

**NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY**



OCTOBER BOARD MEETING

FY26 PUBLIC BUDGET HEARING



**OCTOBER 9, 2025
3:00 PM**

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DETAILS & MATERIALS**

**400 JOHNSON ST.
ALPENA, MI 49707**

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

Meeting Agenda | Thursday, October 9, 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 – 4)**
- VIII. Consent Agenda(Page 5)**
- IX. Consent Agenda: NEMROC(Page 6)**
- X. October Monitoring Reports**
 - 1. Budgeting 01-004.....(Page 7)
 - 2. Compensation and Benefits 01-008 (Handout)
- XI. Public Hearing: FY26 Budget..... (Pages 8 – 12)**
- XII. Board Policies Review**
 - 1. Annual Board Planning Cycle 02-007 [Review & Self-Evaluate] (Pages 13 – 14)
 - 2. Executive Director Job Description 03-003 [Review & Self-Evaluate](Page 15)
 - 3. Monitoring Executive Director Performance 03-004 [Review & Self-Evaluate] (Pages 16 – 21)
 - 4. Board Ends Statement 04-001 [Review & Approve Revisions] (Pages 22 – 23)
- XIII. Linkage Reports**
 - 1. NMRE Board – September 24(Verbal)
 - 2. Advisory Council – October 6(Verbal)
- XIV. Operations Report(Page 24)**
- XV. Board Chair’s Report**
 - 1. FY26 Strategic Plan (Handout)
 - 2. Board Bylaws Regarding Employment (Handout)
 - 3. Schedule Nominations Committee Meeting(Page 25)
 - 4. CMHA Fall Board Conference – Attendees & Voting Delegates(Pages)
- XVI. Executive Director’s Report(Verbal)**
- XVII. Information and/or Comments from the Public**
- XVIII. Information and/or Comments for the Good of the Organization**
- XIX. Next NeMCMHA Board Meeting – Thursday, November 13 at 3:00 p.m.**
 - 1. Proposed November Agenda Items(Page 26)
- XX. Meeting Evaluation(Verbal)**
- XXI. Adjournment**

**Northeast Michigan Community Mental Health Authority Board
Board Meeting – September 11, 2025**

I. Call to Order

Chair Eric Lawson called the meeting to order in the Board Room at 3:00 p.m.

II. Roll Call and Determination of a Quorum

Present: Bob Adrian, Lester Buza, Jennifer Graham, Charlotte Helman, Eric Lawson, Lloyd Peltier, Terry Small
Absent: Bonnie Cornelius, Lynnette Grzeskowiak (Excused), Dana Labar (Excused), Kara Bauer LeMonds (Excused)
Staff & Guests: Carolyn Bruning, Rebekah Duhaime, Erin Fletcher, Jason Lepper, Nena Sork, Brenda Stanton, Jen Walburn, Jennifer Wiczorkowski, Kayla Wikaryasz

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Terry Small 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

None were presented.

VII. Approval of Minutes

Moved by Lester Buza, supported by Lloyd Peltier, to approve the minutes of the August Board meeting, as presented. Motion carried.

VIII. Les Buza

Les announced that he would be resigning from the Board and this would be his last meeting. He has been on the Board over the course of 30 years and through four directors. He hopes the Board keeps moving in the right direction as there is a lot going on. He thanked the Board, stating it has been a good 30 years. Nena Sork thanked him for his leadership.

IX. Consent Agenda

Though an additional handout for the Consent Agenda was originally noted on the agenda, no handout was needed beyond what was included in the Board packet.

Moved by Terry Small, supported by Lloyd Peltier, to approve the September Consent Agenda. Roll Call: Ayes: Bob Adrian, Lester Buza, Jennifer Graham, Charlotte Helman, Eric Lawson, Lloyd Peltier, Terry Small; Nays: None; Absent: Bonnie Cornelius, Lynnette Grzeskowiak, Dana Labar, Kara Bauer LeMonds. Motion carried.

X. September Monitoring Report

1. Budgeting 01-004

Brenda Stanton reported on the Statement of Revenue and Expense and Change in Net position for the month ending July 31, 2025, with 83.33% of the year elapsed. Many back payments have been received but aren't reflected on the July report. A budget adjustment will not be done due to the extra funds received. The staff retention payment will show on next month's report. The Change in Net Position is at \$526,536, which are local funds that can be kept. Medicaid and Healthy Michigan Funds combined are underspent by \$845,577. General Funds are overspent by \$23,057 which is an improvement of over \$50,000 from the previous month. Behavioral

Health Home is underspent by \$77,911, which are local funds that can be kept. Connie Cadarette and Nena are monitoring spending closely.

Moved by Lloyd Peltier, supported by Charlotte Helman, to approve the September Monitoring Report.
Motion carried.

XI. Board Policies Review

1. General Executive Constraint 01-001

Lloyd stated the policy looks good as is and is appropriate.

2. Compensation and Benefits 01-008

The Board agreed that the policy is complete and thorough.

3. Committee Structure 02-006

The Board reviewed and requested a revision under the Executive Committee to add “research” before the product.

Moved by Terry Small, supported by Charlotte Helman, to approve the revisions to the Committee Structure Policy. Motion carried.

4. Executive Director Search Process 03-005

Terry stated it clearly shows the order of how things should be done. Bob Adrian thinks the Agency is good at preparing internal staff for succession planning, and they also received outside applicants during the last change of Executive Director. Policies will be revised as necessary due to the upcoming title change from Chief Operations Officer to Chief Administrative Officer.

XII. Linkage Reports

1. NMRE Board

Eric reported discussion of the MDHHS bid-out of the PIHPs continued. An injunction to stop the RFP was filed. Nena reported that the Michigan House Oversight Committee met with the Director of MDHHS, Elizabeth Hertel, on September 9. The Representatives asked many pertinent questions regarding the RFP. Nena stated there are many ongoing advocacy efforts. The full session can be found online, with questions about the RFP starting at the 28:00 mark. The NMRE and NorthCare Network can’t bid on the RFP, as PIHPs were barred from bidding. An Urban Cooperative Agreement (UCA) has been created under the name Bridge Health so they could bid as a last effort if other measures, like the injunction, don’t work.

Eric discussed Board policy regarding public comment. He would like to add to the Chairperson’s Role Policy, further clarifying Board action after public comment. Eric proposed the following language be added to the policy: “If a Board member has a question or concern about anything presented in a meeting, the Board may direct the Chair through a motion and vote to gather more information and report back to the Executive committee or the full Board.” The Board would have to direct the Chair to further investigate any issues.

Moved by Terry Small, supported by Bob Adrian, to approve the revision to the Chairperson’s Role Policy.
Motion carried.

XIII. Operations Report

Erin Fletcher reported on operations for the month of August. There are 345 children under the age of 18 open to services. Home-based services served 30 children in the month of August, MI Adult served 50, and Outpatient Counseling served 112 (28 children). There were 43 hospital prescreens completed, with 15 adult admissions. Peer Support served 52, (6 children). In August, a total of 978 unduplicated individuals were served (114 children). Nena clarified that entire families are served, but there may only be one child open to services.

XIV. Board Chair's Report

1. Setting Perpetual Calendar

There were no comments or issues with the proposed calendar.

2. Board Self-Evaluation Report

The Board reviewed their 2025 Self-Evaluation Report and discussed ways to improve, including noting Board member participation when they attend Agency events outside of Board meetings. The Board noted ways the presentation of data could also be improved for next year.

Les Buza left the meeting at 3:59 p.m.

3. Final Approval of FY26 Strategic Plan

Moved by Terry Small, supported by Jennifer Graham, to approve the FY26 Strategic Plan. Motion carried.

4. CMHA Fall Board Conference

Board members to let Rebekah Duhaime know if they plan to attend.

XV. Executive Director's Report

Nena reported the annual staff survey opened on August 18 and there is a return rate of 41% so far. Previous surveys had many questions concerning the Agency's Social Security opt-out, and Nena was available to bring in an expert presenter from Traverse City to cover the topic. The presentation was recorded so all staff can view it. Nena attended NMRE Ops, the Rural and Frontier Caucus meeting, and the Directors' Forum in Lansing. Employee Recognition and All Staff Training went well, with over 200 staff participating in the on-site training. She will be meeting with the Union as they requested an economic opener.

Nena reported that the CMHA has asked for PIHPs and CMHSPs to pay a special assessment to the CMHA to provide more revenue to cover legal fees. The NMRE has already voted against paying a special assessment. The money would have to come out of local funds, which are difficult to generate.

Moved by Terry Small, supported by Lloyd Peltier, to reject the CMHA's request for a special assessment. Roll Call: Ayes: Bob Adrian, Jennifer Graham, Charlotte Helman, Eric Lawson, Lloyd Peltier, Terry Small; Nays: None; Absent: Lester Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Dana Labar, Kara Bauer LeMonds. Motion carried.

The new CAO, Kara Steinke, and the new Deputy Clinical Director both start on Monday.

XVI. Information and/or Comments from the Public

A staff member asked for clarification that the underspent Medicaid funds cannot be used for legal fees, which Nena confirmed.

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

Jennifer Graham stated she was given the opportunity to be on a lived experience panel at a recent crisis training for staff at the Agency. At her request, Nena provided an overview of how crisis calls and contacts are handled by the Agency. The State dictates which degrees are required for handling crises. In the past, only MSWs were allowed to crisis contacts, but it has now been expanded to include BSWs and RNs with proper training. There is a meeting every Monday morning where they debrief each crisis contact from the weekend. There are always a clinical supervisor and a medical provider on-call outside of business hours that the crisis worker on-call can contact and staff are never making decisions alone. There are nine staff on rotation for on-call, and they have one weeknight every nine weeknights and one weekend every nine weekends. There are also three casual staff that pick-up shifts. Staff who work a certain number of on-call hours on Sunday are provided with four hours of leave time the next day. All staff are provided with training and do extensive shadowing before doing crisis on-call on their own.

Lloyd suggested all Board members try to attend the CMHA conference.

XVIII. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, October 9, 2025, at 3:00 p.m.

1. October Agenda Items

The proposed October agenda items were reviewed.

XIX. Meeting Evaluation

Terry reported everyone was prepared and given time to talk. He was satisfied with what they accomplished and reported conversation and the provided materials were good. He commented on the violence of the last couple of days and how those emotions also affected him with today being 9/11 and the resignation of a long-standing Board member.

XX. Adjournment

Moved by Terry Small, supported by Lloyd Peltier, to adjourn the meeting. Motion carried. This meeting adjourned at 4:34 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Consent Agenda – October 9, 2025

A. Bay View Center

The Agency contracts with Bay View Center to provide community members with a Drop-In Center. Bay View Center's FY25 contracted amount was \$181,262; this amount has been unchanged since FY24. This contract amount is \$200,520 and will be paid in monthly payments of \$16,710. This contract will be reviewed twice over the next twelve months to ensure funding is appropriate. We recommend approval of this contract.

B. The Sunset Project

The Sunset Project is a local non-profit organization that provides suicide prevention trainings to high school students within Northeast Michigan Community Mental Health Authority's (NeMCMHA) catchment area. The Sunset Project anticipates providing up to twenty-two *Ending the Silence* presentations this fiscal year. Presentations take place bi-annually in Alpena and Alcona High Schools and ACES Academy during the fall and spring semesters. Presentations will be reimbursed at \$1,361.17, with mileage being reimbursed at \$0.62/mile. This is an overall increase of \$2,065.74, with an additional high school in our service region being added to the bi-annual presentation schedule in 2025/2026. We recommend approval of this contract.

C. Catholic Human Services

This agreement is a continuation contract with Catholic Human Services to provide Intensive Care Coordination with Wraparound (ICCW) Services for Children with Serious Emotional Disturbances. The total amount of the contract is \$79,344.00, which is a decrease of \$43,636 from last year. It is anticipated that Catholic Human Services will provide up to 1,200 units for FY26. The number of units projected for FY26 is more in line with actual usage in FY25, with additional units included for anticipated increased referrals. We recommend approval of this contract.

D. Partners In Prevention

Partners In Prevention provides behavioral health education and prevention services on behalf of Northeast Michigan Community Mental Health Authority (NeMCMHA). The total amount of this agreement is not to exceed \$34,179.00. This is a minimal increase of \$185.50 over the previous agreement. Partners In Prevention will provide the following:

- i. Youth Mental Health First Aid Training
- ii. Mental Health First Aid
- iii. Caring for Children Who Have Experienced Trauma
- iv. How Trauma in the Developmental Years Can Impact Adults
- v. Suicide Prevention and Mental Health Promotion

We recommend approval of this contract.



Consent Agenda: NEMROC – October 9, 2025

North Eastern Michigan Rehabilitation and Opportunity Center (NEMROC)

NEMROC offers Community Living Support (CLS) and Supported Employment services on behalf of our Agency. For tracking and reporting purposes, CLS and Supported Employment are separate contracts. The contracted rates will increase by 3%, however the overall budget will decrease by \$6,009 due to projecting less units of service being provided over the year. Both contracts will be reviewed semi-annually.

NEMROC anticipates providing 5,600 units of CLS over the course of the fiscal year at a rate of \$12.65 per 15-minute unit. This contract capitation is \$70,840.

The capitation for Supported Employment is \$385,630.08 with a projection of 29,126 units being provided.

We recommend approval.



Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Eleventh Month Ending August 31, 2025
91.67% of year elapsed

	Actual August Year to Date	Budget August Year to Date	Variance August Year to Date	Budget FY25	% of Budget Earned or Used
Revenue					
1 State Grants	207,600.43	248,739.37	\$ (41,139)	271,352.00	76.5%
2 Grants from Local Units	244,418.17	244,418.13	0	266,638.00	91.7%
3 NMRE Incentive Revenue	259,542.36	302,500.00	(42,958)	330,000.00	78.6%
4 Interest Income	7,804.29	5,500.00	2,304	6,000.00	130.1%
5 Medicaid Revenue	31,050,479.83	30,137,372.87	913,107	32,877,134.00	94.4%
6 General Fund Revenue	1,102,555.00	1,102,554.53	0	1,202,787.00	91.7%
7 Healthy Michigan Revenue	1,941,305.67	1,308,410.62	632,895	1,427,357.00	136.0%
8 3rd Party Revenue	372,422.58	520,524.62	(148,102)	567,845.00	65.6%
9 Behavior Health Home Revenue	416,393.29	283,914.62	132,479	309,725.00	134.4%
10 Food Stamp Revenue	105,940.99	86,922.99	19,018	94,825.00	111.7%
11 SSI/SSA Revenue	578,661.30	615,939.50	(37,278)	671,934.00	86.1%
12 Revenue Fiduciary	234,285.78	0.00	-	0.00	0.0%
13 Other Revenue	52,510.05	46,568.50	5,942	50,802.00	103.4%
14 Total Revenue	36,573,920	34,903,366	1,436,268	38,076,399	96.1%
Expense					
15 Salaries	14,429,370.33	14,066,869.52	(362,501)	15,345,676.00	94.0%
16 Social Security Tax	589,137.05	585,528.13	(3,609)	638,758.00	92.2%
17 Self Insured Benefits	2,109,713.25	2,490,282.96	380,570	2,716,673.00	77.7%
18 Life and Disability Insurances	220,278.84	247,096.52	26,818	269,560.00	81.7%
19 Pension	1,217,711.37	1,311,102.76	93,391	1,430,294.00	85.1%
20 Unemployment & Workers Comp.	122,066.18	118,012.51	(4,054)	128,741.00	94.8%
21 Office Supplies & Postage	41,064.02	40,948.27	(116)	44,671.00	91.9%
22 Staff Recruiting & Development	44,597.16	120,331.42	75,734	131,268.00	34.0%
23 Community Relations/Education	41,948.64	61,301.13	19,352	66,874.00	62.7%
24 Employee Relations/Wellness	71,180.90	101,601.50	30,421	110,838.00	64.2%
25 Program Supplies	531,694.26	512,599.89	(19,094)	559,200.00	95.1%
26 Contract Inpatient	1,174,775.64	1,529,730.62	354,955	1,668,797.00	70.4%
27 Contract Transportation	838.29	12,856.25	12,018	14,025.00	6.0%
28 Contract Residential	5,367,719.95	4,707,881.75	(659,838)	5,135,871.00	104.5%
29 Local Match Drawdown NMRE	98,568.00	90,354.00	(8,214)	98,568.00	100.0%
30 Contract Employees & Services	7,290,580.70	6,583,789.63	(706,791)	7,182,316.00	101.5%
31 Telephone & Connectivity	206,703.88	202,350.39	(4,353)	220,746.00	93.6%
32 Staff Meals & Lodging	23,062.69	24,632.74	1,570	26,872.00	85.8%
33 Mileage and Gasoline	392,215.84	400,674.67	8,459	437,100.00	89.7%
34 Board Travel/Education	3,866.53	12,521.63	8,655	13,660.00	28.3%
35 Professional Fees	21,671.63	31,212.39	9,541	34,050.00	63.6%
36 Property & Liability Insurance	84,572.31	85,099.63	527	92,836.00	91.1%
37 Utilities	219,472.08	177,466.52	(42,006)	193,600.00	113.4%
38 Maintenance	185,256.76	132,300.41	(52,956)	144,328.00	128.4%
39 Interest Expense Leased Assets	36,593.23	39,508.26	2,915	43,100.00	84.9%
40 Rent	7,615.73	7,562.50	(53)	8,250.00	92.3%
41 Food	144,079.46	128,241.74	(15,838)	139,900.00	103.0%
42 Capital Equipment	0.00	12,191.41	12,191	13,300.00	0.0%
43 Client Equipment	21,321.07	21,083.37	(238)	23,000.00	92.7%
44 Fiduciary Expense	234,393.34	0.00	0.00	0.00	0.0%
45 Miscellaneous Expense	226,989.78	142,723.24	(84,267)	155,698.00	145.8%
46 Depreciation & Amortization Expense	884,627.27	894,509.99	9,883	975,829.00	90.7%
47 MI Loan Repayment Program	3,000.00	11,000.00	8,000	12,000.00	25.0%
48 Total Expense	36,046,686	34,903,366	(908,927)	38,076,399	94.7%
49 Change in Net Position	\$ 527,234	\$ -	\$ 527,234	\$ -	1.4%
50 Contract settlement items included above:					
51 Medicaid Funds (Over) / Under Spent	\$ 1,142,950				
52 Healthy Michigan Funds (Over) / Under Spent	(185,888)				
53 Total NMRE (Over) / Under Spent	\$ 957,062				
54 General Funds to Carry Forward to FY25	\$ -				
55 General Funds Lapsing to MDHHS	(19,189)				
56 General Funds (Over) / Under Spent	\$ (19,189)				
57 Behavior Health Home Revenues	416,393				
58 Behavior Health Home Expenses	(326,203)				
59 BHH Funds (Over) / Under Spent	90,190				
60 Total BHH (Over) / Under Spent	\$ 90,190				

Northeast Michigan Community Mental Health Authority
2025-2026 Budget
Revenue Budget

Line #	Revenue Source	FY25 Budget	\$\$\$ Incr./ (Decr.)	FY26 Budget	Totals	% of Total Budget
1	State Contracts		\$ -		293,636	0.69%
2	PASARR (Nursing Home Services)	271,352	\$ 22,284	293,636		
3	Local Funding	-	\$ -	-	526,638	1.25%
4	Alcona County Allocation	34,051	\$ -	34,051		
5	Alpena County Allocation	150,585	\$ -	150,585		
6	Montmorency County Allocation	38,524	\$ -	38,524		
7	Presque Isle County Allocation	43,478	\$ -	43,478		
8	Rebates/Incentives/Other local revenue/Grants	330,000	\$ (70,000)	260,000		
9	Interest Income	6,000	\$ 1,000	7,000	7,000	0.02%
10	Medicaid	32,877,134	\$ 3,763,002	36,640,136	36,640,136	86.70%
11	General Funds from MDCH	-	\$ -	-	1,202,787	2.85%
12	Operational (Community) Funding	1,202,787	\$ -	1,202,787		
13	Carryforward from FY24 to FY25	-	\$ -	-		
14	Healthy Michigan Plan	1,427,357	\$ 606,396	2,033,753	2,033,753	4.81%
15	Third Party Insurance (incl. COFR)	567,845	\$ (167,845)	400,000	400,000	0.95%
16	Residential Clients - Room & Board	671,934	\$ (48,714)	623,220	623,220	1.47%
17	Behavior Health Home Revenue	309,725	\$ 90,275	400,000	400,000	0.95%
18	Other Revenue	-	\$ -	-	132,679	0.31%
19	Reimbursed Class Fees	5,000	\$ 5,000	10,000		
20	Food Stamps	94,825	\$ 745	95,570		
21	Representative Payee Fees	15,600	\$ (5,600)	10,000		
22	Record Copying Fees	14,180	\$ (11,180)	3,000		
23	Miscellaneous Other Income	16,022	\$ (1,913)	14,109		
24	Total Revenues	\$ 38,076,399	\$ 4,183,450	\$ 42,259,849	\$ 42,259,849	100.00%

Northeast Michigan Community Mental Health Authority

2025-2026 Budget

Expenditure Budget (by account)

Line #	Expenditure Type	FY25 Budget	\$\$\$ Incr./(Decr.)	FY26 Budget	% Incr./(Decr.)
1	Salaries	\$ 15,345,676	\$ 1,434,094	\$ 16,779,770	9.3%
2	Social Security Tax	638,758	\$ 84,001	\$ 722,759	13.2%
3	Health Savings Accounts	57,000	\$ (31,000)	\$ 26,000	-54.4%
4	Health Insurance (self insured)	2,065,304	\$ 58,277	\$ 2,123,581	2.8%
5	Prescription Insurance (self insured)	388,589	\$ 32,840	\$ 421,429	8.5%
6	Dental Insurance (self insured)	154,365	\$ 10,143	\$ 164,508	6.6%
7	Vision Insurance (self insured)	51,415	\$ 854	\$ 52,269	1.7%
8	Life Insurance	32,202	\$ 2,376	\$ 34,578	7.4%
9	Long Term Disability Insurance	39,239	\$ -	\$ 39,239	0.0%
10	Short Term Disability Insurance	198,119	\$ 12,413	\$ 210,532	6.3%
11	Pension	975,285	\$ 22,440	\$ 997,725	2.3%
12	Pension (Social Security Opt Out)	455,009	\$ 22,822	\$ 477,831	5.0%
13	Unemployment	14,129	\$ -	\$ 14,129	0.0%
14	Workers Compensation	114,611	\$ 16,913	\$ 131,524	14.8%
15	Office Supplies	26,561	\$ -	\$ 26,561	0.0%
16	Postage	18,110	\$ 13,564	\$ 31,674	74.9%
17	Advertisement/Recruitment	87,709	\$ (80,359)	\$ 7,350	-91.6%
18	Public Relations/Community Education	66,874	\$ 26	\$ 66,900	0.0%
19	Employee Relations/Wellness	110,838	\$ -	\$ 110,838	0.0%
20	Computer Maintenance/Supplies	387,500	\$ 111,524	\$ 499,024	28.8%
21	Activity/Program Supplies	41,730	\$ 30	\$ 41,760	0.1%
22	Medical Supplies & Services	53,700	\$ 6,190	\$ 59,890	11.5%
23	Household Supplies	73,740	\$ 14,260	\$ 88,000	19.3%
24	Interest Expense - Leases	43,100	\$ (6,626)	\$ 36,474	0.0%
25	Contracted Transportation	14,025	\$ -	\$ 14,025	0.0%
26	Contracted Inpatient	1,668,797	\$ 281,203	\$ 1,950,000	16.9%
27	Contracted Residential	5,135,871	\$ 943,227	\$ 6,079,098	18.4%
28	Contracted Employees/Services	7,182,316	\$ 888,788	\$ 8,071,104	12.4%
29	Local Match Drawdown	98,568	\$ -	\$ 98,568	0.0%
30	Telephone / Internet (Communications)	220,746	\$ 49,254	\$ 270,000	22.3%
31	Staff Meals & Lodging	26,872	\$ 1,993	\$ 28,865	7.4%
32	Staff Travel Mileage	218,319	\$ 19,720	\$ 238,039	9.0%
33	Vehicle Gasoline	155,651	\$ 2,149	\$ 157,800	1.4%
34	Client Travel Mileage	63,130	\$ 4,870	\$ 68,000	7.7%
35	Board Travel and Expenses	13,660	\$ 40	\$ 13,700	0.3%
36	Staff Development-Conference Fees	39,840	\$ 6,965	\$ 46,805	17.5%
37	Staff Physicals/Immunizations	3,719	\$ 5,781	\$ 9,500	155.4%
38	Professional Fees (Audit)	34,050	\$ (11,550)	\$ 22,500	-33.9%
39	Professional Liability Insurance Drs.	13,500	\$ 1,500	\$ 15,000	11.1%
40	Property/Staff Liability Insurance (net)	79,336	\$ 4,164	\$ 83,500	5.2%
41	Heat	32,300	\$ 23,150	\$ 55,450	71.7%
42	Electricity	108,500	\$ 4,100	\$ 112,600	3.8%
43	Water/Sewage	30,150	\$ 12,200	\$ 42,350	40.5%
44	Sanitation	22,650	\$ 2,300	\$ 24,950	10.2%
45	Maintenance	93,000	\$ 56,300	\$ 149,300	60.5%
46	Vehicle Maintenance	51,328	\$ 672	\$ 52,000	1.3%
47	Rent-Homes and Office Buildings	5,750	\$ 50	\$ 5,800	0.9%
48	Amoritzation Expense - Leases (Rent)	304,887	\$ (22,153)	\$ 282,734	-7.3%
49	Rent-Equipment	2,500	\$ -	\$ 2,500	0.0%
50	Membership Dues	15,798	\$ 332	\$ 16,130	2.1%
51	Food	139,900	\$ 100	\$ 140,000	0.1%
52	Capital Equipment over \$5000	274,300	\$ 100,200	\$ 374,500	36.5%
53	Equipment	2,800	\$ 104,200	\$ 107,000	3721.4%
54	Computer Equipment over \$200	13,000	\$ (13,000)		-100.0%
55	Client Adaptive Equipment	23,000	\$ 17,000	\$ 40,000	73.9%
56	Depreciation Expense Adjustment	396,673	\$ (95,637)	\$ 301,036	-24.1%
57	General Fund Expenditures (DFA)	79,900	\$ 5,750	\$ 85,650	7.2%
58	Local Fund Expenditures (10% State Hospital)	60,000	\$ 65,000	\$ 125,000	108.3%
59	MI Loan Repayment	12,000	\$ -	\$ 12,000	0.0%
60	Total Expenditures	\$ 38,076,399	\$ 4,183,450	\$ 42,259,849	11.0%

Northeast Michigan Community Mental Health Authority
2025-2026 Budget
Expenditure Budget (by program)

Line #	Program	FY25 Budget	\$\$\$ Incr./ (Decr.)	FY26 Budget	% Incr./ (Decr.)
1	Board Administration	\$ 48,141	\$ (16,492)	\$ 31,649	-34.3%
2	General Administration	1,088,566	\$ 237,658	1,326,224	21.8%
3	Managed Information Systems (MIS)	1,398,252	\$ (4,590)	1,393,662	-0.3%
4	Training	76,779	\$ 1,307	78,086	1.7%
5	Budget & Finance	1,005,775	\$ 868	1,006,643	0.1%
6	Direct Run Support Staff (old Clerical plus a few)	825,632	\$ 43,127	868,759	5.2%
7	Human Resources	789,894	\$ (51,286)	738,608	-6.5%
8	Facilities	294,308	\$ 24,386	318,694	8.3%
9	Alpena Facilities (Utilities, Rent, Depreciation)	210,350	\$ 49,550	259,900	23.6%
10	Alcona Facilities (Utilities, Rent, Depreciation)	2,400	\$ -	2,400	0.0%
11	Hillman Facilities (Utilities, Rent, Depreciation)	81,529	\$ 7,232	88,761	8.9%
12	Rogers City Facilities (Utilities, Rent, Depreciation)	47,600	\$ 9,554	57,154	20.1%
13	Fletcher Facilities (Utilities, Rent, Depreciation)	100,366	\$ 2,984	103,350	3.0%
14	Vehicle Fleet (Gasoline, Depreciation, Maintenance)	546,901	\$ 99	547,000	0.0%
15	Quality Improvement	193,468	\$ 12,135	205,603	6.3%
16	MI Outpatient	759,735	\$ 617,668	1,377,403	81.3%
17	Physician Services	1,987,505	\$ 86,560	2,074,065	4.4%
18	Older Adult Services - PASARR	271,352	\$ 22,284	293,636	8.2%
19	Case Management	2,290,388	\$ (44,291)	2,246,097	-1.9%
20	Assertive Community Treatment (ACT)	219,613	\$ 21,958	241,571	10.0%
21	Children's Home Based and Comm. Services	286,124	\$ 424,462	710,586	148.3%
22	Children's Wraparound	122,980	\$ (43,636)	79,344	-35.5%
23	Clinical Supervision	2,717,724	\$ 122,581	2,840,305	4.5%
24	Physical, Occupational & Speech Therapy	95,512	\$ 5,533	101,045	5.8%
25	Provider Network (Self Det. Internal, Contracts)	83,314	\$ 5,372	88,686	6.4%
26	External Services	12,998,887	\$ 2,086,084	15,084,971	16.0%
27	Behavior Health Home	244,907	\$ 74,712	319,619	30.5%
28	State Hospitalization (County 10% Share only)	60,000	\$ 65,000	125,000	108.3%
29	Supported Employment	721,109	\$ 105,822	826,931	14.7%
30	SIP/Community Support/Skill Building	2,332,131	\$ 240,232	2,572,363	10.3%
31	Bay View Center	181,262	\$ 19,258	200,520	10.6%
32	Peer Directed Activities	37,040	\$ 1,535	38,575	4.1%
33	MI Peer Support Services	216,652	\$ 64,628	281,280	29.8%
34	DD SIP Monitoring	449,532	\$ 97,337	546,869	21.7%
35	Hospital Transportation	21,065	\$ (213)	20,852	-1.0%
36	Cambridge Residential DD	584,518	\$ (3,721)	580,797	-0.6%
37	Princeton Residential DD	552,471	\$ (30,263)	522,208	-5.5%
38	Walnut Residential DD	505,761	\$ 31,837	537,598	6.3%
39	Thunder Bay Heights Residential DD	562,359	\$ 89,109	651,468	15.8%
40	Pinepark Residential DD	592,496	\$ 33,131	625,627	5.6%
41	Brege Residential DD	531,078	\$ 76,231	607,309	14.4%
42	Greenhaven Residential DD	450,014	\$ (6,260)	443,754	-1.4%
43	Millcreek Residential DD	546,291	\$ 7,355	553,646	1.3%
44	Infant Mental Health	2,740	\$ (625)	2,115	-22.8%
45	Skill Building (now in CLS)	3,312	\$ (3,312)	-	-100.0%
46	Crisis Services	330,450	\$ 47,836	378,286	14.5%
47	Behavior Treatment	38,310	\$ -	38,310	0.0%
48	Recipient Rights	-	\$ 222,520	222,520	100.0%
49	Harrisville Residential DD	569,806	\$ (569,806)	-	-100.0%
50	Total Expenditures	\$ 38,076,399	\$ 4,183,450	\$ 42,259,849	11.0%

Northeast Michigan Community Mental Health Authority
2025-2026 Budget
Capital Purchases

Line #	Program	Description	\$\$\$
Equipment, Furniture, Building Improvements			
	Facilities	Vehicle Replacement	\$87,500
	Facilities	Vehicle Replacement	\$28,000
	Facilities	Vehicle Replacement	\$28,000
	Facilities	Vehicle Replacement	\$62,000
	Facilities	Vehicle Replacement	\$42,000
	Facilities	Vehicle Replacement	\$42,000
	Facilities	Vehicle Replacement	\$42,000
	Facilities	Vehicle Replacement	\$42,000
	Total Equipment, Furniture, Building Improvements		\$ 373,500
Computer Equipment			
	Total Computer Equipment		\$ -

Vehicle Replacement Policy:

Agency owned vehicles will be reviewed for replacement when:

- a. they have reached a service life of five years and/or they have accumulated 120,000 miles,*
- b. excessive wear or costs dictates that the vehicle be removed from service, or*
- c. safety conditions require that they be removed from service.*

Northeast Michigan Community Mental Health Authority
2025-2026 Budget
Staffing - Full Time Equivalents (FTE's)

Line #	Program	FY25 Budget	FTE Incr./(Decr.)	FY26 Budget	% Incr./(Decr.)
1	Board Administration	0.09	-	0.09	0.0%
2	General Administration	8.34	(2.00)	6.34	-24.0%
3	Managed Information Systems (MIS)	5.00	-	5.00	0.0%
4	Training	0.36	-	0.36	0.0%
5	Budget & Finance	10.73	(0.29)	10.44	-2.7%
6	Direct Run Support Staff	11.11	1.64	12.75	14.8%
7	Human Resources	3.50	(0.50)	3.00	-14.3%
8	Facilities	5.15	-	5.15	0.0%
9	Quality Improvement	2.00	-	2.00	0.0%
10	MI Outpatient	7.79	5.38	13.17	69.1%
11	Physician Services	11.34	-	11.34	0.0%
12	Geriatric Services - PASARR	2.23	-	2.23	0.0%
13	Case Management	27.61	-	27.61	0.0%
14	Assertive Community Treatment (ACT)	2.12	0.69	2.81	32.5%
15	Home Based	2.70	6.05	8.75	224.1%
16	Mobile Crisis	-	-	-	100.0%
17	Clinical Supervisors	30.14	0.97	31.11	3.2%
18	Behavior Health Home	3.41	1.02	4.43	29.9%
19	Supported Employment	13.09	1.16	14.25	8.9%
20	Physical, Occupational & Speech Therapy	1.00	-	1.00	0.0%
21	Peer Directed Activities	0.88	-	0.88	0.0%
22	MI Peer Support Services	3.95	0.81	4.76	20.5%
23	SIP Monitoring	8.91	2.37	11.28	26.6%
24	SIP/Community Support	43.12	5.58	48.70	12.9%
25	Provider Network	1.00	-	1.00	0.0%
26	Hospital Transportation	0.50	-	0.50	0.0%
27	Cambridge Residential DD	9.64	0.39	10.03	4.0%
28	Princeton Residential DD	10.10	-	10.10	0.0%
29	Walnut Residential DD	9.10	0.45	9.55	4.9%
30	Thunder Bay Residential DD	8.59	1.58	10.17	18.4%
31	Pinepark Residential DD	10.36	0.59	10.95	5.7%
32	Brege Residential DD	8.40	1.93	10.33	23.0%
33	Harrisville Residential DD	9.72	(9.72)	-	-100.0%
34	Millcreek Residential DD	8.63	0.73	9.36	8.5%
35	Greenhaven	7.28	(0.68)	6.60	-9.3%
36	Infant Mental Health	0.02	-	0.02	0.0%
37	Skill Building (now in SIP/CLS)	0.05	(0.05)	-	-100.0%
38	Crisis Services	1.53	0.41	1.94	26.8%
39	Behavior Treatment	0.36	-	0.36	0.0%
40	Recipient Rights		3.00	3.00	100.0%
41	Total FTE's	289.85	18.51	311.36	6.4%

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GOVERNANCE PROCESS

(Manual Section)

ANNUAL BOARD PLANNING CYCLE – POLICY 02-007

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

June 13, 2024

Last Revision to Policy Approved by Board:

June 9, 2022

●1 POLICY:

To accomplish its role with a governance style consistent with Board policies, the Board will follow an annual agenda, which (a) completes a re-exploration of Ends policies annually and (b) continually improves its performance through attention to Board education, enriched input and deliberation, as well as insistence upon measurement and achievement of Ends.

1. The cycle will conclude each year on the last day of September in order that administrative budgeting can be based on accomplishing a one-year segment of the most recent Board long-range vision.
 - By September preceding the new cycle, the Board will develop its agenda for the ensuing one-year period.
2. Education, input, and deliberation will receive paramount attention in structuring the series of meetings and other Board activities during the year.
 - To the extent feasible, the Board will identify those areas of education and input needed to increase the level of wisdom and forethought it can give to subsequent choices.
3. The sequence of the process for the Board planning year ending September 30 is as follows:
 - May: The planning process begins with a brief review of progress to-date toward the current year ends. The session will include an environmental scan and exploration of the primary factors affecting public mental health services. The goal of the session will be to identify areas upon which the Board wishes to focus its planning efforts over the next several months.
 - June through August: During these months, the planning areas identified above are refined with the active assistance of staff.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

- September: The Board's plan (including Ends) for the coming year is adopted. This plan will also include the Board's desires for educational presentations for the year.
 - November: Review of past year Ends achievement. Celebration.
4. Executive Director monitoring will be included on the agenda if monitoring reports show policy violations, or if policy criteria are to be debated.
- July: The Board prepares for the Executive Director's evaluation by reviewing any of the monitoring reports provided in the last year.
 - August: The Board finalizes the evaluation of the Executive Director and prepares to extend a contract renewal.
5. Executive Director remuneration will be decided after a review of monitoring reports received in the last year by September. The compensation philosophy of the Board is to attract and retain leadership talent, yet respond to market trends, reflecting the value of the functional demands of executive work and reward performance results.
- Compensation will take into consideration market comparable data [i.e., Board Association Salary Survey, comparable functional positions information, etc.] and the total compensation and benefit plan will be defined.
 - Review of the compensation and benefit plan will be completed by the full Board.
 - The Executive Director's contract will include information regarding terms of compensation, approval dates, disclosure of any conflict of interest, etc.
 - If warranted, the Executive Committee will meet prior to contract renewal to discuss base pay and benefit plans, expiration date of contract, incorporating overall performance and development. Names, if any, of the independent, unrelated Board members assigned to a review committee will be documented.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

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BOARD STAFF RELATIONSHIP

(Manual Section)

EXECUTIVE DIRECTOR JOB DESCRIPTION – POLICY 03-003

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

October 10, 2024

Last Revision to Policy Approved by Board:

October 10, 2019

●1 POLICY:

As the Board’s single official link to the operating organization, the Executive Director’s performance will be considered to be synonymous with organizational performance as a total.

Consequently, the Executive Director’s job contributions can be stated as performance in the following areas:

1. Organizational accomplishment of the provisions of Board policies on *Ends*.
2. Organization operation within the boundaries of prudence and ethics established in Board policies on *Executive Limitations*.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

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BOARD STAFF RELATIONSHIP

(Manual Section)

MONITORING EXECUTIVE DIRECTOR PERFORMANCE – POLICY 03-004

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

October 10, 2024

Last Revision to Policy Approved by Board:

October 10, 2019

●1 POLICY:

Monitoring executive performance is synonymous with monitoring organizational performance against board policies on *Ends* and on *Executive Limitations*. Any evaluation of the Executive Director's performance, formal or informal, may be derived only from these monitoring data.

1. The purpose of monitoring is to determine the degree to which Board policies are being fulfilled. Information that does not do this will not be considered to be monitoring. Monitoring will be as automatic as possible, using a minimum of Board time so that meetings can be used to create the future rather than to review the past.
2. A given policy may be monitored in one or more of three ways:
 - A. Internal report: Disclosure of compliance information to the Board from the chief executive.
 - B. External report: Discovery of compliance information by a disinterested, external auditor, inspector, or judge who is selected by and reports directly to the Board. Such reports must assess executive performance only against policies of the Board, not those of the external party unless the Board has previously indicated that party's opinion to be the standard.
 - C. Direct Board inspection: Discovery of compliance information by a Board member, a committee, or the Board as a whole. This is a Board inspection of documents, activities, or circumstances directed by the Board which allows a "prudent person" test of policy compliance.
3. Upon the choice of the Board, any policy can be monitored by any method at any time. For regular monitoring, however, each *Ends* and *Executive Limitations* policy will be classified by the Board according to frequency and method.
 - A. See Board Monitoring Schedule for frequency and method.
4. By each September, the Board will have a formal evaluation of the Executive Director. This evaluation will not only consider monitoring data as defined here, but as it has appeared over the intervening year. In every case, the standard for compliance shall be any reasonable Executive Director interpretation of the Board policy being monitored. The Board is final arbiter of reasonableness, but will always judge with a "reasonable

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

person” test rather than with interpretations favored by Board members or by the Board as a whole.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

[Exhibit 1 – Monitoring Schedule](#)

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE**

Policy	Reports	Internal/External	Frequency	Month
Budgeting 01-004	Monthly Budget Reports	Internal	At least Quarterly	January – December** (Reported monthly if available)
Emergency Executive Succession 01-006	Executive Director Report	Internal	Annual	January
Emergency Executive Succession 01-006	Board Evaluation	Internal -Board Review of Policy	Annual	January
Executive Director Role 03-001	Board-Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	January
Treatment of Individuals Served 01-002	Recipient Complaint Log	Internal	Quarterly	Feb., May, Aug., Nov.
Staff Treatment 01-003	Turnover Report/Exit	Internal	Semi-Annual	February/August
Budgeting 01-004	Monthly Budget Reports	Internal	At least Quarterly	February – January** (Reported monthly if available)
Financial Condition 01-005	Quarterly Financial Statements	Internal	Quarterly	Feb., May, Aug., Nov.
Asset Protection 01-007	Board Evaluation	Internal – Board Review of Policy	Annual	February
Budgeting 01-004	CPA Audit	External	Annual	February
Financial Condition 01-005	CPA Audit	External	Annual	February
Asset Protection 01-007	CPA Audit	External	Annual	February
Delegation to the Executive Director 03-002	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	February
Board Committee Principles 02-005	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	February
Treatment of Individuals Served 01-002	Executive Director Report Consumer Satisfaction Survey	Internal Internal	Annual Annual	March
Staff Treatment 01-003	Employee Survey Policy Review	Internal – Board Review of Policy	Annual	March
Budgeting 01-004	Monthly Budget Reports	Internal	At least Quarterly	March-February** (Reported monthly if available)
Budgeting 01-004	Board Evaluation	Internal – Board Review of Policy	Annual	March

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE**

Policy	Reports	Internal/External/Direct	Frequency	Month
Code of Conduct 02-008	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	March
Board Member Recognition 02-011	Executive Director Report	Internal (Board Member Recognition Awards)	Annual	March
Budgeting 01-004	Monthly Budget Reports	Internal	At least Quarterly	April - March** Reported monthly if available)
Financial Condition 01-005	Board Evaluation	Internal – Board Review of Policy	Annual	April
Communication & Counsel 01-009	Executive Director Report	Internal	Annual	April
Communication & Counsel to Board 01-009	Board Evaluation	Internal – Board Review of Policy	Annual	April
Governing Style 02-002	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	April
Cost of Governance 02-013	Board Evaluation	Internal – Board Review of Policy Update Policy	Annual	April
	Self-Evaluation		Annual	April
Treatment of Individuals Served 01-002	Recipient Complaint Log	Internal	Quarterly	May, Aug., Nov., Feb.
Budgeting 01-004	Monthly Budget Reports	Internal (2 months May/Jun)	At least Quarterly	May - April** (Reported monthly if available)
Financial Condition 01-005	Quarterly Financial Statements	Internal	Quarterly	May, Aug., Nov., Feb.
Board Job Description 02-003	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	May
Board Core Values 02-014	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	May
Disclosure of Ownership 02-016	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	May
Strategic Planning Session	Planning Session	Internal/External	Annual	June
Ends 04-001	Executive Director Report	Internal	Semi-Annual	June
Staff Treatment 01-003	Executive Director Report	Internal (Staff Recognition)	Annual	July/August**
Budgeting 01-004	Monthly Budget Reports	Internal	At least Quarterly	July - June** (Reported monthly if available)

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE**

Policy	Reports	Internal/External/Direct	Frequency	Month
Asset Protection 01-007	Insurance Reports	External/Internal	Annual	July
Community Resources 01-010	Board Evaluation	Internal – Board Review of Policy	Annual	July
Community Resources 01-010	Executive Director Report	Collaboration Report	Annual	July
Public Hearing 02-010	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	July
Treatment of Individuals Served 01-002	Recipient Complaint Log	Internal	Quarterly	Aug., Nov., Feb., May
Staff Treatment 01-003	Turnover Report/Exit Interview	Internal	Semi-Annual	August/February
Budgeting 01-004	Monthly Budget Reports	Internal	At least Quarterly	August - July** (Reported monthly if available)
Financial Condition 01-005	Quarterly Financial Statements	Internal	Quarterly	Aug., Nov., Feb., May
Chairperson's Role 02-004	Self-Evaluation & Policy Review Board Survey	Internal – Board Review of Policy	Annual	August
Board Members Per Diem 02-009	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
Board Self-Evaluation 02-012	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
Disclosure of Ownership 02-016	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
General Executive Constraint 01-001	Evaluation of Executive Director Policy Review	Internal – Board Review of Policy	Annual Annual	September September
Budgeting 01-004	Budget/Monthly Budget Reports	Internal	At least Quarterly	September - August** (Reported monthly if available)
Compensation & Benefits 01-008	Policy Review	Internal – Board Review of Policy	Annual	September
Board Committee Structure 02-006	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	September
Executive Director Search Process 03-005	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	September
Budgeting 01-004	Monthly Budget Reports	Internal	At least Quarterly	October - September** (Reported monthly if available)

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE**

Policy	Reports	Internal/External/Direct	Frequency	Month
Annual Board Planning Cycle 02-007	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Executive Director Job Description 03-003	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Monitoring Executive Director Performance 03-004	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Treatment of Individuals Served 01-002	Recipient Complaint Log Policy Review	Internal Internal – Board Review of Policy	Quarterly Annual	Nov./Feb./May/Aug.
Budgeting 01-004	Monthly Budget Reports	Internal	At least Quarterly	November - October** (Reported monthly if available)
Financial Condition 01-005	Quarterly Financial Statements	Internal	Quarterly	Nov., Feb., May, Aug.
Ends 04-001	Executive Director Report	Internal	Semi-Annual	November/May
Budgeting 01-004	Monthly Budget Reports	Internal	At least Quarterly	December – Nov.** (Reported monthly if available)
Grants or Contracts 01-011	Executive Director Report Board Evaluation	Internal Internal – Board Review of Policy	Annual	December
Board Member Recognition 02-011	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	December
Board Member Orientation 02-015	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	December
By-Laws	Self-Evaluation & Review	Internal – Board Review of Bylaws	Annual	December
Compensation & Benefits 01-008	Executive Director Report	Internal	Annual	Within 60 days of receipt of Salary Survey
Ends 04-001	Policy Review	Internal – Board Review of Policy	Annual	Conducted when Strategic Plan is adopted

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

ENDS

(Manual Section)

BOARD ENDS STATEMENT – POLICY 04-001

Board Approval of Policy

August 8, 2002

Policy Last Reviewed:

October ~~109~~, 20242025

Last Revision to Policy Approved by Board:

October ~~1019~~, 20242025

●1 POLICY:

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 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. ~~2535~~% 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.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

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 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.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

	Program	Consumers served September 2025 (9/1/25 - 9/30/25)	Consumers served in the Past Year (10/1/24 - 9/30/25)	Running Monthly Average(year) (10/1/24- 9/30/25)
1	Access Routine Emergent Urgent Crisis Prescreens	35	529	42
		0	0	0
		0	4	0
		54	546	46
		45	516	42
2	Doctors' Services	389	1184	384
3	Case Management			
	Older Adult (OAS)	89	127	81
	MI Adult	57	206	63
	MI ACT	13	25	15
	Home Based Children	19	79	21
	MI Children's Services	41	171	51
	IDD	146	295	159
4	Outpatient Counseling	100(25/75)	269	69
5	Hospital Prescreens	45	516	42
6	Private Hospital Admissions	19(3/16)	197	16
7	State Hospital Admissions	0	2	0
8	Employment Services			
	IDD	45	73	47
	MI	42	94	42
	Touchstone Clubhouse	64	88	67
9	Peer Support	51(8/43)	81	52
10	Community Living Support Services			
	IDD	81	93	81
	MI	59	109	67
11	CMH Operated Residential Services			
	IDD Only	46	51	48
12	Other Contracted Resid. Services			
	IDD	38	41	38
	MI	27	36	30
13	Total Unduplicated Served	1000	2189	990

County	Unduplicated Consumers Served Since October 2024
Alcona	221
Alpena	1326
Montmorency	277
Presque Isle	275
Other	74
No County Listed	16

**NORTHEAST
MICHIGAN
COMMUNITY
MENTAL HEALTH
AUTHORITY**



County Representing	Name/Address	E-mail Address	Home Phone	Term Expiration
Alcona	Bonnie Cornelius <i>Secretary</i> 306 Hubbard Lake Road Hubbard Lake, MI 49747	circlecequus@yahoo.com	(989) 464-3587	3-31-2026
Alcona	Terry (John) Small 2066 N. Wilson Road Curran, MI 48728	jtsmall@allband.org	(989) 590-0364	3-31-2027
Alpena	Robert Adrian 227 Dawson St Alpena, MI 49707	sunbaked78@gmail.com	(989) 255-0208	3-31-2028
Alpena	Jennifer Graham 312 N. 11 th Ave. Alpena, MI 49707	jgraham@lunasoltherapy.org	(989) 657-3079	3-31-2028
Alpena	Lynnette Grzeskowiak 6120 Blackberry Lane Alpena, MI 49707	lgrzeskowiak@alpenaagency.com	(701) 240-4802	3-31-2026
Alpena	Eric Lawson <i>Chair</i> PO Box 73 Ossineke, MI 49766	lawsone2001@gmail.com	(989) 255-3762	3-31-2027
Alpena	Kara Bauer LeMonds 114 E. Lewis St. Alpena, MI 49707	kbauerlemonds@gmail.com	(310) 795-3533	3-31-2027
Montmorency	Charlotte Helman 20991 Co. Rd. 628 Hillman, MI 49746	cpalek_7991@hotmail.com	(989) 464-7018	3-31-2027
Montmorency	Lloyd Peltier <i>Vice Chair</i> 17829 N. County Rd. 459 Hillman, MI 49746	antiqueammo@yahoo.com	(989) 464-0765	3-31-2026
Presque Isle	Dana Labar 143 E. Ontario St. Rogers City, MI 49779	danajohnlabar@gmail.com	(989) 884-3754	3-31-2028
Presque Isle				3-31-2028
Presque Isle				3-31-2026



Community Mental Health Association of Michigan

Annual Fall Conference

October 27-28, 2025

Grand Traverse Resort
Traverse City, Michigan

Shaping the Future





Keynotes

State Legislative Panel - Key Policy Issues Facing Michigan

- Moderator: Alan Bolter, Associate Director, Community Mental Health Association of Michigan

This keynote is a great opportunity to hear directly from state lawmakers on the key policy issues facing the state of Michigan. What impact has the shift in political control had on the legislative process? What are the key legislative efforts impacting the public mental health system and what are the other hot button issues the legislature will address in the coming months?

Education and Mental Health Partnerships: Case Studies in Three Communities

- Connie Conklin, MSW, Executive Director, Livingston County CMH Authority
- Nicholette Cheff, Livingston ESA
- Lisa Gentz, Washtenaw County CMH
- DarNesha Green, LMSW-C, Assistant Director, of Community School Partnership with the Washtenaw Intermediate School District
- Hollie Nash, CMH for Central Michigan
- Nick Winter, Clare-Gladwin ISD
- Moderator: Lauren Kazee, LMSW, Consultant Living SLOW, LLC

The partnerships between Michigan's local education community and its community mental health organizations are vital and dynamic. This keynote will provide you with a look at three successful real-life partnerships across these sectors of their community - representing a range of communities and approaches. Objectives: 1. Describe the value of school-CMH partnerships. 2. Identify the factors that foster strong and healthy school-CMH partnerships. 3. List the factors that hinder the development of strong and healthy school-CMH partnerships.

Innovations in the Intersection Between Behavioral Health and Justice

- Kevin Fischer, Executive Director, CITI/NAMI Michigan
- Judge Milton Mack, Jr., Chair of the Governor's Mental Health Diversion Council
- Marti Kay Sherry, Planning Manager, Bureau of Health Care Services, Michigan Dept. of Corrections

Over the past decade, the importance of and best practices in cross-boundary partnerships between the justice system and the mental health system have been recognized and identified - leading to innovation and impact. This keynote will bring this message home through the voices of three leaders of this movement in Michigan. Objectives: 1. Describe the importance of partnerships between the local justice and community mental health systems. 2. Describe at least two efforts taking place in Michigan, to link the state's justice and mental health systems. 3. Describe areas in which continued growth is needed in linking the justice and mental health systems at the state and local levels.

The Story You Don't Hear About: How Caregivers Changed My Life for the Better

- Cody Burns, Transformational Speaker, Author and Life Coach

In May of 2013, Cody stopped at a red light on the highway and was rear-ended by a box truck, causing a fire to break out, leading to severe burns on almost 40% of Cody's body. After months of both physical and spiritual recovery, his journey led him to see the powerful impact that today's medical professionals deliver to those they care for. Many medical professionals are very overburdened with heavy workloads and long shifts, and too often, people take them for granted. During this dark point in his life, Cody and his family witnessed firsthand the heart behind the caregivers who led to his shift recovery. Together, they shared laughter and tears, but through it all, these bonding moments created heartfelt connections that greatly stood out to him and forever changed the way he saw the caregiving industry. This talk will remind caretakers of the difference they are making in the world, and why they have one of the best occupations in the world.

Educational Workshops

Monday, October 27, 2025, 10:00am - 11:30am

1. Michigan's Statewide Approach: Advancing Behavioral Health Crisis Response Through Evidence-Based Practices
2. Direct Support Professional Training: How Can Self-Paced, Flexible Options Work?
3. CMH Public Policy Governance Board Ends/Goals Overhaul
4. Developments in Artificial Intelligence: What's Changed in 2025
5. Building and Supporting Teams Using Emotional Intelligence
6. From Policy to Practice: Using WHODAS 2.0 for 1915(i) and HSW Eligibility
7. Peer Expansion Project for Parents and Youth
8. Diversion Intervention Through Boundary Spanning: Charting a Path to Improve Systems for Justice-Involved Individuals

Monday, October 27, 2025, 1:30pm - 3:00pm

9. Behavior Treatment Plans and Behavior Support Plans: How to Differentiate Between the Two
10. Leading Edge Crisis Systems: Looking Inside the Work of Five Innovators
11. Empowering Student Voices: Community Partnered Mental Health Initiatives for Schools
12. A Future that Includes Employment for People with IDD
13. Using MichiCANS Data to Understand Community Needs and Plan for the Future
14. Shaping Our Future Leaders: How to Use Leadership Opportunities to Develop Youth in Our Systems
15. Unified Solutions: A Collaborative Approach to Jail Diversion in the Community
16. Getting the Job Done Right: EBP Implementation and Sustainment and the Michigan SBIRT Project

Monday, October 27, 2025, 3:30pm - 5:00pm

17. Suicide Awareness and Prevention: An Educator's Perspective
18. Children's Behavioral Health: Litigation Updates and Impact
19. Not My Addiction—Still My Struggle: Supporting Families on the Frontline
20. Behavioral Health Treatment Autism Services Updates: Data Trends and Policy Review for ASD Related Services
21. Physical Safety Training within a CMH Framework
22. Bridging the Gap: The Impact of Motivational Interviewing Training on Client Retention in CMH/CCBHCs - And Future Directions
23. Family Psychoeducation (FPE): Bringing Hope and Recovery to People and Families Experiencing Psychosis
24. The Role of the Peer Mentor in Person-Centered Planning

Tuesday, October 28, 2025, 10:30am - 12:00pm

25. What's Going on in Lansing
26. Substance Use Disorder Health Homes: Keys to Engaging the SUD Population in Holistic Healthcare
27. Community Partner Collaboration: The Key to Successful AOT Programs
28. Integrating Sensory Devices in Work with Neurodivergent/Trauma-Impacted Children
29. Social Media and Mental Health
30. Demolition Day: Removing Walls to Healing and Justice for Sexual Assault Victim/Survivors
31. Mind the Gap: Unleashing the Inner Thinker
32. Partners in Care: Integrating the Clubhouse Model into Clinical Practice for Recovery-Oriented Mental Health

NOVEMBER AGENDA ITEMS

Policy Review

Treatment of Individuals Served 01-002

Staff Treatment 01-003

Monitoring Reports

Budgeting 01-004

Ownership Linkage

NMRE Board Meeting

2025 CMHA Fall Conference

Educational Session

TBD