



**Northern Michigan Regional Entity**

**Board Meeting**

**July 24, 2024**

**1999 Walden Drive, Gaylord**

**10:00AM**

**Agenda**

	<b>Page Numbers</b>
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 26, 2024	Pages 2 – 10
7. Correspondence	Pages 11 – 44
8. Announcements	
9. Public Comments	
10. Reports	
a. Executive Committee Report – Has Not Met	
b. CEO’s Report – July 2024	Page 45
c. Financial Report – May 2024	Pages 46 – 67
d. Operations Committee Report – July 16, 2024	Pages 68 – 72
e. NMRE SUD Oversight Board Report – July 8, 2024	Pages 73 – 81
11. New Business	
a. Liquor Tax Requests and County Overviews	Pages 82 – 116
12. Old Business	
a. Northern Lakes Update	
14. Presentation	
Ideas from the Board	
13. Comments	
a. Board	
b. Staff/CMHSP CEOs	
c. Public	
14. Next Meeting Date – August 28, 2024 at 10:00AM	
15. Adjourn	

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Conference ID: 497 719 399#

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM – JUNE 26, 2024  
GAYLORD BOARDROOM**

<b>ATTENDEES:</b>	<b>Bob Adrian, Tom Bratton, Ed Ginop, Gary Klacking, Eric Lawson, Mary Marois, Michael Newman, Gary Nowak, Jay O’Farrell, Ruth Pilon, Richard Schmidt, Karla Sherman, Don Smeltzer, Don Tanner,</b>
<b>ABSENT:</b>	<b>Chuck Varner</b>
<b>NMRE/CMHSP STAFF:</b>	<b>Bea Arsenov, Brian Babbitt, Carol Balousek, Brady Barnhill, Lisa Hartley, Chip Johnston, Eric Kurtz, Brian Martinus, Diane Pelts, Brandon Rhue, Nena Sork, Denise Switzer</b>
<b>PUBLIC:</b>	<b>Chip Cieslinski, Dave Freedman, Genevieve Groover</b>

CALL TO ORDER

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

ROLL CALL

Let the record show that Chuck Varner was excused from the meeting on this date; all other NMRE Board Members were in attendance 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 no changes to the meeting agenda were requested.

**MOTION BY RICHARD SCHMIDT TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR JUNE 26, 2024; 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 MARY MAROIS TO APPROVE THE MINUTES OF THE MAY 22, 2024 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY ED GINOP. MOTION CARRIED.**

CORRESPONDENCE

- 1) PIHP CEO meeting minutes dated June 6, 2024.

- 2) Communication from the Community Mental Health Association of Michigan (CMHAM) announcing that Governor Whitmer signed Senate Bill 27 Codifying Federal Parity Legislation.
- 3) Email correspondence dated June 14, 2024 from CMHAM CEO, Bob Sheehan, regarding an Analysis of the FY24 Medicaid Behavioral Health Revenue Picture.
- 4) A memorandum dated May 17, 2024 from Belinda Hawks, Director of the Adult Home and Community Based Services Division at MDHHS, to PIHP and CMHSP Executive Directors regarding HCBS Final Rule Requirements Regarding Use of Restrictions and Modification of Rights.
- 5) A memorandum dated May 28, 2024 from Jackie Sproat, Director of the Division of Contracts and Quality Management at MDHHS, to PIHP Executive Directors regarding Psychiatric Inpatient Tiered Rates.
- 6) A memorandum dated June 5, 2024 from Kristen Jordan, Director of the Bureau of Specialty Behavioral Health Services at MDHHS, to PIHP and CMHSP Executive Directors and Assessment Panel Members and Community Partners regarding the Introduction of a new Intellectual and Developmental Disability (I/DD) Assessment/Screening Tool.
- 7) Email correspondence dated June 10, 2024 from Lyndia Deromedi, Manager of Federal Compliance Section of the Division of Adult Home and Community Based Services at MDHHS acknowledging the Excellent Work by PIHP HCBS Leads.
- 8) Email correspondence dated May 20, 2024 from Bob Sheehan, CMHAM CEO, regarding Advocacy Efforts to Urge the State of Michigan to Adopt a Sound Approach to Meeting Federal Conflict-Free Requirements.
- 9) A letter dated June 11, 2024 from the Oscoda County Board of Commissioners supporting the NMRE's Resolution Opposing MDHHS' Decision to Implement Conflict Free Access and Planning in Michigan.
- 10) A letter dated March 5, 2024 from Marianne Huff (Mental Health Association in Michigan), Michelle Roberts (Disability Rights Michigan), and Sherri Boyd (The Arc Michigan) to Keri Toback at CMS and Meghan Groen, Kristin Jordan, Erin Emerson, Belinda Hawks, and Jackie Sproat at MDHHS expressed concerns about the proliferation of conflict of interest in the Michigan Community Mental Health System.
- 11) A flyer from Northern Lakes Community Mental Health Association announcing its Public Hearing on July 9, 2024 from 9:00AM to 11:00AM.
- 12) The draft minutes of the June 12, 2024 regional Finance Committee meeting.

Mr. Kurtz drew attention to the memorandum from CMHAM regarding Medicaid Behavioral Health rates. What was intended to be \$116M in additional revenue (sufficient to close the projected revenue gap) as a result of the increased rates, is projected to be closer to \$42M, based on the April and May 2024 payments. Advocacy efforts are in process to push the remaining \$74M out to PIHPs and CMHSPs.

Mr. Kurtz next drew attention to the memorandum from Jackie Sproat regarding Psychiatric Inpatient Tiered Rates. Psychiatric Inpatient Tiered Rates will be implemented October 1, 2024 for revenue code 0100 (all-inclusive room and board), pending federal review and approval. Although the state intends to push out an additional \$32M, PIHP Regions 1 (NorthCare Network) and 2 (NMRE) will actually be getting less money. Mr. Kurtz is hopeful that the Tiered Rates project gets the attention of the Michigan Health & Hospital Association.

Mr. Kurtz also drew attention to the letter from the Oscoda County Board of Commissioners supporting the NMRE's Resolution Opposing MDHHS' Decision to Implement Conflict Free Access and Planning in Michigan.

The letter from advocates expressing concerns about the proliferation of conflict of interest in the Michigan Community Mental Health System was viewed to be unhelpful, resulting in questions from CMS.

Mr. Lawson asked how to answer questions that might be posed to Board Members regarding how MDHHS holds PIHPs and CMHSPs accountable. Mr. Kurtz responded that the PIHP is held to a lengthy Contract along with Policies and Practice Guidelines that requires constant oversight by both the MDHHS and External Providers (Health Services Advisory Group) and the NMRE.

#### 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 virtually were recognized.

#### REPORTS

##### **Executive Committee Report**

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

##### **CEO Report**

The NMRE CEO Monthly Report for June 2024 was included in the materials for the meeting on this date.

Mr. Kurtz highlighted the May 31<sup>st</sup> meeting with the Attorney General and the Emmet County Board of Commissioners regarding opioid settlement funds and how they're being used. It was noted that the state's portion of the funds may come to the PIHPs in time. Mr. O'Farrell added that the Michigan Association of Counties (MAC) has county-level information. Ms. Pilon suggested that funding be put toward enhancing the SUD treatment infrastructure.

##### **April 2024 Financial Report**

- Net Position showed net surplus Medicaid and HMP of \$67,302. Carry forward was reported as \$11,624,171. The total Medicaid and HMP Current Year Surplus was reported as \$11,691,473. The total Medicaid and HMP Internal Service Fund was reported as \$20,576,156. The total Medicaid and HMP net surplus was reported as \$32,267,629.
- Traditional Medicaid showed \$121,054,836 in revenue, and \$117,378,208 in expenses, resulting in a net surplus of \$3,676,628. Medicaid ISF was reported as \$13,510,136 based on the current FSR. Medicaid Savings was reported as \$845,073.
- Healthy Michigan Plan showed \$16,150,559 in revenue, and \$19,759,885 in expenses, resulting in a net deficit of \$3,609,326. HMP ISF was reported as \$7,066,020 based on the current FSR. HMP savings was reported as \$10,779,098.
- Health Home showed \$1,428,070 in revenue, and \$1,484,801 in expenses, resulting in a net deficit of \$56,731.
- SUD showed all funding source revenue of \$17,567,743 and \$16,033,218 in expenses, resulting in a net surplus of \$1,534,525. Total PA2 funds were reported as \$4,908,762.

The decline in DAB, TANF, and HMP revenue has been greater than anticipated. The April rate adjustment did not compensate for the revenue loss. Currently, the increase in HSW revenue is buffering the shortfall. The NMRE expects to end FY24 with a slight surplus.

The NNRE discovered that it has not been receiving payments for approximately 50 clients enrolled in HSW since October 2023; specifics information has been sent to MDHHS. The issue has been identified and corrected. The NMRE is waiting to hear about retroactive payments for the approximately \$1.4M in lost revenue.

The region currently has 3 open HSW slots with 7 packets in the queue. The NMRE has also requested up to 45 additional slots from the Department.

**MOTION BY DON TANNER TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR APRIL 2024; SUPPORT BY JAY O'FARRELL. MOTION CARRIED.**

**Operations Committee Report**

The draft minutes from June 16, 2024 were included in the materials for the meeting on this date.

Mr. Tanner questioned why MIWorks Northeast Consortium asked to enter into a Memorandum of Understanding with the NMRE to access grant funding to refer individuals to the appropriate CMHSP for services, noting that CMHSP services are available to all individuals that meet established criteria.

Mr. Kurtz, Mr. Johnston, and Steve Burnham are working to "aggressively educate" legislators about the \$10M local drawdown and match which essentially makes the PIHP a "taxing entity" as arm of the state without constitutional authority. A five-year plan to reduce the local match to zero by 2024 was implemented in 2019 and has since stalled; by Federal mandate, it must end by 2027.

Ms. Marois referenced the letter from advocates expressing concerns about the proliferation of conflict of interest in the Michigan Community Mental Health System. The letter asserts that "the CMHSPs have absolute control of the boards of directors of the PIHPs." Ms. Marois stated that, by making this statement, it is evident that they have never attended a PIHP Board meeting.

**NMRE SUD Oversight Committee Report**

The next meeting of the NMRE Substance Use Disorder Oversight Committee is scheduled for July 8, 2024 at 10:00AM.

NEW BUSINESS

**PIHP FY24 Contract Amendment No.2**

A summary of the changes included in Amendment No.2 to the PIHP Specialty Supports and Services Contract with the State was included in the materials for the meeting on this date.

The predominant change is the addition in Schedule A – Statement of Work, Section 1, General Requirements, Subsection R, Program Integrity. This section requires:

- 1) Maintenance of a Regulatory Compliance Committee comprised of Board of the Directors and senior management charged with overseeing the PIHP's compliance program and its

compliance with the requirements of the Specialty Supports and Services Contract. The Committee must be chaired by the PIHP Compliance Officer and meet at least quarterly.

2) The PIHP must have adequate staffing and resources to investigate unusual incidents and develop and implement corrective action plans to assist the PIHP in preventing and detecting potential Fraud, Waste, and Abuse activities.

a) The PIHP must operate a distinct "Special Investigations Unit" to prevent and detect Fraud, Waste, and Abuse led by a Special Investigation Unit (SIU) manager/liaison.

Mr. Kurtz noted that Amendment No.2 also includes language related to the April 1, 2024 rate adjustment.

**MOTION BY GARY NOWAK TO AUTHROIZE THE NORTHERN MICHIGAN REGIONAL ENTITY CHIEF EXECUTIVE OFFICER TO SIGN AMENDMENT NUMBER TWO (NO. 2) TO THE SPECIALTY SUPPORTS AND SERVICES CONTRACT WITH THE STATE OF MICHIGAN; SUPPORT BY DON TANNER.**

**"Yea" Votes:** B. Adrian, T. Bratton, E. Ginop, G. Klacking, E. Lawson, M. Newman, M. Marois, G. Nowak, J. O'Farrell, R. Pilon, R. Schmidt, K. Sherman, D. Smeltzer, D. Tanner

**"Nay" Votes:** Nil

**MOTION CARRIED.**

**Internal Service Fund (ISF) Resolution**

An email dated June 6, 2024 from Region 10 CEO, Jim Johnson, shared a Board Resolution opposing proposed contract language which would limit internal service fund (ISF) balances to amounts well below actuarially sound levels.

Region 10's resolution language was updated for adoption by the NMRE Board of Directors and included in the meeting materials.

It is likely that no changes to the contract will occur until FY26.

**MOTION BY MARY MAROIS TO ADOPT THE NORTHERN MICHIGAN REGIONAL ENTITY RESOLUTION OPPOSING PROPOSED CONTRACT LANGUAGE LIMITING INTERNAL SERVICE FUND BALANCES TO AMOUNTS BELOW ACTUARILY SOUND LEVELS; SUPPORT BY DON TANNER.**

**"Yea" Votes:** B. Adrian, T. Bratton, E. Ginop, G. Klacking, E. Lawson, M. Newman, M. Marois, G. Nowak, J. O'Farrell, R. Pilon, R. Schmidt, K. Sherman, D. Smeltzer, D. Tanner

**"Nay" Votes:** Nil

**MOTION CARRIED.**

The full resolution is attached to these meeting minutes and incorporated herein.

OLD BUSINESS

**Northern Lakes CMHA Update**

Mr. Johnston attended a June 24<sup>th</sup> Northern Lakes Board Subcommittee meeting regarding Board Governance structures. Ms. Marois called it a very positive meeting. A governance proposal will be presented to the Northern Lakes Board on July 18<sup>th</sup>. Greg McMorrow is settling into the position of Board Chair. Overall, Northern Lakes is heading in the right direction.

**Waskul Settlement Agreement**

A Settlement Agreement was reached in the *Wasul vs. Washtenaw County Community Mental Health* suit on May 29, 2024. The Community Mental Health Association of Michigan (CMHAM) will be filing an objection to the settlement by the July 15<sup>th</sup> deadline. CMHAM asked that PIHPs and CMHSPs also consider submitting an objective to the settlement. A Court hearing is scheduled for September 23, 2024.

Using a template distributed by attorney Neil Marchand, Mr. Kurtz drafted a "Declaration of Northern Michigan Regional Entity Regarding the Impact of the Waskul Settlement" which was distributed during the meeting. The Declaration stated, in part:

"While NMRE applauds MDHHS's willingness to provide additional funding for Community Living Supports services through the Waskul settlement, the Waskul settlement itself represents very poor public policy that will have the unintended consequences of damaging the services and supports for individuals not covered by the settlement and potentially other catastrophic consequences for the public behavioral health system."

"The Waskul settlement seeks to increase the CLS hourly rate to \$31 per hour, but only for the individuals who self-direct their CLS services."

"By limiting the additional funding to those individual on the Habilitation Supports Waiver who self-direct their CLS services, MDHHS is skewing the labor market away from agency providers. This public policy will potentially drive the workforce toward self-directed service arrangements at the expense of beneficiaries served through other means."

It was noted that the Waskul settlement could end up going before the Michigan Supreme Court.

**MOTION BY KARLA SHERMAN TO APPROVE THE DECLARATION OF NORTHERN MICHIGAN REGIONAL ENTITY REGARDING THE IMPACT OF THE WASKUL SETTLEMENT AS AUTHORED BY THE NORTHERN MICHIGAN REGIONAL ENTITY CHIEF EXECUTIVE OFFICER; SUPPORT BY DON TANNER. ROLL CALL VOTE.**

**"Yea" Votes:** B. Adrian, T. Bratton, E. Ginop, G. Klacking, E. Lawson, M. Newman, M. Marois, G. Nowak, J. O'Farrell, R. Pilon, R. Schmidt, K. Sherman, D. Smeltzer, D. Tanner

**"Nay" Votes:** Nil

**MOTION CARRIED.**

## PRESENTATION

### **Substance Use Disorder Admission Data**

NMRE Clinical Services Director, Branislava Arsenov, presented SUD admissions data through April 30, 2024. Fiscal year 2024 admissions were down 4.7% from the same period in FY23. The data showed that outpatient was the highest level of treatment admissions at 48%, and alcohol was the most prevalent primary substance at 59%, all opiates (including heroin) were second at 18%, and methamphetamine was the third most prevalent primary substance at 17%. It was noted that stimulant use is rising sharply throughout the 21-county region.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2022, 48.7 million people aged 12 or older (or 17.3%) had a substance use disorder (SUD) in the past year.

County-specific reports were distributed to Board Members on this date. The county-specific reports are intended to be shared with Boards of Commissioners and other community stakeholders.

It is likely that liquor tax funds will be needed to supplement SUD Block Grant Funding in FY24. It may be necessary to dip into county fund balances in excess of one year's receivables.

Mr. Bratton asked to receive SUD admissions data on a regular basis.

## COMMENTS

### **Board**

Mr. Tanner spoke about a bill in the state House that would amend the Mentored Youth Hunting Program to include children and adults with developmental disabilities. The program currently allows children under 10 to hunt with an adult before completing a hunter training course and allows for two years of apprenticed hunting between 10 and 16. The current legislation would expand the program to include minors and adults with developmental or intellectual disabilities of all ages, provided they are accompanied by an adult with a standard hunting license.

### **Staff/CEOs**

Ms. Pelts expressed appreciation to all the individuals who are leading Northern Lakes in a positive direction.

## MEETING DATE

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on July 24, 2024.

## ADJOURN

Let the record show that Mr. Klacking adjourned the meeting at 11:33AM.





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

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**Resolution of the Northern Michigan Regional Entity Board of Directors Opposing the Michigan Department of Health and Human Services Proposed Language for Fiscal Year 2025 Limiting the Funding and Use of the Internal Service Fund**

WHEREAS the Northern Michigan Regional Entity (NMRE) is a regional entity created in 2014 by AuSable Valley Community Mental Health Authority, Centra Wellness Network, North Country Community Mental Health Authority, North Country Community Mental Health Authority, Northeast Michigan Community Mental Health Authority, and Northern Lakes Community Mental Health Authority in accordance with section 204(b) of Michigan’s Mental Health Code to function as the Prepaid Inpatient Health Plan (PIHP) under a master Medicaid specialty supports and services contract with the Michigan Department of Health and Human Services (MDHHS) for Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, and Wexford Counties. The NMRE Board of Directors is comprised of three appointees from each of the five participating CMHSP Boards.

WHEREAS, under federal regulation as a managed care entity, the PIHP is responsible to ensure solvency to adequately ensure that its Medicaid enrollees will not be liable should the PIHP become insolvent.

WHEREAS, the master Medicaid specialty supports and services contract provides for the establishment of an Internal Service Fund (ISF) as the mechanism by which a PIHP may retain adequate funds to ensure solvency.

WHEREAS, MDHHS has proposed language in the master Medicaid specialty supports and services contract for fiscal year 2025 that would arbitrarily cap the amount of funding allowed to be retained by the PIHP and inappropriately shift the current risk sharing arrangement between the parties to the financial benefit of MDHHS.

WHEREAS, the proposed change represents a material change in the operation of the Medicaid State Plan in that the risk sharing arrangement approved by the Center for Medicare and Medicaid Services would be fundamentally altered.

WHEREAS, after careful review, the conclusions of the NMRE Board are that the proposed contract language:

- Limits the funding of the ISF to an amount that is less than what is actuarially sound;
- Limits the funding of the ISF to an amount that is less than what is considered best practice for operating reserves of governmental entities as proposed by the Government Finance Officers Association (GFOA);
- Overreaches and attempts to contractually limit the NMRE’s ability to operate as a PIHP and appropriately manage its risk;

- Would (if enforceable) require the NMRE to return funding rightfully earned and retained from a prior contractual period.

THEREFORE, BE IT UNANIMOUSLY RESOLVED THAT, in the strongest possible terms, and for the reasons noted herein, the NMRE Board of Directors opposes the MDHHS proposed language for fiscal year 2025.

BE IT FURTHER UNANIMOUSLY RESOLVED THAT, the NMRE Board of Directors requests MDHHS to remove the language limiting the funding and use of the ISF and to honor:

- The PIHP's right to manage its business operations including the management of its contractual risk through an appropriately funding ISF;
- Generally Accepted Accounting Principles (GAAP) that already provide appropriate limitations on the establishment, purpose, and accounting for an ISF;
- Generally Accepted Actuarial Principles and Methodologies (GAAPM) that already provide appropriate limitations on determining adequate funding for an ISF;
- Federal Regulations codified in 2 CFR and 42 CFR that already provide appropriate limitation on allowable costs and utilization of ISF funding.

ON BEHALF OF THE REGION 2 PIHP BOARD OF DIRECTORS BY ITS OFFICERS ON <DATE>

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Gary Klacking  
Chairperson of the NMRE Board of Directors

## Rural and Frontier Caucus

Meeting Title: May Meeting

Date: June 28, 2024

Time: 1:00PM– 2:00PM

Meeting Location(s):

Zoom - <https://zoom.us/j/9062255138?pwd=YWxkTU1lWU8wMHRhaS9WStuV01oUT09>

Meeting ID: 906 225 5138 Passcode: 906

The Rural and Frontier Caucus, a dedicated initiative within the Community Mental Health Association of Michigan (CMHA), advocates for a public mental health system that fully recognizes and addresses the distinctive characteristics inherent in Michigan's rural and frontier landscapes.

### Objectives:

1. Formulate guidelines for policy and practice development specifically tailored to rural and frontier settings.
2. Cultivate the essential human resources required to effectively support rural and frontier communities.
3. Foster the creation and implementation of clinical models designed specifically for the unique needs of rural and frontier environments.

Rural and Frontier Core Group Attendees				
Alan Bolter, CMHA	X	Jennifer Cescolini, Northpoint Behavioral Health	Bryan Krogman, CMH of Central MI	x
Brian Babbitt, North Country CMH		Matt Maskart, Pathways CMH		x
Brian Martinus, Northern Lakes CMH		Megan Rooney, NorthCare Network		
Chip Johnston, Centra Wellness	X	Mike Bach, Copper Country CMH		
Dan McKinney, Hiawatha Behavioral Health	X	Nena Sork, NE Michigan CMH		x
Diane Pelts, AuSable Valley CMH	X	Tess Greenough, Gogebic CMH	<b>Guest(s):</b>	
Eric Kurtz, Northern Michigan Regional Entity	X	Wilbert Morris, Sanilac CMH	<del>Kristen Jordan, MDHHS</del> Krista Hausermann, MDHHS	x

Time	Topics
1:00PM	Agenda Review Added "Proposed Michigan Crisis System" to the agenda
1:00PM – 1:45PM	<p>Agenda</p> <ol style="list-style-type: none"> <li>1. Krista: MyCare - Oklahoma Mobile Crisis Overview <ul style="list-style-type: none"> <li>• Virtual tele-health solution used in Oklahoma.</li> <li>• Solution has two parts: 1) issues iPads to emergency first responders When someone is in crisis the LE can reach out to MH crisis workers. 2) issue iPads to clients that are likely to go into crisis. EX: Clients in ACT or Homebased serves. With the iPads, clients can reach out quicker to crisis workers.</li> <li>• iPads are purchased through MyCare. Company customizes iPad to restrict access to only crisis apps or contact first responder services. MyCare offers technical assistance also.</li> <li>• iPads utilize first responder data networks for higher priority cell/data service. FirstNet</li> <li>• cost of the iPads is \$65/m</li> <li>• Krista offered to arrange a meeting with the MyCare</li> <li>• Would need additional vetting and review if Rural Caucus would be interested in looking into.</li> <li>• Diane: AuSable Valley currently has FirstNet as their carrier for their cell phones.</li> <li>• Wil: Any intention to offset budgetary cost for a project like this? <ul style="list-style-type: none"> <li>○ Krista: The Dept does have finding through MH Block Grants. Prioritizing for crisis in for rural non=CCBHC areas.</li> <li>○ RFP forthcoming for mobile crisis response. Also targeted for rural areas.</li> </ul> </li> <li>• Concerns were expressed for cost (\$65/m) if distributed to LE, first responders, and high risk clients.</li> </ul> </li> <li>2. Krista: Proposed Michigan Crisis System <ul style="list-style-type: none"> <li>• Outline of a consistent crisis model throughout the State. Reviewed graphic below.</li> <li>• Introduction of a Local Crisis Hub <ul style="list-style-type: none"> <li>○ Is 24x7 crisis line. Utilize existing crisis line for CMHSPs and CCBHCs. Would know what services are available locally. Would be able to take call and talk to person, triage and transfer to support.</li> <li>○ Aligns with SAMSHA definitions</li> <li>○ Hub knows what resources are available in local area.</li> </ul> </li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>• Other changes: someone to respond and a safe place to go <ul style="list-style-type: none"> <li>○ <u>Mobile Crisis</u>: Req. for mobile crisis with 2 person team won't change from existing requirement</li> <li>○ <u>Community Crisis Response</u>: co-response, array of services that isn't mobile crisis.</li> <li>○ Safe Place to Go: when someone is going to the service</li> <li>○ BH Urgent Care and CSU are not mandatory services. BH Urgent Care will be required for CCBHCs in Fall 2026.</li> <li>○ BH Urgent Care: <ul style="list-style-type: none"> <li>▪ The key difference from standard walk-in crisis @ CMH is RX availability.</li> </ul> </li> <li>○ CSU: <ul style="list-style-type: none"> <li>▪ Optional service</li> </ul> </li> <li>○ Aligning definitions between MHC, MPM, Federal language, etc.</li> <li>○ On graphic below: <ul style="list-style-type: none"> <li>▪ Dark blue = no pre-auth needed</li> <li>▪ Light blue / post stabilization services = pre-auth needed</li> </ul> </li> </ul> </li> <li>• New provider type: Crisis Professional <ul style="list-style-type: none"> <li>○ Human services degreed staff with 2 years in BH services and MDHHS training.</li> <li>○ Can do H2011 and do in-person staff as long as masters level staff is available to do PAS</li> <li>○ Going to EDIT in July</li> <li>○ Go-Live = Oct 1</li> </ul> </li> <li>• Intensive Crisis Stabilization Services <ul style="list-style-type: none"> <li>○ Must be certified by MDHHS</li> <li>○ Aligning children and adults requirements</li> <li>○ 1 certification process</li> </ul> </li> <li>• Krista is requesting feedback to the design.</li> </ul> <p>3. Chip: Behavioral Health Deputy Overview</p> <ul style="list-style-type: none"> <li>• Benzie did not have 24 hour road patrol until recently.</li> <li>• Has been in discussions with Sherriff regarding mutual assistance for 24 hour road patrol and assist evaluate clients when the Sheriff encounters them.</li> <li>• Road patrol deputy most of the time. When needed, becomes a CentraWellness employee. Added bonus, BH Deputy is providing advice and consultation to other Sherriff team members.</li> <li>• Determined that a BH Deputy would be hired. Trained in CIT. Attends crisis meetings at CMH.</li> <li>• Can switch between Deputy role and CMH role as needed.</li> <li>• Deputy has lived experience.</li> <li>• Paying for it out of local dollars. Costs being offset by Michigan Health Endowment Funds</li> <li>• Ferris State University is assisting with analysis of the solution.</li> <li>• Started in Jan. Success of individuals in need of mental health help avoid jail.</li> <li>• Sustainability: <ul style="list-style-type: none"> <li>○ 3 years of Local from CMH</li> <li>○ No cost to Benzie for year 1. Local paid for car, upgrades, etc. Year 2 only salary. 40 hours per week</li> </ul> </li> <li>• Sheriff wants to 2 part time Deputies. (.5 FTE each)</li> <li>• Long term, hoping to have design recognized by State</li> <li>• Chip will provide report from Ferris State, when available. Est. October</li> </ul>
1:45PM – 1:50PM	<p>Next Steps</p> <ul style="list-style-type: none"> <li>• Department feedback to <u>Recommended Policy Changes</u> document presented during the December meeting. Tabled on 6/28. Kristen is unable to attend.</li> </ul>
1:50PM	Adjournment



# Michigan Crisis System Model

(Under Construction)

## Key Elements

- Providers:** CMHSPs (direct or contract) & state Demo CCBHCs
- Crisis** is defined by the person/family in need.
- All Michiganders**, any payer types, any diagnosis
- Safety, Trauma Informed, Hope & Support, Peers, Community Connections, Friends & Family, Facilitated Transitions



**Services in Dark Blue**  
Emergency intervention services - no preauthorization required

\*Audio/ telehealth may be allowed as part of the response.

June 2024



# BOARD OF COMMISSIONERS

Edward Goscicki  
Shawn Kraycs

Laurie Jamison – Chair  
Sandra Moore  
Phil Lewis – Vice Chair

Dorothy Frederick  
Sherry Powers

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*Crawford County is an Equal Opportunity Employer*

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June 28, 2024

Mr. Gary Klacking, Chair  
Northern Michigan Regional Entity  
1999 Walden Drive  
Gaylord, MI 49735



RE: Letter of Support

Dear Mr. Klacking,

During the regular meeting of the Crawford County Board of Commissioners we listened to a presentation by Ruth Pilon regarding the approach to conflict mitigation proposed by MDHHS.

Our Board agrees that this proposed approach would create even more complexities in an already complex system and eliminate any possibility of same day services for a vulnerable population in need. Furthermore, the MDHHS proposal conflicts with Michigan Law and Certified Community Behavioral Health Clinic model currently being implemented and expanded.

For these reasons, the Crawford County Board of Commissioners is in support of the NMRE's resolution opposing the MDHHS' decision to implement conflict free access and planning in Michigan. Feel free to contact us if you need anything further on this issue.

Respectfully,

Laurie Jamison, Chair


CC: Representative Ken Borton  
Senator Michele Hoytenga



Michigan Department of Health and Human Services  
Behavioral and Physical Health and Aging Services Administration

**MEMORANDUM**

**To:** Executive Directors of Pre-Paid Inpatient Health Plans (PIHP's) and Community Mental Health Service Providers (CMHSP's)

**From:** Kristen Jordan, Director   
Bureau of Specialty Behavioral Health Services

**Date:** June 28, 2024

**RE:** Claims Submission with the State sponsored Electronic Visit Verification (EVV) System at Initial Implementation for Behavioral Health

After further evaluation of the current state of payer systems, Michigan Department of Health and Human Services (MDHHS) is removing claim submission from HHAeXchange to the payer system from scope for the Behavioral Health September 3, 2024, implementation.

Michigan Department of Health and Human Services (MDHHS) still believes a pre-adjudication verification of EVV services is preferable to a pay and chase process and intends to implement HHAeXchange claims in the future. Agency providers will still be required to use the HHAeXchange pre-billing features to validate EVV record errors.

Until the HHAeXchange claims component is implemented, providers will submit claims using the same processes they use currently. Payers will adjudicate as they do now. MDHHS will complete a post-payment verification of claims and encounters against HHAeXchange EVV records and discrepancies will need to be addressed. MDHHS will be providing guidance on this as soon as it becomes available.

Michigan Department of Health and Human Services (MDHHS) intends to offer a soft-launch period for providers, whereby there are no financial penalties for missing EVV records. The duration of the soft launch is to be determined.

Just a reminder that Behavioral Health services that are in-scope for EVV include **Community Living Supports (H2015) and Respite services (T1005) that start and/or stop in the beneficiary's home** (place of service/location code 12 pursuant to current code chart language). Services provided outside of this scope, and those that have been approved for exemption in accordance with MDHHS policy and practice standards, do not require EVV. EVV should not disrupt community-based service delivery, which should be delivered in accordance with the beneficiary's individual plan of service. As long as delivered services continue to meet current Medicaid requirements, there should be no payment issues.

Should you have any questions or concerns, please contact Michelle Hill at [hillm17@michigan.gov](mailto:hillm17@michigan.gov).

Thank you for your continued partnership in this complex project.

c: Lyndia Deromedi, Manager, Federal Compliance Section  
Jackie Sproat, Director, Division of Contracts and Quality Management  
Michelle Hill, EVV Specialist, Federal Compliance Section  
Belinda Hawks, Director, Division of Adult Home and Community Based Services

**Bulletin Number:** MMP 24-24

**Distribution:** All Providers in Michigan's Prepaid Inpatient Health Plan (PIHP)  
Regions 1, 2, 3, 4, 5, 6, 7, 8, and 9

**Issued:** July 1, 2024

**Subject:** Behavioral Health Home (BHH) Expansion and Addition of Codes to  
Increase Eligibility for Youth with Serious Emotional Disturbance (SED)

**Effective:** October 1, 2024

**Programs Affected:** Medicaid, Healthy Michigan Plan, MIChild

**Note: Implementation of this policy is contingent upon approval of a State Plan Amendment (SPA) by the Centers for Medicare & Medicaid Services (CMS).**

Pursuant to the requirements of Section 2703 of the Patient Protection and Affordable Care Act/Section 1945 of the Social Security Act, the purpose of this policy is to provide coverage and reimbursement for BHH services. This policy is effective for dates of service on and after October 1, 2024. The policy applies to Fee-for-Service and managed care beneficiaries enrolled in Medicaid, the Healthy Michigan Plan, MIChild, Freedom to Work, or full Fee-for-Service Healthy Kids - Expansion who meet BHH eligibility criteria. The Michigan Department of Health and Human Services (MDHHS) has a companion operational guide for BHH providers called the [Behavioral Health Home Handbook](#).

### **General Information**

MDHHS is seeking approval from CMS to revise the current BHH SPA to expand BHH services in select Michigan counties. The BHH provides comprehensive care management and coordination services to Medicaid beneficiaries with select Serious Mental Illness/Serious Emotional Disturbance (SMI/SED) diagnoses. (Refer to the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter of the [MDHHS Medicaid Provider Manual](#) for a detailed description of the BHH structure.)

This policy expands coverage to 16 Michigan counties in Prepaid Inpatient Health Plan (PIHP) regions 3, 4, and 9, (see Geographic Criteria section below) and adds F91 and F98 International Classification of Diseases (ICD-10) codes to increase eligibility for SED youth (see Diagnosis Criteria section below). This policy also changes the required FTE for Health Home Directors from .50 to .25 per 100 beneficiaries and adds Youth Peer Support Specialist to the Health Home staffing structure (see Provider Staffing section below).



**Eligibility**

Section 1945 of the Social Security Act requires states to define beneficiary eligibility for health home services by geographic region and diagnosis. The sections below delineate these criteria for the BHH.

**Geographic Criteria**

BHH services will be expanded to include Medicaid beneficiaries who reside in the following counties and meet all other eligibility criteria:

- Allegan
- Barry
- Berrien
- Branch
- Calhoun
- Cass
- Kalamazoo
- Kent
- Lake
- Macomb
- Mason
- Muskegon
- Oceana
- Ottawa
- St. Joseph
- Van Buren

**Diagnosis Criteria**

The ICD-10 diagnostic codes below will be added to increase eligibility for BHH services for SED youth:

- F91 Conduct Disorders
- F98 Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence

**Provider Staffing**

This policy updates provider staffing to the following ratios per 100 beneficiaries and adds Youth Peer Support Specialist to the staffing structure:

<b>Title</b>	<b>FTE</b>
Health Home Director	0.25
Behavioral Health Specialist	0.25
Nurse Care Manager	1.00
Peer Support Specialist, Peer Recovery Coach, Youth Peer Support Specialist, Community Health Worker, Medical Assistant	3.00-4.00
Medical Consultant	0.10
Psychiatric Consultant	0.10
<b>Total FTE</b>	<b>4.7-5.7</b>

## **Payment Methodology**

MDHHS will provide a monthly case rate to the lead entity (LE) based on the number of BHH beneficiaries with at least one BHH service in a month. The LE will reimburse the health home partner for delivering health home services. Additionally, MDHHS will employ a pay-for-performance (P4P) incentive that will reward providers based on outcomes. MDHHS will only claim federal match for P4P incentive payments after P4P qualifications have been met and providers have been paid.

## **Metrics, Assessment, and Distribution**

The methodology for metrics, specifications, and distribution will be effective October 1, 2024, and will be maintained on the [MDHHS BHH website](#) and in the Behavioral Health Home Handbook.

## **Manual Maintenance**

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

## **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

## **Approved**



Meghan E. Groen, Director  
Behavioral and Physical Health and Aging Services Administration

# email correspondence

**From:** [Harrison, Julie \(DHHS\)](#)  
**Subject:** Tiered Inpatient Psych Rate Workgroup Update  
**Date:** Wednesday, July 10, 2024 10:31:40 AM

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## **SENDING ON BEHALF OF JACKIE SPROAT**

Good morning,

MDHHS has decided to alter the approach to implementing tiered inpatient psychiatric rates for FY25 in response to feedback from stakeholders and new provisions in the FY25 appropriation bill. Instead of implementing tiered rates, the \$8M allocated by the legislature will be used to uniformly increase the existing HRA for FY25. Despite this change, MDHHS expects efforts to report rate tiers on encounters to be maintained for FY25 implementation to establish a framework for potential future payment based on rate tiers.

Jackie Sproat, Director  
Division of Contracts and Quality Management  
Bureau of Specialty Behavioral Health Services  
MDHHS Behavioral and Physical Health and Aging Services Administration  
Phone: 517.230.8847  
[Chat with me on TEAMs](#)

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July 11, 2024

<Provider Name>  
<Provider Address 1>  
<Provider Address 2>  
<City> <State> zipcode5-zipcode4

Dear Provider:

**RE:** Changes to the Non-Emergency Medical Transportation (NEMT) Benefit for Medicaid beneficiaries enrolled in a Medicaid Health Plan (MHP)

The purpose of this letter is to inform Medicaid providers of changes to Non-Emergency Medical Transportation (NEMT) for beneficiaries enrolled in a Medicaid Health Plan (MHP). Beginning October 1, 2024, MHPs will be required to cover NEMT for any Medicaid-covered service, including, but not limited to, trips to specialty behavioral health services, including substance use disorder treatment, dental appointments for children enrolled in Healthy Kids Dental (HKD), and severe mental health treatment, making access to the NEMT benefit less confusing and more beneficiary friendly. Refer to the Non-Emergency Medical Transportation chapter of the [MDHHS Medicaid Provider Manual](#) for additional information. The MDHHS Medicaid Provider Manual is available on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters and Forms.

Beneficiaries should follow the MHP process for requesting transportation assistance to a Medicaid covered service. Contact information for each MHP is available on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement>> Provider Specific Information>> Non-Emergency Medical Transportation (NEMT). This streamlined process is designed to make accessing NEMT less confusing for Medicaid beneficiaries.

An electronic copy of this letter is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

Sincerely,



Meghan E. Groen, Director  
Behavioral and Physical Health and Aging Services Administration



Warner Norcross + Judd LLP

*Via FedEx*

July 12, 2024

Clerk's Office  
Attn: Honorable Linda V. Parker  
U.S. District Court for the Eastern District of Michigan  
Theodore Levin U.S. Courthouse  
231 W. Lafayette Blvd., Room 599  
Detroit, Michigan 48226

Re: ***Waskul v. Washtenaw County Community Mental Health,***  
**Case No. 2:16-cv-10936—Objections to Proposed Settlement**

Dear Judge Parker:

I am counsel for the Community Mental Health Association of Michigan (“CMHA”) and am writing pursuant to the Notice of Proposed Settlement Agreement and Hearing (ECF No. 333) in *Waskul v. Washtenaw County Community Mental Health*, Case No. 2:16-cv-10936. Please find enclosed (a) CMHA’s objection to the proposed settlement and (b) 21 letters CMHA has received from its members joining in and adopting CMHA’s objection. CMHA appreciates your consideration of its objection and its members’ joinders of the objection.

Very truly yours,

Charles R. Quigg

Enclosure

cc: All counsel (via email)

30855492

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

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DEREK WASKUL, et al.,

No. 2:16-cv-10936

Plaintiffs,

Hon. Linda V. Parker

v.

Mag. Elizabeth A. Stafford

WASHTENAW COUNTY COMMUNITY  
MENTAL HEALTH, et al.,

Defendants.

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**OBJECTION OF THE COMMUNITY MENTAL HEALTH ASSOCIATION  
OF MICHIGAN TO PROPOSED SETTLEMENT AGREEMENT**

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CONCLUSION

## **INTEREST OF THE COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN**

The Community Mental Health Association of Michigan (“CMHA”) is the state association that represents and advocates for Michigan’s public mental health system and those served by that system. Ex. A, Bolter Decl. ¶ 2. CMHA’s 150+ members include the state’s public community mental health (“CMH”) centers, the public specialty/behavioral health plans (Prepaid Inpatient Health Plans (“PIHPs”)) responsible for managing Medicaid resources for behavioral health and intellectual/developmental disabilities services, and the private providers within the CMH and PIHP provider networks. Ex. A, Bolter Decl. ¶ 3. Annually, CMHA’s members serve over 300,000 Michiganders with mental illness, emotional disturbance, intellectual and developmental disabilities, or substance use disorders. Ex. A, Bolter Decl. ¶ 4.

CMHA has worked for years to help resolve Michigan’s shortage of behavioral health workers across all disciplines and job categories, including by advocating for increases to direct care worker (“DCW”) wages and benefits. Ex. A, Bolter Decl. ¶ 5. Although, as discussed in greater detail herein, CMHA applauds Plaintiffs’ intent to significantly raise the pay rate for Michigan’s DCWs, CMHA has grave concerns about the proposed settlement’s effects on Michigan’s public mental health system, the tens of thousands of Michiganders who need supports to live in the community, and DCWs.



## OBJECTION

CMHA strongly supports increasing pay rates for Michigan's DCWs, which would help alleviate the state's longstanding DCW shortage crisis. By dramatically increasing pay rates for only a small fraction of Michigan's DCWs, however, the proposed settlement will hurt the substantial majority of Michiganders who need support from DCWs to live in the community but are not part of the narrow class who will benefit from it. The proposed settlement would make it harder for those Michiganders to obtain the services they need, and it would exacerbate the stresses on Michigan's already-destabilized public behavioral health system.

CMHA stands ready to work with the parties and other interested stakeholders to craft a more equitable settlement that improves access to services and wages for as broad a class as possible of persons served and the DCWs who serve them, which could involve a smaller pay increase for a broader class than the mammoth raise the proposed settlement gives to support a small minority of persons served. CMHA respectfully submits that the Court should deny approval of the proposed settlement.

**I. The proposed settlement would improve access for a small fraction of Michiganders who need supports to live in the community.**

As a threshold matter, the proposed settlement would affect only a small fraction of persons served by DCWs in Michigan. Michigan's estimated 175,000 to

190,000 DCWs provide long-term supports and services to tens of thousands of Michiganders who are living with disabilities or are aging. *E.g.*, Amaya Kuznicki, *MSU Receives \$25 Million to Address the Direct Care Worker Shortage*, WILX (Mar. 7, 2024), <https://www.wilx.com/j2024/03/08/msu-receives-25-million-address-direct-care-worker-shortage/>. Unfortunately, the proposed settlement would not improve pay rates for the vast majority of those workers. It would do nothing to increase the pay rates for DCWs who provide services to older Michiganders. And even among those DCWs who provide services to Michiganders with disabilities, its impact would be minimal.

The proposed settlement’s impact would be minimal even among Michigan’s disabled population because, by its terms, it would raise the pay rate to \$31 per hour for only a small fraction of the DCWs serving Michiganders with disabilities:

1. Only SD Recipients. The proposed settlement excludes the majority of disabled Michiganders receiving Community Living Supports (“CLS”) because it applies only to those persons served through the self-determination (“SD”) modality. *E.g.*, R.316, Approval Mot. ¶ 22, PageID.9389. The vast majority of Michigan’s CLS recipients, however, receive services through agency providers. *See, e.g.*, R.336-18, Harding Decl. ¶ 10, PageID.10588 (reporting that across 14

counties, only 27 percent of CLS recipients receive services using the SD modality). The proposed settlement would *not* increase pay rates for DCWs employed by agency providers.

2. Only Hab Waiver Recipients. Although the SD limitation itself substantially limits the class of Michiganders who could benefit from the proposed settlement, the proposed settlement contains a second limitation: it applies only to SD recipients served under Michigan’s Medicaid Habilitation Supports Waiver (commonly known as the Hab Waiver or HSW). *E.g.*, R.316, Approval Mot. ¶ 22, PageID.9389. Disabled Michiganders who are not served under the Hab Waiver—even those who receive CLS services using the SD modality—would not benefit from the proposed settlement’s increased pay rate for DCW workers.

These two funnels collectively mean that only a very small percentage of disabled Michiganders receiving CLS—in some counties, in the *single digits*—would benefit from the proposed settlement. *See, e.g.*, R.336-5, Lindsey Decl. ¶ 6, PageID.10488 (reporting that the settlement will increase rates for 5.6% of Saginaw County Community Mental Health Authority’s persons served). The proposed settlement would *not* raise DCW pay rates for the majority of Michiganders who receive CLS services through agency providers. Rather, they

would continue receiving the prevailing rate of roughly \$14 to \$23 per hour, depending on the geographic area.

As discussed below, the proposed settlement's focus on a narrow subset of disabled persons served would not merely fail to benefit most Michiganders who rely on DCWs.<sup>1</sup> The proposed settlement would likely hurt those Michiganders because it would make it difficult, if not impossible, for agency providers to continue operating.<sup>2</sup>

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<sup>1</sup> To be sure, if the proposed settlement were approved, it would create a significant incentive for CLS recipients—particularly those who are already on the Hab Waiver—who are currently receiving services from an agency provider to switch to the SD modality, so they could access the funds needed to attract and retain high-quality DCW staff. As explained later, however, the complexity of managing an SD arrangement prevents the bulk of Michiganders who need CLS services from being able to engage in SD, thus barring them from accessing the benefits sought by Plaintiffs.

<sup>2</sup> It bears mentioning that the proposed settlement's dramatic disparity between pay rates for DCWs serving persons who self-determine their CLS services under the Hab Waiver and those who do not likely would mean that Michigan no longer would be eligible for a Hab Waiver. Among other things, to receive a Hab Waiver, a state must demonstrate to the Centers for Medicare and Medicaid Services that its average per capita expenditures and actual total expenditures for services under the waiver will not exceed 100 percent of the amount that would have been incurred absent the waiver for care in a hospital, a nursing facility, or an intermediate care facility for individuals with intellectual disabilities. 42 U.S.C. § 1396n(c)(2)(D); 42 C.F.R. § 441.302(e)–(f). Although CMHA is not presently in possession of the data necessary to make that comparison, it stands to reason that the proposed settlement's mammoth increase in pay rates for Hab Waiver recipients would make it impossible for Michigan to establish cost neutrality.

## **II. The proposed settlement would distort the DCW market and hurt persons served.**

The proposed settlement's narrow focus on CLS recipients served using the SD modality under the Hab Waiver would inevitably distort the DCW market and hurt persons served who do not choose the SD modality and/or do not receive services under the Hab Waiver. As Michigan State University Professor Dr. Clare Luz, a leading expert in this area, has explained,

[I]t will not work to give some workers a raise and not others . . . . A fragmented Band-aide approach perpetuates the problem. It undermines our common goals to increase wages, competency, recruitment and retention rates for all DCWs. It consequently leads to uneven, unequal care for those in need of supportive services.

R.336-27, Luz Decl. ¶ 10, PageID.10635–36. In a market economy, workers unsurprisingly seek out higher paying jobs, so, when wages are raised in one sector, other sectors lose workers. *E.g.*, R.336-27, Luz Decl. Ex. A (Milbank Guide) 5, PageID.10642 (“[W]hen wages are raised in one sector such as nursing homes, workers migrate to higher paying jobs, leaving the lower-paying sectors even more depleted.”).

Experience shows that this concern is not merely hypothetical and that well-intentioned programs can have pernicious effects. For example, since 2018, Michigan has substantially increased funding for student mental health at schools across the state. Press Release, *Michigan Sees Increase in Helping Professionals in*

*Schools*, Mich. Dep't of Educ. (Oct. 12, 2023), <https://bit.ly/4cFXW9L>. These funds, commonly known as “31n funds,” have enabled school districts to attract mental health professionals through increased wages. *Id.* This is a laudable achievement.

But the 31n program is not without costs. Michigan’s talent pool for mental health professionals is limited, and the 31n program has made working in the community mental health system less attractive. Numerous organizations in the community mental health system have lost professionals because they understandably wished to make more money per hour at a school. *E.g.*, R.336-3, Bach Decl. ¶ 17, PageID.10477 (“At Copper Country Community Mental Health we have seen 57% of our Master’s level Social Workers leave the CMH system to work in the public school system, where funding from 31n grants has made CMH wages much less desirable by comparison.”); R.336-15, Bullock Decl. ¶ 14, PageID.10558 (“The 31N funding effectively removed skilled children’s therapists from the CMHSPs as they no longer had to work the same days for the same wages they were already getting. Pivotal lost no less than five employees alone due to 31N . . . .”). In other words, raising pay rates for mental health professionals in schools hurt the non-school organizations that did not benefit from increased funding.

As the declarations submitted to the Court show, most organizations involved in the community mental health system expect the proposed settlement to have similar effects. Those effects could be catastrophic for Michigan's public behavioral health system:

1. Loss of DCW Staff. The proposed settlement inevitably would cause DCWs to seek employment with CLS recipients who self-determine their services under the Hab Waiver and opt against seeking employment in other settings, such as with agency providers. The reason is obvious: the proposed settlement would increase pay rates by roughly 50–100% (to \$31 per hour) for DCWs who work in that setting while leaving pay rates in other settings unchanged (generally around \$14–\$23 per hour). *E.g.*, R.336-2, Johnston Decl. ¶ 14, PageID.10207 (\$22.97 midpoint rate in Manistee and Benzie counties); R.336-3, Bach Decl. ¶ 14, PageID.10476 (\$14 in Baraga, Houghton, Keweenaw, and Ontonagon counties); R.336-4, Warner Decl. ¶ 12, PageID.10484 (\$19.76 in Montcalm county); R.336-5, Lindsey Decl. ¶ 15, PageID.10492 (\$19.45 in Saginaw county); R.336-7, Mills Decl. ¶ 14, PageID.10504 (\$15 in Newaygo county); R.336-8, Krogman & Howard Decl. ¶ 13, PageID.10511 (\$21 in Clare, Gladwin, Isabella, Mecosta, Midland, and Osceola counties).

This significant market distortion is a major concern for CMHA and its members. Indeed, well over 20 PIHPs, CMHs, and agency providers have submitted declarations to the Court explaining that they expect to lose some or *all* of the DCWs currently providing services to clients who are not on SD under the Hab Waiver. Ex. B (Dore Decl.) at 3; Ex. C (Smith Decl.) ¶ 14; Ex. D (Painter Decl.) ¶ 17; Ex. E (OnPoint Res.) at 3; Ex. F (Kurtz Decl.) ¶ 19; R.336-2, Johnston Decl. ¶ 17, PageID.10208; R.336-3, Bach Decl. ¶ 19, PageID.10477; R.336-4, Warner Decl. ¶ 14, PageID.10484; R.336-5, Lindsey Decl. ¶ 7, PageID.10489; R.336-6, Johnson et al. Decl. ¶¶ 8, 11–12, PageID.10497–98; R.336-7, Mills Decl. ¶¶ 16–17, PageID.10504–05; R.336-8, Krogman & Howard Decl. ¶¶ 15–16, PageID.10512; R.336-9, Hess Decl. ¶ 19, PageID.10519; R.336-10, Sedlock Decl. ¶ 18, PageID.10527; R.336-11, Pinter Decl. ¶ 14, PageID.10533; R.336-12, Stillwagon Decl. ¶ 18, PageID.10539; R.336-13, Francisco Decl. ¶ 14, PageID.10545; R.336-14, Ruddell Decl. ¶ 17, PageID.10552; R.336-15, Bullock Decl. ¶ 15, PageID.10558; R.336-16, Turner Decl. ¶¶ 33–35, PageID.10570–71; R.336-17, Brown Decl. ¶ 27, PageID.10582.



2. Loss of Management and Clinical Staff. Unfortunately, the proposed settlement's distortion of the market would not stop with DCWs. As several CMHs and agency providers have advised the Court in their declarations, the proposed settlement's \$31 per hour pay rate for SD recipients on the Hab Waiver significantly exceeds prevailing pay rates for management and clinical staff. *E.g.*, Ex. B (Dore Decl.) at 3–4 (“[O]ur licensed bachelor’s level staff start out making significantly less than this settlement will be giving to DCW workers. It is not feasible for us to increase wages due to revenue shortages . . . .”); R.336-9, Hess Decl. ¶ 18, PageID.10519 (top hourly wages for bachelor’s level clinician and master’s level clinician are \$26 and \$31 per hour, respectively); R.336-17, Brown Decl. ¶ 28, PageID.10583 (“Funding constraints prevent Pathlight from paying managers more than \$21 per hour . . . . I cannot emphasize enough that the *Waskul* settlement will cause Pathlight to lose its group home managers to self-determination arrangements.”). So, not only would agency providers lose front-line workers, they also likely would lose managers and clinical staff who are essential to their provision of services.

3. Loss of Agency Provider Options and DCWs Willing to Serve Non-Hab Waiver Recipients. Because it would make it more difficult for agency providers to hire and retain staff, the proposed settlement’s distortion of the market almost certainly would result in fewer agency provider options. *E.g.*, R.336-16, Turner Decl. ¶¶ 38–39, PageID.10571–72 (“Ultimately, the safety net of agency providers will be reduced to unsustainably low staffing levels, and agencies like ALS-LM will be incapable of meeting the need for services.”); R.336-17, Brown Decl. ¶ 27, PageID.10582 (“If self-determination CLS services are funded at \$31 per hour, and no additional resources are directed to individuals who choose to receive services through agencies, then providers like Pathlight will [be] powerless to hire and retain workers.”). Indeed, even without the distortion of the proposed settlement, agency providers already have had difficulty recruiting DCWs to provide CLS services. *E.g.*, R.336-17, Brown Decl. ¶ 16, PageID.10579 (“Because of the difficulty finding DCWs, Renaissance is unable to provide the same level of CLS services that it could operate before the DCW crisis.”). SD CLS recipients who are not on the Hab Waiver also would find it more difficult to find and retain DCWs, as their employees also understandably would seek to make

dramatically more money doing the same job for someone under the Hab Waiver.

The most obvious net effect will be fewer agency provider options for CLS recipients. This is no small matter for Michigan’s behavioral health system and those who depend on it. As noted earlier, the vast majority of CLS recipients in Michigan receive their services through agency providers, for reasons that are easily understandable. While SD arrangements can allow for more flexibility, they also typically demand major support from the family of the person served. Many persons served and their families simply are not in a position to hire and fire workers, supervise and manage their day-to-day work, and use fiscal intermediaries to collect and disburse funding.

Take Jill Barker, who recounts in her declaration “com[ing] to terms with the heartbreaking truth that [she and her husband] would not be doing what was best for her [two disabled sons] by keeping them at home.” R.336-24, Barker Decl. ¶ 12, PageID.10618. “By working with an agency provider and finding a group home [for her sons],” Ms. Barker and her husband “could share the responsibility of caring for [their sons] with professionals who knew what they needed, and could take the massive administrative burden of delivering that care off of [their] shoulders.” *Id.* ¶ 14, PageID.10618. Today, Ms. Barker and her husband—who are 78 and 80 years old, respectively—simply are not capable of providing the level of

care provided in a group home. *Id.* ¶ 13, PageID.10618. She has no idea where their surviving son would go if his group home were forced to close as a result of the proposed settlement. *Id.* ¶ 23, PageID.10621.

Other persons served by agency providers have no family or other caregivers who can help support an SD arrangement. It is not uncommon for people “who previously were able to live more independent lives with the assistance of parents or other caregivers who have since passed away or are unable to continue providing the same level of care or support they once did” to switch to receiving services from agency providers. R.336-17, Brown Decl. ¶ 11, PageID.10577–78; *see also* R.336-16, Turner Decl. ¶ 13, PageID.10564. Other persons served come to agency providers after attempting to self-direct their CLS services and determining that they were unable to cope with the demands of the SD modality. R.336-16, Turner Decl. ¶¶ 13–14, PageID.10564; R.336-17, Brown Decl. ¶ 12, PageID.10578.

The bottom line is that agency providers provide the safety net in Michigan’s public behavioral health system. Persons served turn to them when they have no other option to receive CLS services and remain in the community. By virtually guaranteeing fewer agency provider options, the proposed settlement will limit and possibly eliminate that safety net, with adverse consequences for the vulnerable people it serves and Michigan’s already-strained public behavioral

health system. The Court should not give its imprimatur to a settlement, well-intentioned as it may be, with such foreseeably negative consequences.

### **III. The proposed settlement would invite further litigation.**

Because the proposed settlement benefits only a narrow subset of persons served by Michigan's public behavioral health system, it virtually guarantees further litigation. Indeed, the proposed settlement's mammoth pay raise for the favored few will only provide ammunition for those disfavored under the settlement to contend that Michigan is underfunding their DCW-provided services.<sup>3</sup> In the meantime, Michiganders' lack of access to quality, home-based care and the DCW shortage will continue unabated, as it has for years.

### **IV. CMHA stands ready to help reach a more equitable solution.**

CMHA acknowledges that, just as the problems at issue in this lawsuit are complex, so too are the solutions. Nonetheless, because the proposed settlement limits improved access to a small fraction of CLS recipients and leaves behind the bulk of Michiganders in need of CLS services, CMHA strongly believes that the settlement does more harm than good. CMHA also recognizes that a voluntary resolution to this lawsuit best serves the interests of the parties, the Court, and

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<sup>3</sup> In other words, the plaintiffs-to-be undoubtedly will contend that the proposed settlement sets a new floor for DCW funding. Setting aside the obvious intuitive force of that argument, one wonders whether and how Michigan could fund the proposed settlement's \$31 per hour rate across all publicly funded DCW services.

other stakeholders. Should the Court decline to approve the proposed settlement, CMHA is ready and willing to help the parties negotiate a more equitable resolution—one that improves access for a broader class and poses less of a risk to Michigan’s public behavioral health system—such as by participating in a settlement conference or mediation and enlisting other stakeholders and experts to do the same.

### **CONCLUSION**

For the foregoing reasons, the Court should decline to approve the settlement and give all stakeholders the opportunity to craft a more equitable settlement that improves access to services and wages for as broad a class as possible of persons served and the DCWs who serve them. The intentions behind the proposed settlement are good, but, in practice, it likely would further destabilize Michigan’s already-strained behavioral health system and hurt the substantial majority of persons served who do not benefit under the proposed settlement.

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**NORTHERN MICHIGAN REGIONAL ENTITY  
FINANCE COMMITTEE MEETING  
10:00AM – JULY 10, 2024  
VIA TEAMS**

**ATTENDEES:** Laura Argyle, Connie Cadarette, Ann Friend, Kevin Hartley, Chip Johnston, Nancy Kearly, Eric Kurtz, Brian Martinus, Inna Mason, Allison Nicholson, Donna Nieman, Brandon Rhue, Nena Sork, Erinn Trask, Jennifer Warner, Tricia Wurn, Deanna Yockey, Carol Balousek

REVIEW AGENDA & ADDITIONS

Erinn asked to add a discussion about the June 25<sup>th</sup> code chart changes to the meeting agenda.

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 12, 2024 NORTHERN MICHIGAN REGIONAL ENTITY REGIONAL FINANCE COMMITTEE MEETING; SUPPORT BY KEVIN HARTLEY. MOTION APPROVED.**

MONTHLY FINANCIALS

**May 2024**

- Net Position showed net deficit Medicaid and HMP of \$1,941,623. Carry forward was reported as \$11,624,171. The total Medicaid and HMP Current Year Surplus was reported as \$9,682,548. The total Medicaid and HMP Internal Service Fund was reported as \$20,576,156. The total Medicaid and HMP net surplus was reported as \$30,258,704.
- Traditional Medicaid showed \$139,203,717 in revenue, and \$137,162,152 in expenses, resulting in a net surplus of \$2,041,565. Medicaid ISF was reported as \$13,510,136 based on the current FSR. Medicaid Savings was reported as \$845,073.
- Healthy Michigan Plan showed \$19,496,020 in revenue, and \$23,479,208 in expenses, resulting in a net deficit of \$3,983,188. HMP ISF was reported as \$7,066,020 based on the current FSR. HMP savings was reported as \$10,779,098.
- Health Home showed \$1,953,750 in revenue, and \$1,711,720 in expenses, resulting in a net surplus of \$242,030.
- SUD showed all funding source revenue of \$19,860,373 and \$18,184,070 in expenses, resulting in a net surplus of \$1,676,303. Total PA2 funds were reported as \$4,705,725.

PA2/Liquor Tax was summarized as follows:

<b>Projected FY24 Activity</b>			
Beginning Balance	Projected Revenue	Approved Projects	Projected Ending Balance
\$5,220,509	\$1,794,492	\$2,595,550	\$4,419,450

<b>Actual FY24 Activity</b>			
Beginning Balance	Current Receipts	Current Expenditures	Current Ending Balance
\$5,220,509	656,798	\$1,171,580	\$4,705,725

Clarification was made that applications for the use of liquor tax funds must be submitted by August 1<sup>st</sup> to SUD Oversight Committee on September 9<sup>th</sup> and the NMRE Board of Directors on September 25<sup>th</sup>.

**MOTION BY ERINN TRASK TO RECOMMEND APPROVAL OF THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR MAY 2024; SUPPORT BY ANN FRIEND. MOTION APPROVED.**

EDIT UPDATE

The next EDIT meeting is scheduled for July 18<sup>th</sup> at 10:00AM.

The following new codes have been added to the Behavioral Health Code Chart:

- **G0017** – Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes.
- **G0018** – Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service).
- **G0140** – Principal illness navigation - peer support by certified or trained auxiliary personnel, including a certified peer specialist, under the direction of a physician or other practitioner. First 60 minutes.
- **G0146** – Principal illness navigation - peer support by certified or trained auxiliary personnel, including a certified peer specialist, under the direction of a physician or other practitioner. Each additional 30 minutes.
- **G0137** - Intensive outpatient services; weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under state law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual's condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment); diagnostic services; and such other items and services (excluding meals and transportation) that are reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably



expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services in accordance with a physician certification and plan of treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.

Feedback regarding the new codes can be sent to Brandon and/or Donna to address during the July EDIT meeting.

Erinn noted that, according to the latest Code Chart update, autism code 97151 (Behavioral Identification Assessment) can't overlap with other services.

The latest Code Chart update also added the following language regarding indirect costs:

#### Indirect Costs

Per the Same-Time Services Reporting tab there are times where it is permissible that the time could be reported as indirect. This means that an encounter is not submitted for this, and the cost is accounted under administrative costs; however, the provider is still being paid and would be reimbursed by PIHP.

Example: Community Living Support staff cannot report their time spent accompanying an individual/beneficiary to a medical visit (including therapeutic activity such as Recreation, Music, and Art therapy, psychological evaluation, or medication reviews, etc.). CLS staff should account for their time as indirect.

Erinn asked that this language be brought to the July 18<sup>th</sup> EDIT meeting for clarification as it could be misinterpreted. Erinn Erin agreed to draft proposed/revised language to share with EDIT.

#### EQI UPDATE

The Period 2 (October 1, 2023 through May 31, 2024) EQI report is due September 30<sup>th</sup>. A data pull date will be selected in August.

#### ELECTRONIC VISIT VERIFICATION (EVV)

A memorandum dated June 28, 2024 from Kristen Kordan to PIHP and CMHSP Executive Directors regarding "Claims Submission with the State Sponsored Electronic Visit Verification (EVV) System at Initial Implementation for Behavioral health" was included in the meeting materials. The memorandum states the following:

"After further evaluation of the current state of payer systems, Michigan Department of Health and Human Services (MDHHS) is removing claim submission from the HHAeXchange to the payer system from scope for the Behavioral Health September 3, 2024, implementation."

"Agency providers will still be required to use the HHAeXchange pre-billing features to validate EVV Record errors."

“MDHHS will complete a post-payment verification of claims and encounters against HHAeXchange EVV records and discrepancies will need to be addressed.”

Clarification was provided regarding the requirements for encounter to EVV data validation and how the validation process is going to work.

- Validation will only be done based on units of service listed in the EVV system vs units of service sent via encounters to CHAMPS.
- Validation will not include a comparison of time in/time out.
- Validation will not be a requirement of CMHSP or PIHP staff; however, it would be a good practice.
- MDHHS acknowledged there will be some situations where EVV will be recorded in the EVV system, and an encounter will not be submitted due to same time service or other billing restrictions.
- MDHHS expects to be able to run the validation using data exported from the EVV system and encounter data from CHAMPS.
- PIHPs and CMHSPs will have access to some form of data extract from the EVV system so they can proactively run a reconciliation on their data to ensure completeness, but that is optional.

**\*This information is subject to change as MDHHS explores the validation efforts when they begin.**

In-person meetings (not training sessions) are scheduled for this month. These sessions are intended to provide an **overview** of the EVV system. They are best suited for provider organization and CMHSP staff that have not seen the product yet and will eventually be using it to work with the EVV process. There are in-person sessions and webinar sessions available. Webinar options are being offered on July 24<sup>th</sup> and July 25<sup>th</sup>.

#### LOCAL MATCH

The Quarter 4 local match payment is due to MDHHS August 16<sup>th</sup>. Kevin noted that Northern Lakes has already made the Quarter 4 payment.

#### HSW UPDATE

There are currently 3 open slots in the region due to disenrollments. Deanna encouraged the CMHSPs to continue to submit packets. NMRE is allocated a total of 689 slots.

#### **Missing spenddown payments/CHAMPS Issue**

The NNRE discovered that it has not been receiving payments for approximately 50 clients on spenddown enrolled in HSW dating back to July 2023. This is likely not a quick fix. CMHSPs have been sent an email asking them to complete and submit a report to MDHHS. The July activity report, which will show the number of HSW slots paid, is expected on July 17<sup>th</sup>.

Connie commented that some spenddowns are being paid, while others are not. Any missing payment issues should be sent to Deanna's attention to request reimbursement

from MDHHS. Retro payments will likely only go back to the start of the current fiscal year (October 1, 2023).

**PRELIMINARY FSR DUE TO MDHHS AUGUST 15<sup>TH</sup>**

Deanna asked the CFOs to submit their Preliminary Financial Status Reports to the NMRE by August 9<sup>th</sup>.

**FY24 REVENUE**

**April 1<sup>st</sup> rates & PMPM Update**

Deanna shared a summary of the impact of the April rate adjustment on PMPM through June 2024.

**Total PMPM FY24 Projections**

MA/SED/CWP	HMP	HSW	Total	
\$68,813,531	\$7,151,871	\$27,560,089	\$103,525,491	October – March Actual
\$11,776,454	\$1,135,596	\$4,811,262	\$17,723,313	April Actual
\$11,533,697	\$1,091,952	\$4,618,333	\$17,243,983	May Actual
\$11,161,602	\$1,027,000	\$4,614,689	\$16,803,291	June Actual
35,727,135	\$3,399,794	\$13,757,119	\$52,884,047	July – Sept Projected
\$139,012,419	\$13,806,214	55,361,492	\$208,180,125	Total Revised as of June 2024
			\$204,895,685	Original FY24 PMPM Budget
			\$3,284,440	Increase

**Actual PMPM Paid to All Boards**

	MA	Incr (Decr)	HMP	Incr (Decr)	HSW	Incr (Decr)	Total	Overall Incr (Decr)
FY23 Last 9 Months	103,912,717		15,205,382		34,452,524		153,570,623	
FY24 First 9 Months	103,285,285	(627,432)	10,406,420	(4,798,962)	41,604,373	7,151,849	155,296,078	1,725,454
<b>Totals</b>	207,198,002	(627,432)	25,611,803	(4,798,962)	76,056,897	7,151,849	308,866,701	

The decline in DAB, TANF, and HMP revenue has been greater than anticipated. The increase in HSW revenue is buffering the shortfall. Deanna plans to reach out to the PIHP CFO group to inquire about whether the April rate adjustment was satisfactory. Deanna will continue to trend data through FY24.

The Community Mental Health Association of Michigan (CMHAM) is advocating for an additional rate adjustment. What was intended to be \$116M in additional revenue (sufficient to close the projected revenue gap) as a result of the increased rates, is projected to be closer to \$41M, based on the April and May 2024 payments. Efforts are in process to push the remaining \$74M out to PIHPs and CMHSPs.

The CFOs asked what they might expect for FY25 rates. Eric responded that a Milliman BH Rate Setting meeting occurred on June 21<sup>st</sup>, however the area geographic factors

have not yet been calculated. For budgeting, Eric recommended applying a conservative rate increase of 2%, 2½%, or 3%.

OTHER

Mr. Johnston added a memorandum sent on this date by Jackie Sproat regarding Psychiatric Inpatient Tiered Rates to the meeting chat. The memorandum states:

“MDHHS has decided to alter the approach to implementing tiered inpatient psychiatric rates for FY25 in response to feedback from stakeholders and new provisions in the FY25 appropriation bill. Instead of implementing tiered rates, the \$8M allocated by the legislature will be used to uniformly increase the existing HRA for FY25. Despite this change, MDHHS expects efforts to report rate tiers on encounters to be maintained for FY25 implementation to establish a framework for potential future payment based on rate tiers.”

NEXT MEETING

The next meeting was scheduled for August 14<sup>th</sup> at 10:00AM.

DRAFT



## **Chief Executive Officer Report**

**July 2024**

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 24:** Attended and participated in MDHHS/PIHP/MHP Care Coordination design meeting.

**June 25:** Attended and participated in CMHAM and Advocate meeting.

**June 26:** Attended and participated in NMRE Operations Committee meeting.

**June 28:** Attended and participated in Rural Caucus meeting.

**July 8:** Attended and participated in NMRE SUD Oversight Committee meeting.

**July 9:** Attended and participated in regional Network Managers meeting.

**July 10:** Attended and participated in NMRE regional Finance Committee meeting.

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

**July 12:** Attended and participated in call with Munson regarding children's CRU.

**July 16:** Chaired NMRE regional Operations Committee meeting.

**July 18:** Participated in OIG consult.

**July 18:** Met with NMSAS regarding potential OTP expansion.



May 2024

Finance Report

## May 2024 Financial Summary

Funding Source	YTD Net Surplus (Deficit)	Carry Forward	ISF
Medicaid	2,041,565	845,073	13,510,136
Healthy Michigan	(3,983,188)	10,779,098	7,066,020
	<u>\$ (1,941,623)</u>	<u>\$ 11,624,171</u>	<u>\$ 20,576,156</u>

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Net Surplus (Deficit) MA/HMP	339,939	1,451,913	(1,416,508)	(2,523,134)	(171,345)	993,498	(615,986)	\$ (1,941,623)
Carry Forward		-	-	-	-	-	-	11,624,171
Total Med/HMP Current Year Surplus	<u>339,939</u>	<u>1,451,913</u>	<u>(1,416,508)</u>	<u>(2,523,134)</u>	<u>(171,345)</u>	<u>993,498</u>	<u>(615,986)</u>	<u>\$ 9,682,548</u>
Medicaid & HMP Internal Service Fund								20,576,156
Total Medicaid & HMP Net Surplus								<u>\$ 30,258,704</u>

# Northern Michigan Regional Entity

## Funding Source Report - PIHP

Mental Health

October 1, 2023 through May 31, 2024

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
<b>Traditional Medicaid (inc Autism)</b>								
<b>Revenue</b>								
Revenue Capitation (PEPM)	\$ 134,530,467	\$ 4,673,250						\$ 139,203,717
CMHSP Distributions	(129,113,367)		42,670,448	34,502,303	21,600,091	18,783,034	11,557,491	-
1st/3rd Party receipts			-	-	-	-	-	-
<b>Net revenue</b>	<u>5,417,100</u>	<u>4,673,250</u>	<u>42,670,448</u>	<u>34,502,303</u>	<u>21,600,091</u>	<u>18,783,034</u>	<u>11,557,491</u>	<u>139,203,717</u>
<b>Expense</b>								
PIHP Admin	1,804,217	41,282						1,845,499
PIHP SUD Admin		58,241						58,241
SUD Access Center		25,976						25,976
Insurance Provider Assessment	1,186,708	27,254						1,213,962
Hospital Rate Adjuster Services	2,091,164							2,091,164
		2,951,091	42,152,086	36,112,361	21,574,362	17,375,603	11,761,808	131,927,311
<b>Total expense</b>	<u>5,082,089</u>	<u>3,103,844</u>	<u>42,152,086</u>	<u>36,112,361</u>	<u>21,574,362</u>	<u>17,375,603</u>	<u>11,761,808</u>	<u>137,162,152</u>
<b>Net Actual Surplus (Deficit)</b>	<u>\$ 335,012</u>	<u>\$ 1,569,406</u>	<u>\$ 518,363</u>	<u>\$ (1,610,058)</u>	<u>\$ 25,729</u>	<u>\$ 1,407,431</u>	<u>\$ (204,317)</u>	<u>\$ 2,041,565</u>

### Notes

Medicaid ISF - \$13,510,136 - based on current FSR

Medicaid Savings - \$845,073



# Northern Michigan Regional Entity

## Funding Source Report - PIHP

Mental Health

October 1, 2023 through May 31, 2024

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
<b>Healthy Michigan</b>								
<b>Revenue</b>								
Revenue Capitation (PEPM)	\$ 11,953,891	\$ 7,542,129						\$ 19,496,020
CMHSP Distributions	(9,379,420)		3,412,739	2,784,186	1,182,387	1,227,612	772,497	-
1st/3rd Party receipts			-	-	-	-	-	-
<b>Net revenue</b>	<u>2,574,471</u>	<u>7,542,129</u>	<u>3,412,739</u>	<u>2,784,186</u>	<u>1,182,387</u>	<u>1,227,612</u>	<u>772,497</u>	<u>19,496,020</u>
<b>Expense</b>								
PIHP Admin	185,352	101,894						287,245
PIHP SUD Admin		143,751						143,751
SUD Access Center		64,115						64,115
Insurance Provider Assessment	121,356	65,899						187,255
Hospital Rate Adjuster Services	2,262,836							2,262,836
		7,283,963	5,347,609	3,697,262	1,379,461	1,641,544	1,184,166	20,534,005
<b>Total expense</b>	<u>2,569,544</u>	<u>7,659,622</u>	<u>5,347,609</u>	<u>3,697,262</u>	<u>1,379,461</u>	<u>1,641,544</u>	<u>1,184,166</u>	<u>23,479,208</u>
<b>Net Surplus (Deficit)</b>	<u>\$ 4,927</u>	<u>\$ (117,493)</u>	<u>\$ (1,934,871)</u>	<u>\$ (913,076)</u>	<u>\$ (197,074)</u>	<u>\$ (413,932)</u>	<u>\$ (411,669)</u>	<u>\$ (3,983,188)</u>

### Notes

HMP ISF - \$7,066,020 - based on current FSR

HMP Savings - \$10,779,098

Net Surplus (Deficit) MA/HMP	<u>\$ 339,939</u>	<u>\$ 1,451,913</u>	<u>\$ (1,416,508)</u>	<u>\$ (2,523,134)</u>	<u>\$ (171,345)</u>	<u>\$ 993,498</u>	<u>\$ (615,986)</u>	<u>\$ (1,941,623)</u>
Medicaid/HMP Carry Forward								11,624,171
<b>Total Med/HMP Current Year Surplus</b>								<u>\$ 9,682,548</u>
Medicaid & HMP ISF - based on current FSR								20,576,156
<b>Total Medicaid &amp; HMP Net Surplus (Deficit) including Carry Forward and ISF</b>								<u>\$ 30,258,704</u>

# Northern Michigan Regional Entity

## Funding Source Report - PIHP

Mental Health

October 1, 2023 through May 31, 2024

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
<b>Health Home</b>								
<b>Revenue</b>								
Revenue Capitation (PEPM)	\$ 508,806		417,303	260,069	196,543	169,168	401,861	\$ 1,953,750
CMHSP Distributions	-							-
1st/3rd Party receipts								-
<b>Net revenue</b>	<u>508,806</u>	<u>-</u>	<u>417,303</u>	<u>260,069</u>	<u>196,543</u>	<u>169,168</u>	<u>401,861</u>	<u>1,953,750</u>
<b>Expense</b>								
PIHP Admin	23,277							23,277
BHH Admin	24,495							24,495
Insurance Provider Assessment	-							-
Hospital Rate Adjuster Services	219,004		417,303	260,069	196,543	169,168	401,861	1,663,948
<b>Total expense</b>	<u>266,776</u>	<u>-</u>	<u>417,303</u>	<u>260,069</u>	<u>196,543</u>	<u>169,168</u>	<u>401,861</u>	<u>1,711,720</u>
<b>Net Surplus (Deficit)</b>	<u>\$ 242,030</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 242,030</u>

# Northern Michigan Regional Entity

## Funding Source Report - SUD

Mental Health

October 1, 2023 through May 31, 2024

	Medicaid	Healthy Michigan	Opioid Health Home	SAPT Block Grant	PA2 Liquor Tax	Total SUD
<b>Substance Abuse Prevention &amp; Treatment</b>						
<b>Revenue</b>	\$ 4,673,250	\$ 7,542,129	\$ 2,404,110	\$ 4,069,304	\$ 1,171,580	\$ 19,860,373
<b>Expense</b>						
Administration	99,523	245,645	69,284	133,491		547,942
OHH Admin			55,998	-		55,998
Access Center	25,976	64,115	-	23,357		113,448
Insurance Provider Assessment	27,254	65,899	-			93,153
Services:						
Treatment	2,951,091	7,283,963	2,054,439	2,653,475	1,171,580	16,114,548
Prevention	-	-	-	786,626	-	786,626
ARPA Grant	-	-	-	472,355	-	472,355
<b>Total expense</b>	<b>3,103,844</b>	<b>7,659,622</b>	<b>2,179,721</b>	<b>4,069,304</b>	<b>1,171,580</b>	<b>18,184,070</b>
<b>PA2 Redirect</b>			-	-	-	-
<b>Net Surplus (Deficit)</b>	<b>\$ 1,569,406</b>	<b>\$ (117,493)</b>	<b>\$ 224,389</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,676,303</b>

# Northern Michigan Regional Entity

## Statement of Activities and Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds October 1, 2023 through May 31, 2024

	PIHP MH	PIHP SUD	PIHP ISF	Total PIHP
<b>Operating revenue</b>				
Medicaid	\$ 134,530,467	\$ 4,673,250	\$ -	\$ 139,203,717
Medicaid Savings	845,073	-	-	845,073
Healthy Michigan	11,953,891	7,542,129	-	19,496,020
Healthy Michigan Savings	10,779,098	-	-	10,779,098
Health Home	1,953,750	-	-	1,953,750
Opioid Health Home	-	2,404,110	-	2,404,110
Substance Use Disorder Block Grant	-	4,069,304	-	4,069,304
Public Act 2 (Liquor tax)	-	1,171,580	-	1,171,580
Affiliate local drawdown	502,754	-	-	502,754
Performance Incentive Bonus	478,660	-	-	478,660
Miscellaneous Grant Revenue	-	3,335	-	3,335
Veteran Navigator Grant	42,598	-	-	42,598
SOR Grant Revenue	-	1,301,309	-	1,301,309
Gambling Grant Revenue	-	67,772	-	67,772
Other Revenue	35	-	5,457	5,492
<b>Total operating revenue</b>	<b>161,086,326</b>	<b>21,232,789</b>	<b>5,457</b>	<b>182,324,572</b>
<b>Operating expenses</b>				
General Administration	2,249,598	424,637	-	2,674,235
Prevention Administration	-	78,695	-	78,695
OHH Administration	-	55,998	-	55,998
BHH Administration	24,495	-	-	24,495
Insurance Provider Assessment	1,308,064	93,153	-	1,401,217
Hospital Rate Adjuster	4,354,000	-	-	4,354,000
Payments to Affiliates:				
Medicaid Services	129,566,968	2,951,091	-	132,518,059
Healthy Michigan Services	13,250,042	7,283,963	-	20,534,005
Health Home Services	1,663,948	-	-	1,663,948
Opioid Health Home Services	-	2,054,439	-	2,054,439
Community Grant	-	2,653,475	-	2,653,475
Prevention	-	707,931	-	707,931
State Disability Assistance	-	-	-	-
ARPA Grant	-	472,355	-	472,355
Public Act 2 (Liquor tax)	-	1,171,580	-	1,171,580
Local PBIP	2,011,358	-	-	2,011,358
Local Match Drawdown	446,112	-	-	446,112
Miscellaneous Grant	-	3,335	-	3,335
Veteran Navigator Grant	42,598	-	-	42,598
SOR Grant Expenses	-	1,301,309	-	1,301,309
Gambling Grant Expenses	-	67,772	-	67,772
<b>Total operating expenses</b>	<b>154,917,183</b>	<b>19,319,733</b>	<b>-</b>	<b>174,236,916</b>
<b>CY Unspent funds</b>	<b>6,169,143</b>	<b>1,913,056</b>	<b>5,457</b>	<b>8,087,656</b>
<b>Transfers In</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Transfers out</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Unspent funds - beginning</b>	<b>714,375</b>	<b>5,219,959</b>	<b>20,576,156</b>	<b>26,510,490</b>
<b>Unspent funds - ending</b>	<b>\$ 6,883,518</b>	<b>\$ 7,133,015</b>	<b>\$ 20,581,613</b>	<b>\$ 34,598,146</b>

# Northern Michigan Regional Entity

## Statement of Net Position

May 31, 2024

	PIHP MH	PIHP SUD	PIHP ISF	Total PIHP
<b>Assets</b>				
<b>Current Assets</b>				
Cash Position	\$ 37,656,917	\$ 6,441,337	\$ 20,581,613	\$ 64,679,867
Accounts Receivable	4,172,110	2,186,252	-	6,358,362
Prepays	106,007	-	-	106,007
<b>Total current assets</b>	<b>41,935,034</b>	<b>8,627,589</b>	<b>20,581,613</b>	<b>71,144,236</b>
<b>Noncurrent Assets</b>				
Capital assets	9,615	-	-	9,615
<b>Total Assets</b>	<b>41,944,649</b>	<b>8,627,589</b>	<b>20,581,613</b>	<b>71,153,851</b>
<b>Liabilities</b>				
<b>Current liabilities</b>				
Accounts payable	34,796,751	1,494,574	-	36,291,325
Accrued liabilities	264,346	-	-	264,346
Unearned revenue	34	-	-	34
<b>Total current liabilities</b>	<b>35,061,131</b>	<b>1,494,574</b>	<b>-</b>	<b>36,555,705</b>
<b>Unspent funds</b>	<b>\$ 6,883,518</b>	<b>\$ 7,133,015</b>	<b>\$ 20,581,613</b>	<b>\$ 34,598,146</b>

# Northern Michigan Regional Entity

## Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Mental Health

October 1, 2023 through May 31, 2024

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
<b>Operating revenue</b>					
Medicaid					
* Capitation	\$ 187,752,708	\$ 125,168,472	\$ 134,530,467	\$ 9,361,995	7.48%
Carryover	11,400,000	-	845,073	845,073	-
Healthy Michigan					
Capitation	19,683,372	13,122,248	11,953,891	(1,168,357)	(8.90%)
Carryover	5,100,000	-	10,779,098	10,779,098	0.00%
Health Home	1,451,268	967,512	1,953,750	986,238	101.94%
Affiliate local drawdown	594,816	446,112	502,754	56,642	12.70%
Performance Bonus Incentive	1,334,531	1,334,531	478,660	(855,871)	(64.13%)
Miscellaneous Grants	-	-	-	-	0.00%
Veteran Navigator Grant	110,000	73,336	42,598	(30,738)	(41.91%)
Other Revenue	-	-	35	35	0.00%
<b>Total operating revenue</b>	<b>227,426,695</b>	<b>141,112,211</b>	<b>161,086,326</b>	<b>19,974,115</b>	<b>14.15%</b>
<b>Operating expenses</b>					
General Administration	3,591,836	2,377,504	2,249,598	127,906	5.38%
BHH Administration	-	-	24,495	(24,495)	0.00%
Insurance Provider Assessment	1,897,524	1,265,016	1,308,064	(43,048)	(3.40%)
Hospital Rate Adjuster	4,571,328	3,047,552	4,354,000	(1,306,448)	(42.87%)
Local PBIP	1,737,753	-	2,011,358	(2,011,358)	0.00%
Local Match Drawdown	594,816	446,112	446,112	-	0.00%
Miscellaneous Grants	-	-	-	-	0.00%
Veteran Navigator Grant	110,004	61,144	42,598	18,546	30.33%
Payments to Affiliates:					
Medicaid Services	176,618,616	117,745,744	129,566,968	(11,821,224)	(10.04%)
Healthy Michigan Services	17,639,940	11,759,960	13,250,042	(1,490,082)	(12.67%)
Health Home Services	1,415,196	943,464	1,663,948	(720,484)	(76.37%)
<b>Total operating expenses</b>	<b>208,177,013</b>	<b>137,646,496</b>	<b>154,917,183</b>	<b>(17,270,687)</b>	<b>(12.55%)</b>
<b>CY Unspent funds</b>	<b>\$ 19,249,682</b>	<b>\$ 3,465,715</b>	<b>6,169,143</b>	<b>\$ 2,703,428</b>	
<b>Transfers in</b>			-		
<b>Transfers out</b>			-	154,917,183	
Unspent funds - beginning			714,375		
<b>Unspent funds - ending</b>			<b>\$ 6,883,518</b>	<b>6,169,143</b>	

# Northern Michigan Regional Entity

## Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Abuse

October 1, 2023 through May 31, 2024

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
<b>Operating revenue</b>					
Medicaid	\$ 4,678,632	\$ 3,119,088	\$ 4,673,250	\$ 1,554,162	49.83%
Healthy Michigan	11,196,408	7,464,272	7,542,129	77,857	1.04%
Substance Use Disorder Block Grant	6,467,905	4,311,935	4,069,304	(242,631)	(5.63%)
Opioid Health Home	3,419,928	2,279,952	2,404,110	124,158	5.45%
Public Act 2 (Liquor tax)	1,533,979	511,326	1,171,580	660,254	129.13%
Miscellaneous Grants	4,000	2,667	3,335	668	25.06%
SOR Grant	2,043,984	1,362,656	1,301,309	(61,347)	(4.50%)
Gambling Prevention Grant	200,000	133,333	67,772	(65,561)	(49.17%)
Other Revenue	-	-	-	-	0.00%
<b>Total operating revenue</b>	<b>29,544,836</b>	<b>19,185,229</b>	<b>21,232,789</b>	<b>2,047,560</b>	<b>10.67%</b>
<b>Operating expenses</b>					
Substance Use Disorder:					
SUD Administration	1,082,576	681,720	424,637	257,083	37.71%
Prevention Administration	118,428	78,952	78,695	257	0.33%
Insurance Provider Assessment	113,604	75,736	93,153	(17,417)	(23.00%)
Medicaid Services	3,931,560	2,621,040	2,951,091	(330,051)	(12.59%)
Healthy Michigan Services	10,226,004	6,817,336	7,283,963	(466,627)	(6.84%)
Community Grant	2,074,248	1,382,832	2,653,475	(1,270,643)	(91.89%)
Prevention	634,056	422,704	707,931	(285,227)	(67.48%)
State Disability Assistance	95,215	63,479	-	63,479	100.00%
ARPA Grant	-	-	472,355	(472,355)	0.00%
Opioid Health Home Admin	-	-	55,998	(55,998)	0.00%
Opioid Health Home Services	3,165,000	2,110,000	2,054,439	55,561	2.63%
Miscellaneous Grants	4,000	2,667	3,335	(668)	(25.06%)
SOR Grant	2,043,984	1,362,656	1,301,309	61,347	4.50%
Gambling Prevention	200,000	133,333	67,772	65,561	49.17%
PA2	1,533,978	511,326	1,171,580	(660,254)	(129.13%)
<b>Total operating expenses</b>	<b>25,222,653</b>	<b>16,263,781</b>	<b>19,319,733</b>	<b>(3,055,952)</b>	<b>(18.79%)</b>
<b>CY Unspent funds</b>	<b>\$ 4,322,183</b>	<b>\$ 2,921,448</b>	<b>1,913,056</b>	<b>\$ (1,008,392)</b>	
Transfers in			-		
Transfers out			-		
Unspent funds - beginning			5,219,959		
<b>Unspent funds - ending</b>			<b>\$ 7,133,015</b>		

# Northern Michigan Regional Entity

## Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Mental Health Administration

October 1, 2023 through May 31, 2024

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
<b>General Admin</b>					
Salaries	\$ 1,921,812	\$ 1,281,208	\$ 1,235,194	\$ 46,014	3.59%
Fringes	666,212	422,416	395,704	26,712	6.32%
Contractual	683,308	455,544	369,751	85,793	18.83%
Board expenses	18,000	12,000	13,715	(1,715)	(14.29%)
Day of recovery	14,000	14,000	1,583	12,417	88.69%
Facilities	152,700	101,800	95,805	5,995	5.89%
Other	135,804	90,536	137,846	(47,310)	(52.26%)
<b>Total General Admin</b>	<u>\$ 3,591,836</u>	<u>\$ 2,377,504</u>	<u>\$ 2,249,598</u>	<u>\$ 127,906</u>	<u>5.38%</u>



# Northern Michigan Regional Entity

## Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Abuse Administration

October 1, 2023 through May 31, 2024

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
<b>SUD Administration</b>					
Salaries	\$ 502,752	\$ 335,168	\$ 175,833	\$ 159,335	47.54%
Fringes	145,464	96,976	38,209	58,767	60.60%
Access Salaries	220,620	147,080	85,126	61,954	42.12%
Access Fringes	67,140	44,760	28,322	16,438	36.72%
Access Contractual	-	-	-	-	0.00%
Contractual	129,000	50,000	74,452	(24,452)	(48.90%)
Board expenses	5,000	3,336	4,130	(794)	(23.80%)
Day of Recover	-	-	-	-	0.00%
Facilities	-	-	-	-	0.00%
Other	12,600	4,400	18,565	(14,165)	(321.93%)
<b>Total operating expenses</b>	<b>\$ 1,082,576</b>	<b>\$ 681,720</b>	<b>\$ 424,637</b>	<b>\$ 257,083</b>	<b>37.71%</b>

Northern Michigan Regional Entity

Schedule of PA2 by County

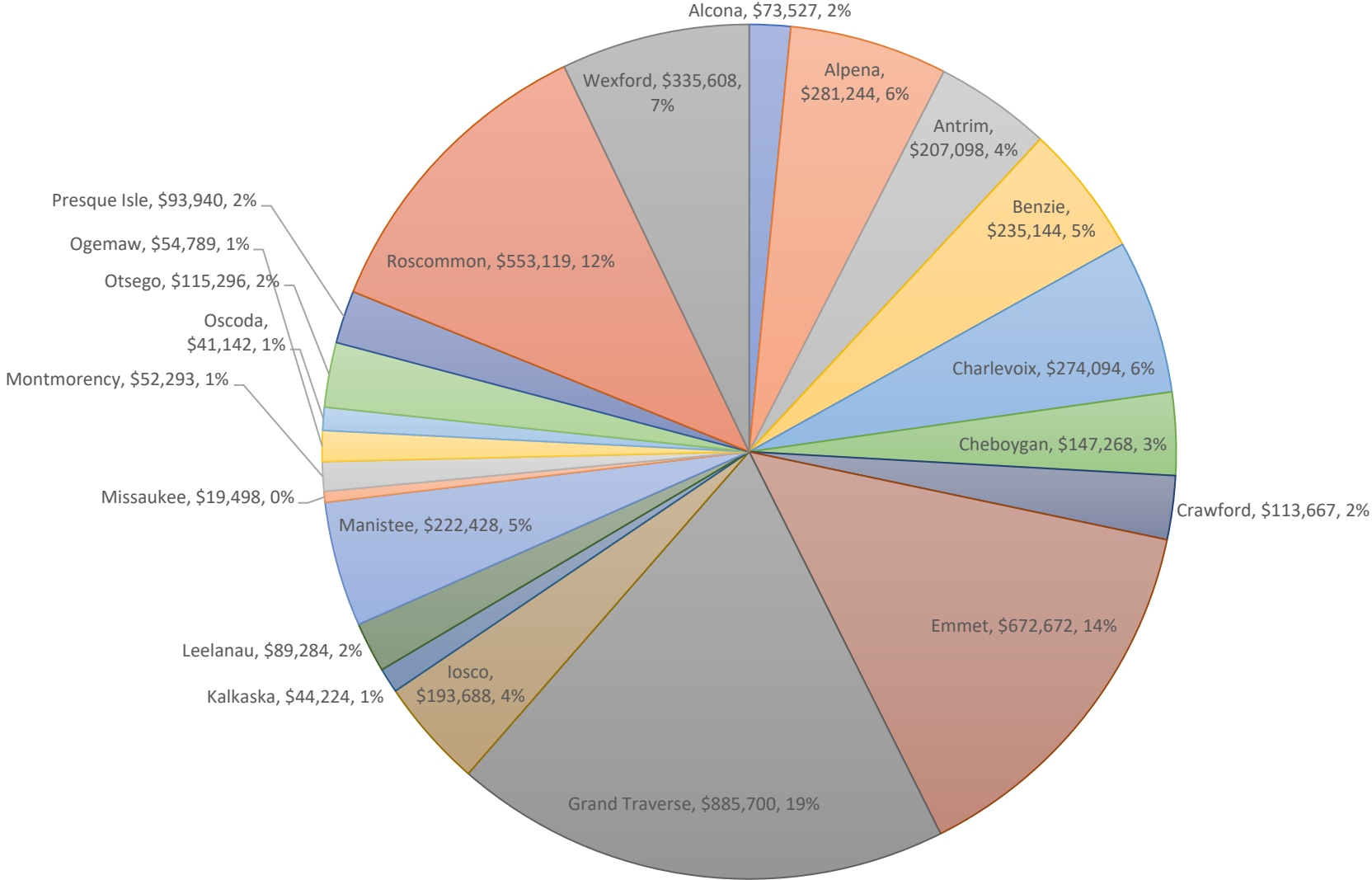
October 1, 2023 through May 31, 2024

County	Projected FY24 Activity				Current Receipts	Actual FY24 Activity		
	Beginning Balance	FY24 Projected Revenue	FY24 Approved Projects	Projected Ending Balance		County Specific Projects	Region Wide Projects by Population	Ending Balance
						Actual Expenditures by County		
Alcona	\$ 79,250	\$ 23,184	\$ 47,690	\$ 54,744	\$ 8,183	13,027	\$ 879	\$ 73,527
Alpena	302,452	80,118	115,089	267,482	28,891	47,681	2,417	281,244
Antrim	212,068	66,004	72,490	205,582	25,399	28,391	1,978	207,098
Benzie	224,046	59,078	21,930	261,194	22,765	10,175	1,492	235,144
Charlevoix	336,031	101,224	272,367	164,889	38,039	97,757	2,220	274,094
Cheboygan	163,153	84,123	141,260	106,016	30,405	44,136	2,154	147,268
Crawford	107,533	36,525	20,706	123,352	12,874	5,559	1,181	113,667
Emmet	771,608	181,672	478,053	475,227	65,054	161,171	2,819	672,672
Grand Traverse	1,035,890	440,668	524,017	952,541	165,048	307,442	7,796	885,700
Iosco	253,083	83,616	190,357	146,341	29,982	87,240	2,137	193,688
Kalkaska	42,471	41,470	34,179	49,762	14,862	11,612	1,497	44,224
Leelanau	86,055	62,190	51,029	97,215	22,690	17,621	1,839	89,284
Manistee	204,938	83,138	24,985	263,090	29,328	9,764	2,074	222,428
Missaukee	17,521	21,128	5,832	32,818	7,948	4,697	1,274	19,498
Montmorency	51,302	31,822	21,810	61,313	10,780	9,004	785	52,293
Ogemaw	96,797	74,251	96,041	75,006	24,460	64,686	1,782	54,789
Oscoda	55,406	20,578	38,064	37,920	7,705	21,264	704	41,142
Otsego	125,550	96,172	101,106	120,616	37,360	45,529	2,084	115,296
Presque Isle	96,731	25,177	85,120	36,788	8,881	10,586	1,086	93,940
Roscommon	559,806	82,157	87,287	554,676	31,048	35,706	2,029	553,119
Wexford	398,819	100,198	166,138	332,880	35,095	95,480	2,826	335,608
	<u>5,220,509</u>	<u>1,794,492</u>	<u>2,595,550</u>	<u>4,419,450</u>	<u>656,798</u>	<u>1,128,529</u>	<u>43,051</u>	<u>4,705,725</u>

PA2 Redirect

-  
4,705,725

# PA2 FUND BALANCES BY COUNTY



# Northern Michigan Regional Entity

## Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - ISF

October 1, 2023 through May 31, 2024

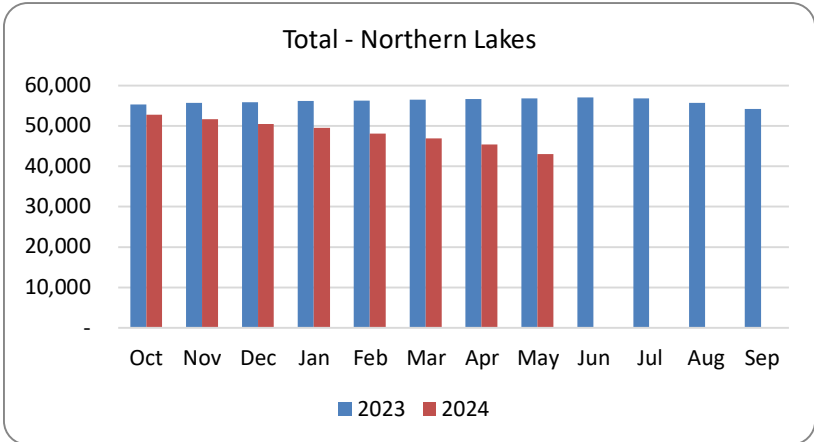
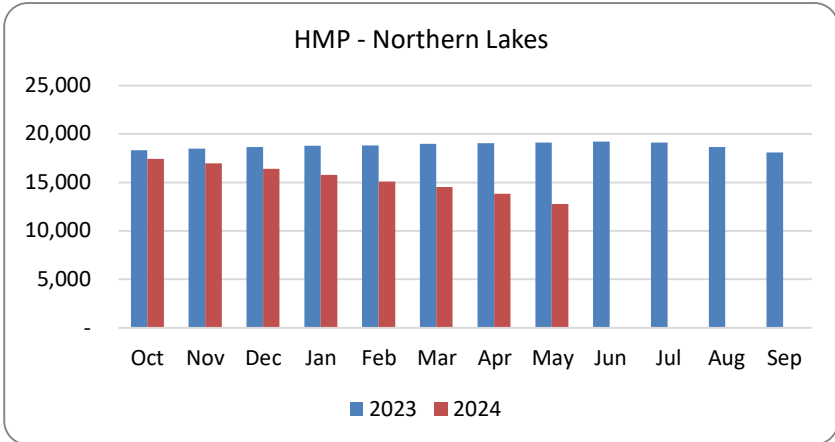
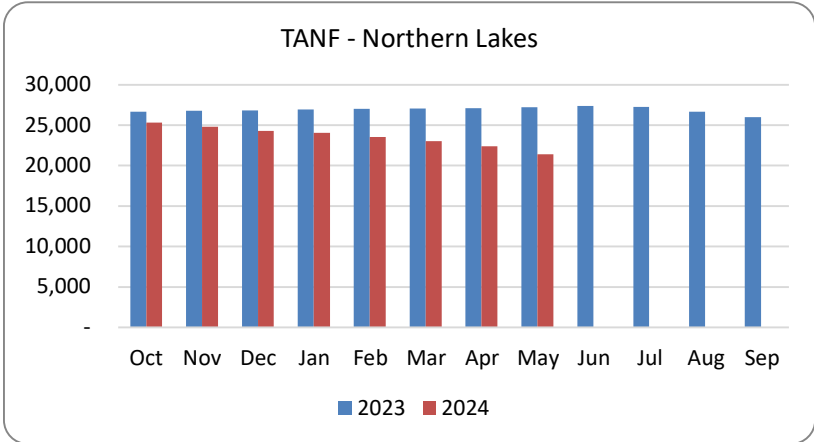
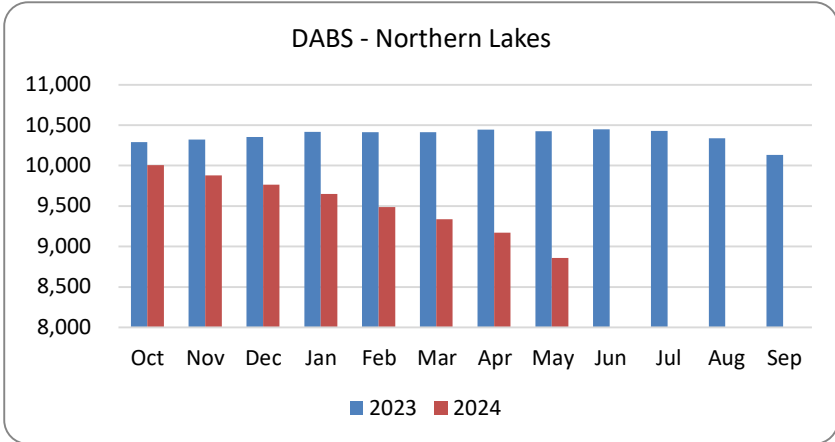
	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
<b>Operating revenue</b>					
Charges for services	\$ -	\$ -	\$ -	\$ -	0.00%
Interest and Dividends	7,500	5,000	5,457	457	9.14%
<b>Total operating revenue</b>	<b>7,500</b>	<b>5,000</b>	<b>5,457</b>	<b>457</b>	<b>9.14%</b>
<b>Operating expenses</b>					
Medicaid Services	-	-	-	-	0.00%
Healthy Michigan Services	-	-	-	-	0.00%
<b>Total operating expenses</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0.00%</b>
<b>CY Unspent funds</b>	<b>\$ 7,500</b>	<b>\$ 5,000</b>	<b>5,457</b>	<b>\$ 457</b>	
Transfers in			-		
Transfers out			-	-	
Unspent funds - beginning			<u>20,576,156</u>		
<b>Unspent funds - ending</b>			<u><b>\$ 20,581,613</b></u>		

# Northern Michigan Regional Entity

## Narrative

October 1, 2023 through May 31, 2024

## Northern Lakes Eligible Members Trending - based on payment files

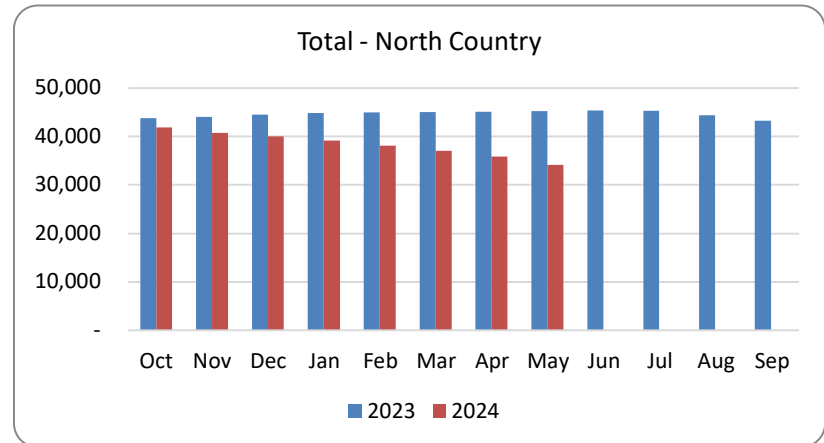
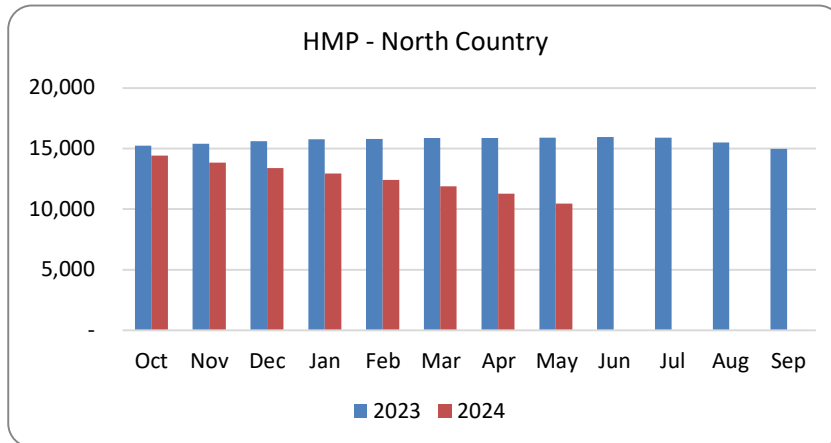
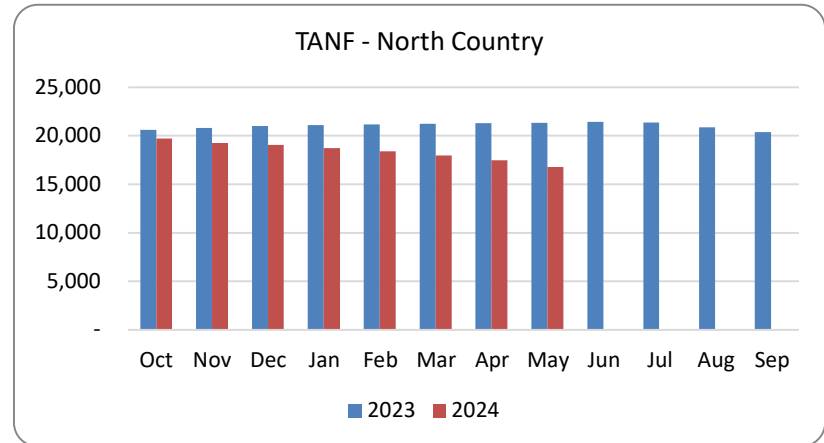
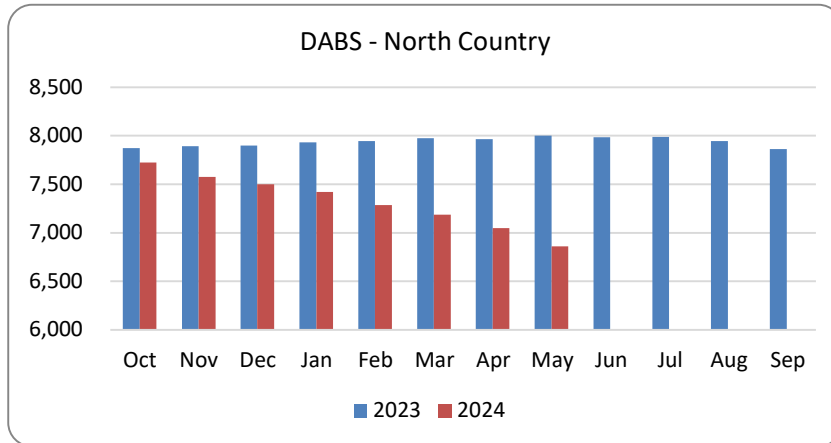


# Northern Michigan Regional Entity

## Narrative

October 1, 2023 through May 31, 2024

## North Country Eligible Members Trending - based on payment files

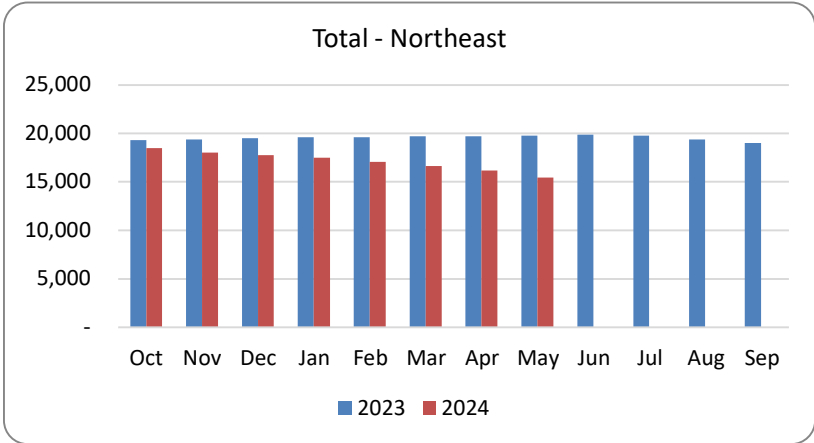
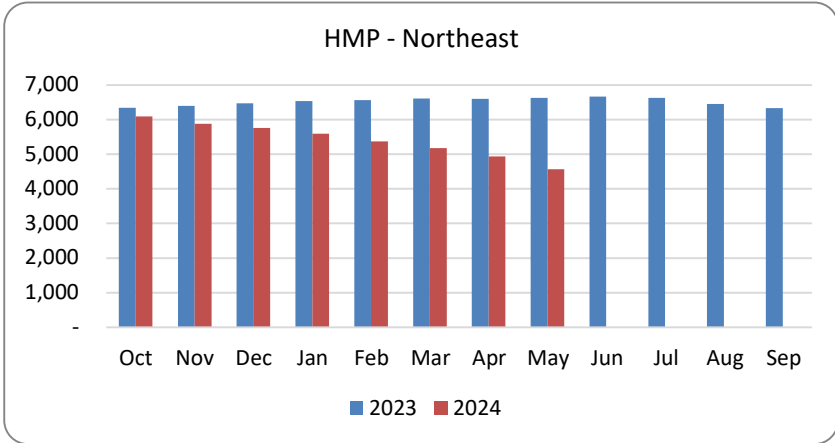
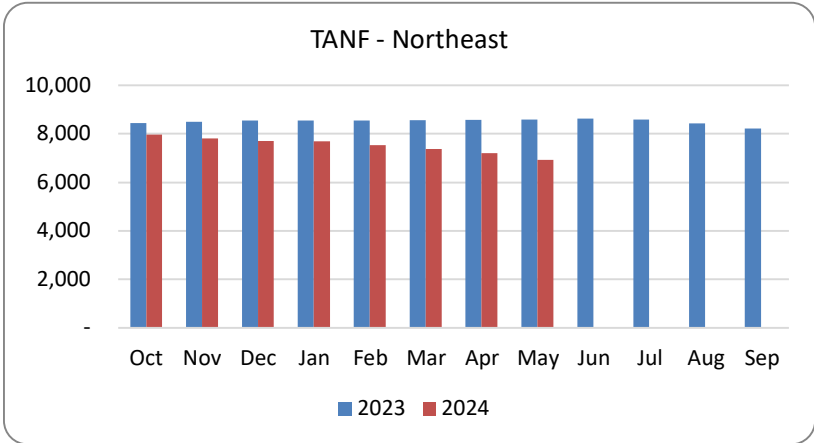
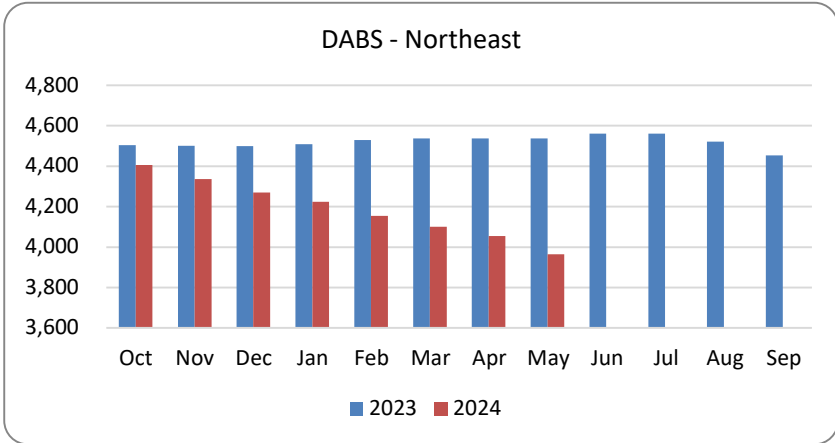


# Northern Michigan Regional Entity

## Narrative

October 1, 2023 through May 31, 2024

## Northeast Eligible Members Trending - based on payment files

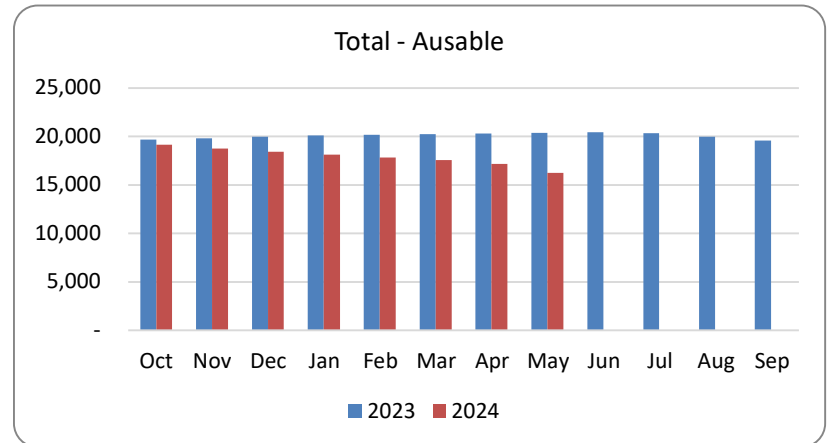
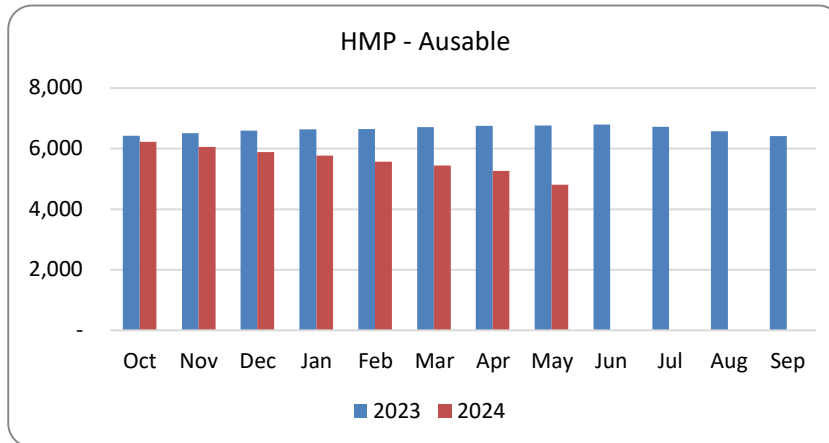
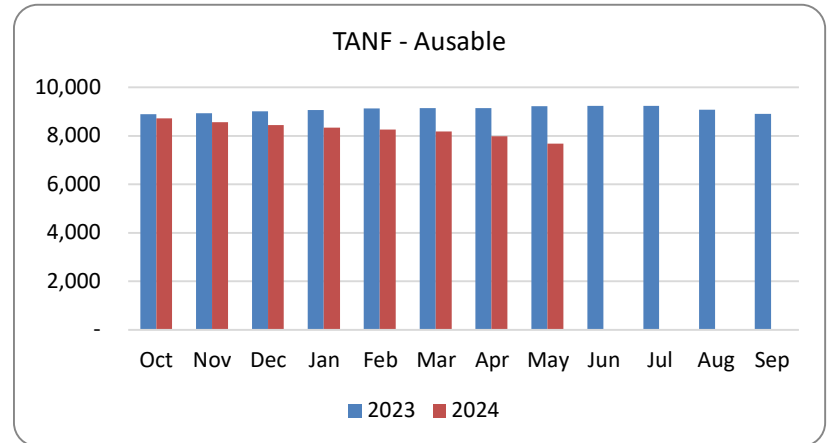
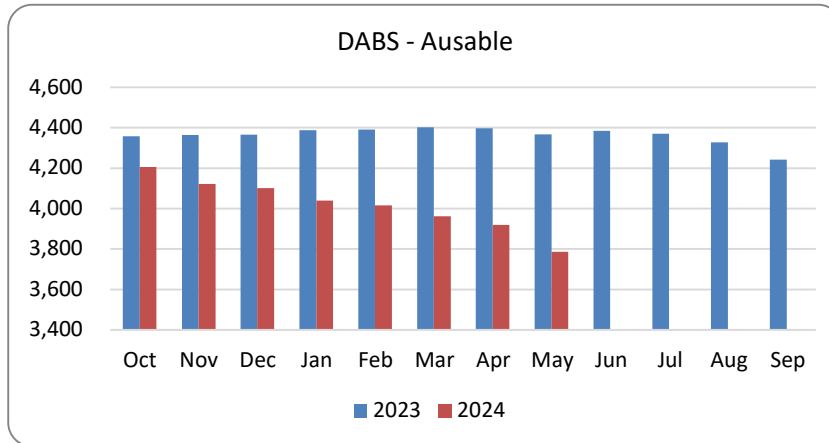


# Northern Michigan Regional Entity

## Narrative

October 1, 2023 through May 31, 2024

## Ausable Valley Eligible Members Trending - based on payment files



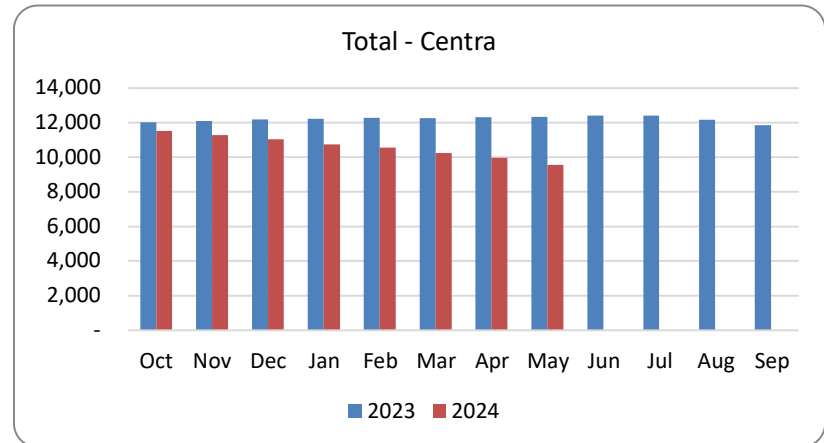
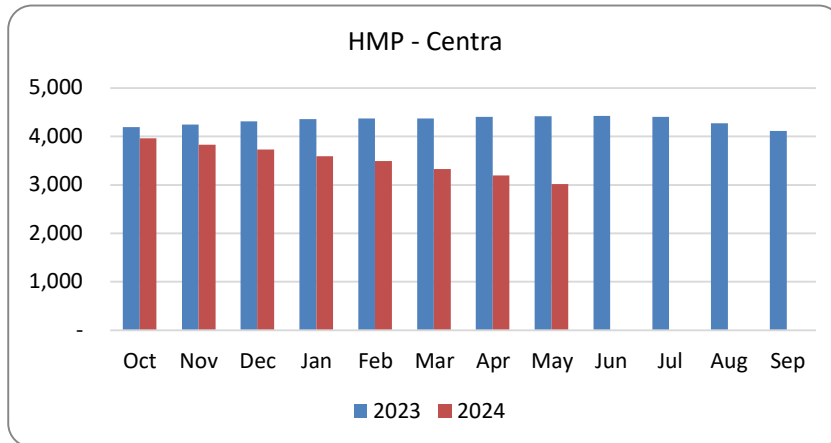
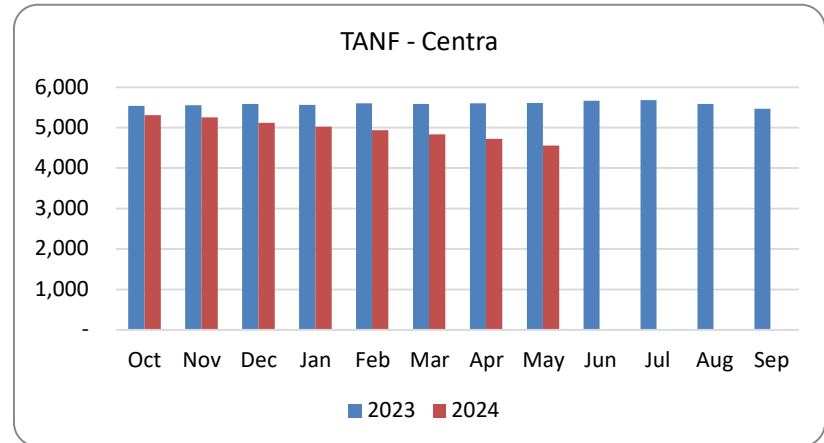
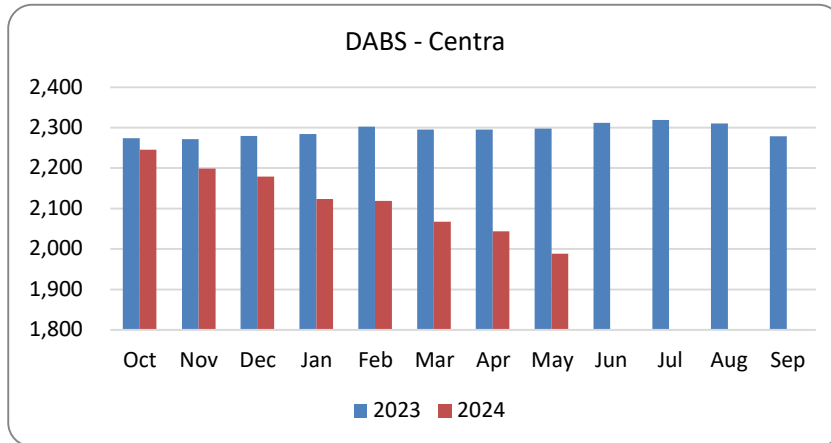


# Northern Michigan Regional Entity

## Narrative

October 1, 2023 through May 31, 2024

## Centra Wellness Eligible Members Trending - based on payment files

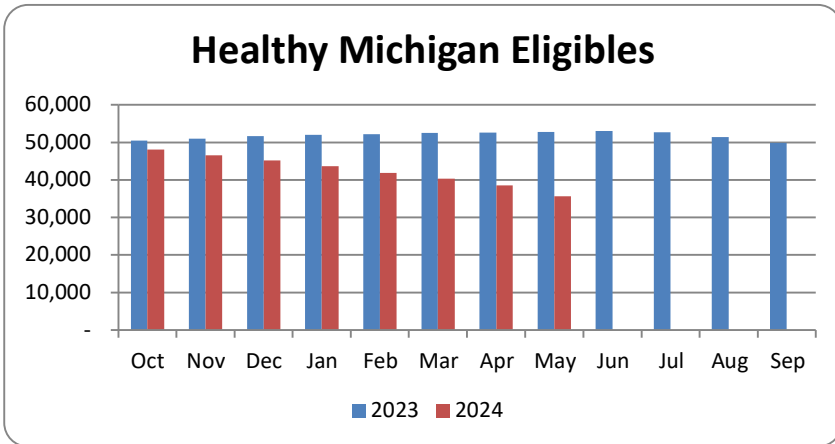
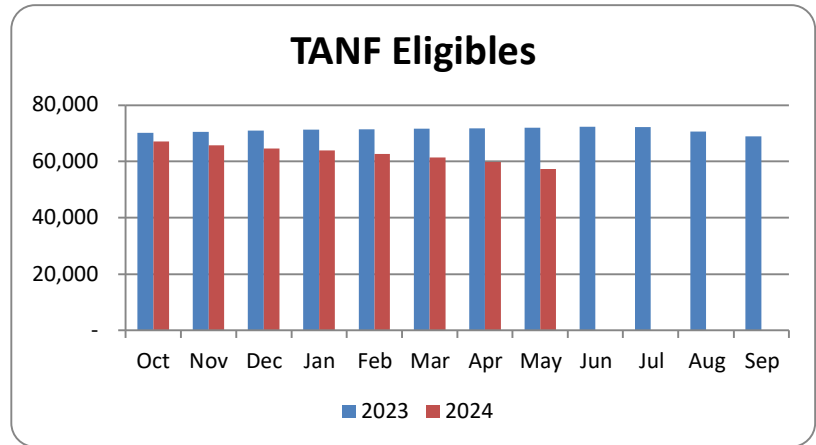
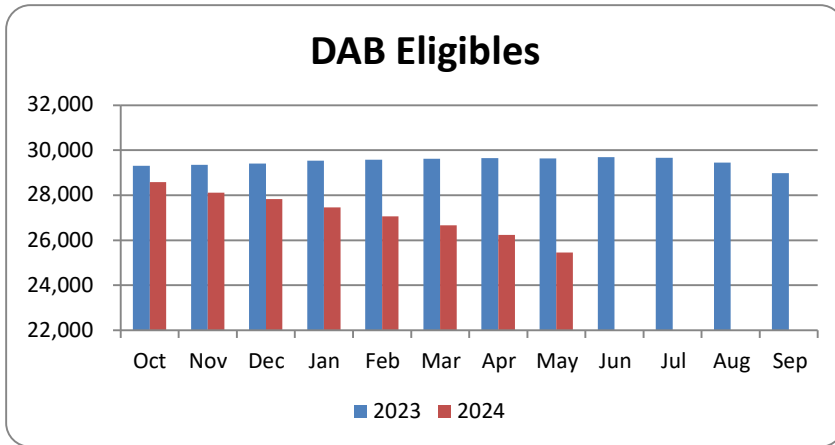


# Northern Michigan Regional Entity

## Narrative

October 1, 2023 through May 31, 2024

## Regional Eligible Trending

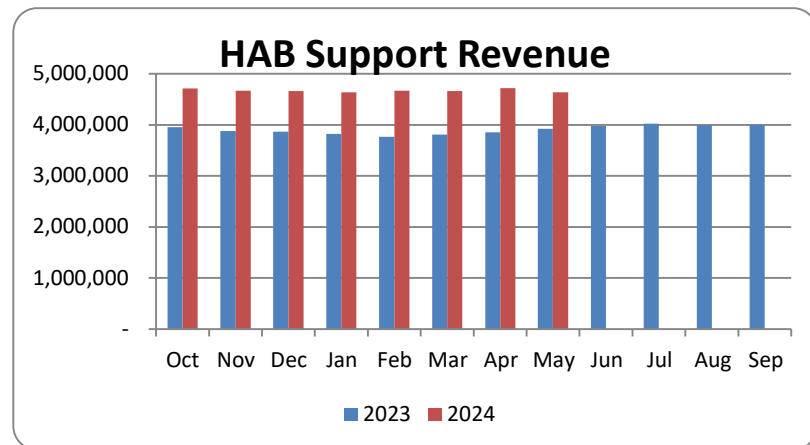
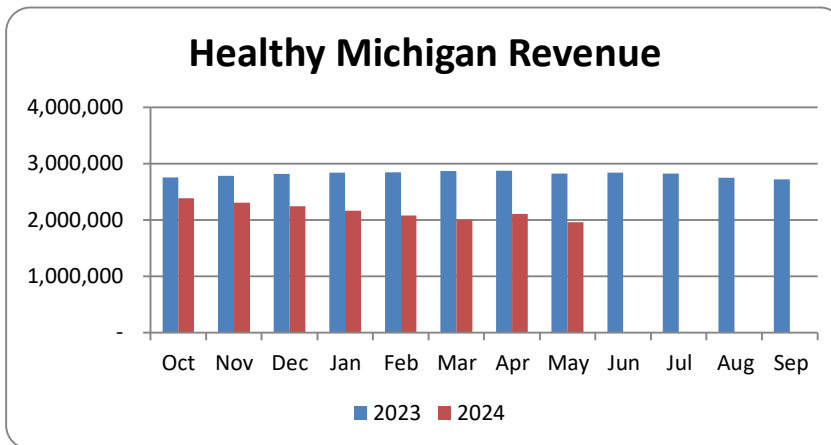
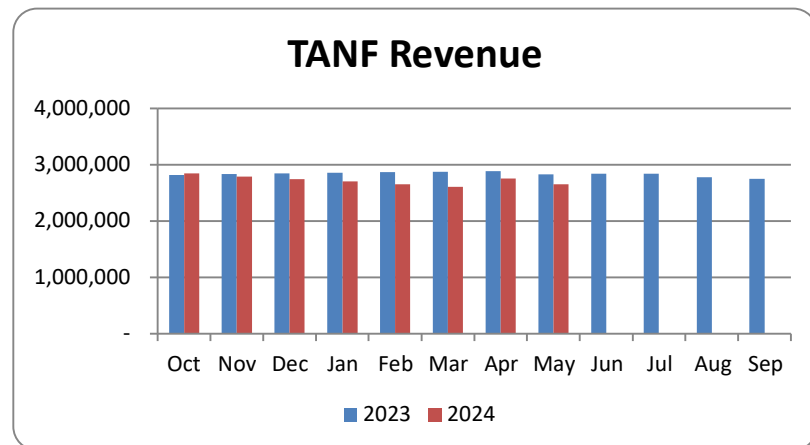
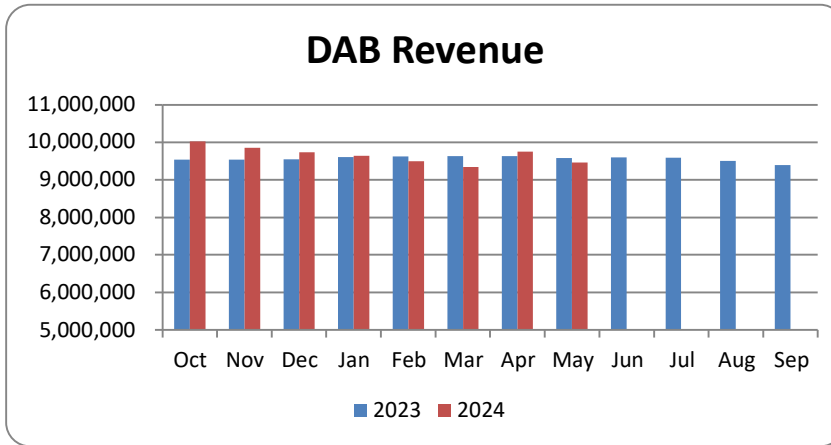


# Northern Michigan Regional Entity

## Narrative

October 1, 2023 through May 31, 2024

## Regional Revenue Trending



**NORTHERN MICHIGAN REGIONAL ENTITY  
OPERATIONS COMMITTEE MEETING  
9:30AM – JULY 16, 2024  
GAYLORD CONFERENCE ROOM**

<b>ATTENDEES:</b> Brian Babbitt, Chip Johnston, Eric Kurtz, Diane Pelts, Nena Sork, Carol Balousek
<b>ABSENT:</b> Brian Martinus

REVIEW OF AGENDA AND ADDITIONS

Ms. Sork requested that an update on the Waskul settlement be added to the meeting agenda. Ms. Pelts requested a discussion about the open position of CMHAM Treasurer be added to the meeting agenda.

APPROVAL OF PREVIOUS MINUTES

The minutes from June 18<sup>th</sup> were included in the meeting materials.

**MOTION BY DIANE PELTS TO APPROVE THE JUNE 18, 2024 MINUTES OF THE NORTHERN MICHIGAN REGIONAL ENTITY OPERATIONS COMMITTEE; SUPPORT BY BRIAN BABBITT. MOTION CARRIED.**

FINANCE COMMITTEE AND RELATED

**May 2024**

- Net Position showed net deficit Medicaid and HMP of \$1,941,623. Carry forward was reported as \$11,624,171. The total Medicaid and HMP Current Year Surplus was reported as \$9,682,548. The total Medicaid and HMP Internal Service Fund was reported as \$20,576,156. The total Medicaid and HMP net surplus was reported as \$30,258,704.
- Traditional Medicaid showed \$139,203,717 in revenue, and \$137,162,152 in expenses, resulting in a net surplus of \$2,041,565. Medicaid ISF was reported as \$13,510,136 based on the current FSR. Medicaid Savings was reported as \$845,073.
- Healthy Michigan Plan showed \$19,496,020 in revenue, and \$23,479,208 in expenses, resulting in a net deficit of \$3,983,188. HMP ISF was reported as \$7,066,020 based on the current FSR. HMP savings was reported as \$10,779,098.
- Health Home showed \$1,953,750 in revenue, and \$1,711,720 in expenses, resulting in a net surplus of \$242,030.
- SUD showed all funding source revenue of \$19,860,373 and \$18,184,070 in expenses, resulting in a net surplus of \$1,676,303. Total PA2 funds were reported as \$4,705,725.

Ms. Sork noted that Northeast Michigan will likely be in need of general funds at the end of the year due to spenddown processing.

**MOTION BY BRIAN BABBITT TO RECOMMEND APPROVAL OF THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR MAY 2024; SUPPORT BY DIANE PELTS. MOTION APPROVED.**

**FY24 Revenue Outlook**

A summary showing the impact of the April rate adjustment on PMPM was included in the meeting materials. Regional data was supplied as:

**Total PMPM FY24 Projections**

<b>MA/SED/CWP</b>	<b>HMP</b>	<b>HSW</b>	<b>Total</b>	
\$68,813,531	\$7,151,871	\$27,560,089	\$103,525,491	October – March Actual
\$11,776,454	\$1,135,596	\$4,811,262	\$17,723,313	April Actual
\$11,533,697	\$1,091,952	\$4,618,333	\$17,243,983	May Actual
\$11,161,602	\$1,027,000	\$4,614,689	\$16,803,291	June Actual
35,727,135	\$3,399,794	\$13,757,119	\$52,884,047	July – Sept Projected
<b>\$139,012,419</b>	<b>\$13,806,214</b>	<b>55,361,492</b>	<b>\$208,180,125</b>	Total Revised as of June 2024
			<b>\$204,895,685</b>	Original FY24 PMPM Budget
			<b>\$3,284,440</b>	Increase

**Actual PMPM Paid to All Boards**

	<b>MA</b>	<b>Incr (Decr)</b>	<b>HMP</b>	<b>Incr (Decr)</b>	<b>HSW</b>	<b>Incr (Decr)</b>	<b>Total</b>	<b>Overall Incr (Decr)</b>
FY23 Last 9 Months	103,912,717		15,205,382		34,452,524		153,570,623	
FY24 First 9 Months	103,285,285	(627,432)	10,406,420	(4,798,962)	41,604,373	7,151,849	155,296,078	1,725,454
<b>Totals</b>	<b>207,198,002</b>	<b>(627,432)</b>	<b>25,611,803</b>	<b>(4,798,962)</b>	<b>76,056,897</b>	<b>7,151,849</b>	<b>308,866,701</b>	

The increase in HSW revenue continues to buffer the shortfall in DAB, TANF, and HMP. An additional rate adjustment for FY24 is possible.

Eric responded that a Milliman BH Rate Setting meeting occurred on June 21<sup>st</sup>, however the area geographic factors have not yet been calculated, making FY25 rates difficult to estimate.

HSW SLOTS

The NMRE has recently learned that it will receive payments for unpaid HSW slots back to October 1, 2023. Some retroactive payments were received on this date totaling \$213K. There should be an additional payment coming to the region once the July 15<sup>th</sup> submissions have been reviewed.

The region currently has 2 open slots with 2 packets pending in the MDHHS queue; if approved, the NMRE will receive July payments for these two individuals. Clarification was made that approvals from MDHHS can take up to 10 days.

TIERED INPATIENT RATES

Instead of implementing tiered rates, the \$8M allocated by the legislature will be used to uniformly increase the existing Hospital Rate Adjustment (HRA) for FY25. Despite this change, MDHHS expects efforts to report rate tiers on encounters to be maintained for FY25 implementation to establish a framework for potential future payment based on rate tiers. Clarification was made that

HRA Directives are sent to the NMRE quarterly. The NMRE makes the payments pursuant to the schedule provided by MDHHS.

#### COUNTY OF FINANCIAL RESPONSIBILITY (COFR)

Ms. Pelts noted that several years ago the Operations Committee discussed that the NMRE Member CMHSPs would not enter into COFR agreements in-region for individuals with Medicaid. She noted that as staff have transitioned, this understanding has fallen by the wayside, resulting in burdensome administrative processes.

Mr. Kurtz agreed that in-region COFRs are inappropriate given that the funding comes from the same buckets, though he acknowledged that a Coordination of Care Agreement may be useful.

It was noted that the placing agency holds the responsibility for the individual's clinical care. Unless the individual is financed with general funds, is in a residential placement, or in the hospital, the two CMHSPs should work out the provision of services. Things to consider are capacity, clinical, and financial responsibilities.

Mr. Kurtz suggested potentially using the COFR module in PCE for tracking purposes.

#### TRANSPORTATION L-LETTER

Medicaid Provider L-Letter 24-36 dated July 11, 2024 regarding changes to the Non-Emergency Medical Transportation (NEMT) Benefit for Medicaid beneficiaries enrolled in a Medicaid Health Plan (MHP) was included in the meeting materials.

Beginning October 1, 2024, MHPs will be required to cover NEMT for any Medicaid-covered service, including, but not limited to, trips to specialty behavioral health services, including substance use disorder treatment, dental appointments for children enrolled in Healthy Kids Dental (HKD), and severe mental health treatment, making access to the NEMT benefit less confusing and more beneficiary friendly. Beneficiaries should follow the MHP process for requesting transportation assistance to a Medicaid covered service.

MHPs are contracted by the State's Prosperity Regions. NMRE encompasses Prosperity Regions 2 and 3.

- **Region 2 – Northwest Prosperity Region:** Blue Cross Complete of Michigan, LLC, McLaren Health Plan, Inc., Molina Healthcare of Michigan, Inc., Priority Health Choice, Inc.
- **Region 3 – Northeast Prosperity Region:** Blue Cross Complete of Michigan, LLC, McLaren Health Plan, Inc., Molina Healthcare of Michigan, Inc., Priority Health Choice, Inc.

#### BIT COMMITTEE CHARGE

During the June Operations Committee meeting, Ms. Sork voiced that the regional Business Intelligence and Technology Committee (BIT) has veered from its intended purpose. The BIT Charter was included in the meeting materials for review and potential revision.

“The Business Intelligence Technology (BIT) group is created to coordinate regional PCE systems projects, collaborate on regional data and business intelligence reporting needs, provide a platform for members to work together on

problem-solving issues related to system needs, data, and report development, and to address regional regulatory needs related to MDHHS (Michigan Department of Health and Human Services) contractual and audit requirements.”

Mr. Kurtz explained that work is being done on a PCE module comparison. PCE Project Manager, Katy Wagner, will discuss the progress being made, hopefully, during the August 1<sup>st</sup> BIT meeting. The goal would be to have a statewide comparison. Mr. Kurtz indicated that a clinical documentation review is possible but will likely be a “heavy lift.”

The BIT Committee includes CMHSP representation several disciplines including, clinical, finance, quality and compliance, in addition to information technology.

**INPATIENT RATES**

NMRE Provider Network Manager, Chris VanWagoner, shared hospital rate requests for FY25.

**Havenwyck**

	<b>FY24 Rate</b>	<b>Proposed FY25 Rate</b>	<b>% Increase</b>
Adult Psychiatric Inpatient	\$970.00	\$1,025.00	5.6%
Child/Adolescent Inpatient	\$970.00	\$1025.00	5.6%
Partial Hospitalization	\$427.00	\$455.00	6.5%
Enhanced 1:1	New for FY25	\$1,175.00	NA

**Healthsource Saginaw**

	<b>FY24 Rate</b>	<b>Proposed FY25 Rate</b>	<b>% Increase</b>
Adult R&B All Inclusive	\$1,050.00	\$1,102.50	5.0%

**McLaren Health System**

	<b>FY24 Rate</b>	<b>Proposed FY25 Rate</b>	<b>% Increase</b>
Adult Psychiatric Inpatient	\$1,007.00	\$1,052.31	4.5%
Partial Hospitalization	\$504.00	\$526.68	4.5%

**Pine Rest**

	<b>FY24 Rate</b>	<b>Proposed FY25 Rate</b>	<b>% Increase</b>
Adult R&B All Inclusive	\$1,240.00	\$1,269.00	2.3%
Child/Adolescent Inpatient	\$1,314.00	\$1,393.00	6%
Older Adult Unit	\$1,240.00	\$1,269.00	2.3%
Partial Hospitalization for Adults and Children	\$554.00	\$582.00	5%
Partial Hospitalization for Eating Disorders	New for FY25	\$756.00	NA
ECT Inpatient	\$845.00	\$879.00	4.0%
ECT Outpatient	\$1,092	\$1,136.00	4.0%

Clarification was made that McLaren’s 4.5% increase from the proposed Senate Medicaid Mental Health services budget rather than the operating costs of the unit. It was determined that this needs further discussion based on the additional \$8M coming to hospitals through the HRA.

The decision was made not to include the Havenwyck 1:1 rate in the contract but to access this enhanced staffing level by Single Case Agreements.

**MOTION BY NENA SORK TO APPROVE THE RATE REQUEST FROM PINE REST FOR FISCAL YEAR 2025 AS PRESENTED AND REVIEWED ON THIS DATE; SUPPORT BY DIANE PELTS. MOTION CARRIED.**

Rate negotiations will continue with the remaining hospitals.

NLCMHA UPDATE

Mr. Martinus was not in attendance to provide an update. Mr. Kurtz is considering opening the CEO search pending the forensic audit findings.

WASKUL UPDATE

With approval from the NMRE Board of Directors on June 26<sup>th</sup>, Mr. Kurtz submitted his "Declaration of Northern Michigan Regional Entity Regarding Impact of Waskul Settlement" to the Department. CMHAM distributed its legal objection to the proposed settlement on July 12<sup>th</sup>, which included the following four main points:

- 1) The proposed settlement would improve access for a small fraction of Michiganders who need supports to live in the community.
- 2) The proposed settlement would distort the direct care wage (DCW) market and hurt persons served.
- 3) The proposed settlement would invite further litigation.
- 4) CMHAM stands ready to help reach a more equitable solution.

CMHAM TREASURER

CMHAM will be conducting a runoff election among four contenders for Board Treasurer.

**MOTION BY DIANE PELTS TO SUPPORT DEBRA WELSCH FOR COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN BOARD OF DIRECTORS TREASURER, SUPPORT BY NENA SORK. MOTION CARRIED.**

OTHER

Munson is opening a Crisis Residential Unit for Children. State licensing has indicated that the facility must be a Child Caring Institution (CCI). Though it was noted that CCI's can be CRUs, the question was raised about CCI licensing being mandatory.

Ms. Pelts spoke about a meeting she had with a family court administrator after AuSable Valley received an order for petition for a youth for 60 days inpatient hospitalization. She questioned whether the court has the ability to make the request. Mr. Kurtz advised Ms. Pelts to adhere to medical necessity criteria.

NEXT MEETING

The next meeting was scheduled for August 19<sup>th</sup> at 9:30AM in Gaylord.



**NORTHERN MICHIGAN REGIONAL ENTITY  
 SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE MEETING  
 10:00AM – JULY 8, 2024  
 GAYLORD CONFERENCE ROOM & MICROSOFT TEAMS**

<b>Alcona</b>	<input checked="" type="checkbox"/> Carolyn Brummund	<b>Kalkaska</b>	<input type="checkbox"/> David Comai
<b>Alpena</b>	<input checked="" type="checkbox"/> Burt Francisco	<b>Leelanau</b>	<input type="checkbox"/> Vacant
<b>Antrim</b>	<input checked="" type="checkbox"/> Pam Singer	<b>Manistee</b>	<input checked="" type="checkbox"/> Richard Schmidt
<b>Benzie</b>	<input checked="" type="checkbox"/> Tim Markey	<b>Missaukee</b>	<input checked="" type="checkbox"/> Dean Smallegan
<b>Charlevoix</b>	<input checked="" type="checkbox"/> Anne Marie Conway	<b>Montmorency</b>	<input checked="" type="checkbox"/> Don Edwards
<b>Cheboygan</b>	<input checked="" type="checkbox"/> John Wallace	<b>Ogemaw</b>	<input checked="" type="checkbox"/> Ron Quackenbush
<b>Crawford</b>	<input checked="" type="checkbox"/> Sherry Powers	<b>Oscoda</b>	<input checked="" type="checkbox"/> Chuck Varner
<b>Emmet</b>	<input checked="" type="checkbox"/> Terry Newton	<b>Otsego</b>	<input checked="" type="checkbox"/> Doug Johnson
<b>Grand</b>		<b>Presque Isle</b>	<input checked="" type="checkbox"/> Dana Labar
<b>Traverse</b>	<input checked="" type="checkbox"/> Dave Freedman	<b>Roscommon</b>	<input checked="" type="checkbox"/> Darlene Sensor
<b>Iosco</b>	<input checked="" type="checkbox"/> Jay O'Farrell	<b>Wexford</b>	<input checked="" type="checkbox"/> Gary Taylor
<b>Staff</b>	<input checked="" type="checkbox"/> Bea Arsenov		Clinical Services Director
	<input checked="" type="checkbox"/> Jodie Balhorn		Prevention Coordinator
	<input checked="" type="checkbox"/> Carol Balousek		Executive Administrator
	<input checked="" type="checkbox"/> Lisa Hartley		Claims Assistant
	<input checked="" type="checkbox"/> Eric Kurtz		Chief Executive Officer
	<input checked="" type="checkbox"/> Pamela Polom		Finance Specialist
	<input type="checkbox"/> Brandon Rhue		Chief Information Officer/Operations Director
	<input type="checkbox"/> Denise Switzer		Grant and Treatment Manager
	<input checked="" type="checkbox"/> Deanna Yockey		Chief Financial Officer
<b>Public</b>	Samantha Borowiak, Chip Cieslinski, Nichole Flickema, Lou Gamalski, Donna Hardies, Susan Kramer, Pam Lynch, Lt. Mike McDaniels, Laruen Reed, Marjie Rich, Kara Steinke, Ellen Templeton, Sharon Vreeland		

**CALL TO ORDER**

Let the record show that Committee Chair, Richard Schmidt, called the meeting to order at 10:00AM.

**ROLL CALL**

Let the record show that David Comai was 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 CAROLYN BRUMMUND TO APPROVE THE MINUTES OF THE MAY 6, 2024 NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE MEETING; SUPPORT BY PAM SINGER. MOTION CARRIED.**

APPROVAL OF AGENDA

Let the record show that no additions or revisions to the meeting Agenda were proposed.

**MOTION BY DOUG JOHNSON TO APPROVE THE AGENDA FOR THE JULY 8, 2024 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE; SUPPORT BY TERRY NEWTON. MOTION CARRIED.**

ANNOUNCEMENTS

New SUD Oversight Committee Member, Dean Smallegan, representing Missaukee County, was introduced. Mr. Smallegan is also a member of the Northern Lakes CMHA Board of Directors.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that Mr. Schmidt called for any conflicts of interest to any of the meeting agenda items. Rev. Wallace noted that his granddaughter is working for Bear River Health. The Committee agreed that this poses no conflict with any of the agenda items for the meeting on this date.

INFORMATIONAL REPORTS

**Admissions**

The admissions report through March 31, 2024 was included in the materials for the meeting on this date. Fiscal year 2024 admissions were down 4.7% from the same period in FY23, likely due to individuals losing Medicaid and Healthy Michigan (HMP) after the resumption of redeterminations. The data showed that outpatient was the highest level of treatment admissions at 48%, and alcohol was the most prevalent primary substance at 59%, all opiates (including heroin) were second at 18%, and methamphetamine was the third most prevalent primary substance at 17%. It was noted that stimulant use is rising sharply throughout the 21-county region.

County-specific reports were also included in the meeting materials. The county-specific reports are intended to be shared with Boards of Commissioners and other community stakeholders.

It is likely that liquor tax funds will be needed to supplement SUD Block Grant Funding in FY24. It may be necessary to dip into county fund balances in excess of one year’s receivables.

Ms. Singer requested that the colors in the charts and graphs be consistent throughout the reports.

**April Financial Report**

All SUD funding showed revenue of \$17,567,743 and \$16,033,218 in expenses, resulting in a net surplus of \$1,534,525. Total PA2 funds were reported as \$4,908,762. Last year at this time, HMP had a \$1.2M surplus, and currently has a \$90K deficit.

PA2/Liquor Tax was summarized as follows:

<b>Projected FY24 Activity</b>			
Beginning Balance	Projected Revenue	Approved Projects	Projected Ending Balance
\$5,220,509	\$1,794,492	\$2,595,550	\$4,419,450

<b>Actual FY24 Activity</b>			
Beginning Balance	Current Receipts	Current Expenditures	Current Ending Balance
\$5,220,509	\$656,798	\$968,545	\$4,908,762

Due to the rapid decline in HMP enrollment (approximately 20%), the NMRE will likely have to rely on liquor tax funds to supplement SUD Block Grant funding in FY24.

Mr. Freedman raised the possibility of the state’s portion of opioid settlement funds coming to the PIHPs. Mr. Kurtz responded that he would oppose the plan, as the managing entities were not parties to the lawsuit; he would prefer that the funds remain with the counties. Because the parameters for using opioid settlement funds have been loosely defined, Mr. O’Farrell noted that most counties have the funds sitting in an account. Ms. Singer asked whether the NMRE can help educate the counties or share NMRE processes; much of this has been done through the NMRE’s Prevention Coalitions.

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.

Ms. Singer referenced the eighth bullet point, which states: “Applications that include any purchase of buildings or automobiles, renovations of any kind, or any other capital investments will not be considered.” “Capital investment” were defined as “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).” Ms. Singer questioned the upcoming liquor tax request from Wexford County for the purchase of a “TEK84 body scanner that would help law enforcement identify individuals attempting to sneak or smuggle contraband into the jail, putting the individual and others in danger of substance abuse or possible overdose,” as it may be viewed as a capital purchase.

It was noted that the body scanner would not be creating any revenue for the jail. Mr. Freedman suggested setting an amount under which capital investments may be considered, such as \$5K. More discussion will take place under the next agenda item.

Per the Liquor Tax Parameters, “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.” Providers commented that they do not always have the contact information to meet this requirement.

**MOTION BY PAM SINGER TO ALLOW THE NORTHERN MICHIGAN REGIONAL ENTITY TO ADD SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE MEMBERS’ EMAIL ADDRESSES IN A CLICKABLE FORMAT TO THE NMRE.ORG WEBSITE; SUPPORT BY TERY NEWTON. MOTION CARRIED.**

FY25 LIQUOR TAX REQUESTS

1. Catholic Human Services Alcona County Students Leading Students Alcona \$12,100.00 Continuation
- Meets PA2 Parameters?  Yes  No

Donna Hardies, Prevention Supervisor with Catholic Human Services, clarified that funding will be used to enhance the existing programming with youth training and outreach events and incentives, a motivational speaker, and coalition branding.

**MOTION BY CAROLYN BRUMMUND TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR ALCONA COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF TWELVE THOUSAND ONE HUNDRED DOLLARS (12,100.00) TO FUND THE ALCONA COUNTY STUDENTS LEADING STUDENTS PROGRAM; SUPPORT BY DANA LABAR. MOTION CARRIED.**

2. Centra Wellness Network Benzie Area Youth (BAY) Initiative Benzie \$7,790.00 Continuation
- Meets PA2 Parameters?  Yes  No

**MOTION BY TIM MARKEY TO APPROVE THE REQUEST FROM CENTRA WELLNESS NETWORK FOR BENZIE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SEVEN THOUSAND SEVEN HUNDRED NINETY DOLLARS (\$7,790.00) TO FUND THE BENZIE AREA YOUTH INITIATIVE; SUPPORT BY CAROLYN BRUMMUND. MOTION CARRIED.**

3. BASES Charlevoix County Jail Groups Charlevoix \$22,000.00 Continuation
- Meets PA2 Parameters?  Yes  No

**MOTION BY ANNE MARIE CONWAY TO APPROVE THE REQUEST FROM BAY AREA SUBSTANCE EDUCATION SERVICES FOR CHARLEVOIX COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF TWENTY-TWO THOUSAND DOLLARS (\$22,000.00) TO FUND GROUP THERAPY SERVICES IN THE COUNTY JAIL; SUPPORT BY TERRY NEWTON. MOTION CARRIED.**

4. Catholic Human Services Generations Ahead Grand Traverse \$79,827.00 Continuation
- Meets PA2 Parameters?  Yes  No

Mr. Freedman noted that indirect costs total 10% of the budget. The application states that indirect costs may not exceed 9% of the budget. Ms. Arsenov responded that the application should state that indirect costs may total up to 10% of the budget; the application will be corrected.

**MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SEVENTY-NINE THOUSAND EIGHT HUNDRED TWENTY-SEVEN DOLLARS (\$79,827.00) TO FUND THE GENERATIONS AHEAD PROGRAM; SUPPORT BY GARY TAYLOR. MOTION CARRIED.**

5. Munson Recovery Coaching Engagement Grand Traverse \$68,497.00 Continuation

Meets PA2 Parameters?  Yes  No

Mr. Freedman asked how many individuals are likely to be impacted. Munson Healthcare Behavioral Health Manager, Susan Kramer, responded that she reports numbers to NMRE quarterly, though they are tracked weekly, monthly, and annually.

Calendar Year	Number of Individuals seen by a Peer
2024 (first six months)	371
2023	608
2022	432

Ms. Kramer said she is hopeful that the recovery coach staff can be included in the Crisis Team and otherwise funded.

**MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM MUNSON HEALTHCARE FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SIXTY-EIGHT THOUSAND FOUR HUNDRED NINETY-SEVEN DOLLARS (\$68,497.00) TO FUND A RECOVERY COACHING ENGAGEMENT PROGRAM; SUPPORT BY PAM SINGER. MOTION CARRIED.**

6. Catholic Human Services Peers Project with Dr. Best Grand Traverse \$49,627.00 Continuation

Meets PA2 Parameters?  Yes  No

Mr. Labar asked how many individuals are served by the program. Catholic Human Services Chief Executive Officer, Chip Cieslinski, responded that it varies though the average is roughly 40 individuals per month.

**MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF FORTY-NINE THOUSAND SIX HUNDRED TWENTY-SEVEN DOLLARS (\$49,627.00) TO FUND A PEER SUPPORT PROJECT WITH DR. DAVID BEST; SUPPORT BY DOUG JOHNSON. MOTION CARRIED.**

7. Catholic Human Services SFCNM Opioid Prevention and Medication Safety Grand Traverse \$155,000.00 Continuation

Meets PA2 Parameters?  Yes  No

Catholic Human Services Substance Use Prevention Specialist, Sharon Vreeland, clarified that the application was originally for Grand Traverse, Kalkaska, and Leelanau Counties; however, Kalkaska and Leelanau Counties did not have fund balances to support the request.

A request was made that renewals/continuations include the number of years the project has been funded with liquor tax.

**MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF ONE HUNDRED FIFTY-FIVE THOUSAND DOLLARS (\$155,000.00) TO FUND THE SUBSTANCE FREE COALITION OF NORTHERN MICHIGAN OPIOID PREVENTION AND MEDICATION SAFETY CAMPAIGN; SUPPORT BY GARY TAYLOR. MOTION CARRIED.**

8. Catholic Human Services      Leelanau County SUD Youth Prevention      Leelanau      \$36,740.00      Continuation
- Meets PA2 Parameters?     Yes     No

A request was made that Leelanau Investing for Teens (LIFT) be a future SUD Oversight Committee meeting Presentation

**MOTION BY PAM SINGER TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LEELANAU COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF THIRTY-SIX THOUSAND SEVEN HUNDRED FORTY DOLLARS (\$36,740.00) TO FUND THE LEELANAU COUNTY SUBSTANCE USE DISORDER YOUTH PREVENTION PROGRAM; SUPPORT BY DOUG JOHNSON. MOTION CARRIED.**

9. Catholic Human Services      Ogemaw Drug Free Coalition      Ogemaw      \$8,213.00      Continuation
- Meets PA2 Parameters?     Yes     No

**MOTION BY RON QUACKENBUSH TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR OGEMAW COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF EIGHT THOUSAND TWO HUNDRED THIRTEEN DOLLARS (\$8,213.00) TO FUND THE OGEMAW COUNTY DRUG FREE COALITION; SUPPORT BY JAY O'FARRELL. MOTION CARRIED.**

Let the record show that Ms. Singer's vote was recorded as an abstention due to a reported conflict of interest.

10. Wexford County Sheriff      Jail TEK84 Body Scanner      Wexford      \$75,000.00      New
- Meets PA2 Parameters?     Yes     No

This request was discussed, in part, under "Liquor Tax Parameters." Wexford County Jail Administrator, Lt. Mike McDaniels, explained that the request is to fund a portion of the total

\$187,500 cost. The decision was made to proceed with voting and leave the capital expense determination and/or a potential revision to the liquor tax parameters to the NMRE Board of Directors.

**MOTION BY GARY TAYLOR TO APPROVE THE REQUEST FROM THE WEXFORD COUNTY SHERRIF'S DEPARTMENT FOR WEXFORD COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SEVENTY-FIVE THOUSAND DOLLARS (\$75,000.00) TO PURCHASE A TEK84 BODY SCANNER; SUPPORT BY DOUG JOHNSON. ROLL CALL VOTE.**

**"Yea" Votes:** C. Brummund, D. Edwards, B. Francisco, D. Johnson, D. Labar, T. Markey, T. Newton, J. O'Farrell, S. Powers, R. Quackenbush, R. Schmidt, D. Smallegan, G. Taylor, C. Varner

**"Nay" Votes:** D. Freedman, D. Sensor, P. Singer, J. Wallace

It was noted that the four "nay" votes recorded were due to it being a capital expense which breaches the established NMRE liquor tax parameters.

**MOTION CARRIED.**

11. Catholic Human Services Jail-Based SUD Program Wexford \$102,956 Continuation

Meets PA2 Parameters?  Yes  No

**MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR WEXFORD COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF ONE HUNDRED TWO THOUSAND NINE HUNDRED FIFTY-SIX DOLLARS (\$102,956.00) TO FUND THE WEXFORD COUNTY JAIL-BASED SUBSTANCE USE DISORDER PROGRAM; SUPPORT BY RON QUACKENBUSH. MOTION CARRIED.**

12. Health Dept of Northwest MI DFNM 21-County Alliance Media Campaign Multi County \$60,000.00 Continuation

Alcona	\$	1,225.00	Leelanau	\$	2,563.01
Alpena	\$	3,368.36	Manistee	\$	2,890.83
Antrim	\$	2,756.51	Missaukee	\$	1,774.95
Benzie	\$	2,079.69	Montmorency	\$	1,094.70
Charlevoix	\$	3,093.44	Ogemaw	\$	2,483.01
Cheboygan	\$	3,002.31	Oscoda	\$	980.73
Crawford	\$	1,645.83	Otsego	\$	2,903.97
Emmet	\$	3,928.25	Presque Isle	\$	1,513.76
Grand Traverse	\$	10,864.97	Roscommon	\$	2,827.87
Iosco	\$	2,977.82	Wexford	\$	3,938.07
Kalkaska	\$	2,086.91	<b>Total</b>	<b>\$</b>	<b>60,000.00</b>

Meets PA2 Parameters?  Yes  No

Ellen Templeton, Project Coordinator for RISE Otsego Substance Free Coalition, explained that in PhotoVoice, participants take photographs and provide narratives to translate their experiences into a visual representation. For the 2024 project, youth were asked to comment on the positive and negative influences on youth substance use. A regional media campaign was then created by MacDonald Garber Broadcasting based on the contents of the submissions. These were shown as advertisements on prominent webpages.

**MOTION BY JAY O’FARRELL TO APPROVE THE REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR LIQUOR TAX DOLLARS IN THE TOTAL AMOUNT OF SIXTY THOUSAND DOLLARS (\$60,000.00) TO FUND THE DRUG FREE NORTHERN MICHIGAN TWENTY-ONE COUNTY ALLIANCE; SUPPORT BY JOHN WALLACE. ROLL CALL VOTE.**

**“Yea” Votes:** C. Brummund, D. Edwards, D. Freedman, B. Francisco, D. Johnson, D. Labar, T. Markey, T. Newton, J. O’Farrell, S. Powers, R. Quackenbush, R. Schmidt, D. Sensor, P. Singer, D. Smallegan, G. Taylor, C. Varner, J. Wallace

**“Nay” Votes:** Nil

**MOTION CARRIED.**

13.	Harm Reduction Michigan	Supplies to Combat the Opioid Epidemic	Multi County	\$120,000.00	New
	Emmet	\$	21,801.28		
	Grand Traverse	\$	60,299.17		
	Manistee	\$	16,043.74		
	Wexford	\$	21,855.80		
	<b>Total</b>	<b>\$</b>	<b>120,000.00</b>		

Meets PA2 Parameters?  Yes  No

Lou Gamalski from Harm Reduction Michigan reported that funding will be used to support prevention activities, with the goal of reducing opioid overdose, increasing access to wound care support, and promoting health.

**MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM HARM REDUCTION MICHIGAN FOR LIQUOR TAX DOLLARS FROM EMMET, GRAND TRAVERSE, MANISTEE, AND WEXFORD COUNTIES IN THE TOTAL AMOUNT OF ONE HUNDRED TWENTY THOUSAND DOLLARS (\$120,000.00) FOR SUPPLIES TO COMBAT THE OPIOID EPIDEMIC; SUPPORT BY DAVE FREEDMAN. MOTION CARRIED.**

**County Overviews**

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



	<b>Projected FY25 Available Balance</b>	<b>Amount Approved July 8, 2024</b>	<b>Projected Remaining Balance</b>
Alcona	54,743.00	13,325.00	41,418.00
Alpena	267,481.00	3,368.36	264,112.64
Antrim	205,581.00	2,756.51	202,824.49
Benzie	261,193.00	9,869.69	251,323.31
Charlevoix	164,888.00	25,093.44	139,794.56
Cheboygan	106,015.00	3,002.31	103,012.69
Crawford	123,352.00	1,645.83	121,706.17
Emmet	475,227.00	25,729.53	449,497.47
Grand Traverse	947,757.00	424,115.14	523,641.86
Iosco	146,340.00	2,977.82	143,362.18
Kalkaska	49,762.00	2,086.91	47,675.09
Leelanau	97,214.00	39,303.01	57,910.99
Manistee	263,089.00	18,934.57	244,154.43
Missaukee	32,817.00	1,774.95	31,042.05
Montmorency	61,312.00	1,094.70	60,217.30
Ogemaw	75,005.00	10,696.01	64,308.99
Oscoda	37,919.00	980.73	36,938.27
Otsego	120,616.00	2,903.97	117,712.03
Presque Isle	36,787.00	1,513.76	35,273.24
Roscommon	555,146.68	2,827.87	552,318.81
Wexford	332,879.00	203,749.87	129,129.13
<b>Total</b>	<b>4,415,123.68</b>	<b>797,749.98</b>	<b>3,499,661.67</b>

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

**PUBLIC COMMENT**

Pam Lynch from Northern Lakes CMHA reported that Harm Reduction Michigan also received funding from the Michigan State Police and the Department of Justice for the TEK84 Body Scanner.

Marjie Rich, Executive Director of Generations Ahead thanked the Committee for its liquor tax approval recommendation.

**NEXT MEETING**

The next meeting was scheduled for September 9, 2024 at 10:00AM.

**ADJOURN**

Let the record show that Mr. Schmidt adjourned the meeting at 11:56AM.



## NMRE PA2/Liquor Tax Criteria

- 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.
- 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.
- Applications that include any purchase of buildings or automobiles, renovations of any kind, or any other capital investments\* will not be considered.
- 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.

# ALCONA COUNTY STUDENTS LEADING STUDENTS - CONTINUATION

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Alcona
<b>Project Total:</b>	\$ 12,100

## DESCRIPTION:

In the spring of 2023 UNP/CHS was able to secure a local resident as a full-time prevention specialist specifically for Alcona County (this was made possible by blending a number of funding sources to serve a historically under serviced community). Les Thomas was hired to fill the position and he has 22 years of youth education and engagement experience and has an existing relationship with Alcona Schools. Program roll-out has already been substantial and a Students Leading Students (peer mentoring) group has already been established, with the blending of funding sources staffing is covered but we are lacking for funding of youth outreach events and activities. As such we are requesting funding to enhance the existing programming with youth training and outreach events and incentives, a motivational speaker and coalition branding. We are excited about the engagement and interest from Alcona Schools, they have provided in-kind office space and unlimited youth access for the prevention specialist and have prioritized peer mentoring and are working closely with the specialist to ensure continued success in programming. The SLS Chapter started the school year with 6 trained youth and has grown to membership of over 20 youth and growing. 12 youth have already committed to a summer training to expand their peer mentoring knowledge and youth outreach.

<b>Meets Parameters for PA2 Funding:</b>	Yes
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County	Project	Requested Budget
Alcona	Alcona County Students Leading Students	\$12,100

# BENZIE AREA YOUTH (BAY) INITIATIVE - CONTINUATION

<b>Organization/Fiduciary:</b>	Centra Wellness Network
<b>County:</b>	Benzie
<b>Project Total:</b>	\$ 7,790

## 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.

<b>Meets Parameters for PA2 Funding:</b>	Yes
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County	Project	Requested Budget
Benzie	Benzie Area Youth (BAY) Initiative	\$7,790

# CHARLEVOIX COUNTY JAIL GROUPS – CONTINUATION

<b>Organization/Fiduciary:</b>	BASES
<b>County:</b>	Charlevoix
<b>Project Total:</b>	\$ 22,000

## DESCRIPTION:

BASES will provide 100 groups at the Charlevoix County Jail for men and women separately that will focus on DBT skills education to address mental health and substance abuse concerns, planning and coordinating resources upon release and relapse prevention services. This will be done for \$200 per group totaling \$20,000 and purchase materials for use within the program of \$2,000 for a grand total of \$22,000.

<b>Meets Parameters for PA2 Funding:</b>	Yes
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County	Project	Requested Budget
Charlevoix	Charlevoix County Jail Groups	\$22,000

# GENERATIONS AHEAD – CONTINUATION

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Grand Traverse
<b>Project Total:</b>	\$ 79,827.00

## 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, both as teens/young adults and as they mature into older adults. They tend to come from families 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 2023, GA served 48 young parents. GA is requesting funding to continue and expand our work to prevent and reduce substance use in young parents. GA offers a variety of programs to meet the unique needs of each client, including: 1. Life skills and parenting education using the evidence-based Botvin Lifeskills Transition program. 2. Trained volunteer mentors provide support, promote healthy alternative activities, and serve as positive role models for our clients. 3. A Career Internship program that exposes them to different careers, healthy adult role models, and encourages them to set education and career goals. 4. Positive Alternative activities for our families offered a minimum of 3X each month, allowing families opportunities to develop meaningful support systems with those in a similar life situation. GA also participates in several community collaboratives advocating for, and educating about, our clients' unique needs as teen parents. Lastly, GA provides SUD education for staff, mentors, and clients utilizing presentations, speakers, and online resources.

<b>Meets Parameters for PA2 Funding:</b>	Yes
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County	Project	Requested Budget
Grand Traverse	Generations Ahead	\$79,827.00

# MUNSON RECOVERY COACH ENGAGEMENT WITHIN HEALTHCARE – CONTINUATION

<b>Organization/Fiduciary:</b>	Munson
<b>County:</b>	Grand Traverse
<b>Project Total:</b>	\$ 68,497.00

## DESCRIPTION:

This project would fund one Recovery Coach to work with patients in Munson Medical Center within all medical floors including Emergency Department and In-patient psychiatric services. This Recovery Coach will utilize motivational interviewing to engage with patients and connect them to treatment, recovery, and community supports. Documentation of each patient intervention to be included in the patient's MMC health record as well as coordinating care with other Healthcare professionals including other Substance Use Disorder treatment facilities. Other responsibilities for this Recovery Coach include strengthening the voice of recovery within the Health Care system by their participation at 6-8 staff team meetings per quarter. This Coach will also participate in Regional Advocacy groups working in areas of stigma reduction and raising awareness within the healthcare setting and general community population. This RC Engagement Project will also include an MMC analytic review of patients who received a RC Intervention in MMC looking for re-admission and other types of related patient data points. Lastly, the Recovery Coach will participate with one Grand Traverse County Partnership Initiative focused on serving individuals within Grand Traverse County who have Substance Use Disorders - this may include local Quick Response Teams, Street Medicine Outreach, or another Community Initiative identified where there is an identified need for a Recovery Coach to contribute to the team. There is also .1 FTE funding for Recovery Coach supervision that is needed to support Coaches in their RC roles within the MMC and the follow-up that continues in the Outpatient Clinical services. Supervision is necessary and helpful to build skills, create opportunities for clinical growth & development, and cope with any secondary trauma related to this vulnerable work.

<b>Meets Parameters for PA2 Funding:</b>	Yes
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County	Project	Requested Budget
Grand Traverse	Munson Recovery Coach Engagement Within Healthcare	\$68,497.00

# PEERS PROJECT WITH DR BEST – CONTINUATION

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Grand Traverse
<b>Project Total:</b>	\$ 49,627

## DESCRIPTION:

Counselor will work directly with medication prescriber to provide screening, brief intervention and referral to treatment. This project will enable the program that has already been established to continue. Clients have been able to be linked with services quickly and have had success with ongoing treatment, both with the medication and counseling working together with Dr. Best Medical practice and the CHS counselor using SBIRT style interventions for quick coordination of services and access to care.

<b>Meets Parameters for PA2 Funding:</b>	Yes
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County	Project	Requested Budget
Grand Traverse	Peers Project with Dr Best	\$49,627



# SFCNM OPIOID USE PREVENTION AND MEDICATION SAFETY CAMPAIGN – CONTINUATION

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Grand Traverse
<b>Project Total:</b>	\$ 155,000

## DESCRIPTION:

1. 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 2019-2024. Phase 4 continued messaging will include: 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 3 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.

<b>Meets Parameters for PA2 Funding:</b>	Yes
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County	Project	Requested Budget
Grand Traverse	SFCNM Opioid Use Prevention and Medication Safety Campaign	\$155,000

# LEELANAU COUNTY COORDINATED YOUTH SUD PREVENTION – CONTINUATION

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Leelanau
<b>Project Total:</b>	\$ 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.

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

# OGEMAW COUNTY DRUG FREE COALITION – CONTINUATION

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Ogemaw
<b>Project Total:</b>	\$ 8,213.00

## DESCRIPTION:



The Drug Free Coalition of Ogemaw County is a community-data driven coalition representing all sectors and ages of the population. The needs identified are to prevent high risk use of tobacco/vape/alcohol/marijuana/Rx/ and illicit drug use in youth, raise awareness of community at risk behaviors and policy changes that need to prevent early and high-risk use of ATOD. The coalition is also advocating with MyMichigan recovery supports and MAT services within their system, in attempts to expand numbers of providers & peer recovery networks for recovery support.

<b>Meets Parameters for PA2 Funding:</b>	Yes
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County	Project	Requested Budget
Ogemaw	Ogemaw County Drug Free Coalition	\$8,213.00

# WEXFORD COUNTY JAIL TEK84 BODY SCANNER – NEW

<b>Organization/Fiduciary:</b>	Wexford County Sheriff's Office - Jail
<b>County:</b>	Wexford
<b>Project Total:</b>	\$ 75,000

## DESCRIPTION:

Establish a body scanner that would help law enforcement identify those individuals attempting to sneak or smuggle contraband into the facility putting the individual and others in harms way of substance abuse or possible overdose. This would provide correction officers with the ability to screen individuals trying to hide contraband that could go undetected furthering the individuals risk of abuse and possible overdose. By having a body scanner the officers can safely and effectively screen individuals for items of contraband which would help identify those in a crisis and in need of referral to the jails healthcare, mental health, and CHS SUD screening provider to identify and get appropriate help.

<b>Meets Parameters for PA2 Funding:</b>	Yes
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County	Project	Requested Budget
Wexford	TEK84 Body Scanner	\$75,000

# WEXFORD SUBSTANCE USE DISORDER PROGRAM – JAIL BASED – CONTINUATION

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Wexford
<b>Project Total:</b>	\$ 102,956

## 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.

<b>Meets Parameters for PA2 Funding:</b>	Yes
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County	Project	Requested Budget
Wexford	Wexford Substance Use Disorder Program – Jail Based	\$102,956

# DRUG FREE NORTHERN MICHIGAN 21 COUNTY ALLIANCE – MEDIA CAMPAIGN (RENEWAL)

<b>Organization/Fiduciary:</b>	Health Department of Northwest Michigan
<b>County:</b>	Multi County
<b>Project Total:</b>	\$ 60,000

## DESCRIPTION:

The Alliance has been meeting since January of 2019 and is interested in continuing regional work related to teen substance use. The Alliance is planning to facilitate a Photovoice project, which is an evidence-based practice that is used to raise awareness, educate decision makers, and advocate for policy change around a specific issue. The purpose of this project will be to educate youth, parents and the community about the dangers associated with high potency marijuana use with youth. The campaign will run during prom and graduation season when marijuana use can increase among teens.

**Meets Parameters for PA2 Funding:** Yes

County	Project	Requested Budget
Alcona	21 County – Media Campaign	\$1,225.00
Alpena	21 County – Media Campaign	\$3,368.36
Antrim	21 County – Media Campaign	\$2,756.51
Benzie	21 County – Media Campaign	\$2,079.69
Charlevoix	21 County – Media Campaign	\$3,093.44
Cheboygan	21 County – Media Campaign	\$3,002.31
Crawford	21 County – Media Campaign	\$1,645.83
Emmet	21 County – Media Campaign	\$3,928.25
Grand Traverse	21 County – Media Campaign	\$10,864.97
Iosco	21 County – Media Campaign	\$2,977.82
Kalkaska	21 County – Media Campaign	\$2,086.91
Leelanau	21 County – Media Campaign	\$2,563.01
Manistee	21 County – Media Campaign	\$2,890.83
Missaukee	21 County – Media Campaign	\$1,774.95
Montmorency	21 County – Media Campaign	\$1,094.70
Ogemaw	21 County – Media Campaign	\$2,483.01
Oscoda	21 County – Media Campaign	\$980.73
Otsego	21 County – Media Campaign	\$2,903.97
Presque Isle	21 County – Media Campaign	\$1,513.76
Roscommon	21 County – Media Campaign	\$2,827.87
Wexford	21 County – Media Campaign	\$3,938.07

# HARM REDUCTION SUPPORT TO COMBAT THE OPIOID EPIDEMIC - NEW

<b>Organization/Fiduciary:</b>	Harm Reduction Michigan
<b>County:</b>	Multi County
<b>Project Total:</b>	\$ 120,000

## DESCRIPTION:

Harm Reduction Michigan is seeking funding to support prevention activities within the counties identified, with the goal of reducing opioid overdose, increasing access to wound care support, and promoting health through education and linkage to treatment.

<b>Meets Parameters for PA2 Funding:</b>	Yes
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County	Project	Requested Budget
Emmet	Harm Reduction – Support to Combat the Opioid Epidemic	\$21,801.28
Grand Traverse	Harm Reduction – Support to Combat the Opioid Epidemic	\$60,299.17
Manistee	Harm Reduction – Support to Combat the Opioid Epidemic	\$16,043.74
Wexford	Harm Reduction – Support to Combat the Opioid Epidemic	\$21,855.80

# ALCONA COUNTY OVERVIEW

**Projected FY25 Balance** **\$54,743.00**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$1,225	\$53,518
Alcona County Students Leading Students	\$12,100	\$41,418

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Alcona</b>	<b>\$23,183.60</b>	<b>\$54,743.00</b>	<b>\$13,325.00</b>	<b>\$41,418.00</b>



# ALPENA COUNTY OVERVIEW

**Projected FY25 Balance** **\$267,481.00**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$3,368.36	\$264,112.64

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Alpena</b>	<b>\$80,118.40</b>	<b>\$267,481.00</b>	<b>\$3,368.36</b>	<b>\$264,112.64</b>

# ANTRIM COUNTY OVERVIEW

**Projected FY25 Balance** **\$205,581.00**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$2,756.51	\$202,824.49

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Antrim</b>	<b>\$66,003.60</b>	<b>\$205,581.00</b>	<b>\$2,756.51</b>	<b>\$202,824.49</b>

# BENZIE COUNTY OVERVIEW

**Projected FY25 Balance** **\$261,193**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$2,079.69	\$259,113.31
Benzie Area Youth (BAY) Initiative	\$7,790	\$251,323.31

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Benzie</b>	<b>\$59,078.00</b>	<b>\$261,193.00</b>	<b>\$9,869.69</b>	<b>\$251,323.31</b>

# CHARLEVOIX COUNTY OVERVIEW

**Projected FY25 Balance** **\$164,888.00**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$3,093.44	\$161,794.56
BASES Charlevoix County Jail Groups	\$22,000.00	\$139,794.56

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Charlevoix</b>	<b>\$101,224.40</b>	<b>\$164,888.00</b>	<b>\$25,093.44</b>	<b>\$139,794.56</b>

# CHEBOYGAN COUNTY OVERVIEW

**Projected FY25 Balance** **\$106,015.00**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$3,002.31	\$103,012.69

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Cheboygan</b>	<b>\$84,123.20</b>	<b>\$106,015.00</b>	<b>\$3,002.31</b>	<b>\$103,012.69</b>

# CRAWFORD COUNTY OVERVIEW

**Projected FY25 Balance** **\$123,352.00**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$1,645.83	\$121,706.17

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Crawford</b>	<b>\$36,525.20</b>	<b>\$123,352.00</b>	<b>\$1,645.83</b>	<b>\$121,706.17</b>

# EMMET COUNTY OVERVIEW

**Projected FY25 Balance** **\$475,227**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$3,928.25	\$471,298.75
Harm Reduction – Support to Combat the Opioid Epidemic	\$21,801.28	\$449,497.47

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Emmet</b>	<b>\$181,672.00</b>	<b>\$475,227.00</b>	<b>\$25,729.53</b>	<b>\$449,497.47</b>

# GRAND TRAVERSE COUNTY OVERVIEW

**Projected FY25 Balance** **\$947,757.00**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$10,864.97	\$936,892.03
Generations Ahead – Substance Use Prevention for Teen Parents	\$79,827	\$857,065.03
SFCNM Opioid Use Prevention and Medication Safety Campaign	\$155,000	\$702,065.03
Harm Reduction – Support to Combat the Opioid Epidemic	\$60,299.17	\$641,765.86
Munson Recovery Coach Engagement Within Healthcare	\$68,497	\$573,268.86
Peers Project with Dr Best	\$49,627	\$523,641.86

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Grand Traverse</b>	<b>\$440,667.60</b>	<b>\$947,757.00</b>	<b>\$424,115.14</b>	<b>\$523,641.86</b>



# IOSCO COUNTY OVERVIEW

**Projected FY25 Balance** **\$146,340.00**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$2,977.82	\$143,362.18

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Iosco</b>	<b>\$83,615.60</b>	<b>\$146,340.00</b>	<b>\$2,977.82</b>	<b>\$143,362.18</b>

# KALKASKA COUNTY OVERVIEW

**Projected FY25 Balance** **\$49,762.00**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$2,086.91	\$47,675.09

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Kalkaska</b>	<b>\$41,470.00</b>	<b>\$49,762.00</b>	<b>\$2,086.91</b>	<b>\$47,675.09</b>

# LEELANAU COUNTY OVERVIEW

**Projected FY25 Balance** **\$97,214**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$2,563.01	\$94,650.99
Leelanau County Coordinated Youth SUD Prevention	\$36,740.00	\$57,910.99

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Leelanau</b>	<b>\$62,189.60</b>	<b>\$97,214.00</b>	<b>\$39,303.01</b>	<b>\$57,910.99</b>

# MANISTEE COUNTY OVERVIEW

**Projected FY25 Balance** **\$263,089**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$2,890.83	\$260,198.17
Harm Reduction – Support to Combat the Opioid Epidemic	\$16,043.74	\$244,154.43

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Manistee</b>	<b>\$83,137.60</b>	<b>\$263,089.00</b>	<b>\$18,934.57</b>	<b>\$244,154.43</b>

# MISSAUKEE COUNTY OVERVIEW

**Projected FY25 Balance** **\$32,817.00**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$1,774.95	\$31,042.05

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Missaukee</b>	<b>\$21,128.00</b>	<b>\$32,817.00</b>	<b>\$1,774.95</b>	<b>\$31,042.05</b>

# MONTMORENCY COUNTY OVERVIEW

**Projected FY25 Balance** **\$61,312.00**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$1,094.70	\$60,217.30

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Montmorency</b>	<b>\$31,821.60</b>	<b>\$61,312.00</b>	<b>\$1,094.70</b>	<b>\$60,217.30</b>

# OGEMAW COUNTY OVERVIEW

**Projected FY25 Balance** **\$75,005**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$2,483.01	\$72,521.99
Ogemaw County Drug Free Coalition	\$8,213.00	\$64,308.99

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Ogemaw</b>	<b>\$74,250.80</b>	<b>\$75,005.00</b>	<b>\$10,696.01</b>	<b>\$64,308.99</b>

# OSCODA COUNTY OVERVIEW

**Projected FY25 Balance** **\$37,919.00**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$980.73	\$36,938.27

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
Oscoda	\$20,578.40	\$37,919.00	\$980.73	\$36,938.27



# OTSEGO COUNTY OVERVIEW

**Projected FY25 Balance** **\$120,616.00**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$2,903.97	\$117,712.03

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Otsego</b>	<b>\$96,172.00</b>	<b>\$120,616.00</b>	<b>\$2,903.97</b>	<b>\$117,712.03</b>

# PRESQUE ISLE COUNTY OVERVIEW

**Projected FY25 Balance** **\$36,787.00**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$1,513.76	\$35,273.24

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
Presque Isle	\$25,176.80	\$36,787.00	\$1,513.76	\$35,273.24

# ROSCOMMON COUNTY OVERVIEW

**Projected FY25 Balance** **\$555,146.68**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$2,827.87	\$552,318.81

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Roscommon</b>	<b>\$82,157.20</b>	<b>\$555,146.68</b>	<b>\$2,827.87</b>	<b>\$552,318.81</b>

# WEXFORD COUNTY OVERVIEW

**Projected FY25 Balance** **\$332,879**

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$3,938.07	\$328,940.93
Harm Reduction – Support to Combat the Opioid Epidemic	\$21,855.80	\$307,085.13
Wexford County Jail TEK84 Body Scanner	\$75,000	\$232,085.13
Wexford Substance Use Disorder Program – Jail Based	\$102,956	\$129,129.13

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY25 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Wexford</b>	<b>\$100,198.40</b>	<b>\$332,879.00</b>	<b>\$203,749.87</b>	<b>\$129,129.13</b>