5 days) of targeted outreach themed around substance-free lifestyles.
- Radio Ads During Prom Week – Produced and aired messages promoting healthy choices and clean living.
- “Fuel Up for Exams” Wellness Event – Distributed granola bars and water bottles to 1,200 students to support physical and mental wellness during exam week.
- Spring SLS Recruitment Campaign – A five-day event culminating in a drawing for a 44” TV, designed to spark student interest in joining the prevention effort.

Restorative Justice & Prevention Classes

- 7 P4L (Pathways for Life) Classes – Served 11 students.
- 21 Stanford Vape Education Classes – Reached 31 students with targeted intervention.
- 13 Botvin LifeSkills Classes – Delivered to 16 students, building resilience and decision-making skills.
- Thunder Bay Junior High

- 13 Stanford Vape Classes – Educated 17 students on the risks of vaping and nicotine use.
- 2 Botvin LifeSkills Classes – Delivered to 2 students.
- 4 Prevention Outreach Sessions During Lunch Hours – Engaged approximately 800 students per session.
- Alpena Community College
- 6 Outreach Sessions – Each reaching approximately 20 students and 5 staff members, expanding prevention messaging to young adults.
- Community Events & Engagement
- HIPS (Hidden in Plain Sight) Event at AHS Football Game – Engaged 30 parents with prevention materials and discussions.
- “Bring Them Back Alive” Assembly Event – Reached approximately 600 students with a powerful, school-wide prevention message.
- Participation in Prevention Board Meetings – Attended two regional prevention board meetings (fall and spring) to align with broader prevention efforts and maintain community partnerships.

Community Impact and Growth

Alpena Public Schools remains the only school district in Alpena County and the largest in Northeast Michigan, positioning this program to create systemic change. The expansion of Chet’s services into both the Jr. High and High School has significantly increased community and administrative buy-in, creating momentum for even greater prevention success.

We are shifting community norms through universal prevention messaging, reducing the normalization of high-risk choices, and improving access to recovery pathways. The support of this grant will enable continued growth, enhance our reach, and deepen the impact of our efforts to ensure that Alpena students and families have the tools, education, and support necessary to thrive in substance-free environments.

We have also attached Letters of Support from the High School Principal and Community Policing Liaison to demonstrate the relationship and benefits of having this service available to students and staff at Alpena Public Schools.

Briefly Explain how your project will address the need(s) identified above:

Program Description: Students Leading Students (SLS) Prevention Initiative

Information Dissemination

The Students Leading Students (SLS) chapter, in collaboration with the School-Based Coalition, convenes regular meetings designed to educate and inform coalition members on critical issues related to substance use disorder (SUD). Each meeting features one or more guest speakers who provide expert

insights on topics such as prevention strategies, recovery resources, and emerging trends in youth substance use.

To support ongoing learning and awareness, the Coalition Coordinator develops a monthly focus topic. These topics are accompanied by up-to-date statistics, relevant research and articles, updates on current coalition initiatives, announcements about upcoming events, and curated resources. These efforts ensure that all coalition participants are equipped with timely and relevant information to support effective community-wide prevention efforts.

Education

SLS is a peer-led, high school-based prevention group facilitated by a certified Prevention Specialist. The group meets weekly to plan and execute initiatives that encourage healthy decision-making among youth. These activities are designed to promote personal development, peer leadership, and increased awareness about the risks associated with substance use.

In addition to weekly meetings, the Prevention Specialist conducts regular check-ins with individual members and small groups to ensure continued progress on projects and to provide mentorship. Plans are currently underway to expand the SLS program into the local middle school, creating a pipeline for early prevention and student leadership development.

The program also includes specialized educational components:

- **Motivational Speaker Engagement:** SLS is coordinating the return of nationally recognized motivational speaker Nathan Harmon during the 2024–2025 school year to provide school-wide assemblies focused on resilience, accountability, and substance-free living.
- **Leadership Development:** SLS members participate in ongoing training sessions led by SLS Executive Director Dawn Flood, covering topics selected by the Alpena SLS chapter. These sessions reinforce prevention messaging and build leadership capacity among youth.

Alternatives

SLS provides structured, substance-free activities that serve as alternatives to high-risk behaviors. These include:

- **Volunteer Service:** Opportunities for community service that promote civic responsibility and engagement.
- **Peer Mentoring & Tutoring:** Programs that allow students to support their peers academically and socially in a positive environment.
- **Community Outreach Projects:** Student-led outreach efforts that build community connections and reinforce prevention messaging.
- **Substance-Free Events:** Regularly hosted events throughout the school year that give students safe spaces to socialize and have fun without the influence of substances.

These alternative activities help youth develop a sense of purpose, connectedness, and leadership while reinforcing a culture of prevention.

Community-Based Processes

The SLS program is deeply embedded in the broader community prevention infrastructure. The Prevention Specialist actively represents the program through participation in various local collaborative bodies and stakeholder meetings. These include:

- County Commissioners
- Sobriety Court
- Commission on Aging
- School Board
- Fair Board
- Other relevant agencies and committees as appropriate

Through these partnerships, the SLS program fosters a shared commitment to prevention, coordinates resources, and ensures that youth voices are represented in community decisions. Additionally, SLS members contribute to community engagement by participating in public events, outreach campaigns, and awareness efforts, strengthening the program's visibility and impact.



Romeo Bourdage, Principal
3303 S 3rd Ave, Alpena, MI 49707
PH: (989) 358-5200 FAX: (989) 358-5205
E-mail: bourdager@alpenaschools.com

May 11, 2025

To Whom It May Concern,

I am writing to express my strong support for *Up North Prevention* and the invaluable work they are doing at Alpena High School through the *Students Leading Students (SLS)* program and the partnership with the programming to assist with Restorative Practices assisting students facing drug and alcohol issues.

The SLS program, led by Mr. Chet Spencer, has become a cornerstone of student leadership and personal development at Alpena High. Their commitment to empowering youth and promoting positive school culture is not only commendable—it is making a measurable difference in the lives of our students. Through peer-led initiatives, meaningful discussions, and prevention-focused sessions, the program has fostered a more supportive and aware student body. By addressing key issues such as vaping, drug use, and underage drinking in a proactive, relatable way, SLS is changing the trajectory for many young people.

One of the clearest indicators of this success is the dramatic reduction in vaping-related incidents. In previous years, the school issued approximately 40 tickets related to vaping. This year, that number has dropped to just 10—a remarkable achievement that reflects both student engagement and the program's effectiveness. Additionally, while overall behavioral referrals have remained steady, they have not increased despite the rising challenges students face. This is due in large part to Mr. Spencer's approach, where students receive education and support through one-on-one sessions/groups rather than traditional disciplinary actions like suspension. This restorative method not only prevents repeat behaviors but also helps students feel seen, heard, and supported.

Up North Prevention's broader mission—to collaborate, share resources, and respond to the evolving needs of today's youth—is vital. In a time when students are constantly bombarded with new and often destructive lifestyle choices, having a responsive and unified Prevention Team is more important than ever. Their ability to adapt, educate, and uplift is key to building resilience in our students and equipping them to make healthier choices.

The partnership between Alpena High School and *Up North Prevention* is an essential piece of our educational and wellness strategy. I wholeheartedly support their continued presence and growth within our school community.

ALPENA HIGH SCHOOL



Dedicated to Producing 21st Century Graduates



WILDCAT WAY

CHARLEVOIX COUNTY – 33RD CIRCUIT HYBRID DRUG/DWI COURT - CONTINUING

| | |
|-------------------------|--|
| Organization/Fiduciary: | Charlevoix County/33 rd Circuit Court |
| County: | Charlevoix |
| Project Total: | \$17,480.00 |

DESCRIPTION:

The 33 Circuit Hybrid Drug/DWI Court for Charlevoix County is a treatment court in its second year of operation slated for final certification on June 9, 2025, by the State Court Administrative Office. The program targets nonviolent adult offenders with a felony criminal adjudication related to a severe substance use disorder who reside in Charlevoix County and are assessed with high criminogenic risk and SUD need. Currently the program has 9 participants with 3 pending referrals. 2 participants to-date have been discharged unsuccessfully from the program. According to recent quarterly reporting data, over 90% of clients are compliant and testing negative for alcohol and illicit controlled substances. Several clients have, or are within weeks of having, over 1 year sobriety.

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| Meets Parameters for PA2 Funding: | Yes |
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| County | Project | Requested Budget |
|------------|--|------------------|
| Charlevoix | 33 rd Circuit Hybrid Drug/DWI Court | \$17,480.00 |

CHS – CRAWFORD PARTNERSHIP TO END SUBSTANCE MISUSE - CONTINUING

| | |
|-------------------------|-------------------------|
| Organization/Fiduciary: | Catholic Human Services |
| County: | Crawford |
| Project Total: | \$22,621.00 |

DESCRIPTION:

CPESM will utilize the requested funding to enhance and expand community outreach, strengthen strategic partnerships, and increase public awareness of substance use disorder (SUD) prevention, treatment, harm reduction, and recovery resources. Through continued participation in local events, educational sessions, and awareness campaigns, the Coalition will promote evidence-based prevention strategies rooted in the Strategic Prevention Framework. Additionally, we will deepen existing collaborations and initiate new partnerships with schools, healthcare providers, law enforcement, and grassroots organizations across Crawford County. The funding will also allow us to maintain the part-time Coalition Organizer position, which has proven essential in coordinating these efforts, mobilizing community involvement, and ensuring consistent messaging and visibility. Together, these efforts directly address the need for sustained, community-centered SUD prevention and recovery infrastructure.

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| Meets Parameters for PA2 Funding: | Yes |
|-----------------------------------|-----|

| County | Project | Requested Budget |
|----------|--|------------------|
| Crawford | Crawford Partnership to End Substance Misuse | \$22,621.00 |

Explanation of the project:

Crawford Partnership to End Substance Misuse has been actively engaged in prevention and recovery work in Crawford County for over two decades. Rooted in the Strategic Prevention Framework and committed to the Continuum of Care, the coalition brings together diverse stakeholders from healthcare, education, law enforcement, social services, and community residents. Together, we aim to prevent substance misuse, support individuals in recovery, and create a safer, healthier community.

Project Overview

This request represents the second year of funding to support the expansion and sustainability of coalition-led outreach, education, and engagement efforts. Funding from NMRE will allow us to build upon the momentum gained over the past year, which was significantly boosted by the addition of a part-time Coalition Organizer. This role has proven vital in increasing the coalition's visibility, participation, and impact throughout Crawford County.

Accomplishments:

- With NMRE's previous support, the Coalition achieved several key milestones:
- Community Presence: Attended multiple community events to disseminate prevention and recovery resources.
- Monthly Meetings: Maintained consistent monthly coalition meetings to plan, coordinate, and evaluate initiatives.
- Naloxone Distribution: Provided naloxone to community members, local law enforcement, jail personnel, and individuals in recovery, enhancing overdose prevention.
- Drug Take-Back Events: Participated in national and regional drug take-back initiatives to reduce prescription drug misuse.
- Outreach Expansion: Increased coalition visibility and engagement through the efforts of our part-time Coalition Organizer, who established new partnerships and strengthened existing ones.

Goals and Use of Funds

- The requested funding will support the continuation and expansion of these core initiatives. Specifically, we aim to:
- Sustain the Coalition Organizer Position to continue grassroots outreach and coordination.
- Increase Community Engagement through more educational events, presentations, and visibility at public venues.
- Expand Naloxone Training and Distribution in high-risk areas and populations.
- Enhance Data Collection and Evaluation to assess community needs and measure the impact of coalition strategies.
- Broaden Youth and Family Involvement in prevention initiatives through school partnerships and parent engagement programs.

Alignment with NMRE Priorities

This proposal aligns closely with NMRE's priorities in addressing substance use prevention, early intervention, treatment access, harm reduction, and recovery support. By continuing to invest in our local coalition infrastructure, NMRE helps ensure that Crawford County remains proactive, coordinated, and responsive to the substance misuse challenges facing our residents.

Sustainability and Collaboration

The Coalition remains committed to long-term sustainability through diversified funding, in-kind contributions from partners, and active participation in regional networks. We continue to foster collaborative relationships with law enforcement, schools, healthcare providers, local government, and individuals with lived experience.

Conclusion

Your continued investment will enable the Crawford Substance Free Coalition to deepen its roots in the community, extend its impact, and contribute meaningfully to a healthier Northern Michigan. Thank you for considering our request and for your ongoing commitment to prevent and recovery across the region.

Briefly Explain how your project will address the need(s) identified above:

CPESM will utilize the requested funding to enhance and expand community outreach, strengthen strategic partnerships, and increase public awareness of substance use disorder (SUD) prevention, treatment, harm reduction, and recovery resources. Through continued participation in local events, educational sessions, and awareness campaigns, the Coalition will promote evidence-based prevention strategies rooted in the Strategic Prevention Framework. Additionally, we will deepen existing collaborations and initiate new partnerships with schools, healthcare providers, law enforcement, and grassroots organizations across Crawford County. The funding will also allow us to maintain the part-time Coalition Organizer position, which has proven essential in coordinating these efforts, mobilizing community involvement, and ensuring consistent messaging and visibility. Together, these efforts directly address the need for sustained, community-centered SUD prevention and recovery infrastructure.

CHS – GENERATIONS AHEAD - SUBSTANCE USE PREVENTION WITH TEEN PARENTS - CONTINUING

| | |
|-------------------------|-------------------------|
| Organization/Fiduciary: | Catholic Human Services |
| County: | Grand Traverse |
| Project Total: | \$79,329.00 |

DESCRIPTION:

Generations Ahead (GA) is a nonprofit providing multiple programs to pregnant and parenting teens (up to age 22). This population is at very high risk for substance use. Teen parents often have parents with high rates of substance use, they experience significant life stressors, many have a history of legal problems, including domestic violence and petty crime, and they are often disconnected and isolated from their peers and positive social supports (i.e., school, clubs, etc...). In 2024, GA served 62 young parents. GA is requesting funding to continue and expand our work to prevent and reduce substance use in young parents. GA offers many programs that clients can opt into-- each program is designed to meet specific needs including: 1. GA participates in several community collaboratives advocating for, and educating about, our clients’ unique needs as teen parents. New in 2026 FY, GA will participate in the GT Drug Free Coalition. 2. Life skills and parenting education using the evidence-based Botvin Lifeskills Transition program, as well as experts in the community who can teach our young parents. 3. Trained volunteer mentors to provide support, promote healthy alternative activities, and serve as positive role models for our clients. 4. A Career Internship program that exposes teen parents to different careers, healthy adult role models, and encourages them to set education and career goals. 5. Positive Alternative activities for our families offered a minimum of 2X each month, allowing families opportunities to develop meaningful support systems with peers who are in a similar life situation. 6. Lastly, GA provides SUD education for staff, volunteer mentors, and clients utilizing presentations, speakers, and online resources.

| | |
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| Meets Parameters for PA2 Funding: | Yes |
|-----------------------------------|-----|

| County | Project | Requested Budget |
|----------------|--|------------------|
| Grand Traverse | Generations Ahead – Substance Use Prevention with Teen Parents | \$79,329.00 |

To Whom It May Concern:

5/13/25

I am writing today to express my emphatic support for Generations Ahead. I request and encourage full funding in whatever capacity you contribute.

I currently serve as the director of the childcare center that is down the hall from Generations Ahead (GA) at Traverse City High School. Our childcare center is a resource that GA helped embed into Traverse City High School through their advocacy and community collaborations. The Generations Ahead team identified the gap in diplomas and higher ed for teen parents, rooted it back to factors including lack of access to childcare, and partnered with local agencies to see that high quality early care was integrated into a high school environment where teen parents could pursue diplomas, build community, and have support.

In my daily conversations with teen parents, they often speak about the GA team and events and offerings. They speak of museum visits and trips to the pumpkin patch. Of presentations related to their infants' health and safety. On a hard day, they leave our childcare room to head to talk with a trusted adult in the GA office. When they are low on baby shampoo or diapers, they head to GA to receive items from their baby pantry.

Each member of the GA team is so caring and supportive. Sometimes I hear them with their clients, laughing. Sometimes I see their tears. The connections are very real and generative. I have seen the GA team set boundaries with young parents (regarding resource requests without work) and seen them empower bigger, bolder versions of young parents (through mentoring and internships). I have seen them meet these young parents exactly where they are. One of my favorite examples of this are crafts that are sometimes integrated into GA events. Though crafting is not specifically part of the GA agenda, teen parents request it as an activity so GA holds space and provides materials for a portion of some events. And during the process, one of the GA staff will seamlessly prompt a deeply meaningful conversation that invites self-reflection and deepening in community. It is priceless and builds resilience and relieves stress, which research shows us is key for mental wellness and preventing child abuse.

As we wrap up the school year at the childcare center, I am receiving surveys back from each of our families asking if their needs are met, if they feel safe, if they need information, resources, or coaching about anything. Through and through, they report needing very little by the time they are funneled into our care via Generations Ahead. These results are clearly linked to the concrete supports provided by Generations Ahead.

Even as I type this, I am awaiting the arrival of GA staff at the school so that we can partner to support a young dad. I know that when a young father comes to me for support I can also guide dad to the GA Fatherhood Initiative. It's powerful to have a positive, healthy male figure for these young parents to look up to in addition to the strong women who run the GA program.

I look forward to many years, working in partnership with Generations Ahead, to support teen parents and their families. Thank you for your financial support of this life-changing program.

Sincerely,
Angela Poneta
Family & Center Specialist, Early Head Start-Discovery

District Judges

ROBERT A. COONEY
(231) 922-4543

MICHAEL S. STEPKA
(231) 922-4579



STATE OF MICHIGAN
86th Judicial District Court
GRAND TRAVERSE - LEELANAU - ANTRIM COUNTIES

GRAND TRAVERSE COUNTY
280 Washington Street STE. 121
Traverse City, Michigan 49684
(231) 922-4580
Fax (231) 922-4454
Probation Fax (231) 922-6889

LEELANAU COUNTY
8527 E. Government Center Dr., STE. 201
Suttons Bay, Michigan 49682
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ANTRIM COUNTY
P.O. Box 597
Bellaire, Michigan 49615
(231) 533-6441
Fax (231) 533-6322
Probation (231) 533-6822

May 27, 2025

**Northern Michigan Regional Entity
Board of Directors and
Substance Use Disorder Oversight Board
1999 Walden Drive
Gaylord, Michigan 49735
Dear NMRE Board and SUD Board Members**

I am writing to you in support of an application for liquor tax funds by Generations Ahead, a non-profit agency in Grand Traverse County whose mission is to empower young parents to become resilient by building positive relationships, strengthening family stability, and raising healthy children.

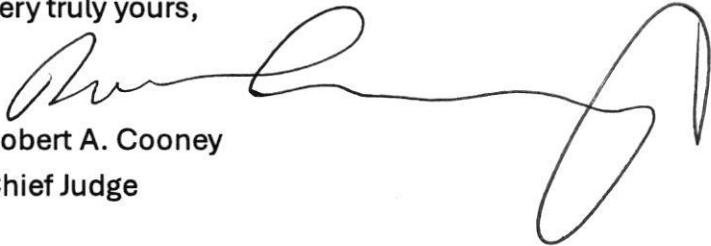
I recently stepped down as a board member and secretary for Generations Ahead. However, as a founding member of that board for the past six years, my commitment to the organization is just as strong. Generations Ahead has had an enormous impact on the young people it serves. Teens who become parents and do not have a supportive family are at risk to repeat the same cycle of poverty, incarceration, family instability, child abuse and neglect and substance use disorder as their parents. Young parents also experience high rates of depression and anxiety, often leading to substance use. Pregnant teen moms have higher rates of cigarette and marijuana use than older pregnant women, as well as higher rates of postpartum depression.

As a judge, I joined the Generations Ahead Board because of the work GA does to prevent numerous lifelong issues for both young parents and their children. I know that investing in young people is also the most effective way to prevent future anti-social and destructive behaviors including criminal behavior and substance abuse.

I hope that you will support the mission of Generations Ahead through the grant of liquor tax funds. Please feel free to contact me if you have any questions or if I can be of help in any way.

Very truly yours,

Robert A. Cooney
Chief Judge

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke, positioned to the right of the printed name.

CHS – GRAND TRAVERSE ADDICTION & RECOVERY COUNCIL - CONTINUING

| | |
|-------------------------|-------------------------|
| Organization/Fiduciary: | Catholic Human Services |
| County: | Grand Traverse |
| Project Total: | \$76,665.00 |

DESCRIPTION:

The Grand Traverse Addiction & Recovery Council (GTARC), formerly the Grand Traverse County Drug Free Coalition, was founded in early 2015 in response to the escalating opioid crisis. Initiated by then-Prosecuting Attorney Bob Cooney, the council brought together key community leaders to collaboratively address substance misuse in Grand Traverse County. Over time, GTARC has evolved into a comprehensive substance use prevention coalition, now addressing the full spectrum of substance-related challenges including alcohol, marijuana, nicotine, vaping, and other drugs.

GTARC’s mission is to create a community-wide culture of awareness and action in the prevention, treatment and recovery of substance use disorders. With a growing coalition of over 100 members, GTARC represents a cross-sector alliance of law enforcement, healthcare professionals, schools, treatment providers, tribal members, recovery advocates, parents, youth, and concerned citizens. This wide-ranging network ensures inclusive, community-driven solutions to address substance use and related harms.

A cornerstone of GTARC’s strategy is youth empowerment. The coalition supports Students Together Against Negative Decisions (STAND) clubs in three local high schools. These student-led clubs, facilitated by GTARC’s coordinator and youth engagement liaisons, provide leadership development opportunities while promoting awareness around the dangers of underage substance use and fostering peer-led prevention.

In the past year, GTARC completed a rebranding process, which included a new name, updated logo, and a professionally upgraded website to better reflect its broadened mission and community presence. In addition, GTARC formed a groundbreaking partnership with a youth prevention organization in Marin County, California, to implement the Raising the Bar campaign—becoming the first organization in the Midwest to do so. This initiative is designed to reshape community norms by promoting substance-free adult behavior at youth-centered events. As part of this campaign, GTARC will collaborate with schools, youth programs, and sports organizations across Grand Traverse County to create safer, more supportive environments for youth development.

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| Meets Parameters for PA2 Funding: | Yes |
|-----------------------------------|-----|

| County | Project | Requested Budget |
|----------------|---|------------------|
| Grand Traverse | Grand Traverse Addiction & Recovery Council | \$76,665.00 |

CHS – GRAND TRAVERSE SUBSTANCE USE DISORDER PROGRAM – JAIL BASED - NEW

| | |
|-------------------------|-------------------------|
| Organization/Fiduciary: | Catholic Human Services |
| County: | Grand Traverse |
| Project Total: | \$53,438.00 |

DESCRIPTION:

This is a collaboration between Grand Traverse County and Catholic Human Services. Funds will go to dedicate a substance use disorder treatment counselor who will visit Grand Traverse County jail and provide substance use disorder treatment and education 3 days a week. The counselor will go to Grand Traverse County jail and provide substance use disorder treatment to pretrial inmates and post-conviction inmates. The counselor will provide weekly substance use disorder assessment, individual, group and case management services that includes “brief” treatment which is defined as up to 30 days, “short-term” treatment is defined as from 1 to 3 months, and “long-term” treatment is defined as 3 months or longer. The counselor will provide ongoing consultation and education to jail administrators and other jail staff about substance use disorders and work to establish a continuum of services in the jail and community for people with substance abuse problems. The counselor will create opportunities to improve partnerships between the jail and the community which can allow for the development or enhancement of both in-jail treatment programs and coordination of offenders' transition into community diversion and aftercare/reentry programs. The counselor will also continue to collaborate with jail medical, NLMCH and jail diversion regarding additional and supportive services with individuals with co-occurring or co-morbidity health related issues. The counselor will work in partnership with the jail and probation and court system regarding communication of individual attendance, prognosis and referrals for on going SUD services once released from jail.

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| Meets Parameters for PA2 Funding: | Yes |
|-----------------------------------|-----|

| County | Project | Requested Budget |
|----------------|--|------------------|
| Grand Traverse | Grand Traverse Substance Use Disorder Program – Jail Based | \$53,438.00 |

HDNWM – SAFE IN NORTHERN MICHIGAN - CONTINUING

| | |
|-------------------------|---|
| Organization/Fiduciary: | Health Department of Northwest Michigan |
| County: | Multi County |
| Project Total: | \$132,000.00 |

DESCRIPTION:

The Health Department of Northwest Michigan (HDNW) serves as the fiduciary for SAFE in Northern Michigan (SAFE in NM). SAFE in NM was established in 2007 following a Petoskey-Harbor Springs Area Community Foundation Community Convening that revealed high levels of youth substance use. SAFE initially served Emmet County. Charlevoix County joined in 2008, and Antrim County officially became part of the collaborative effort in 2015.

The mission of SAFE in NM is to prevent youth substance use, increase community awareness, and create lasting change through collaboration, education, and implementation of both individual- and environmental-level strategies. SAFE uses evidence-based models, including the Strategic Prevention Framework and CADCA’s Seven Strategies for Community Change. These models guide planning, implementation, and evaluation and are supported by qualitative and quantitative data, including local focus groups, key informant interviews, and school-based survey data such as the Michigan Profile for Healthy Youth (MiPHY), which is administered every other year.

With this funding, SAFE will implement a comprehensive approach to prevention strategies. SAFE youth coalition members will continue to lead youth prevention messaging, participate in school prevention workshops/assemblies, and take part in ongoing data interpretation and dissemination, all of which is based youth substance use local conditions in their communities.

| | |
|-----------------------------------|-----|
| Meets Parameters for PA2 Funding: | Yes |
|-----------------------------------|-----|

| County | Project | Requested Budget |
|------------|---------------------------|------------------|
| Antrim | SAFE in Northern Michigan | \$37,211.27 |
| Charlevoix | SAFE in Northern Michigan | \$41,759.63 |
| Emmet | SAFE in Northern Michigan | \$53,029.10 |

Explanation of the project:

Background and Mission: The Health Department of Northwest Michigan (HDNW) serves as the fiduciary for SAFE in Northern Michigan (SAFE in NM). SAFE in NM was established in 2007 following a Petoskey-Harbor Springs Area Community Foundation Community Convening that revealed high levels of youth substance use. SAFE initially served Emmet County. Charlevoix County joined in 2008, and Antrim County officially became part of the collaborative effort in 2015.

The mission of SAFE in NM is to prevent youth substance use, increase community awareness, and create lasting change through collaboration, education, and implementation of both individual- and environmental-level strategies. SAFE uses evidence-based models, including the Strategic Prevention Framework and CADCA's Seven Strategies for Community Change. These models guide planning, implementation, and evaluation and are supported by qualitative and quantitative data, including local focus groups, key informant interviews, and school-based survey data such as the Michigan Profile for Healthy Youth (MiPHY), which is administered every other year.

Community Profile & Target Population: The SAFE region covers Antrim, Charlevoix, and Emmet counties, where the population is 83,597, according to the 2020 U.S. Census. Youth under age 18 make up 16.7% of Antrim, 17.3% of Charlevoix, and 17.8% of Emmet County populations. For this project, SAFE's primary prevention target population includes students in grades 6 through 12 across twelve public school districts that actively partner with SAFE, totaling 4,931 youth during the 2024–2025 school year:

- Antrim County: 836 students (Bellaire, Central Lake, Ellsworth, Mancelona)
- Charlevoix County: 1,694 students (Boyne City, Boyne Falls, Charlevoix, East Jordan)
- Emmet County: 2,401 students (Alanson, Harbor Springs, Pellston, Petoskey)

Youth in the region face economic barriers, which increases their risk for substance use, due to persistent poverty, trauma exposure, and limited access to services. As reported by the Michigan Department of Education (2023–2024), 7 of the 12 school districts have over 50% economically disadvantaged students, with Alanson, Mancelona, Central Lake, Boyne Falls, and East Jordan experiencing the highest rates.

Youth Substance Use Trends: Despite progress since the establishment of SAFE in Northern Michigan, youth substance use remains a significant concern throughout the region. According to the 2024 Michigan Profile for Healthy Youth (MiPHY), a survey administered by the Michigan Department of Education every other year, the region saw a decline in 30-day alcohol use among high school students from 19.9% in 2014 to 8.2% in 2024. However, alcohol remains widely accessible, with 50.2% of students reporting it was “sort of easy” or “very easy” to obtain. The majority of youth acquire alcohol socially—43.5% are given alcohol by someone else, and 21.7% take it from a family member. Additionally, 4.6% of students reported binge drinking, defined as consuming five or more drinks in a row, in the past 30 days.

Marijuana use remains a concern, though it has declined from previous years. In 2024, 8.9% of high school students reported using marijuana in the past 30 days, a decrease from 17.4% in 2022, according to the MiPHY. Still, 33.1% of students reported that marijuana was “sort of easy” or “very easy” to obtain. Sources include peers, older friends, siblings, and even parents. Also, 8.5% of students believe their parents do not view marijuana use as wrong, and 53.1% of students do not consider weekly marijuana use to carry moderate or great risk, per the MiPHY.

Vaping continues to be a normalized behavior among youth in the SAFE region. In 2024, 9.4% of high school students reported vaping within the past 30 days, according to the MiPHY. Vaping devices are often accessed through social sources, with 33.3% of students stating they gave money to someone else to purchase the product, and 20.8% reporting they borrowed it. Focus group findings corroborate these data. Every youth focus group conducted in 2024 reported that vaping occurs regularly in school bathrooms. Moreover, 60% of focus group participants stated that students perceive vaping as less harmful than smoking cigarettes.

Qualitative data collected through regional focus groups with high school youth in Antrim, Charlevoix, and Emmet counties has consistently reinforced the MiPHY survey results. Youth reported that substance use is often normalized in their peer groups, especially during social events like school dances and weekends. Many shared that there is a low perception of harm and minimal concern about legal or health consequences. These insights, in addition to the MiPHY data, suggest the need for sustained prevention efforts that shift both behavior and perception.

Youth-Led, Adult-Guided Model: SAFE in Northern Michigan is built upon a youth model, emphasizing “Youth Led-Adult Guided”, that values student leadership. Using the data previously described, youth design and implement substance use prevention strategies within their schools. During the 2024–2025 school year, SAFE had over 150 youth coalition members across the tri-county region. All youth coalition members pledge to remain substance-free and actively contribute to preventing education and outreach. After the graduation of senior members in spring 2025, 116 youth will return in the fall to continue serving as SAFE youth coalition members. As of April 2025, SAFE youth coalition members dedicated over 3,500 volunteers hours to the coalition.

Proposed Activities: With this funding, SAFE will implement a comprehensive approach to prevention strategies. SAFE youth coalition members will continue to lead youth prevention messaging, participate in school prevention workshops/assemblies, and take part in ongoing data interpretation and dissemination, all of which is based youth substance use local conditions in their communities.

Additional activities within this proposal include youth and adult coalition member leadership training, student-led substance use prevention assemblies at middle schools, and participation in conferences to build advocacy and communication skills of SAFE youth coalition members. The varsity Poster Project, which features high school athletes modeling substance-free lifestyles to younger students, will also continue in each district. SAFE will also coordinate SAFE After-Hours events—alcohol- and drug-free activities for youth—as well as lead the design and delivery of graduation and prom substance use prevention messaging. SAFE will also use this funding to reduce transportation barriers for youth to access SAFE in NM events and activities. This funding will also support SAFE youth advocacy with law makers at the state and federal level, with youth educating policy makers about their concerns with youth substance use and what they see in their communities. Additionally, these funds will support youth with adult members on community assessments and development and implementation of PSA campaigns, targeting youth and community members with prevention messaging. SAFE will continue its "Sticker Shock" campaign, where youth place educational stickers on alcohol packaging at local retailers to discourage providing alcohol to minors. Additional environmental strategies that would be implemented with this funding include providing lockboxes for alcohol, marijuana, and prescription

drugs, and distributing THC, nicotine, and alcohol test kits to parents. SAFE will offer informational tables at school orientations, athletic events, and senior centers.

To further support youth substance use prevention policy/advocacy initiatives, the project coordinator and director will attend the Michigan Department of Health and Human Services (MDHHS) Wellness/Tobacco Committee, the MDHHS Coalition Workgroup; the Michigan Youth Cannabis Action & Education Alliance; and the Michigan Association for Local Public Health (MALPH) Health Education and Promotion Workgroup.

Additionally, SAFE's Project Coordinator will present Michigan Profile for Healthy Youth (MiPHY) survey results to school faculty and staff, sharing local youth substance use trends and the importance of data-driven prevention strategies. These efforts will be further supported by a comprehensive youth substance use community assessment that integrates MiPHY findings with qualitative input from youth focus groups and key informant interviews. The results of this assessment directly inform SAFE's ongoing strategic planning and logic models.

SAFE will continue to build community capacity and share prevention outcomes through consistent communication. Youth and adult coalition members will publish an annual report summarizing initiatives, impact, and progress. Additionally, quarterly newsletters will be distributed to parents, school administrators, stakeholders, funders, and community partners to highlight activities, share data insights, and promote engagement in local prevention efforts.

Expected Outcomes: SAFE in Northern Michigan is a nationally recognized prevention coalition, having received CADCA's 2022 Blue Ribbon Coalition Award for its data-driven, evidence-based approach and measurable impact on youth substance use. The strategies within this proposal are expected to reduce the rates of alcohol, marijuana, and nicotine among youth, increase perception of harm, and strengthen protective factors through peer leadership and community involvement, and primary prevention education.

Briefly Explain how your project will address the need(s) identified above:

As previously described, SAFE in Northern uses evidence-based prevention frameworks. SAFE's utilize the Strategic Prevention Framework (SPF), a model developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) which provides a structured process for planning, implementing, and evaluating substance use prevention strategies. Additionally, SAFE utilizes CADCA's 7 Strategies for Community Change. These strategies are designed to promote population-level change by addressing both individual behaviors and the environments that influence youth substance use. When used in combination and guided by local data, the 7 strategies create lasting change in the community.

SAFE ensures that each proposed activity aligns with one or more of the 7 strategies.

CADCA's 7 Strategies for Community Change and SAFE's Alignment:

1. Providing Information: Disseminating factual data, research findings, and prevention messages to increase awareness and knowledge.

- Youth-led public service announcements (PSAs) and campaigns

- MiPHY data presentations to school staff and stakeholders
- MiPHY data briefs
- Informational tables at orientations, athletic events, and senior centers
- SAFE annual report & newsletters distributed electronically

2. Enhancing Skills: Equipping youth and adults with tools and training to lead prevention of work and influence change.

- Youth/adult coalition member leadership training participation
- School-based prevention workshops and assemblies

3. Providing Support: Fostering environments that support healthy decision-making and promote positive peer networks.

- SAFE After-Hours substance-free events
- Student-led assemblies in middle schools to reinforce prevention norms
- SAFE youth coalition engagement across 12 school districts

4. Enhancing Access/Reducing Barriers: Removing logistical or systemic obstacles that limit prevention access.

- Assisting Schools with MiPHY participation and support to promote data collection
- Transportation for youth to and from SAFE youth activities.

5. Changing Consequences (Incentives/Disincentives): Reinforcing desired behaviors and discouraging risky actions through social or structural reinforcement.

- Sticker Shock campaign: discouraging adults from providing alcohol to minors
- Public recognition of youth leaders modeling substance-free lifestyles
- Varsity Poster Project featuring local high school athletes

6. Physical Design: Modifying the built environment to discourage substance use and promote safety.

- Distribution of lockboxes for alcohol, marijuana, and prescription medication
- Visuals promoting drug-free norms in public and at school spaces

7. Modifying/Changing Policies: Advocating for formal policy or procedural changes to institutionalize prevention practices.

- Youth-led policy advocacy with state and federal lawmakers
- SAFE participation in MDHHS and MALPH state-level prevention work groups
- Support for local ordinances, resolutions, or school policies related to substance use prevention

These strategies create a comprehensive and sustainable prevention plan that is data-driven and youth-led. By targeting both individual behavior and systemic change, SAFE in Northern Michigan is positioned to continue reducing youth substance use.

CHS – IOSCO SUBSTANCE FREE COALITION - CONTINUING

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|-------------------------|-------------------------|
| Organization/Fiduciary: | Catholic Human Services |
| County: | Iosco |
| Project Total: | \$46,162.00 |

DESCRIPTION:

The Iosco Substance Free Coalition starts its fifth year of existence in October 2025. In this time and credited to the Coalition's membership, Iosco County has reaped many benefits because of its existence including aligned law enforcement agencies across the county, significant harm reduction access, improved triage of exiting inmates with substance use disorders, sustained efforts through other funding mechanisms, significantly increased and improved evidence-based strategies involving young people in preventing substance use disorders. In fact, the newly established Students Leading Students, as a result of pa2 funding, received several statewide awards for the development of its chapter and has garnered school board approval to expand to one more school this year. Recovery Month engages over 20 organizations and 100 individuals, the Coalition's voice has been expressed at the opioid settlement dollars hearings where their input is considered in its allocation and is first county to implement the opioid fatality review process north of M55 this past year. The Coalition also in its fifth year, applied for a Drug Free Communities project to continue to target youth in a prevention capacity. This funding is essential to carrying out the activities of the coalition and its continued growth and sophistication.

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| Meets Parameters for PA2 Funding: | Yes |
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| County | Project | Requested Budget |
|--------|--------------------------------|------------------|
| Iosco | Iosco Substance Free Coalition | \$46,162.00 |

CHS – LEELANAU COUNTY COORDINATED YOUTH SUD PREVENTION - CONTINUING

| | |
|-------------------------|-------------------------|
| Organization/Fiduciary: | Catholic Human Services |
| County: | Leelanau |
| Project Total: | \$36,740.00 |

DESCRIPTION:

Continuation of joint youth prevention programming by five partners: Leelanau County Family Court, LIFT (Leelanau Investing for Teens), Suttons Bay Public Schools, Glen Lake Public Schools, and Leland Public Schools. This program has been in place successfully for over a decade and includes both delivery of evidence-based substance use prevention and SEL programs and mentored experiential groups.

Leelanau County continues to enjoy lower youth use rates than neighboring counties, correlated to this programming which has been ongoing for over a decade. The SAMHSA Strategic Prevention Framework states that when an intervention is working, it needs to be continued. We meet capacity, readiness, resources, and fit the community needs; all the things SAMHSA says a prevention program should demonstrate. Our various programs mentor youth to build their protective factors and ability to make healthy life choices.

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| Meets Parameters for PA2 Funding: | Yes |
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| County | Project | Requested Budget |
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| Leelanau | Leelanau County Coordinated Youth SUD Prevention | \$36,740.00 |

CHS – OGEMAW COUNTY DRUG FREE COALITION - CONTINUING

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|-------------------------|-------------------------|
| Organization/Fiduciary: | Catholic Human Services |
| County: | Ogemaw |
| Project Total: | \$9,450.00 |

DESCRIPTION:

The Drug Free Coalition of Ogemaw County (DFCOC) is in its fourth year of strategic, community-driven work to reduce youth and community substance misuse across the full continuum of care. This funding request seeks continued support for coalition supplies and outreach education efforts that align with the SAMHSA Strategic Prevention Framework (SPF) and are grounded in evidence-based strategies promoted by CADCA. DFCOC represents a cross-sector alliance of stakeholders, committed to preventing high-risk use of tobacco, vaping products, alcohol, marijuana, prescription medications, and illicit drugs among youth.

DFCOC is a data-informed, multi-sector coalition representing youth, parents, schools, law enforcement, behavioral health, local government, medical providers, and recovery advocates. The coalition is guided by the Strategic Prevention Framework, ensuring that our work is sustainable, comprehensive, and responsive to changing community needs.

The Drug Free Coalition of Ogemaw County (DFCOC) has clearly identified pressing local needs through data collection, stakeholder collaboration, and direct community engagement. These needs include: early and high-risk youth substance use (tobacco, vaping, alcohol, marijuana, Rx, illicit drugs); insufficient access to recovery support services; and a lack of consistent, community-wide education on prevention and policy reform. This grant project is designed to directly respond to these needs through evidence-based strategies grounded in the SAMHSA Strategic Prevention Framework (SPF).

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| Meets Parameters for PA2 Funding: | Yes |
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| County | Project | Requested Budget |
|--------|-----------------------------------|------------------|
| Ogemaw | Ogemaw County Drug Free Coalition | \$9,450.00 |

Explanation of the project:

The Drug Free Coalition of Ogemaw County (DFCOC) is in its fourth year of strategic, community-driven work to reduce youth and community substance misuse across the full continuum of care. This funding request seeks continued support for coalition supplies and outreach education efforts that align with the SAMHSA Strategic Prevention Framework (SPF) and are grounded in evidence-based strategies promoted by CADCA. DFCOC represents a cross-sector alliance of stakeholders, committed to preventing high-risk use of tobacco, vaping products, alcohol, marijuana, prescription medications, and illicit drugs among youth.

Coalition Overview:

DFCOC is a data-informed, multi-sector coalition representing youth, parents, schools, law enforcement, behavioral health, local government, medical providers, and recovery advocates. The coalition is guided by the Strategic Prevention Framework, ensuring that our work is sustainable, comprehensive, and responsive to changing community needs.

Identified Needs

Through community data, MiPHY surveys, law enforcement and provider input, and public feedback, the coalition has identified the following priorities:

- Preventing early and high-risk use of substances (ATOD: Alcohol, Tobacco, and Other Drugs)
- Raising awareness of at-risk behaviors and policy gaps
- Expanding recovery support and MAT services in partnership with MyMichigan Health
- Enhancing youth engagement and protective factors
- Building peer-led and recovery-based messaging networks

SPF Framework in Action

1. Assessment

Ongoing data collection from MiPHY (when available), school surveys, provider input, and coalition partners informs priority setting and program development.

2. Capacity Building

Cross-sector collaboration has grown to include HSCC, CMH, MSP, Sheriff & City Police, County Jail (TBA classes), DHHS, Suicide Coalition, Child Protection Council, and others. A dedicated Youth Liaison and Recovery Leader enhance outreach and messaging.

3. Planning

Logic models and annual strategic plans are used to design prevention and outreach programs aligned with local data and the Seven Behavior Change Strategies.

4. Implementation

Programming is carried out in both universal and selective prevention settings through peer-led school groups, virtual campaigns, and recovery partner support.

5. Evaluation

Continuous improvement through biannual feedback loops, stakeholder engagement, and outcome monitoring. Logic models and public input refine our strategies annually.

Seven Strategies for Behavior Change in Practice

1. Provide Information

- Flyers, billboards (when funded), FB Live events, media outreach
- School banners with student-identified messaging

2. Build Skills

- Peer-peer support groups and recovery youth groups
- Life skills and refusal strategies training

3. Provide Support

- School and community group facilitation, recovery coaching
- Community education events and partnerships

4. Enhance Access / Reduce Barriers

- Connecting residents to MAT, behavioral health, and recovery services
- Encouraging non-opioid pain management options
- Advocacy for recovery coaching embedded in local systems

5. Change Incentives / Disincentives

- Reward-based youth messaging and media recognition
- Peer recognition for positive decision-making
- Promotion of Town Halls and public celebrations of success

6. Change Policies / Regulations

- Work with schools on restorative justice and policy reform
- Align with court diversion programming and school board advocacy

7. Change Physical Design

- Promote and expand medication disposal sites
- Advocate for “drug-free” family community events
- Educate on reducing home access to substances

Briefly Explain how your project will address the need(s) identified above:

The Drug Free Coalition of Ogemaw County (DFCOC) has clearly identified pressing local needs through data collection, stakeholder collaboration, and direct community engagement. These needs include: early and high-risk youth substance use (tobacco, vaping, alcohol, marijuana, Rx, illicit drugs); insufficient

access to recovery support services; and a lack of consistent, community-wide education on prevention and policy reform. This grant project is designed to directly respond to these needs through evidence-based strategies grounded in the SAMHSA Strategic Prevention Framework (SPF).

Our FY 2023-2024 accomplishments provide a strong foundation for this project's next phase:

- We conducted strategic planning with law enforcement, schools, mental health providers, hospitals, youth, and recovery organizations to ensure our work is inclusive and representative of community needs.
- We expanded youth-led recovery and outreach leadership, empowering students and young adults as messengers and change agents within their peer networks.
- We maintained and supported school-based peer-peer groups, delivering positive messaging and strengthening protective factors.
- We increased collaboration with key local partners—including MyMichigan Health, CMH, MSP, and the County Jail (TBA classes)—to align messaging, programming, and recovery service access.
- We continued to provide public outreach via social media and virtual education efforts to reach underserved populations.
- We advocated for and helped support expanded MAT and recovery services, including recovery coaching initiatives and peer-based support groups.

The proposed project will build on these accomplishments and focus on the following:

- Expanding Outreach & Education
- We will deploy educational materials—flyers, digital ads, banners, and virtual outreach—to ensure that youth and families across the county receive clear, relevant, and frequent messaging on the risks of substance use and the availability of prevention and recovery resources.
- Strengthening Youth and Community Engagement
- Funding will support youth peer leaders and the development of culturally responsive engagement tools. This ensures that prevention messages are relatable, resonant, and tailored to the audiences most at risk.
- Supporting Recovery & Building Access
- By advocating for expanded access to Medication-Assisted Treatment (MAT) and increasing awareness of existing supports, we aim to close the service gap for those in or seeking recovery. Our work with local hospitals, behavioral health, and peer coaches directly addresses the treatment/recovery component of the continuum of care.
- Reinforcing Coalition Sustainability
- Operational support for coalition meetings, strategic planning, and cross-sector coordination ensures sustainability and strategic alignment over time. This is critical for long-term impact.
- Driving Policy and Environmental Change
- We will continue advocating for school and community policy improvements (e.g., restorative justice, social access limitations, zoning regulations) to reduce environmental and social risks for substance use.

CHS – PULLING TOGETHER: CHEBOYGAN COUNTY DRUG FREE COALITION - CONTINUING

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|-------------------------|-------------------------|
| Organization/Fiduciary: | Catholic Human Services |
| County: | Cheboygan |
| Project Total: | \$73,360.00 |

DESCRIPTION:

The Cheboygan County Drug-Free Coalition, known as Pulling Together, has experienced steady growth and increased community engagement since its inception. This coalition continues to bring together stakeholders from all 12 sectors of the community to address substance misuse through a comprehensive, data-driven prevention approach called the Strategic Prevention Framework. A central component of this initiative is the Cheboygan County Youth Coalition, Prevent to Protect (P2P), which has had over 40 students from all four high schools in the county.

Liquor Tax funds have played a pivotal role in supporting coalition operations, enabling the employment of a part-time Program Director (Amalia Harvey) and a part-time Prevention Secretary (Megan LaCross). These positions have been essential in fostering interagency collaboration, facilitating sector involvement, and sustaining both youth and adult coalition engagement. Continued Liquor Tax funding will allow for the expansion of coalition initiatives and the further development of youth-led prevention strategies.

The Pulling Together Coalition remains committed to reducing youth substance use through evidence-based, community-led strategies. Continued Liquor Tax funding will be critical in sustaining these efforts, supporting coalition infrastructure, and ensuring the successful implementation of youth- and data-driven prevention initiatives across Cheboygan County.

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| Meets Parameters for PA2 Funding: | Yes |
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| County | Project | Requested Budget |
|-----------|--|------------------|
| Cheboygan | Pulling Together: Cheboygan County Drug Free Coalition | \$73,360.00 |

Explanation of the project:

The Cheboygan County Drug-Free Coalition, known as Pulling Together, has experienced steady growth and increased community engagement since its inception. This coalition continues to bring together stakeholders from all 12 sectors of the community to address substance misuse through a comprehensive, data-driven prevention approach called the Strategic Prevention Framework. A central component of this initiative is the Cheboygan County Youth Coalition, Prevent to Protect (P2P), which has had over 40 students from all four high schools in the county.

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Pulling Together continues to receive support from the Drug-Free Communities (DFC) Grant through the Centers for Disease Control. This funding has facilitated the addition of a full-time Project Coordinator, dedicated to youth coalition development and a Community Evaluator to support strategic planning, data collection, and performance measurement. These roles, in conjunction with technical assistance and training provided by the Community Anti-Drug Coalitions of America (CADCA), have significantly enhanced coalition capacity, improved organizational infrastructure, and expanded access to leadership development opportunities for both youth and adults.

Every year, the Prevent to Protect Youth Coalition actively implements the Strategic Prevention Framework across all four participating schools. Youth who have attended CADCA trainings—made possible by Liquor Tax funding—assume leadership roles and facilitate this process. Guided by local data and prevention science, youth leaders develop strategic action plans based on the Seven Strategies for Community Change. The funding requests outlined in this application are directly aligned with the priorities identified through these youth and adult coalition efforts during the 2024–2025 fiscal year.

Despite meaningful progress, youth substance misuse continues to pose serious concerns in Cheboygan County. According to the 2023-2024 Michigan Profile for Healthy Youth (MiPHY), 47.8% of Cheboygan County middle school students reported that it is easy to access alcohol. Additionally, school officials and focus groups have shared that vaping continues to impact youth as young as 3rd grade. These indicators underscore the ongoing need for prevention programming, targeted intervention strategies, and cross-sector collaboration.

The Pulling Together Coalition remains committed to reducing youth substance use through evidence-based, community-led strategies. Continued Liquor Tax funding will be critical in sustaining these efforts, supporting coalition infrastructure, and ensuring the successful implementation of youth- and data-driven prevention initiatives across Cheboygan County.

Briefly Explain how your project will address the need(s) identified above:

Funding allocated in the travel portion of the budget will provide youth coalition members and their adult mentors with opportunities to participate in high-impact trainings, including the CADCA Leadership Forum in Washington, D.C., the CADCA Mid-Year Youth Training, and a Youth Coalition Retreat at Cranhill

Ranch in Big Rapids, Michigan. These experiences are especially valuable in Cheboygan County, where rural geography and economic challenges limit access to structured, skill-building opportunities. Each training incorporates the Positive Youth Development Model and the Strategic Prevention Framework—both evidence-based approaches proven to strengthen protective factors and reduce substance use among youth. Additionally, travel funds help support regular participation in monthly coalition meetings and community-based prevention activities by covering mileage reimbursements and rental vehicle costs. Transportation is a persistent barrier in this rural region, where long distances and limited public transit options often prevent consistent involvement. These funds are critical in ensuring both youth and adults can fully engage in coalition efforts throughout the year.

In addition to youth development initiatives, the coalition has identified a critical and urgent need in the community: access to basic survival resources among individuals at high risk for substance use. To address this gap, the coalition proposes the creation of a Backpack Support Program that would distribute backpacks filled with essentials such as socks, toiletries, wipes, and winter coats. The supplies section of our request was carefully calculated and specific items are listed in the budget portion of this application. These items serve more than immediate physical needs—they are a gateway to restoring dignity and reducing risk. According to the National Institute on Drug Abuse, unmet basic needs and unstable housing significantly increase the risk of substance misuse and relapse. By offering compassionate, practical support, the proposed program represents an upstream prevention strategy—helping reduce the root causes of substance use before they escalate. Funding is requested to develop and launch this program as a vital extension of the community’s comprehensive prevention efforts. These backpacks will be handed out to individuals who are being released from incarceration at the Cheboygan County Jail.

The coalition also recognizes the value of bringing prevention education directly to the community. Funds requested under “other expenses” will support the recruitment of guest speakers and experts to present on substance use topics to students, parents, and community members. These events help build awareness, reduce stigma, and provide practical strategies for prevention and intervention. Providing accessible, credible information is essential for empowering individuals to make informed decisions and fostering a culture of prevention.

To further amplify these efforts, the coalition will continue to utilize its website and social media platforms to expand its presence in the community. By sharing educational content, promoting events, and highlighting local prevention successes, digital outreach allows the coalition to reach broader audiences and engage community members who may not attend in-person events. This approach helps ensure that accurate information and resources are available to everyone, regardless of location or schedule.

Together, these initiatives reflect a multi-pronged strategy to reduce substance use in Cheboygan County—investing in youth leadership, educating the community, expanding access to resources, and addressing the broader social conditions that contribute to substance-related harm.

CHS – SFCNM OPIOID USE PREVENTION AND MEDICATION SAFETY CAMPAIGN - CONTINUING

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|-------------------------|-------------------------|
| Organization/Fiduciary: | Catholic Human Services |
| County: | Grand Traverse |
| Project Total: | \$155,000.00 |

DESCRIPTION:

Continuation of successful multi-media (website, cable TV Ads, streaming ads, internet ads, brochures, billboards) "Know Dangers" opioid use prevention campaign funded with liquor tax dollars FY 2019-2025. Phase 5 will expand audience focus from primarily youth and their parents to adults aged 55+ using modified media tactics to continue messaging around: managing pain safely, medication dangers and hazards, overdose reversal, safe handling, and disposal of medications, and seeking help for treatment and recovery. This builds on the prior 4 phases of the campaign which were: Phase 1: Personal stories and general education about the opioid epidemic (10/19 - 5/20); Phase 2A: Risks of addiction to prescription opioids (6/20 - 1/21); Phase 2B: Risks of addiction to prescription opioids with messaging from local people in recovery (1/21 - 9/21); Phase 3: Alternatives to prescription opioids for pain management (10/21 - present), and Phase 4: Medication Safety and Fentanyl Awareness (11/22 - Present). 2. Funding contract with SFCNM Coordinator for up to 240 hours during the grant period to manage all coalition alliance activities.

Our recognizable and award-winning messaging has, and will continue to, increase awareness of the uniquely addictive properties of prescription opioids and alternatives to their use throughout our communities. We will target parents, youth, and senior citizens.

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| Meets Parameters for PA2 Funding: | Yes |
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| County | Project | Requested Budget |
|----------------|--|------------------|
| Grand Traverse | SFCNM Opioid Use Prevention and Medication Safety Campaign | \$155,000.00 |

HDNWM – RISE OTSEGO SUBSTANCE FREE COALITION - CONTINUING

| | |
|-------------------------|---|
| Organization/Fiduciary: | Health Department of Northwest Michigan |
| County: | Otsego |
| Project Total: | \$86,932.00 |

DESCRIPTION:

RISE: Otsego Substance Free Coalition is a community-based organization dedicated to empowering youth in Otsego County, Michigan, to lead substance-free lives through education, advocacy, and collaboration. Founded in January 2018 and supported by the Health Department of Northwest Michigan (HDNW) as its fiduciary, RISE was established to address rising concerns about youth substance use in the community through coordinated, data-informed prevention strategies. The requested Otsego County liquor tax funds will help sustain the coalition’s youth-led, adult-guided prevention initiatives that are grounded in public health principles and driven by local need.

RISE implements the evidence-based Strategic Prevention Framework (SPF), developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), along with CADCA’s 7 Strategies for Community Change, to guide all aspects of its work. SPF’s five phases—assessment, capacity building, planning, implementation, and evaluation—ensure the coalition remains focused, adaptable, and results-oriented. This model allows RISE to engage a diverse network of stakeholders including schools, law enforcement, healthcare professionals, courts, emergency medical services (EMS), parents, and youth themselves. Through this collaboration, the coalition addresses both risk and protective factors that influence youth substance use, tailoring strategies to local realities and strengthening community norms around substance-free living.

RISE’s work is both data-driven and youth-informed. The coalition believes in empowering young people not only as beneficiaries of prevention programs but also as leaders in designing and delivering them. In FY25, RISE served 2,011 local middle and high school students, guided by the leadership of 22 actively engaged RISE youth members. This growth reflects a rising level of interest and commitment among students to make a difference in their schools and communities through prevention. RISE continues to recruit and retain both youth and adult coalition members who bring passion, energy, and diverse skill sets to the mission of reducing youth substance use in Otsego County.

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| Meets Parameters for PA2 Funding: | Yes |
|-----------------------------------|-----|

| County | Project | Requested Budget |
|--------|--------------------------------------|------------------|
| Otsego | RISE Otsego Substance Free Coalition | \$86,932.00 |

Explanation of the project:

RISE: Otsego Substance Free Coalition is a community-based organization dedicated to empowering youth in Otsego County, Michigan, to lead substance-free lives through education, advocacy, and collaboration. Founded in January 2018 and supported by the Health Department of Northwest Michigan (HDNW) as its fiduciary, RISE was established to address rising concerns about youth substance use in the community through coordinated, data-informed prevention strategies. The requested Otsego County liquor tax funds will help sustain the coalition's youth-led, adult-guided prevention initiatives that are grounded in public health principles and driven by local need.

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The coalition's efforts are focused on a target population of 3,495 students across three local districts: Gaylord Community Schools with 2,748 students, Johannesburg-Lewiston Area Schools with 675 students, and Vanderbilt Area School with 72 students. While all youth face choices about substance use, students in Otsego County experience additional challenges that heighten their vulnerability. The high school dropout rate in the county stands at 7.4%, and a concerning 68.3% of graduates are not meeting college readiness benchmarks. Furthermore, 55.7% of students are classified as economically disadvantaged, with 15.3% of the overall population living in poverty and 16.8% experiencing food insecurity. These conditions create compounding risk factors that increase the likelihood of substance use, making targeted, community-based prevention efforts like RISE not just valuable, but essential.

Local data highlights the urgency of RISE's mission. Alcohol remains a significant concern, with 17.1% of high school students reporting they consumed alcohol in the past 30 days. Misconceptions about harm are prevalent—29.2% of students believe that drinking five or more alcoholic drinks in a sitting pose little to no risk. Accessibility further drives use, with 58.4% reporting that obtaining alcohol is "sort of" or "very easy." Focus group data reinforce these findings: 100% of youth participants acknowledged that alcohol use tends to spike around school dances and special events, often involving binge drinking. Alarming, 41.2% of youth drinkers admitted to taking alcohol from family supplies, and youth

consistently reported that alcohol is frequently obtained from unmonitored parental sources. These trends suggest a normalized culture of risky behavior that heightens the risk of poor decision-making, academic decline, and long-term health consequences.

Marijuana use presents a similarly concerning picture. Local data show that 12.5% of high school students used marijuana in the past 30 days, and 54.5% believe there is little to no risk in smoking it once or twice a week. Additionally, 28.7% of students perceive that their peers do not view marijuana use as wrong or very wrong, indicating a growing social acceptance of use. Nearly 40% report that marijuana is easy to access, often through peers, siblings, or even parents. Focus group findings show that 67% of youth participants believe parents are a direct source of marijuana. The widespread presence of recreational marijuana retailers in Gaylord, the county's hub, compounds accessibility and fuels a permissive culture around use. These local conditions create a pressing need for proactive strategies that not only reduce access but also correct misperceptions and reframe community norms.

RISE's approach centers on addressing these root causes through education, prevention, and advocacy. The coalition works to equip students, families, and educators with the tools and information necessary to make informed decisions, reduce risk, and build resilience. RISE youth leaders are actively involved in creating peer-led media campaigns, shaping local policies, conducting community education efforts, and promoting safe, healthy behaviors through school and community events. By leveraging SPF and elevating youth voice, RISE ensures its prevention efforts are strategic, sustainable, and deeply rooted in local realities.

In all its work, RISE remains focused on achieving community-level change. The coalition believes that every student in Otsego County deserves the opportunity to thrive in a supportive environment free from the harms of substance use. Through its partnerships, data-informed planning, and youth-driven leadership, RISE continues to be a catalyst for positive change. Continued funding through the Otsego County liquor tax will allow this vital work to move forward, helping to reduce underage alcohol and marijuana use and build a healthier future for Otsego County youth.

Briefly Explain how your project will address the need(s) identified above:

Funds from this proposal will be used to support the following activities implemented by RISE:

- Coalition Meetings and Materials: Support for regular RISE coalition meetings, both youth and adult sectors, including essential supplies, food and refreshments, educational materials, and resources to facilitate planning, training, and implementation of prevention initiatives.
- Youth Substance Use Prevention Media Campaign: A youth-informed, multi-platform media initiative designed to educate and influence peers through positive messaging and substance-free norms. Campaign components include digital advertising, Connect TV streaming placements, targeted social media content, and community- and school-based visuals such as banners, bathroom stall posters, and displays in high-traffic areas. Messaging also reaches broader audiences through placements at the local movie theater, increasing visibility and reinforcing prevention messages across Otsego County.
- RISE to the Occasion Events: Substance-free activity nights designed to provide fun, safe, and engaging alternatives to risky behaviors. These events, organized and promoted by RISE youth

leaders, offer opportunities for social connection, healthy recreation, and positive peer engagement while reinforcing substance-free norms throughout Otsego County.

- **Youth Prevention Training:** Provide youth coalition members with targeted training to build leadership and advocacy skills, with a focus on evidence-based strategies to prevent underage alcohol use. Training equips youth with knowledge, tools, and confidence to plan and implement effective prevention initiatives, engage peers, and contribute meaningfully to coalition goals.
- **RISE Participation in Community Awareness Events:** Attend local events and set up an information and resource booth to engage parents, caregivers, and community members in youth substance use prevention. At these events, RISE distributes practical tools such as alcohol tamper-evident bottle seals and drug, nicotine, and alcohol test kits to support safe monitoring and encourage family conversations. Informational materials and coalition resources are also provided to raise awareness and promote community involvement.
- **RISE Spirit Nights:** Partner with each high school in Otsego County to designate a home sporting event as a RISE Spirit Night, celebrating school pride while promoting a substance-free lifestyle. During these events, RISE youth leaders engage the student cheering section by distributing spirited giveaways and positive messaging that encourages drug-free choices. These high-energy events amplify peer influence, raise visibility of prevention efforts, and reinforce healthy decision-making in a fun, school-centered environment.
- **Poster Project – Peer Role Models:** RISE youth leaders coordinate a poster campaign in which substance-free high school students are nominated and voted on by their peers to be featured as positive role models. Selected students are showcased on professionally printed 20"x30" posters displayed in middle school hallways to inspire younger students with real examples of peers making healthy, drug-free choices. This initiative promotes positive norms, fosters cross-age mentorship, and reinforces the message that living substance-free is both common and commendable.
- **Hidden in Plain Sight Trailer/Display:** An interactive educational exhibit designed for parents and caregivers to increase awareness of signs of youth substance use. The display recreates a mock teen bedroom, highlighting everyday items that may be used to conceal alcohol, nicotine, marijuana, or other drugs. This hands-on experience empowers adults with knowledge and practical tools to recognize early warning signs and engage in prevention-focused conversations at home. The exhibit serves as a powerful community engagement tool to support youth substance use prevention efforts.
- **National Prevention Campaigns – Social Media Education:** In recognition of National Prevention Week and National Drug & Alcohol Facts Week, lead targeted social media education campaigns on Facebook and Instagram. These campaigns feature youth-created content, facts about substance use, and prevention messages designed to inform, engage, and inspire both youth and adults in the community to support substance-free living.
- **Red Ribbon Week Youth Event:** RISE hosts a youth-centered event during Red Ribbon Week to raise awareness about teen substance use and promote healthy, drug-free lifestyles. The event

provides engaging prevention activities, peer-led messaging, and opportunities for youth to take visible stands against substance use in their schools and communities.

- **Sticker Shock Campaign:** During homecoming and prom seasons, RISE youth leaders' partner with local alcohol retailers and law enforcement to place brightly colored stickers on multi-packs of beer and other alcohol products. With retailer permission, these stickers educate consumers about underage drinking laws and reinforce the importance of not providing alcohol to minors, helping to raise community awareness and reduce social access to alcohol among teens.
- **Youth Prevention Initiatives:** RISE youth leaders design and distribute creative, substance use prevention-themed items, such as stickers, bracelets, bandanas, keychains, and temporary tattoos, featuring positive, youth-driven messages. These items are shared with high school students during key times of year when youth may be at higher risk for substance use, such as school dances, holidays, and celebratory events. The campaign reinforces substance-free norms while aligning prevention messages with moments that matter most in students' lives.
- **Prom/Graduation Letter Campaign:** RISE collaborates with local law enforcement, courts, and emergency medical services (EMS) to develop a prevention-focused letter distributed to parents and caregivers through local schools ahead of prom and graduation season. The letter outlines the legal consequences and safety risks of providing alcohol to minors and encourages adults to support substance-free celebrations. This collaborative effort delivers a consistent, community-wide message that reinforces underage drinking prevention during these high-risk events.
- **Local and State Youth Advocacy & Policy Engagement:** RISE youth leaders actively engage in local and statewide substance use prevention advocacy, including participation in state-level prevention workgroups. Youth contribute to shaping policies that impact their peers by meeting with elected officials, attending advocacy events, and sharing their perspectives on underage drinking, vaping, and other public health issues. These opportunities empower youth to become changemakers and strengthen prevention policy efforts across Otsego County and the state.
- **Medication Safety & Disposal Outreach:** RISE distributes Detera medication disposal bags and condolence letters containing information on safe medication disposal following the loss of a loved one. These materials are provided to local funeral homes and distributed at senior-focused community events to reduce the risk of unused medications being misused or diverted. Additionally, RISE conducts environmental scans of medication drop-off locations throughout Otsego County to ensure up-to-date access points are identified. This information is shared with the community through pharmacies, police stations, and local businesses via magnets, printed flyers, and other outreach materials to promote safe and responsible disposal practices.

CHS – ROSCOMMON SUBSTANCE USE DISORDER PROGRAM – JAIL BASED - NEW

| | |
|-------------------------|-------------------------|
| Organization/Fiduciary: | Catholic Human Services |
| County: | Roscommon |
| Project Total: | \$53,438.00 |

DESCRIPTION:

This is a collaboration between Roscommon County and Catholic Human Services. Funds will go to dedicate a substance use disorder treatment counselor who will visit Roscommon County jail and provide substance use disorder treatment and education 2 days a week. The counselor will go to Roscommon County jail and provide substance use disorder treatment to pretrial inmates and post-conviction inmates. The counselor will provide weekly substance use disorder assessment, individual, group and case management services that includes “brief” treatment which is defined as up to 30 days, “short-term” treatment is defined as from 1 to 3 months, and “long-term” treatment is defined as 3 months or longer. The counselor will provide ongoing consultation and education to jail administrators and other jail staff about substance use disorders and work to establish a continuum of services in the jail and community for people with substance abuse problems. The counselor will create opportunities to improve partnerships between the jail and the community which can allow for the development or enhancement of both in-jail treatment programs and coordination of offenders' transition into community diversion and aftercare/reentry programs. The counselor will also continue to collaborate with jail medical, CMH and jail diversion regarding additional and supportive services with individuals with co-occurring or co-morbidity health related issues. The counselor will work in partnership with the jail and probation and court system regarding communication of individual attendance, prognosis and referrals for ongoing SUD services once released from jail.

| | |
|-----------------------------------|-----|
| Meets Parameters for PA2 Funding: | Yes |
|-----------------------------------|-----|

| County | Project | Requested Budget |
|-----------|---|------------------|
| Roscommon | Roscommon Substance Use Disorder Program – Jail Based | \$53,438.00 |

CHS – WEXFORD SUBSTANCE USE DISORDER PROGRAM – JAIL BASED - CONTINUING

| | |
|-------------------------|-------------------------|
| Organization/Fiduciary: | Catholic Human Services |
| County: | Wexford |
| Project Total: | \$107,194.00 |

DESCRIPTION:

This is a collaboration between Wexford County and Catholic Human Services. Funds will go to dedicate a substance use disorder treatment counselor who will visit Wexford jail and provide substance use disorder treatment and education 5 days a week. The counselor will go to Wexford County jail and provide substance use disorder treatment to pretrial inmates and post-conviction inmates. The counselor will provide weekly substance use disorder assessment, individual, group and case management services that includes “brief” treatment which is defined as up to 30 days, “short-term” treatment is defined as from 1 to 3 months, and “long-term” treatment is defined as 3 months or longer. The counselor will provide ongoing consultation and education to jail administrators and other jail staff about substance use disorders and work to establish a continuum of services in the jail and community for people with substance abuse problems. The counselor will create opportunities to improve partnerships between the jail and the community which can allow for the development or enhancement of both in-jail treatment programs and coordination of offenders' transition into community diversion and aftercare/reentry programs. The counselor will also continue to collaborate with jail medical, NLMCH and jail diversion regarding additional and supportive services with individuals with co-occurring or co-morbidity health related issues. The counselor will work in partnership with the jail and probation and court system regarding communication of individual attendance, prognosis and referrals for ongoing SUD services once released from jail.

| | |
|-----------------------------------|-----|
| Meets Parameters for PA2 Funding: | Yes |
|-----------------------------------|-----|

| County | Project | Requested Budget |
|---------|---|------------------|
| Wexford | Wexford Substance Use Disorder Program – Jail Based | \$107,194.00 |



MEMORANDUM OF UNDERSTANDING

Catholic Human Services and Wexford County

The purpose of this memorandum is to demonstrate the responsibilities of Catholic Human Services as outlined in the liquor tax grant between Catholic Human Services and Wexford County, specifically Wexford County Jail.

Project Explanation:

This is a collaboration between Wexford County and Catholic Human Services. Funds will go to dedicate a substance use disorder treatment clinician who will visit Wexford County jail and provide treatment 5 days a week.

A designated licensed and credentialed substance use disorder clinician will provide a continued expansion of substance use disorder services in Wexford County Jail which includes substance use disorder treatment to pretrial inmates and post-conviction inmates. The clinician will provide weekly substance use disorder assessments and treatment based on jail and community correction referrals and recommendations.

The project will address the needs of expansion of ASAM (American Society Addiction Medicine) levels of care to incarcerated individuals through delivery of evidence-based substance use disorder screening, assessment, treatment, and case management services. The project will increase access, education and support to individuals with any identified diagnosis or risk of a substance use disorder while incarcerated. The project will also help sustain the development and implementation of substance use disorder services to individuals incarcerated at Wexford jail while focusing on a reducing of recidivism, reduction of overdose and fatal overdoses as well as improved follow through of aftercare recovery-based services once individuals are released from jail. The clinician will provide weekly substance use disorder assessment, individual, group and case management services that includes "brief" treatment is defined as up to 30 days, "short-term" treatment is defined as from 1 to 3 months, and "long-term" treatment is defined as 3 months. The clinician will provide ongoing consultation and education to jail administrators and other jail staff about substance use disorders, and work to establish a continuum of services in the jail and community for people with substance abuse problems. The clinician will coordinate care with jail medical regarding referrals needing for jail-based approved medication assisted treatment for alcohol and opioid use disorders as well as coordinate care with Addiction Treatment Services Mobile Mat bus and or local primary health providers for immediate aftercare services for the start-up and or continuation of medication assisted treatment for substance use disorders. The clinician will also create opportunities to improve partnerships between the jail and the community which can allow for the development or enhancement of both in-jail treatment programs and coordination of offenders' transition into community diversion and aftercare/reentry programs.

Catholic Human Services agrees to the following short-term and long-term objectives as outlined in the liquor tax grant and will submit quarterly reports to NMRE and Wexford County indicating the following success and or barriers for the desired short and long-term outcomes:

Short term outcomes:

Increased access of substance use disorder services to 100% of those in jail with a determined risk for relapse and or diagnosis of a substance use disorder. Develop and implement substance use disorder screening protocols at booking to determine eligibility. Implement substance use disorder screening to be coordinated with jail medical, CMH and CHS clinician for appropriate level of services.

catholichumanservices.org

Alpena Office
989-356-6385
154 S. Ripley Blvd.
Alpena, MI 49707

Cadillac Office
231-775-6581
421 S. Mitchell St.
Cadillac, MI 49601

Gaylord Office
989-732-6761
829 W. Main St., Ste. C3
Gaylord, MI 49735

Traverse City Office
231-947-8110
1000 Hastings St.
Traverse City, MI 49686

Senior Volunteer Program
231-929-7070
1832-A Oak Hollow Dr.
Traverse City, MI 49686



Long term outcomes:

Decrease recidivism of those in the criminal justice system in Wexford and Missaukee Counties based by 20% based on review of records maintained by the county clerks and the local Michigan Department of Corrections Probation Offices. Individuals that were provided substance use disorder services while incarcerated will have an increase by 25% for follow through of substance use disorder treatment in determined level of care (outpatient or residential) once released from jail based on consistent aftercare coordination of jail administration, jail medical and CHS clinician and providers.

Catholic Human Services will complete the Financial Status Report (FSR) as requested by Northern Michigan Regional entity and the quarterly reports required for the Pubic Act 2 (PA-2) funds. A copy of the quarterly report will be provided to a Wexford County designee.

Both parties agree to follow confidentiality guidelines regarding persons served and understand that by the nature of this MOU, both parties may exchange information as appropriate.

This memorandum of understanding will be in effect for October 1, 2025 through September 30, 2026.

Signatures:

Catholic Human Services
Sarah Hegg – Clinical Supervisor

Wexford County
Hon Jason Elmore

May 12, 2025
Date

Wexford County

Date

catholichumanservices.org

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PROGRAM BUDGET - COST DETAIL SCHEDULE

ATTACHMENT B.2

View at 100% or Larger

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

Page

Of

Use WHOLE DOLLARS Only

| | | | | |
|--|----------------|--|--------------|---------------|
| PROGRAM | | BUDGET PERIOD | | DATE PREPARED |
| TREATMENT | | From: | To: | |
| Wexford Substance Use Disorder program - Jail based | | 10/1/2025 | 9/30/2026 | 5/5/2025 |
| GRANTEE NAME | | BUDGET AGREEMENT I ORIG AMENDMENT | | AMENDMENT # |
| Catholic Human Services | | | | |
| Address | City State Zip | | | |
| 421 South Mitchell Street Cadillac, Mi 49601 | | | | |
| 1. SALARY & WAGES: | | | | |
| POSITION DESCRIPTION | COMMENTS | POSITIONS REQUIRED | TOTAL SALARY | |
| Clinician (Amy Cox) | | 1.0 FTE | \$ 53,560 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 1. TOTAL SALARY & WAGES: | | | \$ 53,560 | |
| 2. FRINGE BENEFITS: (limit of up to 25% of salary/wages - would need supporting documentation and provide Explanation) | | Composite Rate % | | \$ 35,159 |
| (Specify) | | | | |
| <input type="checkbox"/> FICA <input checked="" type="checkbox"/> UNEMPL <input type="checkbox"/> HOSPI <input type="checkbox"/> RETIRE | | <input type="checkbox"/> LIFE INS <input type="checkbox"/> VISION <input type="checkbox"/> HEARING INS <input type="checkbox"/> OTHER: Specify- | | |
| | | <input type="checkbox"/> DENTAL INS <input type="checkbox"/> WORK COMP <input type="checkbox"/> Tuition Remission (list | | |
| 2. TOTAL FRINGE BENEFITS: | | | \$ 35,159 | |
| 3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures) | | | | |
| Travel to and between jails | | | | \$1,500 |
| 3. TOTAL TRAVEL: | | | \$ 1,500 | |
| 4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures) | | | | |
| Curriculum | | | | \$ 3,000 |
| Supplies | | | | \$ 1,500 |
| 4. TOTAL SUPPLIES & MATERIALS: | | | \$ 4,500 | |
| 5. CONTRACTUAL: (Subcontracts/Subrecipients) | | | | |
| Name | | Address | | |
| | | | | |
| 5. TOTAL CONTRACTUAL: | | | \$ - | |
| 6. EQUIPMENT: (Specify) | | | | |
| 6. TOTAL EQUIPMENT: | | | \$ - | |
| 7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures) | | | | |
| Communication: Tech fees: Tech support, Zoom phone (1 .fte) | | | | \$2,730 |
| Space Cost: | | | | |
| Others (explain): | | | | |
| 7. TOTAL OTHER EXPENSES: | | | \$ 2,730 | |
| 8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7) | | 8. TOTAL DIRECT EXPENDITURES: | | \$ 97,449 |
| 9. INDIRECT COST CALCULATIONS: (limit of 9%) | | | | |
| Rate #1 Base \$ 97,449 x Rate 10.00% = | | | | \$ 9,745 |
| *** MUST submit a detailed (with amounts) explanation in Explanation tab | | | | |
| 9. TOTAL INDIRECT EXPENDITURES: | | | \$ 9,745 | |
| 10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9) | | | \$ 107,194 | |

66%

10%

ALCONA COUNTY OVERVIEW

| | |
|------------------------|-------------|
| Projected FY26 Balance | \$71,518.76 |
|------------------------|-------------|

| Project | Requested Budget | Remaining County Running Balance |
|---|------------------|----------------------------------|
| Alcona County Students Leading Students (SLS) | \$9,900.00 | \$61,618.76 |

| County | One Year Fund Balance (withheld) | Projected FY26 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|--------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Alcona | \$21,394.00 | \$71,518.76 | \$9,900.00 | \$61,618.76 |

ALPENA COUNTY OVERVIEW

| | |
|------------------------|--------------|
| Projected FY26 Balance | \$244,953.50 |
|------------------------|--------------|

| Project | Requested Budget | Remaining County Running Balance |
|---|------------------|----------------------------------|
| Alpena Prevention Students Leading Students (SLS) | \$51,687.00 | \$193,266.50 |

| County | One Year Fund Balance (withheld) | Projected FY26 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|--------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Alpena | \$84,263.20 | \$244,953.50 | \$51,687.00 | \$193,266.50 |

ANTRIM COUNTY OVERVIEW

| | |
|------------------------|--------------|
| Projected FY26 Balance | \$253,333.30 |
|------------------------|--------------|

| Project | Requested Budget | Remaining County Running Balance |
|---------------------------|------------------|----------------------------------|
| SAFE in Northern Michigan | \$37,211.27 | \$216,122.03 |

| County | One Year Fund Balance (withheld) | Projected FY26 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|--------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Antrim | \$80,488.80 | \$253,333.30 | \$37,211.27 | \$216,122.03 |

CHARLEVOIX COUNTY OVERVIEW

| | |
|------------------------|--------------|
| Projected FY26 Balance | \$121,585.71 |
|------------------------|--------------|

| Project | Requested Budget | Remaining County Running Balance |
|---|------------------|----------------------------------|
| Charlevoix 33 rd Circuit Hybrid Drug/DWI Court | \$17,480.00 | \$104,105.71 |
| SAFE in Northern Michigan | \$41,759.63 | \$62,346.08 |

| County | One Year Fund Balance (withheld) | Projected FY26 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Charlevoix | \$106,516.40 | \$121,585.71 | \$59,239.63 | \$62,346.08 |

CHEBOYGAN COUNTY OVERVIEW

| | |
|------------------------|--------------|
| Projected FY26 Balance | \$162,226.55 |
|------------------------|--------------|

| Project | Requested Budget | Remaining County Running Balance |
|--|------------------|----------------------------------|
| Pulling Together – Cheboygan Country Drug-Free Coalition | \$73,360.00 | \$88,866.55 |

| County | One Year Fund Balance (withheld) | Projected FY26 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|-----------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Cheboygan | \$87,302.40 | \$162,226.55 | \$73,360.00 | \$88,866.55 |

CRAWFORD COUNTY OVERVIEW

| | |
|------------------------|-------------|
| Projected FY26 Balance | \$92,752.89 |
|------------------------|-------------|

| Project | Requested Budget | Remaining County Running Balance |
|--|------------------|----------------------------------|
| Crawford Partnership to End Substance Misuse | \$22,621.00 | \$70,131.89 |

| County | One Year Fund Balance (withheld) | Projected FY26 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|----------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Crawford | \$35,114.80 | \$92,752.89 | \$22,621.00 | \$70,131.89 |

EMMET COUNTY OVERVIEW

| | |
|------------------------|--------------|
| Projected FY26 Balance | \$320,158.73 |
|------------------------|--------------|

| Project | Requested Budget | Remaining County Running Balance |
|---|------------------|----------------------------------|
| 57 th Emmet County Recovery Program (ECRP) | \$267,037.00 | \$53,121.73 |
| SAFE in Northern Michigan | \$53,029.10 | \$92.63 |

| County | One Year Fund Balance (withheld) | Projected FY26 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|--------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Emmet | \$183,166.80 | \$320,158.73 | \$320,066.10 | \$92.63 |

GRAND TRAVERSE COUNTY OVERVIEW

| | |
|------------------------|--------------|
| Projected FY26 Balance | \$800,645.87 |
|------------------------|--------------|

| Project | Requested Budget | Remaining County Running Balance |
|--|------------------|----------------------------------|
| Grand Traverse Substance Use Disorder Program – Jail Based | \$53,438.00 | \$747,207.87 |
| Generations Ahead – Substance Use Prevention with Teen Parents | \$79,329.00 | \$667,878.87 |
| SFCNM Opioid Use Prevention and Medication Safety Campaign | \$155,000.00 | \$512,878.87 |
| Grand Traverse Addiction & Recovery Council | \$76,665.00 | \$436,213.87 |

| County | One Year Fund Balance (withheld) | Projected FY26 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|----------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Grand Traverse | \$455,155.20 | \$800,645.87 | \$364,432.00 | \$436,213.87 |

IOSCO COUNTY OVERVIEW

| | |
|------------------------|--------------|
| Projected FY26 Balance | \$200,106.61 |
|------------------------|--------------|

| Project | Requested Budget | Remaining County Running Balance |
|--------------------------------|------------------|----------------------------------|
| Iosco Substance Free Coalition | \$46,162.00 | \$153,944.61 |

| County | One Year Fund Balance (withheld) | Projected FY26 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|--------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Iosco | \$87,380.80 | \$200,106.61 | \$46,162.00 | \$153,944.61 |

LEELANAU COUNTY OVERVIEW

| | |
|------------------------|--------------|
| Projected FY26 Balance | \$103,348.17 |
|------------------------|--------------|

| Project | Requested Budget | Remaining County Running Balance |
|--|------------------|----------------------------------|
| Leelanau County Coordinated Youth SUD Prevention | \$36,740.00 | \$66,608.17 |

| County | One Year Fund Balance (withheld) | Projected FY26 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|----------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Leelanau | \$60,592.80 | \$103,348.17 | \$36,740.00 | \$66,608.17 |

OGEMAW COUNTY OVERVIEW

| | |
|------------------------|--------------|
| Projected FY26 Balance | \$121,409.61 |
|------------------------|--------------|

| Project | Requested Budget | Remaining County Running Balance |
|-----------------------------------|------------------|----------------------------------|
| Ogemaw County Drug-Free Coalition | \$9,450.00 | \$111,959.61 |

| County | One Year Fund Balance (withheld) | Projected FY26 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|--------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Ogemaw | \$68,804.80 | \$121,409.61 | \$9,450.00 | \$111,959.61 |

OTSEGO COUNTY OVERVIEW

| | |
|------------------------|--------------|
| Projected FY26 Balance | \$120,034.73 |
|------------------------|--------------|

| Project | Requested Budget | Remaining County Running Balance |
|--------------------------------------|------------------|----------------------------------|
| RISE Otsego Substance Free Coalition | \$86,932.00 | \$33,102.73 |

| County | One Year Fund Balance (withheld) | Projected FY26 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|--------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Otsego | \$105,978.80 | \$120,034.73 | \$86,932.00 | \$33,102.73 |

ROSCOMMON COUNTY OVERVIEW

| | |
|------------------------|--------------|
| Projected FY26 Balance | \$608,965.37 |
|------------------------|--------------|

| Project | Requested Budget | Remaining County Running Balance |
|---|------------------|----------------------------------|
| Roscommon Substance Use Disorder Program – Jail Based | \$53,438.00 | \$555,527.37 |
| | | |

| County | One Year Fund Balance (withheld) | Projected FY26 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|-----------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Roscommon | \$87,715.20 | \$608,965.37 | \$53,438.00 | \$555,527.37 |

WEXFORD COUNTY OVERVIEW

| | |
|------------------------|--------------|
| Projected FY26 Balance | \$197,283.85 |
|------------------------|--------------|

| Project | Requested Budget | Remaining County Running Balance |
|---|------------------|----------------------------------|
| Wexford Substance Use Disorder Program – Jail Based | \$107,194.00 | \$90,089.85 |

| County | One Year Fund Balance (withheld) | Projected FY26 Available Balance | Sum of Requested Project Amounts | Projected Remaining Balance |
|---------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Wexford | \$95,416.00 | \$197,283.85 | \$107,194.00 | \$90,089.85 |

NMRE Fiscal Year 2026
Prevention Service Request for Proposal Recommendation for Contract Awards
Issued May 12, 2025- June 6, 2025

Counties:

Benzie, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford

Key Dates:

RFP issue Date: May 12, 2025

Proposal Due Date: June 6, 2025

Scoring Team Meeting: June 19, 2025

Award Effective Dates: October 1, 2025-September 30, 2026

Bids by county :

Benzie: *No proposals received*

Grand Traverse: Catholic Human Services

Kalkaska: Catholic Human Services

Leelanau: District Health Department 10

Manistee: District Health Department 10

Wexford: District Health Department 10

| NMRE County Recommendations for Contract Award, | Provider | Amount Requested of NMRE Estimated Allocation (\$) |
|--|-------------------------------|---|
| Benzie | <i>No proposals received</i> | |
| Grand Traverse | Catholic Human Services | \$96,641.00 |
| Kalkaska | Catholic Human Services | \$16,357.00 |
| Leelanau | Catholic Human Services | \$20,906.00 |
| Manistee | District Health Department 10 | \$23,742.00 |
| Missaukee | District Health Department 10 | \$13,379.00 |
| Wexford | District Health Department 10 | \$32,715.00 |
| Total | | \$203,740.00 |

Northern Michigan Regional Entity and CMH Affiliates
Financial Analysis by type and Year for Audit RFP
Fiscal Years Ended September 30, 2025, 2026 and 2027

| Auditing Firm | Year | Type | Northern Lakes CMHA | Centra Wellness | Wellvance | Northeast Mich CMH | North Country CMH | Northern Michigan Regional Entity | | |
|--|---|------------------|------------------------|--------------------|------------|-----------------------|----------------------|---|------------|--|
| Roslund Prestage & Co | | | | | | | | | | |
| Single audit is included for NLCMHA and NMRE. Each add'l program - \$2,500 | 2025 | Financial/Single | 22,500 | 14,400 | 15,250 | | 16,550 | 18,500 | | |
| | | Compliance | 10,000 | 10,000 | 10,000 | | 10,000 | 10,250 | | |
| | | Total | 32,500 | 24,400 | 25,250 | - | 26,550 | 28,750 | | |
| | 2026 | Financial/Single | 23,000 | 14,800 | 15,650 | | 16,950 | 19,000 | | |
| | | Compliance | 10,250 | 10,250 | 10,250 | | 10,250 | 10,500 | | |
| | | Total | 33,250 | 25,050 | 25,900 | - | 27,200 | 29,500 | | |
| | 2027 | Financial/Single | 23,500 | 15,200 | 16,050 | | 17,350 | 19,500 | | |
| | | Compliance | 10,500 | 10,500 | 10,500 | | 10,500 | 10,750 | | |
| | | Total | 34,000 | 25,700 | 26,550 | - | 27,850 | 30,250 | | |
| | 3 Year Total | | 99,750 | 75,150 | 77,700 | - | 81,600 | 88,500 | \$ 422,700 | |
| | YEO & YEO | | | | | | | | | |
| | Single audit is included for NLCMHA and NMRE | 2025 | Financial/Single | 33,700 | 15,300 | 18,000 | | 23,400 | 36,000 | |
| Compliance | | | 6,000 | 6,000 | 5,900 | | 6,000 | 5,650 | | |
| Total | | | 39,700 | 21,300 | 23,900 | - | 29,400 | 41,650 | | |
| 2026 | | Financial/Single | | | | | | | | |
| | | Compliance | | | | | | | | |
| | | Total | 41,690 | 22,370 | 25,100 | - | 30,870 | 43,730 | | |
| 2027 | | Financial/Single | | | | | | | | |
| | | Compliance | | | | | | | | |
| | | Total | 43,770 | 23,490 | 26,360 | - | 32,410 | 45,920 | | |
| 3 Year Total | | 125,160 | 67,160 | 75,360 | - | 92,680 | 131,300 | \$ 491,660 | | |
| Difference from Roslund Prestage & Co | | | | | | | | | | |
| | | higher(lower) | \$ 25,410 | \$ (7,990) | \$ (2,340) | | \$ 11,080 | \$ 42,800 | \$ 68,960 | |

| Internal NMRE Review Team of RFP for Audit Services FY25 - FY27 | | | | | | |
|---|--|---|--|-----------------------------|--|--|
| NMRE portion of the RFP | | Yeo & Yeo | Roslund Prestage & Co | | | |
| NMRE internal team scoring | | | | Score 1-5 with 5 being best | | |
| Cover letter information requirements | | 2 | 5 | | | |
| Statement of Requirements | | 5 | 5 | | | |
| Statement of Auditing Standards | | 4 | 5 | | | |
| Work Plan | | 4 | 4 | | | |
| Staffing Met | | 5 | 5 | | | |
| Firm Demographics | | 3 | 5 | | | |
| Relevant Experience | | 3 | 5 | | | |
| Independence | | 5 | 5 | | | |
| Insurance and Licensing | | 5 | 5 | | | |
| Pricing Completeness | | 3 | 4 | | | |
| | | | | | | |
| Total | | 39 | 48 | | | |
| | | | | | | |
| Comments | | Information missing on the cover letter | Took each bullet point on RFP cover letter and responded to each one with an add'l proposal letter | | | |
| | | 3 staff with gov't experience and unknown PIHP experience | 7 staff with both CMH and PIHP experience | | | |
| | | Not as comprehensive in their Independence statement as Roslund | | | | |
| | | Pricing was only estimated | Pricing includes a not to exceed | | | |