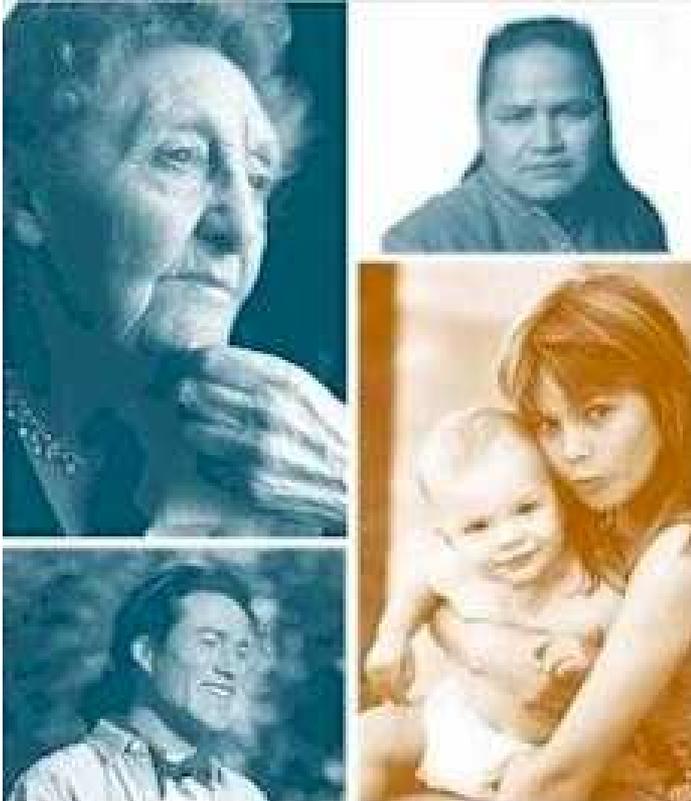


*Northeast Michigan Community Mental Health Authority  
Board Meetings - March 2022*



 Board Meeting,  
Thursday, March 10 @  
3:00 p.m.

 Audit Presentation

 Annual Board Member  
Recognition

All meetings are held at the Board's Main Office Board Room  
located at 400 Johnson St in Alpena unless otherwise noted.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD**

**BOARD MEETING**

**March 10, 2022 at 3:00 p.m.**

**A G E N D A**

- 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 ..... (See pages 1-4)**
- VIII. Consent Agenda ..... (See page 5)**
  - 1. Blue Cross Blue Shield of Michigan (BCBSM) Administrative Agreement**
- IX. Audit Report – Financial.....(Straley, Lamp & Kraenzlein PC)[See Enclosed Booklet]**
- X. Board Member Recognition..... (See page 6)**
- XI. Recess**
- XII. March Monitoring Reports**
  - 1. Treatment of Individuals Served 01-002 ..... (See pages 7-24)**
  - 2. Treatment of Staff 01-003 ..... (See pages 25- 31)**
  - 3. Budgeting 01-004..... (Available at the meeting)**
  - 4. Financial Condition 01-005 ..... (Available at the meeting)**
  - 5. Asset Protection 01-007 .....(Included in discussion from Audit Report)**
- XIII. Board Policies Review and Self Evaluation**
  - 1. Budgeting 01-004.....[Review Only] ..... (See page 32)**
  - 2. Board Members Code of Conduct 02-008[Review & Evaluate] .....(See pages 33-34)**
- XIV. Linkage Reports**
  - 1. Northern Michigan Regional Entity**
    - a. NMRE Board**
      - i. Meeting of February 23, 2022..... (Verbal)**
  - 2. Community Mental Health Association of Michigan (CMHAM)**
    - a. Northern Regional Meeting of February 23, 2022..... (Verbal)**
    - b. Spring Conference – [June 7 & 8 – Grand Traverse Resort - Acme]..... (Verbal)**
- XV. Operational Report..... (Available at the meeting)**
- XVI. Nomination/Board Member Composition Committee Report..... (See page 35)**
- XVII. Chair's Report**
  - 1. CMH PAC Campaign..... (See pages 36-38)**
- XVIII. Director's Report**
  - 1. Director’s Report ..... (Verbal)**
- XIX. Information and/or Comments from the Public**
- XX. Information and/or Comments for the Good of the Board**
- XXI. Next Meeting – Thursday, April 14, 2022 at 3:00 p.m.**
  - 1. Set April Agenda ..... (See page 39)**
  - 2. Evaluation of Meeting ..... (All)**
- XXII. Adjournment**

**MISSION STATEMENT**

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

**Northeast Michigan Community Mental Health Authority Board  
Board Meeting  
February 10, 2022**

**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: Robert Adrian, Geyer Balog, Les Buza, Roger Frye, Lynnette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small

Absent: Bonnie Cornelius

Staff & Guests: Lisa Anderson, Renee Ballard, Carolyn Bruning, Connie Cadarette, Mary Crittenden, Rebekah Duhaime, Erin Fletcher, Nena Sork, Jen Whyte

**III. Pledge of Allegiance**

Attendees recited the Pledge of Allegiance as a group.

**IV. Appointment of Evaluator**

Eric Lawson appointed Geyer Balog as evaluator for this meeting.

**V. Acknowledgement of Conflict of Interest**

There was no conflict of interest declared.

**VI. Information and/or Comments from the Public**

There were no comments presented.

**VII. Approval of Minutes**

*Moved by Gary Nowak, supported by Pat Przeslawski, to approve the minutes of the January 13, 2022 meeting as presented.* Motion carried.

**VIII. Consent Agenda**

**A. Merit Internet Service Connection**

**B. Fletcher Street Lease Extension**

*Moved by Roger Frye, supported by Gary Nowak, to approve the Consent Agenda as presented.* Roll call vote: Ayes: Robert Adrian, Geyer Balog, Les Buza, Roger Frye, Lynnette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small; Nays: None; Absent: Bonnie Cornelius. Motion carried.

**IX. Educational Session – CARF**

The CARF presentation is rescheduled to the April Board meeting due to staff illness.

**X. February Monitoring Report**

**1. Treatment of Individuals Served 01-002**

Pat Przeslawski reported the Recipient Rights Committee met on January 26. The current committee members all indicated a desire to continue service for another year. Pat reported Ruth Hewett informed committee members of the hiring of a new Rights Advisor beginning March 1, 2022. Pat reported the reports are consistent with past reports and the areas associated with medication issues is due to individuals refusing to take their medications as prescribed. Eric Lawson thanked committee members for their willingness to continue their service on this committee.

Eric Lawson noted the remediation of the substantiated rights violations indicates how the Agency or Provider addressed each substantiation.

## **2. Staff Treatment 01-003**

Nena Sork reported last Board meeting there was a question about open positions. She reported there are 77 openings, many of the openings are in the direct care programs. Nena Sork reported another contributing factor to the vacancies attributes to retirement of the current employees in which 56% of the Agency's staff are eligible for retirement in the next five years. There are new hires coming on Board. Nena Sork noted our salary averages have helped in recruitment. Gary Nowak questioned the number of resignations with Nena reporting this is due to the pandemic, sign on bonuses elsewhere, and other benefits we don't have to offer.

A SIP Worker attended the meeting and likes the program she works in. Eric Lawson redirected the individual to offer comments under Information and Comments from the public.

*Moved by Pat Przeslawski, supported by Lynnette Gzreskowiak, to accept the February Monitoring Reports as presented.* Motion carried.

## **XI. Board Policies Review & Self-Evaluation**

### **1. Asset Protection 01-007**

There were no revisions or comments provided related to this policy. Diane Hayka reported this policy is traditionally reviewed the same month the audit report is presented. Due to the late onset of the audit, the audit will be presented at the March meeting.

### **2. Board Committee Principles 02-005**

Board members reviewed the policy and Pat Przeslawski noted the Board is following this policy well. She reports this identifies the fact that they cannot exercise authority over staff. She also noted it addresses interaction with the community.

### **3. Delegation to the Executive Director 03-002**

Pat Przeslawski reported the Board update this policy just two years ago. The policy is clear and does not require further revision.

## **XII. Linkage Reports**

### **1. Community Mental Health Association of Michigan (CMHAM)**

#### **a. CMHA Regional Meeting 02-23**

The regional meetings with the Community Mental Health Association have been scheduled. The northern region is scheduled from 1:00 – 2:00 p.m. on Wednesday, February 23. This is a Zoom meeting. Diane Hayka reserved the Administrative Conference Room for Board members wishing to attend locally. Eric Lawson will plan to attend. This is the same day as the NMRE Board meeting in Gaylord. The CMHA by-laws finals are also included with the materials distributed today.

### **2. Northern Michigan Regional Entity (NMRE)**

#### **a. Board Meeting January 26, 2022**

The draft minutes for NMRE's most recent Board meeting were distributed. Next month one member of our Board's term will expire on the NMRE Board and we will need to reappoint.

### **3. Advisory Council**

Due to a lack of quorum this meeting was cancelled.

## **XIII. Operations Report**

Mary Crittenden reviewed the service data from the January report. She noted in physician services 422 individuals received a service. In the Older Adults program 115 individuals received a service, in the MI Adult program 113 individuals received a service and in the I/DD program 174 individuals received a service. A total of 977 individuals received at least one service from the Agency in January.

**XIV. Chair's Report**

Eric Lawson reported he is in receipt of a "thank you" card from the APS School Board for their contribution of ear buds and thumb drives. The staff at Lincoln School also sent in their own "thank you" card.

**1. Strategic Plan Final Format**

The final format of the Strategic Plan was distributed and reviewed by Board members. A copy will be provided to any member wishing to have a personal copy. This document is published on the Agency's website.

**XV. Director's Report**

**1. Director Update**

Nena Sork reported she attended the OPS meeting. During the last Board meeting, it was announced by the Supreme Court of the vaccine mandate. Legal counsel was obtained and a final opinion was received and at the OPS meeting we learned we did not fall under the mandate. The federal dollars do not come directly to the agency but flow through the state. She noted we had received the 10:30 a.m. communication indicating the Agency did not need to mandate the vaccine and by 1:30 p.m. staff were alerted to the suspension of the mandate. The policy is suspended at this point.

Nena reported training related to Human Trafficking was provided with staff receiving CEs under our ACE Certification. She noted this training will be offered again and will be open to the community for the next session. This subject is a requirement of licensure. She reported another upcoming training on February 25, focused on DSM-V, is scheduled with community members able to take the training. This will be held at ACCs Granum Theatre. There will be a nominal fee for this of \$10/CE.

She participated in the webinar for the Center of Behavioral Health and Justice.

She reported we are working with the hospital on placement of an individual screened at the hospital taking a long time to find placement.

She reported Management has been working diligently to get salaries to average. Three of the five areas are now at average or above. The largest groups are at 1.9% below and 6% below. Focus will continue on these groups to get them to average as well.

The CARF accreditation survey was scheduled for May or June of this year. Due to their number of reviews, our CARF review has been pushed out to July or August.

Ear buds and flash drives have been disbursed to all schools. The crisis numbers are printed on the flash drive. She reported Johannesburg-Lewiston School is not in our catchment area; however, many of the students attending the school live in Montmorency County so they will be delivered next Tuesday.

**2. Endowment Fund Awards**

Board members received the report of grant awards for the past six months.

**XVI. Information and/or Comments from the Public**

An individual in attendance noted the COVID bonuses were not applied to all programs. She asked for guidance as to whom she could meet with to discuss further. She would like to express her concerns and will meet with Nena to get additional questions answered.

**XVII. Information and/or Comments for the Good of the Board**

Pat Przeslawski commented about policies leading the actions of the Board. Roger Frye reported the supply chain may affect supplies in our area due to the truckers protests.

**XVIII. Next Meeting**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, March 10, 2022 at 3:00 p.m.

**1. Set March Agenda**

The March agenda items were reviewed.

**XIX. Evaluation of Meeting**

Geyer Balog reported the meeting started on time. He was pleased the Agency did not have to mandate vaccines. He believes this meeting was very efficient.

**XX. Adjournment**

*Moved by Geyer Balog, supported by Gary Nowak, to adjourn the meeting.* Motion carried.  
This meeting adjourned at 3:45 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Diane Hayka  
Recorder

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** Consent Agenda  
**DATE:** February 28, 2022

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**1. Blue Cross Blue Shield of Michigan (BCBSM) Administrative Agreement**

This is a renewal of the Agency's 2022 health care administrative agreement with BCBSM. This renewal outlines the fixed costs paid by the agency per employee per month for BC/BS to process healthcare claims on our behalf. In addition, this agreement covers the cost of stop-loss re-insurance, which the Agency purchases to cover claims in excess of \$75,000; also any termination rules and outlines any rebating. The fixed administrative fees increased by 1.51% from \$77.33 to \$78.50 and the stop-loss decreased by 5% from \$200.93 to \$190.89. We recommend approval of this agreement.

**NORTHEAST MICHIGAN COMMUNITY  
MENTAL HEALTH AUTHORITY**

Financial Statements

September 30, 2021

**STRALEY LAMP & KRAENZLEIN P.C.**

## CONTENTS

	<u>Page</u>
<b>Management’s Discussion and Analysis</b>	i
<b>Independent Auditor’s Report</b>	1
<b>Financial Statements</b>	
Statement of Net Position	3
Statement of Revenues, Expenses, and Changes in Net Position	4
Statement of Cash Flows	5
Notes to Financial Statements	6
<b>Independent Auditor’s Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements performed in Accordance with <i>Government Auditing Standards</i></b>	16

# Northeast Michigan Community Mental Health Authority

## Management's Discussion and Analysis

### Using this Annual Report

This annual report consists of a series of financial statements. The statement of net position and the statement of revenue, expenses and changes in net position provide information about the activities of the Authority as a whole and present a longer-term view of the Authority's finances.

The Authority is using an allowable alternative approach to present its financial information. Governmental entities that have single programs are allowed to present a combined government-wide and fund financial statement by using a columnar format that requires no reconciliation between fund types. The operations of the Authority are therefore presented using an Enterprise Fund accounting methodology. Thus, the financial information is presented in a manner similar to a private business enterprise. It is the intent of management that this reporting approach gives the reader a clearer picture of its financial condition.

### The Authority as a Whole

The table below shows a comparison of the net position of the Authority as of September 30, 2021 compared to the prior year.

	Total business-type activities	
	2020-21	2019-20
Current and other assets	\$ 10,719,590	\$ 10,939,872
Non-current capital assets	2,171,276	1,733,068
Total assets	12,890,866	12,672,940
Current liabilities	6,302,517	6,386,186
Long-term debt outstanding	899,522	794,575
Total liabilities	7,202,039	7,180,761
Net Position		
Net investment in capital assets	2,171,276	1,733,068
Restricted	101,639	13,680
Unrestricted	3,415,912	3,745,431
Total net position	\$ 5,688,827	\$ 5,492,179

Unrestricted net position consists of \$981,261, an internally reserved amount to pay staff their earned leave pay, and \$2,434,651, an unreserved amount used to finance day-to-day operations. The \$2,434,651 used to finance day-to-day operations represents about 6.9% of current year expenditures, which is a decrease of 2.7% when compared with 2019-20.

The net position invested in capital assets increased \$438,208 from 2019-20. The net investment in capital assets represents 38.2% of total net position as of September 30, 2021, an increase of 6.6% when compared with 2019-20.

# Northeast Michigan Community Mental Health Authority

## Management's Discussion and Analysis

As allowed by the Michigan Mental Health Code and the Authority's intergovernmental contracts, the Authority may establish internal service funds to reserve a portion of its cash balances to fund self-insurance risk. No funds are reserved in any internal service fund in either 2020-21 or 2019-20.

The Authority has designated a portion of its cash balance to fund 100% of its long-term debt obligations to pay for staff earned leave time. The Authority has no other long-term debt outstanding. The Authority's total designated debt cash balance fund increased \$114,483 or 13.2% as compared to a year ago.

The table below shows a comparison of the change in net position of the Authority as of September 30, 2021 compared to the prior year.

	Total business-type activities	
	2020-21	2019-20
Total program revenues	<u>\$ 35,329,198</u>	<u>\$ 30,081,048</u>
Health and human service expenses:		
Mental health services expense	9,075,641	8,249,862
Developmental disability services expense	21,201,453	18,309,128
Other support services expense	2,321,731	1,560,418
Board administration expense	<u>2,542,347</u>	<u>2,018,490</u>
Total health and human service expenses	<u>35,141,172</u>	<u>30,137,898</u>
Change in net position	<u>\$ 188,026</u>	<u>\$ (56,850)</u>

Total revenues increased by 17.5% while total expenses increased by 16.6% in 2020-21 as compared to 2019-20.

### **Enterprise Fund Budgetary Highlights**

Over the course of the year, the Authority amended the budget once to accommodate a projected increase in funding of \$2,771,715 for the fiscal year. Budget increases included were an increase of \$2,309,715 in Medicaid funds and an increase of \$462,000 in Healthy Michigan funds. There were no budget decreases included in the amendment. The Michigan legislature mandated a \$2.00 per hour wage increase to all direct care workers effective 4/1/2020. On March 1, 2021 this mandate was increased to \$2.25 per hour. This increase has been passed through to all direct care workers.

During 2020-21, Medicaid benefit expenditures of \$31,322,034 were \$1,324,733 less than paid by the Northern Michigan Regional Entity (NMRE). The NMRE holds the Medicaid and Healthy Michigan contracts with the Michigan Department of Health and Human Services (MDHHS) and maintains a risk fund to cover the cost of services that exceed funds paid. The Authority will be reimburse the NMRE for this overage to be added to their allowable risk fund.

# Northeast Michigan Community Mental Health Authority

## Management's Discussion and Analysis

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During 2020-21, actual Healthy Michigan Plan (HMP) benefit expenditures of \$1,687,664 were \$735,735 less than paid by the NMRE. The Authority will be reimburse the NMRE for this underspending. It will net with the Medicaid amount listed above.

During 2020-21, actual General Fund expenditures of \$829,687 were \$218,992 less than allocated by the MDHHS. The Authority was able to carry forward \$50,081 of General Funds into 2021-22. The Authority will owe MDHHS \$168,911 for the underspent General Funds.

The total change in net position of \$188,026 represents an overage of local funds primarily earned by the Authority's participation in the MDHHS Special Fund program which allows a CMH to utilize payments received from individuals and participating insurance companies (i.e. Medicare, Blue Cross Blue Shield, etc.) as local matching funds and from incentive payments received from insurance companies and the NMRE.

The Authority's net revenues were more than planned levels by \$2,836,306 during 2020-21. The net revenues are net of the amount owed to NMRE and MDHHS of \$2,060,468 and \$168,911, respectively, and the actual amount received was higher than budgeted.

The Authority's net expenditures were less than planned levels by \$368,820 during 2020-21. In 2020-21 the Authority underspent its contracted employees and services budget by \$302,154.

The Authority continued in making changes in 2020-21 due to funding, direct expenditures and regulations due to the COVID-19 pandemic. Prior to 2020-21, a large portion of the workforce was shifted to remote work and even though many staff were able to resume in person work in July of 2021, some services continued to be provided by tele-health. Also continued, was the State \$2.00 and then \$2.25 direct care wage pass through to all internal and contract direct care workers which caused some slight changes in financial reporting. The State passed revenues through to fund the direct care wage. This required reporting to the State, which changed during the 2020-21 fiscal year. Many of the new reporting changes will carry forward to 2021-22 and will be accounted for in a similar manner along with further changes anticipated.

### **Capital Asset and Debt Administration**

Capital assets are items costing more than \$5,000 per item with an estimated useful life exceeding one year. As of September 30, 2021, the Authority had \$5,436,908 invested in capital assets, including land, construction in progress, buildings and building improvements, equipment, vehicles, and leasehold improvements. This is an increase of \$447,279 or 9.0% as compared to 2020-21.

Capital assets purchased during fiscal year 2020-21 include new items for our computer network, many remodel and repair jobs on several of our group homes, and the replacement of 11 agency vehicles. The Authority has a long-term vehicle replacement plan in place to replace high mileage and high maintenance vehicles. Due to excessive funds in 2020-21 that plan was stepped up in anticipation of possible reduced funding in 2021-22.

# Northeast Michigan Community Mental Health Authority

## Management's Discussion and Analysis

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### **Economic Factors and Next Year's Budgets**

The Authority's preliminary budget for 2021-22 is \$36,372,756. This is \$1,231,416 more than actual expenditures for 2020-21 and \$1,600,236 more than budgeted for 2020-21. This increase is primarily due to projected increases (and previous year's underspending) in the Authority's Medicaid and Healthy Michigan plan revenue and General Fund projected increases and a carryforward from 2020-21. The budget will be amended as needed to reflect changes in enrollment, federal and state insurance plans, and funding availability that normally impact the Medicaid and Healthy Michigan benefit plans.

The Authority plans to continue its strong emphasis on self-determined individualized arrangements for community support, employment, and independent living services for persons with serious mental illnesses or intellectual/developmental disabilities. The Authority is also anticipating an increase in prevention and treatment services for Veterans and persons with substance use disorders which co-occur with a serious and persistent illness, serious emotional disturbance and/or intellectual/developmental disability. All programs are reviewed on an ongoing basis to prioritize the needs of our clients and communities served and to keep expenditures in line with available funding.

The Authority is planning no new long-term debt borrowing in 2021-22.

### **Contacting the Authority's Management**

This financial report is intended to provide all readers with a general overview of the Authority's finances and to show the Authority's accountability for the money it receives. If you have questions about this report or need additional information, we welcome you to contact the Finance Office.

## Independent Auditor's Report

To the Board of Directors  
Northeast Michigan Community  
Mental Health Authority

### *Report on the Financial Statements*

We have audited the accompanying financial statements of the business-type activities, the major fund, and aggregate remaining fund information of *Northeast Michigan Community Mental Health Authority* (the "Authority") as of and for the year ended September 30, 2021, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements as listed in the table of contents.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

### ***Opinions***

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities, the major fund, and the aggregate remaining fund information of ***Northeast Michigan Community Mental Health Authority***, as of September 30, 2021, and the respective changes in financial position and cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Other Matters***

#### ***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, as noted in the table of contents, be presented to supplement the financial statements. Such information, although not a part of the financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the financial statements, and other knowledge we obtained during our audit of the financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

#### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated February 21, 2022, on our consideration of the Authority's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control over financial reporting and compliance.

*Straley Kamp & Kraenzlein P.C.*

February 21, 2022

**Northeast Michigan Community Mental Health Authority**

Statement of Net Position

Proprietary Fund

September 30, 2021

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<b>Assets</b>	<u>Enterprise Fund</u>
Current assets	
Cash and cash equivalents	\$ 8,614,018
Designated cash and cash equivalents	81,739
Accounts receivable	1,015,202
Beneficial interest	5,050
Inventory	26,558
Prepaid items	66,277
Total current assets	<u>9,808,844</u>
Non-current assets	
Designated cash and cash equivalents	899,522
Beneficial interest	11,224
Capital assets not being depreciated	157,586
Capital assets being depreciated, net	2,013,690
Total non-current assets	<u>3,082,022</u>
Total assets	<u>12,890,866</u>
<b>Liabilities</b>	
Current liabilities	
Accounts payable	5,017,215
Accrued payroll and payroll taxes	1,132,295
Unearned revenue	71,268
Current portion of long-term debt	81,739
Total current liabilities	<u>6,302,517</u>
Non-current liabilities	
Long-term debt, net of current portion	899,522
Total liabilities	<u>7,202,039</u>
<b>Net position</b>	
Net investment in capital assets	2,171,276
Restricted	101,639
Unrestricted	3,415,912
Total net position	<u><u>\$ 5,688,827</u></u>

The accompanying notes are an integral part of these financial statements.

**Northeast Michigan Community Mental Health Authority**  
Statement of Revenue, Expenses and Changes in Net Position  
Proprietary Fund  
For the Year Ended September 30, 2021

	Enterprise Fund
<b>Operating revenue</b>	
State contracts	\$ 33,494,905
Contributions from local units	533,966
Charges for services	722,818
Other revenue and reimbursements	574,233
	35,325,922
<b>Operating expenses - Health and Human Services</b>	
Mental health services	
Outpatient clinic and case management	5,565,320
Inpatient	1,474,738
Prevention	917,819
Community support	781,467
Behavior health home	38,944
Employment	201,827
Other	95,526
Developmental disability services	
Residential	10,804,471
Community support	1,418,214
Supported living and housing	4,683,884
Employment	1,269,737
Clinical support and case management	2,887,002
Other	138,145
Other support services	2,321,731
Administration	2,542,347
	35,141,172
Total operating expenses	35,141,172
Operating income	184,750
<b>Non-operating revenue (expenses)</b>	
Interest revenue	682
Gain (loss) on beneficial interest	2,594
	3,276
Total non-operating revenue (expenses)	3,276
Change in net position	188,026
Net position, beginning of year, as previously stated	5,492,179
Restatement	8,622
Net position, beginning of year, as restated	5,500,801
Net position, end of year	\$ 5,688,827

The accompanying notes are an integral part of these financial statements.

**Northeast Michigan Community Mental Health Authority**

Statement of Cash Flows

Proprietary Fund

For the Year Ended September 30, 2021

	<u>Enterprise Fund</u>
<b>Cash flows from operating activities</b>	
Cash received from providing services	\$ 37,657,453
Cash payments to suppliers and affiliates	(16,582,548)
Cash payments for personnel services	<u>(20,241,118)</u>
Net cash provided by operating activities	<u>833,787</u>
 <b>Cash flows from capital and related financing activities</b>	
Purchase of capital assets	<u>(695,520)</u>
Net cash used by capital and related financing activities	<u>(695,520)</u>
 <b>Cash flows from investing activities</b>	
Proceeds from redemption of investments	750,000
Purchase of investments	(750,000)
Interest received	682
Change in beneficial interest	<u>3,239</u>
Net cash provided by investing activities	<u>3,921</u>
Increase in cash and cash equivalents	142,188
Cash and cash equivalents, beginning of the year	<u>9,453,091</u>
Cash and cash equivalents, end of the year	<u><u>\$ 9,595,279</u></u>
 <b>Cash and cash equivalents per the statement of net position</b>	
Cash and cash equivalents	\$ 8,614,018
Designated cash and cash equivalents	<u>981,261</u>
	<u><u>\$ 9,595,279</u></u>
 <b>Reconciliation of operating income to net cash provided by operating activities</b>	
Operating income	\$ 184,750
Adjustments to reconcile operating income to net cash used by operating activities:	
Depreciation	334,898
Changes in assets and liabilities:	
Accounts receivable	(72,164)
Inventory	10,510
Prepaid items	354,515
Accounts payable	202,810
Accrued payroll and payroll taxes	(303,994)
Deferred revenue	7,979
Long-term debt	<u>114,483</u>
Net cash provided by operating activities	<u><u>\$ 833,787</u></u>

**Non-cash transactions:** There were no significant non-cash investing or financing activities during the year.

The accompanying notes are an integral part of these financial statements.

# Northeast Michigan Community Mental Health Authority

## Notes to Financial Statements

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### **Note 1 - Summary of Significant Accounting Policies**

The Northeast Michigan Community Mental Health Authority (the “Authority”), is a multi-county governmental authority serving Alcona, Alpena, Montmorency and Presque Isle Counties, located in northeastern Michigan. The Authority provides community services to individuals diagnosed with severe mental illnesses, intellectual/developmental disabilities, and/or substance abuse conditions. Services provided by the Authority include inpatient treatment, residential services, case management, outpatient treatment, employment, supported living and housing, and prevention services. The Authority operates under a 12-member Board of Directors.

**Reporting Entity** - These financial statements represent the financial condition and the results of operations of the Authority. The Authority is not a component of any other reporting entity, as defined by Governmental Accounting Standards Board (“GASB”) Statement No. 61, *The Financial Reporting Entity*. Based on these same criteria, management has not identified any potential component units requiring consideration for inclusion in the Authority’s financial statements.

**Government-Wide and Fund Financial Statements** - As permitted by GASB Statement No. 34, the Authority uses an alternative approach reserved for single program governments to present combined government-wide and fund financial statements. The Authority’s only major fund comprises the government-wide financial statements. Accordingly, this is presented in the statement of net position and the statement of revenue, expenses and changes in net position.

The operations of the Authority are accounted for as an Enterprise Fund (a proprietary fund) which is designed to be self-supporting. Enterprise Funds are used to account for operations (a) that are financed and operated in a manner similar to private business enterprises, where the intent of the governing body is that the cost of providing goods or services on a continuing basis be financed or recovered primarily through user charges; or (b) where the governing body has decided that periodic determination of revenues earned, expenses incurred, and net income is appropriate for capital maintenance, public policy, management control, accountability or other purposes.

The Risk Reserve Internal Service Fund (a proprietary fund type) is used to account for assets held as a reserve against potential liabilities relative to and as allowed by its contract with the Michigan Department of Health and Human Services (“MDHHS”). Pursuant to these contractual provisions, the Risk Reserve Internal Service Fund has not been presented in these financial statements as there is no current year activity or net position at September 30, 2021.

**Measurement Focus, Basis of Accounting and Financial Statement Presentation** - The government-wide proprietary fund financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met. There has been no inter-fund activity for the year ended September 30, 2021.

# Northeast Michigan Community Mental Health Authority

## Notes to Financial Statements

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### Note 1 - Summary of Significant Accounting Policies (continued)

The Enterprise Fund is the Authority's primary operating fund, and only major fund. It accounts for all financial resources of the Authority, except those accounted for in another fund.

Proprietary funds distinguish operating revenues and expenses from non-operating items. Operating revenues and expenses generally result from providing services and producing and delivering goods in connection with a proprietary fund's principal ongoing operations. The principal operating revenues of the Authority's operating fund are contract revenues from MDHHS and first and third-party payers. Operating expenses include the cost of providing mental health and intellectual/developmental disability services together with related support services and administration. All revenues and expenses not meeting this definition are reported as non-operating revenues and expenses.

**Cash and Investments** - The Authority's cash consists of cash on hand, demand deposits and certificate of deposits. Designated cash and cash equivalents represent amounts held in reserve accounts as authorized by resolution of the Authority's Board. The Authority had no investments during the year ended September 30, 2021.

**Receivables** - Receivables consist primarily of amounts due from individuals and private or governmental insurance programs and grant reimbursements under the terms of contracts with other agencies, governments and organizations for services rendered. Receivables from first- and third-party payers are presented net of an allowance for uncollectible accounts as estimated by management. The allowance was \$4,600 at September 30, 2021.

**Inventory and Prepaid Items** - Inventory is valued at the lower of cost or net realizable value, primarily determined on a first-in, first-out basis. Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid items in both government-wide and fund financial statements.

**Capital Assets** - Capital assets, which include buildings, improvements, equipment and vehicles are capitalized and reported in the financial statements. Capital assets are defined as assets with an initial cost of more than \$5,000 and an estimated useful life in excess of one year. Such assets are recorded for reporting purposes at historical cost or estimated historical cost if constructed or purchased.

Capital assets are depreciated using the straight-line method over the following estimated useful lives:

<u>Assets</u>	<u>Years</u>
Buildings	20-40
Leasehold and building improvements	10-15
Equipment	5-7
Vehicles	4

# Northeast Michigan Community Mental Health Authority

## Notes to Financial Statements

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### **Note 1 - Summary of Significant Accounting Policies** (continued)

**Unearned Revenue** - The Authority reported unearned revenue in connection with resources that have been received, but not yet earned, including the portion of the current year MDHHS contract amount that may be carried-over to and expensed in subsequent fiscal years. Such carryover is generally limited to five percent of the MDHHS contract amount.

**Compensated Absences** - Reflects the accrual of compensated absences adjusted to current salary costs. Permanent employees earn annual leave based upon full or part-time status proportionate to the time worked. Annual leave is 100% vested when earned and may be accrued to a total of 360 hours. Employees are paid 100% of annual accumulated leave when they terminate employment. A small number of employees have accrued leave hours exceeding 360 as allowed by a revision in the leave policy in April 2000. Upon termination, these employees are paid a percentage of their unused leave balances exceeding 360 hours, depending upon the number of hours accumulated and their employment classification.

**Net Position** - Net position represents the difference between assets and liabilities. Net investment in capital assets consists of capital assets, net of accumulated depreciation, reduced by the outstanding balances of any borrowings used for the acquisition, construction or improvement of those assets. Net position is reported as restricted when there are limitations imposed on their use either through the enabling legislation or through external restrictions imposed by creditors grantors, laws or regulations of other governments. Unrestricted net position is the remaining net position that does not fall into any of the criteria for the previously defined categories. When both restricted and unrestricted resources are available for use, the Authority would use restricted resources first, then unrestricted resources. As of September 30, 2021, there was \$85,365 and \$16,274 of net position restricted for clients and held in a fund at the Community Foundation of Northeast Michigan, respectively.

### **MDHHS Revenue**

MDHHS revenue is recognized as earned.

#### *General Fund Revenue*

The Authority provides mental health services on behalf of the Michigan Department of Health and Human Services (“MDHHS”). Currently, the Authority contracts directly with the MDHHS for General Fund revenues to support the services provided for priority population residing in Alcona, Alpena, Montmorency and Presque Isle Counties. The Authority performs an annual settlement of General Funds with MDHHS.

#### *Medicaid Revenue*

Northeast Michigan Community Mental Health Authority receives Medicaid revenue from the Northern Michigan Regional Entity (the “NMRE”) Pre-Paid Inpatient Health Plan. The NMRE contracts directly with the MDHHS to administer Medicaid revenues for Medicaid-qualified services provided to the residents of the covered counties.

# Northeast Michigan Community Mental Health Authority

## Notes to Financial Statements

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### Note 1 - Summary of Significant Accounting Policies (continued)

**Use of Estimates in the Preparation of Financial Statements** - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Initial cash settlements under managed care contracts require substantial use of judgment and are subject to review by the Michigan Department of Health and Human Services. Accordingly, the reported amounts of revenue, deferred revenue and due from/to the State could change.

### Note 2 - Deposits and Investments

The captions on the financial statements relating to cash and cash equivalents are as follows:

Cash and cash equivalents	\$ 8,614,018
Designated cash and cash equivalents	<u>981,261</u>
	<u>\$ 9,595,279</u>

Cash and investments are comprised of the following at year-end:

Petty cash	\$ 3,025
Checking and savings accounts	8,842,254
Certificates of deposit (due within one year)	<u>750,000</u>
	<u>\$ 9,595,279</u>

### Deposit Risk

*Custodial credit risk.* Custodial credit risk is the risk that in the event of a bank failure, the Authority's deposits may not be returned. State law does not require, and the Authority does not have a policy for deposit custodial credit risk. As of year-end, \$9,091,130 of the Authority's bank balance of \$10,091,132 was exposed to custodial credit risk because it exceeded FDIC and NCUA Insurance limits as of September 30, 2021. The amount of custodial credit risk varies throughout the fiscal year. The Authority believes that due to the dollar amounts of cash deposits and the limits of FDIC and NCUA insurance, it is impractical to insure all deposits. As a result, the Authority evaluates each financial institution with which it deposits funds and assesses the level of risk of each institution; only those institutions with an acceptable estimated risk level are used as depositories.

# Northeast Michigan Community Mental Health Authority

## Notes to Financial Statements

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### Note 2 - Deposits and Investments (continued)

*Interest Rate Risk.* The Authority does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from interest rate changes.

#### Statutory Authority

The Authority is authorized by the State of Michigan to invest surplus funds in the following:

- Bonds, securities, other obligations and repurchase agreements of the United States, or an agency or instrumentality of the United States.
- Certificates of deposit, savings accounts, deposit accounts or depository receipts of a qualified financial institution.
- Commercial paper rated at the time of purchase within the two highest classifications established by not less than two standard rating services and that matures not more than 270 days after the date of purchase.
- Bankers acceptances of United States banks.
- Obligations of the State of Michigan and its political subdivisions that, at the time of purchase are rated as investment grade by at least one standard rating service.
- Mutual funds registered under the Investment Company Act of 1940 with the Authority to purchase only investment vehicles that are legal for direct investment by a public corporation.
- External investment pools as authorized by Public Act 20 as amended through December 31, 1997.

### Note 3 - Long-term Debt

The following is a summary of long-term debt transactions of the Authority for the year ended September 30, 2021:

	<u>Beginning Balance</u>	<u>Increases</u>	<u>(Decreases)</u>	<u>Ending Balance</u>	<u>Due within one year</u>
Compensated absences	<u>\$ 866,778</u>	<u>114,483</u>	<u>-</u>	<u>\$ 981,261</u>	<u>\$ 81,739</u>

## Northeast Michigan Community Mental Health Authority

### Notes to Financial Statements

#### Note 4 - Leases

The Authority is party to numerous operating leases, for which aggregate rental expense was \$232,209. These leases are for residential property and office facilities used to shelter and serve individuals in need.

The following is a schedule of future minimum lease payments required under the operating leases that have initial or remaining terms as of September 30, 2021:

2022	\$ 130,808
2023	110,823
2024	83,040
2025	20,534
	\$ 345,205

#### Note 5 - Capital Assets

Capital asset activity for the year ended September 30, 2021 was as follows:

	Beginning Balance	Increases	Decreases	Ending Balance
<b>Capital assets not being depreciated</b>				
Land	\$ 80,000	\$ -	\$ -	\$ 80,000
Construction in progress	-	77,586	-	77,586
	80,000	77,586	-	157,586
<b>Capital assets being depreciated</b>				
Buildings	1,675,531	-	-	1,675,531
Building improvements	445,074	124,219	-	569,293
Leasehold improvements	321,796	26,287	-	348,083
Vehicles	1,479,175	450,517	(325,827)	1,603,865
Computer equipment	595,464	5,502	-	600,966
Client equipment	95,505	-	-	95,505
Other equipment	297,084	88,995	-	386,079
	4,909,629	695,520	(325,827)	5,279,322

## Northeast Michigan Community Mental Health Authority

### Notes to Financial Statements

#### Note 5 - Capital Assets (continued)

	Beginning Balance	Increases	Decreases	Ending Balance
<b>Accumulated depreciation</b>				
Buildings	\$ (939,360)	\$ (40,907)	\$ -	\$ (980,267)
Building improvements	(291,079)	(17,300)	-	(308,379)
Leasehold improvements	(250,900)	(28,122)	-	(279,022)
Vehicles	(1,012,583)	(188,590)	325,827	(875,346)
Computer equipment	(379,748)	(50,090)	-	(429,838)
Client equipment	(92,203)	(1,830)	-	(94,033)
Other equipment	(290,688)	(8,059)	-	(298,747)
	<u>(3,256,561)</u>	<u>(334,898)</u>	<u>325,827</u>	<u>(3,265,632)</u>
Total accumulated depreciation				
Capital assets being depreciated, net	<u>1,653,068</u>	<u>360,622</u>	<u>-</u>	<u>2,013,690</u>
Capital assets, net	<u>\$ 1,733,068</u>	<u>\$ 438,208</u>	<u>\$ -</u>	<u>\$2,171,276</u>

Depreciation expense of \$334,898 was charged entirely to a single Health and Human Services function.

#### Note 6 - Pension Plans

##### *Defined Contribution Plan*

The Authority has adopted a defined contribution retirement plan administered by Voya Institutional Trust Co. The Authority's plan covers all full-time employees. Employees may start contributing on the first month following their regular full-time employment. For participants with a full-time seniority date of at least December 1, 2003 they will be vested 100% immediately. All other participants will be vested 100% after three years of service. Forfeitures of non-vested participants are available to reduce future employer contribution and expenses. Employer contributions of up to 7.5% of gross wages are paid to the plan trustees on a biweekly basis at the same time that wages are paid. The covered payroll for the plan was \$11,911,614. Total employer contributions for the year ended September 30, 2021 were \$837,475, of which \$64,979 was accrued.

# Northeast Michigan Community Mental Health Authority

## Notes to Financial Statements

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### **Note 6 - Pension Plans** (continued)

#### ***Alternative Social Security Plan***

The Authority contributes 5.7% of all non-union employees' salary to the plan. Employees are also required to contribute 6.2% of their salary to the plan. The contributions to the plan are made in lieu of federal social security contributions. Under this plan, employees are 100% vested in their account at inception. Employees of the Authority not eligible to participate in this plan are covered by the Federal Social Security System. The covered payroll for the plan was \$6,839,351. Total employer contributions for the year ended September 30, 2021 were \$389,843.

### **Note 7 - Contingencies**

Under the terms of various federal and state grants and regulatory requirements, the Authority is subject to periodic audits of its agreements. Such audits could lead to questioned costs and/or requests for reimbursement to grantor or regulatory agencies.

As is the case with other entities, the Authority faces exposure from potential claims and legal proceedings involving environmental and other matters. No such claims or proceedings have been asserted as of September 30, 2021.

### **Note 8 - Risk Management**

The Authority is exposed to various risks of loss related to property loss, torts, errors and omissions, and employee's injuries (workers compensation), as well as medical and death benefits provided to employees.

The Authority is a member in the Michigan Municipal Risk Management Authority ("MMRMA"). The MMRMA is a municipal self-insurance entity operating pursuant to the State of Michigan Public Act 138 of 1982. The purpose of MMRMA is to administer a risk management fund, which provides members with loss protection for general and property liability. The Authority has joined with numerous other governmental agencies in Michigan as a participant in MMRMA's pooled insurance program.

The Authority's coverage limits include \$15,000,000 for general liability, \$1,500,000 for vehicle damage and \$8,665,382 for buildings and personal property.

The Authority has purchased commercial insurance for all other risks of loss. Settled claims relating to the commercial insurance have not exceeded the amount of insurance coverage in any of the past three fiscal years, and there was no reduction of coverage in the current year.

The Authority provides medical benefits to its employees through self-insurance. Blue Cross Blue Shield is the third party administrator. The Authority has stop loss coverage for any claims exceeding \$150,000 per member.

# Northeast Michigan Community Mental Health Authority

## Notes to Financial Statements

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### Note 8 - Risk Management (continued)

The Authority has claims incurred but not paid at September 30, 2021. GASB Statement No. 10 requires that a liability for claims be reported if it is probable that a liability has been incurred at the date of the financial statements and the amount of loss can be reasonably estimated.

The changes in claims in the year ended September 30, 2021 is as follows:

Estimate of prepaid claims, beginning of year	\$ 23,536
Incurred claims and changes in estimates	(2,888,683)
Claim payments	<u>2,704,572</u>
Estimate of claims payable, end of year	<u>\$ (160,575)</u>

### Note 9 - Community Foundation of Northeast Michigan Fund

The Community Foundation for Northeast Michigan (the "CFNEM") carries certain funds which are for the benefit of the Authority. These funds are not included in the Authority's financial statements as they are considered assets of the CFNEM, but limited amounts would be available upon a successful grant application to the Foundation's Trustees. As of September 30, 2021, the Northeast Michigan Community Mental Health Fund had a balance of \$111,595, of which \$12,360 would be available upon a successful grant application.

### Note 10 - Restatement

The Authority adopted Governmental Accounting Standards Board issued GASB Statement No. 84, *Fiduciary Funds*, in the current year. This statement is required to be applied retroactively by restating financial statements for all prior periods presented. The net position has been restated for the implementation of GASB Statement No. 84 in the amount of \$62,706 as of October 1, 2020.

During the current year, management identified information related to private contracts indicating prior year's accounts receivable and net position were overstated. Consequently, a prior period adjustment was recorded in the amount of \$54,084 to correct the overstatement, decreasing net position as of October 1, 2020.

### Note 11 - Subsequent Events

Management has evaluated subsequent events through the date of the Independent Auditor's Report, the date on which the financial statements were available to be issued.

# Northeast Michigan Community Mental Health Authority

## Notes to Financial Statements

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### **Note 11 - Subsequent Events** (continued)

In March 2020, the World Health Organization declared the novel coronavirus outbreak (COVID-19) to be a global pandemic. The extent of the ultimate impact of the pandemic on the Authority's operational and financial performance will depend on various developments, including the duration of the spread of the outbreak and its impact on employees, consumers, and vendors, all of which cannot be reasonably predicted at this time. In addition, it may place additional demands on the Authority for providing emergency services to its consumers. While management reasonably expects the COVID-19 outbreak to negatively impact the Authority's financial position, change in financial position, and where applicable, the timing and amounts of cash flows, the related financial consequences and duration are highly uncertain.

**Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards***

To the Board of Directors  
Northeast Michigan Community  
Mental Health Authority

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business type activities, the major fund, and aggregate remaining fund information of **Northeast Michigan Community Mental Health Authority** (the "Authority"), as of and for the year ended September 30, 2021, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements, and have issued our report thereon dated February 21, 2022.

***Internal Control Over Financial Reporting***

In planning and performing our audit of the financial statements, we considered the Authority's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Authority's financial statements will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

### ***Compliance and Other Matters***

As part of obtaining reasonable assurance about whether the Authority's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statement. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### ***Purpose of this Report***

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Straley Kamp & Kraenzlein P.C.*

February 21, 2022

## Audit Communications

To the Board of Directors  
Northeast Michigan Community  
Mental Health Authority

We have audited the financial statements of the business-type activities, the major fund, and the aggregate remaining fund information of Northeast Michigan Community Mental Health Authority (the “Authority”) for the year ended September 30, 2021. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards and *Government Auditing Standards*, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated October 11, 2021. Professional standards also require that we communicate to you the following information related to our audit.

### Significant Audit Matters

#### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Authority are described in Note 1 to the financial statements. As described in Note 10 to the financial statements, the Authority changed accounting policies related to fiduciary activities by adopting Statement of Governmental Accounting Standards (GASB Statement) No. 84, *Fiduciary Funds*, in 2021. Accordingly, the cumulative effect of the accounting change as of the beginning of the year is reported in the statement of revenues, expenses and changes in net position. We noted no transactions entered into by the Authority during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management’s knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were management’s estimate of useful lives of fixed assets in determining depreciation expense, incurred but not reported employee health care claims and the settlements under state contracts.

The financial statements disclosures are neutral, consistent, and clear.

#### *Difficulties Encountered in Performing the Audit*

We encountered no significant difficulties in dealing with management in performing and completing our audit.

### *Corrected and Uncorrected Misstatements*

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has correct all such misstatements. In addition, management has reviewed, approved, and taken responsibility for all audit adjustments.

### *Disagreements with Management*

For purposes of this letter, a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

### *Management Representations*

We have requested certain representations from management that are included in the management representation letter dated February 21, 2022.

### *Management Consultations with Other Independent Accountants*

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Authority's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

### *Other Audit Findings or Issues*

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Authority's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

### Other Matters

We applied certain limited procedures to management's discussion and analysis, which is required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

### *Recent Pronouncements.*

The Governmental Accounting Standards Board (GASB) continues to issue pronouncements that affect local government accounting and financial reporting. Below is a brief summary of those new GASB Statements:

- A. Summary of GASB Statement No. 87, Leases.** The objective of this Statement is to better meet the information needs of financial statement users by improving accounting and financial reporting for leases by governments. This Statement increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this Statement, a lessee

is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments' leasing activities.

GASB Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance*, postponed the implementation date for this standard to periods beginning after June 15, 2021 (the Authority's September 30, 2022 fiscal year).

- B. GASB Statement No. 89 – Accounting for Interest Cost Incurred before the End of a Construction Period.** This statement establishes requirements for interest costs incurred before the end of a construction period. The statement improves the relevance and comparability of information related to capital assets and the cost of borrowing for a reporting period. In addition, this statement simplifies the accounting for interest cost incurred before the end of a construction period. Under this statement, the cost of interest that is incurred prior to the end of the construction period will be an expense in the period in which the cost is incurred for financial statements prepared under the economic resources measurement focus.

GASB Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance*, postponed the implementation date for this standard to periods beginning after December 15, 2020 (the Authority's September 30, 2022 fiscal year).

- C. GASB Statement No. 91 – Conduit Debt Obligations** – The objective of this statement provides a single method of reporting conduit debt obligations by issuers and eliminates diversity in practice associated with (1) commitments extended by issuers, (2) arrangements associated with conduit debt obligations, and (3) related note disclosures. This Statement achieves those objectives by clarifying the existing definition of a conduit debt obligation; establishing that a conduit debt obligation is not a liability of the issuer; establishing standards for accounting and financial reporting of additional commitments and voluntary commitments extended by issuers and arrangements associated with conduit debt obligations; and improving required note disclosures. The Authority is currently evaluating the impact this standard will have on the financial statements when adopted.

GASB Statement No. 95, *Postponement of the Effective Dates of Certain Authoritative Guidance*, postponed the implementation date for this standard to periods beginning after December 15, 2021 (the Authority's September 30, 2023 fiscal year).

- D. GASB Statement No. 96 – Subscription-Based Information Technology Arrangements** – This statement expands on the new guidance for leases (GASB Statement No. 87) and applies it to subscription-based information technology arrangements ("SBITAs). Governments that have agreements that meet the definition of a SBITA will report a right-to-use subscription asset, with a corresponding subscription liability and be required to disclose additional information. The Authority is currently evaluating the impact this standard will have on the financial statements when adopted.

The provisions of this statement are effective for the Authority's financial statements for the fiscal year ending September 30, 2023.

- E. GASB Statement No. 97 – Certain Component Unit Criteria and IRC Section 457 Deferred Compensation Plans** – This statement amends GASB Statements No. 14 and No. 84, and is a supersession of GASB Statement No. 32. The new statement amends the requirements for when to report defined contribution pension plans (such as 401k and 403b plans) as fiduciary component units and how to account for Section 457 deferred compensation plans. The Authority is currently evaluating the impact this standard will have on the financial statements when adopted. The provisions of this statement are effective for the Authority's financial statements for the fiscal year ending September 30, 2022.

Restriction on Use

This information is intended solely for the information and use of the Authority's governing body and management, and is not intended to be, and should not be, used by anyone other than these specified parties.

We appreciate the opportunity to serve Northeast Michigan Community Mental Health Authority. If you have any questions, or if we can be of further service, please feel free to contact us.

We wish to thank the staff of Authority for their assistance during the audit.

Very truly yours,

*Straley Lamp & Kraenzlein P.C.*

February 21, 2022

## **Mission**

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

## **Vision**

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

In doing so, 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.

Northeast Michigan Community Mental Health Authority is funded, in part, by the Michigan Department of Health and Human Services.

Updated 2-23-2022

## **Quotes from Persons Served...**

*"\_\_\_\_\_ is doing well-CMH treats him with respect & he likes all of them. Thank you."*

*"Staff was great and her support (\_\_\_\_\_) made her Birthday in Dec. by stopping by and singing through window along with her sister & niece."*

*"\_\_\_\_ doing well-CMH works very hard for \_\_\_\_."*

*"\_\_\_\_ doing very well in his new apartment. CMH has worked very good with \_\_\_\_\_ over the year-Caregivers-one ones really care about \_\_\_\_\_ and his well being."*

*"We are privilege to have such great services available. Everyone is so caring. Thanks to all who help consumers in some way you are appreciated."*

*"Grateful for the care."*

*"The administration and staff continue to do a wonderful job! Thanks to all!"*

*"I am very satisfied so far".*

*"Very satisfied with services."*

*"\_\_\_\_\_ is happy at Harrisville, staff treat him well, I am thankful for the service."*

*"We are happy with the care rec'd from the Cambridge staff."*

*"\_\_\_\_ is very happy with the service she received, she loves her home and feel the other consumer are her family. She consider Mill Creek as her home."*

*My supports coordinator is very helpful with the services that I receive from CMH and very friendly".*

# **Customer Satisfaction Committee**



## **2021 Survey Results**

**(January 2021 - December 2021)**

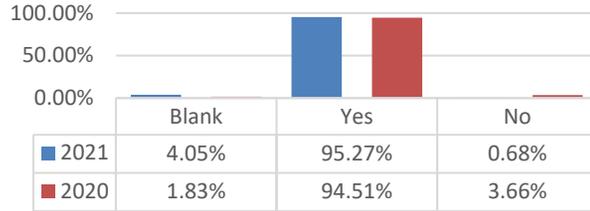
**Northeast Michigan Community Mental  
Health Authority  
400 Johnson St.  
Alpena, MI 49707  
Phone: 989-356-2161**

**NeMCMHA's Intellectual and Development Disabilities Services surveys each individual receiving its services on an annual basis. This survey assists us in measuring how individuals feel about the services provided, by informing us about what is going well and where improvement is needed.**

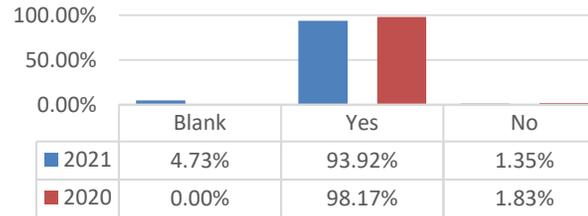
**January 1, 2021 through December 31, 2021 - 148 of 340 responded (44%)**

**January 1, 2020 through December 31, 2020 - 164 of 339 responded (48%)**

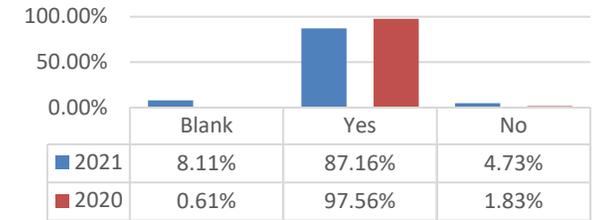
1. Are you given a choice regarding the support you receive?



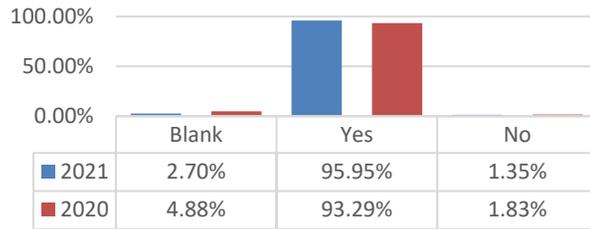
4. Do you feel you are treated with respect?



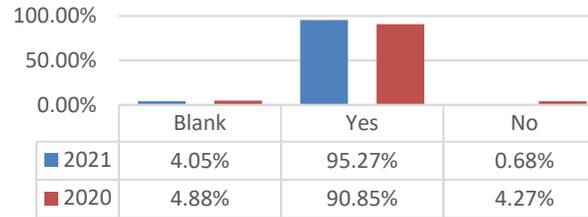
8. Are you Satisfied with the services you received during the COVID-19 Pandemic?



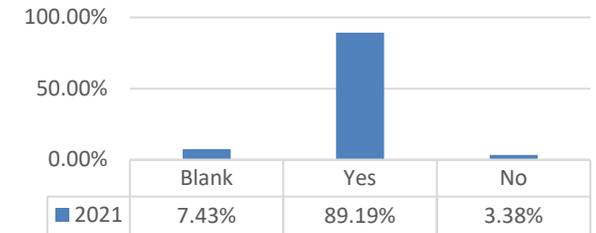
2. Does your Support Coordinator help you get the services you need?



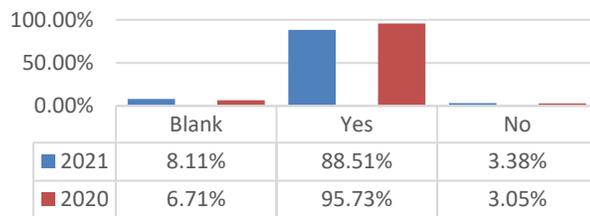
5. Do you feel you have someone to talk to when you want or need to?



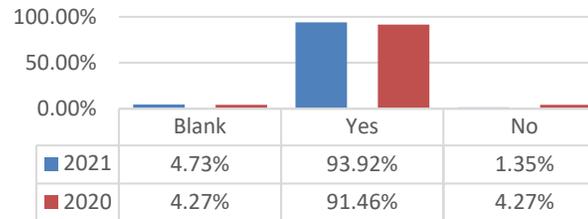
9. Are you satisfied with the communication you received regarding your services During the COVID-19 Pandemic?



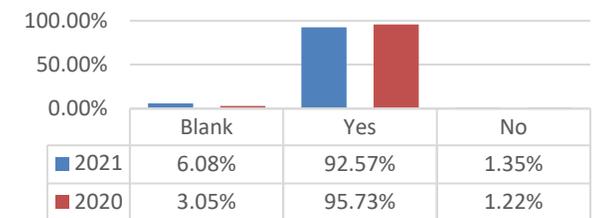
3. Do you feel safe telling someone about things you do not like about your services?



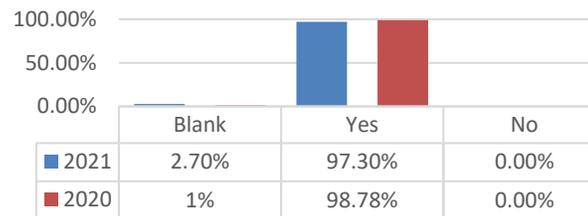
6. Did people listen to what you had to say?



10. Overall, are you satisfied with the support and help you received from CMH?



7. Do you feel safe where you live?





Northern  
Michigan  
Regional  
Entity

Mental Health  
Services Survey:

Results for  
Northeast MI  
Community  
Mental Health

APRIL 2021

# Objectives

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**Receive feedback on how providers are meeting the needs of their clients**



**Identify opportunities for quality and performance improvement activities**



**Access the client's perspective about;**

- Quality of care
- Access to care
- Interpersonal relationships
- Service delivery
- Service environment

# Methodology

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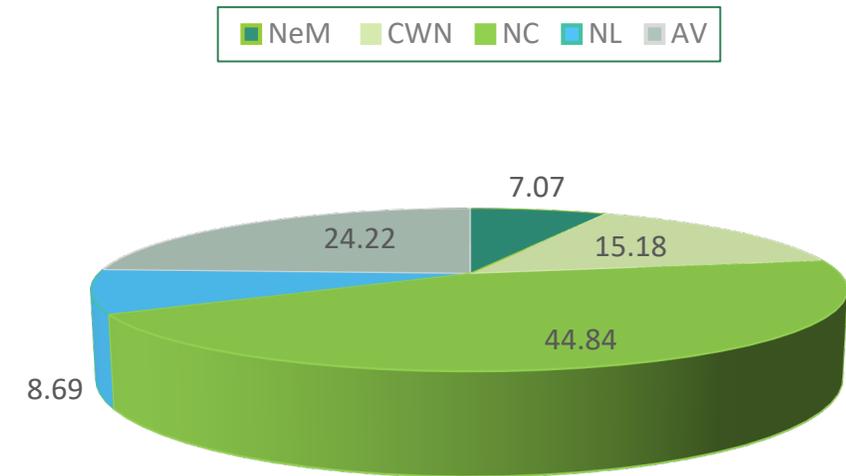
- 21 Questions
- Clients receiving Outpatient, Case Management, Medical Services, ACT, Peer Support Services, or Clubhouse funded in whole or in part by NMRE
- Survey period: April 1<sup>st</sup>, 2021-April 22<sup>nd</sup>, 2021
- Available in paper or electronic format

# Participation Rate

- Recipients: 863
- Responses: 853
- Participation Rate: 98.84

<u>Location</u>	<u># of Clients given Survey</u>
Northeast Michigan CMH	61
Centra Wellness Network	131
North Country CMH	387
Northern Lakes CMH	75
AuSable Valley CMH	209

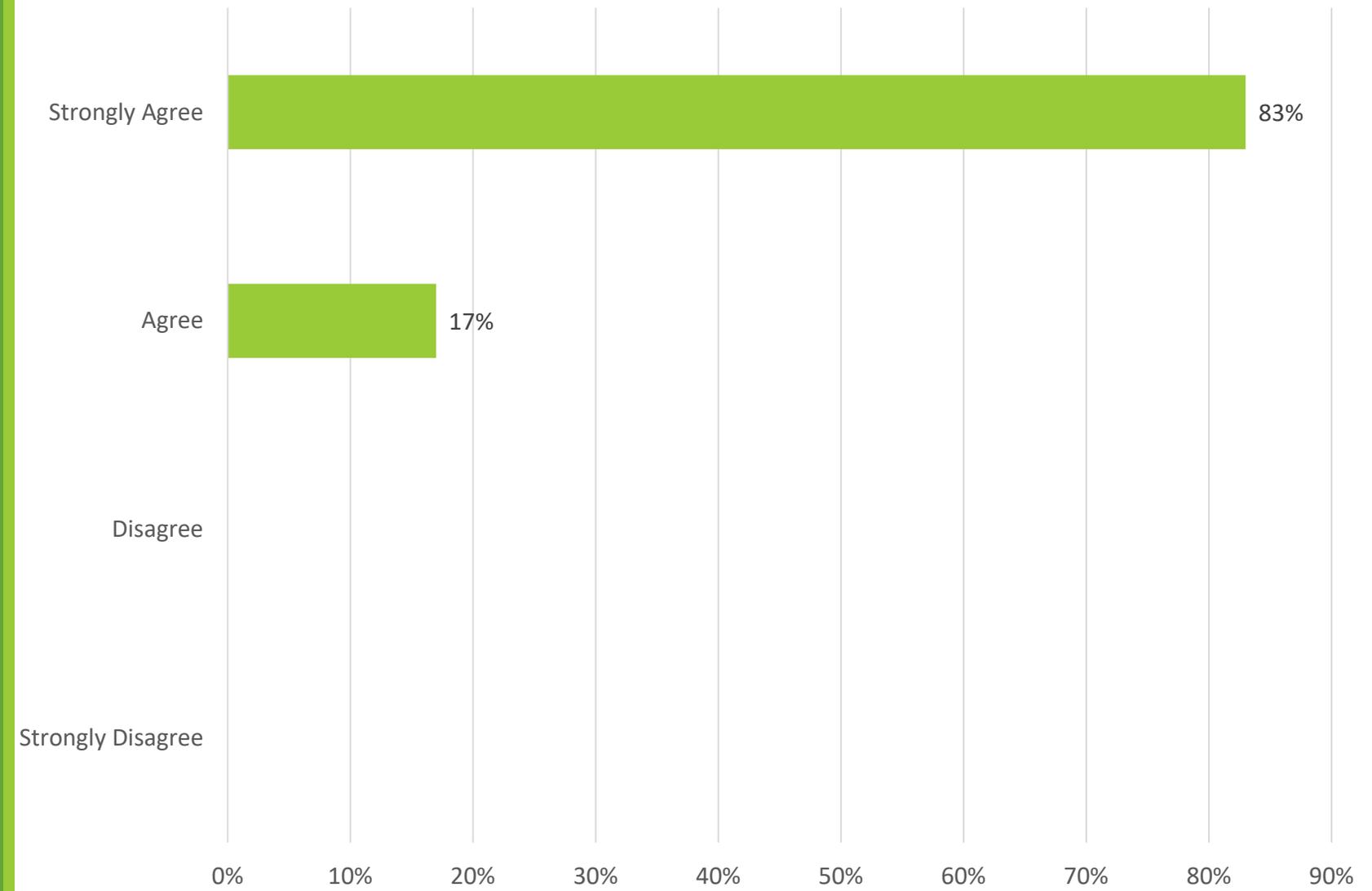
Number of Clients by Location



13

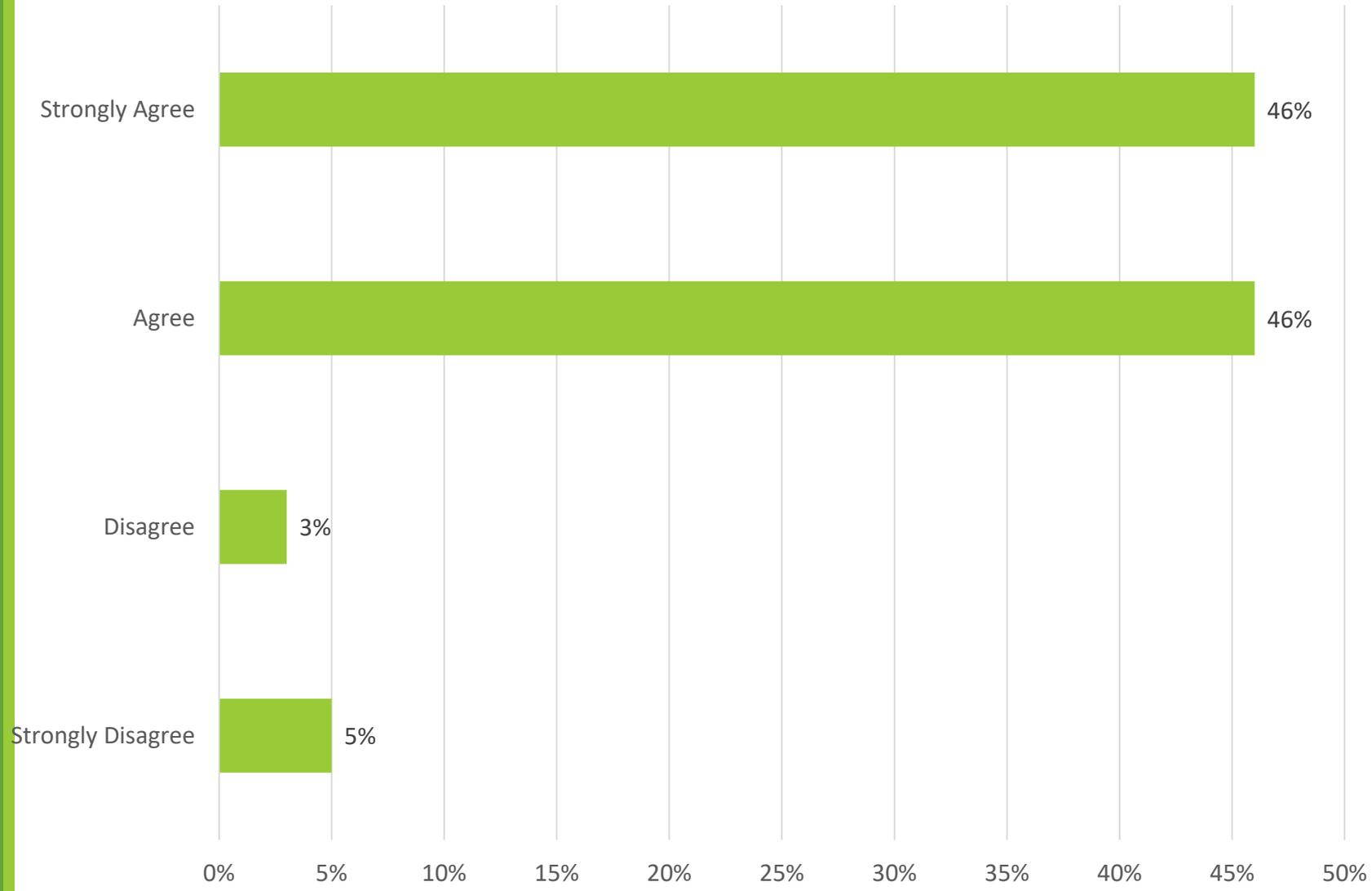
Question: Staff  
treat me with  
dignity and  
respect.

59 Responses



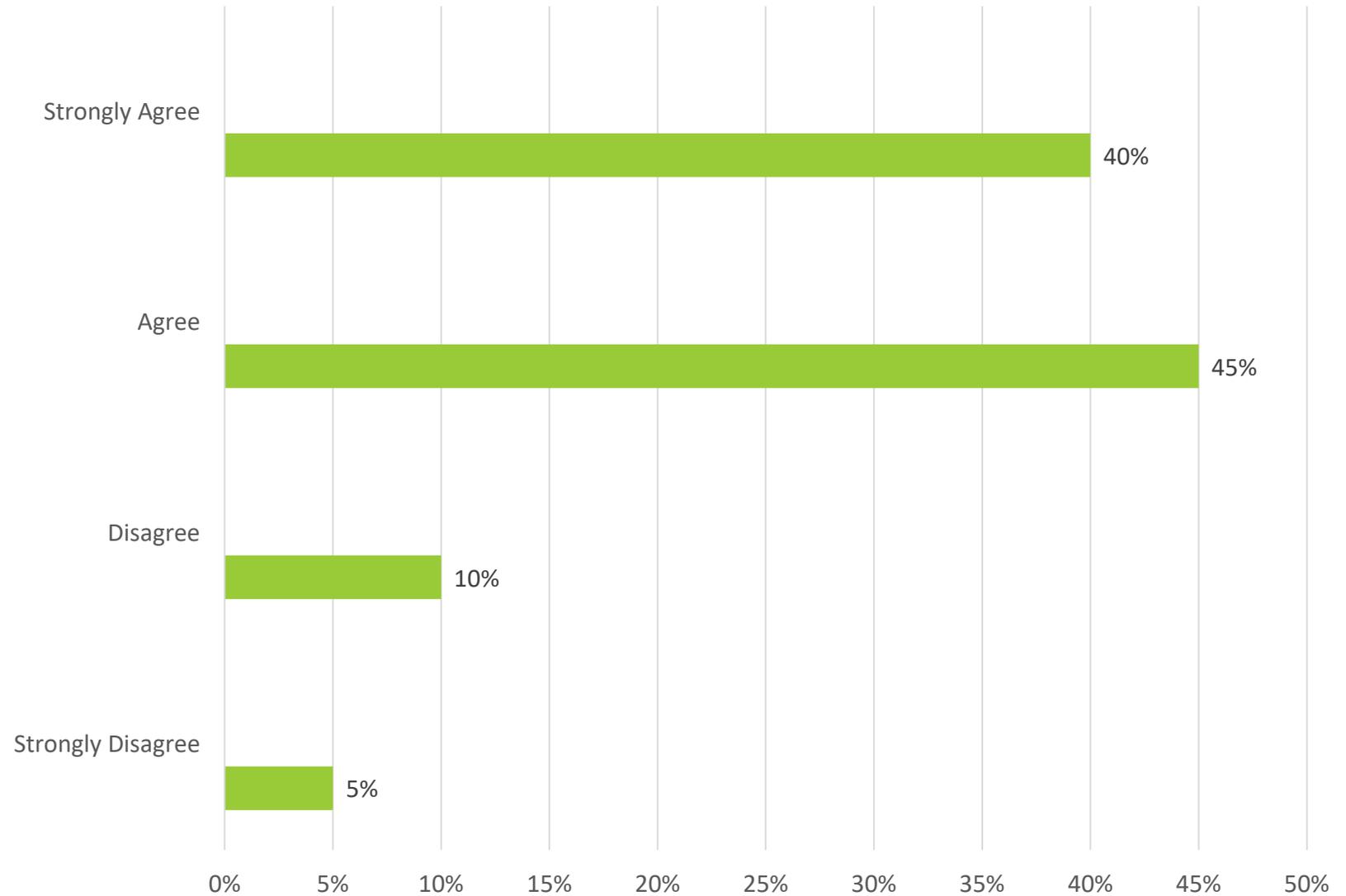
I know how to file a complaint (Grievance) if I want to.

59 Responses



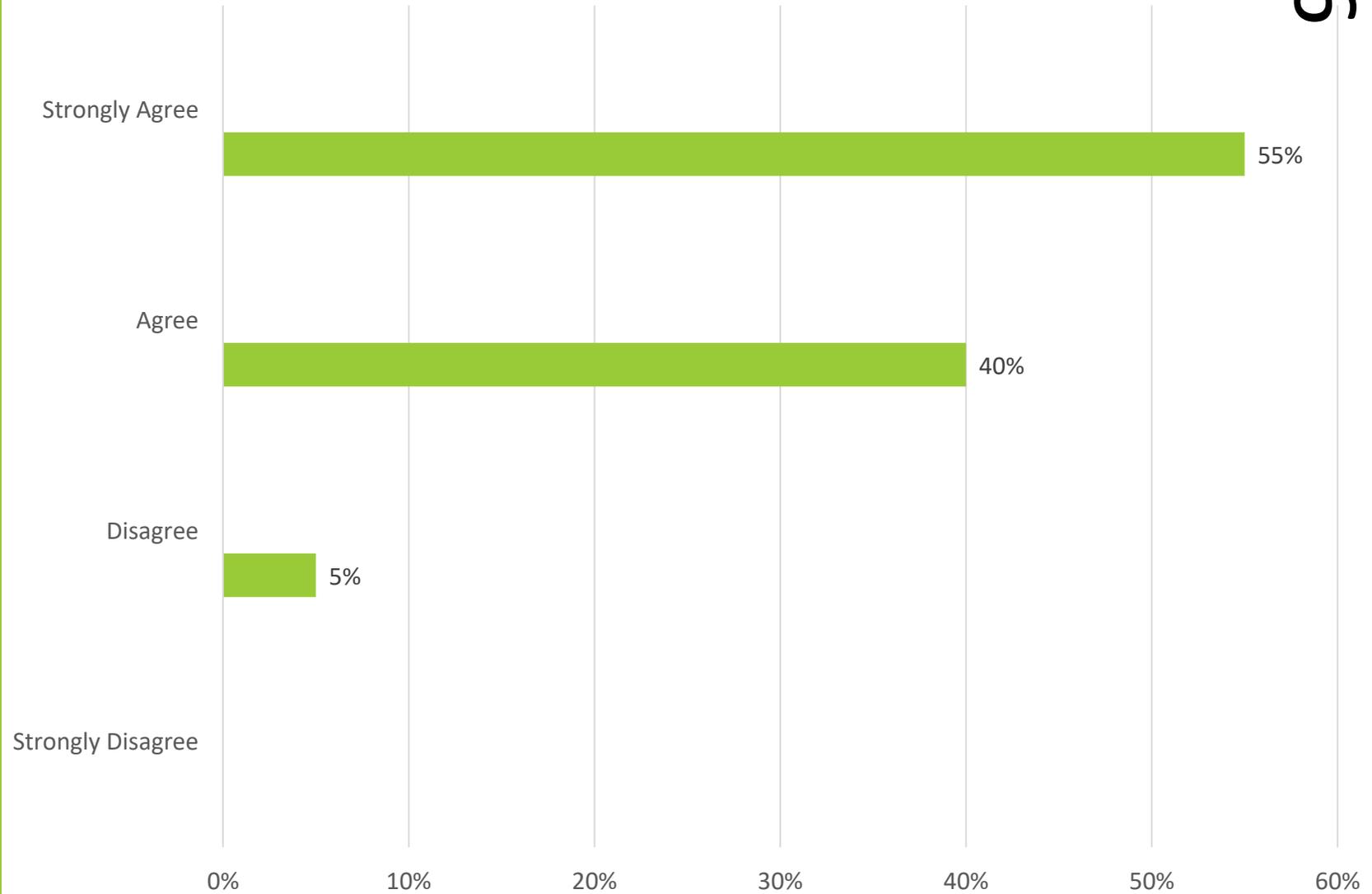
I know how to file an Appeal if I don't like a decision that changes my services.

60 Responses



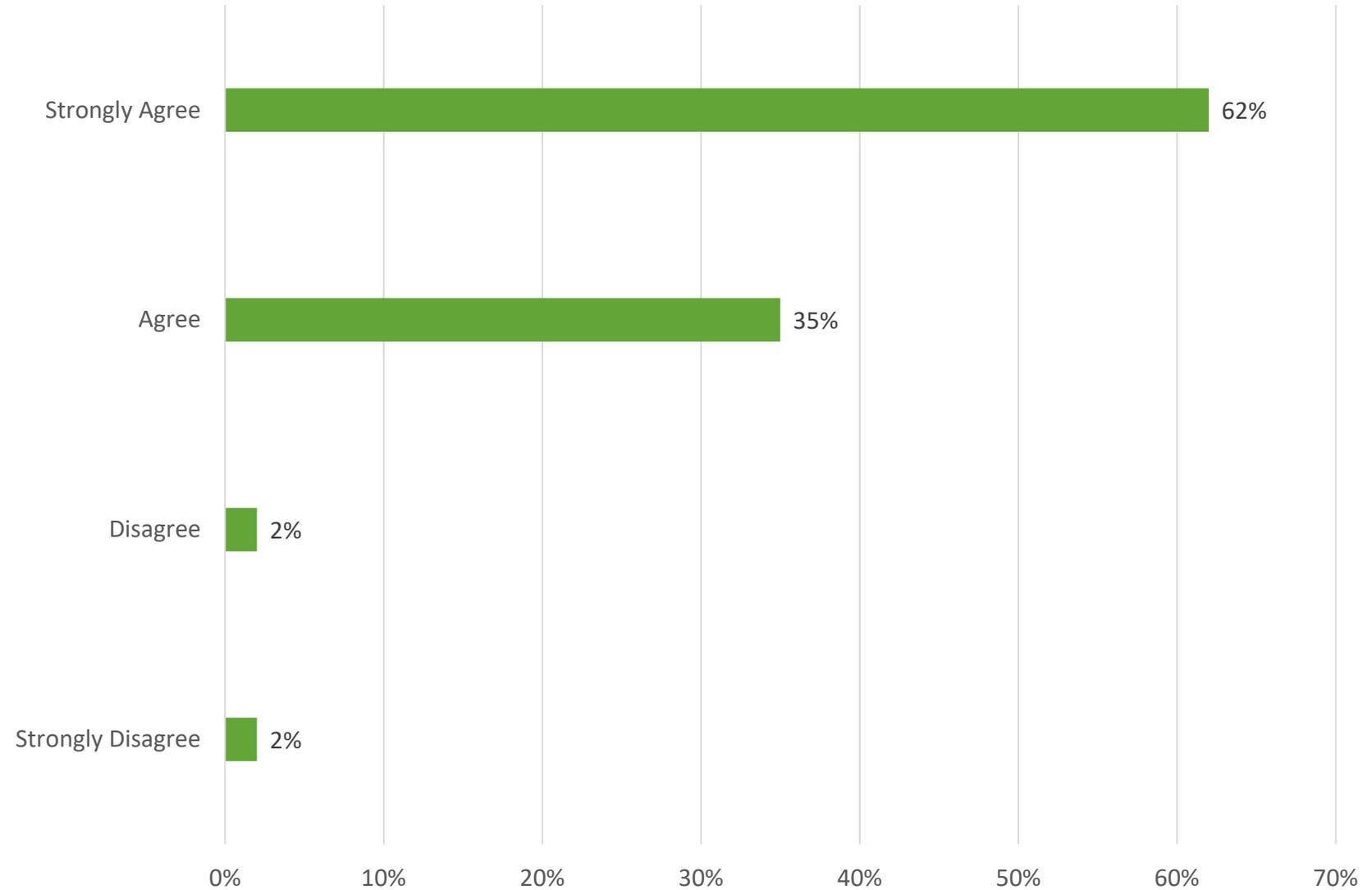
I know who to call if I need help during an emergency, after hours, on a weekend, or during a holiday.

60 Responses



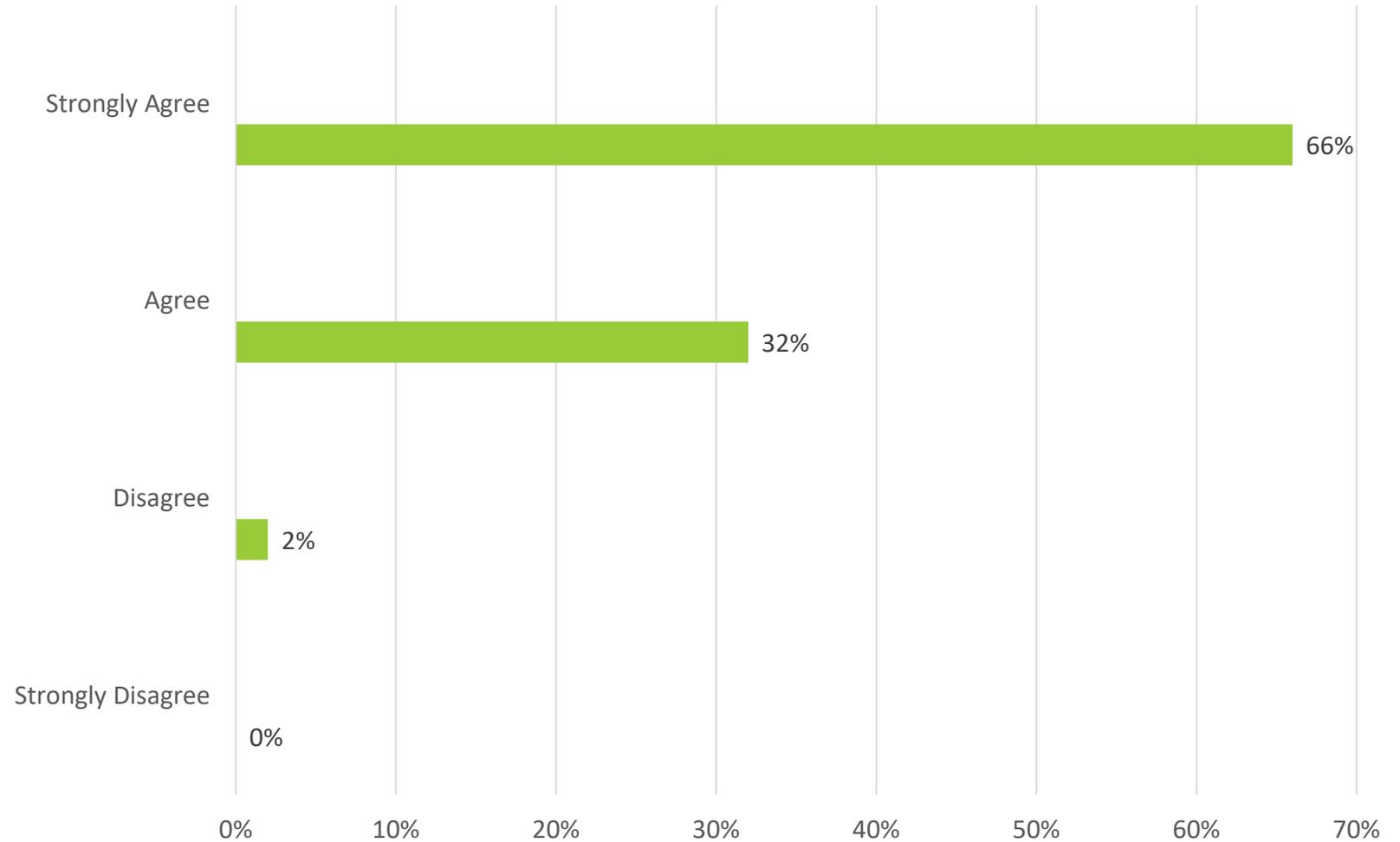
I am involved in my health care decisions and the development of my treatment plan.

60 Responses



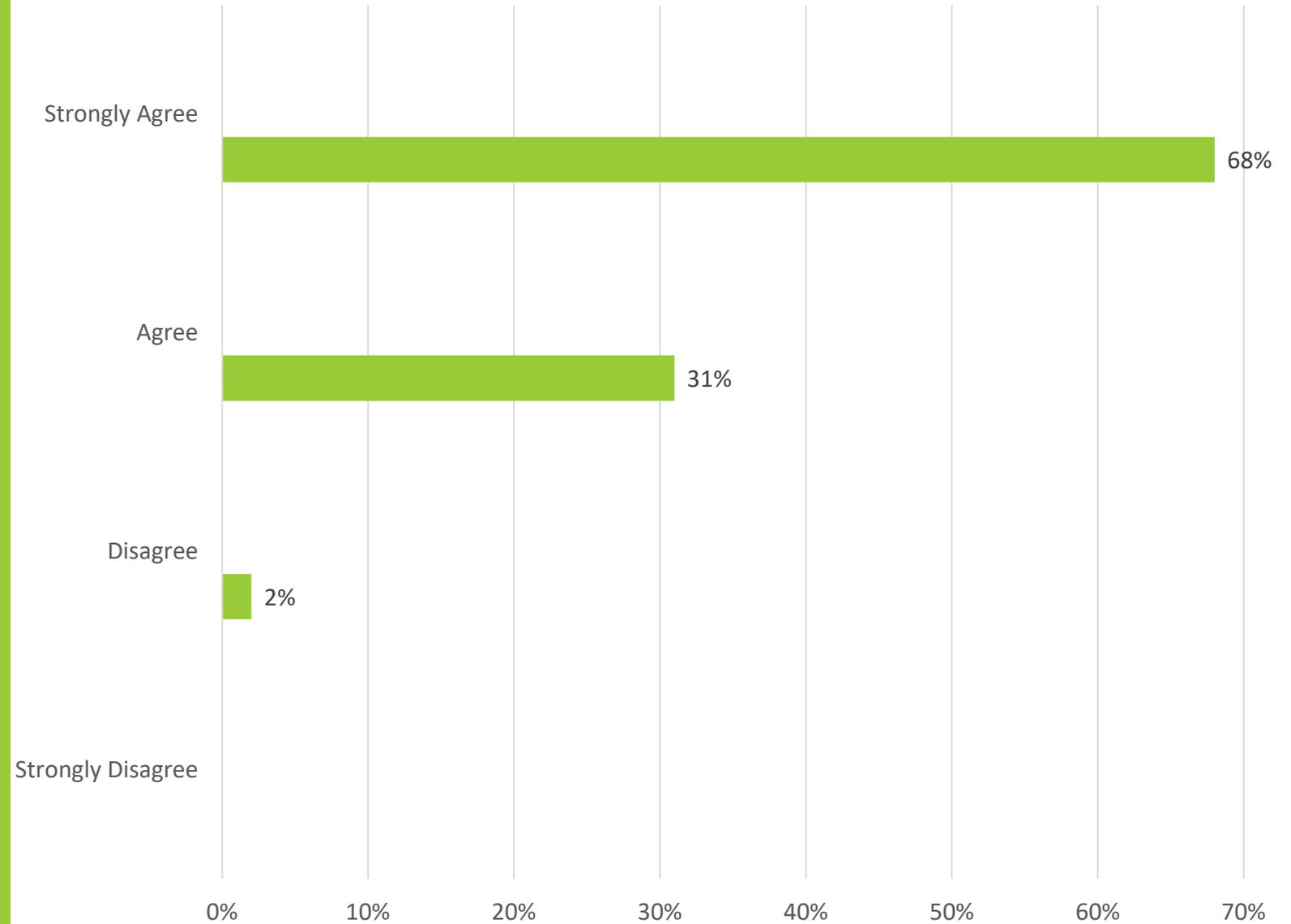
Staff are sensitive to my cultural or gender identity.

59 Responses



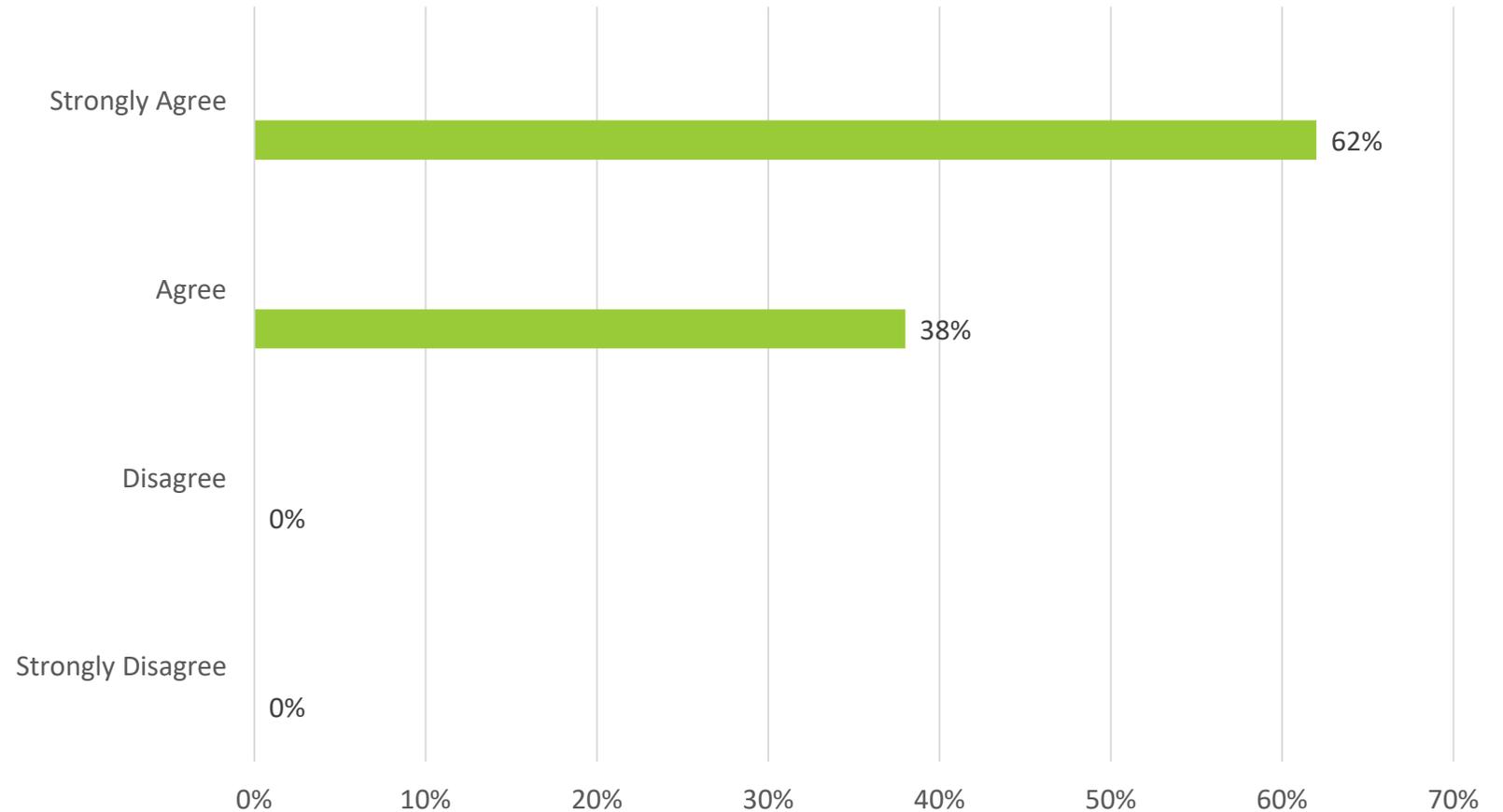
Appointment  
times are  
convenient for  
me.

59 Responses



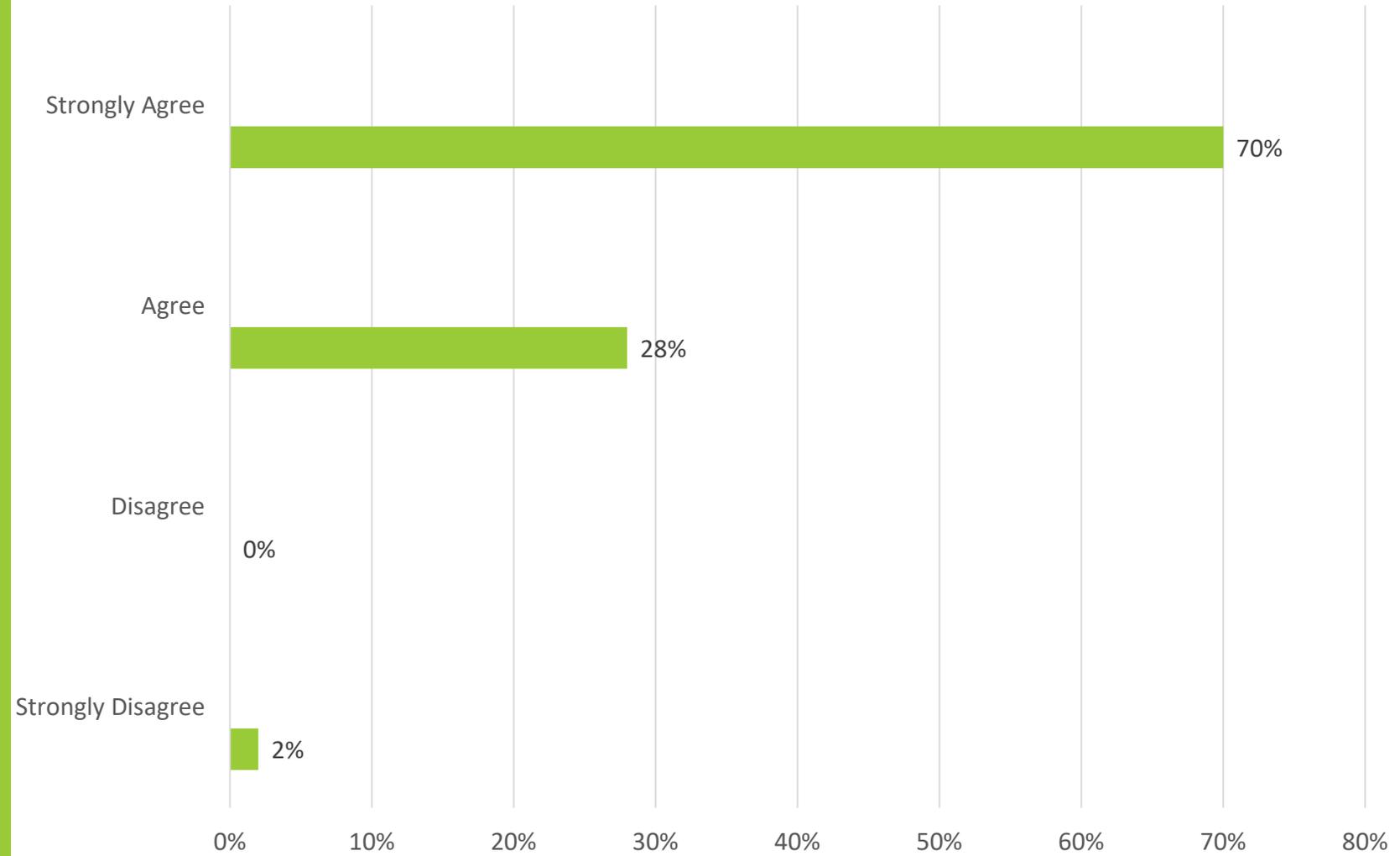
I feel comfortable asking questions about my services, or asking for new services.

60 Responses



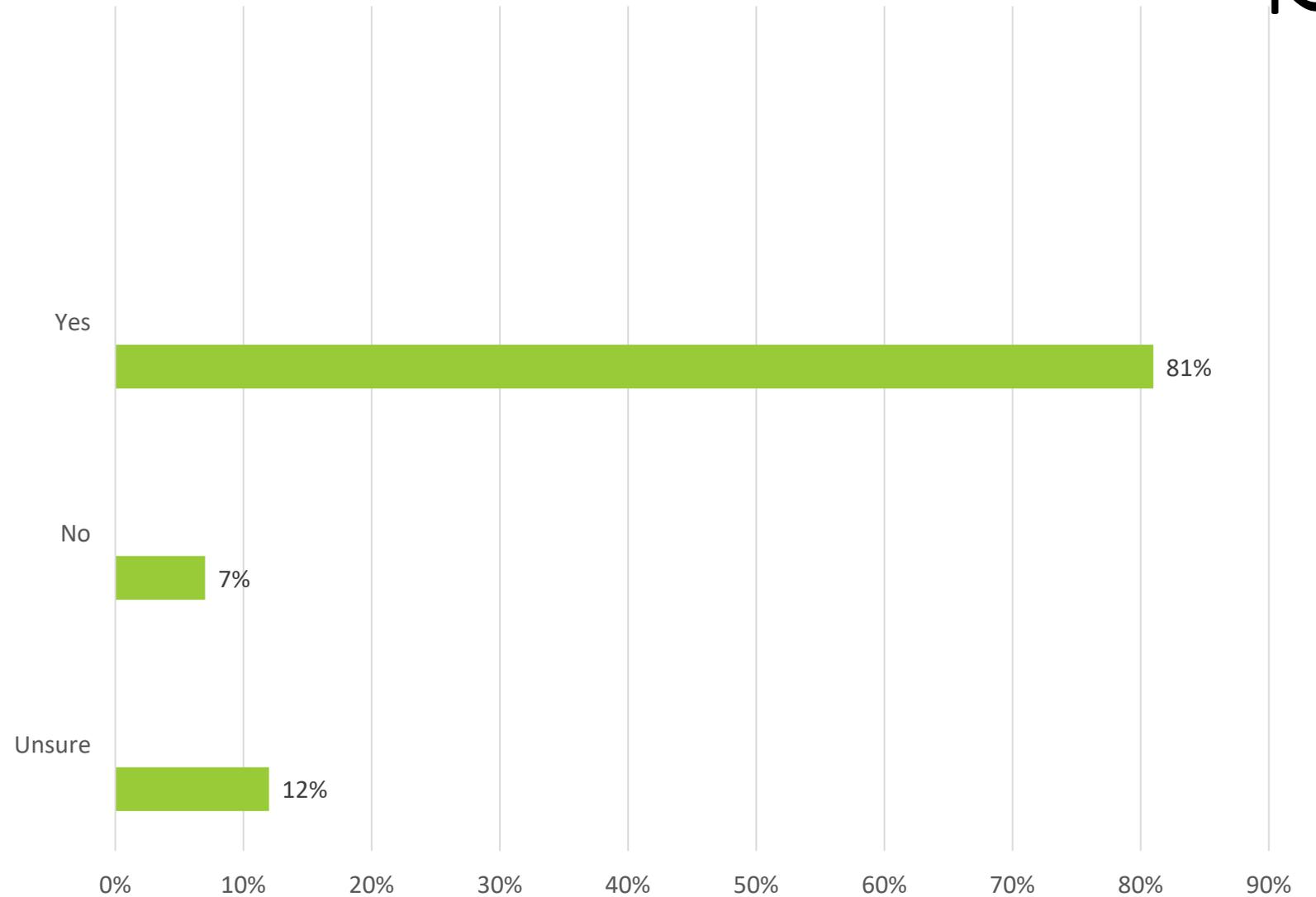
Staff explained information about my services in a way I could understand.

60 Responses



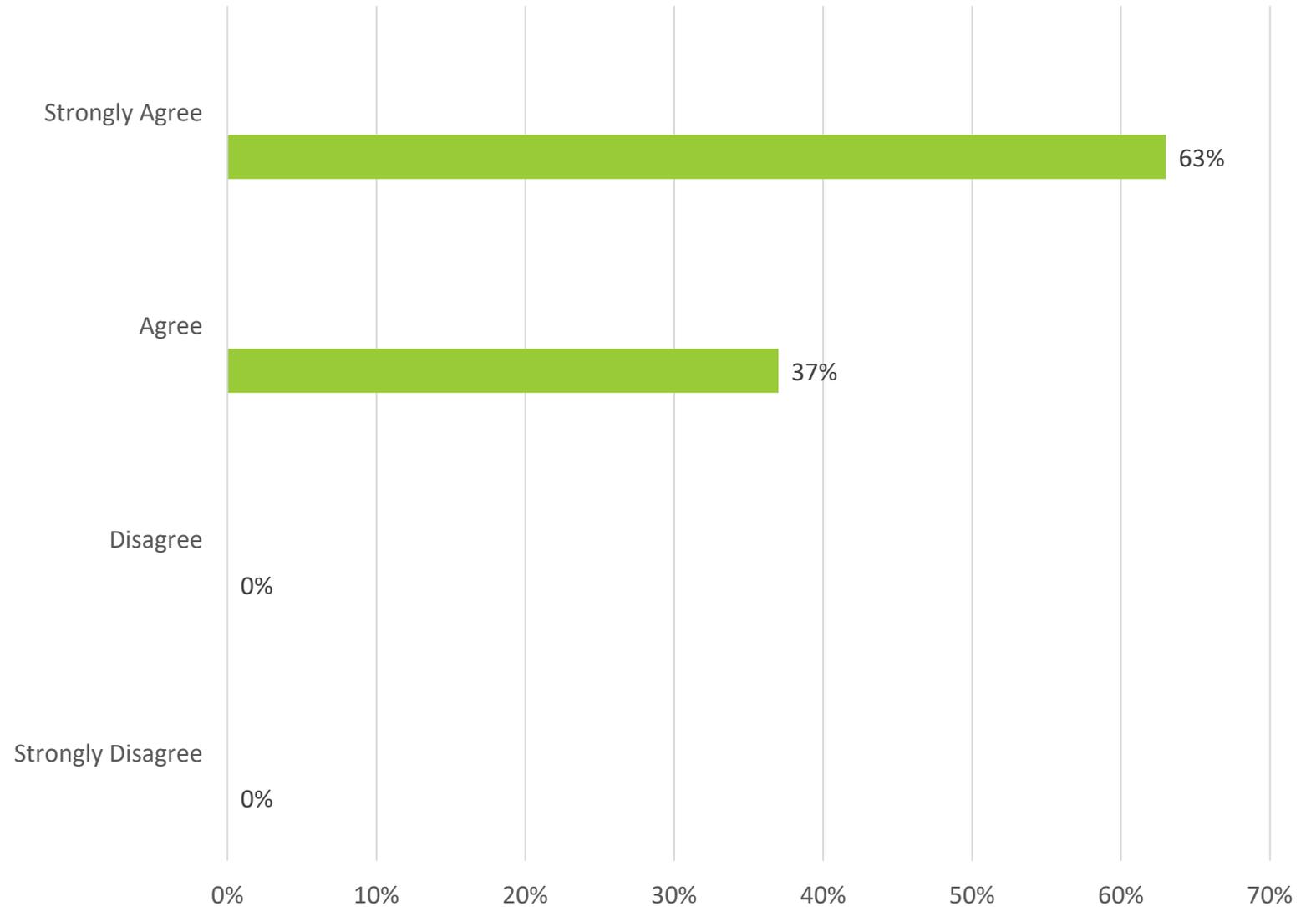
Somebody talked with me about sharing my health information with other people involved in my care.

59 Responses



I am satisfied with the accessibility of my health care team during the pandemic.

59 Responses

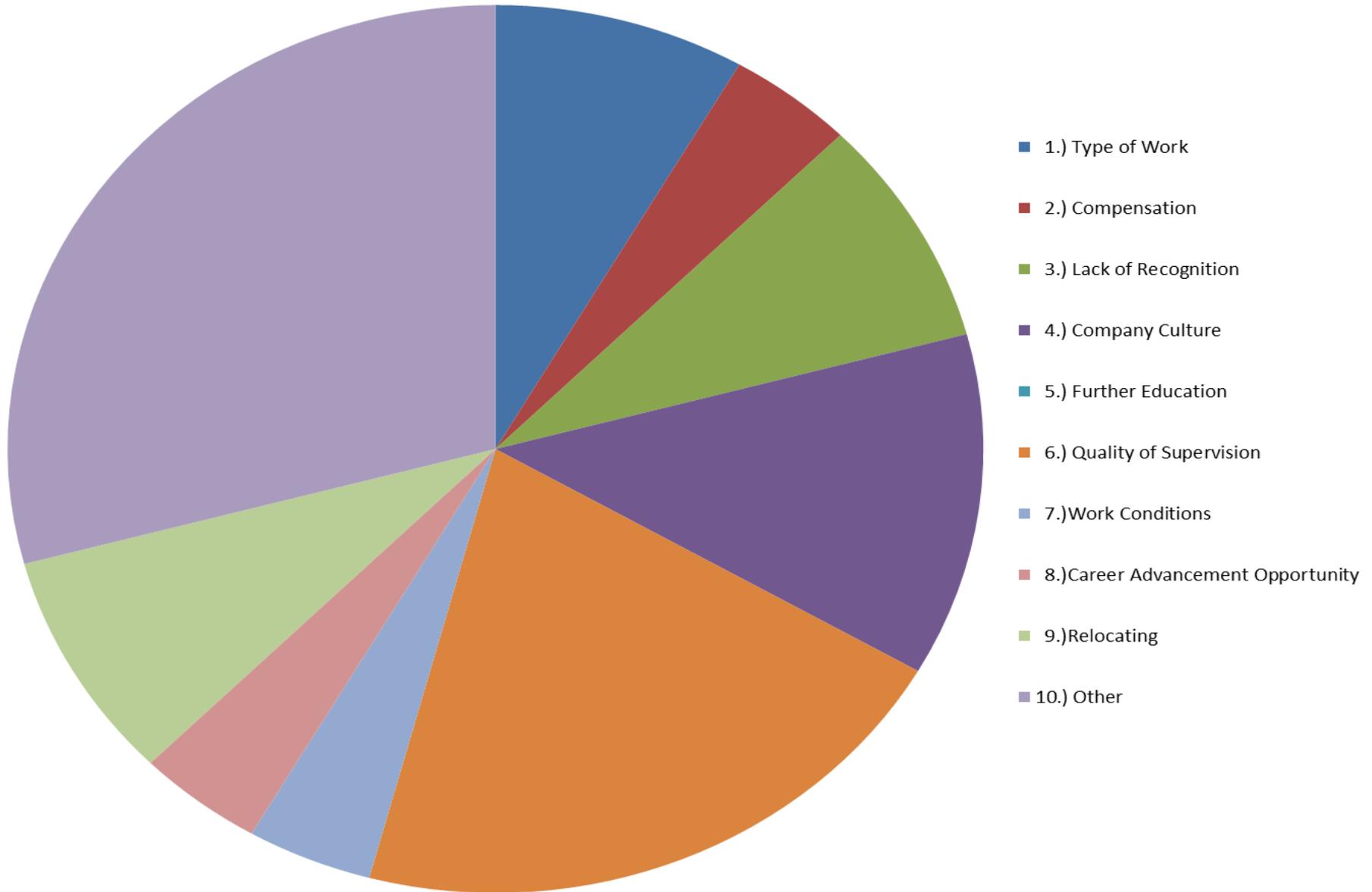


## Areas for Improvement

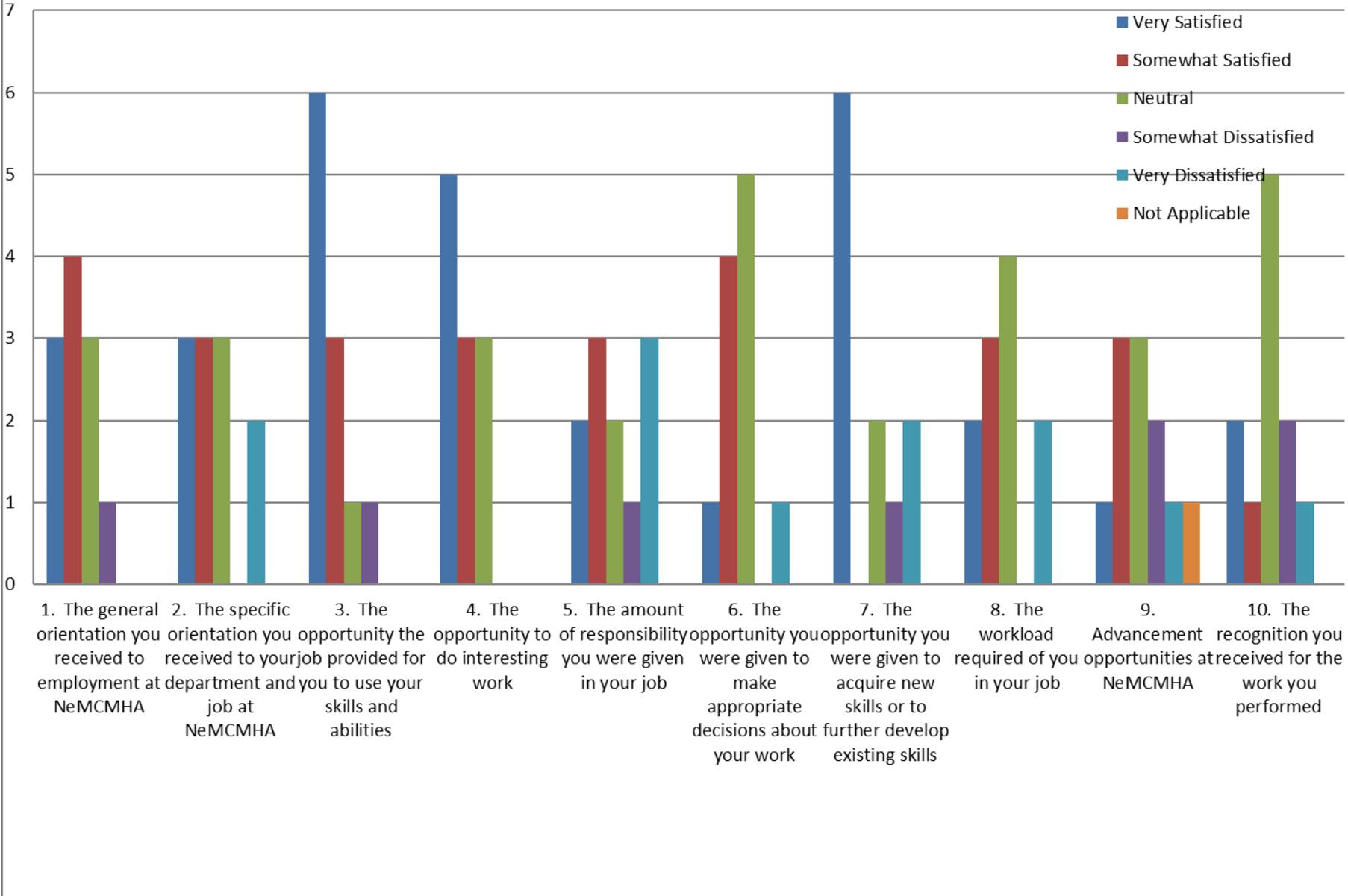
- 8% did not know how to file a grievance
- 15% did not know how to file an appeal
- 14% were not spoken to about smoking, alcohol, or drug use
- 7% were not spoken to about the side effects of their medication
- 19% were not spoken to about coordination of care

Some employees gave more than one reason

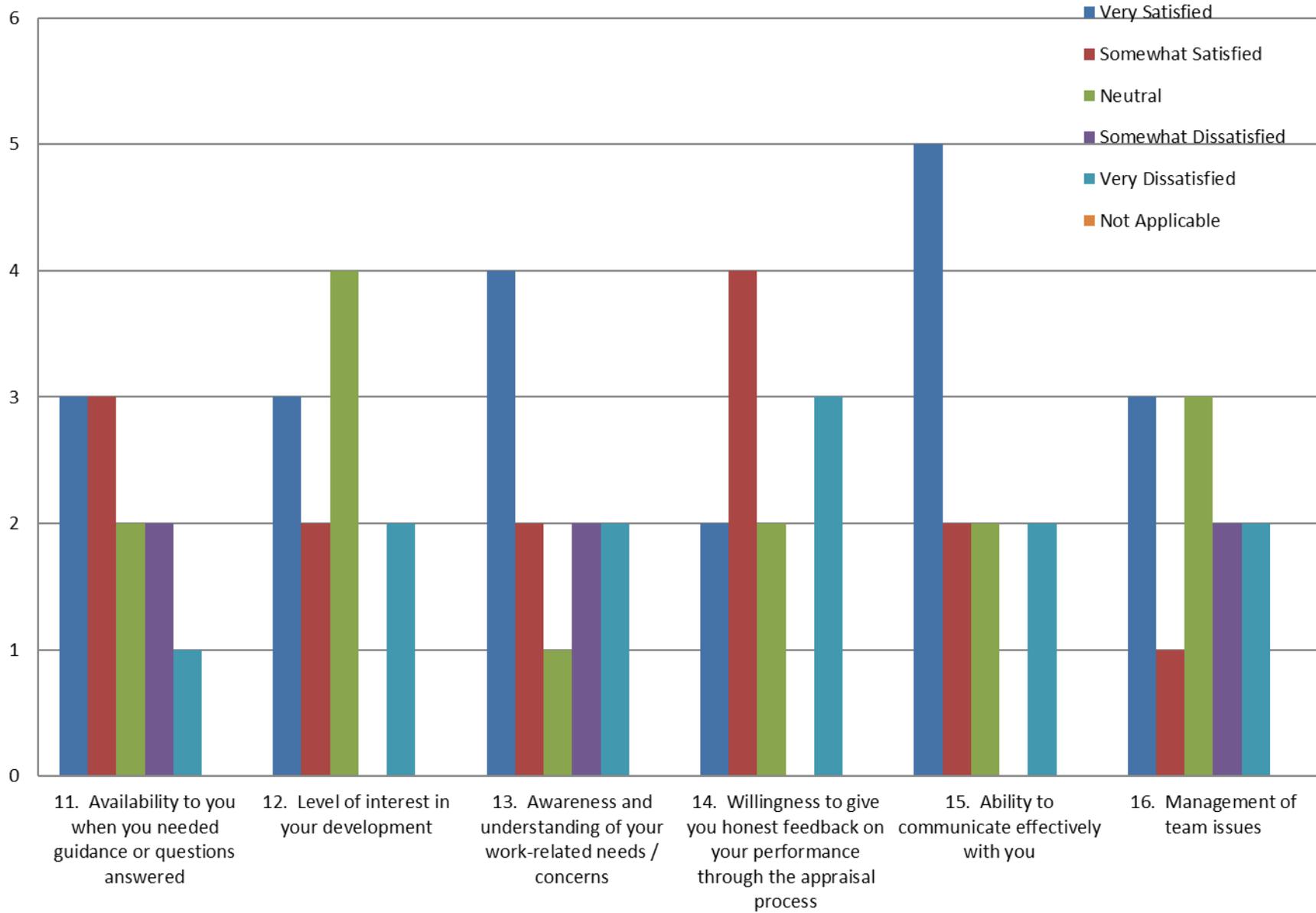
## What prompted you to seek alternative employment?



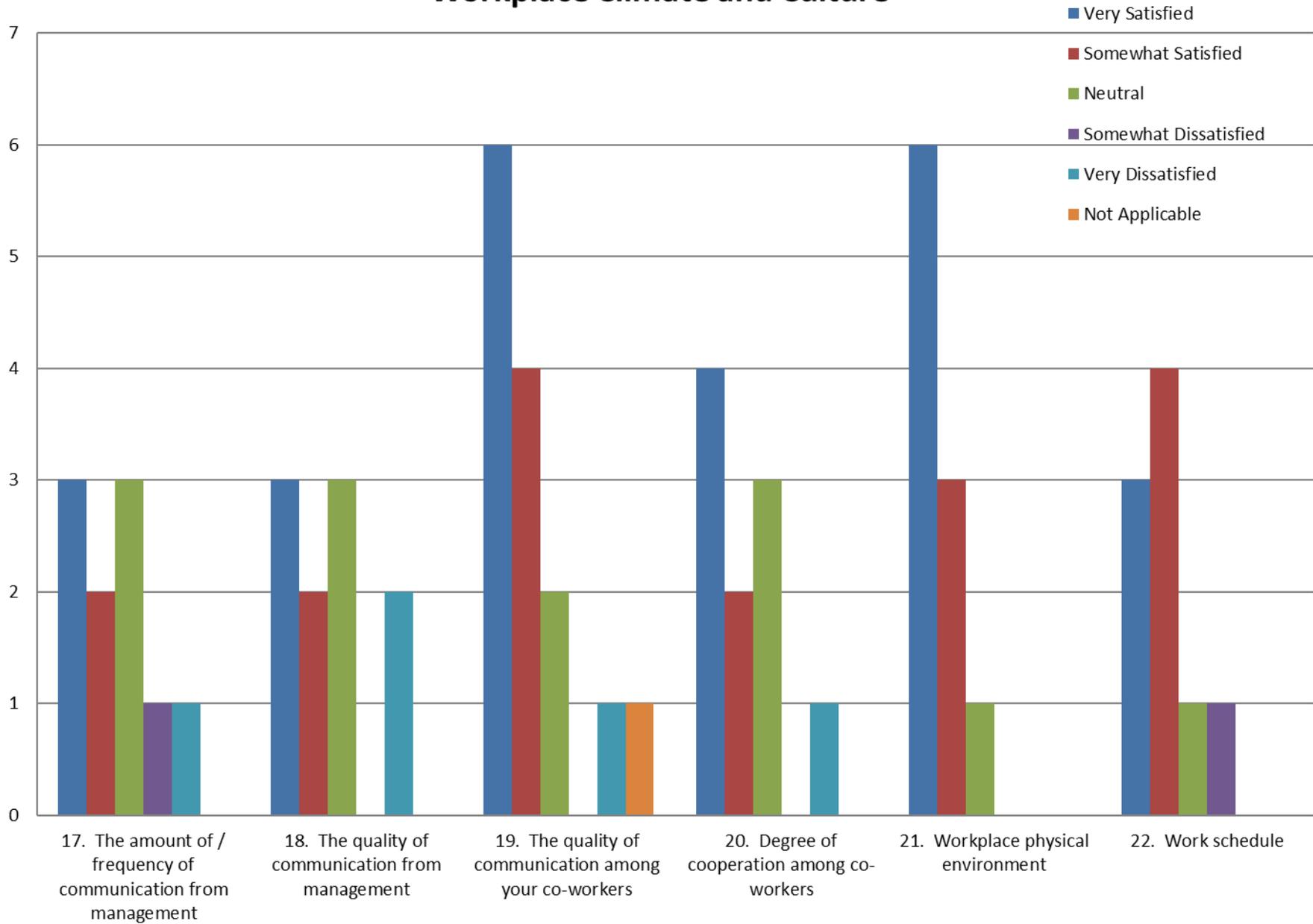
### The Job



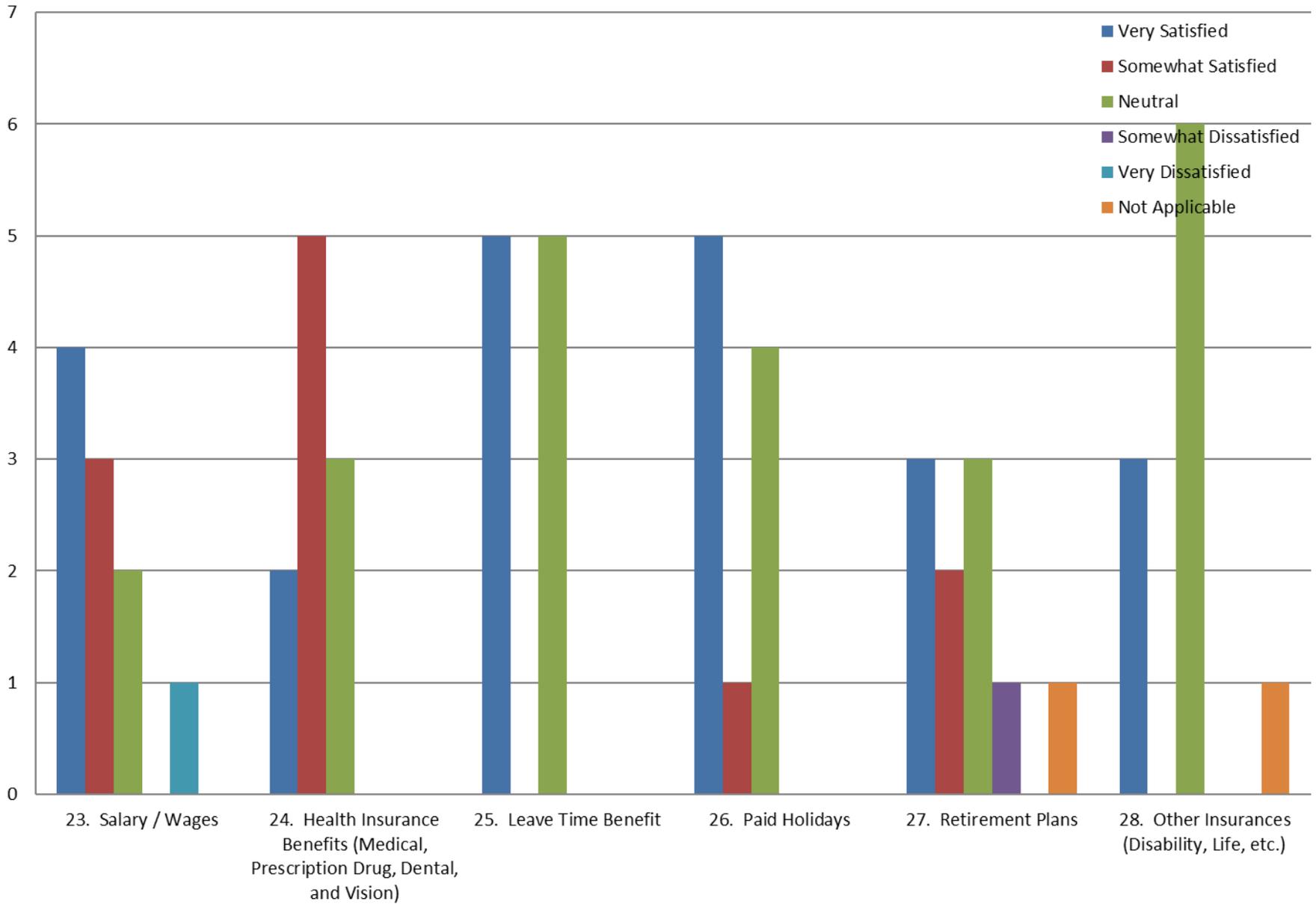
## Your Supervisor Questions



## Workplace Climate and Culture



## Wage and Benefit Package



# Management Team Survey 2021

Management Team developed a confidential, six (6) question survey for staff to complete focusing on agency communication and needed agency improvements.

The survey was distributed to staff on October 25, 2021 and closed on November 5, 2021.

## Response Rate

124 Respondents or 36.4% of employees completed the survey

## Survey Questions and Results

1. *How likely is it that you would recommend NeMCMHA as an employer to a friend or colleague?*
  - Net Promoter Score (NPS) can range from -100 (all detractors) or 100 (all promoters).  
NPS formula: (% of customers who are Promoters) - (% of customers who are Detractors) = NPS
  - **7 NPS = this is 17 points higher**
  
2. *Communication between senior leaders and employees is good in my organization.*
  - Strongly Disagree: 6.45%
  - Disagree: 16.94%
  - Neutral: 19.35%
  - **Agree: 41.94%**
  - Strongly Agree: 15.32%
  
3. *How well do the member of your team communicate with each other?*
  - Extremely well: 23.39%
  - **Very well: 41.94%**
  - Somewhat well: 37.42%
  - Not so well: 5.65%
  - Not at all well: 1.61%
  
4. *In your opinion, which of the following needs improvement at the company? Select top 3.*
  - Providing challenging work: 1.49%
  - Perks and benefits: 24.19%
  - **Recognizing strong performance: 46.77%**
  - Providing meaningful work: 1.49%
  - Opportunities for career development: 24.19%
  - Communication with senior management: 29.03%
  - Job Training: 30.65%
  - **Work/Life balance: 42.74%**
  - **Managing workload: 48.39%**
  - Competitive compensation package: 31.45%

5. *What actions can your employer take to build a better workplace?*

- **Improve Communication**
- **Increase Training**
- **Increase Staffing**
- **Increase Wages/Benefits**
- **Better Supervision**

6. *Please list any areas for improvement for NeMCMHA.*

- **Improve Communication**
- **Increase Wages/Benefits**
- **Increase Staffing**
- **Increase Training**
- **Increase work/life balance**

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Four Months Ending January 31, 2022**  
**33.3% of year elapsed**

	Actual January Year to Date	Budget January Year to Date	Variance January Year to Date	Budget FY22	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	77,174.04	108,013.00	\$ (30,839)	324,039.00	23.8%
2 Private Contracts	5,620.00	14,072.00	(8,452)	42,216.00	13.3%
3 Grants from Local Units	105,552.74	176,210.68	(70,658)	528,632.00	20.0%
4 Interest Income	95.45	500.00	(405)	1,500.00	6.4%
5 Medicaid Revenue	9,940,551.26	10,167,511.76	(226,961)	30,502,535.00	32.6%
6 General Fund Revenue	370,752.92	384,096.04	(13,343)	1,152,288.00	32.2%
7 Healthy Michigan Revenue	532,440.51	739,827.04	(207,387)	2,219,481.00	24.0%
8 Contract Revenue Blue Horizons		164,796.68		494,390.00	
9 3rd Party Revenue	114,566.71	139,133.32	(24,567)	417,400.00	27.4%
10 Behavior Health Home Revenue	20,356.26	10,166.64	10,190	30,500.00	0.0%
11 Food Stamp Revenue		35,164.32		105,493.00	
12 SSI/SSA Revenue	169,908.50	173,844.00	(3,936)	521,532.00	32.6%
13 Other Revenue	14,709.05	10,916.68	3,792	32,750.00	44.9%
14 <b>Total Revenue</b>	<b>11,351,727</b>	<b>12,124,252</b>	<b>(572,564)</b>	<b>36,372,756</b>	<b>30.8%</b>
<b>Expense</b>					
13 Salaries	5,013,521.95	5,361,260.56	347,739	16,083,782.00	31.2%
14 Social Security Tax	212,275.62	261,154.36	48,879	783,463.00	27.1%
15 Self Insured Benefits	780,088.44	1,268,294.08	488,206	3,804,882.00	20.5%
16 Life and Disability Insurances	68,078.72	81,665.32	13,587	244,996.00	27.8%
17 Pension	409,138.14	439,890.64	30,753	1,319,672.00	31.0%
18 Unemployment & Workers Comp.	53,572.21	80,757.64	27,185	242,273.00	22.1%
19 Office Supplies & Postage	16,118.83	16,507.20	388	49,521.00	32.5%
20 Staff Recruiting & Development	64,244.99	50,388.64	(13,856)	151,166.00	42.5%
21 Community Relations/Education	4,525.60	8,104.00	3,578	24,312.00	18.6%
22 Employee Relations/Wellness	30,079.19	30,071.00	(8)	90,213.00	33.3%
23 Program Supplies	90,147.18	201,541.08	111,394	604,623.00	14.9%
24 Contract Transportation	13,249.94	23,946.04	10,696	71,838.00	18.4%
25 Contract Residential	1,358,519.00	1,332,660.67	(25,858)	3,997,982.00	34.0%
26 Contract Inpatient	384,530.00	476,815.33	92,285	1,430,446.00	26.9%
27 Contract Employees & Services	2,127,822.15	1,777,107.92	(350,714)	5,331,324.00	39.9%
28 Telephone & Connectivity	59,317.46	51,022.68	(8,295)	153,068.00	38.8%
29 Staff Meals & Lodging	3,953.22	10,168.00	6,215	30,504.00	13.0%
30 Mileage and Gasoline	100,605.85	115,649.72	15,044	346,949.00	29.0%
31 Board Travel/Education	2,416.64	4,554.68	2,138	13,664.00	17.7%
32 Professional Fees	26,651.70	24,386.32	(2,265)	73,159.00	36.4%
33 Property & Liability Insurance	42,714.75	48,385.32	5,671	145,156.00	29.4%
34 Utilities	63,240.28	58,920.68	(4,320)	176,762.00	35.8%
35 Maintenance	98,325.84	52,717.64	(45,608)	158,153.00	62.2%
36 Rent	88,905.80	75,620.04	(13,286)	226,860.00	39.2%
37 Food	9,620.65	52,560.68	42,940	157,682.00	6.1%
38 Capital Equipment	28,758.73	24,649.24	(4,109)	73,948.00	38.9%
39 Client Equipment	5,735.12	8,000.00	2,265	24,000.00	23.9%
40 Miscellaneous Expense	45,841.03	54,304.96	8,464	162,915.00	28.1%
41 Depreciation Expense	140,452.76	133,147.64	(7,305)	399,443.00	35.2%
42 <b>Total Expense</b>	<b>11,342,452</b>	<b>12,124,252</b>	<b>781,800</b>	<b>36,372,756</b>	<b>31.6%</b>
43 <b>Change in Net Position</b>	<b>\$ 9,276</b>	<b>\$ 0</b>	<b>\$ 9,276</b>	<b>\$ -</b>	<b>-0.8%</b>
44 Contract settlement items included above:					
45 Medicaid Funds (Over) / Under Spent	\$ 503,005				
46 Healthy Michigan Funds (Over) / Under Spent	212,326				
47 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ 715,332</b>				
47 General Funds to Carry Forward to FY23					
48 General Funds Lapsing to MDHHS	\$ 18,370				
49 <b>General Funds (Over) / Under Spent</b>	<b>\$ 46,728</b>				

**Northeast Michigan Community Mental Health Authority**  
**Statement of Net Position and Change in Net Position**  
**Proprietary Funds**  
**January 31, 2022**

	Total Business- Type Activities January, 2022	Total Business- Type Activities Sept. 30, 2021	% Change
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 6,063,774	\$ 7,778,653	-22.0%
Restricted cash and cash equivalents	1,197,259	1,066,626	12.2%
Investments	750,000	750,000	0.0%
Accounts receivable	934,930	1,015,202	-7.9%
Inventory	26,558	26,558	0.0%
Prepaid items	(245,945)	66,278	-471.1%
Beneficial Interest	5,050	5,050	0.0%
Total current assets	<u>8,731,626</u>	<u>10,708,367</u>	<u>-18.5%</u>
Non-current assets:			
Capital assets not being depreciated	197,761	157,587	25.5%
Capital assets being depreciated, net	1,873,236	2,013,689	-7.0%
Beneficial Interest	11,224	11,224	0.0%
Total non-current assets	<u>2,082,222</u>	<u>2,182,499</u>	<u>-4.6%</u>
Total assets	<u>10,813,848</u>	<u>12,890,866</u>	<u>-16.1%</u>
<b>Liabilities</b>			
Current liabilities:			
Accounts payable	3,283,280	5,017,215	-34.6%
Accrued payroll and payroll taxes	720,646	1,132,295	-36.4%
Deferred revenue	19,957	71,268	-72.0%
Current portion of long-term debt (Accrued Leave)	92,621	81,739	13.3%
Total current liabilities	<u>4,116,504</u>	<u>6,302,517</u>	<u>-34.7%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	1,019,273	899,522	13.3%
Total liabilities	<u>5,135,777</u>	<u>7,202,039</u>	<u>-28.7%</u>
<b>Net Position</b>			
Invested in capital assets, net of related debt	2,070,999	2,171,275	-4.6%
Restricted	62,706	62,706	
Unrestricted	<u>3,564,028</u>	<u>3,454,846</u>	3.2%
Total net position	<u>\$ 5,697,732</u>	<u>\$ 5,688,827</u>	<u>0.2%</u>
<b>Net Position Beginning of Year</b>			
Restatement	5,688,827		
	62,706		
	5,751,533		
Revenue	11,351,727		
Expense	<u>(11,342,452)</u>		
Change in net position	<u>9,276</u>		
<b>Net Position January 31, 2022</b>	<u>\$ 5,760,809</u>		

Unrestricted Net Position as a % of projected annual expense  
Recommended Level

9.8% or 36 days  
8% - 25%

Financial Statement Consolidated  
Community Foundation for Northeast Michigan  
NE Mich Community Mental Health Fund  
10/01/2021 - 12/31/2021

	YTD
LIABILITY\FUND BALANCE ACTIVITY	
ENDOWMENT	
Beginning Balance	77,011.44
	-----
Revenue:	
Contributions	1,106.00
	-----
Increase (Decrease)	1,106.00
	-----
Ending Balance	78,117.44
	=====
RESERVE	
Beginning Balance	33,441.91
	-----
Revenue:	
Interest and Dividends	1,962.92
Realized Gain(Loss)	3,719.84
Unrealized Gain(Loss)	(968.01)
	-----
Total Revenue	4,714.75
	-----
Expense:	
Transfer To Spendable This FY	4,482.00
Administrative Fees	347.85
	-----
Total Expense	4,829.85
	-----
Increase (Decrease)	(115.10)
	-----
Ending Balance	33,326.81
	=====
SPENDABLE	
Beginning Balance	17,416.02
	-----
Revenue:	
Transfer From Reserve	4,482.00
	-----
Total Revenue	4,482.00
	-----
Expense:	
	-----
Total Expense	0.00
	-----
Increase (Decrease)	4,482.00
	-----
Ending Balance	21,898.02
	=====

Financial Statement Consolidated  
Community Foundation for Northeast Michigan  
NE Mich Community Mental Health Fund

10/01/2021 - 12/31/2021

BALANCE SHEET		YTD
Assets:		
Investment Pool		133,342.27
		-----
Total Assets		133,342.27
		=====
Current Liabilities:		
		-----
Liability\Fund Balances:		
Endowment		78,117.44
Reserve		33,326.81
Spendable		21,898.02
		-----
Total Liability\Fund Balances		133,342.27
		-----
Total Liabilities and Equity		133,342.27
		=====

EXECUTIVE LIMITATIONS

(Manual Section)

**BUDGETING**

(Subject)

Board Approval of Policy  
Last Revision of Policy Approved

April 8, 2004  
June 8, 2006

●1 **POLICY:**

Budgeting any fiscal year or the remaining part of any fiscal year shall not deviate materially from board *Ends* priorities, risk fiscal jeopardy, or fail to be derived from a multi-year plan.

Accordingly, he or she may not cause or allow budgeting which:

1. Contains too little information to enable credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.
2. Plans the expenditure in any fiscal year of more funds than are conservatively projected to be received in that period.
3. Provides less than is sufficient for board prerogatives, such as costs of fiscal audit, board development, board and committee meetings, and board legal fees.
4. Reduce the current assets at any time to less than twice current liabilities (or allow cash and cash equivalents to drop below a safety reserve of less than \$2,500,000 at any time.)
5. Endangers the fiscal soundness of future years or ignores the building of organizational capability sufficient to achieve ends in future years.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

**BOARD MEMBERS ETHICAL CODE OF CONDUCT**

(Subject)

Board Approval of Policy

August 8, 2002

Board Approval of Policy Revision:

February 14, 2019

**●1 POLICY:**

The board commits itself and its members to ethical and businesslike conduct. This includes proper use of authority and appropriate decorum when acting as board members.

1. Members must represent unconflicted loyalty to the interests of the people of Alcona, Alpena, Montmorency and Presque Isle counties. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other boards or staffs. It also supersedes the personal interest of any board member acting as a consumer of the organization's services.
2. Members must avoid conflict of interest with respect to their fiduciary responsibility.
  - A. There must be no self-dealing or any conduct of private business or personal services between any board member and the organization except as procedurally controlled to assure openness, competitive opportunity and equal access to "inside" information.
  - B. When the board is to decide upon an issue, about which a member has an unavoidable conflict of interest, that member shall absent herself or himself without comment from not only the vote, but also from the deliberation.
  - C. Board members must not use their positions to obtain employment in the organization for themselves, family members or close associates. Should a member desire employment, he or she must first resign.
  - D. Members will disclose their involvements with other organizations, with vendors, or any other associations which might produce a conflict.
3. Board members may not attempt to exercise individual authority over the organization except as explicitly set forth in board policies.

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

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- A. Members' interaction with the chief executive or with staff must recognize the lack of authority vested in individuals except when explicitly board-authorized.
  - B. Members' interaction with public, press or other entities must recognize the same limitation and the inability of any board member to speak for the board.
  - C. Members will give no consequence or voice to individual judgments of CEO or staff performance.
- 4. Members will respect the confidentiality appropriate to issues of a sensitive nature.
  - 5. Members will be properly prepared for board deliberation.
  - 6. All special gifts, donations, and bequests to the Board and its members shall be reported to the Board. Board members shall not accept gifts, gratuities, entertainment or other favors from any party under contract with, seeking to do business with or receiving services from Northeast Michigan Community Mental Health Authority.
    - A. If fixed property or equipment is donated to the Board, the Board shall determine the fair market value of that property at the time of transfer. If only the use of the property is donated and such usage shall be for matching any other funds, the amount allowed to be matching shall be determined by the fair market value upon the evaluation of an independent appraiser.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

	Program	Consumers served January 2022 (2/1/22 - 2/28/22)	Consumers served in the Past Year (3/1/21 - 2/28/22)	Running Monthly Average(year) (3/1/21 - 2/28/22)
1	<b>Access / Crisis / Prescreens</b>	49 - Routine 0 - Emergent 1 - Urgent 48 - Crisis 82 - Prescreens	663 - Routine 4 - Emergent 6 - Urgent 680 - Crisis 744 - Prescreens	55 - Routine 0 - Emergent 1 - Urgent 56 - Crisis 61 -Prescreens
2	<b>Doctors' Services</b>	320	1423	403
3	<b>Case Management</b>			
	Older Adult (OAS)	108	289	101
	MI Adult	140	388	132
	MI ACT	26	66	27
	Home Based Children	20	55	44
	MI Children's Services	38	93	110
	IDD	165	425	171
4	<b>Outpatient Counseling</b>	74(19/55)	254	134
5	<b>Hospital Prescreens</b>	82	744	61
6	<b>Private Hospital Admissions</b>	19	236	20
7	<b>State Hospital Admissions</b>	0	5	0
8	<b>Employment Services</b>			
	IDD	45	80	46
	MI	18	33	18
	Touchstone Clubhouse	97	109	86
9	<b>Peer Support</b>	32	60	39
10	<b>Community Living Support Services</b>			
	IDD	90	155	79
	MI	60	102	58
11	<b>CMH Operated Residential Services</b>			
	IDD Only	56	61	57
12	<b>Other Contracted Resid. Services</b>			
	IDD	33	37	32
	MI	34	45	36
13	<b>Total Unduplicated Served</b>	950	2341	1034

County	Unduplicated Consumers Served Since March 2021
Alcona	253
Alpena	1440
Montmorency	265
Presque Isle	305
Other	61
No County Listed	17

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Diane Hayka  
**SUBJECT:** Nomination / Board Member Composition Committee Report  
**DATE:** February 24, 2022

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At the November Board meeting, the Nomination / Board Member Composition Committee provided the Board with their report. Below is an excerpt from the meeting minutes...

Gary Nowak noted the committee met. Letters were sent to the respective counties. He reported officer positions for next year were discussed. Their recommendation will be to keep the officers as they are at this time. This will result in not having to meet again in the spring.

The current officers are:

Eric Lawson, Chair  
Roger Frye, Vice Chair  
Bonnie Cornelius, Secretary  
Gary Nowak, Past Chair



February 15, 2022

To: CMH Board Members/Executive Directors (CMH & PIHP)/Management Staff (CMH & PIHP)/Provider Alliance Members

From: PAC Committee

Re: 2022 Annual PAC Campaign

This memorandum is being sent to all CMH boards, PIHPs and Provider Alliance members to announce and solicit participation in this year's CMH-PAC campaign. The CMH-PAC is a political action committee that helps support representatives and senators in leadership positions and those who champion the funding, legislation, and policy initiatives that help support and improve the provision of community-based mental health and substance use disorder services.

Your donations to the CMH PAC help support candidates who are supportive of our efforts at CMHA. The money that is raised for the CMH PAC helps raise awareness of our issues. While we are not able to match dollar for dollar the contributions of the larger interest groups your efforts go a long way and give CMHA a "seat at the table".

Obviously, the last year and a half have been like nothing we have seen before and supporting the CMH PAC was probably one of furthest things from everybody's mind. With that said, **we went almost a year without collecting any significant PAC contributions, however we did receive a bump in fundraising towards the end of last year due to online contributions, but we are still well below what we need to have a strong presence.** It is safe to say that the remainder of this year will be extremely critical. As you know, we are facing a very serious privatization threat from the Michigan Senate Majority Leader who is currently working on a dramatic system wide change that would essentially reboot section 298. With so much attention on behavioral health reform in the Michigan it is critical we maintain an active presence – **WE MUST BUILD OUR PAC FUND BACK UP** and support those key leaders who are willing to work with us.

As you know in 2021, we launched our new online capabilities, which makes it easier than ever to contribute to the CMH PAC. **We can now take credit card payments online by accessing the link below and using our secure online checkout function.**

<https://cmham.org/public-policy/cmh-pac/>

## **2022 CMH PAC CAMPAIGN Details and Timeline**

As always, our PAC goal is to have as many boards and members participate as possible. Typically, in past years we only had about 1/3 of our membership participate in the PAC campaign – **our goal is 100% participation.**

In past years as an incentive to increase participation we have been able to provide Tiger game suite tickets (12 tickets) donated by Muchmore Harrington Smalley and Associates that went into a drawing of all the eligible members. Due to COVID we were not able to provide the Tiger tickets for the past two seasons, this year is still up in the air due to a potential labor strike in Major League Baseball. Hopefully we are able to offer this great prize again this year – we will send out the date and time if it becomes available.

In order to qualify for the Tiger ticket drawing each member must have a minimum of 6 contributions (No specific contribution amount is required) from board members and/or staff.

The campaign is being announced early with the hope that more boards will have time to discuss its merits locally and increase the participation rate. The PAC Committee requests that CMH directors and board chairpersons announce and discuss the campaign over the next three months at their regular monthly meetings.

Again, we will have the details on the Tiger game later this year if it becomes available. In order to qualify for the special drawing members should expect to forward their campaign and donations to CMHA by late June / early July.

**Again, you can pay online at the link listed above or make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please).**

If you have any questions regarding this year's campaign, please contact Robert Sheehan or Alan Bolter at CMHAM. Thank you for your participation.

# CMH•PAC Report

November 19, 2021 - January 21, 2022

Cash Balance Forward November 18, 2021	\$8,699.48
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Revenue:

Contributions thru January 21, 2022	\$423.75
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Total Revenue	\$9,123.23
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Expense:

Total Expense:	\$1,500.00
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Angela Witwer for State Rep.	\$250.00
Keep Improving Michigan PAC	\$250.00
CTE Rick Outman for State Senate	\$500.00
CTE Jason Wentworth	\$500.00

Ending Cash Balance	\$7,623.23
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## APRIL AGENDA ITEMS

### **Policy Review**

Financial Condition 01-005

Communication & Counsel 01-009

### **Policy Review & Self-Evaluation**

Governing Style 02-002

Cost of Governance 02-013

### **Monitoring Reports**

Budgeting 01-004

Communication & Counsel 01-009

### **Activity**

Election of Officers

Orientation of New Members

Set Calendar and Committee Appointments [Organizational Meeting]

### **Ownership Linkage**

### **Educational Session**

CARF Update [Postponed from February]

# NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

PROGRAM DESCRIPTION



## INDEX

Introduction .....	1
Mission.....	1
Vision .....	1
Core Values.....	1
Service Area and Population Served.....	2
Admission for Services.....	3
Access/Triage with the Crisis Response and Stabilization (CRS) Staff as a Focal Point ....	4
Access System Functions .....	5
Information and Referral.....	5
Immediate Screening .....	5
Psychosocial Assessments.....	5
Specialized or Multi-Disciplinary Assessments .....	6
Criteria-based Service Determination .....	6
Service Linkage.....	6
Short-term Services.....	6
Crisis Services .....	6
Utilization Management Services .....	6
Access System Components .....	7
Scope of Services .....	7
Access Services .....	7
Assertive Community Treatment (ACT).....	7
Behavioral Health Home (BHH) .....	7
Behavioral Health Treatment Services (BHT) .....	8
Case Management.....	8
Community Living Supports Services (CLS).....	8
CRS/Triage Services .....	8
Dialectical Behavior Therapy (DBT) .....	8
Emergency Services Unit (ESU).....	8
Enhanced Health Care Services .....	8
Eye Movement Desensitization and Reprocessing (EMDR) .....	9
Family Psychoeducation (FPE).....	9
Family Support Services.....	9
Home-Based Services .....	9
Infant and Early Childhood Services .....	9
Illness Management and Recovery (IMR).....	9
Inpatient Treatment .....	10
Integrated Dual Disorder Treatment (IDDT).....	10
Integrated Health Care .....	10
Jail Services .....	10
Long-Term Inpatient Treatment/State Hospital.....	10
Mobile Intensive Crisis Stabilization Services (ICSS).....	10
Monday Night Activities .....	10
Older Adult Services (OAS) .....	10
Outpatient Therapy .....	11
Peer Support Services.....	11
Physician Services .....	11
Prevention and Consultation.....	11

## INDEX

Scope of Services (continued)	
Psychological Services .....	11
Psycho-Social Rehabilitation (Clubhouse) .....	11
Residential Services .....	11
Respite Care.....	11
Self-Determination .....	12
Skill Building Assistance .....	12
Supported Employment Services.....	12
Supported Independence Program (SIP) .....	12
Wraparound Services .....	12
Waiver Programs	
Children’s Waiver Program (CWP).....	13
Habilitation Supports Waiver (HSW) .....	13
Children’s Serious Emotional Disturbance Home and Community Based Waiver (SEDW) ....	14
Admission, Transfer, and Discharge for Services (all population groups) .....	14
Staffing [all population groups] .....	15
Community Coordination, Collaboration, and Education	
Human Service Coordinating Councils (HSCC).....	15
Community Education .....	15
Management and Support Services	
Quality Improvement (QI) .....	16
Management Team .....	16
Finance & Budget.....	17
Recipient Rights .....	17
Compliance .....	17
Information Systems.....	17
Human Resources.....	18
Clerical .....	18
Facilities Management.....	18
Long-Range Plans.....	18
Board Governance .....	19

# NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

## PROGRAM DESCRIPTION

### MISSION

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

### VISION

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

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

### CORE VALUES

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

## INTRODUCTION

Northeast Michigan Community Mental Health Authority (NeMCMHA) is an organization, founded in the late sixties, designed to serve the needs of the citizens of Alcona, Alpena, Montmorency, and Presque Isle Counties. While originally developed to provide outpatient services, the agency has grown to meet the wide-range of citizens’ needs with multiple programs, supports services, treatment, and evidence-based practices.

The priority populations of those eligible for services include individuals who may have a severe and persistent mental illness, children with a severe emotional disturbance, those who may have an intellectual/developmental disability, and those who may have a substance use disorder that is co-occurring with a mental illness. With over 50 years of experience, the NeMCMHA Board has adopted a Mission and Vision Statement and defined Core Values.

## NORTHEAST MICHIGAN SERVICE AREA AND POPULATION SERVED

Northeast Michigan is a four-county, sparsely populated, largely rural and frontier area. For much of this area, agriculture and forestry are primary industries. The City of Alpena has a base of heavy industry including a cement plant, hardboard mill, concrete production, and conveyor production. With the loss of several large industries, which included a paper mill, foundry, and manufacturing plant, the Northeast continues to be one of the highest unemployment areas of the state forcing many of its citizens to relocate elsewhere for employment.

The table below shows the age groups of the area's population and age group trends based on 2019 State of Michigan Census data. This data indicates the population has had a significant decrease and the average age of a Northeast Michigan resident is increasing. Northeast Michigan has become a retirement destination. Therefore, Northeast Michigan Community Mental Health Authority (NeMCMHA) has increased staffing to accommodate the aging population.

**Area General Population & Population Served**

	<b>Census Data for Service Area</b>	<b>Individuals Served with Mental Illness (as of 2020)</b>	<b>Individuals Served with Intellectual/ Developmental Disabilities (as of 2020)</b>
<b>Age</b>	<b>#</b>	<b>#</b>	<b>#</b>
0—9	5,012	82	41
10—19	6,219	300	39
20—29	5,305	860	55
30—39	5,494	299	54
40—49	6,192	261	50
50—59	9,855	250	63
60—69	10,985	203	59
70—79	7,351	59	31
80 +	4,439	12	8
<b>Total</b>	<b>60,852</b>	<b>2,326</b>	<b>400</b>

*\*2020 Census Data was not available in age specific groups as of this publication.*

NeMCMHA has been a harbinger of community inclusion – noteworthy is its "adoption" of many individuals with intellectual/developmental disabilities in the early 1980s from other areas of Michigan who were placed in residential facilities operated by the Agency. NeMCMHA developed a wide array of supporting and ancillary services, which included the opening of 22 specialized residential homes. The need for specialized residential homes has decreased over the years, due to attrition and the increase of independent living situations developed by NeMCMHA paving the way to close 14 of the 22 residential homes that existed 30 years ago.

April 1, 2014 marked the expansion of autism services, as it became part of the State Plan. Following these changes, NeMCMHA has experienced a growth in Autism Services, Infant and Early Childhood Services, and Home Based Staff to address this special population. In the past, the Agency contracted with Federally Qualified Health Centers to provide school-based mental health services to children in need of support. Several contracts have been developed with organizations specializing in the treatment of autism to provide additional support to NeMCMHA in the Autism services program.

## ADMISSION FOR SERVICES

The State has 10 regions of Prepaid Inpatient Health Plans (PIHPs) with NeMCMHA falling under the PIHP of the Northern Michigan Regional Entity (NMRE). Under the NMRE's contractual arrangements, the Agency must assure timely access to services, individual choice and utilization management to ensure medical necessity, network management and grievance and appeal mechanisms.

Individuals residing in NeMCMHA's four-county catchment area will be eligible for services identified below provided they qualify under the following definitions:

**Intellectual/Developmental Disability (I/DD)** means:

- A. If applied to an individual older than 5 years, a severe, chronic condition that meets all of the following requirements:
  - (i) Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
  - (ii) Is manifested before the individual is 22 years old.
  - (iii) Is likely to continue indefinitely.
  - (iv) Results in substantial functional limitations in three or more of the following areas of major life activity:
    - (A) Self-care
    - (B) Receptive and expressive language
    - (C) Learning
    - (D) Mobility
    - (E) Self-direction
    - (F) Capacity for independent living
    - (G) Economic self-sufficiency
- B. Reflects the individual's need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- C. If applied to a minor from birth to age five (5), a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (a) if services are not provided.

**Serious Emotional Disturbance (SED) means:**

A diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the Department and that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school, or community activities. The following disorders are included only if they occur in conjunction with another diagnosable SED.

- i) A substance abuse disorder
- ii) A developmental disorder
- iii) "V" codes in the diagnostic and statistical manual of mental disorders

**Serious Mental Illness (SMI) means:**

A diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the Department and that has resulted in functional impairment that substantially interferes with or limits one (1) or more major life activities. SMI includes dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbance, but does not include any other dementia unless the dementia occurs in conjunction with another diagnosable SMI. The following disorders also are included only if they occur in conjunction with another diagnosable SMI.

- i) A substance abuse disorder
- ii) A developmental disorder
- iii) "V" codes in the diagnostic and statistical manual of mental disorders

## **ACCESS/TRIAGE WITH THE CRISIS RESPONSE AND STABILIZATION (CRS) STAFF AS A FOCAL POINT**

NeMCMHA provides both telephone and in-person gatekeeping and enrolling in services. Services may begin with an individual's first telephone contact with the Access Center located in the main office of NeMCMHA at 400 Johnson Street in Alpena. To whatever extent involvement is needed beyond that initial contact, the individual's satisfaction with service outcomes and service process is paramount. Without service satisfaction, other outcomes become diminished and the effectiveness of the system is diluted. Access to the service process must be welcoming, clear and effective.

The Access Center/Intake Services will include a number of component parts or processes:

1. The Access Center will provide gatekeeping to include clinical and resource triage and assessment. Emergent services are provided directly by NeMCMHA staff.
2. A timely evaluation by Access staff and assignment of person-centered services are based upon unique individual strengths, needs, abilities, preferences and desires. Services are matched with the least intrusive and restrictive treatment modality, yet are focused and appropriate to condition and need.
3. Individualized services involve the individual, family (if requested) and other existing support persons and resources when appropriate in accordance with person-centered planning.
4. A service continuum is provided with an array of services for which there is easy access and seamless movement across the continuum as needs and objectives change.
5. The entire service system utilizes internal and PIHP-based proactive utilization management.
6. Service management abilities include immediate feedback for key program performance indicators.
7. Clinical, economic and customer service outcome measures are evaluated and used in ongoing quality improvement processes.

## ACCESS SYSTEM FUNCTIONS

The Access system will include the following functions:

1. **Information and Referral** - Telephone (emergent, urgent and routine), walk-ins and written inquiries and referrals will receive response as they are presented at NeMCMHA. Response options include providing information, referring to other community agencies or linkage to screening for further mental health services.
2. **Immediate Screening** – Screening services are immediately available to coordinate service need and financial/resource options. On-site and outreach capacity are necessary. Screening may result in immediate engagement in crisis services, referral and/or linkage to other community services or mental health assessments.
3. **Psychosocial Assessments** – Assessments will be structured around multiple service levels to include both clinical and resource/financial information. Assessment knowledge should be increasingly comprehensive as more intense need is progressively identified. Access to clinical history is critical and must be integrated into the present assessment. Strengths, needs, abilities and preferences (SNAP) will be identified. Natural supports are identified and included in the Individualized Plan of Service (IPOS). This is essential in order to build upon existing skills, as well as to avoid unnecessary utilization or dependence upon system resources. Upon completion of psychosocial assessment, it is appropriate to begin identifying goals and objectives. Services are determined, in accordance to medical necessity, as defined in the Medicaid Manual and NeMCMHA Level of Care Guidelines. In some instances, further assessment may be warranted prior to authorizing services.

4. **Specialized or Multi-Disciplinary Assessments** – When further assessment is needed, access to a range of multi-disciplinary evaluations (including psychiatric evaluation and psychological testing) are critical. Immediacy of access to these assessments would depend upon the level of urgency. When multiple assessments are necessary, a team approach, which includes the individual and/or family as well as natural supports, is used to develop the service goals and objectives that are the result of the assessment. Determination of services would be made as a part of this team process.
5. **Criteria-Based Service Determination** – Assessment information must be clinically focused, behaviorally specific and criteria based in accordance with the NeMCMHA Level of Care Guidelines (this incorporates the Medicaid Manual, PHQ9, LOCUS, PECFAS, CAFAS, ACE, SIS, and other assessment tools). Admission criteria for all system services must also be clinically defined and commonly practiced. Once the service goals and objectives are determined for a particular individual, a match with appropriate service options for achieving these objectives can be made and timeframes for completion of these goals will be developed. If an identified service is not available, alternative measures will be agreed upon with the involved individuals.
6. **Service Linkage** – Once a service authorization is made through the interim IPOS, the Access/Triage staff are responsible for linkage and the possible provision of the designated service(s). The assessment, Preliminary Planning Process (PPP) and IPOS, including timeframes, will be developed by the individual receiving services utilizing person-centered planning and their identified facilitator. Access/Triage staff remain involved until the individual is successfully engaged.
7. **Short-Term Services** – In some situations, short-term interventions will help stabilize the individual or family so that less intensive services can be effectively used for a longer period of time. In other circumstances, short-term services will enable the individual to return to independence or be able to be assisted by other community services. These types of short-term services will be offered as part of CRS.
8. **Crisis Services** – Critical to an Access system is the immediate availability of a variety of emergency or crisis services response for all target populations, regardless of the hour or day of the week. Emergency and crisis response will be part of CRS, with immediate access to system crisis services as needed.
9. **Utilization Management Services** – The ability of the system to be continuously available to new people and to meet the changing needs of existing individuals served by the Agency depends upon an effective service and resource utilization management process. This will include close clinical status monitoring with 24-hour emergency services capacity.

## ACCESS SYSTEM COMPONENTS

In order to achieve comprehensive services, the following components are utilized:

1. A central Access site
2. 24-hour service
3. Single Access telephone number
4. Single entry for all target populations
5. Mobile crisis services
6. Outreach assessments, as appropriate
7. Interdisciplinary assessments and clinical supervision
8. Integration with the Management Information System

## SCOPE OF SERVICES

NeMCMHA will provide, or make available, a comprehensive array of services and supports to children and adults who may have SMI or SED, I/DD, or those who may have a Substance Use Disorder (SUD) that is co-occurring with a mental illness and who reside within the four-county catchment area. Services will be provided in accordance with a person-centered plan as mandated or required by the Michigan Mental Health Code, the contracts with the Michigan Department of Health and Human Services (MDHHS), and the PIHP and shall include the following, noting unduplicated counts of individuals served when available:

1. **Access Services** – This program provides telephone gatekeeping and is most often an individual’s first contact with the Agency. A standardized process helps connect individuals to the right services. Services and supports are matched to the individual’s needs based upon individual clinical conditions and circumstances, and to the extent possible, personal choice. The clinical condition, medical necessity, therapeutic appropriateness, and the person-centered planning process will influence the decisions regarding treatment. The Access department also initiates and monitors continued stay reviews (CSR) for inpatient psychiatric and crisis residential admissions.
2. **Assertive Community Treatment (ACT)** – Includes intensive in-home/community support services for those adults with SMI and individuals with co-occurring disorders (specific illness may include Schizophrenia, Bipolar Disorder, or Major Depressive Disorder with Psychosis). This mobile, multi-disciplinary team provides a therapeutic set of clinical, medical and psychosocial services to include case management, psychiatric services, counseling/psychotherapy, housing support, SUD treatment and employment or rehabilitative services. ACT includes availability of multiple daily contacts and 24/7 crisis response.
3. **Behavioral Health Home (BHH)** – Provides comprehensive care management and care coordination to individuals with select SMI/SED. Program goals include ensuring seamless transition of care while connecting individuals with needed clinical, behavioral and social services. Potential enrollees are identified using a multifaceted approach.

4. **Behavioral Health Treatment Services (BHT)** – BHT services, including Applied Behavior Analysis (ABA), prevent the progression of Autism Spectrum Disorder (ASD) and prolong life, while promoting a child’s physical and mental health. A physician or other licensed practitioner working within their scope of practice under state law determines medical necessity and recommendations for BHT services. ABA treatment relies on direct support and training of family members and other involved professionals. This treatment can take place in the community or in the child’s home. Direct patient care services under the State Plan are available for children under 21 years of age.
5. **Case Management** – Case managers assist individuals in developing an IPOS using a person-centered planning process, as well as linking to, coordinating with and monitoring services and supports. Case managers may assist individuals with access to benefits or entitlements and legal services. Services are provided to both adults and children with SMI, SED or I/DD, including those co-occurring with SUD.
6. **Community Living Supports Services (CLS)** – CLS assists, prompts, reminds, cues, observes, guides and/or trains individuals to increase or maintain personal self-sufficiency. Supports may be provided in an individual’s residence or in community settings. Services may include supported independent living and social, recreational and volunteer activities. CLS helps individuals connect with their community by facilitating participation in activities of their choosing. New activities are introduced and encouraged. Supported independent living skills could include shopping for groceries, doing laundry and paying bills. Social and recreational activities may include teaching individuals how to bowl, play bingo, ride a bike and play mini golf or how to appropriately attend a movie, concert or play. Individuals learn appropriate behaviors in social and community settings by role modeling/mentoring proper hygiene and dress, social etiquette, punctuality and good work ethics at volunteer sites. CLS provides positive feedback when individuals emulate these things, thereby promoting more fully the individual’s assimilation into their community. Adaptive equipment, supplies and environmental modifications are utilized to assist individuals to be as independent as possible, both in their home and in the community.
7. **Crisis Response and Stabilization (CRS)/Triage Services** – CRS provides emergent and non-emergent mental health screening and assessments for outpatient and inpatient mental health services. In addition, CRS staff will provide outpatient therapy to individuals, families and groups.
8. **Dialectical Behavior Therapy (DBT)** – This treatment model is a broad-based empirically supported criterion for Borderline Personality Disorder (BPD). Additional comorbidity includes struggles with depressive disorders, bipolar disorders, anxiety disorders, Post-Traumatic Stress Disorder (PTSD), eating disorders and SUD. Service delivery is comprised of individual counseling, group skills training and telephone consultation.
9. **Emergency Services Unit (ESU)** – These services are available to all individuals requiring immediate assistance with a mental health crisis, and include 24/7 emergent and non-emergent mental health screening and assessments for outpatient and inpatient mental health services.
10. **Enhanced Health Care Services** – These services are available through a team of professional providers, including nurses, dietitians, occupational therapists (OTs),

speech therapists and physical therapists (PTs). These professional staff provide rehabilitative services according to the needs of each individual and in accordance with their IPOS.

11. **Eye Movement Desensitization and Reprocessing (EMDR)** – This treatment model is an interactive psychotherapy technique used to relieve psychological stress. It is an effective treatment for trauma and PTSD.
12. **Family Psychoeducation (FPE)** – This program is an evidence-based practice, which provides services for individuals with schizophrenia disorders and bipolar disorders. FPE group is a treatment modality for families designated to help individuals attain participation in the community. The intervention focuses on educating families and natural supports about mental illness, developing coping skills, solving problems and creating social supports. Group treatment is structured to help individuals develop the skills needed to understand and overcome the symptoms of mental illness.
13. **Family Support Services** – These services are designed to maintain an individual with I/DD in their family home. Typical services include respite care, family subsidy, family skill development, children’s behavior specialists and other professional consultation services.
14. **Home-Based Services** – The mental health home-based service program is designed to provide intensive services to children and their families with multiple service needs who require access to an array of mental health services. These services could include education on timely child development, utilizing natural supports and managing behaviors of concern. Criteria for admission to this service is decided through Children’s Global Assessment Scale (CGAS) scores, Preschool and Early Childhood Functional Assessment Scale (PECFAS), Child Adolescent Functional Assessment Scale (CAFAS) and DSM-V descriptions. Children must meet diagnostic criteria for SED to qualify for services. Criteria for discharge is based on the same assessment scores and descriptions where scores are improved and emotional disturbances are successfully managed. The primary goals of this service are to promote healthy family functioning in community, school and home settings; consistent and positive support of staff towards the families they serve; and to maintain children in their homes and community settings.
15. **Infant and Early Childhood Services** – Intensive in-home services are provided for families with an adult caregiver who has SMI and is parenting an infant/toddler. An infant/toddler with a DSM-V diagnosis may also be the primary individual served. The focus of this program is developing positive relationships between the parent and infant/toddler. Also in this program are “Early Childhood Services” for children ages 3-6 who are experiencing regulatory disorders or other disruptions in their development. Another facet of this program includes consultation and referral to early-childhood programs including Day One, Early On, Early Head Start, and Head Start.
16. **Illness Management and Recovery (IMR)** – This program is an evidence-based practice which provides concentrated services for adults 18 years and older with SMI and/or co-occurring SUD. Services are delivered through a group format in weekly sessions. The goal is to help individuals learn about mental illness, strategies for treatment, decrease symptoms and reduce relapses and hospitalizations as they progress forward toward goal achievement and recovery.

17. **Inpatient Treatment** – Inpatient care may be used to treat an individual with mental illness who requires care in a 24-hour medically structured and supervised facility. Severity of illness and intensity of service criteria must be met. Inpatient treatment consists of contractual services with MyMichigan Medical Center Alpena and other private hospitals for the provision of inpatient hospitalization care for residents of our catchment area. During inpatient admissions, the Agency’s hospital discharge planner collaborates with hospital staff, individuals served and other supports to ensure successful discharge planning.
18. **Integrated Dual Disorder Treatment (IDDT)** – This program is an evidence-based practice providing intensive services for adults with co-occurring SMI and SUD, which are treated simultaneously by the same interdisciplinary team. Due to the length of time it takes to make behavior changes and achieve successful recovery, this service is time-unlimited.
19. **Integrated Health Care** – This is a care coordination system of general and behavioral healthcare, integrating mental health, SUD and primary care services. Individuals receiving services with at least one of five chronic, comorbid conditions (COPD/asthma, cardiac, obesity, diabetes and high blood pressure) are identified. Staff coordinate services with the individual’s primary care provider to produce the best outcomes and provide the most effective approach to caring for individuals with multiple healthcare needs. Regular meetings are held to address care coordination with local Federally Qualified Health Centers (FQHCs) to help manage the physical healthcare needs of those mutual individuals served.
20. **Jail Services** – These services include assessment, crisis intervention and psychiatric services for those individuals who are experiencing mental health issues that require intervention. In addition, jail diversion (pre-/post-booking) services provide alternatives to incarceration for those individuals who have SMI and have not committed a violent crime or felony.
21. **Long-Term Inpatient Treatment/State Hospital** – This consists of long-term psychiatric hospitalization for individuals who require more intensive treatment than offered at inpatient private hospitals.
22. **Mobile Intensive Crisis Stabilization Services (ICSS)** – These services are offered to children and youth up to age 21 with SED, I/DD, autism or co-occurring SED and SUD, and their parents/caregivers who are in need of ICSS in the home or community. A Crisis Response Team consisting of two qualified staff members will provide crisis intervention in two hours or less within the Agency’s catchment area.
23. **Monday Night Activities** – This program provides group social activities and community involvement for individuals with SMI and/or I/DD who reside in the Alpena area.
24. **Older Adult Services (OAS)** – These services include assessment, treatment and consultative services for individuals with SMI, including those co-occurring with SUD, who are 55 years of age or older. Service modality includes, but is not limited to, targeted case management, crisis intervention, advocacy services, supportive counseling, linking, coordinating and monitoring as defined by the Medicaid Manual and NeMCMHA Level of Care Guidelines. Services occur in the community, the Agency, the individual’s home, foster care home or nursing home.

25. **Outpatient Therapy** – Individual, family and group therapy are designed to reduce maladaptive behaviors, maximize behavioral self-control or restore normalized psychological functioning, reality orientation, remotivation and emotional adjustment. These services enable improved functioning and more appropriate interpersonal and social relationships. Mental health professionals utilizing evidence-based practices provide outpatient therapy.
26. **Peer Support Services** – These services are aimed at supporting individuals with achieving community inclusion, independence, mentoring and advocacy by peers. Peer specialists provide recovery and anti-stigma programs.
27. **Physician Services** – A team of medical providers conduct medication reviews for those individuals requiring evaluation and monitoring of medications, their effects and the need for continuing or changing a medication regimen. Walk-in crisis evaluations are available as deemed appropriate. Psychiatric evaluations may be ordered to provide a comprehensive evaluation to investigate an individual’s clinical status and diagnoses. Psychiatric consultations are provided to nursing home residents who receive specialized services. Nurses assist medical providers in all phases of the evaluation and management of referred individuals including the provision of regular health assessments, ensuring completion of person-centered plan, offering education and support to encourage medication compliance and follow-up and assuring a smooth transition to a different level of care or transfer to primary care provider.
28. **Prevention and Consultation** – Provides in-home and community-based training, supervision, and consultation to prevent behavioral and emotional dysfunction of later childhood and adulthood that result from relationship disturbances in infancy and toddlerhood.
29. **Psychological Services** – Services may include autism testing, psychological evaluation and development and review of behavior treatment plans. Psychologists may also provide consultation to staff, family members and other natural supports to assist with managing behaviors of concern.
30. **Psycho-Social Rehabilitation (Clubhouse)** – Provides vocational training and assistance utilizing a work-ordered day for individuals with SMI. Membership is voluntary without time limits. The work-ordered day consists of tasks and activities necessary for the operation of the Clubhouse and typically occurs during normal business hours. Engagement in this program assists members in gaining or regaining self-worth, purpose and confidence. Other services within the Clubhouse environment include assistance with employment, education, identification of community supports, social supports and wellness supports in a community setting.
31. **Residential Services** – These services are provided for adults age 18 and older with SMI or I/DD. The goal of this program is to provide opportunities to improve the individual’s overall level of functioning in hopes of returning to, or transitioning into, the least restrictive living situation. The Agency operates nine (9) group homes licensed for individuals with I/DD.
32. **Respite Care** – The Agency provides respite care reimbursement to families caring for a child/adolescent with SED or an individual with I/DD. Respite care is furnished on a short-term, intermittent basis to relieve an individual’s family or other primary

caregivers from daily stress and care demands during times when they are providing unpaid care.

33. **Self-Determination** – Self-determination may be available for children with SED, adults with SMI, individuals with I/DD and co-occurring disorders. Participation in self-determination is a voluntary option on the part of the individual served and is a mutually agreed upon arrangement between the individual and the Agency. Individuals have decision-making authority to recruit, select, employ and direct their own services and supports as allotted in an individual budget.
34. **Skill Building Assistance** – Through the efforts of CLS staff, job coaches and residential training workers (RTWs), the Agency provides its individuals served with skill building assistance according to their IPOS. This service assists individuals with increasing economic self-sufficiency and/or engaging in meaningful activities such as school, work and volunteering. It also provides knowledge and specialized skill development and/or support.
35. **Supported Employment Services** – These services provide person-driven and individualized job development, job coaching and follow along job support for individuals who want to enter or re-enter an integrated, competitive workforce. The IPOS, employment assessment and Individual Plan for Employment guide the employment specialist in assisting in job search and development. For adults with SMI seeking employment, the evidence-based practice of Supported Employment/Individual Placement and Support (SE/IPS) is utilized. This service provides for integration with the individual mental health treatment team. Adults with I/DD follow the competitive Integrated Model through the Michigan Disability Council/MI Employment First. Competitive employment is the goal and personalized benefits counseling is provided. Assistance is provided to develop and maintain a micro-enterprise as a viable option to obtain meaningful work. The Agency works in collaboration with Michigan Rehabilitation Services (MRS), as well as contractual agencies, to provide employment opportunities tailored to meet each individual’s needs.
36. **Supported Independence Program (SIP)** – SIP provides assistance with finding safe and affordable housing, finding potential roommates, learning skills to maintain independence and provides staffing based on individual needs. An emergency response system provides staff to respond to an individual’s needs 24-hours a day, including weekends and holidays. This system provides additional security and supports through an open line monitoring system and/or emergency pendant based on individual needs.
37. **Wraparound Services** – These services are for children and adolescents with safety and other risk factors in need of collaborative team planning with team members representing multiple agencies and informal supports. The child and family team creates a highly individualized wraparound plan consisting of mental health treatment and community services and supports. The team focuses on the unique strengths, needs, abilities, values and preferences of the child/youth and family, and services are developed in partnership with other community agencies. This planning process tends to work most effectively with children/youth and their families who require services from multiple systems and informal supports.

## WAIVER PROGRAMS

### CHILDREN'S WAIVER PROGRAM (CWP)

The CWP provides services that are enhancements or additions to regular Medicaid coverage to children up to age 18. It also enables Medicaid to fund necessary home- and community-based services for children with I/DD who reside with their birth or legally adoptive parent(s) or with a relative who has been named legal guardian, regardless of income.

#### CWP Eligibility Requirements:

1. The child must have a developmental disability, be under age 18, and in need of habilitation services.
2. The child must have a Global Assessment of Functioning (GAF) Scale score of 50 or below.
3. The child must reside with their birth or legally adoptive parent(s) or with a relative who is the legal guardian, provided the relative is not paid to provide foster care for that child.
4. The child is at risk of being placed into an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) due to the intensity of the child's care and the lack of needed support, or the child currently resides in an ICF/IID facility, but with appropriate community support could return home.
5. The child must meet or be below Medicaid income and asset limits when viewed as a family of one (parental income is waived).
6. The child's intellectual or functional limitations indicate eligibility for health, habilitative and active treatment services provided at an ICF/IID level of care.

**CWP Available Covered Services:** CLS, enhanced transportation, environmental accessibility adaptations (EAAs), family training, non-family training, fencing, financial management services/fiscal intermediary services, overnight health and safety supports, respite care, specialized medical equipment and supplies, and specialty services (music, recreation, art, and massage therapies).

### HABILITATION SUPPORTS WAIVER (HSW)

Beneficiaries with developmental disabilities may be enrolled in HSW through the MDHHS enrollment process. Termination may occur when the beneficiary no longer meets one or more of the below eligibility criteria, does not receive at least one HSW service per month, voluntarily withdraws from the program or dies.

#### HSW Eligibility Requirements:

1. Has an intellectual/developmental disability.
2. Medicaid eligible.
3. Is residing in a community setting.
4. If not for HSW services, would require ICF/IID level of care services.
5. Chooses to participate in the HSW in lieu of the ICF/IID services.

**HSW Available Covered Services:** CLS, enhanced medical equipment and supplies, enhanced pharmacy, environmental modifications, family training, fiscal intermediary, goods and services,

non-family training, out-of-home non-vocational habilitation, overnight health and safety supports, personal emergency response system (PERS), prevocational services, private duty nursing (PDN), respite care, supports coordination and supported employment.

### **CHILDREN'S SERIOUS EMOTIONAL DISTURBANCE HOME AND COMMUNITY BASED WAIVER (SEDW)**

The SEDW provides services that are enhancements or additions to Medicaid State Plan coverage for children up to age 21 with SED, who meet criteria for admission to a state inpatient psychiatric hospital and/or who are at risk of hospitalization.

#### **SEDW Eligibility Requirements:**

- Live in a participating county; OR
- Live in foster care in a non-participating county pursuant to placement by MDHHS or the court of a participating county, with SEDW oversight by participating county's CMHSP; AND
- Reside with birth or adoptive family or have a plan to return to the birth or adoptive home; OR
- Reside with a legal guardian; OR
- Reside in a foster home with a permanency plan; OR
- Be age 18 or 19 and live independently with supports; AND
- Meet current MDHHS criteria for the state psychiatric hospital for children; AND
- Medicaid eligibility criteria and become a Medicaid beneficiary; AND
- Demonstrate serious functional limitations that impair the ability to function in the community as appropriate for age functional limitation will be identified using the CAFAS or PECFAS.
- Be under the age of 18 when approved for the waiver.

**SEDW Available Covered Services:** CLS, family home care training, family support and training, therapeutic activities, respite care, child therapeutic foster care, therapeutic overnight camp, transitional services, wraparound services, home care training (non-family), and overnight health and safety support (OHSS) services.

### **ADMISSION, TRANSFER AND DISCHARGE FOR SERVICES (ALL POPULATION GROUPS)**

NeMCMHA uses the admission criteria determined by medical necessity as described in the Medicaid Manual for individuals with SMI, SED and I/DD. Level of Care Guidelines have been developed for services providing guidance for program admission, transfer and discharge.

## STAFFING [ALL POPULATION GROUPS]

- Professional staff includes RNs, psychologists, bachelor's and master's social workers (BSWs/MSWs), licensed professional counselors (LPCs), psychiatrists, PAs, NPs, OTs and dietitians who participate with the individual/family consistent with the IPOS.
  - Nursing services are provided by RNs who work with physicians and other staff in the provision and monitoring of health care. Nurses pursue resolution of health care problems by completing nursing assessments, referrals and consultations with various health care practitioners. RNs are also employed to provide case management to all populations served.
  - Psychologists provide psychological evaluations, autism testing, develop and monitor behavior treatment plans, provide consultation to families and other supports and determine I/DD eligibility.
  - BSWs and MSWs function as case managers. In addition, MSWs may be outpatient therapists, CRS clinicians, home-based clinicians, infant mental health (IMH) specialists and clinical supervisors.
  - LPCs function as outpatient therapists, home-based clinicians and case managers.
  - OTs design functional plans to minimize physical dysfunction and evaluate individuals for orthopedic equipment and services in accordance with each individual's physical and rehabilitative needs. OTs also monitor habilitative plans in residential settings.
  - In coordination with the health care team, the dietitian provides nutritional services and dietary planning to promote health and well-being.
  - Psychologists provide behavioral consultation to families and treatment team members.

Qualified Intellectual Disabilities Professionals (QIDP) and Qualified Mental Health Professionals (QMHP) assist individuals in a variety of areas, from accessing benefits, developing and monitoring their IPOS, referral and linkage to services and crisis intervention.

## COMMUNITY COORDINATION, COLLABORATION, AND EDUCATION

### HUMAN SERVICE COORDINATING COUNCILS (HSCC)

The Executive Director and appointed staff maintain an active involvement in HSCCs in all four counties. HSCC membership includes broad representation from the human service, school, governmental and private provider communities. Their function is to promote cooperation, coordination and collaboration in the community to better serve individuals and families in need. Further, HSCCs conduct community needs assessments and develop plans to meet identified community needs.

### COMMUNITY EDUCATION

Agency staff and community partners are available to speak on mental health issues including trauma, autism, suicide awareness and prevention, Mental Health First Aid and mental health training. Active participation is maintained on community committees such as Homeless Prevention, Child Abuse and Neglect Team and Great Start Collaborative Team. The children's team collaborates with community organizations and committees such as the Great Start

Initiatives in Alcona/Alpena/Montmorency, as well as Cheboygan/Otsego/Presque Isle. They also participate in Greg's Promise, which focuses on educating the community about the effects of trauma in children. In addition, staff work in conjunction with the AMA-ESD and COP-ESD's developmental clinics to assist in identifying children in need of services and providing families with resources.

## MANAGEMENT AND SUPPORT SERVICES

### QUALITY IMPROVEMENT (QI)

The Agency has a QI Council composed of members who represent virtually all facets of the Agency's services, including a contracted provider agency. The council's standing committees include many other employees (and, in some cases, individuals receiving services from the Agency). In addition, ad hoc project teams include the improvement efforts of many other staff on a more short-term basis.

The committees include CARF, Customer Satisfaction, Resource Standards and Development, Risk Management, Safety and Utilization Management. The Management Team and Clinical Leadership Team also have representation on the Council. Improvement opportunities filter through the QI Council and information discussed is shared agency-wide, as well as with the Board through the QI minutes.

### MANAGEMENT TEAM

The management function for the organization is provided by the following staff:

- Executive Director
- Medical Director
- Chief Operations Officer
- Director of Clinical and Supportive Services
- Compliance Officer
- Finance Officer
- Accounting Officer
- Information Systems Director
- Human Resource Manager
- Residential Manager

The Management Team is responsible for the implementation of the Board's plans and programs. The Management Team meets monthly to assume the following responsibilities.

- Leadership and Planning
- Communications
- Credentialing and Privileging
- Management Issues
- Information System Coordination
- Program Evaluation
- Finance and Budget Issues
- Staffing and Training

The Agency employs a number of other managers and supervisors whose responsibilities are generally more program-specific.

## FINANCE & BUDGET

This function includes the following elements:

- Budget Development and Reporting
- Financial and Compliance Reporting
- Accounts Payable and Purchasing
- Reimbursement, Claims Processing, and Accounts Receivable
- Representative Payee Services
- Statistical Services
- Cash Investment and Management
- Capital Asset and Inventory Management

## RECIPIENT RIGHTS

Recipient Rights is a legally mandated service in Michigan. The Mental Health Code requires a mental health board to employ a Rights Officer who reports only to the organization's Executive Director. NeMCMHA has established policies and a fully developed and active Recipient Rights Office. NeMCMHA ensures quality care and freedom from any form of abuse or neglect through mandatory reporting requirements and site monitoring. Contracted agencies providing mental health services must similarly provide protection and adhere to NeMCMHA's policies and procedures. Additionally, they accept NeMCMHA's Recipient Rights Office jurisdiction in regard to investigation, resolution and monitoring activities.

## COMPLIANCE

The Agency has a compliance program, which will ensure, to the fullest extent possible, compliance with laws and regulations, ethical business practices and that contractual and legal requirements are met. Compliance is accurately following the government's rules on Medicaid billing system requirements and other regulations. A compliance program is a self-monitoring system of checks and balances to ensure an organization consistently complies with applicable laws relating to its business activities. Further, the compliance program assures the Agency meets the objective of high quality service in accordance with applicable regulations through service provision, documentation services provided and reimbursement for services.

## INFORMATION SYSTEMS

The Agency's current network uses Microsoft 2018 servers for Active Directory and file sharing and Windows 10 OS computers. The network hardware is mainly Dell computers and Cisco network switches and routers. Microsoft's strong password policies enforce network logons. A 15-minute screensaver locks inactive workstations. Duo logon is accomplished by Power Logon system for network security. Win Pak PE card systems control access to the offices and secure areas within them. Microsoft Forefront Antivirus protection is used throughout the network. Additional network software includes:

- Veam – server backup/replication system
- Systems Configuration Management – Systems updates
- Sendio – SPAM and antivirus email filter
- Cisco Umbrella – network firewall and web filter
- Microsoft Email
- SentricHR – Human resources and payroll
- COVID Tracking – cloud-based server

Cisco VLAN provides network access (Agency system applications and internal servers) to all Agency locations (Alpena Main Office, Fletcher Street, Rogers City, Hillman and group homes). Majestic (Peter Chang Enterprise (PCE) Cloud System) is the Agency's electronic medical records and billing system and Great Plains Dynamics 2018 is the accounting system.

## **HUMAN RESOURCES**

The primary responsibilities of this department include the following:

- Staff recruitment
- Privileging and credentialing of staff
- Employee interviews and reference checks
- Monitoring of employee evaluation system
- Personnel data system
- Salary, wage and benefit administration
- Administration of labor contracts
- Administration of Workers' Compensation
- Payroll reports
- Coordination of employee training
- Unemployment response

## **CLERICAL**

The Agency's clerical support services staff provide support for three sites within the four-county catchment area. Job responsibilities include transcription, filing electronic clinical records, release of information, front desk receptionist duties, scheduling of appointments, switchboard operation and numerous other clinical support services. Clerical support services and functions are developed and implemented to assure confidentiality, privacy and electronic data security are respected and adhered to at all stages including information gathering and processing, release of information and authorization for records access.

## **FACILITIES MANAGEMENT**

Residential and office facility maintenance services are provided for 15 sites and a fleet of 61 vehicles, including wheelchair accessible vans, is maintained. Agency employees and contractors or specialists, when necessary provide maintenance services.

## **LONG-RANGE PLANS**

NeMCMHA's planning efforts are focused on integrating and enhancing services for the people served within the four-county catchment area. A managed care model is incorporated within the delivery of behavioral health services. To manage Medicaid funded mental health services, the Agency has to meet a number of rigorous requirements.

The Agency has a strong focus on being the employer of choice while offering competitive compensation and ongoing staff development and training in a culturally diverse work environment. Faced with a shrinking workforce, NeMCMHA will provide opportunities for

workforce development by supporting internships, job shadow programs and working with community educators. The Agency will foster relationships and collaborate with local high schools, career technical education (CTE) programs, community colleges and universities.

Providing services across 6,622 square miles of rural communities presents many challenges requiring community collaboration. NeMCMHA continues to work closely with FQHCs, primary care physicians, specialists and hospitals to manage healthcare needs while avoiding duplication of services. Integration of physical and behavioral healthcare is imperative to effectively serve individuals.

To adequately provide services, and support employees in doing so, the Agency strives to ensure the latest technologies are readily accessible, including virtual capabilities, remote access and mobile workstations. NeMCMHA is developing a mobile computer lab and permanent telecommuting plans for applicable departments. In addition, the Agency will continue to enhance community outreach efforts with the use of social media platforms.

By using the above measures, NeMCMHA aims to be a recognized and available resource for its communities served.

## **BOARD GOVERNANCE**

The NeMCMHA Board follows the Carver Model of Policy Governance. The Board adopts Ends statements through strategic planning, which guide the focus of staff efforts and resources toward outcomes. Ends concentrate on the areas of independent living and employment of individuals served, both of which are focal points of the Board's Mission.



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## NOTICE OF PUBLIC HEARING

Northeast Michigan Community Mental Health Authority (NeMCMHA) provides and manages public mental health services in the counties of Alcona, Alpena, Montmorency and Presque Isle. The Michigan Department of Health and Human Services annually requires the Community Mental Health Board to conduct an assessment of the mental health needs of our community. As part of its ongoing planning process, the Authority will hold a Public Hearing to receive input and suggestions from the public and stakeholders.

The Hearing is scheduled for March 28, 2022 in the Board Room at NeMCMHA, 400 Johnson Street, Alpena, Michigan at 4:00 PM.

In addition to public comment, written comment will be received through March 25, 2022. Please direct comments to Nena Sork, Director, NeMCMHA at 400 Johnson Street, Alpena, MI 49707 or e-mail comments to [dhayka@nemcmh.org](mailto:dhayka@nemcmh.org).