

NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY



JUNE BOARD & ADVISORY COUNCIL MEETING

THURSDAY, JUNE 12, 2025



3:00 PM

400 JOHNSON STREET
ALPENA, MICHIGAN 49707

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY Board
COMBINED NeMCMHA BOARD AND ADVISORY COUNCIL
Strategic Planning Part II | Meeting Agenda | Thursday, June 12, 2025 | 3:00 p.m.

MISSION STATEMENT

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

- I. Call to Order**
- II. Roll call & Determination of a Quorum**
- III. Pledge of Allegiance**
- IV. Appointment of Evaluator**
- V. Acknowledgement of Conflict of Interest**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes (Pages 1 – 3)**
- VIII. Educational Session: CARF with Vicky DeRoven (Presentation)**
- IX. June Monitoring Reports**
 - 1. Budgeting 01-004(Page 4)
 - 2. Ends 04-001 (Handout)
- X. Strategic Plan Review (Pages 5 – 8)**
- XI. Linkage Reports**
 - 1. NMRE Board(Verbal)
 - 2. CMHA Summer Conference(Verbal)
- XII. Operations Report(Page 9)**
- XIII. Board Chair’s Report**
 - 1. NeMCMHA Annual Report (Handout)
- XIV. Executive Director’s Report(Verbal)**
- XV. Information and/or Comments from the Public**
- XVI. Information and/or Comments for the Good of the Organization**
- XVII. Next NeMCMHA Board Meeting – Thursday, July 10 at 3:00 p.m.**
Next NeMCMHA Advisory Council Meeting – Monday, August 11 at 5:00 p.m.
 - 1. Proposed July Board Agenda Items(Page 10)
- XVIII. Meeting Evaluation(Verbal)**
- XIX. Adjournment**

**Northeast Michigan Community Mental Health Authority Board
Board Meeting – Strategic Planning Part I – May 8, 2025**

I. Call to Order

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

II. Roll Call and Determination of a Quorum

Present: Bob Adrian, Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Terry Small

Absent: Lester Buza (Excused), Charlotte Helman (Excused)

Staff & Guests: Connie Cadarette, Mary Crittenden, Rebekah Duhaime, Erin Fletcher, Elizabeth Kowalski, Eric Kurtz, Jason Lepper, Chelsea McConnell, Brooke Paczkowski, Brenda Stanton

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Lloyd Peltier was appointed as evaluator of the meeting.

V. Acknowledgement of Conflict of Interest

No conflicts of interest were acknowledged.

VI. Information and/or Comments from the Public

There were no comments from the public.

VII. Approval of Minutes

Moved by Terry Small, supported by Lloyd Peltier, to approve the minutes of the April Board meeting, as presented. Motion carried.

VIII. Financial and Compliance Audit Reports

Chelsea McConnell, from Straley Lamp & Kraenzlein P.C., presented the financial and compliance statements and opinions. She reported they were pleased to offer an unmodified (“clean”) opinion as of September 30, 2024. No internal control deficiencies were noted from audit procedures. The compliance audit is issued in a separate report and complies with CMH Compliance Examination Guidelines. The Agency was, again, issued an unmodified (“clean”) opinion. The current liquidity ratio, which measures the ability to pay short-term obligations, was at 1.73 for 2024, up from 1.64 in 2023. The number of days of expenses in unrestricted net position was at 31 days in 2024, up from 29 days in 2023, showing stability. Chelsea praised the ease of working with Connie and her staff.

IX. Environmental Scan

Eric Kurtz, Northern Michigan Regional Entity (NMRE) CEO, provided a brief overview of the NMRE, which was a creation of Michigan’s Mental Health Code and the 21 counties in Region 2 and is comprised of five CMHSPs. The NMRE serves as the prepaid inpatient health plan (PIHP), which is a managed care entity. They receive the State’s funding and contracts for behavioral health services, ensure compliance and network adequacy, and manage SUD funding for Medicaid. Funding sources include Medicaid (\$212 million), Medicaid specifically for SUD (\$18 million), block grants for SUD (\$5.5 million), and liquor tax funds (\$1.9 million). The NMRE has a savings corridor of about \$20.5 million, which will have to be tapped into this year.

He reviewed items of note for the future including revenue fluctuations, federal Medicaid cuts, the mental health framework, PIHP contract negotiations, the PIHP bid out, the lack of State hospital beds, and Conflict Free Access and Planning (CFAP). Some regional goals include continuing to advance marketing and advocacy

efforts regarding rural initiatives, leaning heavily on regional legislators related to funding and the bid out, maintaining 100% performance on MDHHS performance incentives, and increasing focus on utilization management/managed care guidelines.

X. Consent Agenda: Merit

Board members received a consent agenda as a handout for the Merit contract.

Moved by Bob Adrian, supported by Kara Bauer LeMonds, to approve the May Consent Agenda, as presented. Motion carried.

XI. May Monitoring Reports

1. Budgeting 01-004

Connie Cadarette reported on the Statement of Revenue and Expense and Change in Net Position for the month ending March 31, 2025, with 50% of the year elapsed. Line items with larger variances will be monitored for budget adjustments. Medicaid was underspent by \$31,232 and Healthy Michigan was overspent by \$130,841, for a total due to the NMRE of \$99,609. General Funds were overspent by \$122,243. Nena and the Board congratulated Connie on an excellent audit.

2. Treatment of Individuals Served 01-002

Liz Kowalski introduced herself as the new Recipient Rights Officer. She worked with Ruth Hewett for three years before her retirement and it was a smooth transition. Kara and Lynnette reported Liz jumped right in and did a great job. The quarterly reports show that everything is on par with previous years.

Moved by Lloyd Peltier, supported by Terry Small, to approve the May Monitoring Reports. Motion carried.

XII. Board Policies Review and Self-Evaluation

1. Board Job Description 02-003

The Board reviewed the policy and agreed they are following it appropriately.

2. Board Core Values 02-014

The Board reviewed the policy and agreed they were faithfully executing it.

XIII. Linkage Reports

1. NMRE Board

Dana Labar accepted Eric Lawson's appointment to the NMRE Board. The NMRE Board meeting included discussion of the State's bidding out of the PIHPs.

XIV. Operations Report

Mary Crittenden reported on operations for the month of April. The Agency was closed for two days due to the ice storm and there were a lot of cancellations that week and into the following week due to people being without power. Access had 31 routine requests for services, and there were 26 crisis contacts and 27 preadmission screens. 15 individuals were placed inpatient (2 children and 13 adults). Peer support served 54 individuals (6 children and 48 adults). The total of unduplicated individuals served in April was 957.

XV. Board Chair's Report

1. Strategic Planning: Next Steps

Eric asked that Board members hold onto the environmental scan for reference in the coming months. Advisory Council members will join the Board at their June meeting to review the current Strategic Plan.

2. CMHA 2025 Summer Conference

Bonnie and Lloyd will attend and will be voting delegates at Monday's meeting.

XVI. Executive Director's Report

Nena reported on her activities for the month, including attending her regular meetings. The Agency held a presentation on MiABLE and asset protection that was well-attended. A group home had a licensing review, and all the group homes gathered for a Cinco de Mayo party. Nena shared her cost containment plan for the Agency, which includes closing a group home, decreasing overtime, managing high-cost residential placements, and reviewing discretionary spending, among others. When Connie and Nena built the budget, they included a 1.25% cost of living adjustment (COLA) for salaries, which has not yet taken effect. Management Team asked that the Board approve an additional 0.75% for staff for a total of a 2% COLA that would be retroactive to the beginning of FY25. COLAs were discussed at the NMRE Operations Meeting and all the directors agreed they are necessary as a part of good business, with amounts ranging from 2-3.5%.

Moved by Dana Labar, supported by Kara Bauer LeMonds, to approve a 0.75% increase in the COLA. Roll Call: Ayes: Bob Adrian, Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Dana Labar, Eric Lawson, Kara Bauer LeMonds, Lloyd Peltier, Terry Small; Nays: None; Absent: Les Buza, Charlotte Helman. Motion carried.

Due to issues with licensing, the Agency will not be able to increase the number of beds in one of the two group homes in Alcona County, but fully staffing both homes is an ongoing struggle, causing hundreds of hours of overtime in each home every month. One group home will be closed, but most, if not all, staff should be able to be retained in the county. While Nena had originally wanted to keep the second group home as an office for Alcona County, it would not be feasible at this time.

Nena announced Mary Crittenden's resignation, with her last day as COO being Friday, June 13.

XVII. Information and/or Comments from the Public

None were presented.

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

Dana discussed the Protect Medicaid project.

XIX. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, June 12, 2025, at 3:00 p.m.

1. June Agenda Items

The proposed June agenda items were reviewed.

XX. Meeting Evaluation

Lloyd reported he was impressed with the financial and compliance audits, and Eric Kurtz gave a great presentation. He felt everyone had an opportunity to contribute to conversation, and Eric Lawson always strives to have good communication. He encouraged everyone to attend the summer board conference.

XXI. Adjournment

Moved by Lloyd Peltier, supported by Bonnie Cornelius, to adjourn the meeting. Motion carried. This meeting adjourned at 4:59 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Seventh Month Ending April 30, 2025
58.33% of year elapsed

	Actual April Year to Date	Budget April Year to Date	Variance April Year to Date	Budget FY25	% of Budget Earned or Used
Revenue					
1 State Grants	126,667.79	158,288.69	\$ (31,621)	271,352.00	46.7%
2 Grants from Local Units	155,538.83	155,538.81	0	266,638.00	58.3%
3 NMRE Incentive Revenue	259,542.36	192,500.00	67,042	330,000.00	78.6%
4 Interest Income	3,955.57	3,500.00	456	6,000.00	65.9%
5 Medicaid Revenue	19,099,015.26	19,178,328.19	(79,313)	32,877,134.00	58.1%
6 General Fund Revenue	701,625.00	701,625.61	(1)	1,202,787.00	58.3%
7 Healthy Michigan Revenue	1,233,926.78	832,624.94	401,302	1,427,357.00	86.4%
8 3rd Party Revenue	241,845.54	331,242.94	(89,397)	567,845.00	42.6%
9 Behavior Health Home Revenue	240,414.45	180,672.94	59,742	309,725.00	77.6%
10 Food Stamp Revenue	68,613.75	55,314.63	13,299	94,825.00	72.4%
11 SSI/SSA Revenue	371,205.30	391,961.50	(20,756)	671,934.00	55.2%
12 Revenue Fiduciary	149,195.86	0.00	-	0.00	0.0%
13 Other Revenue	40,392.10	29,634.50	10,758	50,802.00	79.5%
14 Total Revenue	22,691,939	22,211,233	331,510	38,076,399	59.6%
Expense					
15 Salaries	8,829,429.36	8,951,644.24	122,215	15,345,676.00	57.5%
16 Social Security Tax	361,896.78	372,608.81	10,712	638,758.00	56.7%
17 Self Insured Benefits	1,533,436.26	1,584,725.52	51,289	2,716,673.00	56.4%
18 Life and Disability Insurances	143,225.08	157,243.24	14,018	269,560.00	53.1%
19 Pension	776,534.14	834,338.12	57,804	1,430,294.00	54.3%
20 Unemployment & Workers Comp.	72,777.10	75,098.87	2,322	128,741.00	56.5%
21 Office Supplies & Postage	22,380.31	26,057.99	3,678	44,671.00	50.1%
22 Staff Recruiting & Development	30,222.48	76,574.54	46,352	131,268.00	23.0%
23 Community Relations/Education	23,701.32	39,009.81	15,308	66,874.00	35.4%
24 Employee Relations/Wellness	44,403.03	64,655.50	20,252	110,838.00	40.1%
25 Program Supplies	312,112.10	326,199.93	14,088	559,200.00	55.8%
26 Contract Inpatient	724,714.62	973,464.94	248,750	1,668,797.00	43.4%
27 Contract Transportation	796.29	8,181.25	7,385	14,025.00	5.7%
28 Contract Residential	3,183,465.92	2,995,924.75	(187,541)	5,135,871.00	62.0%
29 Local Match Drawdown NMRE	49,284.00	57,498.00	8,214	98,568.00	50.0%
30 Contract Employees & Services	4,446,570.08	4,189,684.31	(256,886)	7,182,316.00	61.9%
31 Telephone & Connectivity	135,512.84	128,768.43	(6,744)	220,746.00	61.4%
32 Staff Meals & Lodging	14,155.17	15,675.38	1,520	26,872.00	52.7%
33 Mileage and Gasoline	249,337.31	254,974.79	5,637	437,100.00	57.0%
34 Board Travel/Education	2,487.03	7,968.31	5,481	13,660.00	18.2%
35 Professional Fees	14,338.31	19,862.43	5,524	34,050.00	42.1%
36 Property & Liability Insurance	98,090.67	54,154.31	(43,936)	92,836.00	105.7%
37 Utilities	141,831.91	112,933.24	(28,899)	193,600.00	73.3%
38 Maintenance	124,976.94	84,191.17	(40,786)	144,328.00	86.6%
39 Interest Expense Leased Assets	23,943.26	25,141.62	1,198	43,100.00	55.6%
40 Rent	4,975.01	4,812.50	(163)	8,250.00	60.3%
41 Food	95,333.16	81,608.38	(13,725)	139,900.00	68.1%
42 Capital Equipment	13,511.06	7,758.17	(5,753)	13,300.00	101.6%
43 Client Equipment	16,792.45	13,416.69	(3,376)	23,000.00	73.0%
44 Fiduciary Expense	155,256.98	0.00	0.00	0.00	0.0%
45 Miscellaneous Expense	120,942.00	90,823.88	(30,118)	155,698.00	77.7%
46 Depreciation & Amortization Expense	566,648.80	569,233.63	2,585	975,829.00	58.1%
47 MI Loan Repayment Program	3,000.00	7,000.00	4,000	12,000.00	25.0%
48 Total Expense	22,336,082	22,211,233	30,408	38,076,399	58.7%
49 Change in Net Position	\$ 355,857	\$ -	\$ 355,857	\$ -	0.9%
50 Contract settlement items included above:					
51 Medicaid Funds (Over) / Under Spent	\$ 522,973				
52 Healthy Michigan Funds (Over) / Under Spent	(177,210)				
53 Total NMRE (Over) / Under Spent	\$ 345,763				
54 General Funds to Carry Forward to FY25	\$ -				
55 General Funds Lapsing to MDHHS	(74,698)				
56 General Funds (Over) / Under Spent	\$ (74,698)				
57 Behavior Health Home Revenues	240,414				
58 Behavior Health Home Expenses	(213,522)				
59 BHH Funds (Over) / Under Spent	26,892				
60 Total BHH (Over) / Under Spent	\$ 26,892				

Northeast Michigan Community Mental Health Authority

STRATEGIC PLAN FY 25



Mission

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

Vision

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

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

Core Values

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

Forces in the Environment Impacting Behavioral Health

Payors/Payment Reform

- Reimbursement based on health outcomes
- ACA
- Health system insurance plans
- Gearing toward integration
- Conflict-Free Access and Planning (CFAP)

Persons Served

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

Quality Improvement

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

Regulatory Changes

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

Workforce

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

Technology

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

Goals:

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

Barriers/Challenges:

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

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

Integrated Healthcare – The Health Information Exchange (HIE) is not progressing as rapidly as previously anticipated. Data provided is not sufficient to address real time queries on health information of the populations served. Current restrictions of personal health information (PHI) specific to SUD/treatment does not address the total needs of the individual in an HIE venue.

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

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

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

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

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

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

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

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

Opportunities:

- Work collaboratively with community partners in the region to promote integrated services, develop shared services and improve consumer accessibility, health outcomes and efficiencies.
- Introduce new Evidence-Based Practices (EBPs) and training in the delivery of services.
- Using the new training certification the Agency received, the Agency can provide training opportunities for staff as well as community partners with CEUs awarded for the training.
- The infrastructure of NeMCMHA is relatively strong, with excellent facilities, dedicated staff, continued IT investment and a balanced budget.
- Provide education to the community at large and support and promote local advocacy efforts.
- Work collaboratively with community partners in the region to address challenges related to the increasing opioid epidemic, violence and anger dyscontrol.
- Take advantage of training opportunities provided by MDHHS.

Options:

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

- Shared psychiatric consultation with staff at other clinics
- Easy and consistent flow of individuals and information between behavioral health and primary care providers
- Growth of health care awareness and services in CMH through enhanced training in health coaching and the use of data analytics
- Work closely to assure people with a serious mental illness or intellectual/developmental disabilities are receiving all necessary primary and behavioral healthcare. Expand telehealth services as it relates to pediatric and adult services.
- Provide community members and staff with training as it relates to Mental Health First Aid for youth and adults, suicide prevention, violence in our society, co-occurring disorders and the effects of trauma on individuals.
- Continue to be a member of Human Services Collaboratives.

Plan:

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

Ends:

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

Sub-Ends:

Services to Children

1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.
 - a. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services.
 - b. 80% of home-based services will be provided in a home or community setting.

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

2. Individuals needing independent living supports will live in the least restrictive environment.
 - a. Expand the Supported Independence Program (SIP) to one additional county served.
 - b. Development of additional supported independent services for two individuals currently living in a dependent setting.
 - c. Individual competitive integrated employment for persons with an intellectual/developmental disability will increase by 7%.
 - d. Individual Placement and Support (IPS) employment services will successfully close fifteen (15) individuals with an SPMI diagnosis who have maintained competitive integrated employment.

Services to Adults with Co-Occurring Disorders

3. Adults with co-occurring disorders will realize significant improvement in their condition.
 - a. 25% of eligible individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, or cardiac issues will be enrolled in Behavioral Health Home (BHH).
 - b. 100% of individuals enrolled in BHH will see their primary care provider annually.
 - c. 98% of individuals enrolled in BHH will have a baseline A1C.

Financial Outcomes

4. The Board's Agency-wide expenses shall not exceed Agency-wide revenue at the end of the fiscal year (except as noted in 5.b.).
5. The Board's major revenue sources (Medicaid and non-Medicaid) shall be within the following targets at year-end:
 - a. Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved by the Board and the PIHP.
 - b. Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the Board.

Community Education

6. The Board will support the Agency in providing community education. This will include the following:
 - a. Disseminate mental health information to the community by hosting events, providing trainings, utilizing available technology, and publishing at least one report to the community annually.
 - b. Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders, and violence in our society.
 - c. Support community advocacy.

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

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

	Program	Consumers served May 2024 (5/1/25 - 5/31/25)	Consumers served in the Past Year (6/1/24 - 5/31/25)	Running Monthly Average(year) (6/1/24 - 5/31/25)
1	Access Routine Emergent Urgent	45	561	45
		0	0	0
		1	3	0
	Crisis Prescreens	40	542	46
		37	528	43
2	Doctors' Services	383	1257	406
3	Case Management			
	Older Adult (OAS)	86	133	86
	MI Adult	78	197	63
	MI ACT	15	27	18
	Home Based Children	22	84	27
	MI Children's Services	52	204	67
	IDD	176	290	154
4	Outpatient Counseling	115(35/80)	262	82
5	Hospital Prescreens	37	528	43
6	Private Hospital Admissions	13(1/12)	203	16
7	State Hospital Admissions	0	3	0
8	Employment Services			
	IDD	46	67	46
	MI	48	89	40
	Touchstone Clubhouse	69	103	73
9	Peer Support	56(5/51)	75	48
10	Community Living Support Services			
	IDD	82	94	82
	MI	70	119	73
11	CMH Operated Residential Services			
	IDD Only	48	51	49
12	Other Contracted Resid. Services			
	IDD	37	40	38
	MI	29	36	31
13	Total Unduplicated Served	1019	2260	1015

County	Unduplicated Consumers Served Since June 2024
Alcona	232
Alpena	1356
Montmorency	280
Presque Isle	299
Other	78
No County Listed	15

JULY AGENDA ITEMS

Policy Review

Community Resources 01-010

Policy Review & Self-Evaluation

Public Hearing 02-010

Monitoring Reports

Budgeting 01-004

Community Resources 01-011

Activity

Strategic Planning – Part III

Ownership Linkage

NMRE Board Meeting

Educational Session

TBD