

# FINANCIAL IMPACT STATEMENT

Certified Motion: 020824-02

Date: 1/29/2024

Prepared by: Office of Finance and Revenue

## Proposed motion under review:

*Acceptance of Funds from the Michigan Department of Health and Human Services (MDHHS) Comprehensive Services for Behavioral Health Project FY 2025-2026*

## Programs possibly affected by this action:

*Health - Behavioral Health*

## Summary:

*These funds will allow for the continuation of the current and establishment of new Comprehensive Services for Behavioral Health Projects*

## Scope of this Statement

*\$295,000 from 10/1/2024 - 9/30/2026*

## Review of statements from other departments that may be impacted.

*None*

## Summary of financial impact

### **\$17,261,338 General Fund - Fund Balance as of 12/31/2022**

\$	(600,000.00)	Resolution 052523-03 for Indian Town Housing
\$	(100,000.00)	Resolution 062223-01 for Ongoing Architectural Services
\$	(150,000.00)	Resolution 062223-02 for Aanjigin Honorarium Program FY 2023
\$	(116,000.00)	Resolution 062223-04 for Tribal Council Compensation increases FY 2023
\$	(34,000.00)	Resolution 062223-04 for Tribal Chair and Vice Chair Compensation increases FY 2023
\$	(50,000.00)	Resolution #072723-05 for Technological Upgrades for Tribal Council Chambers
\$	(626,000.00)	Resolution #072723-06 for Mtgwaakiis Housing Development
\$	(120,000.00)	Resolution #092823-04 Design and Construction Exterior Egress at 911 Spring St.
\$	(250,000.00)	Resolution #092823-05 Ziibi Supplemental Funding
\$	(6,559.13)	Resolution #104023-01 OEDMI Overdraft at Fifth Third Bank (Oct Pymt)
\$	(46,000.00)	Resolution #102623-01 FY 2023 Per Capita Distribution
\$	(14,000.00)	Resolution #110923-01 OEDMI Overdraft at Fifth Third Bank (Nov & Dec Pymt)
\$	(52,241.75)	Resolution #113023-01 Safety Department
\$	(71,981.00)	Resolution #113023-03 Additional Pow Wow Bleachers

**\$14,529,236.12 Available**

*Match is not required. Indirect costs are allowed. No general fund impact.*

## Tribal Council Committee-Placement Request Form

**Step 1** DIRECTORS, ADMINISTRATOR, EXECUTIVE OFFICE OR ALL OTHERS

Meeting Date: AFC: Phone Poll Council: 2/8/2024

Requester: Grants Department

Agenda Topic: Motion Approval: 020824 02  
Comprehensive Services for Behavioral Health Project

**Agenda Requests:** Requests for action by the Committee shall utilize and submit this form to the Legislative Office. The Legislative Office shall notify the requestor as to the date the request will be placed on the Committee's Agenda.

Description of the issue: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action requested: motion, (resolution-**need to attach**) etc...)  
**Certified Motion**  
\_\_\_\_\_  
\_\_\_\_\_

How proposed action would be implemented; and person(s) responsible:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CFO:**  
 Reviewed by: \_\_\_\_\_  
Comments:  
**see attached**  
\_\_\_\_\_  
\_\_\_\_\_

**\*Attach work sheets and other supporting documentation.**

**Executive:**  
Reviewed by: \_\_\_\_\_  
Comments:  
**see attached**  
\_\_\_\_\_  
\_\_\_\_\_

Step 2

**LEGISLATIVE OFFICE**

Reviewed by: YMT 1/29/2024

Comments: feed to SFA

Step 3

**SR FINANCIAL OFFICER**

Reviewed by: Rachel Cope 1/29/24

Comments: See attached FIS

Step 4

**Legislative Office to Committee Chairperson or Designee:**

Reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_

Circle Action:

**Committee Chair:** circle committees decision below:

**APPROVED - APPROVED W/ AMENDMENT - REJECTED - TABLED - DEFERRED**

Defer to Legal or forward to Legislative office for Tribal Council next agenda or Phone Poll if time sensitive.

Step 5

**IF NEEDED:**

**Legal Dept:** Forward to Legislative Office

Reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_

Step 6

**LEGISLATIVE OFFICE**

Forward to Tribal Council

Reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_

For Official Tribal Council Office Use Only:

Approved For Agenda Item on Meeting Date: \_\_\_\_\_, 20

By: Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20

Print Name: \_\_\_\_\_

## GRANT APPLICATION WORKSHEET

*Prepared by the Grants Office*

**MOTION #: 020824-02**

**RFP Title: Comprehensive Services for Behavioral Health Project - encompasses two programs: Tribal Behavioral Health Implementation (THBI) and Mental Health Delivery Systems (MHDS) FY 2025-2026**

**Funding Agency: Michigan Department of Health and Human Services (MDHHS)**

**Purpose of Funds:** These funds will allow for the continuation of the current and establishment of new Comprehensive Services for Behavioral Health Projects to address gaps in supports and services at the local level and, if applicable, participation in meeting with local integrated service organizations.

**Department(s) involved:** Health- Behavioral Health

**Project Summary/Notes/Comments:** LTBB received this funding for the past four years. Continued funding will allow this project to continue. The target population is adults with serious mental illness (SMI) including those with co-occurring substance use disorders. Funding requirements are targeted toward serving people who do not have health insurance or other sources of funding to access services and supports. LTBB intends to use funds to provide case management and cultural support for wrap-around services including supportive services individuals with co-occurring disorders.

**Relevance to Department:** *See attached statement*

**Grant Deadline:** 02/16/2024

**Project Period:** 24 months, 10/01/2024-09/30/2026

**Funding request:** \$295,000.00

**Match Required:** No match required; however indirect costs are unallowed. Indirect costs are estimated to be \$61,950.00 and will come from third party revenue

**Indirect costs allowed:** No

**New personnel:** No new positions- continued funding of Case Manager and Cultural Advisor (currently funded by same funding). Positions end when funds are no longer available.

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**FINANCIAL ANALYSIS**  
*Prepared by the CFO*

**MOTION #: 020824-02**

**SUMMARY OF FINANCIAL IMPACT**

General Fund financial Impact to tribe is estimated at: \$0

Analysis of Match: match planned to come from third party revenue funds already budgeted

Analysis of Leveraged Funds: N/A

Analysis of Personnel: grant personnel are charged to IDC, no new positions

Future Program Income: N/A



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CFO Signature

1-29-24

Date

**GRANT APPLICATION WORKSHEET: SUPPLEMENTAL INFORMATION FORM**

**Grant Name:** Mental Health Delivery System

**LTBB Dept:** Health

1. How is this project related to the goal/mission of your Department?  
These funds will support telepsychiatry services which are critically important to our community.
  
2. Will this project be sustainable once grant funds are no longer available? Please explain.  
Yes, we will continue to support through the use of IHS funding and third party funding.
  
3. What is the staffing plan to support the grant activities?  
 These funds will support staff  
Explain staffing plan below and if new staff will be hired  
 These funds do not support staff  
Explain who will carryout grant activities and how it impacts their existing workload
  
4. If this grant is paying for equipment, do you have a storage plan and storage capability?  
 Equipment will be purchased and our storage plan/capability is below.  
 Large Equipment will not be purchased
  
5. Does this grant require match? If so, indicate where the match is coming from.  
 Program Support Budget, approved by the DSA  
 Supplemental Funding Request to Council  
 My Existing General Fund budget  
 Third Part Funds  
 \_\_\_\_\_

*Joanne Werner*

Department Director Signature

*1/26/24*  
Date

*Doug Johnson*

1/26/24

Department Director Supervisor:  
Executive Directors/Court Administrator/Legislative Office Manager

Date

**GRANT APPLICATION WORKSHEET: SUPPLEMENTAL INFORMATION FORM**

**Grant Name:** Tribal Behavioral Health Implementation TBHI **LTBB Dept:** Health

1. How is this project related to the goal/mission of your Department?

This is the third round of TBHI grant funding through the state of MI. The funding supports three specific positions in Behavioral Health programming that augment the core clinical services provided.

2. Will this project be sustainable once grant funds are no longer available? Please explain.

Yes, we will continue to support through the use of IHS funding and third party funding.

3. What is the staffing plan to support the grant activities?

These funds will support staff  
Explain staffing plan below and if new staff will be hired

These funds do not support staff  
Explain who will carryout grant activities and how it impacts their existing workload

These funds will support three positions in BH (Case Manager, Recovery Coach, Intake Care Coordinator, fringe costs and supplies.

4. If this grant is paying for equipment, do you have a storage plan and storage capability?

Equipment will be purchased and our storage plan/capability is below.

Large Equipment will not be purchased

5. Does this grant require match? If so, indicate where the match is coming from.

Program Support Budget, approved by the DSA

Supplemental Funding Request to Council

My Existing General Fund budget

Other \_\_\_\_\_

No Match Required

*If match is required, elaborate on the required match percentage and what activities LTBB's match supports*

*Joanne Warner*

Department Director Signature

*1/26/24*  
Date

*Douglas Johnson*

1/26/24

Department Director Supervisor:

Date

Executive Directors/Court Administrator/Legislative Office Manager

**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS**  
**7500 Odawa Circle**  
**Harbor Springs, MI 49740**

**CERTIFIED MOTION # 020824-02**

Acceptance of Funds from the Michigan Department of Health and Human Services  
(MDHHS) Comprehensive Services for Behavioral Health Project FY 2025-2026

**WHEREAS** the Waganakising Odawak, known in English as Little Traverse Bay Bands of Odawa Indians is a nation of citizens with inherent sovereignty and right to self-governance;

**WHEREAS** the Little Traverse Bay Bands of Odawa Indians (“LTBB”) is a federally recognized Indian Tribe under Public Law 103-324, and is a party to numerous Treaties with the United States the most recent of which being the Treaty of Washington of March 28, 1836 (7 Stat. 491) and the Treaty of Detroit of 1855 (11 Stat. 621);

**WHEREAS** the Little Traverse Bay Bands of Odawa Indians Tribal Council is the elected Legislative body of the Tribe;

**WHEREAS:** the Michigan Department of Health & Human Services (MDHHS) has announced Tribal Behavioral Health Initiative and Mental Health Delivery Systems funding availability for a Comprehensive Services for Behavioral Health project cycle of FY 2025 – FY 2026.

**WHEREAS:** the Little Traverse Bay Bands of Odawa Indians wishes to collaborate with MDHHS to implement a two-year Comprehensive Services for Behavioral Health Project through two programs: Tribal Behavioral Health Initiative (TBHI) and Mental Health Delivery Systems (MHDS).

**THEREFORE BE IT RESOLVED** that the Tribal Council of the Little Traverse Bay Bands of Odawa Indians authorizes and supports this request for funding from MDHHS for a 24-month Comprehensive Services for Behavioral Health.

**BE IT ALSO RESOLVED** that the Little Traverse Bay Bands of Odawa Indians will provide the indirect costs through IHS Third Party Funds as approved by Tribal Resolution.

**FURTHER RESOLVED,** that the LTBB Tribal Chair, Vice Chair, Executive Directors, or another designee from the Tribal Chair is authorized to execute any documents necessary to apply for, receive, and administer funds under the grant.



**CERTIFICATION**

Received by the Executive Office on \_\_\_\_\_ by \_\_\_\_\_

The Executive concurs and recommend this action of the Tribal Council.

Date: \_\_\_\_\_  
\_\_\_\_\_  
Executive, Tribal Chair/Vice-Chair

Received by the Legislative Office on \_\_\_\_\_ by \_\_\_\_\_

As Tribal Council Legislative Leader and Tribal Council Secretary, we certify that this Certified Motion was duly approved by the Tribal Council of the Little Traverse Bay Bands of Odawa Indians at a regular meeting of the Tribal Council held \_\_\_\_\_ at which a quorum was present, by a vote of \_\_\_ in favor, \_\_\_ opposed, \_\_\_ abstentions, \_\_\_ absent as recorded by this certification as an official action on behalf of Little Traverse Bay Bands of Odawa Indians.

Date: \_\_\_\_\_  
\_\_\_\_\_  
Marcella R. Reyes, Legislative Leader

Date: \_\_\_\_\_  
\_\_\_\_\_  
Emily Proctor, Secretary