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**NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY**



JULY BOARD MEETING

THURSDAY, JULY 10, 2025

 3:00 PM

400 JOHNSON STREET
ALPENA, MICHIGAN 49707

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NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

Meeting Agenda | Thursday, July 10, 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. **July Monitoring Reports**
 - 1. Budgeting 01-004(Page 4)
 - 2. Asset Protection 01-007 (Pages 5 – 12)
- IX. **Board Policies Review**
 - 1. Community Resources 01-010(Page 13)
 - 2. Public Hearings 02-010(Page 14)
- X. **Linkage Reports**
 - 1. NMRE Board(Verbal)
- XI. **Operations Report** (Handout)
- XII. **Strategic Plan: Review & Revise** (Pages 15 – 30)
- XIII. **Board Chair’s Report**
 - 1. Preparing for Executive Director Evaluation(Page 31)
 - 2. Annual Report(Booklet)
- 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, August 14 at 3:00 p.m.**
 - 1. Proposed August Agenda Items.....(Page 32)
- XVIII. **Meeting Evaluation**(Verbal)
- XIX. **Adjournment**

Northeast Michigan Community Mental Health Authority Board
Board and Advisory Council Meeting – Strategic Planning Part II – June 12, 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: Board: Bob Adrian, Lester Buza, Bonnie Cornelius, Jennifer Graham, Charlotte Helman, Dana Labar (via telephone), Eric Lawson, Lloyd Peltier, Terry Small

Advisory Council: Janet Freeman, Heather Miller

Absent: Board: Lynnette Grzeskowiak (Excused), Kara Bauer LeMonds (Excused)

Advisory Council: Kathleen Destromp, Angela Lane, Anne Ryan, Rebecca Stockford

Staff & Guests: Mark Blandford, Carolyn Bruning, Mary Crittenden, Vicky DeRoven, Rebekah Duhaime, Erin Fletcher, John Galarza, Chris Harper, Jason Lepper, Brenda Stanton, Jen Walburn

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Bob Adrian 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 May Board meeting, as presented. Motion carried.

VIII. Educational Session: CARF

Vickey DeRoven, Quality Improvement Coordinator, presented on CARF, the Agency's accrediting body. The Agency has its three-year CARF survey coming up at the end of July. CARF stands for the Commission on Accreditation of Rehabilitation Facilities, and its mission is to promote best practices and continuous improvement that centers on enhancing the lives of persons served and the work experience of employees. There are over 2,400 standards that the Agency will be reviewed on in the domains of facilities, people, and documentation. A CARF review is a consultative peer review survey process. They will review all offices, a few group homes, and some community employment sites. The Agency is currently certified in 16 programs and will be adding a 17th with Behavioral Health Home (BHH) during this year's survey.

IX. June Monitoring Reports

1. Budgeting 01-004

Brenda Stanton reported on the Statement of Revenue and Expense and Change in Net Position for the month ending April 30, 2025, with 58.33% of the year elapsed. Line items with a variance greater than 5% were reviewed, and Brenda noted that some will require budget adjustments, while others are expected to even out over the coming months. She noted that the daily rate for individuals in hospitals has nearly doubled over last year. Medicaid is underspent by \$522,973 and Healthy Michigan is overspent by \$177,210, for a total underspent amount of \$345,763. General Funds are down \$50,000 from the overage last month, at a total overspent amount of \$74,698. BHH is underspent by 26,892, which can be kept as local funds.

2. Ends 04-001

The Ends Monitoring Report was provided to the Board as a handout, and numbers were also added to the Strategic Plan Review for ease of comparison.

Moved by Lloyd Peltier, supported by Lester Buza, to approve the June Monitoring Reports. Motion carried.

X. Strategic Plan Review

Eric walked Board and Advisory Council members through the FY25 Strategic Plan, noting areas that could be worked on during the next part of strategic planning in July. He asked the Board to review the strategic plan carefully and note any areas they would like to revise or add to. Nena has asked supervisors to let her know if there are any goals they would like to bring to the Board for inclusion in the new strategic plan.

XI. Linkage Reports

1. NMRE Board

Eric reported that Dana Labar attended his first NMRE board meeting and was immediately a contributor. Dana (via telephone) stated he wants to make sure goals included in the strategic plan are measurable and attainable. Bob stated one of the five entities is struggling financially and all the directors have put together a plan to get out of the financial difficulties. Nena reported the lawsuit with the State is still moving forward and in-depth discussion were had.

2. CMHA Summer Conference

Lloyd, Bonnie, and Dana all attended the conference. Lloyd said it was one of the best conferences he has attended. Alan Bolter did a good presentation on how bills work and get passed. Nena said the main theme of the conference was advocacy and there was a lot of discussion concerning privatization.

XII. Operations Report

Mary Crittenden reported on operations for the month of May. There were 45 routine requests for services and one urgent request. MI adult case management served 78 individuals, I/DD case management served 176 individuals, and outpatient counseling served 115 individuals (35 kids and 80 adults). The total of unduplicated individuals served in May was 1,019.

XIII. Board Chair's Report

1. NeMCMHA Annual Report

Annual Reports will be distributed in July. Eric shared that he had his first clear CT scan since chemotherapy.

XIV. Executive Director's Report

Nena reported on her activities for the last month, which included her regular monthly meetings. She attended the Alcona County Commissioners meeting to tell them about the closure of one of the group homes in Alcona County. She also met with Cam Cavitt in Indian River and will be meeting with him again soon. The Agency's 2K | 5K | 10K Mental Health Movement Run-Walk was very successful with over 280 registrants and 242 participants.

Though rates have increased slightly, Nena expressed concerns about next year's revenue. Revenue looks good for FY25, but it includes funds due from FY24 that weren't received on time. The region will be receiving an additional \$12 million in funding during this fiscal year, and the Agency will get a percentage.

Nena met with Eric Kurtz who referred her to an attorney, Steven Burnham, due to a conflict that arose during the beginning of the process of closing one of the Alcona County group homes. One guardian is refusing to have their ward moved from the home and won't allow staff to discuss the upcoming move with the individual. She discussed retaining the attorney, though the charges are well below the financial threshold requiring Board approval. She has a Letter of Agreement to sign and return to him, and she will

keep Eric informed as things move forward. The staffing crisis for both homes continues to worsen and the home can be closed as soon as all the individuals are moved. Mary reported the guardian in question is nervous as the individual was previously very unstable and doesn't like change. The court has been notified, and a meeting has been set up.

Nena reported that Mary's last day is tomorrow, and it will be a big shift and transition for the organization. She has made a huge impact on the Agency, starting as an outpatient therapist, then becoming a supervisor before moving into the COO position. Nena thanked Mary, stating it has been an honor and pleasure to work alongside her. Nena and HR have rewritten the COO job description, and it will become a Chief Administrative Officer (CAO) position. The CAO will focus primarily on administration duties with very limited clinical responsibilities. A job description for a Deputy Clinical Director has been created and the clinical responsibilities from the previous COO have been added to this position along with other clinical duties.

XV. Information and/or Comments from the Public

None were presented.

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

Lloyd suggested that all Board members attend the upcoming fall CMHA conference in October.

XVII. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, July 10, 2025, at 3:00 p.m.
The next meeting of the NeMCMHA Advisory Council is scheduled for Monday, August 11 at 5:00 p.m.

1. July Agenda Items

The proposed July agenda items were reviewed.

XVIII. Meeting Evaluation

Bob reported he felt Board members came prepared for the agenda topics and good questions were raised. There was lots of discussion on most topics and everyone participated. Bob was satisfied with what the Board accomplished, as it was more of an informational meeting in preparation for next month. He liked the educational session and would like to see more programs do presentations, especially the 17 that will CARF accredited.

XIX. Adjournment

Moved by Lester Buza, supported by Terry Small, to adjourn the meeting. Motion carried. This meeting adjourned at 4:26 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 Eighth Month Ending May 31, 2025
66.67% of year elapsed

	Actual May Year to Date	Budget May Year to Date	Variance May Year to Date	Budget FY25	% of Budget Earned or Used
Revenue					
1 State Grants	146,147.90	180,901.36	\$ (34,753)	271,352.00	53.9%
2 Grants from Local Units	177,758.67	177,758.64	0	266,638.00	66.7%
3 NMRE Incentive Revenue	259,542.36	220,000.00	39,542	330,000.00	78.6%
4 Interest Income	4,094.45	4,000.00	94	6,000.00	68.2%
5 Medicaid Revenue	22,378,378.72	21,918,089.36	460,289	32,877,134.00	68.1%
6 General Fund Revenue	801,857.00	801,857.84	(1)	1,202,787.00	66.7%
7 Healthy Michigan Revenue	1,369,632.34	951,571.36	418,061	1,427,357.00	96.0%
8 3rd Party Revenue	275,722.55	378,563.36	(102,841)	567,845.00	48.6%
9 Behavior Health Home Revenue	279,021.15	206,483.36	72,538	309,725.00	90.1%
10 Food Stamp Revenue	77,139.48	63,216.72	13,923	94,825.00	81.3%
11 SSI/SSA Revenue	424,149.80	447,956.00	(23,806)	671,934.00	63.1%
12 Revenue Fiduciary	172,429.82	0.00	-	0.00	0.0%
13 Other Revenue	43,795.88	33,868.00	9,928	50,802.00	86.2%
14 Total Revenue	26,409,670	25,384,266	852,974	38,076,399	69.4%
Expense					
15 Salaries	10,388,528.11	10,230,450.56	(158,078)	15,345,676.00	67.7%
16 Social Security Tax	428,362.13	425,838.64	(2,523)	638,758.00	67.1%
17 Self Insured Benefits	1,716,755.61	1,811,114.88	94,359	2,716,673.00	63.2%
18 Life and Disability Insurances	162,552.54	179,706.56	17,154	269,560.00	60.3%
19 Pension	890,708.53	953,529.28	62,821	1,430,294.00	62.3%
20 Unemployment & Workers Comp.	82,457.43	85,827.28	3,370	128,741.00	64.0%
21 Office Supplies & Postage	28,307.49	29,780.56	1,473	44,671.00	63.4%
22 Staff Recruiting & Development	32,889.27	87,513.76	54,624	131,268.00	25.1%
23 Community Relations/Education	25,524.94	44,582.64	19,058	66,874.00	38.2%
24 Employee Relations/Wellness	53,942.11	73,892.00	19,950	110,838.00	48.7%
25 Program Supplies	353,807.20	372,799.92	18,993	559,200.00	63.3%
26 Contract Inpatient	856,607.75	1,112,531.36	255,924	1,668,797.00	51.3%
27 Contract Transportation	796.29	9,350.00	8,554	14,025.00	5.7%
28 Contract Residential	3,714,659.28	3,423,914.00	(290,745)	5,135,871.00	72.3%
29 Local Match Drawdown NMRE	73,926.00	65,712.00	(8,214)	98,568.00	75.0%
30 Contract Employees & Services	5,216,823.90	4,788,210.64	(428,613)	7,182,316.00	72.6%
31 Telephone & Connectivity	152,237.34	147,163.92	(5,073)	220,746.00	69.0%
32 Staff Meals & Lodging	16,749.14	17,914.72	1,166	26,872.00	62.3%
33 Mileage and Gasoline	284,394.69	291,399.76	7,005	437,100.00	65.1%
34 Board Travel/Education	2,681.09	9,106.64	6,426	13,660.00	19.6%
35 Professional Fees	16,171.64	22,699.92	6,528	34,050.00	47.5%
36 Property & Liability Insurance	100,719.76	61,890.64	(38,829)	92,836.00	108.5%
37 Utilities	162,552.77	129,066.56	(33,486)	193,600.00	84.0%
38 Maintenance	144,880.08	96,218.48	(48,662)	144,328.00	100.4%
39 Interest Expense Leased Assets	27,078.71	28,733.28	1,655	43,100.00	62.8%
40 Rent	5,681.44	5,500.00	(181)	8,250.00	68.9%
41 Food	105,086.71	93,266.72	(11,820)	139,900.00	75.1%
42 Capital Equipment	15,685.38	8,866.48	(6,819)	13,300.00	117.9%
43 Client Equipment	17,783.40	15,333.36	(2,450)	23,000.00	77.3%
44 Fiduciary Expense	174,238.43	0.00	0.00	0.00	0.0%
45 Miscellaneous Expense	134,232.78	103,798.72	(30,434)	155,698.00	86.2%
46 Depreciation & Amortization Expense	647,145.89	650,552.72	3,407	975,829.00	66.3%
47 MI Loan Repayment Program	3,000.00	8,000.00	5,000	12,000.00	25.0%
48 Total Expense	26,036,968	25,384,266	(478,463)	38,076,399	68.4%
49 Change in Net Position	\$ 372,702	\$ -	\$ 372,702	\$ -	1.0%
50 Contract settlement items included above:					
51 Medicaid Funds (Over) / Under Spent	\$ (28,648)				
52 Healthy Michigan Funds (Over) / Under Spent	(166,632)				
53 Total NMRE (Over) / Under Spent	\$ (195,280)				
54 General Funds to Carry Forward to FY25	\$ -				
55 General Funds Lapsing to MDHHS	(69,894)				
56 General Funds (Over) / Under Spent	\$ (69,894)				
57 Behavior Health Home Revenues	279,021				
58 Behavior Health Home Expenses	(243,393)				
59 BHH Funds (Over) / Under Spent	35,628				
60 Total BHH (Over) / Under Spent	\$ 35,628				

Northeast Michigan Community Mental Health Authority
Monitoring Report

POLICY CATEGORY:	Executive Limitations
POLICY TITLE AND NUMBER:	Asset Protection, 01-007
REPORT FREQUENCY & DUE DATE:	Annual, July 2025
POLICY STATEMENT:	

The Executive Director may not allow assets to be unprotected, inadequately maintained, nor unnecessarily risked. Accordingly, the Executive Director may not:

1. Fail to insure against theft and casualty losses at:
 - Actual cash value less any reasonable deductible for vehicles
 - Replacement value less any reasonable deductible for personal and real property; and,
 - Against liability losses to board members, staff or the organization itself in an amount greater than the average for comparable organizations.
 - **Interpretation**
A broad program of insurance or self-insurance is to be in place providing protection against these potential losses. Coverage is to be at replacement value. The level of liability coverage is to be “above average.”
 - **Status**
The Agency has been a member of Michigan Municipal Risk Management Authority (MMRMA) since 1982. The program provides coverage at or above the prescribed levels. Please see Attachment A: Coverage Overview. Presently, personal and real property owned by the Board are insured at replacement value; however, vehicles are covered at actual cash value.
2. Allow unbonded personnel access to material amounts of funds.
 - **Interpretation**
Any employee with access to Agency funds is to be covered by fidelity bond.
 - **Status**
MMRMA provides blanket employee fidelity bond for all employees at the level of \$1,000,000. See attached Coverage Overview.
3. Unnecessarily expose the organization, its Board, or staff to claims of liability. The Executive Director’s annual report shall include a risk analysis summary.
 - **Interpretation**
The organization is to be managed and services are to be provided in ways that reduce exposure to liability.
 - **Status**
The Agency’s Risk Management Plan is attached; it includes notes evaluating our status relative to each of the six major areas of risk covered by the plan.
4. Make any purchase wherein normally prudent protection has not been given against conflict of interest. Make any purchase of over \$2,000 without having obtained comparative prices and quality. Make any purchase over \$10,000 without a stringent method of assuring the balance of long-term quality and cost; further, such purchases over \$10,000 not included in the Board’s

Northeast Michigan Community Mental Health Authority Monitoring Report

capital equipment budget, shall require Board approval. Orders shall not be split to avoid these criteria.

- **Interpretation**

Management is to assure that purchasing decisions are made following a consistently applied procedure that meets these restrictions. The procedure should not be so onerous that savings that might accrue from it are lost to bureaucratic oversight.

- **Status**

The organization uses a policy that places much responsibility for purchasing at the staff level and supervisors are held responsible for budget performance. When a proposed purchase exceeds the noted levels, additional approvals are required.

5. Fail to protect intellectual property, information, and files from loss or significant damage.

- **Interpretation**

The organization will protect work products (primarily clinical records, management, and financial records) from fire or other potential causes of loss.

- **Status**

The organization uses an electronic health record (EHR). Case records are maintained in electronic format with controlled access. Only designated personnel have access to maintenance of electronic records. Our Confidentiality-Disclosure & Security of Information Policy and Consumer Records Policy detail these procedures. Staff are trained at the time of hire and annually thereafter. These clinical records are backed up and stored off-site. Information stored on Agency computer systems is backed up nightly.

6. Receive, process, or disburse funds under controls which are insufficient to meet the Board-appointed auditor's standards.

- **Interpretation**

Agency policies regarding internal controls and separation of duties will be followed; these policies will take into account the auditor's advice.

- **Status**

Agency policies including Cash Flow-Cash Receipts, Investment of Cash Receipts, Checking Accounts, Petty Cash, and others document these controls which are followed by employees. There has never been a significant loss of Agency funds.

7. Invest or hold operating capital in insecure instruments, including uninsured checking accounts and bonds of less than AA rating, or in non-interest-bearing accounts, except where necessary to facilitate ease in operational transactions.

- **Interpretation**

Operating funds are to be managed only according to the organization's cash management policy.

- **Status**

All cash reserves are maintained according to our cash management policies. Since all cash is invested in CDs or an interest-earning checking account, there is a risk of loss due to maximum insurable FDIC rules. Four local financial institutions are used to spread the FDIC risk.

Northeast Michigan Community Mental Health Authority Monitoring Report

8. Endanger the organization's public image or credibility, particularly in ways that would hinder its accomplishment of its mission, including changing the name of the organization or substantially altering its identity in the community.

- **Interpretation**

The mission of the organization, as established by the Board, must guide service provision and interaction with the community.

- **Status**

The Agency has worked hard to sharpen the focus of the organization to address the mandates of the Mental Health Code while working within the given budget. The Agency continues to excel in supporting individuals with the most severe disabilities, in large part due to incredibly resourceful staff. Appropriate referral sources are maintained for individuals who do not meet criteria to be served by the Agency.

9. Subject facilities and equipment to improper wear and tear or insufficient maintenance.

- **Interpretation**

The physical assets of the organization will not be abused and will be regularly maintained both for safety reasons and to extend their useful lives as much as possible.

- **Status**

The organization's policies require regular inspection and maintenance of all facilities and significant equipment.

The organization uses a fleet of 62 vehicles. Fleet vehicles generally have a service life of 120,000 miles and/or five to six years of service. The Agency is committed to providing quality transportation in the four-county catchment area.

Board Review/Comments

Reasonableness Test: Is the interpretation by the Executive Director reasonable?

Data Test: Is the data provided by the Executive Director both relevant and compelling?

Fine-tuning the Policy: Does this report suggest further study and refinement of the policy?

Other Implications: Does this report suggest the other policies may be necessary?

**MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY
COVERAGE OVERVIEW**

Member:	Northeast Michigan C.M.H.S.	Member No: M0001074
Date of Original Membership:	July 29, 1982	
Overview Dates:	July 1, 2025 To July 01, 2026	
Member Representative:	Connie Cadarette	Telephone #: (989) 358-7704
Regional Risk Manager:	Michigan Municipal Risk Management Authority	Telephone #: (734) 513-0300

A. Introduction

The Michigan Municipal Risk Management Authority (hereinafter “MMRMA”) is created by authority granted by the laws of the State of Michigan to provide risk financing and risk management services to eligible Michigan local governments. MMRMA is a separate legal and administrative entity as permitted by Michigan laws. **Northeast Michigan C.M.H.S.** (hereinafter “Member”) is eligible to be a Member of MMRMA. **Northeast Michigan C.M.H.S.** agrees to be a Member of MMRMA and to avail itself of the benefits of membership.

Northeast Michigan C.M.H.S. is aware of and agrees that it will be bound by all of the provisions of the Joint Powers Agreement, Coverage Documents, MMRMA rules, regulations, and administrative procedures.

This Coverage Proposal summarizes certain obligations of MMRMA and the Member. Except for specific coverage limits, attached addenda, and the Member’s Self Insured Retention (SIR) and deductibles contained in this Coverage Proposal, the provisions of the Joint Powers Agreement, Coverage Documents, reinsurance agreements, MMRMA rules, regulations, and administrative procedures shall prevail in any dispute. The Member agrees that any dispute between the Member and MMRMA will be resolved in the manner stated in the Joint Powers Agreement and MMRMA rules.

B. Member Obligations – Deductibles and Self Insured Retentions

Northeast Michigan C.M.H.S. is responsible to pay all costs, including damages, indemnification, and allocated loss adjustment expenses for each occurrence that is within the Member’s Self Insured Retention (hereinafter the “SIR”). **Northeast Michigan C.M.H.S.’s** SIR and deductibles are as follows:

Table I

Member Deductibles and Self Insured Retention

COVERAGE	DEDUCTIBLE	SELF INSURED RETENTION
Liability	N/A	\$75,000 Per Occurrence
Vehicle Physical Damage	\$1,000 Per Vehicle	\$15,000 Per Vehicle \$30,000 Per Occurrence
Fire/EMS Replacement Cost	N/A	N/A
Property and Crime	\$1,500 Per Occurrence	N/A
Sewage System Overflow	N/A	N/A

The member must satisfy all deductibles before any payments are made from the Member's SIR or by MMRMA.

Member's Motor Vehicle Physical Damage deductible applies, unless the amount of the loss exceeds the deductible. If the amount of loss exceeds the deductible, the loss including deductible amount, will be paid by MMRMA, subject to the Member's SIR.

The **Northeast Michigan C.M.H.S.** is afforded all coverages provided by MMRMA, except as listed below:

1. Sewage System Overflow

All costs including damages and allocated loss adjustment expenses are on an occurrence basis and must be paid first from the Member's SIR. The Member's SIR and deductibles must be satisfied fully before MMRMA will be responsible for any payments. The most MMRMA will pay is the difference between the Member's SIR and the Limits of Coverage stated in the Coverage Overview.

Northeast Michigan C.M.H.S. agrees to maintain the Required Minimum Balance as defined in the Member Financial Responsibilities section of the MMRMA Governance Manual. The Member agrees to abide by all MMRMA rules, regulations, and administrative procedures pertaining to the Member's SIR.

C. MMRMA Obligations – Payments and Limits of Coverage

After the Member's SIR and deductibles have been satisfied, MMRMA will be responsible for paying all remaining costs, including damages, indemnification, and allocated loss adjustment expenses to the Limits of Coverage stated in Table II. The Limits of Coverage include the Member's SIR payments.

The most MMRMA will pay, under any circumstances, which includes payments from the Member's SIR, per occurrence, is shown in the Limits of Coverage column in Table II. The Limits of Coverage includes allocated loss adjustment expenses.

TABLE II
Limits of Coverage

Liability and Motor Vehicle Physical Damage	Limits of Coverage Per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
1. Liability	15,000,000	N/A	N/A	N/A
2. Judicial Tenure	N/A	N/A	N/A	N/A
3. Sewage Systems Overflows	0	N/A	0	N/A
4. Volunteer Medical Payments	25,000	N/A	N/A	N/A
5. First Aid	2,000	N/A	N/A	N/A
6. Vehicle Physical Damage	1,500,000	N/A	N/A	N/A
7. Uninsured/Underinsured Motorist Coverage (per person)	100,000	N/A	N/A	N/A
Uninsured/Underinsured Motorist Coverage (per occurrence)	250,000	N/A	N/A	N/A
8. Michigan No-Fault	Per Statute	N/A	N/A	N/A
9. Terrorism	5,000,000	N/A	N/A	5,000,000

Property and Crime	Limits of Coverage Per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
1. Buildings and Personal Property	11,197,955	350,000,000	N/A	N/A
2. Personal Property in Transit	2,000,000	N/A	N/A	N/A
3. Unreported Property	5,000,000	N/A	N/A	N/A
4. Member's Newly Acquired or Constructed Property	10,000,000	N/A	N/A	N/A
5. Fine Arts	2,000,000	N/A	N/A	N/A
6. Debris Removal (25% of insured direct loss plus)	25,000	N/A	N/A	N/A
7. Money and Securities	1,000,000	N/A	N/A	N/A
8. Accounts Receivable	2,000,000	N/A	N/A	N/A
9. Fire Protection Vehicles, Emergency Vehicles, and Mobile Equipment (Per Unit)	5,000,000	10,000,000	N/A	N/A
10. Fire and Emergency Vehicle Rental (12-week limit)	2,000 per week	N/A	N/A	N/A
11. Structures Other Than a Building	15,000,000	N/A	N/A	N/A
12. Dam/Dam Structures/Lake Level Controls	0	N/A	N/A	N/A
13. Transformers	2,500,000	N/A	N/A	N/A
14. Storm or Sanitary Sewer Back-Up	1,000,000	N/A	N/A	N/A
15. Marine Property	1,000,000	N/A	N/A	N/A
16. Other Covered Property	20,000	N/A	N/A	N/A
17. Income and Extra Expense	5,000,000	N/A	N/A	N/A
18. Blanket Employee Fidelity	1,000,000	N/A	N/A	N/A
19. Faithful Performance	Per Statute	N/A	N/A	N/A
20. Earthquake	5,000,000	N/A	5,000,000	100,000,000
21. Flood	5,000,000	N/A	5,000,000	100,000,000
22. Terrorism	50,000,000	50,000,000	N/A	N/A

TABLE III

Network and Information Security Liability, Media Injury Liability, Network Security Loss, Breach Mitigation Expense, PCI Assessments, Social Engineering Loss, Reward Coverage, Telecommunications Fraud Reimbursement, Extortion.			
	Limits of Coverage Per Occurrence/Claim	Deductible Per Occurrence/Claim	Retroactive Date
	\$2,000,000		
Coverage A Network and Information Security Liability: Regulatory Fines:	Each Claim Included in limit above Each Claim Included in limit above	\$25,000 Each Claim	7/1/2013
Coverage B Media Injury Liability	Each Claim Included in limit above	\$25,000 Each Claim	7/1/2013
Coverage C Network Security Loss Network Security Business Interruption Loss:	Each Unauthorized Access Included in limit above Each Business Interruption Loss Included in limit above	\$25,000 Each Unauthorized Access Retention Period of 72 hours of Business Interruption Loss	Occurrence
Coverage D Breach Mitigation Expense:	Each Unintentional Data Compromise Included in limit above	\$25,000 Each Unintentional Data Compromise	Occurrence
Coverage E PCI Assessments:	Each Payment Card Breach \$1,000,000 Occ/\$1,000,000 Agg. Included in limit above	\$25,000 Each Payment Card Breach	Occurrence
Coverage F Social Engineering Loss:	Each Social Engineering Incident \$100,000 Occ./\$100,000 Agg. Included in limit above	\$25,000 Each Social Engineering Incident	Occurrence
Coverage G Reward Coverage	Maximum of 50% of the Covered Claim of Loss; up to \$25,000 Included in limit above	Not Applicable	Occurrence
Coverage H Telecommunications Fraud Reimbursement	\$25,000 Included in limit above	Not Applicable	Occurrence
Coverage I Extortion Coverage	Each Claim Included in limit above	\$25,000 Each Extortion Loss	Occurrence

Annual Aggregate Limit of Liability

Member Aggregate	All Members Aggregate
\$2,000,000	\$17,500,000

The Each Member Aggregate Limit of Liability for the combined total of all coverage payments of MMRMA and MCCRMA shall not exceed \$2,000,000 per Member for all Subjects of Coverage in any Coverage Period, regardless of the number of coverage events.

The All Member Aggregate Limit of Liability for the combined total of all coverage payments of MMRMA and MCCRMA shall not exceed \$17,500,000 for All Members for all Subjects of Coverage in any Coverage Period, regardless of the number of Members or the number of coverage events.

It is the intent of MMRMA that the coverage afforded under the Subjects of Coverage be mutually exclusive. If however, it is determined that more than one Subject of Coverage applies to one coverage event ensuing from a common nexus of fact, circumstance, situation, event, transaction, or cause, then the largest of the applicable Deductibles for the Subjects of Coverage will apply.

[..Index.doc](#)

EXECUTIVE LIMITATIONS

(Manual Section)

COMMUNITY RESOURCES – POLICY 01-010

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

July 11, 2024

Last Revision to Policy Approved by Board:

July 11, 2019

●1 POLICY:

With respect to the attainment of Northeast Michigan Community Mental Health Authority Ends, the Executive Director may not fail to take advantage of collaboration, partnerships and innovative relationships with agencies and other community resources.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

[..Index.doc](#)

GOVERNANCE PROCESS

(Manual Section)

PUBLIC HEARINGS – POLICY 02-010

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

July 11, 2024

Last Revision to Policy Approved by Board:

July 11, 2024

●1 **POLICY:**

The Authority shall conduct a public hearing for the adoption of its annual budget at or before the beginning of the fiscal year. The public hearing shall be conducted by the Chair of the Authority at a meeting of the Board of the Authority.

Annual Budget Hearing Guidelines:

This hearing will be conducted during either the September or October meeting of the Board of the Authority. The purpose of the meeting will be to adopt in public session a budget for the fiscal year that incorporates and supports the Ends adopted by the Board and reflects program adjustments that may have been included in response to MDHHS’s Program Policy Guidelines.

Required Notice for Public Hearings:

Ten days’ advance notice of public hearings shall be required. The notice shall be placed in all area newspapers and shall include information about the purpose of the hearing and the form of input members of the public may offer.

Format of Hearings:

Hearings shall be conducted in such fashion as to assure that members of the public receive adequate information about the matter to be acted upon and have sufficient opportunity to offer suggestions and alternative points of view.

The Hearing shall be documented, noting the names of participants, their affiliations, if any, and a summary of the input offered.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

Fiscal Year: October 1 through September 30

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY



July 2025

NeMCMHA Strategic Plan Proposal FY 26

1

MISSION STATEMENT

CURRENT:

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

PROPOSED:

- No changes

2

2

VISION

CURRENT:

- 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.

PROPOSED:

- No changes

3

3

CORE VALUES

CURRENT:

- 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.

PROPOSED:

- No changes

4

4

FORCES IN THE ENVIRONMENT IMPACTING BEHAVIORAL HEALTH

PAYORS/PAYMENT REFORM

- Reimbursement based on health outcomes
- Affordable Care Act (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

5

5

FORCES IN THE ENVIRONMENT IMPACTING BEHAVIORAL HEALTH

QUALITY IMPROVEMENT

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

REGULATORY CHANGES

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

6

6

FORCES IN THE ENVIRONMENT IMPACTING BEHAVIORAL HEALTH

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

7

7

CURRENT GOAL:

- To reduce the risk of metabolic syndrome in both adults and children.

- KEEP
 REVISE
 DISCARD

- ✓ 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.
- ✓ The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.
- ✓ Clinical staff will work with the Medicaid Health Plans to coordinate care and treatment.
- ✓ Participate in PIHP's Quality Assessment Performance Improvement Projects (QAPIP).
 - QAPIP #1 - Follow up care for children prescribed ADHD medications
 - QAPIP #2 - Adults prescribed psychotropic medications for more than six (6) months will be screened for diabetes

8

8

CURRENT GOAL:

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.

- KEEP
- REVISE
- DISCARD

9

9

CURRENT GOAL:

Support services to all children and young adults diagnosed with Autism Spectrum Disorders.

- KEEP
- REVISE
- DISCARD

10

10

CURRENT GOAL:

Coordinate community education and partnerships in suicide prevention.

- KEEP
- REVISE
- DISCARD

11

11

CURRENT GOAL:

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.

- KEEP
- REVISE
- DISCARD

12

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CURRENT GOAL:

To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available.

- KEEP
- REVISE
- DISCARD

13

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CURRENT GOAL:

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.

- KEEP
- REVISE
- DISCARD

14

14

CURRENT GOAL:

To keep current in education and information technology (IT), including cybersecurity.

- KEEP
- REVISE
- DISCARD

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If proposed, list new goal(s) here:

NEW GOAL(S)?

Are there any additional goals to add?

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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 protected health information (PHI) specific to SUD/treatment does not address the total needs of the individual in an HIE venue.

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BARRIERS / CHALLENGES CONT'D:

- **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.

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BARRIERS / CHALLENGES CONT'D:

- **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.
- **Are There More Barriers/Challenges To Be Added?**

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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.

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OPPORTUNITIES CONT'D:

- ✓ 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.

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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.

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OPTIONS TO BE CONSIDERED:

- Sharing 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 services through enhanced training in health coaching and the use of data analytics.
- Work closely to assure people with serious mental illness and intellectual/developmental disabilities are receiving all necessary primary and behavioral healthcare. Expand telehealth services as it relates to pediatric and adult services.

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OPTIONS TO BE CONSIDERED CONT'D:

- 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.

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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.

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ENDS

- All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.
 - [This is the Board's Mega Statement developed during Policy Governance training.]

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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. **Current Status: 43%**

B. 80% of home-based services will be provided in a home or community setting. **Current Status: 66%**

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SUB-ENDS: 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. **Current Status: There has not been an expansion to an additional county this fiscal year.**
- B. Development of additional supported independent services for two individuals currently living in a dependent setting. **Current Status: An individual moved from a nursing home to an assisted living arrangement, a least restrictive environment, in February 2025.**
- C. Individual competitive integrated employment for persons with an intellectual/developmental disability will increase by 7%. **Current Status: -10%**
- D. Individual Placement and Support (IPS) employment services will successfully close fifteen (15) individuals with an SPMI diagnosis who have maintained competitive integrated employment. **Current Status: 9 successful closures.**

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SUB-ENDS: SERVICES TO ADULTS WITH CO-OCCURRING DISORDERS

3. Adults with co-occurring disorders will realize significant improvement in their condition.

A. 25% of eligible Behavioral Health Home (BHH) 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 BHH. **Current Status: 34% (109/325)**

B. 100% of individuals enrolled in BHH will see their primary care provider annually. **Current Status: 99% (108/109)**

C. 98% of individuals enrolled in BHH will have a baseline A1C. **Current Status: 99% (108/109)**

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SUB-ENDS: 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 below).

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 prior approval of the Board.

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SUB-ENDS: 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.

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

CONCLUSION

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INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Eric Lawson
SUBJECT: Executive Director's Evaluation
DATE: June 30, 2025

The Executive Director's evaluation will be completed at the August NeMCMHA Board meeting. According to the Monitoring Executive Performance Policy #03-004, the Executive Director's evaluation is based on progress toward Ends and the monitoring reports provided to the Board over the course of the year. These monitoring reports were distributed in your monthly Board packets and as handouts at meetings.

Please contact Rebekah Duhaime if you need copies of any monitoring reports prior to the August Board meeting at (989) 358-7787 or rduhaime@nemcmh.org.

ANNUAL REPORT 2025



A LETTER TO THE COMMUNITY

Dear Citizens of Northeast Michigan,

We are pleased to share our Annual Report for Fiscal Year 2024 (FY24) with the residents of Alcona, Alpena, Montmorency, and Presque Isle counties. Northeast Michigan Community Mental Health Authority (NeMCMHA) is mandated by the Michigan Mental Health Code to provide services to the specialty populations of adults with a serious mental illness (SMI), children with a serious emotional disturbance (SED), individuals with an intellectual/developmental disability (I/DD), and individuals with substance use disorders (SUD). In the face of multiple challenges, including staffing shortages and an ever-increasing demand for our services, staff have remained mission-focused.

This annual report will highlight the numerous achievements of this organization, the staff and provider network, and, most importantly, the people we are privileged to serve. The stories and programs highlighted in this report show the dedication of the behavioral health professionals at NeMCMHA, and that of the community partners we work collaboratively with to provide care to the individuals and families we serve. The need for effective and caring behavioral health services has never been greater for Northeast Michigan.

In FY24, NeMCMHA intervened in over 489 crises and completed 609 assessments for inpatient psychiatric hospitalization. Our psychiatrists and mid-level providers saw 1,334 individuals for psychiatric evaluations and/or medication reviews throughout the year.

LETTER CONTINUED

Our case managers, nurses, employment specialists, community living support staff, and peer recovery staff are all focused on supporting individuals in their recovery and their ability to live in our communities. We provided these services to over 2,140 individuals who live in the counties of Alcona, Alpena, Montmorency, and Presque Isle.

This year we licensed and opened a new five-bed Adult Foster Care home for individuals with I/DD, continued to provide high quality trainings to our staff and the community, participated in panel discussions and suicide prevention events, provided free naloxone kits to reduce the number of deaths due to opioid overdose, and continued to be the safety net for the communities we serve through our 24/7 crisis program.

Our Board of Directors and staff play a crucial role in bringing these services to the lives of the individuals with disabilities and mental illness that we serve. This work fulfills our Mission that empowers people to live and work independently and our Vision to be the innovative leader in effective, sensitive mental and behavioral health services.

It is in the very origins of a community mental health services program to advocate for others. We advocate for the rights and independence of developmentally and intellectually disabled people, we fight against stigma and discrimination for those who suffer from mental illness, and we support and welcome to our Agency individuals trapped in their addictive behaviors.

In a speech, Maria Shriver recognized caregivers as the “unsung heroes in our society because of their invaluable contributions, selflessness, and dedication to caring for others, often without recognition or appreciation.” This quote embodies the staff here at NeMCMHA and the work they do in our four counties each and every day.

It is our privilege to live and work in Northeast Michigan. The Board of Directors and staff look forward to serving the citizens of Alcona, Alpena, Montmorency, and Presque Isle counties in the coming year.

Sincerely,




Eric Lawson
Board Chair




Nena Sork
Executive Director

OUR VISION

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

OUR MISSION

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.

OUR 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.



NEW BOARD MEMBERS

The NeMCMHA Board of Directors saw two new Board members appointed during FY24. Dana Labar, representing Presque Isle County, joined the Board in January, and Kara Bauer LeMonds, representing Alpena County, joined in April. Both Dana and Kara bring a wealth of knowledge and varied experience to the Board.



Dana Labar
Presque
Isle County



**Kara Bauer
LeMonds**
Alpena County

FREE NARCAN DISTRIBUTION

In 2024, NeMCMHA partnered with the Overdose Prevention Engagement Network (OPEN) to provide a compassionate approach to public health and individual well-being by providing free access to naloxone. Naloxone (Narcan) is a lifesaving medication that rapidly reverses opioid overdose. OPEN is committed to partnering with organizations around Michigan, like NeMCMHA, to keep our communities safe. OPEN formed in 2016 in an effort to change the trajectory of the opioid epidemic. It began by disrupting the cycle of dependency where it begins most commonly - with a prescription to manage acute pain after surgery.

OPEN is working to reduce opioid-related deaths by expanding access to naloxone among high-risk populations. Our collaboration with OPEN is to distribute naloxone and get it into the hands of patients, family members, caregivers, and communities who are working to reduce opioid overdoses. Naloxone is a nasal spray that temporarily reverses the dangerous effects of an opioid overdose related to drugs such as fentanyl, heroin, or prescription opioids. The FDA approved it to be sold over the counter and anyone can carry naloxone.

NeMCMHA has placed naloxone distribution boxes outside each of our offices (Alpena at Johnson St., Alpena at Fletcher St., Hillman, and Rogers City) for access to free naloxone nasal spray. A box of naloxone retails for \$35-\$50 and we are able to provide it to anyone, no questions asked, for free. The distribution boxes are continually resupplied and can be accessed 24/7 without needing to sign for the medication or give any personal information.

A person cannot get high from, or become addicted to, naloxone. More than 730,000 naloxone kits have been distributed in Michigan, with over 6,600 reported overdose reversals.

The New York Times reported there were an estimated 80,391 overdose deaths in 2024. This was a 27% drop from 2023, with about 30,000 fewer deaths. We are hopeful that this product we provide for free has saved a child, parent, partner, friend, or sibling from the pain and suffering of losing their loved one to an overdose. Despite these improvements, overdose remains the leading cause of death for Americans aged 18-44, underscoring the need for ongoing efforts to maintain progress.



2024 MENTAL HEALTH MOVEMENT 2K | 5K | 10K RUN-WALK



In 2023, we introduced a new community event, the Mental Health Movement 5K Run-Walk. The goal of this event was to raise awareness and reduce stigma for mental health across our four-county catchment area. Due to the resounding success of that first year's event, the Mental Health Movement committee added two additional timed races to the event in 2024: a 2K and a 10K. We had 209 participants join us on a foggy Saturday morning for another successful event! The new 2K route runs along a portion of the original 5K route, and the 10K route utilizes the Alpena Bi-Path along the west side of the city following the river. All participants received finisher medals and commemorative mugs. There is never a shortage of willing staff volunteers, which makes the event run smoothly and efficiently. This is an event we hope to continue to grow as the years come.

MDHHS AND CMH COLLABORATION

In the Spring of 2024, NeMCMHA and the Michigan Department of Health and Human Services (MDHHS) partnered to develop a Donated Funds Agreement (DFA). This new position provides services to mutual clients of NeMCMHA and MDHHS. The DFA is employed and supervised by MDHHS, while the cost of the position is shared by both agencies. The DFA's role is to maintain a caseload of mutual clients with a Medicaid spend-down or clients identified as a complex benefit case. The DFA is also available to NeMCMHA staff for benefit training, case consultation, troubleshooting, and benefit application assistance.

This addition to NeMCMHA has proven very effective. Staff have benefited from the education provided pertaining to the application process including learning about the many Medicaid categories, Medicaid retroactive payment requests, changes in asset limitations, annual income limits, spend-down submission processes, and more. Our DFA has assisted our organization in recouping Medicaid payments, correcting errors within benefit cases, ensuring entitled benefits are received, and verifying individuals remain in the correct Medicaid categories. The DFA has also significantly reduced staff time spent problem-solving disruptions in benefits cases.

With this ongoing collaboration, NeMCMHA is able to continue exercising fiscal responsibility while providing medically necessary services and ensuring benefit retention to improve the quality of life for individuals served.

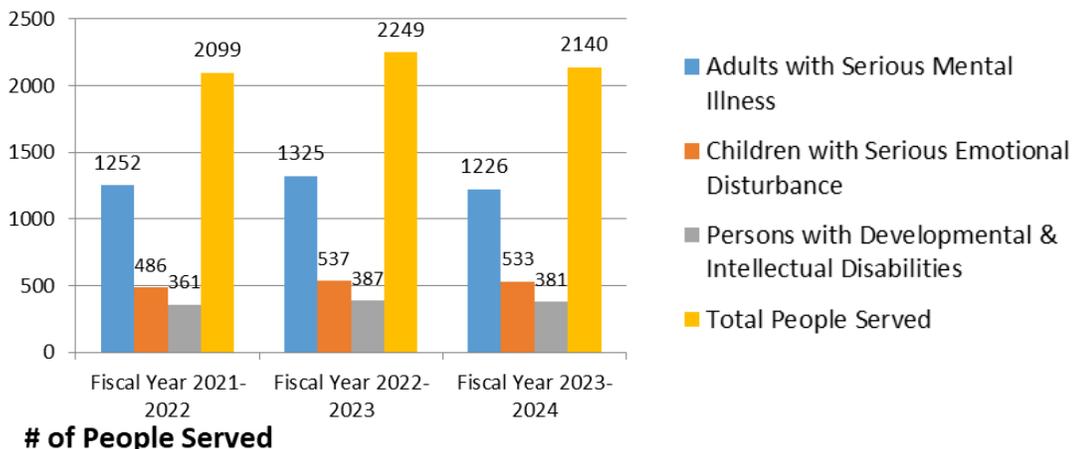
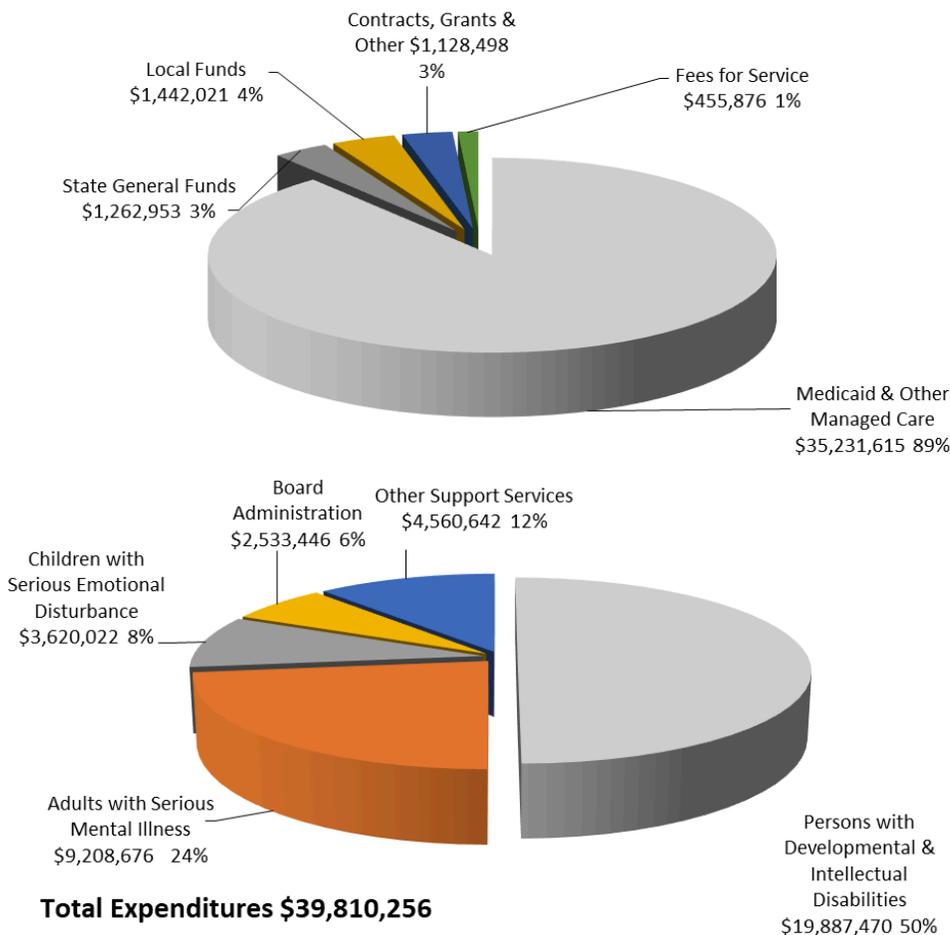


NeMCMHA SOURCES & USE OF FUNDS

October 1, 2023 - September 30, 2024

Total Revenue: \$39,520,963.00

Post-retirement benefits are not offered at NeMCMHA.
Employee retirement savings are fully funded 401 plans.



A FRESH START FOR A GROUP HOME

Throughout the early 1980s, NeMCMHA was very active in the deinstitutionalization movement in Michigan for individuals with an I/DD designation. We opened our first six Adult Foster Care homes with a special license for the I/DD population in 1980, and we were able to return 24 individuals with disabilities back to our four-county area where they were originally from. In addition, NeMCMHA developed a residential program that allowed other counties to transfer their individuals, and their funding, to the Agency. This added an additional 150 individuals to our residential program. As a result of the effort to deinstitutionalize individuals with an I/DD diagnosis, we were operating 22 AFC homes in our four-county catchment area by the end of the decade.

With the State institutions closing, there was also a need to have a residential setting for individuals with a mental illness. We licensed our last specialized AFC home in 2004 when we expanded to specialized licenses for serious and persistent mental illness (SPMI) residential facilities. Due to attrition, we have slowly closed some of our I/DD residential group homes over the last 20 years. In 2024, following a 20-year hiatus, NeMCMHA licensed and opened a new I/DD group home located in Alpena. The home is a specialized AFC group home for five I/DD individuals.

Since 1984, NeMCMHA has served as the managing agent for the Blue Horizons group home, which was owned by the Blue Horizons Board, a nonprofit organization. After 50 years of operations, the Blue Horizons Board's funding was depleted, and it was forced to dissolve and close their group home. NeMCMHA applied for an AFC specialized license and was able to transition the current staff and residents to their new home while maintaining the relationships, routines, and daily living schedules that were familiar to them. The only things that changed were the physical home and the neighborhood. We expected tears when we showed up to help move, but, to our surprise, we were greeted with smiles and excitement about the new home.

2024 NEMCMHA BOARD OF DIRECTORS

- Bonnie Cornelius**, Secretary, *Alcona County*
- Terry Small**, *Alcona County*
- Robert Adrian**, *Alpena County*
- Lynnette Grzeskowiak**, *Alpena County*
- Judith Jones**, *Alpena County*
- Eric Lawson**, Board Chair, *Alpena County*
- Kara Bauer LeMonds**, *Alpena County*
- Charlotte Helman**, *Montmorency County*
- Lloyd Peltier**, Vice Chair, *Montmorency County*
- Lester Buza**, *Presque Isle County*
- Dana Labar**, *Presque Isle County*
- Gary Nowak**, Past Chair, *Presque Isle County*



ACCREDITED IN 16 PROGRAMS



AUGUST AGENDA ITEMS

Policy Review & Self-Evaluation

Chairperson's Role 02-004

Board Member Per Diem 02-009

Board Self-Evaluation 02-012

Monitoring Reports

Treatment of Consumers 01-002

Staff Treatment 01-003

Budgeting 01-004

Activity

Begin Self-Evaluation

Executive Director Evaluation