



Northern Michigan Regional Entity

Board Meeting

January 24, 2024

1999 Walden Drive, Gaylord

10:00AM

Agenda

	Page Numbers
1. Call to Order	
2. Roll Call	
3. Pledge of Allegiance	
4. Acknowledgement of Conflict of Interest	
5. Approval of Agenda	
6. Approval of Past Minutes – December 13, 2023	Pages 2 – 8
7. Correspondence	Pages 9 – 32
8. Announcements	
9. Public Comments	
10. Reports	
a. Executive Committee Report – January 10, 2024	Pages 33 – 35
c. CEO’s Report – January 2024	Page 36
d. Financial Report – November 2023	Pages 37 – 58
c. Operations Committee Report – January 16, 2024	Pages 59 – 62
e. NMRE SUD Oversight Board Report – January 8, 2024	Pages 63 – 71
11. New Business	
a. Liquor Tax Requests (8)	Pages 72 – 79
12. Old Business	
a. Northern Lakes Update	
i. Rehmann Management Review	
13. Presentation/Discussion	
No presentation this month	
14. Comments	
a. Board	
b. Staff/CMHSP CEOs	
c. Public	
15. Next Meeting Date – February 28, 2024 at 10:00AM	
16. Adjourn	

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Conference ID: 497 719 399#

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – DECEMBER 13, 2023
GAYLORD BOARDROOM**

ATTENDEES:	Tom Bratton, Ed Ginop, Gary Klacking, Eric Lawson, Greg McMorrow, Michael Newman, Gary Nowak, Jay O’Farrell, Ruth Pilon, Karla Sherman, Don Smeltzer, Don Tanner, Chuck Varner
ABSENT:	Richard Schmidt
NMRE/CMHSP STAFF:	Bea Arsenov, Brian Babbitt, Carol Balousek, Chip Johnston, Eric Kurtz, Diane Pelts, Brandon Rhue, Nena Sork, Deanna Yockey
PUBLIC:	Chip Cieslinski, Donna Hardies, Sue Winter

CALL TO ORDER

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

ROLL CALL

Let the record show that Richard Schmidt was excused from the meeting on this date; all other NMRE Board Members were in attendance either in person or virtually.

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 proposed.

MOTION BY CHUCK VARNER TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR DECEMBER 13, 2023; SUPPORT BY MICHAEL NEWMAN. MOTION CARRIED.

APPROVAL OF PAST MINUTES

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

MOTION BY GARY NOWAK TO APPROVE THE MINUTES OF THE OCTOBER 25, 2023 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.

CORRESPONDENCE

- 1) The minutes from the October 3rd PIHP CEO meeting.
- 2) The minutes from the November 7th PIHP CEO meeting.
- 3) Email correspondence from the Community Mental Health Association of Michigan (CMHAM) advocating for support for HB 4707.
- 4) A copy of HB 5371 which would amend PA 280 of 1939 to direct the Department to develop a prospective payment system under the medical assistance program for funding certified community behavioral health clinics (CCBHC).
- 5) A copy of HB 5372 which would amend PA 280 of 1939 to state that:
 - a) The state will not implement a policy that is contradictory or interferes with the implementation of CCBHCs.
 - b) The state will develop a process of determination for additional CCBHC sites within specific geographic regions that must comply with federal CCBHC requirements.
 - c) The state will continue to participate with the federal government to implement CCBHCs. Opting out will require a vote of the legislature.
- 6) Prevention Policy 01 updating the requirements for Substance Use Prevention, Treatment, and Recovery Services Block Grant Synar check compliance.
- 7) Flyer providing a link to the Opioid Settlement Funds Community Impact Survey: [Michigan Opioid Settlement Funds: Community Impact Survey \(surveymonkey.com\)](https://www.surveymonkey.com).
- 8) Slide deck from a presentation by Meghan Groen, Senior Deputy Director of the Behavioral & Physical Health & Aging Services Administration at MDHHS dated November 1, 2023 on the COVID 19 Public Health Emergency Unwind and Resumption of Standard Medicaid Operations.
- 9) The Quarter 3 FY23 Statewide Performance Indicator Report.
- 10) A letter from Terry Larson dated November 6, 2023 declaring his resignation from the NMRE Governing Board.
- 11) The draft minutes of the November 8, 2023 regional Finance Committee meeting.

Mr. Kurtz drew attention to the two House Bills that would make Certified Community Behavioral Health Clinics (CBHC) State Plan Amendment services. Mr. Kurtz clarified that CCBHCs are currently operating under a pilot project; the legislation would make CCBHC services permanent. Mr. Kurtz emphasized that many of these services are currently offered through the public behavioral health system and already state plan services under Medicaid; the CCBHC is mainly a funding model.

Mr. Lawson referred to House Bill 4707 (Brabec), a comprehensive mental health and substance use disorder parity bill for those with commercial insurance. HB 4707 would amend the Insurance Code to require health insurers in Michigan to provide coverage for medically necessary treatment of a mental health or substance abuse disorder. The bill would set requirements for coverage of out-of-network services and emergency services, as well as requirements related to prior authorization, utilization review, and the determination of level of care for insured individuals.

Mr. Kurtz acknowledged the resignation letter from founding NMRE Board Member, Terry Larson.

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.

Executive Committee Report

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

CEO Report

The NMRE CEO Monthly Report for November/December 2023 was included in the materials for the meeting on this date.

September 2023 Financial Report

- Net Position showed net deficit Medicaid and HMP of \$215,344. Budget stabilization was reported as \$16,369,542. The total Medicaid and HMP Current Year Surplus was reported as \$16,154,198. Medicaid and HMP combined ISF was reported as \$16,369,542; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$32,523,740.
- Traditional Medicaid showed \$198,687,690 in revenue, and \$201,137,511 in expenses, resulting in a net deficit of \$2,449,821. Medicaid ISF was reported as \$9,306,578 based on the current FSR. Medicaid Savings was reported as \$7,742,649.
- Healthy Michigan Plan showed \$35,861,654 in revenue, and \$33,627,176 in expenses, resulting in a net surplus of \$2,234,478. HMP ISF was reported as \$7,062,964 based on the current FSR. HMP savings was reported as \$8,626,893.
- Health Home showed \$2,418,616 in revenue, and \$2,166,835 in expenses, resulting in a net surplus of \$251,781.
- SUD showed all funding source revenue of \$30,471,105 and \$27,809,959 in expenses, resulting in a net surplus of \$2,661,146. Total PA2 funds were reported as \$5,097,296.

A summary of payment and enrollment activity from September through November of 2023 was included in the meeting materials.

Since September revenue has increased for DAB by \$299,578 (3.2%), decreased for HMP by \$476,970 (-17.6%), and decreased for TANF by \$18,138 (-0.7%), resulting in a net decrease of \$195,530 (-1.32%). Annualized, this results in a revenue decrease of \$2,346,355.

Ms. Yockey explained that living codes rates were updated for individuals on the Habilitation Supports Waiver (HSW). The effect of those changes, annualized, results in a revenue increase of \$7,393,669, which could offset the projected losses.

Currently there are 13 empty HSW slots in the region. Each slot averages \$7,135 in monthly revenue. MDHHS will be looking at penetration rates in its effort to redistribute slots statewide. It was noted that the ceiling on the number of slots can be raised by making a request to CMS; Mr. Kurtz agreed to raise the issue.

The 1915(c) Habilitation Support Waiver is due for renewal in June. Boards may have historical letters of support that can be reissued. MDHHS has put more restrictions on the enrollment and recertification processes.

MOTION BY KARLA SHERMAN TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR SEPTEMBER 2023; SUPPORT BY ED GINOP. MOTION CARRIED.

Operations Committee Report

The minutes from December 4, 2023 were included in the materials for the meeting on this date.

NMRE SUD Oversight Committee Report

The minutes from November 6, 2023 were included in the materials for the meeting on this date. Liquor tax requests will be reviewed under the next agenda topic.

NEW BUSINESS

Liquor Tax Requests

Two liquor tax requests were presented to the NMRE Substance Use Disorder Oversight Committee and moved for approval of NMRE Board of Directors on November 6, 2023.

1.	BASES	Charlevoix County Jail Group	Charlevoix County	\$20,000.00
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MOTION BY GARY NOWAK TO APPROVE THE REQUESTS FROM BAY AREA SUBSTANCE EDUCATION SERVICES (BASES) FOR CHARLEVOIX COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF TWENTY THOUSAND DOLLARS (\$20,000.00) FOR GROUP SERVICES IN THE COUNTY JAIL; SUPPORT BY RUTH PILON.

Discussion: It was noted that, although the goal has been for projects funded with liquor tax to procure other funding sources by the fourth year, there are currently no other funding sources available.

ROLL CALL VOTE.

"Yea" Votes: T. Bratton, E. Ginop, G. Klacking, E. Lawson, G. McMorrow, M. Newman, G. Nowak, J. O'Farrell, R. Pilon, K. Sherman, D. Smeltzer, D. Tanner, C. Varner

"Nay" Votes: Nil

MOTION CARRIED.

2.	Catholic Human Services	Hands That Heal Trainings	Grand Traverse County	\$13,475.00
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MOTION BY KARLA SHERMAN TO APPROVE THE REQUESTS FROM CATHOLIC HUMAN SERVICES FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF THIRTEEN THOUSAND FOUR HUNDRED SEVENTY-FIVE DOLLARS (\$13,475.00) FOR TRAINING IN THE HANDS THAT HEAL CURRICULUM; SUPPORT BY ERIC LAWSON. ROLL CALL VOTE.

"Yea" Votes: T. Bratton, E. Ginop, G. Klacking, E. Lawson, G. McMorrow, M. Newman, G. Nowak, J. O'Farrell, R. Pilon, K. Sherman, D. Smeltzer, D. Tanner, C. Varner

"Nay" Votes: Nil

MOTION CARRIED.

PA 152 Opt Out

Public Act 152, the Publicly Funded Health Insurance Contribution Act, created a law that limits the amount that public employers pay toward employee medical benefit plans, effective January 1, 2012. Although the NMRE is not over the cap currently, Mr. Kurtz asked the Board for permission to opt out of the Act. It was noted that a 2/3 vote of the governing body is needed to opt out. A legal opinion from attorney Steven E. Burnham to Chip Johnston dated October 12, 2011 was included in the materials for the meeting on this date.

This topic will be brought to the Board annually in December.

MOTION BY DON SMELTZER TO ALLOW THE NORTHERN MICHIGAN REGIONAL ENTITY TO COMPLY WITH PUBLIC ACT 152, THE PUBLICLY FUNDED HEALTH INSURANCE CONTRIBUTION ACT, BY ADOPTING THE ANNUAL EXEMPTION OPTION FOR THE MEDICAL BENEFIT PLAN COVERAGE FOR JANUARY 1, 2024 THROUGH DECEMBER 31, 2024; SUPPORT BY MICHAEL NEWMAN. ROLL CALL VOTE.

“Yea” Votes: T. Bratton, E. Ginop, G. Klacking, E. Lawson, G. McMorrow, M. Newman, G. Nowak, J. O’Farrell, R. Pilon, K. Sherman, D. Smeltzer, D. Tanner, C. Varner

“Nay” Votes: Nil

MOTION CARRIED.

Waskul Vs. Washtenaw County

The settlement of the 2016 Waskul lawsuit against the State of Michigan (MDHHS), the CMH Partnership of Southeast Michigan, and Washtenaw County was included in the materials for the meeting on this date. The plaintiffs contend that the dollars provided as part of a Self-Determination/Self-Directed Budget arrangement, are insufficient to recruit and retain direct care workers providing community living supports to support them in their homes and community.

The settlement offer proposed by the State of Michigan would increase the hourly rate for CLS from the current rate paid by Washtenaw CMH of \$21/hour to \$32/hour. The State’s proposed increase would be provided only for direct care workers serving person on the habilitation supports waiver (HSW) who are in Self-Determination /Self-Directed Budget arrangements.

CMHAM Concerns:

- 1) The settlement discriminates against all the other Michiganders in need of support to live in the community.
- 2) The settlement does nothing to address the statewide direct care worker shortage.
- 3) The settlement exacerbates the direct care worker shortage by distorting the labor market to favor one segment of the direct care worker workforce.
- 4) The settlement invites lawsuits as the method to solve the direct care worker shortage and other impediments to access to care.

CMHAM Recommendations:

- 1) MDHHS should revise the settlement offer to apply to all the Medicaid beneficiaries served by the State’s direct care workers.

- 2) MDHHS should dedicate the funds that have been identified by MDHHS to cover this settlement proposal, to fund the work of all the State's direct care workers.
- 3) MDHHS should withdraw its settlement proposal.

Amendment No.1 to the PIHP Specialty Supports and Services Contract

The first amendment to the NMRE's FY24 Specialty Supports and Services Contract with the State of Michigan was issued to reflect the rate certification and Schedule E reporting guidelines. Total revenue was provided as \$268,904,580.

MOTION BY GARY NOWAK TO AUTHORIZE THE NORTHERN MICHIGAN REGIONAL ENTITY CHIEF EXECUTIVE OFFICER TO SIGN AND EXECUTE AMENDMENT NUMBER One (NO.1) TO THE STATE OF MICHIGAN'S SPECIALTY SUPPORTS AND SERVICES CONTRACT WITH THE NORTHERN MICHIGAN REGIONAL ENTITY FOR FISCAL YEAR 2024; SUPPORT BY DON SMELTZER. ROLL CALL VOTE.

"Yea" Votes: T. Bratton, E. Ginop, G. Klacking, E. Lawson, G. McMorrow, M. Newman, G. Nowak, J. O'Farrell, R. Pilon, K. Sherman, D. Smeltzer, D. Tanner, C. Varner

"Nay" Votes: Nil

MOTION CARRIED.

OLD BUSINESS

Northern Lakes CMHA Update

A Northern Lakes CEO Search Committee meeting is being held at 1:00PM on this date. The NMRE will be issuing a Request for Quotes (RFQ) to select a search firm. A summary of program audits conducted by Rehmann is expected in January. Mr. McMorrow shared that the Northern Lakes CMHA Board Chair called for an ad hoc Governance Committee to put together actions to confirm a governance model.

PRESENTATION

Naloxone Training

Donna Hardies, Prevention Supervisor with Catholic Human Services was in attendance to provide training on the use of naloxone/Narcan to reverse an opioid drug overdose.

Signs and Symptoms of an Opioid Overdose

- Unresponsive
- Blue lips
- Blue/gray skin
- Foaming at the mouth
- Loud snoring/gurgling sounds
- Slow or no breathing
- Eyes rolled back

The Three Things to Do When Someone is Overdosing from Opioids:

- 1) Access – Call 911.
- 2) Administer – Insert naloxone/Narcan into the nostril and push the plunger.
- 3) Aftercare – Provide rescue breathing.
- 4) Administer a second dose of Narcan if the individual is still unresponsive after 2 -2 3 minutes.

BE AWARE: Administering naloxone to an opioid-dependent individual can cause withdrawal symptoms.

COMMENTS

Board

Mr. McMorrow referenced the September 2023 Financial Report; specifically, he asked about the \$16M surplus. Ms. Yockey clarified that \$13M can be carried forward into FY24; a lapse of approximately \$1.7M lapse to the state is anticipated.

NEXT MEETING DATE

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

ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 11:49AM.

DRAFT



PIHP CEO Meeting Notes

January 2, 2014

- Children's Services – Patty Neitman *et al*
 - Hiring a new Division Director to be named in 30 days or less.
 - MichiCANS soft launch 4/1/24, statewide 10/1/24, contract language under development. Waiver changes and Provider Manual changes being drafted.
 - Home Based Certification reviews almost finalized. Used DHHS CRM. Some Programs received provisional Certification.
 - Waiver Renewal Applications underway, CW and SEDW to be extended 5 years, July submission to CMS. MICHICANS into CWP and SEDW. Wraparound to be state plan service. Add equine therapy. Improve screening and eligibility for CWP. Possible parental provision of CLS. Changes to Therapeutic Foster Care (TFC), exploring if therapeutic homes need to be licensed, credentialed, etc. Establishing a best practices manual. Reviewing CMS guidelines and parameters for TFC.
 - CAFAS/PECFAS contract for DHHS will cease 10/1/24. DHHS will receive final data, sites will not have access to data and/or continued use of CFAS/PECFAS after 9/30/24 UNLESS the PIHP contracts with Multi Health Systems. DHHS will publish a Memo and facilitate PIHPs conversations with Multi Health Systems.

- Medicaid Health Homes, OHHs, CCBHCs, etc. – Lyndsay Naeyaert
 - PICBIP no longer in operation.
 - AZARA Integration still underway through FY 2026.
 - Some staffing role reassignments have been made.
 - Supporting new CCBHCs on an ongoing basis. Technical Assistance Series with Myers and Stauffer. January 30 1pm – 2 pm is first session. CCBHCs being asked to do survey on CCBHC TA topics requested. Developing a Readiness Assistance Self-Evaluation Tool. PPS and Metrics information being sought from CMS. TBD Solutions scanning the CCBHC DCO landscape and adherence to CCBHC requirements, including PIHP and CMH/CCBHC interviews. Supporting CMHs and non-CMHs interested in becoming CCBHCs. CCBHC Year 1 Annual Report has been published and has CCBHC Manual 1.7.

- Crisis Services Krista Hauserman
 - No news since last month's written update.

- MHP Rebid and Network Adequacy – Mary Marlatt Dumas
 - MHP Rebid time and distance definitions and area names different than before, especially for OP BH services. Are PIHPs held accountable to these definitions and requirements? Per Kristen J., PIHPs will receive more information and would receive new PIHP contract language if anything from MHP new terms and conditions applicable to PIHPs. DHHS seeks to align language, terminology and MCO contractual requirements.

- Non-MCA SUD Boilerplate Reports – Darrell Harden
 - Intent is to post FY '23 Draft Report today.
 - Will revise PIHP submission of Report to 60 days after template is published, rather than a specific date so PIHPs have a full 60 days for review. Reports can be submitted earlier than due dates.

- Redeterminations
 - CMS is going to allow states to extend many E 14 Waiver abilities through 12/31/24. DHHS is assessing those options for extension of all or some.
 - Kristen Jordan says DHHS continues to assess Medicaid enrollee losses and resultant losses of revenue.

- HCBS
 - Field has concerns about shift from DAB to Plan First! Waiver. DHHS is reviewing the facts and figures.
 - Clarifying definition of “goods and services” to remove those as replacement of human-provided services.
 - Looking at adding PC / CLS / Home Help to Waiver renewal Applications, especially HSW. Reviewing HSW PIHP slot allocation formula.
 - 1915i adding non-family training.
 - CFAP work group has ceased. Developing and designing implementation plan. Early February more news will emerge. PIHPs again express concerns about CFAP transition and implementation planning of HIT, EMR, MCIS, P&P, multiple contract changes, delegation agreements and business processes all of which are presumed to be impacted. PIHPs offer to meet with DHHS on CFAP asap after publication of CFAP specifications.
 - EVV 3/1/24 implementation date for BH pushed out without a new date set but before 9/30/24.
 - Independent Facilitation presentation made by Angela.

- Independent Facilitation – Angela Martin of WSU
 - Power Point slides were reviewed in depth, they will be distributed to PIHPs and posted on related websites.
 - MI DDI does quarterly webinars. www.ddi.wayne.edu
 - Service provision encounters will be provided periodically.

- PRTF – Alex Kruger
 - New beds coming online with current and future PRTF providers.
 - Developing PIHP/CMH business process flows.
 - Working on Medicaid Manual Policy updates.

- February Meeting Agenda
 - MI Healthy Life (MHPs)

email correspondence

From: [Monique Francis](#)
To: [Monique Francis](#)
Cc: [Robert Sheehan](#); [Alan Bolter](#)
Subject: Concern over significant revenue reduction to state's public mental health system due to re-enrollment
Date: Thursday, December 21, 2023 10:15:02 AM
Attachments: [image001.png](#)
[PIHP revenue - post PHE data and charts.pdf](#)

To: CEOs of CMHs, PIHPs, and Provider Alliance members
CC: CMHA Officers; Members of the CMHA Board of Directors and Steering Committee; CMH & PIHP Board Chairpersons
From: Robert Sheehan, CEO, CMH Association of Michigan
Re: Concern over significant revenue reduction to state's public mental health system due to re-enrollment

Below is a recent communication from CMHA to MDHHS leadership regarding the large and growing fiscal deficits being experienced by a significant segment of Michigan's PIHPs, CMHSPs, and providers.

While MDHHS has responded to this communication, we have seen no action, by the Department, as yet, to address this issue. CMHA will be following up, today, to strongly urge action by the Department.

We will continue to keep you posted as this issue moves forward.

As you may be hearing, the level of lost Medicaid revenue, to date, and the projected rate of revenue decline being experienced by the state's PIHPs, as a result of the state's Medicaid re-enrollment effort, is causing significant concern among the state's public mental health system.

While the state's PIHPs are in the process of completing the development of a clearer picture of that revenue decline, which will be shared with you once completed, CMHA wants to ensure that you are aware of what they are seeing preliminarily:

- For months, our members have seen greater than expected enrollment declines in DAB, TANF, and HMP enrollees without offsetting expenses. The former is unexpected. The latter is not, in **that this pattern of Medicaid expenses remaining while enrollment drops is common for specialty health plans and provider systems**. During periods in which overall Medicaid enrollment declines, the bulk of persons served by those specialty systems (in this case, the state's public mental health system) retain their Medicaid eligibility and continue to receive services through these systems.
- The state's PIHPs and CMSHPs are seeing unusual re-enrollment patterns. As examples, they have seen Hab Waiver beneficiaries being moved out of Hab Waiver status and DAB enrollees being moved out to family planning only status. While these may be temporary "holding place" enrollment changes while the Department places these persons in the appropriate Medicaid category, our concern is heightened by the similarity of these re-enrollment

patterns to those that we saw, several years ago, when DAB beneficiaries were re-enrolled as HMP enrollees given the far simpler enrollment process involved in the latter.

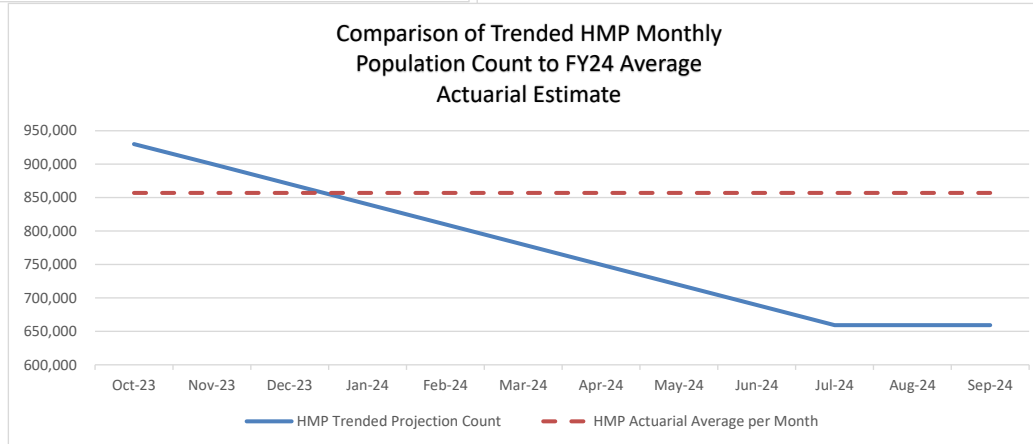
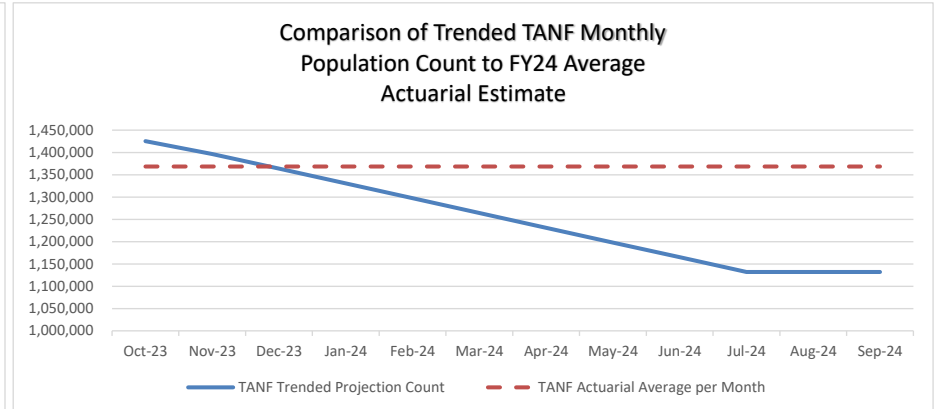
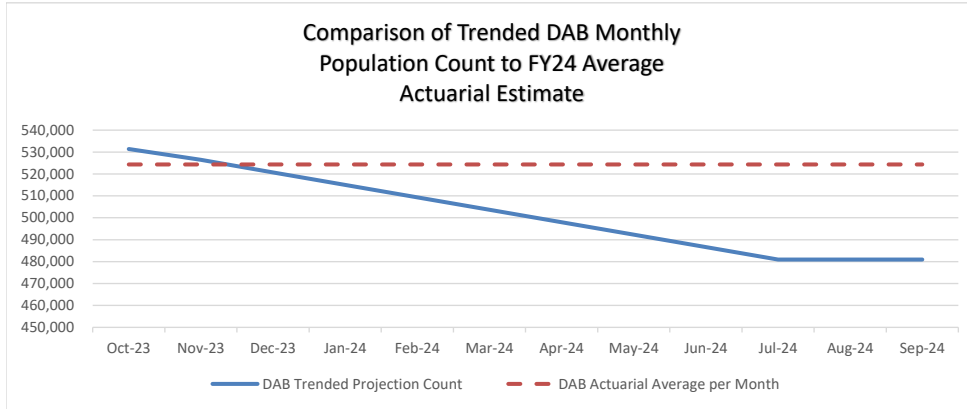
Additionally, CMHA's analysis of the revenue loss experienced, to date, and projected through the remainder of this fiscal year, **attached**, provides a picture of the mismatch of the actuarial average enrollment and that projected for the fiscal year. This mismatch will result in a revenue loss of over \$190 million below the actuarial revenue projection.

RECOMMENDATION: A dialogue, now, among MDHHS, PIHPs, and CMHA, to set the stage for the review of the revenue and expense analysis being carried out by the state's PIHPs, is recommended.

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



Community Mental Health Association of Michigan - Comparison of Actuarial Projected Population Counts and Trended Paid Population Counts



Population Monthly Comparison	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Totals
DAB Trended Projection Count	531,386	526,412	520,729	515,045	509,362	503,678	497,995	492,312	486,628	480,945	480,945	480,945	6,026,381
DAB Actuarial Average per Month	524,336	524,336	524,336	524,336	524,336	524,336	524,336	524,336	524,336	524,336	524,336	524,336	6,292,032
Population Monthly Comparison	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Totals
TANF Trended Projection Count	1,425,280	1,396,581	1,363,503	1,330,425	1,297,347	1,264,270	1,231,192	1,198,114	1,165,037	1,131,959	1,131,959	1,131,959	15,067,625
TANF Actuarial Average per Month	1,368,450	1,368,450	1,368,450	1,368,450	1,368,450	1,368,450	1,368,450	1,368,450	1,368,450	1,368,450	1,368,450	1,368,450	16,421,397
Population Monthly Comparison	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Totals
HMP Trended Projection Count	930,049	900,309	870,180	840,052	809,924	779,795	749,667	719,539	689,410	659,282	659,282	659,282	9,266,771
HMP Actuarial Average per Month	857,058	857,058	857,058	857,058	857,058	857,058	857,058	857,058	857,058	857,058	857,058	857,058	10,284,690

Difference between Trend and Actuarial Projections:	Per Member Per Month 12 month Difference	Actuarial Certification Funding per Population	Ave. per member per month rate	Potential Funding Shortfall	Percentage of Potential Funding Shortfall
DAB Trended less Actuarial Proj.:	(265,651)	\$ 2,380,400,000	\$ 378.32	(\$100,500,945)	4.2%
TANF Trended less Actuarial Proj.	(1,353,772)	\$ 567,800,000	\$ 34.58	(\$46,809,153)	8.2%
HMP Trended less Actuarial Proj	(1,017,919)	\$ 436,700,000	\$ 42.46	(\$43,222,039)	9.9%
Totals:	(2,637,342)	\$ 3,384,900,000		(\$190,532,137)	5.6%

email correspondence

From: Michigan Department of Health and Human Services <MDHHS@govsubscriptions.michigan.gov>
Sent: Thursday, December 21, 2023 10:33 AM
To: Bowen, Kelsey (DHHS) <BowenK8@michigan.gov>
Subject: FOR IMMEDIATE RELEASE: Nearly 1 million Michigan Medicaid enrollees have had coverage renewed, including more than 143,000 in November; Seventy-percent of October group maintains Medicaid coverage



Press Release

FOR IMMEDIATE RELEASE: Dec. 21, 2023

MEDIA CONTACT: Bob Wheaton, 517-241-2112, WheatonB@michigan.gov

**Nearly 1 million Michigan Medicaid enrollees have had coverage renewed,
including more than 143,000 in November
*Seventy-percent of October group maintains Medicaid coverage***

LANSING, Mich. – Today, the Michigan Department of Health and Human Services (MDHHS) announced it has renewed Medicaid or Healthy Michigan plan coverage for nearly 1 million people this year, including 143,025 whose eligibility was up for renewal in November.

MDHHS also announced that the renewal rate for Medicaid beneficiaries whose eligibility was being redetermined for October was just over 70%. That's the first time that the monthly renewal rate has exceeded 70%, with the number renewed for October Medicaid redeterminations increasing to 192,427 based on updated data from this week.

Medicaid and Healthy Michigan Plan beneficiaries must renew their coverage to comply with federal legislation that required states to resume the redetermination of Medicaid eligibility beginning in early 2023. Annual renewals were paused for three years during the COVID-19 pandemic. In Michigan, these renewals are being staggered to take place monthly through May 2024.

“MDHHS is continuing to do what we can to inform Medicaid beneficiaries that they need to renew their coverage this year,” said MDHHS Director Elizabeth Hertel. “As you sit down with your families this holiday season, it’s good to have a conversation about Medicaid renewals so your relatives don’t forget to respond when they receive renewal packets.”

MDHHS recently received a federal waiver that permits the state to renew Medicaid eligibility for people receiving benefits under the Supplemental Nutritional Assistance Program or Temporary Assistance for Needy Families program without conducting separate income determinations. This waiver has increased the number of beneficiaries with existing information the state has on file who can have coverage renewed automatically without having to complete paperwork.

The latest data on Medicaid renewals can be found [on MDHHS’ online dashboard](#).

The dashboard – which is updated monthly – shows that 961,447 people have been renewed to date. The department is awaiting completed enrollment forms from another 74,795 people who were up for renewal in November and have until the end of December to return their paperwork.

There were 11,191 people disenrolled in November because they were no longer eligible and 2,025 whose eligibility was not renewed for procedural reasons – such as not providing requested verification documents like driver’s license, pay stubs and bank statements. MDHHS can reinstate eligibility back to the termination date for those who were disenrolled based on a procedural reason and are subsequently found to still be eligible for Medicaid during a 90-day reconsideration period.

Additional MDHHS efforts to help Michiganders keep their coverage are possible as a result of the federal government releasing flexibilities and strategies to state officials to lessen the impact of the resumption of Medicaid renewals.

This includes:

- Extending the renewal date to May 2024 for beneficiaries undergoing life-saving treatments, such as chemotherapy, radiation, immunotherapy infusions or dialysis.
- Allowing managed care plans to assist enrollees they serve in completing and submitting Medicaid renewal forms.
- Sharing lists with managed care organizations of their enrollees who are due for renewal or have not responded to provide additional outreach to those beneficiaries.
- Reinstating eligibility back to the termination date for people who were disenrolled based on a procedural reason – such as not returning reenrollment forms on time – and are subsequently found to be eligible for Medicaid during a 90-day reconsideration period.
- Providing beneficiaries an extra month to submit paperwork to help avoid loss of health care coverage.

MDHHS advises all Medicaid enrollees to check their renewal month and renew online at [Michigan.gov/MIBridges](https://www.michigan.gov/MIBridges). MDHHS will send renewal notices four months before a beneficiary’s renewal date and follow up with text messages, phone calls and emails during their renewal month.

Updated data on October renewals that were extended through November are also available [on the online dashboard](#).

MDHHS advises families to return any renewal paperwork from the department even if they believe they are no longer eligible for Medicaid. Some members of a household can obtain health care coverage even when others are not eligible. For example, a child may be eligible for [MiChild](#), even if their parent is not eligible for other Medicaid programs. Or some Michiganders may have income that is over the income limit for one program and still be able to obtain health care benefits through another program.

MDHHS will assess a household's eligibility for all Medicaid programs – not just for the programs in which someone is currently enrolled, and also for each family member in the household.

Michiganders who no longer qualify for Medicaid will receive additional information about other affordable health coverage options available, including on [HealthCare.gov](#). Affected Michiganders will be able to shop for and enroll in comprehensive health insurance as they transition away from Medicaid, and many can purchase a plan for less than \$10 per month.

Michigan Medicaid beneficiaries can learn more, including what they need to do to prepare for renewals, on the [Medicaid Benefit Changes website](#).

###

- [November Medicaid Renewal Press Release.pdf](#)
-

1. CMHA advocacy around MDHHS proposals of concern:

A. SCA: CMHA and its members have been working, for years to refine and, at times, halt the implementation of what is dubbed the Standard Cost Allocation (SCA) system, proposed by MDHHS, that is flawed in a number of ways which have been captured in an analysis by CMHA and its members and shared with MDHHS.

The **CMHA Contract Negotiation Team** is developing a stance to oppose the proposed addition, to the MDHHS-CMHSP contract, of the requirement to use of this cost accounting method.

B. Delegation of functions: Using some of the same thinking behind is SCA approach, described above, MDHHS recently issued the FY 24 delegation agreement for the state's PIHPs to use to report their delegation of managed care functions to the CMHSPs in their region or other organizations. The contents and intent of this reporting requirement greatly concern CMHA. The list, contained in this reporting form, of what MDHHS considers managed care functions that can be delegated or held by the state's PIHPs is fundamentally inaccurate. **The responsibility for fulfilling the functions contained in the document are those already (for decades) held by the state's CMHSPs. These responsibilities are at the core of what defines a CMHSP in Michigan, as a comprehensive specialty services network – responsibilities held long before the advent of managed care in Michigan's Medicaid program.**

As noted over the last several years, to mislabel these functions as managed care functions that can be delegated to, or their delegation withheld, from a CMHSP is:

- Is in **contradiction of the core elements required of Michigan's CMHSPs**. This mislabeling is in violation of the state statutes and rules that define the state's CMHSPs and their work,
- **Fits, far too well, with the private sector model of private health plans/insurance companies, as payers with centralized control of core health care system management functions, paying providers who have lost or never held these advanced system management functions.** This mislabeling is one more effort to force Michigan's publicly managed mental health system (the envy of other states who have lost the public management of their mental health systems) into a private sector model - a movement toward privatization that the state's advocacy groups, CMHSPs, PIHPs, CMHA and our allies have worked against since 1997, when Michigan moved its Medicaid program to managed care, and most intensively over the past several years.

CMHA and many of its members have voiced their opposition to this mislabeling of functions and responsibilities, calling for the MDHHS proposed delegation grid be withdrawn and that dialogue with CMHA, PIHPs, and CMHSPs be held to discuss and resolve the concerns outlined above.

C. Conflict Free Access and Planning: In March 2023, the MDHHS Conflict-Free Access and Planning (CFAP) Workgroup met to review a number of CFAP options proposed by MDHHS to

ensure compliance with the federal CFAP requirements. These options raised a number of concerns for the members of the Community Mental Health Association of Michigan (CMHA) – concerns around the threat that these options hold for persons served and to the integrity of Michigan’s public mental health system.

These concerns and recommendations for action, developed by CMHA and its members, are outlined in a document sent to and reviewed with the MDHHS staff leading this effort.

As a result of the CMHA discussions with MDHHS, MDHHS held several listening sessions designed to obtain the views of persons served by Michigan’s public mental health system. Many of the participants in these listening sessions voiced deep concerns over the fragmentation **of the system and the increased complexity and access barriers that would result from the Department’s proposed approach to meeting CFAP compliance.**

Advocacy by CMHA and its members will continue in the coming months.

D. Electronic Visit Verification: In response to federal requirements, MDHHS has proposed an Electronic Visit Verification (EVV) system. This system is intended, as required by CMS, to serve as a mechanism for providers of Personal Care and Home Help to persons in unlicensed settings to report the physical location, day, start and end time, and type of service provided.

While the state’s CMHSPs, PIHPs, and providers in the CMHSP and PIHP system support the implementation of an Electronic Visit Verification (EVV) system, as required by the federal Centers for Medicare and Medicaid, the process proposed by MDHHS and its EVV vendor, HHAX, is overly complex and does not align with how Michigan’s PIHPs/CMHSPs are funded nor how they operate.

The goal of the state’s CMHSPs, PIHPs, and providers in the CMHSP and PIHP networks, is to meet the CMS requirements by implementing a simple solution that does not require complex systems, does not burden the system’s direct care workforce, and diverts dollars away from consumer care. These concerns and recommendations for an alternate EVV approach are outlined in a paper recently shared with MDHHS. These concerns have also been shared, with MDHHS, by the PIHP CEOs and the members of the Chief Information Officers (CIO) Forum.

2. CMHA receives two grants from Michigan Health Endowment Fund related to policy issues:

Below are descriptions of two grants recently received from the Michigan Health Endowment Fund. These grants directly address two issues central to the work of CMHA’s members. These two projects run from December 2023 through November 2025.

Fostering Administrative Efficiencies in Michigan’s Public Mental Health System: This project applies the focused attention and expertise of objective and experienced consultants (Public Sector Consultants – on contract with CMHA), an experienced state association with experience with state policy and legislation and a longstanding working relationship with the state’s public mental health system and stakeholders (Community Mental Health Association of Michigan), and a diverse set of stakeholders (MDHHS, persons served, advocacy organizations, CMHSPs, PIHPs, private providers in CMHSP and PIHP networks) in examining the administrative and paperwork demands placed on Michigan’s public mental health system and recommending the

elimination of those demands not tied to federal regulations, the provision of accessible and quality mental health services and supports to Michiganders or to the fiscal and operational integrity of Michigan's public mental health system.

These recommendations will center around changes in contracts (in the chain of MDHHS through PIHPs, CMHSPs, and providers), state rules and regulations, and state statutory/boilerplate language.

Building a Practice-Based Path to Social Work Licensure: This project aims to tie Michigan's social work licensure to the variables most directly tied to the quality of social work practice: meeting rigorous national higher education standards and the completion of thousands of hours of observed and supervised practice. This approach builds a path to Michigan social work licensure, as an alternative to the current test-based process - a test not linked to clinical competence.

This practice-driven approach improves the ability of the state's behavioral health care systems to recruit and retain critical talent while also bringing, into the field, a great number of Michiganders with strong higher education backgrounds, proven social work practice competence, and a diversity of backgrounds.

Additionally, this approach also increases the number of clinically-skilled licensed social workers in Michigan, helping to close Michigan's deep and prolonged behavioral health workforce gap.

CMHA is contracting with the National Association of Social Workers-Michigan Chapter (NASW) to staff this effort, given the work that NASW has done on this front.

CMHA 2024 key bills

Mental Health & Substance Use Disorder Parity legislation

SB 27

- SB 27 aims to codify federal parity protections while 4707 would make more sweeping changes on the state level.

HB 4707

- Expands / strengthens medical necessity & out-of-network services

SB 227 – sent to the Governor on 11/08/2023 (recalled by the House)

Would amend the childcare licensing Act to allow for emergency physical management/therapeutic de-escalation (certain levels of restraint & seclusion) in certain children’s residential settings.

Telehealth Bills

HB 4213 would require telemedicine coverage for SUD and behavioral health services, and HBs 4579, 4580 & 4131 would require equitable coverage and reimbursement for telehealth services compared to in-person.

HB 4081 – Adult Foster Care Homes (Rep. Young formed a workgroup)

Social Worker Licensure bills

HBs 5184 & 5185 – eliminate test as part of licensure and Tie Michigan’s social work licensure to the variables most directly tied to the quality of social work practice: meeting rigorous national higher education standards and the completion of thousands of hours of hands-on supervised practice (**practice-based path to licensure**)

Open Meetings Act

HB 4693 would allow for remote participation for a CMH & PIHP meeting

FY2023 Q4 PIHP Final PI Numbers

CMHSP Medicaid Only & SUD All-Funding

07/01/2023 – 09/30/2023

NORTHERN MICHIGAN REGIONAL ENTITY

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# Less Than 3 Hrs.	% Less Than 3 Hrs.
Children	130	129	99.23%
Adults	758	752	99.21%
Total	888	881	99.21%

Table 2a – Access – Timeliness/First Request

Population	New Clients	In 14 Days	% In 14 Days
MIC	372	200	53.76%
MIA	849	429	50.53%
DDC	79	43	54.43%
DDA	35	22	62.86%
Total	1,335	694	51.99%

Table 2b – Access – Timeliness/First Request - Substance Use Disorder

Population	Admissions	Expired	In 14 Days	% In 14 Days
SA	Calculated	219	Calculated	Calculated %

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	228	151	66.23%
MIA	485	308	63.51%
DDC	78	56	71.79%
DDA	34	22	64.71%
Total	825	537	65.09%

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
Children	44	6	38	34	89.47%
Adults	276	77	199	163	81.91%
Total	320	83	237	197	83.12%

Table 4b – Access – Continuity of Care - Substance Use Disorder

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
SA	271	105	166	158	95.18%

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	Readmit In 30 Days	% Readmit In 30 Days
Children	44	0	44	2	4.55%
Adults	276	2	274	31	11.31%
Total	320	2	318	33	10.38%

AVCMH - Medicaid Only

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# Less Than 3 Hrs.	% Less Than 3 Hrs.
Children	29	28	96.55%
Adults	118	118	100.00%
Total	147	146	99.32%

Table 2a – Access – Timeliness/First Request

Population	New Clients	In 14 Days	% In 14 Days
MIC	53	37	69.81%
MIA	151	106	70.20%
DDC	10	7	70.00%
DDA	1	1	100.00%
Total	215	151	70.23%

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	41	32	78.05%
MIA	113	89	78.76%
DDC	10	9	90.00%
DDA	1	1	100.00%
Total	165	131	79.39%

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
Children	4	0	4	4	100.00%
Adults	33	10	23	23	100.00%
Total	37	10	27	27	100.00%

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	Readmit In 30 Days	% Readmit In 30 Days
Children	4	0	4	0	0.00%
Adults	33	0	33	3	9.09%
Total	37	0	37	3	8.11%

CWN - Medicaid Only

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# Less Than 3 Hrs.	% Less Than 3 Hrs.
Children	5	5	100.00%
Adults	23	23	100.00%
Total	28	28	100.00%

Table 2a – Access – Timeliness/First Request

Population	New Clients	In 14 Days	% In 14 Days
MIC	43	31	72.09%
MIA	88	51	57.95%
DDC	3	1	33.33%
DDA	3	3	100.00%
Total	137	86	62.77%

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	25	10	40.00%
MIA	37	18	48.65%
DDC	1	0	0.00%
DDA	3	2	66.67%
Total	66	30	45.45%

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
Children	2	0	2	2	100.00%
Adults	15	6	9	9	100.00%
Total	17	6	11	11	100.00%

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	Readmit In 30 Days	% Readmit In 30 Days
Children	2	0	2	0	0.00%
Adults	15	0	15	3	20.00%
Total	17	0	17	3	17.65%

NCCMH - Medicaid Only

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# Less Than 3 Hrs.	% Less Than 3 Hrs.
Children	19	19	100.00%
Adults	114	112	98.25%
Total	133	131	98.50%

Table 2a – Access – Timeliness/First Request

Population	New Clients	In 14 Days	% In 14 Days
MIC	94	63	67.02%
MIA	202	124	61.39%
DDC	28	22	78.57%
DDA	13	11	84.62%
Total	337	220	65.28%

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	45	35	77.78%
MIA	114	81	71.05%
DDC	28	17	60.71%
DDA	9	6	66.67%
Total	196	139	70.92%

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
Children	10	1	9	9	100.00%
Adults	44	10	34	33	97.06%
Total	54	11	43	42	97.67%

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	Readmit In 30 Days	% Readmit In 30 Days
Children	10	0	10	1	10.00%
Adults	44	0	44	5	11.36%
Total	54	0	54	6	11.11%

NEMCMH - Medicaid Only

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# Less Than 3 Hrs.	% Less Than 3 Hrs.
Children	21	21	100.00%
Adults	112	111	99.11%
Total	133	132	99.25%

Table 2a – Access – Timeliness/First Request

Population	New Clients	In 14 Days	% In 14 Days
MIC	48	28	58.33%
MIA	68	32	47.06%
DDC	3	1	33.33%
DDA	6	1	16.67%
Total	125	62	49.60%

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	49	33	67.35%
MIA	51	29	56.86%
DDC	2	1	50.00%
DDA	4	0	0.00%
Total	106	63	59.43%

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
Children	7	0	7	6	85.71%
Adults	34	4	30	30	100.00%
Total	41	4	37	36	97.30%

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	Readmit In 30 Days	% Readmit In 30 Days
Children	7	0	7	0	0.00%
Adults	34	0	34	4	11.76%
Total	41	0	41	4	9.76%

NLCMH - Medicaid Only

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# Less Than 3 Hrs.	% Less Than 3 Hrs.
Children	56	56	100.00%
Adults	391	388	99.23%
Total	447	444	99.33%

Table 2a – Access – Timeliness/First Request

Population	New Clients	In 14 Days	% In 14 Days
MIC	134	41	30.60%
MIA	340	116	34.12%
DDC	35	12	34.29%
DDA	12	6	50.00%
Total	521	175	33.59%

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	68	41	60.29%
MIA	170	91	53.53%
DDC	37	29	78.38%
DDA	17	13	76.47%
Total	292	174	59.59%

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
Children	21	5	16	13	81.25%
Adults	150	47	103	68	66.02%
Total	171	52	119	81	68.07%

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	Readmit In 30 Days	% Readmit In 30 Days
Children	21	0	21	1	4.76%
Adults	150	2	148	16	10.81%
Total	171	2	169	17	10.06%

Substance Use Disorder All-Funding

Table 2b – Access – Timeliness/First Request - Substance Use Disorder

Population	Expired
SA	219

Table 4b – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
SA	271	105	166	158	95.18%

**NORTHERN MICHIGAN REGIONAL ENTITY
FINANCE COMMITTEE MEETING
10:00AM – JANUARY 10, 2023
VIA TEAMS**

ATTENDEES: Laura Argyle, Brian Babbitt, Connie Cadarette, Ann Friend, Chip Johnston, Nancy Kearly, Eric Kurtz, Brian Martinus, Allison Nicholson, Donna Nieman, Larry Patterson, Erinn Trask, Jennifer Warner, Tricia Wurn, Deanna Yockey, Carol Balousek

REVIEW AGENDA & ADDITIONS

No additions to the meeting agenda were requested.

REVIEW PREVIOUS MEETING MINUTES

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

MOTION BY CONNIE CADARETTE TO APPROVE THE MINUTES OF THE DECEMBER 14, 2023 NORTHERN MICHIGAN REGIONAL ENTITY REGIONAL FINANCE COMMITTEE MEETING; SUPPORT BY ANN FRIEND. MOTION APPROVED.

MONTHLY FINANCIALS

November 2023

- Net Position showed net surplus Medicaid and HMP of \$1,113,556. Carry forward was reported as \$13,325,617. The total Medicaid and HMP Current Year Surplus was reported as \$14,439,173. The total Medicaid and HMP Internal Service Fund was reported as \$17,437,845. The total Medicaid and HMP net surplus was reported as \$31,877,018.
- Traditional Medicaid showed \$34,754,797 in revenue, and \$32,744,791 in expenses, resulting in a net surplus of \$2,010,006. Medicaid ISF was reported as \$10,371,825 based on the current FSR. Medicaid Savings was reported as \$2,324,071.
- Healthy Michigan Plan showed \$4,656,419 in revenue, and \$5,552,869 in expenses, resulting in a net deficit of \$896,450. HMP ISF was reported as \$7,066,020 based on the current FSR. HMP savings was reported as \$11,001,546.
- Health Home showed \$450,025 in revenue, and \$395,159 in expenses, resulting in a net surplus of \$54,866.
- SUD showed all funding source revenue of \$4,946,672 and \$4,351,071 in expenses, resulting in a net surplus of \$595,601. Total PA2 funds were reported as \$5,026,878.

Deanna explained that the November financial report was distributed to the committee in draft form, with the following notes:

- Northern Lakes numbers were trended from FY23 as a rough estimate.
- Something is not calculating correctly on the CMHSP and PIHP eligibles & revenue pivot tables. Deanna is working to resolve the issue.

MOTION BY DONNA NIEMAN TO RECOMMEND APPROVAL OF THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR NOVEMBER 2023 IN DRAFT FORM; SUPPORT BY ERINN TRASK. MOTION APPROVED.

EDIT UPDATE

The next EDIT meeting is scheduled for January 19th. Brandon Rhue distributed the Agenda w to the Committee earlier on this date.

EQI

Templates and instructions were sent by Crystal Williams on January 2nd. The decision was made to pull data on February 5th. Reports will be due to the NMRE on February 16th.

LOCAL MATCH

The due date for Quarter 2 was given as February 14, 2024.

ALPINE CRISIS RESIDENTIAL UNIT

During the January 4th Business Intelligence & Technology (BIT) meeting, the decision was made to move forward with the 1C Modifier to identify claims specifically from the Alpine CRU facility. Each CMHSP will need to reach out to its PCE project manager to have the necessary changes made to its system. Units will be reported with zero dollars; the NMRE will add in the rate for reporting encounters. How this is reported on the EQI is still being worked out.

Eric added that a process is needed for CMHSPs to pay the NMRE for individuals admitted on general funds. Ann suggested adding the NMRE as the Provider in PCE. Eric indicated that cost-settling could occur at year end. Donna suggested a separate modifier for GF individuals. A process will also be needed in instances when CMHSPs pay the NMRE for GF admissions, when individuals obtain retroactive Medicaid.

HSW

It was noted that the region owns a total of 689 slots; 671 are currently filled, leaving 18 slots open.

FY24 REVENUE

Deanna has been trending enrollment and eligibility for FY24.

Eligibility

	Sept Enrollment	Dec Enrollment	Difference	% Change
DAB	28,906	27,150	(1,334)	-4.6%
HMP	49,788	43,219	(6,569)	-13.2%
TANF	68,712	62,307	(6,405)	-9.3%
TOTAL	147,406	132,676	(14,308)	-9.7%

Payment Activity

	Sept Payment	Dec Payment	Difference	% Change
DAB	\$9,376,074	\$9,513,860	\$137,786	1.5%
HMP	\$2,720,052	\$2,158,024	(\$562,028)	-20.6%
TANF	\$2,737,250	\$2,668,789	(\$68,461)	-2.5%
TOTAL	\$14,833,376	\$14,340,673	(\$492,703)	-3.3%

The December change in DAB, HMP, and TANF Annualized would equate to (\$5,912,434). This decrease is offset by the increase in HSW, which annualized would equate to \$7,393,668.

A PM/PM comparison of Q3 and Q4 of FY23 and Q1 of FY24 was sent to committee members this morning. Regionally, Medicaid has increased by \$813,740, HMP has decreased by \$1,189,283, and HSW has increased by \$2,140,062, resulting in an overall increase of \$1,764,519.

Erinn asked if there has been any indication regarding the timeline of a rate adjustment. Eric responded that it has been discussed at various meetings. Milliman has indicated that a mid-year adjustment will be made to reflect the DCW overtime.

It was noted that many individuals are being placed on Plan First healthcare coverage, which does not have a behavioral health benefit; some are high need individuals on the Hab Waiver.

Ann asked whether the capitation file within PCE "means anything." Deanna responded that it includes SUD. Southwest Michigan/Region 4 PIHP has offered to share a report that tracks eligibility.

OTHER

Donna said that the Electronic Visit Verification's (EVV) expected implementation on March 1st is overly optimistic. Eric responded that March is no longer the implementation date, but it will likely still roll out in FY24. It was noted that NPI numbers will be required for billing.

NEXT MEETING

The next meeting was scheduled for February 14th at 10:00AM.

**NORTHERN MICHIGAN REGIONAL ENTITY
GOVERNING BOARD EXECUTIVE COMMITTEE MEETING
12:00PM – JANUARY 10, 2024
GAYLORD CONFERENCE ROOM & MICROSOFT TEAMS**

ATTENDEES:	Ed Ginop, Gary Nowak, Ruth Pilon, Don Tanner
STAFF:	Laura Argyle, Eric Kurtz, Brian Martinus, Deanna Yockey, Carol Balousek
GUESTS:	Steve Burnham, Karreen Conley, Richard Carpenter

Mr. Kurtz explained that the meeting was called to go over preliminary findings from the Rehmann Management Review of Northern Lakes Community Mental Health Authority as authorized by the NMRE Board as part of the NMRE’s Contractual oversight. Discussion of the MiChoice Waiver will be included in the review and today’s discussion.

Mr. Carpenter noted that a written report will follow the oral update provided on this date.

Human Resources Review

Mr. Carpenter reported that there were some issues related to compliance, such as the completion of 19 forms upon hire. Fair Labor Standards Act (FLSA) audits and a fair and objective process for wage adjustments. Recommendations included:

- A pay equity evaluation
- Developing a comprehensive hiring process (from beginning to end)
- Realignment and reevaluation of Training Team (as related to HR)
- Updating policies and procedures, including the Equal Employment Opportunity (EEO) compliance
- Overhaul performance management process
- Establish an exit interview process
- Enhance supervisor training

Mr. Carpenter acknowledged that the HR department fairly “green” due to turnover; mentoring was recommended. Employee engagement has decreased to to issues related to the past HR structure. Human Resources will likely need substantial ongoing support (12-18 months).

Ms. Conley added that the HR team is working to overcome past challenges and is doing the best it can to build processes. They were very cooperative during the course of the management review. Staff voiced a lot of concern regarding compensation and not knowing what pay increases are based on. Some staff reported never having had a performance evaluation. Supervisors don’t receive specific supervisor-focused training, which leads to inconsistency. Employee engagement focused on fear, retaliation, lack of trust, and concerns about job stability, the future of the organization, the Board of Directors, and a potential new CEO. Staff believe that Interim CEO, Brian Martinus, has given the agency a sense of stability.

Although some salaries are set by union contracts (3 unions), salaries were less clear for non-union staff. A salary study had not been done in some time and there is not a published pay scale. Compensation decisions were made by CFO, HR Director, and Operations Director. Overtime pay was allowed for some salaried staff.

Financial Review

Mr. Carpenter reported that, unlike the HR department, the finance team was not very cooperative with the management review. Mr. Carpenter expressed concerns with the chart of accounts/general ledger structure.

Grants

While on the surface, grant writing looked pretty good, management of grants was housed within the finance department (functionally not appropriate); it should be run by the people overseeing the subject of the grant. Often the grant dollars would be obtained before a plan was fully in place for their use. Expenses were charged to grant programs but not in accordance with SCA or federal regulations. Administrative costs were not allocated to all funding sources (grants). Financial Status Reports were generated but did not include the Admin appropriately. The Admin portion may have been charged to Medicaid, HMP, and to a lesser extent, general funds.

MiChoice Waiver program has an administrative cost report that must be submitted to MDHHS (a different division than behavioral health); this report was never submitted by Northern Lakes. Darryl Washington (MiChoice Waiver Director) indicated that the CFO refused to do it (no penalty attached). It is estimated that the admin would have been roughly 8%-9% of \$10M for a single fiscal year.

Mr. Carpenter explained that MiChoice Waiver program funds are at full risk; surplus funds can be retained as local dollars. Mr. Nowak asked why nothing was caught during annual financial audits. Mr. Carpenter responded that policies & procedures meet minimum requirements to pass an audit, but too broad from a functional perspective. Finance department had the ability to move funds around as it was only managed by a couple of individuals, which could allow for manipulation or potential collusion. Because of this, a standard compliance audit becomes ineffective.

Due to his suspicions of collusion, Mr. Carpenter felt that he cannot continue with the management review and a forensic audit was recommended.

Next Steps:

- Pause on assessment
- Write up draft report of findings to date
- Be prepared to present the draft within 30 days.

(Rehmann staff exited the discussion)

Mr. Tanner asked where the selection of a Northern Lakes Board governance model stands. Ms. Pilon responded that the Board is beginning to look at policies and a Finance Committee has been established.

Mr. Burnham suggested contacting the state to determine the reasoning behind Northern Lakes being approved as a MiChoice Waiver agent.

It was determined that the NMRE should lead the process toward a forensic audit.

MOTION BY ED GINOP TO RECOMMEND THAT A FULL REPORT BE OBTAINED FROM REHMANN AND THE NORTHERN MICHIGAN REGIONAL ENTITY OBTAIN AN ESTIMATE FOR A FORENSIC AUDIT OF NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY; SUPPORT BY GARY NOWAK. MOTION CARRIED.

Richard will be asked to give a presentation to the full NMRE board in January.

DRAFT



Chief Executive Officer Report

January 2024

This report is intended to brief the NMRE Board of 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.

Dec 13: Attended and participated in NLCMHA Search Committee meeting.

Dec 14: Attended and participated in NMRE Regional Finance Committee meeting.

Dec 14: Attended and participated in NMRE all staff training.

Dec 18: Region 2 MDHHS virtual site visit.

Dec 19: Attended and participated in Personal Care and Community Livings Supports alternatives discussion with MDHHS.

Jan 4: Attended and participated in MDHHS PIHP CEO meeting.

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

Jan 9: Attended and participated in PIHP CEO meeting.

Jan 10: Attended and participated in NMRE Regional Finance Committee meeting.

Jan 10: Attended and participated in NMRE Executive Committee meeting.

Jan 16: Chaired NMRE Operations Committee meeting.

Jan 18: Presented on CCBHCs to NCCMHA Board.



November 2023

Finance Report

November 2023 Financial Summary

Funding Source	YTD Net Surplus (Deficit)	Carry Forward	ISF
Medicaid	2,010,006	2,324,071	10,371,825
Healthy Michigan	(896,450)	11,001,546	7,066,020
	<u>\$ 1,113,556</u>	<u>\$ 13,325,617</u>	<u>\$ 17,437,845</u>

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Net Surplus (Deficit) MA/HMP	46,724	461,742	51,283	(66,416)	214,717	464,876	(59,369)	\$ 1,113,556
Carry Forward		-	-	-	-	-	-	13,325,617
Total Med/HMP Current Year Surplus	<u>46,724</u>	<u>461,742</u>	<u>51,283</u>	<u>(66,416)</u>	<u>214,717</u>	<u>464,876</u>	<u>(59,369)</u>	<u>\$ 14,439,173</u>
Medicaid & HMP Internal Service Fund								17,437,845
Total Medicaid & HMP Net Surplus								<u>\$ 31,877,018</u>

Northern Michigan Regional Entity

Funding Source Report - PIHP

Mental Health

October 1, 2023 through November 30, 2023

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Traditional Medicaid (inc Autism)								
Revenue								
Revenue Capitation (PEPM)	\$ 33,531,388	\$ 1,223,409						\$ 34,754,797
CMHSP Distributions	(32,758,923)		10,802,474	8,876,052	5,515,392	4,704,696	2,860,310	-
1st/3rd Party receipts			-	-	-	-	-	-
Net revenue	<u>772,465</u>	<u>1,223,409</u>	<u>10,802,474</u>	<u>8,876,052</u>	<u>5,515,392</u>	<u>4,704,696</u>	<u>2,860,310</u>	<u>34,754,797</u>
Expense								
PIHP Admin	440,273	11,380						451,653
PIHP SUD Admin		12,909						12,909
SUD Access Center		5,151						5,151
Insurance Provider Assessment	289,559	6,004						295,563
Hospital Rate Adjuster Services	-							-
		805,769	10,201,678	8,693,483	5,259,074	4,149,444	2,870,067	31,979,515
Total expense	<u>729,832</u>	<u>841,213</u>	<u>10,201,678</u>	<u>8,693,483</u>	<u>5,259,074</u>	<u>4,149,444</u>	<u>2,870,067</u>	<u>32,744,791</u>
Net Actual Surplus (Deficit)	<u>\$ 42,633</u>	<u>\$ 382,196</u>	<u>\$ 600,796</u>	<u>\$ 182,569</u>	<u>\$ 256,318</u>	<u>\$ 555,252</u>	<u>\$ (9,757)</u>	<u>\$ 2,010,006</u>

Notes

Medicaid ISF - \$10,371,825 - based on current FSR

Medicaid Savings - \$2,324,071

Northern Michigan Regional Entity

Funding Source Report - PIHP

Mental Health

October 1, 2023 through November 30, 2023

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Healthy Michigan								
Revenue								
Revenue Capitation (PEPM)	\$ 2,620,771	\$ 2,035,648						\$ 4,656,419
CMHSP Distributions	(2,540,603)		930,569	760,908	317,868	323,651	207,607	(0)
1st/3rd Party receipts			-	-	-	-	-	-
Net revenue	<u>80,168</u>	<u>2,035,648</u>	<u>930,569</u>	<u>760,908</u>	<u>317,868</u>	<u>323,651</u>	<u>207,607</u>	<u>4,656,419</u>
Expense								
PIHP Admin	49,723	26,472						76,195
PIHP SUD Admin		30,027						30,027
SUD Access Center		11,982						11,982
Insurance Provider Assessment	26,354	13,272						39,626
Hospital Rate Adjuster Services	-	1,874,349	1,480,083	1,009,893	359,469	414,026	257,219	-
Total expense	<u>76,077</u>	<u>1,956,102</u>	<u>1,480,083</u>	<u>1,009,893</u>	<u>359,469</u>	<u>414,026</u>	<u>257,219</u>	<u>5,552,869</u>
Net Surplus (Deficit)	<u>\$ 4,091</u>	<u>\$ 79,546</u>	<u>\$ (549,513)</u>	<u>\$ (248,985)</u>	<u>\$ (41,601)</u>	<u>\$ (90,375)</u>	<u>\$ (49,612)</u>	<u>\$ (896,450)</u>

Notes

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

HMP Savings - \$11,001,546

Net Surplus (Deficit) MA/HMP	\$ 46,724	\$ 461,742	\$ 51,283	\$ (66,416)	\$ 214,717	\$ 464,876	\$ (59,369)	\$ 1,113,556
Medicaid/HMP Carry Forward								13,325,617
Total Med/HMP Current Year Surplus								\$ 14,439,173
Medicaid & HMP ISF - based on current FSR								17,437,845
Total Medicaid & HMP Net Surplus (Deficit) including Carry Forward and ISF								\$ 31,877,018

Northern Michigan Regional Entity

Funding Source Report - PIHP

Mental Health

October 1, 2023 through November 30, 2023

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Health Home								
Revenue								
Revenue Capitation (PEPM)	\$ 106,776		107,046	61,771	41,063	44,222	89,147	\$ 450,025
CMHSP Distributions	-							-
1st/3rd Party receipts								-
Net revenue	<u>106,776</u>	<u>-</u>	<u>107,046</u>	<u>61,771</u>	<u>41,063</u>	<u>44,222</u>	<u>89,147</u>	<u>450,025</u>
Expense								
PIHP Admin	5,418							5,418
BHH Admin	6,131							6,131
Insurance Provider Assessment	-							-
Hospital Rate Adjuster Services	40,361		107,046	61,771	41,063	44,222	89,147	383,610
Total expense	<u>51,910</u>	<u>-</u>	<u>107,046</u>	<u>61,771</u>	<u>41,063</u>	<u>44,222</u>	<u>89,147</u>	<u>395,159</u>
Net Surplus (Deficit)	<u>\$ 54,866</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 54,866</u>

Northern Michigan Regional Entity

Funding Source Report - SUD

Mental Health

October 1, 2023 through November 30, 2023

	Medicaid	Healthy Michigan	Opioid Health Home	SAPT Block Grant	PA2 Liquor Tax	Total SUD
Substance Abuse Prevention & Treatment						
Revenue	\$ 1,223,409	\$ 2,035,648	\$ 657,522	\$ 835,991	\$ 194,102	\$ 4,946,672
Expense						
Administration	24,289	56,499	14,941	38,667		134,395
OHH Admin			13,071	-		13,071
Access Center	5,151	11,982	-	3,821		20,953
Insurance Provider Assessment Services:	6,004	13,272	-			19,276
Treatment	805,769	1,874,349	495,653	597,662	194,102	3,967,535
Prevention	-	-	-	172,624	-	172,624
ARPA Grant	-	-	-	23,217	-	23,217
Total expense	841,213	1,956,102	523,665	835,991	194,102	4,351,071
PA2 Redirect			-	(0)	0	-
Net Surplus (Deficit)	\$ 382,196	\$ 79,546	\$ 133,857	\$ -	\$ 0	\$ 595,601

Northern Michigan Regional Entity

Statement of Activities and Proprietary Funds Statement of

Revenues, Expenses, and Unspent Funds

October 1, 2023 through November 30, 2023

	PIHP MH	PIHP SUD	PIHP ISF	Total PIHP
Operating revenue				
Medicaid	\$ 33,531,388	\$ 1,223,409	\$ -	\$ 34,754,797
Medicaid Savings	-	-	-	-
Healthy Michigan	2,620,771	2,035,648	-	4,656,419
Healthy Michigan Savings	-	-	-	-
Health Home	450,025	-	-	450,025
Opioid Health Home	-	657,522	-	657,522
Substance Use Disorder Block Grant	-	835,991	-	835,991
Public Act 2 (Liquor tax)	-	194,104	-	194,104
Affiliate local drawdown	148,704	-	-	148,704
Performance Incentive Bonus	-	-	-	-
Miscellaneous Grant Revenue	-	-	-	-
Veteran Navigator Grant	15,282	-	-	15,282
SOR Grant Revenue	-	285,027	-	285,027
Gambling Grant Revenue	-	-	-	-
Other Revenue	-	-	1,381	1,381
Total operating revenue	36,766,170	5,231,701	1,381	41,999,252
Operating expenses				
General Administration	553,940	96,822	-	650,762
Prevention Administration	-	19,217	-	19,217
OHH Administration	-	13,071	-	13,071
BHH Administration	6,131	-	-	6,131
Insurance Provider Assessment	315,913	19,276	-	335,189
Hospital Rate Adjuster	-	-	-	-
Payments to Affiliates:				
Medicaid Services	31,173,746	805,769	-	31,979,515
Healthy Michigan Services	3,520,690	1,874,349	-	5,395,039
Health Home Services	383,610	-	-	383,610
Opioid Health Home Services	-	495,653	-	495,653
Community Grant	-	597,662	-	597,662
Prevention	-	153,407	-	153,407
State Disability Assistance	-	-	-	-
ARPA Grant	-	23,217	-	23,217
Public Act 2 (Liquor tax)	-	194,102	-	194,102
Local PBIP	-	-	-	-
Local Match Drawdown	148,704	-	-	148,704
Miscellaneous Grant	-	-	-	-
Veteran Navigator Grant	15,282	-	-	15,282
SOR Grant Expenses	-	285,027	-	285,027
Gambling Grant Expenses	-	-	-	-
Total operating expenses	36,118,016	4,577,572	-	40,695,588
CY Unspent funds	648,154	654,129	1,381	1,303,664
Transfers In	-	-	-	-
Transfers out	-	-	-	-
Unspent funds - beginning	18,903,228	7,682,319	16,376,625	42,962,172
Unspent funds - ending	\$ 19,551,382	\$ 8,336,448	\$ 16,378,006	\$ 44,265,836

Northern Michigan Regional Entity

Statement of Net Position

November 30, 2023

	PIHP MH	PIHP SUD	PIHP ISF	Total PIHP
Assets				
Current Assets				
Cash Position	\$ 39,680,317	\$ 5,983,735	\$ 16,378,006	\$ 62,042,058
Accounts Receivable	1,384,336	3,528,525	-	4,912,861
Prepays	57,703	-	-	57,703
Total current assets	41,122,356	9,512,260	16,378,006	67,012,622
Noncurrent Assets				
Capital assets	125,002	-	-	125,002
Total Assets	41,247,358	9,512,260	16,378,006	67,137,624
Liabilities				
Current liabilities				
Accounts payable	21,462,802	1,175,812	-	22,638,614
Accrued liabilities	233,174	-	-	233,174
Unearned revenue	-	-	-	-
Total current liabilities	21,695,976	1,175,812	-	22,871,788
Unspent funds	\$ 19,551,382	\$ 8,336,448	\$ 16,378,006	\$ 44,265,836

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Mental Health

October 1, 2023 through November 30, 2023

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
Operating revenue					
Medicaid					
* Capitation	\$ 187,752,708	\$ 31,292,118	\$ 33,531,388	\$ 2,239,270	7.16%
Carryover	11,400,000	-	-	-	-
Healthy Michigan					
Capitation	19,683,372	3,280,562	2,620,771	(659,791)	(20.11%)
Carryover	5,100,000	-	-	-	0.00%
Health Home	1,451,268	241,878	450,025	208,147	86.05%
Affiliate local drawdown	594,816	148,704	148,704	-	0.00%
Performance Bonus Incentive	1,334,531	-	-	-	0.00%
Miscellaneous Grants	-	-	-	-	0.00%
Veteran Navigator Grant	110,000	18,334	15,282	(3,052)	(16.65%)
Other Revenue	-	-	-	-	0.00%
Total operating revenue	227,426,695	34,981,596	36,766,170	1,784,574	5.10%
Operating expenses					
General Administration	3,591,836	599,876	553,940	45,936	7.66%
BHH Administration	-	-	6,131	(6,131)	0.00%
Insurance Provider Assessment	1,897,524	316,254	315,913	341	0.11%
Hospital Rate Adjuster	4,571,328	761,888	-	761,888	100.00%
Local PBIP	1,737,753	-	-	-	0.00%
Local Match Drawdown	594,816	148,704	148,704	-	0.00%
Miscellaneous Grants	-	-	-	-	0.00%
Veteran Navigator Grant	110,004	15,286	15,282	4	0.03%
Payments to Affiliates:					
Medicaid Services	176,618,616	29,436,436	31,173,746	(1,737,310)	(5.90%)
Healthy Michigan Services	17,639,940	2,939,990	3,520,690	(580,700)	(19.75%)
Health Home Services	1,415,196	235,866	383,610	(147,744)	(62.64%)
Total operating expenses	208,177,013	34,454,300	36,118,016	(1,663,716)	(4.83%)
CY Unspent funds	\$ 19,249,682	\$ 527,296	648,154	\$ 120,858	
Transfers in			-		
Transfers out			-	36,118,016	
Unspent funds - beginning			18,903,228		
Unspent funds - ending			\$ 19,551,382	648,154	

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Abuse

October 1, 2023 through November 30, 2023

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
Operating revenue					
Medicaid	\$ 4,678,632	\$ 779,772	\$ 1,223,409	\$ 443,637	56.89%
Healthy Michigan	11,196,408	1,866,068	2,035,648	169,580	9.09%
Substance Use Disorder Block Grant	6,467,905	1,077,983	835,991	(241,992)	(22.45%)
Opioid Health Home	3,419,928	569,988	657,522	87,534	15.36%
Public Act 2 (Liquor tax)	1,533,979	-	194,104	194,104	0.00%
Miscellaneous Grants	4,000	667	-	(667)	(100.00%)
SOR Grant	2,043,984	340,664	285,027	(55,637)	(16.33%)
Gambling Prevention Grant	200,000	33,333	-	(33,333)	(100.00%)
Other Revenue	-	-	-	-	0.00%
Total operating revenue	29,544,836	4,668,475	5,231,701	563,226	12.06%
Operating expenses					
Substance Use Disorder:					
SUD Administration	1,082,576	170,430	96,822	73,608	43.19%
Prevention Administration	118,428	19,738	19,217	521	2.64%
Insurance Provider Assessment	113,604	18,934	19,276	(342)	(1.81%)
Medicaid Services	3,931,560	655,260	805,769	(150,509)	(22.97%)
Healthy Michigan Services	10,226,004	1,704,334	1,874,349	(170,015)	(9.98%)
Community Grant	2,074,248	345,708	597,662	(251,954)	(72.88%)
Prevention	634,056	105,676	153,407	(47,731)	(45.17%)
State Disability Assistance	95,215	15,875	-	15,875	100.00%
ARPA Grant	-	-	23,217	(23,217)	0.00%
Opioid Health Home Admin	-	-	13,071	(13,071)	0.00%
Opioid Health Home Services	3,165,000	527,500	495,653	31,847	6.04%
Miscellaneous Grants	4,000	667	-	667	100.00%
SOR Grant	2,043,984	340,664	285,027	55,637	16.33%
Gambling Prevention	200,000	33,333	-	33,333	100.00%
PA2	1,533,978	-	194,102	(194,102)	0.00%
Total operating expenses	25,222,653	3,938,119	4,577,572	(639,453)	(16.24%)
CY Unspent funds	\$ 4,322,183	\$ 730,356	654,129	\$ (76,227)	
Transfers in			-		
Transfers out			-		
Unspent funds - beginning			7,682,319		
Unspent funds - ending			\$ 8,336,448		

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Mental Health Administration

October 1, 2023 through November 30, 2023

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
General Admin					
Salaries	\$ 1,921,812	\$ 320,302	\$ 305,295	\$ 15,007	4.69%
Fringes	666,212	105,604	93,453	12,151	11.51%
Contractual	683,308	113,886	101,858	12,028	10.56%
Board expenses	18,000	3,000	1,453	1,547	51.57%
Day of recovery	14,000	9,000	-	9,000	100.00%
Facilities	152,700	25,450	22,874	2,576	10.12%
Other	135,804	22,634	29,007	(6,373)	(28.16%)
Total General Admin	<u>\$ 3,591,836</u>	<u>\$ 599,876</u>	<u>\$ 553,940</u>	<u>\$ 45,936</u>	<u>7.66%</u>

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Abuse Administration

October 1, 2023 through November 30, 2023

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
SUD Administration					
Salaries	\$ 502,752	\$ 83,792	\$ 40,930	\$ 42,862	51.15%
Fringes	145,464	24,244	8,292	15,952	65.80%
Access Salaries	220,620	36,770	15,331	21,439	58.31%
Access Fringes	67,140	11,190	5,622	5,568	49.76%
Access Contractual	-	-	-	-	0.00%
Contractual	129,000	12,500	21,790	(9,290)	(74.32%)
Board expenses	5,000	834	910	(76)	(9.11%)
Day of Recover	-	-	-	-	0.00%
Facilities	-	-	-	-	0.00%
Other	12,600	1,100	3,947	(2,847)	(258.82%)
Total operating expenses	\$ 1,082,576	\$ 170,430	\$ 96,822	\$ 73,608	43.19%

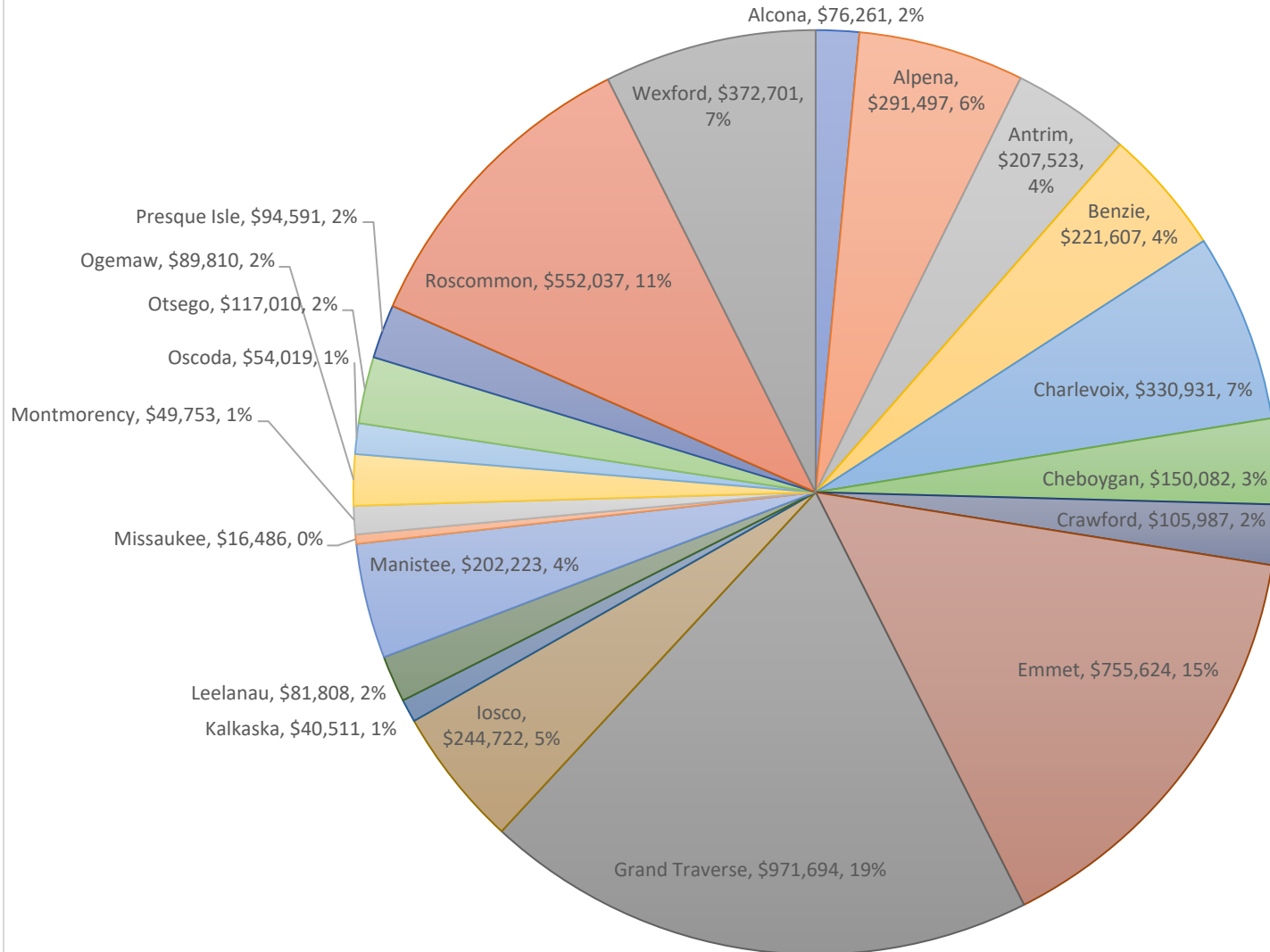
Northern Michigan Regional Entity

Schedule of PA2 by County

October 1, 2023 through November 30, 2023

	Projected FY24 Activity				Actual FY24 Activity			
	Beginning Balance	FY24 Projected Revenue	FY24 Approved Projects	Projected Ending Balance	Current Receipts	County Specific Projects	Region Wide Projects by Population	Ending Balance
County	Actual Expenditures by County							
Alcona	\$ 79,250	\$ 23,184	\$ 47,690	\$ 54,744	\$ -	2,274	\$ 715	\$ 76,261
Alpena	302,452	80,118	115,089	267,482	-	8,990	1,965	291,497
Antrim	212,068	66,004	72,490	205,582	-	2,937	1,608	207,523
Benzie	224,046	59,078	21,930	261,194	-	1,226	1,213	221,607
Charlevoix	336,031	101,224	99,384	337,872	-	3,295	1,805	330,931
Cheboygan	163,153	84,123	94,016	153,260	-	11,321	1,751	150,082
Crawford	107,533	36,525	20,706	123,352	-	586	960	105,987
Emmet	771,608	181,672	478,053	475,227	-	13,693	2,291	755,624
Grand Traverse	1,035,890	440,668	524,017	952,541	-	57,858	6,338	971,694
Iosco	253,083	83,616	133,699	202,999	-	6,624	1,737	244,722
Kalkaska	42,471	41,470	14,179	69,762	-	743	1,217	40,511
Leelanau	86,055	62,190	51,029	97,215	-	2,752	1,495	81,808
Manistee	204,938	83,138	24,985	263,090	-	1,029	1,686	202,223
Missaukee	17,521	21,128	5,832	32,818	-	-	1,035	16,486
Montmorency	51,302	31,822	21,810	61,313	-	909	639	49,753
Ogemaw	96,797	74,251	48,798	122,250	-	5,539	1,448	89,810
Oscoda	55,406	20,578	19,404	56,580	-	815	572	54,019
Otsego	125,550	96,172	89,106	132,616	-	6,845	1,694	117,010
Presque Isle	96,731	25,177	85,120	36,788	-	1,257	883	94,591
Roscommon	560,277	82,157	87,287	555,147	-	6,590	1,650	552,037
Wexford	398,819	100,198	166,138	332,880	-	23,821	2,297	372,701
	<u>5,220,980</u>	<u>1,794,492</u>	<u>2,220,762</u>	<u>4,794,710</u>	-	<u>159,103</u>	<u>35,000</u>	<u>5,026,878</u>
PA2 Redirect								<u>-</u> <u>5,026,878</u>

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 November 30, 2023

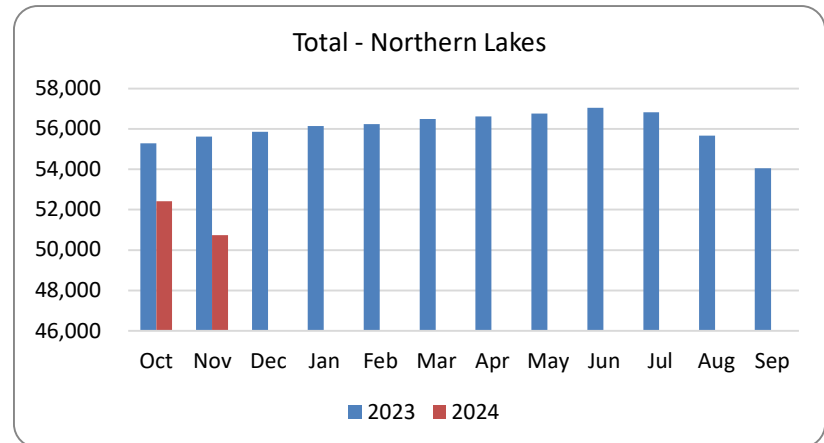
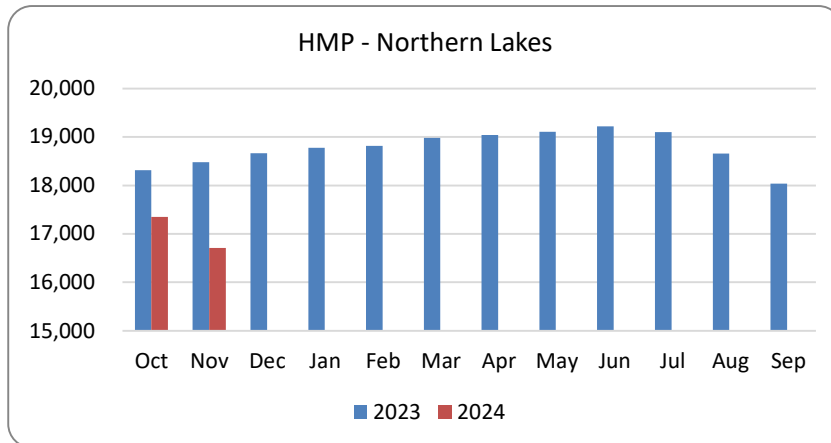
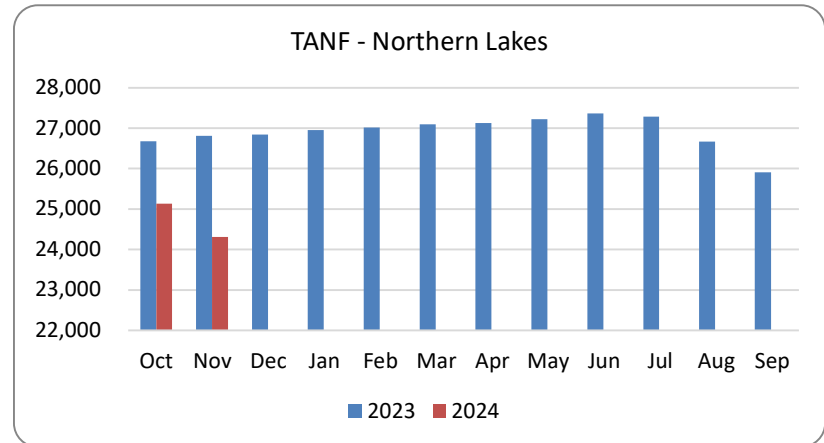
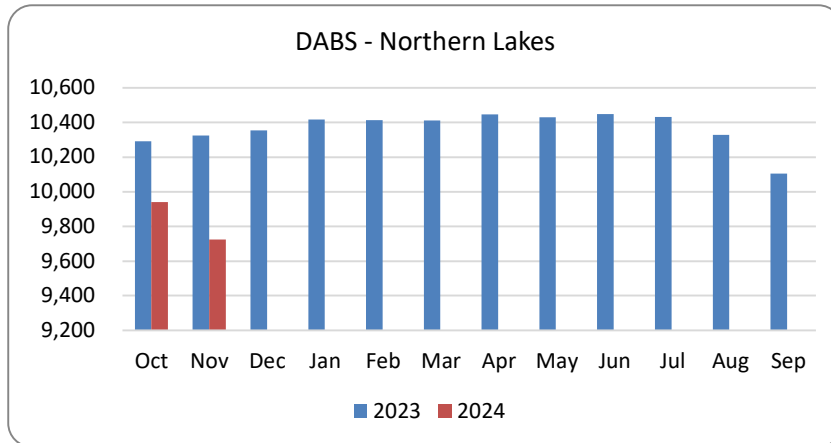
	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
Operating revenue					
Charges for services	\$ -	\$ -	\$ -	\$ -	0.00%
Interest and Dividends	7,500	1,250	1,381	131	10.48%
Total operating revenue	7,500	1,250	1,381	131	10.48%
Operating expenses					
Medicaid Services	-	-	-	-	0.00%
Healthy Michigan Services	-	-	-	-	0.00%
Total operating expenses	-	-	-	-	0.00%
CY Unspent funds	\$ 7,500	\$ 1,250	1,381	\$ 131	
Transfers in			-		
Transfers out			-	-	
Unspent funds - beginning			<u>16,376,625</u>		
Unspent funds - ending			<u>\$ 16,378,006</u>		

Northern Michigan Regional Entity

Narrative

October 1, 2023 through November 30, 2023

Northern Lakes Eligible Members Trending - based on payment files

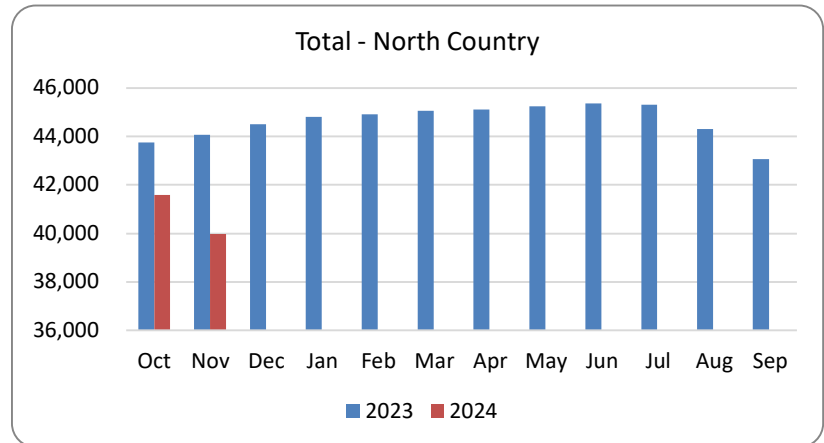
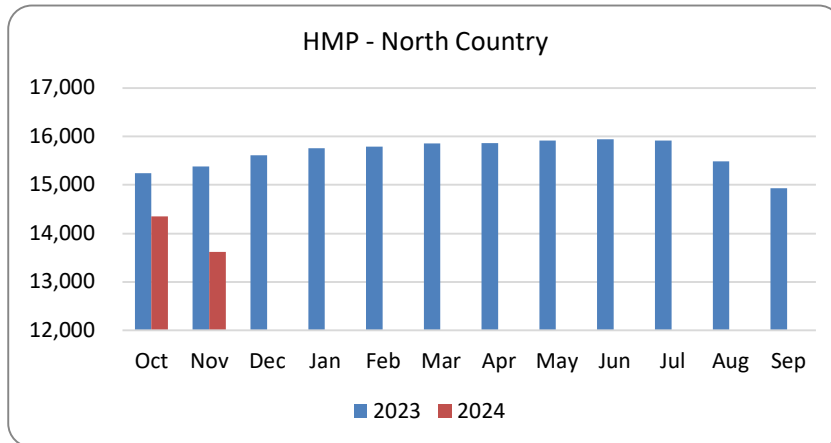
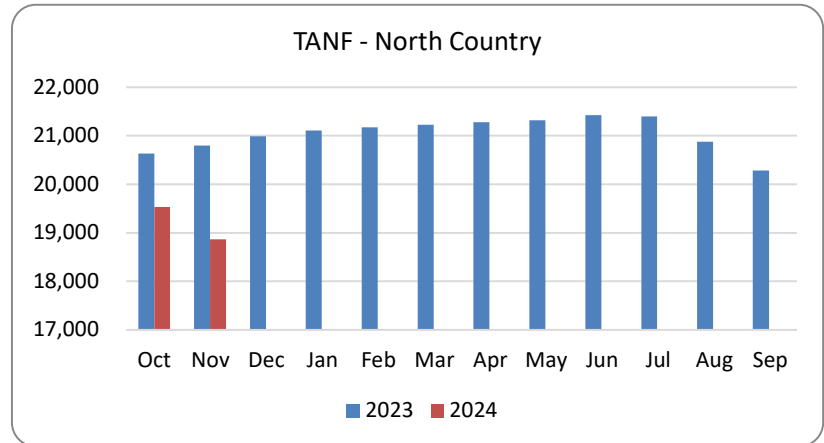
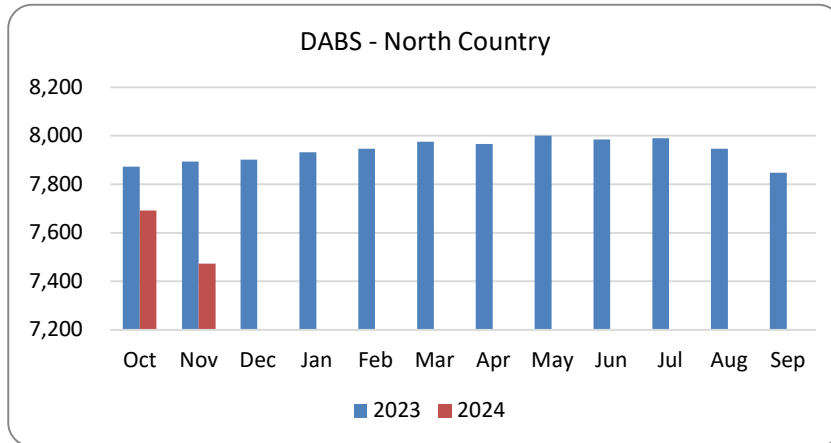


Northern Michigan Regional Entity

Narrative

October 1, 2023 through November 30, 2023

North Country Eligible Members Trending - based on payment files

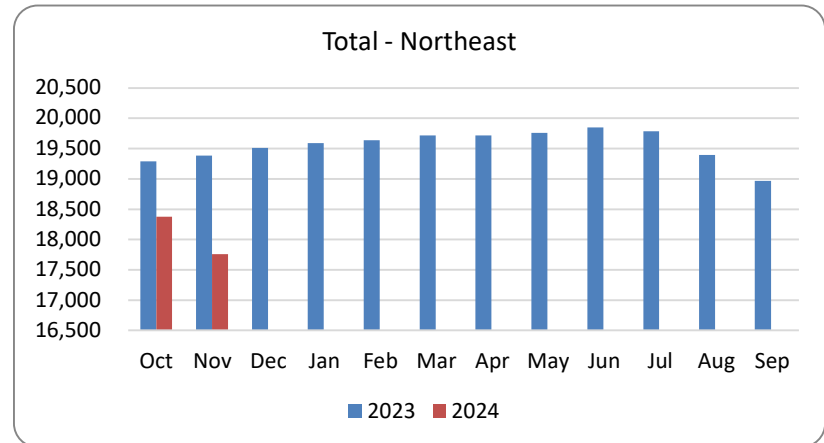
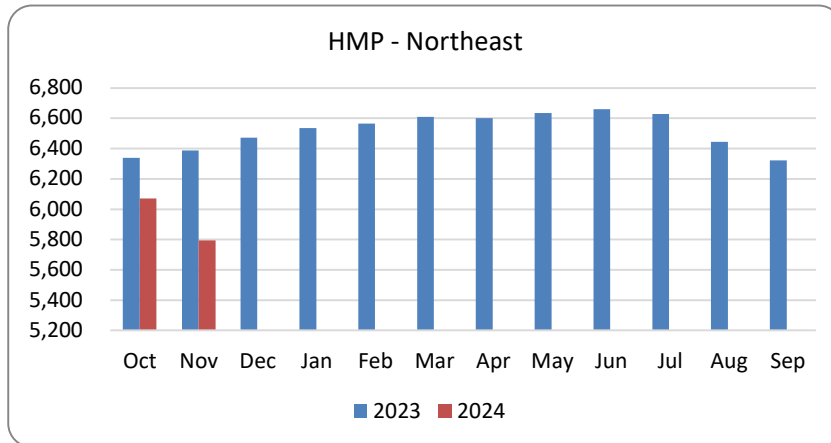
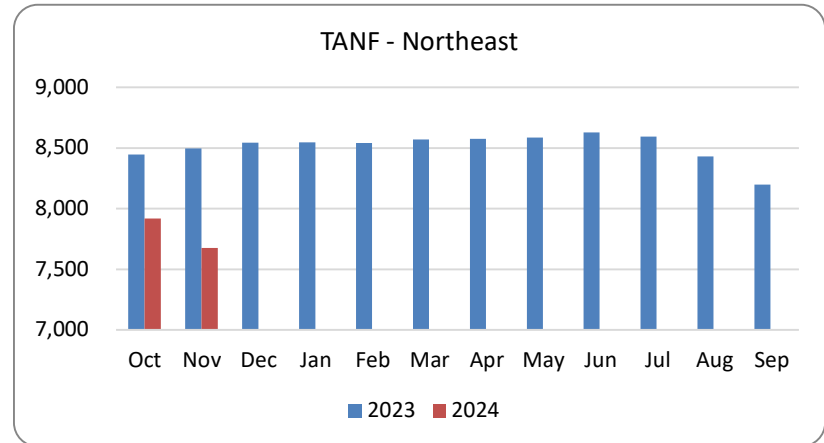
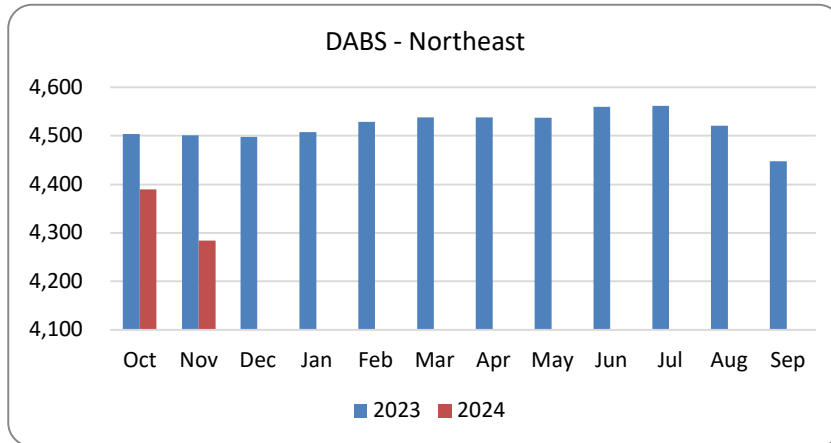


Northern Michigan Regional Entity

Narrative

October 1, 2023 through November 30, 2023

Northeast Eligible Members Trending - based on payment files

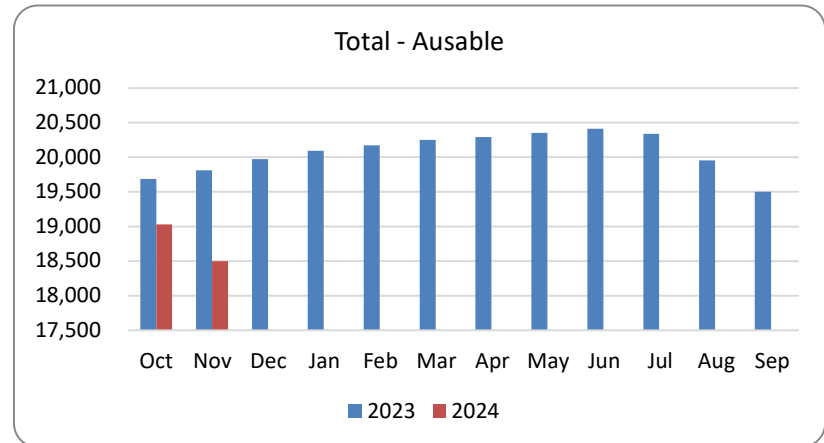
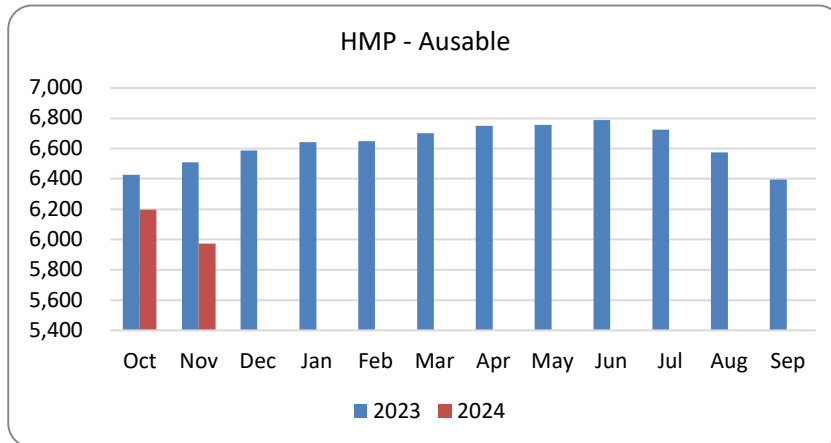
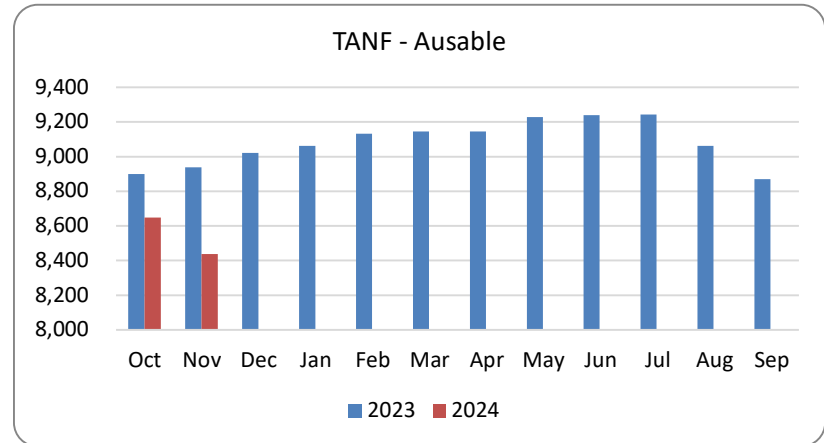
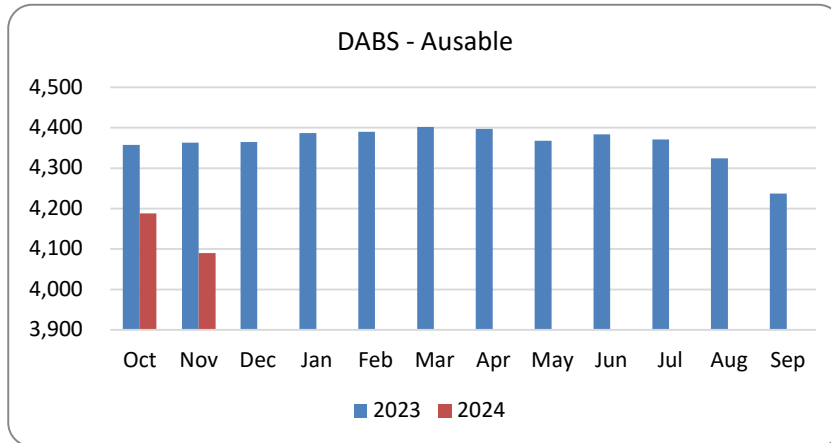


Northern Michigan Regional Entity

Narrative

October 1, 2023 through November 30, 2023

Ausable Valley Eligible Members Trending - based on payment files

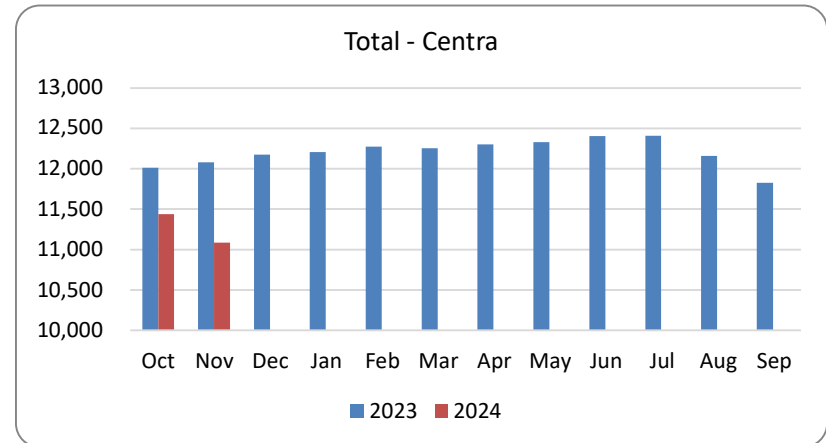
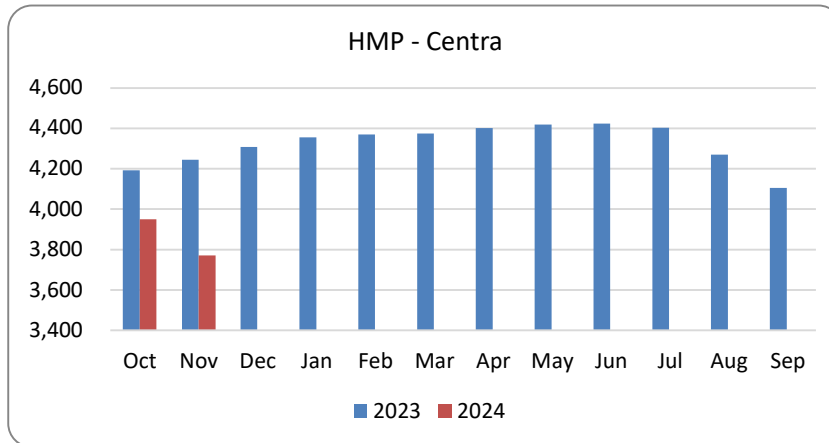
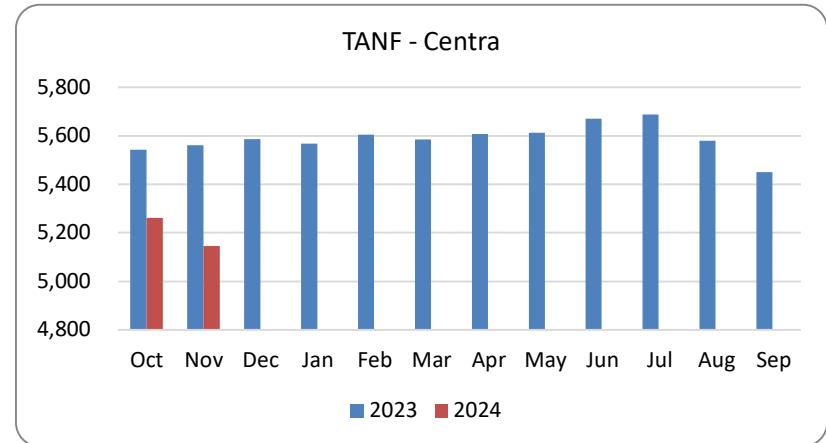
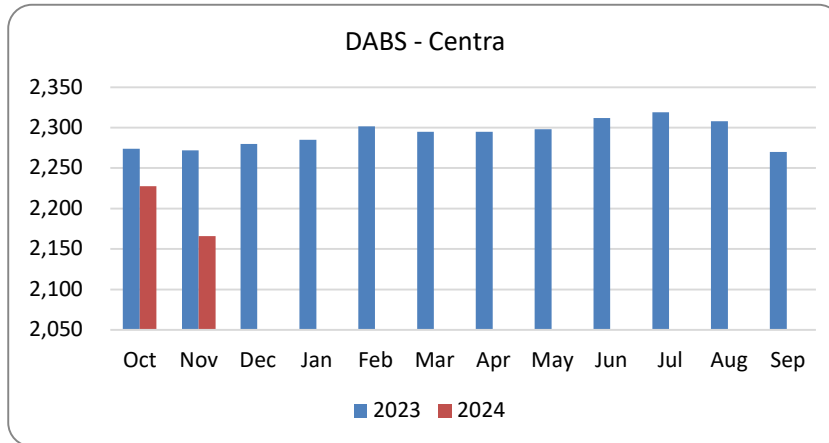


Northern Michigan Regional Entity

Narrative

October 1, 2023 through November 30, 2023

Centra Wellness Eligible Members Trending - based on payment files

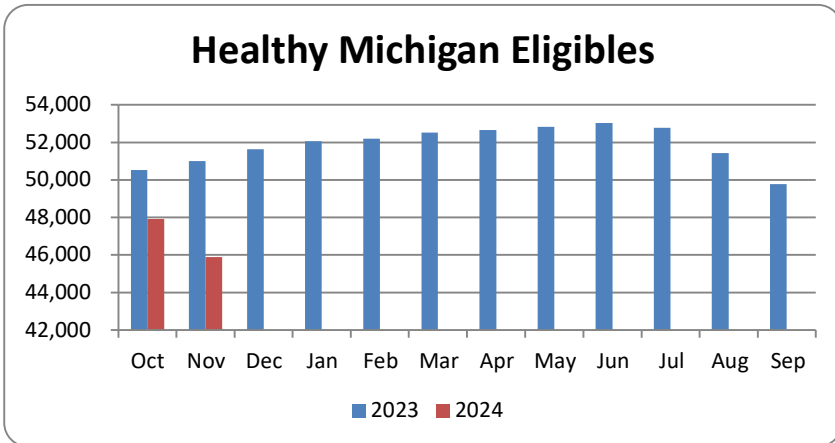
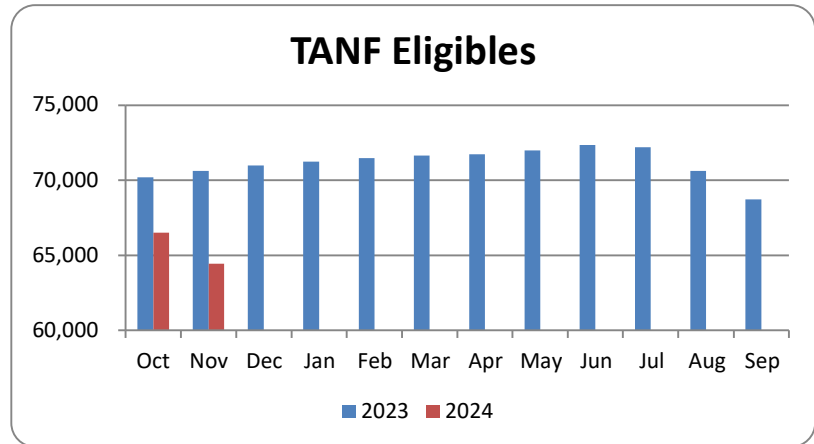
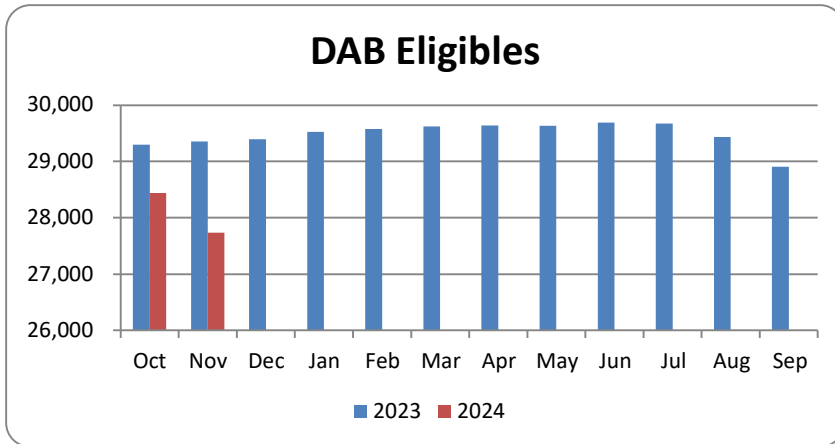


Northern Michigan Regional Entity

Narrative

October 1, 2023 through November 30, 2023

Regional Eligible Trending

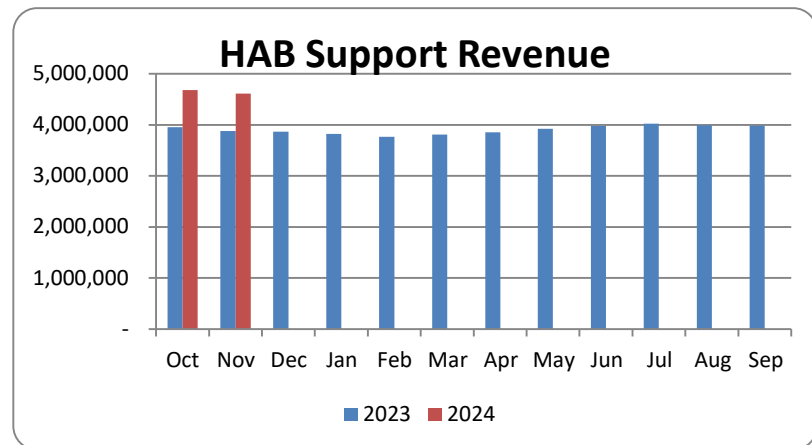
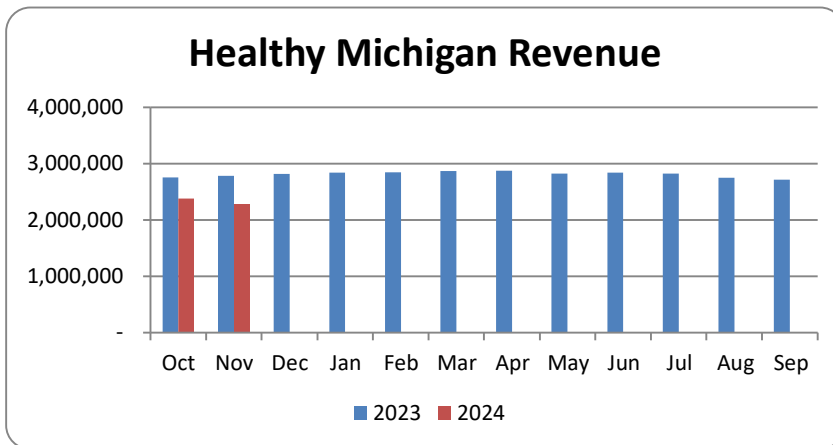
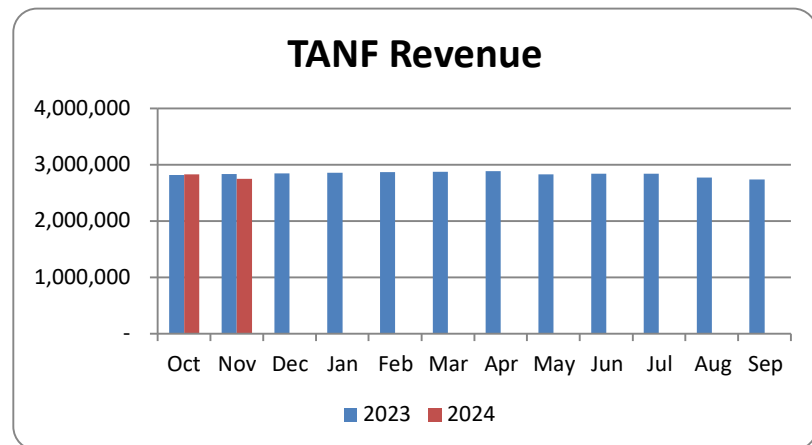
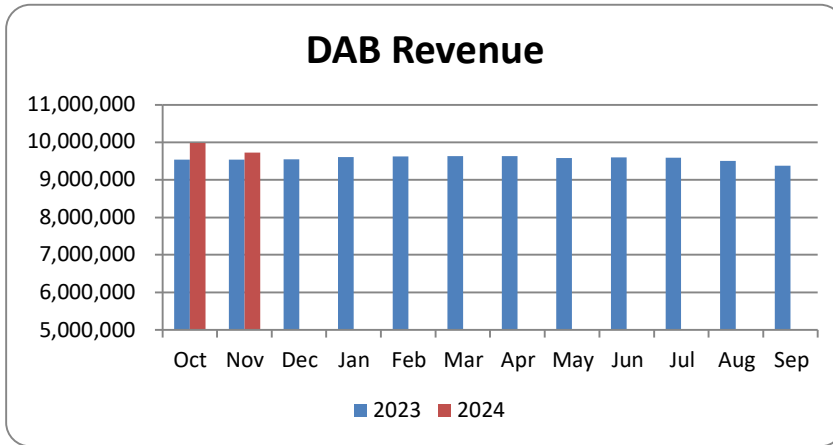


Northern Michigan Regional Entity

Narrative

October 1, 2023 through November 30, 2023

Regional Revenue Trending



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

**ATTENDEES: Ann Friend, Chip Johnston, Eric Kurtz, Brian Martinus, Diane Pelts,
Nena Sork, Deanna Yockey, Carol Balousek**

REVIEW OF AGENDA AND ADDITIONS

Mr. Johnston requested that a discussion about Munson D6/NLCMH admission screening issues be added to the meeting agenda.

APPROVAL OF PREVIOUS MINUTES

The minutes from December 4th were included in the meeting materials.

**MOTION BY DIANE PELTS TO APPROVE THE DECEMBER 4, 2024 MINUTES OF THE
NORTHERN MICHIGAN REGIONAL ENTITY OPERATIONS COMMITTEE; SUPPORT BY
NENA SORK. MOTION CARRIED.**

FINANCE COMMITTEE AND RELATED

November 2023

- Net Position showed net surplus Medicaid and HMP of \$1,113,556. Carry forward was reported as \$13,325,617. The total Medicaid and HMP Current Year Surplus was reported as \$14,439,173. The total Medicaid and HMP Internal Service Fund was reported as \$17,437,845. The total Medicaid and HMP net surplus was reported as \$31,877,018.
- Traditional Medicaid showed \$34,754,797 in revenue, and \$32,744,791 in expenses, resulting in a net surplus of \$2,010,006. Medicaid ISF was reported as \$10,371,825 based on the current FSR. Medicaid Savings was reported as \$2,324,071.
- Healthy Michigan Plan showed \$4,656,419 in revenue, and \$5,552,869 in expenses, resulting in a net deficit of \$896,450. HMP ISF was reported as \$7,066,020 based on the current FSR. HMP savings was reported as \$11,001,546.
- Health Home showed \$450,025 in revenue, and \$395,159 in expenses, resulting in a net surplus of \$54,866.
- SUD showed all funding source revenue of \$4,946,672 and \$4,351,071 in expenses, resulting in a net surplus of \$595,601. Total PA2 funds were reported as \$5,026,878.

The November financial report was distributed to the committee in draft form, with the following notes:

- Northern Lakes numbers were trended from FY23 as a rough estimate.
- Something is not calculating correctly on the CMHSP and PIHP eligibles & revenue pivot tables. NMRE CFO, Deanna Yockey, is working to resolve the issue.

MOTION BY CHIP JOHNSTON TO RECOMMEND APPROVAL OF THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR NOVEMBER 2023 IN DRAFT FORM; SUPPORT BY NENA SORK. MOTION APPROVED.

PM/PM Trending

A PM/PM comparison of Q3 and Q4 of FY23 and Q1 of FY24 was sent to committee members this morning. Regionally, Medicaid has increased by \$813,740, HMP has decreased by \$1,189,283, and HSW has increased by \$2,140,062, resulting in an overall increase of \$1,764,519.

Many individuals are dropping off Medicaid onto Plan First healthcare coverage, which does not have a behavioral health benefit; some are high need individuals on the Hab Waiver. PCE is working on a flag to identify individuals with Plan First in the EHR. Kristen Jordan has asked for Medicaid identification numbers of individuals who have been dropped off Medicaid into Plan First. The CMHSPs were advised to send this information to Mr. Kurtz's attention; he will submit it to the Department.

Milliman is expected to announce a rate adjustment retroactive to October 1st to account of the DCW overtime pay.

FY24 Revenue

A summary of payment and enrollment activity from September through December of 2023 was included in the meeting materials.

Since September revenue has increased for DAB by \$137,786 (1.5%), decreased for HMP by \$562,028 (-20.6%), and decreased for TANF by \$68,461 (-2.5%), resulting in a net decrease of \$492,703 (-3.3%).

The December change in DAB, HMP, and TANF Annualized would equate to (\$5,912,434). This decrease is offset by the increase in HSW, which annualized would equate to \$7,393,668.

It was noted that the region owns a total of 689 slots; 671 are currently filled, leaving 18 slots open.

Since September enrollment activity has shown a decrease in DAB of 1,334 (-4.6%), a decrease in HMP of 6,569 (-13.2%), and a decrease in TANF of 6,405 (-9.3%) for a total decrease in eligibles of 14,308 (-9.7%).

The NMRE will continue to monitor payment and enrollment activity in the coming months.

ALPINE CRU AND GF

The 6-bed Alpine CRU in Gaylord is open and accepting clients. The regional Business Intelligence and Technology (BIT) and Finance Committees have been discussing billing and encounter reporting for the Alpine CRU.

The decision has been made to move forward with the 1C Modifier to identify claims specifically from the Alpine CRU facility. Each CMHSP will need to reach out to its PCE project manager to have the necessary changes made to its system. Units will be reported with zero dollars; the NMRE will add in the rate for reporting encounters. How this is reported on the EQI is still being worked out.

A process is also needed for CMHSPs to pay the NMRE for individuals admitted on general funds. The NMRE will need to bill the CMHSPs for GF clients; cost settling could occur at year end. Finance and IT will work out the internal mechanisms and processes for accurate reporting.

Mr. Martinus discussed issues experienced with billing for services at the North Hope (Hope Network) Crisis Facility in Traverse City which are paid by a SAMHSA grant; he noted that the grant ends in March 2024.

PERSONAL CARE/CLS

The memorandum from Mr. Kurtz to Belinda Hawks, Jackie Sproat, and Kasi Hunziger (MDHHS) was included in the meeting materials. In the memorandum, Mr. Kurtz requested guidance/clarification regarding the use of personal care and community living supports (CLS) in licensed, certified residential settings. As discussed during the October and December meetings, reporting CLS and personal care per diem in licensed and certified residential settings is permitted based on the MDHHS Behavioral Health Code Chart. This has been questioned, however, as individuals' enhanced SSI payments are intended to cover enhanced personal care.

Mr. Kurtz has heard that, in response to the issue, the CMHSPs may begin to transition individuals from personal care to CLS; a CLS per diem code is being considered.

Mr. Kurtz also noted that MDHHS is planning to possibly allow Home Help payments to CMHSP's. Also, in certain circumstances allowing payments to parent/guardian caregivers.

CONTRACTOR INSURANCE REQUIREMENTS

Ms. Sork explained that Northeast Michigan's CMH certification has been delayed due to a (Mom & Pop) residential provider not having insurance in the recommended coverage amounts. The committee agreed that this is inappropriate. The insurance coverage amounts should be based on the CMHSP's contract with the provider. A memorandum from legal counsel to Kristen Jordan may be warranted.

Ms. Sork was advised to contact the Association Provider Alliance and/or Bob Stein (or his replacement) at the Residential Care Association.

MCLAREN PSYCHIATRIC UNIT MEDICAID ID

The question of whether McLaren Northern Michigan's Cheboygan Behavioral Health Unit has been certified by Medicaid was raised; it appears that approval is still pending.

The CMHSPs have requested the facility's provider type number. It was noted that a Medicaid ID number is not needed, just the NPI number per correspondence from the Medicaid Provider Enrollment division at the State.

NLCMHA MANAGEMENT REVIEW UPDATE

The NMRE Board Executive Committee met with Rehmann on January 10th regarding the Management Review of Northern Lakes. Richard Carpenter feels that Rehmann cannot complete based on the information he has within Northern Lakes' finance department.

Rehmann will report its findings to date to the NMRE Board on January 24th.

OTHER

Munson D6/NLCMHA Screening Issues

Mr. Johnston expressed that Centra Wellness staff would like to work with Northern Lakes staff to divert individuals from inpatient hospitalization at Munson. A contract is in place between Munson and Northern Lakes for inpatient screenings to be conducted by Munson staff. Mr. Johnston feels that not enough is being done to divert individuals.

MichiCANS

A "soft launch" of the MichiCANS child and adolescent assessment tool is expected this fiscal year. FY25 will be a "hard launch." Work is being done to integrate the MichiCANS into PCE. North Country involved in the pilot program.

NEXT MEETING

The next meeting was scheduled for February 20th at 9:30AM in Gaylord.

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

Alcona	<input checked="" type="checkbox"/> Carolyn Brummund	Kalkaska	<input type="checkbox"/> David Comai
Alpena	<input checked="" type="checkbox"/> Burt Francisco	Leelanau	<input type="checkbox"/> Allison Zimpfer
Antrim	<input checked="" type="checkbox"/> Pam Singer	Manistee	<input checked="" type="checkbox"/> Richard Schmidt
Benzie	<input checked="" type="checkbox"/> Tim Markey	Missaukee	<input type="checkbox"/> Vacant
Charlevoix	<input checked="" type="checkbox"/> Anne Marie Conway	Montmorency	<input checked="" type="checkbox"/> Don Edwards
Cheboygan	<input checked="" type="checkbox"/> John Wallace	Ogemaw	<input checked="" type="checkbox"/> Ron Quackenbush
Crawford	<input checked="" type="checkbox"/> Sherry Powers	Oscoda	<input checked="" type="checkbox"/> Chuck Varner
Emmet	<input checked="" type="checkbox"/> Terry Newton	Otsego	<input checked="" type="checkbox"/> Doug Johnson
Grand		Presque Isle	<input checked="" type="checkbox"/> Dana Labar
Traverse	<input checked="" type="checkbox"/> Dave Freedman	Roscommon	<input checked="" type="checkbox"/> Darlene Sensor
Iosco	<input checked="" type="checkbox"/> Jay O'Farrell	Wexford	<input checked="" type="checkbox"/> Gary Taylor
Staff	<input checked="" type="checkbox"/> Bea Arsenov		Clinical Services Director
	<input checked="" type="checkbox"/> Jodie Balhorn		Prevention Coordinator
	<input checked="" type="checkbox"/> Carol Balousek		Executive Administrator
	<input 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 checked="" type="checkbox"/> Denise Switzer		Grant and Treatment Manager
	<input checked="" type="checkbox"/> Deanna Yockey		Chief Financial Officer
Public	Chip Cieslinski, Nichole Flickema, Chris Frasz, Kassondra Glenister, Laith Griffith, Chip Johnston, Annie Moran, Sergeant Ben Owens, Diane Pelts, Susan Pulaski, Cameron Snyder, Hunter Sonnenberg, John Thorp, Sheriff Chuck Vondra, Crystal Weaver, Sue Winter		

CALL TO ORDER

Let the record show that Mr. Schmidt called the meeting to order at 10:00AM.

ROLL CALL

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

PLEDGE OF ALLEGIANCE

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

APPROVAL OF PAST MINUTES

The November minutes were included in the materials for the meeting on this date. Ms. Singer asked that her request to have the admission report supplied to the SUD Oversight Committee by County be added to the meeting minutes.

MOTION BY TERRY NEWTON TO APPROVE THE MINUTES OF THE NOVEMBER 6, 2023 NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE MEETING AS AMENDED; SUPPORT BY PAM SINGER. MOTION CARRIED.

APPROVAL OF AGENDA

Let the record show that Mr. Schmidt added a presentation on Kloxxado to the meeting agenda.

MOTION BY CHUCK VARNER TO APPROVE THE AGENDA FOR THE JANUARY 8, 2024 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE AS AMENDED; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

KLOXXADO

Annie Moran, Community Health Manager at Velocity BioGroup was asked to present the 8mg naloxone nasal spray, Kloxxado to committee members.

Ms. Moran referenced Senate Bill 542 (Hertel), legislation introduced in Michigan to help reduce overdose deaths by requiring the Michigan Department of Health and Human Services (MDHHS) to provide all FDA-approved formulations and dosage strengths of naloxone to eligible applicants.

The State of Michigan's naloxone distribution program currently provides 4 mg (nasal) doses of naloxone. There is increasing evidence that administration of a single 4 mg dose is insufficient to reverse an overdose due to the potency of fentanyl. Kloxxado 8 mg contains twice as much naloxone per dose as Narcan. 78% of opioid overdose reversal involved two or more doses of naloxone; 30% involved 3 or more doses.

Kloxxado costs \$60 for box of two 8mg doses. Mr. Kurtz agreed to reach out to the Department regarding the higher dosage since it is approved by Medicaid. Ms. Brummund asked that the information presented be sent to committee members, which was done.

ANNOUNCEMENTS

Let the record show that new member Dana Labar from Presque Isle County was introduced.

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; none were declared.

INFORMATIONAL REPORTS

Admissions

The admissions report through November 30, 2023 was included in the materials for the meeting on this date. Admissions for were down 15% from the same period in FY23. The data showed that outpatient was the highest level of treatment admissions at 42.90%, and alcohol was the most prevalent primary substance at 58.9%, All opiates (including heroin) were second at 18.3%, and methamphetamine was the third most prevalent primary substance at 15.14%. It was noted that stimulant use is rising sharply throughout the 21-county region. Ms. Arsenov clarified that the report only captures primary substance use; methamphetamine is also frequently a secondary substance. A report by counties is in process.

It was noted that Fentanyl is captured under synthetic opiates. Other substances may also have fentanyl added. Test strips are available to determine whether a substance contains fentanyl.

Mr. Freedman asked whether the numbers accurately reflect the need; he questioned whether outpatient is highest because it's easier to access. NMRE Clinical Services Director, Bea Arsenov, responded that outpatient is a long-term service and an appropriate level of care to maintain recovery.

Ms. Singer requested an update on the Three-Year Strategic Plan Goals for the March meeting, and an age breakdown for the primary substance use, if possible.

It was noted that all levels of care are available for inhalants.

September Financial Report

SUD services through September 30, 2023 showed all funding source revenue of \$30,471,105 and \$27,809,959 in expenses, resulting in a net surplus of \$2,661,146. Total PA2 funds were reported as \$5,097,296. 100% of block grant was spent in FY23. \$1.5M revenue projected for PA2 for FY23, came in at \$1.8M.

It was noted that NMRE has requested organizations that have projects funded with liquor tax dollars secure other funding sources by the fourth year of the project. Oftentimes, however, there is no other source for the funds. In these cases, organizations may continue to request liquor tax funds from the NMRE; there is no policy in place that prohibits funding projects after three years.

FY24 LIQUOR TAX REQUESTS

Ms. Arsenov reported that 9 liquor tax requests have been received since the November meeting. Two of the projects came in from AuSable Valley Community Mental Health Authority; one in the amount of \$67,789 and one in the amount of \$219,090. Additionally, a request came from Bear River Health for funds from all 21 counties totaling \$76,558. If all requests were approved as submitted, some counties would not be able to retain a fund balance equivalent of one year's receivables. Due to this, the NMRE initially recommended to deny the request from AuSable Valley Community Mental Health Authority to fund a peer recovery program in Iosco, Ogemaw, and Oscoda counties. Since the meeting packet was sent on January 2nd, an amended request was received from AuSable Valley Community Mental Health Authority for 25% of the initial request for a total of \$54,772.50. It was noted that, even at the reduced amount, all three of the stated projects cannot be approved while retaining a fund balance of one year's receivables.

Mr. Freedman asked if the limitations of PA2 funds can be revisited. Ms. Arsenov responded that a presentation will be prepared for the March meeting.

Mr. Schmidt spoke about the request from Bear River Health for Substance Use Recovery Focused (SURF) activities, noting that some of the CMHSPs may be providing similar services.

Mr. Freedman noted that the "Fiduciary Contact Information" box was left blank on several of the applications; he requested that future applications be contain the requested information.

1) AuSable Valley Community Mental Health Authority – Jail Services (3rd Year Renewal)

Iosco	\$	31,337.62
Ogemaw	\$	26,130.46
Oscoda	\$	<u>10,320.92</u>
Total	\$	67,789.00

The recommendation by NMRE was to approve.

MOTION BY CHUCK VARNER TO APPROVE THE REQUEST FROM AUSABLE VALLEY COMMUNITY MENTAL HEALTH AUTHORITY FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF SIXTY-SEVEN THOUSAND SEVEN HUNDRED EIGHTY-NINE DOLLARS (\$67,789.00) TO FUND SERVICES TO INDIVIDUALS IN THE IOSCO, OGEMAW, AND OSCODA COUNTY JAILS; SUPPORT BY JAY O’FARRELL. MOTION CARRIED.

2) AuSable Valley Community Mental Health Association – Peer Recovery Coach Program (Renewal)

	<u>Original Request</u>	<u>Amended Request</u>
Iosco	\$ 100,781.40	\$ 25,320.33
Ogemaw	\$ 85,445.10	\$ 21,113.02
Oscoda	\$ 32,863.50	\$ 8,339.15
Total	\$ 219,090.00	\$ 54,772.50

The initial recommendation by NMRE was not to not approve, due to the availability of funds. A revised request (25%) was received prior to the meeting to get the program moving forward while the NMRE explores contracting with AuSable Valley Community Mental Health Association to bill for substance use disorder services.

MOTION BY JAY O’FARRELL TO APPROVE THE REQUEST FROM AUSABLE VALLEY COMMUNITY MENTAL HEALTH AUTHORITY FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF FIFTY-FOUR THOUSAND, SEVEN HUNDRED SEVENTY-TWO DOLLARS AND FIFTY CENTS (\$54,772.50) TO FUND A PEER RECOVERY COACH PROGRAM IN IOSCO, OGEMAW, AND OSCODA COUNTIES; SUPPORT BY RON QUACKENBUSH. MOTION CARRIED.

It was noted that approval of this request leaves the remaining balance for Ogemaw County at \$755.79 (while retaining a balance equivalent to one year’s receivables).

3) 33rd Circuit Court – Charlevoix Circuit Drug & Alcohol Court (New Request)

Charlevoix	\$	151,983.00
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The recommendation by NMRE was to approve. Clarification was made that the program administrator’s salary was determined by moving the salary of the current staff over to the new position.

MOTION BY ANNE MARIE CONWAY TO APPROVE THE REQUEST FROM THE THIRTY THIRD (33RD) CIRCUIT COURT FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF ONE HUNDRED FIFTY-ONE THOUSAND NINE HUNDRED EIGHTY-THREE DOLLARS (\$151,983.00) TO FUND THE CHARLEVOIX COUNTY DRUG AND ALCOHOL COURT; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

- 4) Charlevoix County Jail – Individual Counseling Services (New Request)

Charlevoix \$ 21,000.00

The recommendation by NMRE was to approve.

MOTION BY ANNE MARIE CONWAY TO APPROVE THE REQUEST FROM THE CHARLEVOIX COUNTY JAIL FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF TWENTY-ONE THOUSAND DOLLARS (\$21,000.00) TO PROVIDE INDIVIDUAL COUNSELING SERVICES IN THE CHARLEVOIX COUNTY JAIL; SUPPORT BY JOHN WALLACE. MOTION CARRIED.

- 5) 89th District OWI Treatment Court – Intelligent Fingerprint Testing (New Request)

Cheboygan \$ 6,500.00

The recommendation by NMRE was to approve.

MOTION BY JOHN WALLACE TO APPROVE THE REQUEST FROM THE EIGHTY-NINTH (89TH) DISTRICT OPERATING WHILE INTOXICATED (OWI) TREATMENT COURT FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF SIX THOUSAND FIVE HUNDRED DOLLARS (\$6,500.00) TO PURCHASE INTELLIGENT FINGERPRINT TESTING FOR CHEBOYGAN COUNTY; SUPPORT BY ANNE MARIE CONWAY.

Discussion: Mr. Freedman questioned whether equipment could be considered as capital; he, again, noted the need to revisit the limitations of PA2 funds.

MOTION CARRIED.

- 6) Bear River Health – Cheboygan County Jail Case Management Services (Renewal/New Request)

Cheboygan \$ 40,744.00

The recommendation by NMRE was to approve.

MOTION BY JOHN WALLACE TO APPROVE THE REQUEST FROM BEAR RIVER HEALTH FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF FORTY THOUSAND SEVEN HUNDRED FORTY-FOUR DOLLARS (\$40,744.00) FOR CASE MANAGEMENT SERVICES IN THE CHEBOYGAN COUNTY JAIL; SUPPORT BY TERRY NEWTON. MOTION CARRIED WITH ONE "NAY" VOTE RECORDED FROM MR. FREEDMAN.

Discussion: Mr. Labar questioned the salary amount of \$26,208 for 8 hours per week. Kassondra Glenister from Bear River Health responded that the amount was based off the NMRE billable rate. A full-time staff is currently employed serving Emmet and Otsego Counties and will be expanding into Cheboygan County. Branislava Arsenov explained this was not something NMRE mandates/ requests. Mr. Kurtz clarified that the amount should be based on the individual's actual salary and not the billable rate. Mr. Freedman noted that box titled, "Briefly Explain how your project will address the need(s) identified above" was left blank on the application which could have clarified some of the issues brought forth. NMRE Grant and Treatment Manager, Denise Switzer, added that timesheets are used to verify payment.

7) Catholic Human Services – Live Well Kalkaska Substance Free Coalition (Renewal)

Kalkaska \$ 20,000.00

The recommendation by NMRE was to approve. It was noted that Kalkaska's representative to the NMRE SUD Oversight Committee has never attended scheduled meetings.

MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF TWENTY THOUSAND DOLLARS (\$20,000.00) TO FUND THE LIVE WELL KALKASKA SUBSTANCE FREE COALITION; SUPPORT BY TERRY NEWTON. MOTION CARRIED WITH ONE "NAY" VOTE RECORDED FROM MR. FRANCISCO.

8) Health Department of Northwest Michigan – Rise Otsego Substance Free Coalition (Addendum)

Otsego \$ 12,000.00

The recommendation by NMRE was to approve.

Discussion: Mr. Freedman voiced several concerns with the application: the application lists an expired license, there is no explanation for fringe greater than 25% and/or indirect costs greater than 10%, and possible calculation errors.

MOTION BY DOUG JOHNSON TO APPROVE THE REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF TWELVE THOUSAND DOLLARS (\$12,000.00) TO FUND THE RISE OTSEGO SUBSTANCE FREE COALITION; SUPPORT BY ANNE MARIE CONWAY. MOTION CARRIED WITH ONE "NAY" VOTE RECORDED FROM MR. FREEDMAN.

9) Bear River Health – Substance Use Recovery Focused (SURF) Club (Renewal)

Alcona	\$	1,563.06
Alpena	\$	4,297.91
Antrim	\$	3,517.21
Benzie	\$	2,653.62
Charlevoix	\$	3,947.13
Cheboygan	\$	3,830.85

Crawford	\$	2,100.03
Emmet	\$	5,012.32
Grand Traverse	\$	13,863.34
Iosco	\$	3,799.59
Kalkaska	\$	2,662.83
Leelanau	\$	3,270.32
Manistee	\$	3,688.61
Missaukee	\$	2,264.78
Montmorency	\$	1,396.80
Ogemaw	\$	3,168.24
Oscoda	\$	1,251.38
Otsego	\$	3,705.37
Presque Isle	\$	1,931.51
Roscommon	\$	3,608.27
Wexford	\$	5,024.85
Total	\$	76,558.00

The recommendation by NMRE was to approve, however, as noted previously, Ogemaw County only has \$755.79 available.

Discussion: The funds would be spent on quarterly events and weekly recovery support groups. Ms. Arsenov asked how much of the funding is used on clients who reside within the NMRE region. Ms. Glenister responded 90% of clients participating reside within the NMRE's 21 counties. Mr. Kurtz reported that the NMRE is conducting a capacity analysis to determine how many of the services delivered within the NMRE region are to clients who reside in the region; a summary will be supplied to the SUD Oversight Committee in March. The current county breakdown is based on population (not use). Mr. Wallace stated that it would be helpful to know the rate of participation by county.

Mr. Schmidt voiced support for the project but requested the opportunity to pull out if similar services are covered by Centra Wellness Network.

MOTION BY RON QUACKENBUSH TO APPROVE THE REQUEST FROM BEAR RIVER HEALTH FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF SEVENTY-SIX THOUSAND FIVE HUNDRED FIFTY-EIGHT DOLLARS (\$76,558.00) TO FUND THE SUBSTANCE USE RECOVERY FOCUSED (SURF) EVENTS IN THE TWENTY-ONE COUNTIES COVERED BY THE NORTHERN MICHIGAN REGIONAL ENTITY.

The decision was made that the NMRE will request the breakdown of clients served per county from Bear River Health. This request will be deferred until the information is received. Ms. Arsenov clarified that liquor tax funds are only being requested for services that are not currently billable to NMRE.

MR. QUACKENBUSH WITHDREW HIS MOTION.

The total of the liquor tax requests approved during the meeting on this date was provided as **\$374,788.50**

County Overviews

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

	Projected FY24 Available Balance	Amount Approved January 8, 2024	Projected Remaining Balance
Alcona	\$31,560.14	0.00	\$31,560.14
Alpena	\$187,363.29	0.00	\$187,363.40
Antrim	\$139,578.01	0.00	\$139,578.01
Benzie	\$202,115.74	0.00	\$202,115.74
Charlevoix	\$236,647.27	\$172,983.08	\$63,664.19
Cheboygan	\$69,136.53	\$47,244	\$21,892.53
Crawford	\$86,827.02	0.00	\$86,827.02
Emmet	\$293,555.13	0.00	\$293,555.13
Grand Traverse	\$511,873.28	0.00	\$511,873.28
Iosco	\$119,383.67	\$56,657.95	\$62,725.72
Kalkaska	\$28,292.07	\$20,000.00	\$8,292.07
Leelanau	\$35,025.73	0.00	\$35,025.73
Manistee	\$179,952.70	0.00	\$179,952.70
Missaukee	\$11,689.45	0.00	\$11,689.45
Montmorency	\$29,491.57	0.00	\$29,491.57
Ogemaw	\$47,999.27	\$47,243.48	\$755.79
Oscoda	\$47,999.27	\$18,660.07	\$29,339.20
Otsego	\$36,444.34	\$12,000.00	\$24,444.34
Presque Isle	\$11,611.13	0.00	\$11,611.13
Roscommon	\$47,2989.68	0.00	\$47,2989.68
Wexford	\$232,681.50	0.00	\$232,681.50

Clarification was made that the "Projected Remaining Balance" reflects funding available for projects while retaining a fund balance equivalent of one year's receivables.

PRESENTATION

SAFE in Northern Michigan

Susan Pulaski, Project Director of SAFE in Northern Michigan, and Nichole Flickema, Project Coordinator for SAFE in Northern Michigan were in attendance with virtual student attendees Cameron Snyder (Ellsworth High School), Hunter Sonnenbert (Pellston High School), Laith Griffith (Pellston High School) to provide an update on the SAFE in Northern Michigan Substance Free Coalition.

SAFE in Northern Michigan exists to prevent youth substance use, increase community awareness and create change through collaboration, education, prevention initiatives and environmental strategies of tobacco, alcohol and other substance use in Antrim, Charlevoix and Emmet counties. Currently, membership consists of 132 youth and 25 adults.

Activities over the past year have included:

- In November, SAFE in Northern Michigan youth and advisors traveled to Lansing to meet with legislators and advocate from drug free youth.

- SAFE youth developed Public Service Announcements to promote the dangers of alcohol, marijuana, and vaping.
- SAFE youth promote substance free spirit nights at high school sporting events.
- 26 SAFE youth attended a full day Youth Advocacy and Strategic Prevention Training.
- In January 2023, 7 SAFE youth attended the Community-based, Advocacy-focused, Data-driven, Coalition-Building (CADCA) National Leadership Forum in Washington DC.
- In July, 11 SAFE youth attended the CADCA Mid-Year Conference in Dallas.
- SAFE youth nominated substance free varsity athletes to be featured on posters to hang in their schools.
- SAFE youth organized 6 Vape Prevention Workshops titled, "What's Your Why?" with middle school students.
- SAFE youth took part in a PhotoVoice project to share their experiences with how youth vaping impacts their communities through photography and storytelling.
- SAFE developed several different social norming campaigns to let community members know that the majority of youth across the region DO NOT use substances.

PUBLIC COMMENT

Let the record show that there were no public comments expressed.

NEXT MEETING

The next meeting was scheduled for March 4, 2024 at 10:00AM.

ADJOURN

Let the record show that Mr. Schmidt adjourned the meeting at 11:48AM.

AUSABLE VALLEY CMHA JAIL SERVICES (RENEWAL)

Organization/Fiduciary:	AuSable Valley CMHA
County:	Multi County
Project Total:	\$67,789

DESCRIPTION:

Drug abuse is on the rise leading to police involvement, arrests and incarceration, especially due to current conditions of isolation and lifestyle changes. Local law enforcement, including corrections staff, are understaffed and underfunded. Local jail administrators report that the majority of their inmate population suffer from substance use or co-occurring disorders. Jail staff lack the training, capacity, and resources to provide treatment to inmates and rely on AVCMHA to support them. Pre-adjudicated incarcerated individuals lose their Medicaid once incarcerated. This, in conjunction with the reduction of general funds dollars, seriously limits the ability of AVCMHA to provide services to these individuals outside of emergency services. It is reported that in 2017 total drug related deaths were 2686 with 2053 death involving opioids (MDHHS).

In FY23, staff served 293 inmates at the Ogemaw Jail and 44 at the Iosco Jail for a total of 337 inmates. This is an increase of over 100 inmates from the previous year. Continuation of these services is critical to assist correctional facilities staff working with the inmate population suffering from substance use or co-occurring disorders. "Substance abuse costs our Nation over \$600 billion annually and treatment can help reduce these costs. Drug addiction treatment has been shown to reduce associated health and social costs by far more than the cost of the treatment itself. Treatment is also much less expensive than its alternatives, such as incarcerating addicted persons. According to several conservative estimates, every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. It is estimated that about one-half of State and Federal prisoners abuse or are addicted to drugs, but relatively few receive treatment while incarcerated. Initiating drug abuse treatment while incarcerated and continuing it upon release is vital to both individual recovery and to public health and safety. Various studies have shown that combining incarceration and community-based treatment for addicted offenders reduces the risk of both recidivism to drug-related criminal behavior and relapse to drug use which, in turn, nets huge savings in societal costs". (NIDA 1/2018).

Community outreach connections and continuing education and training of agency, court, and correctional staff is also imperative to the success of the program.

Recommendation: Approve

County	Project	Requested Budget
Iosco	AuSable Valley CMHA Jail Services	\$31,337.62
Ogemaw	AuSable Valley CMHA Jail Services	\$26,130.46
Oscoda	AuSable Valley CMHA Jail Services	\$10,320.92

AUSABLE VALLEY CMHA PEER RECOVERY COACH PROGRAM (RENEWAL)

Organization/Fiduciary:	AuSable Valley CMHA
County:	Multi County
Project Total:	\$54,772.50

DESCRIPTION:

Focusing on substance using women and teenagers with dependent children and their families, including females who are attempting to regain custody of their children, and clients with co-occurring disorders, funding from this opportunity will be used to employ two peer recovery coaches, as well as a peer program supervisor to assist others in maintaining their recovery and help to enhance their quality of personal and family life. Peer recovery support services can help improve long-term recovery by increasing abstinence, decreasing inpatient services and hospitalization, and improving function (SAMHSA, 2022). The peer recovery coaches work in their appropriate geographic locations with one in Ogemaw and Oscoda counties, and the other one in Iosco County. The peer program supervisor oversees the program development, referrals, and client enrollment, as well as supervises the two coaches. Current clients enrolled in PRC services is 18 clients in Iosco county, 5 in Oscoda county, and 5 in Ogemaw county. Services are also being provided to 1 COFR who is now in Cadillac. All three coaches have been trained in Peer Recovery Coach curriculum and two of the coaches are working toward their MCBAP certification.

In a recent community needs assessment conducted with the Michigan MiThrive Initiative, 34.8% of individuals polled stated that SUD was an important issue impacting their lives. 44.3% stated that they were unaware of SUD services in the area or that there were not enough. Substance misuse emerged as a top them in 5 out of 6 data collection activities. Along with individual support, the peer recovery coaches will also provide knowledge and awareness of available prevention programs and services to members of the community through information dissemination. Presentations providing information and education will be made available for assemblies, town hall meetings, and other engagements during focused community outreach efforts.

Recommendation: Approve (as amended)

County	Project	Requested Budget
Iosco	AuSable Valley CMHA Peer Recovery Coach Program	\$25,320.33
Ogemaw	AuSable Valley CMHA Peer Recovery Coach Program	\$21,113.02
Oscoda	AuSable Valley CMHA Peer Recovery Coach Program	\$8,339.15

CHARLEVOIX CIRCUIT DRUG & ALCOHOL COURT (NEW REQUEST)

Organization/Fiduciary:	33 rd Circuit Court/Charlevoix County
County:	Charlevoix
Project Total:	\$ 151,983

DESCRIPTION:



We are working on the creation and implementation of an adult treatment court program in Charlevoix County to address populations who enter the criminal justice system as a high-risk client with a substance use disorder. The treatment court consists of a multi-disciplinary team and evidence-based practices, to assist participants in getting into long term recovery while reducing risks to the community. The program will consist of recovery-based programming such as Cognitive Behavior Therapy, Relapse prevention therapy, and more, monitoring, testing, and compliance services and whose goal is to support high risk/high need SUD clients successfully recover.

Recommendation: Approve

County	Project	Requested Budget
Charlevoix	Charlevoix Circuit Drug & Alcohol Court	\$151,983

CHARLEVOIX JAIL INDIVIDUAL COUNSELING (NEW REQUEST)

Organization/Fiduciary:	Charlevoix County
County:	Charlevoix
Project Total:	\$ 21,000

DESCRIPTION:

Inmates are reluctant to identify trauma as an underlying causal factor in their choices and they often avoid working on this in a meaningful manner. Rather they will often use substances to help escape from the impact of trauma. Focus will be on exploring trauma and substance use to help individuals connect with the impact on their life choices. Qualified/State Certified Licensed Master’s Social Worker will provide inmates with various tools: Adverse Childhood Experiences (ACEs) survey to identify childhood trauma and identify adult trauma experienced. Using the Modified Simple Screening Instrument (MSSI) to identify presence of Substance Use Disorder (SUD) and their stage of change. Individuals will be given a safe positive environment where they can explore trauma.

Recommendation: Approve

County	Project	Requested Budget
Charlevoix	Charlevoix Jail Individual Counseling	\$21,000

89TH DISTRICT OWI TREATMENT COURT – INTELLIGENT FINGERPRINT TESTING (NEW REQUEST)

Organization/Fiduciary:	89th District Court/Cheboygan County
County:	Cheboygan
Project Total:	\$ 6,500

DESCRIPTION:

The 89th District Court is requesting funding for the one-time purchase of an Intelligent Fingerprint Drug Testing device and additional device testing cartridges (\$5,000.00 for the device & \$15.00 per cartridge / 25 cartridges per box; 4 boxes requested) for Cheboygan County. In Cheboygan County, the 89th District Court has been successfully operating a treatment court since August 2012; the 89th District OWI Treatment Court. Collectively operated with an interdisciplinary team, the 89th District OWI Treatment Court has been a success story over the last eleven years and has graduated many participants back into the community with healthy lives. The 89th District Court OWI Treatment Court is now seeking additional resources to secure an alternative testing option to enhance the accountability function of the Court for treatment of court participants. Variability in drug testing methods enhances accountability. Additionally, access to local testing facilities has been reduced and challenged with a reduction in service options, limited hours, and lack of gender-match observational testing is occurring, which has created barriers to the Court's confidence in consistent drug testing of participants. Additionally, there have been significant delays in getting results from participant's biological samples sent out for 3rd party screening. Any indication of positive drug results from those delayed participant samples is counterintuitive to a tenet of drug and alcohol addiction treatment; quick intervention to correct behavior through treatment and accountability. The Intelligent Fingerprint Drug Testing device is a great option for the 89th District Court to address the aforementioned issues and to continue to effectuate a goal of increased access to prevention and treatment of substance use disorders. The Intelligent Fingerprinting Drug Testing device is available through Smart Start Michigan has recently been updated to be more compact, more efficient, and produce faster results. The Intelligent Fingerprint Drug Testing device is a portable, non-invasive, non-biohazardous, rapid drug testing device that screens the sweat that is found in a participant's fingerprint and the device can test for Tetrahydrocannabinol (THC), Cocaine (COC), Methamphetamine (mAMP), and opiates (OPI) with 90% accuracy. This portable device would allow the Court to test participants at home visits. The 89th District Court is in need of funding assistance from Northern Michigan Regional Entity for the purchase of an Intelligent Fingerprint Testing Device because both organizations are highly invested and interested in substance use disorder prevention and treatment in Cheboygan. At this time, the cost of the device is a deterrent to providing the Treatment Court team with a quick and non-invasive option to hold participants accountable for their treatment. The 89th District Court has a duty to provide oversight of treatment for OWI Treatment Court participants and effectuate quick intervention for Treatment Court participants recovering from addiction to drugs and alcohol.

Recommendation: Approve

County	Project	Requested Budget
Cheboygan	89th District OW Treatment Court – Intelligent Fingerprint Testing	\$6,500

CHEBOYGAN JAIL CASE MANAGEMENT (RENEWAL/NEW REQUEST)

Organization/Fiduciary:	Bear River Health
County:	Cheboygan
Project Total:	\$ 40,744

DESCRIPTION:



Bear River Health Outreach will provide case management services to individuals incarcerated at Cheboygan County Jail. Services will include: Screening for SUD, Education, Referrals for treatment, Community referrals and resources, after care planning, and treatment based activities such as work sheets and books.

Recommendation: Approve

County	Project	Requested Budget
Cheboygan	Cheboygan Jail Case Management	\$40,744

LIVE WELL KALKASKA SUBSTANCE FREE COALITION (RENEWAL)

Organization/Fiduciary:	Catholic Human Services
County:	Kalkaska
Project Total:	\$ 20,000

DESCRIPTION:

The Live Well Kalkaska Substance Free Coalition will continue its extensive outreach to adults and youth alike through coalition trainings (Coffee with the Coalition, ACES, CADCA), awareness campaigns and information dissemination. Delivery of evidenced programming (Botvins, Prime for Life, Natural High) and restorative justice with targeted programming to indicated groups. Advocacy for individuals seeking or in recovery and increases in Recovery support- systems and providers.

Kalkaska is a very high-risk area. Funds from Block grant and PA2 will be coordinated to create an 80 percent prevention specialist position, creating a comprehensive coordination and increased dosage of overall prevention services through the coalition and population direct services. Also, Kalkaska received a prevention network grant to specifically cover coalition training, media and epidemiology - not covered in cost by the PA2 or Block grant.

Recommendation: Approve

County	Project	Requested Budget
Kalkaska	Live Well Kalkaska Substance Free Coalition	\$20,000

RISE OTSEGO SUBSTANCE FREE COALITION (ADDENDUM)

Organization/Fiduciary:	Health Dept of Northwest Michigan
County:	Otsego
Project Total:	\$ 12,000

DESCRIPTION:

RISE: Otsego Substance Free Coalition empowers youth to achieve their fullest potential. Through education, we have the power to reduce youth alcohol, marijuana, nicotine, and other drug use in Otsego County. Together we can provide students, parents, and educators resources and information to create community level change. Requested funds will support continued work of substance use prevention youth coalition, RISE: Otsego Substance Free Coalition (RISE).

When this request originally came through there weren't enough funds projected to approve for the full project amount. RISE adjusted their request to fit the available funds and were approved for \$68,050. This request for \$12,000 is to get them to the full originally requested amount for the project.

Recommendation: Approve

County	Project	Requested Budget
Otsego	RISE Otsego Substance Free Coalition (Addendum)	\$12,000