



Northern Lakes Community Mental Health Authority

Board of Directors Packet

August 21, 2025



The Northern Lakes Community Mental Health Authority Board will meet on August 21, 2025 at
Leelanau County Governmental Center,
8527 E Government Center Dr. Suttons Bay, MI 49682
& Virtually: [+1 810-258-9588](tel:+1810-258-9588), 877 408 48#

AGENDA

- | Time | Item # | |
|-------------|---------------|--|
| 1:00 p.m. | 1 | Opening: <ul style="list-style-type: none">• Confirm Quorum and Pledge of Allegiance• Approval of Agenda• Conflict of Interest• Consent Agenda (Minutes)*• Appointment of Timekeeper |
| 1:05 p.m. | 2 | Public Comment (May be limited to three minutes by Board Chair) |
| 1:10 p.m. | 3 | Report of Officers: <ul style="list-style-type: none">• Recipient Rights Director Report<ul style="list-style-type: none">◦ Brian Newcomb, Director of the Office of Recipient Rights• Chief Executive Officer Report<ul style="list-style-type: none">◦ Dr. Curtis Cummins, Interim Chief Executive Officer• Chief Financial Officer Report<ul style="list-style-type: none">◦ Kevin Hartley, Chief Financial Officer• Services for Adults with Mental Illness and Substance Use Disorders<ul style="list-style-type: none">◦ Kim Silbor & Erica Longstreet• PCP and Self Determination Training<ul style="list-style-type: none">◦ Kim Silbor & Erica Longstreet |
| 2:10 p.m. | 4 | Committee Reports (Please keep reports less than 5 minutes): <ul style="list-style-type: none">• NMRE Update<ul style="list-style-type: none">◦ Ruth Pilon• Ad Hoc CEO Search<ul style="list-style-type: none">◦ Ben Townsend• Executive<ul style="list-style-type: none">◦ Greg McMorrow• Finance<ul style="list-style-type: none">◦ Al Cambridge• Policy<ul style="list-style-type: none">◦ Dave Freedman• Personnel<ul style="list-style-type: none">◦ Ruth Pilon |
| 2:50 p.m. | 5 | Unfinished Business |
| 3:00 p.m. | 6 | Public Comment |
| 3:05 p.m. | 7 | Announcements/Board Comments/Presentations |
| 3:10 p.m. | 8 | Adjourn, Next Meeting: September 18, 2025 – Houghton Lake |

NOTICE: If any person with a disability needs accommodation, please call 231-942-7372 three days prior to the posted meeting date. * Action Items

Board of Directors Meeting Minutes

July 17, 2025

1:00 p.m.

Board Members Present: Al Cambridge, Mary Marois, Lynn Pope, Dean Smallegan, Ty Wessell, Mark Nyman, Penny Morris, Greg McMorrow, Ruth Pilon, Tony Lentych, Vince Cornellier, Ben Townsend, Shawn Kraycs, Kim Morley, Dave Freedman

Absent: Christal Frost Anderson

Others Present: Stacy Maiville, Curt Cummins, Kevin Hartley, Dan Mauk, Kim Silbor, Brian Newcomb, Christina Schaub, Jeremiah Williams, Amy Kotulski, Darcy Smith, Marleen Cassidy, Marissa Ortiz, Jay Gross, David Shindorf, Betsy Zeeryp, Aarox Cox, Jacquelyn Reyhl, Breana Demaray, Olivia Debortoli, Hannah Driver, Ana Anco, Joshua Emry, Ashley Cross, Frances Krystyniak, Cheryl Askwith, Holly Barton, Jamie Shepler, Steve Bakke, Kelly Bustly, Carrie Rutfer, Tyler Stachowski, Joseph Robinson, April Weinrick, Masha Brown

Virtual Attendees: 16 unknown, Abby Schonfeld, Aimee Horton Johnson, Alexandra Coon, Alyssa Heider, Alyssa Withun, Amanda Ritchie, Amy Trumbull, Angie Schroeder, Ann Ketchum, Becky Brown, Bobbi Hudson, Carrie Hubbell, Cassie Garland, Cindy Petersen, Daniel Mauk, Danna Hendrickson, Deb Freed, Derek Miller, Donna St. Germain, Erica Longstreet, Erica Smith, Erin Barbus, Erin Brotherton, Gina Schlegel, Heather Sleight, Jaclyn Dugan-Roof, Jeff Kaiser, Jennifer Edwards, Jennifer Huffman, Jeremiah Williams, Jillian Smithingell, Jordan A Langley, Jordan Byington, Joseph Barkman, Judy Childs, K. Rappleyea, Kaitlin Merritt, Kari Barker, Kayla Sklener, Kellee Hoag, Kendall Sidnam, Kevin Hartley, Kristie Maier, Kristin Page, Kristina Raymer, Kristina Woodworth, Lauren Barnard, Linnzi Hubble, Lisa Jones, Lisa Woodcox, Logan Hutek, Lori Stendel, Lynda Zeller, Manda Clements, Mark Draeger, Matthew McRoberts, Melanie Schopieray, Melissa Trout, Neil Rojas, Pamela Petroelje, Peter Kobs, Rick Charmoli, Rob Palmer, Shelly Schmidt, Somer Quinlan, Stacy Maiville, Sue Hamel, Susan Wilson, Teri Dougherty, Terri Henderson, Tiffany Fewins, Tina Burgess, Treasa Cooper, Victoria Ferris, Victoria McDonald

Call to Order: 1:00 p.m.

Conflict of Interest: None.

Timekeeper: P. Morris

Approval of Agenda:

The Board agreed to strike "Strategic Plan" from the Executive Committee section, removing it from the agenda.

MOTION: Approve the Consent Agenda (Minutes)

RESULT: ADOPTED [UNANIMOUS]

MOVER: A. Cambridge

SECONDER: T. Wessell

The consent agenda included the Board of Directors meeting minutes for June 20, 2025, and the Emergency Meeting minutes on June 27, 2025.

The Board requested a change in the motion made on June 27, to “position cuts” not “employee cuts”. Additionally, Mr. Lentych and Mr. Freedman to be recorded as an extension to the movement since they were not at the June meeting.

Mr. McMorrow welcomed Mr. Lentych back to the Board and praised former Board member, Tom Bratton for his hard work on the NLCMHA Board of Directors.

Public Comment:

Amy Kultoski, Director at Club Cadillac – Voiced concerns over the layoffs. She feels the process has been demoralizing and there has been a lack of communication with the staff. She stated that the changes have been a devastating blow to the growth and flourishing of the clubhouse.

Hannah Driver, Director of Traverse House – Ms. Driver no longer feels supported, the staff was reduced to three this past week and it will be hard to provide services with little staff support.

Jana Emerson, member of Traverse House – Disappointed in how things have been handled. She is upset that 2 members of the Clubhouse staff have been laid off and feels they should have been given more notice. Ms. Emerson would like the Board to look at how things are handled.

Marisa Ortiz, Club Cadillac – Stated that the Clubhouse is a home to many. Consumers have found a safe haven and gained skills that help them. Ms. Ortiz referred to the comfort that the Clubhouse brings. She asked the Board, “Is what you are doing really worth it?”

Justin Reed, Grand Traverse City – Spoke about the make-up on the Board and that it needs more consumers. Mr. Reed referred to other Boards and their make-up of members.

Report of Officers:

Recipient Rights Report: Brian Newcomb, Director of the Office of Recipient Rights, gave an overview of his report to the Board. The office remains at 100% compliance and has 38 open investigations. The report also included the complaints per provider. The ORR team is working on their submission for the tri-annual review in September. The information is tracking to be on time for submission. The full report is available in the board packet.

Interim Chief Executive Officer’s Report: Dr. Curtis Cummins, Chief Medical Director & Interim CEO, presented his report to the Board. The CEO Report included responses to citizen comments, Dashboard Report, dates of note, recent email blasts and media coverage. The full report is included in the board packet. Last month the cost containment plan was approved. The HR department has been working closely with the union regarding the layoffs. Leadership is meeting weekly with an emphasis on cost containment. The Grand Traverse Mental Health and Access Center opened up 24/7 for crisis care. The decision has been made to not merge the Grayling and Houghton Lake offices.

The Board questioned how the NMRE is made aware of decisions made by the board.

Mr. Lentych recommended that moving forward, the NMRE should be notified in writing when the NLCMHA makes high-level decisions.

Chief Financial Officer's Report: Kevin Hartley, the Chief Financial Officer of Northern Lakes, presented the financial report. The report contained a summary of variances and fluctuations, statement of net position, statement of revenue compared to budget, and contract provider activity. Mr. Hartley reviewed the different categories of the budget and identified which areas were over and under budget. The full report with specific numbers is in the Board packet.

Ms. Marois stated that the NMRE may not bail out NLCMHA and for the Board to think about what strategies to use for the future if the agency is without the financial help from the NMRE.

Mr. McMorrow stated that there is potential that the NMRE may do what they are required to do, but no more. The Finance Committee will look into this issue further.

Audit Report: Derek Miller and Christina Schaub of Rosland, Prestage & Company presented the 2023 audit and 2024 audit. Ms. Schaub reviewed the financial audit, single/award audit, compliance audit. Both audits are included in the packet. Mr. Hartley provided corrective action plans to the auditors and these are included in the packet. It was noted that the current Chief Financial Officer was not employed by NLCMHA during the years of 2023 and 2024.

Committee Reports:

NMRE: Deferred on reports. Ms. Marois spoke and clarified that when she said that she didn't trust the former Interim CEO, Mr. Martinus, at the NMRE meeting, she meant that she was speaking for herself, not the Board.

CEO Search Committee:

Mr. McMorrow, stated that he has negotiated a work contract with Dr. Curtis Cummins as the Interim CEO. The last special meeting was cancelled due to one of the candidates withdrawing their application. The Meyers Group will continue their search for potential CEO candidates. Mr. McMorrow stated that he will identify someone from the Board to lead the Ad Hoc CEO Search Committee.

Executive Committee: The committee met to discuss the agenda for today's meeting. No new updates.

The Finance Committee:

The Finance Committee recommends that the agency approves the auditing firm, Rosland, Prestige and Company as the 2025 auditors.

MOTION: Approve Rosland, Prestige and Company as the NLCMHA Auditor

RESULT: Unanimous, Adopted

MOVER: A. Cambridge

SECONDER: D. Smallegan

There has been some discussion about selling some land the agency owns in Cadillac. Cash flow is a major concern. There may need to be a line of credit as the current allotment of money comes after payroll each month, which tightens the budget.

The committee recommends that the Board needs to find out why the NMRE is withholding funds, and if they are allowed to do so. The Board engaged in a lengthy discussion regarding this topic. Points were made by the Board members that the NMRE owes NLCMHA funds, and it seems as if the NMRE wants more review into years 2018 and prior to search for funds the agency may owe the NMRE before they will release funds to NLCMHA. When the Board approved the budget last year, they did so with the assumption that the NMRE would give the agency the money it owes to NLCMHA. It was stated from Board members, that that the NMRE is “not our friend”, and has presented “a hostile tone” at times towards NLCMHA. A member of the Board commented that the consumers are still being served and served well. However, the staff are now overworked, stressed, and left wondering “who is next” regarding potential layoffs. Several of the Board members commented that there seems to be a miscommunication between the NMRE and NLCMHA. The members of the Board agreed that it is important to keep a good relationship with the NMRE and agreed the that first step would be to have the Board Chairperson, Mr. Greg McMorrow, have a “very serious discussion” with the CEO of NMRE, Mr. Eric Kurtz. Mr. McMorrow stated that he would use the minutes from today’s Board meeting as points to bring up to Mr. Kurtz.

Policy Committee: The policy committee has not met. The Board approved the updates to the Governance Policies, “CEO Evaluation” and “Board Monitoring Policy” that were presented last month.

MOTION: Approve the CEO Evaluation Policy and Board Monitoring Policy

RESULT: ADOPTED

MOVER: D. Freedman

SECONDER: M Marois

ABSTAINED- T. Lentych

Personal Committee: They plan to review certain policies in the near future.

Unfinished Business: None

Public Comment:

Marsha Brown, supervisor at Board Operated Homes- Shared a success story of an individual brought back from out of catchment; this individual is now “finally home” and on less medication and his quality of life has “gone through the roof”.

Betsy Zeeryp, Clubhouse – Commented on a letter she read from a Clubhouse staff member who has been laid off, and mentioned her peer support management has been let go. She expressed her disgust and sadness from these events. She stated to the Board, “Shame on you. You put a wrecking ball through persons’ lives”.

Nancy Korble, Traverse City - As a parent of someone who lives at a CMH residential facility, stated that GTI is her child’s community and has helped him. Urges CMHs to stop the model changing that is being explored by CMH.

Kelly Bustly, Traverse City – Older brother is disabled and relies on services CMH gives. Brother is involved with GTI, funded by CMH. Ms. Bustly expressed her concern if her brother were to lose GTI, that he would lose out on many of his freedoms, choices, caregivers that fill his cup, and skill building.

Marleen Cassidy, Cadillac – Praised Club Cadillac, along with the staff and the advocacy the directors Hannah and Amy give to the members. She has seen firsthand the work the Club gives to the members and the directors who “work their tails off for us”. Believes that the Board’s decision is very unethical.

Aaron Cox, Traverse City Clubhouse – Significantly reduced on medication since he has attended Clubhouse. The staff has motivated him to use the skills he has since learned while at the Clubhouse. He stated that staff being lowered has hurt everybody, and that the changes are making him and others suffer.

Michael Lowery, Traverse Clubhouse- Learned skills from the Clubhouse and has no family support outside of the Clubhouse family. By removing one of the staff members, it puts more strain on the current staff. Thankful that the Board is trying amend things, but the Board really needs to visit the Clubhouse.

Katie Cutright, Grayling, MIA Case Management – With resources dwindling it puts more strain on the staff and she has a deep concern for the staff and those the agency serve. There will be a ripple effect that will negatively impact the entire community. Believes the deficit should not be compared to the care provided to the consumers.

Darcy Smith, Traverse City Thinks the Board is making a huge mistake. The Traverse Clubhouse and its staff makes a family, she stated that she loves the staff.

Kari Barker, Quality and Compliance Director - Thanks the Board for rallying today and being of one mind to go after the funds needed to preserve the agency. The agency just came through the CARF review, it was nearly perfect. Even though the agency is going through heartbreaking times, people showed up for interviews and the reviewers were impressed by the staff and consumers’ resilience. Would like the Board and staff to be proud of that.

Announcements/Board Member Reports/Board Association:

Mr. Wessell thanked all the people who came out to speak today.

Next Meeting: August 21, 2025 – Suttons Bay

Adjournment: 3:30 p.m.

Respectfully submitted,

Stacy Maiville, Executive Administrator

Greg McMorrow, Board Chairperson

Lynn Pope, Secretary

Office of Recipient Rights Director's Report August 2025

Dates represented	10/01/22-08/11/23	10/1/23-08/11/24	10/1/24-08/11/25
Complaints	374	465	392
OJ, No Right Inv.	54	98	75
Interventions	14	39	47
Investigations	308	331	271
Investigations Comp	308	331	228
Investigations open	0	0	43
Inv > 90 days	0	0	0
Inv < 90 days	307/307(100%)	330/330(100%)	228/228(100%)
Summary Report Avg	312/312(100%)	334/334(100%)	227/227(100%)
NLCMHA staff alleg.	77	118	94
NLCMHA Staff W/I 1 yr	24	16	19

Complaint Source

Complaint Source	Count
Anonymous	17
Community/General Public	12
Guardian/Family	17
ORR	93
Recipient	54
Staff	199
Total	392

5 Year Trends

	Abuse I & II	Abuse III	Neglect I & II	Neglect III	Services Suited to Condition	Total
FY2021	23	32	17	80	74	226
FY2022	44	46	25	152	151	418
FY2023	39	17	21	144	2	223
FY2024	29	26	4	98	0	157
FY2025	27	6	10	72	0	115

Complaints Per Provider:

October 1, 2024- August 11, 2025

See attached chart.

Notes:

Triennial Review is August 26-28

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights

Provider Report October 1, 2024 – August 11, 2025

Program	Substantiated	Pending	Not Substantiated	NA
Access	0	0	1	0
Beacon Home at Washburn	8	1	2	0
Beacon Home at Woodland	2	0	2	0
Elmwood AFC	16	1	3	0
Frances Specialized Residential	1	0	0	0
Hope Network Gardner Home	1	0	1	0
Hope Network Neo Breton	0	1	0	0
Hope Network Neo Rockford	3	0	1	0
J. Cole Enterprises, LLC	0	0	0	1
Lake Shore AFC, LLC	1	0	0	0
Montclair Specialized Residential Services	0	1	1	0
R.O.O.C., Inc.	1	0	0	0
Seasons of Life AFC Home, LLC	0	0	5	0
Spectrum Freedom Residence	1	0	0	0
Wright Street AFC Home	5	1	1	0
Beacon Silverview	4	2	0	1
ComForCare	0	1	4	1
Compassionate Care Home Health Services, Inc.	1	0	1	0
Danes AFC	4	0	1	0
Grand Traverse Industries, Inc.	0	0	1	0
Grayling Office/Crawford County	0	0	2	0
Hickory Hollow Specialized Residential LLC	0	0	2	0
Hope Network Westlake VIII	3	0	0	0
IDD Adult Case Management	10	0	8	0
Magnolia Care AFC West	1	0	0	0
MI Independent Living, LLC	1	1	4	0
MIA Case Management	0	1	1	0
Mid-Michigan Specialized Residential	1	0	1	0
Oakridge Specialized Residential	1	0	0	0
Pearl Street Home	5	1	2	1

Peer Support	0	1	1	0
Shur Care AFC Home, LLC	0	0	1	0
Specialized Personal Recovery Services, LLC	1	0	0	0
Summerfield AFC	3	0	0	0
TLK AFC Home, Inc.	0	0	1	0
AuSable In Home Care, LLC	0	1	0	0
Beacon Home at Trolley Center	3	0	1	0
Beacon Specialized Living Services, Inc.	2	0	0	0
Benton AFC	0	0	1	0
Brightside Living - Whispering Oaks	0	2	0	0
Cedar Valley AFC	12	0	1	0
Club Cadillac	0	0	1	0
Great lakes Center for Autism	1	0	0	0
Hickory Hill AFC LLC	0	1	3	1
Hope Network Neo Birdsong	1	1	2	0
Hope Network Neo Wyoming	3	1	0	0
Hope Network Rivervalley 1	1	0	2	0
IDD Children's Case Management	0	0	2	0
Jones Lake AFC Home	5	0	0	0
Mama T's AFC	2	0	0	0
Outpatient Services	0	0	1	1
Packard Specialized Residential	1	0	1	0
Psychiatric Services	0	0	0	1
Real Life Living Services	0	0	3	0
Safehaus	0	1	0	0
Serenity AFC	0	0	4	0
Shepler's AFC Home	0	1	0	0
TC Office/Grand Traverse County	8	3	2	0
Assertive Community Treatment	2	2	2	3
Beacon Anchor Point North	2	0	2	0
Beacon at Ossineke	0	0	1	0
Beacon Fife Lake	0	3	0	0
Beacon Home at Cogswell	3	0	2	0
Beacon Home At Ludington	7	2	4	1

Beacon Mission Point	7	4	3	0
Beacon Wave Crest	2	0	0	0
Brightside Living - Lake Shore	1	1	1	1
Cadillac Office/Wexford County	2	1	1	0
Crisis Services	2	0	0	1
Evergreen Home	0	0	1	0
Grand Traverse Mental Health Crisis and Access Center	0	2	1	0
Heart and Soul Living LLC	4	0	3	0
Hillcrest AFC	1	0	5	0
Hope Network Neo Bristol	5	0	1	0
Hope Network West Michigan - Cadillac Center	1	0	0	0
Lake Shore AFC	1	0	1	0
Lincoln House LC	1	0	3	0
MI Independent Living SIP - Northland	1	0	0	0
MI Independent Living SIP - Woodland	0	1	0	0
Northern Lakes CMH Authority	41	11	21	0
Ohana AFC	2	0	1	0
Seneca Place Home	13	2	0	0
Spectrum Community Services SIP - Bremmer	5	1	1	0
Spectrum Community Services SIP - Kentucky	3	0	0	0
Westwood Specialized Residential	0	4	0	0
Woodland AFC Home	1	1	0	0
Wright's AFC Home, LLC	1	0	2	2

Interim Chief Executive Officer's

Report to the Board

August 21st, 2025

Citizen Comment: From July 17th, 2025, Board of Directors meeting:

Amy Kotulski, Director at Club Cadillac – *Voiced concerns over the layoffs. She feels the process has been demoralizing and there has been a lack of communication with the staff. She stated that the changes have been a devastating blow to the growth and flourishing of the clubhouse.*

Response: I agree our recent layoffs are difficult for all involved. It's my belief that our clubhouse services will continue to prosper despite our recent staff reductions.

Hannah Driver, Director of Traverse House – *Ms. Driver no longer feels supported, the staff was reduced to three this past week and it will be hard to provide services with little staff support.*

Response: Our recent layoffs have certainly been a challenging time for Northern Lakes, from front line staff to supervisors. That said, as shared previously, I hope that our clubhouse services will continue to thrive despite our staff reductions.

Jana Emerson, member of Traverse House – *Disappointed in how things have been handled. She is upset that 2 members of the Clubhouse staff have been laid off and feels they should have been given more notice. Ms. Emerson would like the Board to look at how things are handled.*

Response: Our Human Resources Dept. (HR) understands the complexity and emotions that go along with an organization and its employees' experiencing layoffs. HR has worked in tandem with the labor union, and in accordance with the union collective bargaining agreement, following the established agreed on detailed process of layoffs. Due to this process, providing the desired advanced notice was difficult. Ultimately the process is governed by seniority and seniority determines that end result of the layoff. This is where the limitation of providing advance notice becomes the challenge. Layoffs affecting union employees must allow the process to happen in order to identify the movement of the layoff and ultimately the employee that will be affected. HR recognizes that there are areas to improve and will incorporate the feedback received to make this type of event easier in the future, if we must ever cross this path again.

Marisa Ortiz, Club Cadillac – *Stated that the Clubhouse is a home to many. Consumers have found a safe haven and gained skills that help them. Ms. Ortiz referred to the comfort that the Clubhouse brings. She asked the Board, "Is what you are doing really worth it?"*

Response: I agree. Our clubhouse services are a valued and important part of our community's fabric and a vital recovery tool for many individuals.

Justin Reed, Grand Traverse City – Spoke about the make-up on the Board and that it needs more consumers. Mr. Reed referred to other Boards and their make-up of members.

Response: Important point made. Thank you.

Marsha Brown, supervisor at Board Operated Homes - Shared a success story of an individual brought back from out of catchment; this individual is now “finally home” and on less medication and his quality of life has “gone through the roof”.

Response: Thank you for sharing a compelling story that highlights Northern Lakes’ mission in service of our community.

Betsy Zeeryp, Clubhouse – Commented on a letter she read from a Clubhouse staff member who has been laid off, and mentioned her peer support management has been let go. She expressed her disgust and sadness from these events. She stated to the Board, “Shame on you. You put a wrecking ball through persons’ lives”.

Response: Our recent layoffs have certainly been a challenging time for Northern Lakes, from front line staff to supervisors. Yes, individuals’ lives are certainly being impacted. That said, I hope that our clubhouse services will continue to thrive despite our staff reductions.

Nancy Korble, Traverse City - As a parent of someone who lives at a CMH residential facility, stated that GTI is her child’s community and has helped him. Urges CMHs to stop the model changing that is being explored by CMH.

Response: Thank you for your comments and advocacy, including sharing your family’s story. GTI is a valued partner and a critical part of our community’s fabric. The model you speak of is a proposal from MDHHS.

Kelly Bustly, Traverse City – Older brother is disabled and relies on services CMH gives. Brother is involved with GTI, funded by CMH. Ms. Bustly expressed her concern if her brother were to lose GTI, that he would lose out on many of his freedoms, choices, caregivers that fill his cup, and skill building.

Response: Thank you for your comments and advocacy, including sharing your family’s story. GTI is a valued partner and a critical part of our community’s fabric. I also hope that services provided by GTI continue for the foreseeable future.

Marleen Cassidy, Cadillac – Praised Club Cadillac, along with the staff and the advocacy the directors Hannah and Amy give to the members. She has seen firsthand the work the Club gives to

the members and the directors who “work their tails off for us”. Believe that the Board’s decision is very unethical.

Respond: I agree. Our clubhouse services are a valued and a vital recovery tool for many individuals. Our recent layoffs have certainly been a hard time for us all.

Aaron Cox, Traverse City Clubhouse – *Significantly reduced on medication since he has attended Clubhouse. The staff has motivated him to use the skills he has since learned while at the Clubhouse. He stated that staff being lowered has hurt everybody, and that the changes are making him and others suffer.*

Response: What a success story! It speaks of the power of our clubhouse services and membership. Thank you for sharing.

Michael Lowery, Traverse Clubhouse- *Learned skills from the Clubhouse and has no family support outside of the Clubhouse family. By removing one of the staff members, it puts more strain on the current staff. Thankful that the Board is trying amend things, but the Board really needs to visit the Clubhouse.*

Response: I agree, our clubhouses are an important component in supporting individuals in their personal recovery. I’m personally looking forward to dropping into both clubhouses soon for some lunch and conversation.

Katie Cutright, Grayling, MIA Case Management – *With resources dwindling it puts more strain on the staff and she has a deep concern for the staff and those the agency serve. There will be a ripple effect that will negatively impact the entire community. Believes the deficit should not be compared to the care provided to the consumers.*

Response: Thank you for your comments. I agree that Northern Lakes needs to strike balance of proper staffing models and financial stability without adversely impacting service delivery and staff morale.

Darcy Smith, Traverse City *Thinks the Board is making a huge mistake. The Traverse Clubhouse and its staff makes a family, she stated that she loves the staff.*

Response: Clubhouse staff are fantastic, as are the respective memberships! It’s my belief that our clubhouses will continue to thrive despite the recent workforce reductions.

Kari Barker, Quality and Compliance Director - *Thanks the Board for rallying today and being of one mind to go after the funds needed to preserve the agency. The agency just came through the CARF review, it was nearly perfect. Even though the agency is going through heartbreaking times, people*

showed up for interviews and the reviewers were impressed by the staff and consumers' resilience. Would like the Board and staff to be proud of that

Response: Thank you for your comments, including our recently completed CARF survey. I look forward to their final assessment of our services.

Grants of Significant Value: None.

Dashboard Report: See attachment.

Community Connections/Meetings:

- July 28, Traverse House lunch meeting
- August 5, GTMHCAC Leadership Team meeting
- August 7, Club Cadillac lunch meeting
- August 19, NMRE Operations Committee meeting

Media Coverage: See links and attachments below

https://www.cadillacnews.com/news/nlcmh-navigating-possible-funding-cuts-seeking-stability-amid-leadership-change/article_87a221f4-2ecb-4cdd-9229-9c5e1da90a6c.html

<https://www.miningjournal.net/news/2025/07/critics-say-michigans-plan-to-open-mental-health-contracts-to-bidding-will-outsource-local-care/>

<https://upnorthlive.com/news/local/it-just-feels-criminal-jobs-threatened-for-workers-with-disabilities-in-michigan>

<https://www.northernexpress.com/news/feature/budget-cuts-to-mental-health-services-threaten-livelihoods-of-the-disability-community/>

Respectfully submitted,

Curtis Cummins, Interim CEO

	FY2025 Inpatient Readmission Rate		
	Admissions	Readmits in 30 Days	% Readmitted
October	73	7	10%
November	60	5	8%
December	48	2	4%
January	62	7	11%
February	42	8	19%
March	51	11	22%
April	60	3	5%
May	44	0	0%
June	48	6	13%
July			#DIV/0!
August			#DIV/0!
September			#DIV/0!
TOTAL			10%

	FY2025 Monthly Access Timeliness, Request to Assessment												
	October	November	December	January	February	March	April	May	June	July	August	September	
Within 14 days	51	58	45	70	70	72	71	62	49				
Outside 14 days	18	8	10	12	12	10	16	16	12				
Consumer Cancelled/Rescheduled	9	10	5	10	9	10	10	11	6				
Consumer Requested outside 14 days	9	3	6	0	1	9	9	4	5				
Consumer No Showed	35	19	17	23	18	28	18	22	21				
Consumer Chose to Not Pursue Svcs	0	0	0	0	0	0	0	0	0				
Other (denial, no follow up)	15	11	24	15	13	12	23	17	11				

	FY2025 Monthly Access Timeliness, Assessment to Service											
	October	November	December	January	February	March	April	May	June	July	August	September
Within 14 days	55	45	42	53	55	52	68	60	48			
Outside 14 days	3	3	3	3	3	3	7	0	2			
Consumer Cancelled/Rescheduled	1	2	3	6	1	4	9	2	2			
Consumer Requested outside 14 days	3	3	4	1	6	4	10	8	13			
Consumer No Showed	13	17	9	11	16	11	11	9	13			
Consumer Chose to Not Pursue Svcs	0	0	2	2	1	0	1	2	3			
Other (denial, no follow up)	7	6	9	0	6	17	10	12	7			
Monthly % seen in 14 Days	94.8%	93.8%	93.3%	94.6%	94.8%	94.5%	90.7%	100.0%	96.0%	#DIV/0!	#DIV/0!	#DIV/0!

		Referrals for Denied Initial Clinical Assessments, FY25																	
		October	November	December	January	February	March	April	May	June	July	August	September						
External Mental Health Provider		7	2	6	3	2	1	1	4	3									
External SUD Provider		3	1	2	6	0	0	0	0	0									
No Referral		3	3	1	0	2	3	3	7	0									
Other Community Services		4	5	3	5	6	4	1	1	1									

		FY2025 Monthly Service Information for Crawford County																	
	Area of Service	October	November	December	January	February	March	April	May	June	July	August	September						
	Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing	\$ 21,277.25	\$ 20,778.19	\$ 22,469.55	\$ 27,757.25	\$ 22,618.15	\$ 29,706.13	\$ 38,540.06	\$ 34,495.29	\$ 36,298.35									
	Autism Services	\$ 34,638.86	\$ 28,667.99	\$ 25,008.91	\$ 23,928.89	\$ 23,010.98	\$ 22,365.20	\$ 18,789.53	\$ 22,391.52	\$ 15,305.39									
	Case Management, ACT and Treatment Planning	\$ 51,339.48	\$ 45,219.55	\$ 36,756.14	\$ 48,454.52	\$ 37,613.76	\$ 51,992.93	\$ 48,725.63	\$ 53,200.50	\$ 47,323.00									
	Community Living Supports	\$ 340,000.93	\$ 335,303.82	\$ 337,538.57	\$ 368,818.78	\$ 348,682.87	\$ 371,896.84	\$ 347,576.59	\$ 312,111.20	\$ 252,032.84									
	Crisis Services, Assessments and Testing	\$ 16,524.00	\$ 18,663.00	\$ 14,965.00	\$ 20,541.20	\$ 11,570.00	\$ 23,479.00	\$ 17,271.00	\$ 18,328.00	\$ 11,359.00									
	Evaluation and Management Physician Level	\$ 23,356.50	\$ 22,600.14	\$ 19,267.58	\$ 23,288.77	\$ 22,946.15	\$ 24,457.93	\$ 23,373.12	\$ 26,161.28	\$ 16,390.67									
	Psychiatric Inpatient	\$ 36,687.34	\$ 45,282.24	\$ 70,589.82	\$ 65,509.37	\$ 10,989.11	\$ 36,020.66	\$ 42,471.90	\$ 10,119.58	\$ -									
	Psychotherapy and Outpatient Services	\$ 23,542.00	\$ 20,281.40	\$ 14,407.36	\$ 21,069.54	\$ 20,452.72	\$ 18,432.00	\$ 25,271.74	\$ 23,652.26	\$ 19,648.00									
	Vocational & Skills Building, Family and Health Services	\$ 3,036.69	\$ 2,454.29	\$ 1,972.52	\$ 4,221.29	\$ 3,657.02	\$ 2,813.52	\$ 3,175.25	\$ 2,969.09	\$ 905.20									
	Other	\$ 1,248.00	\$ 1,404.00	\$ 936.00	\$ 624.00	\$ 936.00	\$ 1,404.00	\$ 2,184.00	\$ 2,964.00	\$ 2,028.00									
	Total	\$ 551,651.05	\$ 540,654.62	\$ 543,911.45	\$ 604,213.61	\$ 502,476.76	\$ 582,568.21	\$ 567,378.82	\$ 506,392.72	\$ 401,290.45	\$ -	\$ -	\$ -						
	Number of Registered People Receiving Services	172	189	175	181	175	192	195	188	162									
	Average Cost per Registered Person Served	\$ 3,207.27	\$ 2,860.61	\$ 3,108.07	\$ 3,338.20	\$ 2,871.30	\$ 3,034.21	\$ 2,909.63	\$ 2,693.58	\$ 2,477.10	#DIV/0!	#DIV/0!	#DIV/0!						
	Service Transactions Provided	27,150	25,691	23,650	26,211	22,933	25,170	24,347	15,446	7,049									
	Average Cost per Transaction	\$ 20	\$ 21	\$ 23	\$ 23	\$ 22	\$ 23	\$ 23	\$ 33	\$ 57	#DIV/0!	#DIV/0!	#DIV/0!						
	Count of Adult IDD	41	41	42	41	40	39	38	38	37									
	Count of Child IDD	9	9	10	11	12	11	16	9	7									
	Count of Adult SMI	101	113	99	105	95	114	111	112	91									
	Count of Child SED	21	26	24	24	28	28	30	29	27									
	Total	172	189	175	181	175	192	195	188	162			-						
	IDD Adult Cost	\$ 285,652.48	\$ 266,819.42	\$ 256,121.10	\$ 279,945.85	\$ 260,749.39	\$ 268,822.36	\$ 255,580.46	\$ 217,540.46	\$ 161,393.04									
	IDD Child Cost	\$ 68,864.60	\$ 59,124.13	\$ 63,117.13	\$ 69,696.33	\$ 62,269.04	\$ 62,921.90	\$ 62,682.83	\$ 64,143.22	\$ 18,537.39									
	Adult SMI Cost	\$ 167,397.97	\$ 187,980.07	\$ 193,238.22	\$ 221,937.43	\$ 153,527.33	\$ 214,651.95	\$ 210,825.53	\$ 185,984.04	\$ 183,322.02									
	Child SED Cost	\$ 29,736.00	\$ 26,731.00	\$ 31,435.00	\$ 32,634.00	\$ 25,931.00	\$ 36,172.00	\$ 38,290.00	\$ 38,725.00	\$ 38,038.00									
	Total	\$ 551,651.05	\$ 540,654.62	\$ 543,911.45	\$ 604,213.61	\$ 502,476.76	\$ 582,568.21	\$ 567,378.82	\$ 506,392.72	\$ 401,290.45	\$ -	\$ -	\$ -						
	Adult IDD Cost per consumer	\$ 6,967.13	\$ 6,507.79	\$ 6,098.12	\$ 6,827.95	\$ 6,518.73	\$ 6,892.88	\$ 6,725.80	\$ 5,724.75	\$ 4,361.97	#DIV/0!	#DIV/0!	#DIV/0!						
	Child IDD Cost per consumer	\$ 7,651.62	\$ 6,569.35	\$ 6,311.71	\$ 6,336.03	\$ 5,189.09	\$ 5,720.17	\$ 3,917.68	\$ 7,127.02	\$ 2,648.20	#DIV/0!	#DIV/0!	#DIV/0!						
	Adult SMI Cost per consumer	\$ 1,657.41	\$ 1,663.54	\$ 1,951.90	\$ 2,113.69	\$ 1,616.08	\$ 1,882.91	\$ 1,899.33	\$ 1,660.57	\$ 2,014.53	#DIV/0!	#DIV/0!	#DIV/0!						
	Child SED Cost per consumer	\$ 1,416.00	\$ 1,028.12	\$ 1,309.79	\$ 1,359.75	\$ 926.11	\$ 1,291.86	\$ 1,276.33	\$ 1,335.34	\$ 1,408.81	#DIV/0!	#DIV/0!	#DIV/0!						
	Total	\$ 3,207.27	\$ 2,860.61	\$ 3,108.07	\$ 3,338.20	\$ 2,871.30	\$ 3,034.21	\$ 2,909.63	\$ 2,693.58	\$ 2,477.10	#DIV/0!	#DIV/0!	#DIV/0!						

FY 2025 Service Information For Grand Traverse County											
Area of Service		October	November	December	January	February	March	April	May	June	September
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)		\$ 141,008.83	\$ 130,963.35	\$ 125,382.25	\$ 175,267.89	\$ 144,490.65	\$ 171,223.96	\$ 177,743.00	\$ 170,230.97	\$ 123,562.81	
Autism Services		\$ 147,394.15	\$ 137,668.55	\$ 143,248.71	\$ 170,222.84	\$ 119,202.09	\$ 143,264.25	\$ 171,791.76	\$ 154,197.92	\$ 73,157.44	
Case Management, ACT and Treatment Planning		\$ 224,534.15	\$ 204,635.79	\$ 188,191.54	\$ 248,404.13	\$ 234,623.40	\$ 247,010.98	\$ 276,654.18	\$ 264,832.25	\$ 223,597.68	
Community Living Supports		\$ 1,356,540.86	\$ 1,261,550.98	\$ 1,294,086.70	\$ 1,389,204.91	\$ 1,231,167.88	\$ 1,443,864.21	\$ 1,383,396.24	\$ 1,400,163.82	\$ 1,159,982.51	
Crisis Services, Assessments and Testing		\$ 124,952.00	\$ 122,009.40	\$ 96,980.90	\$ 148,461.85	\$ 115,658.24	\$ 139,544.38	\$ 144,762.63	\$ 133,419.96	\$ 115,014.00	
Evaluation and Management Physician Level		\$ 90,486.02	\$ 91,525.52	\$ 86,703.15	\$ 102,803.46	\$ 98,614.39	\$ 97,502.17	\$ 108,662.31	\$ 98,633.62	\$ 68,170.63	
Psychiatric Inpatient		\$ 279,574.33	\$ 264,549.73	\$ 141,983.57	\$ 252,208.27	\$ 191,867.11	\$ 174,074.56	\$ 239,645.93	\$ 121,331.55	\$ 50,890.50	
Psychotherapy and Outpatient Services		\$ 148,479.55	\$ 122,378.93	\$ 107,725.70	\$ 130,739.89	\$ 119,365.05	\$ 136,183.70	\$ 135,522.66	\$ 133,236.58	\$ 113,586.42	
Vocational & Skills Building, Family and Health Services		\$ 67,030.81	\$ 57,307.51	\$ 50,038.84	\$ 69,722.09	\$ 62,145.45	\$ 62,337.76	\$ 61,805.93	\$ 65,776.45	\$ 33,621.54	
Other		\$ 12,561.68	\$ 9,081.16	\$ 8,669.05	\$ 9,058.44	\$ 10,290.00	\$ 9,069.76	\$ 15,047.40	\$ 12,614.06	\$ 11,860.38	
Total		\$ 2,592,562.38	\$ 2,401,660.92	\$ 2,243,011.41	\$ 2,686,093.77	\$ 2,327,424.26	\$ 2,624,065.73	\$ 2,715,032.04	\$ 2,554,437.18	\$ 1,973,443.91	\$ -
Number of Registered People Receiving Services											
Average Cost per Registered Person Served		\$ 2,758.05	\$ 2,520.11	\$ 2,500.57	\$ 2,701.50	\$ 2,426.93	\$ 2,655.94	\$ 2,653.99	\$ 2,497.01	\$ 2,079.50	\$ -
Service Transactions Provided											
Average Cost per Transaction		\$ 23	\$ 24	\$ 22	\$ 24	\$ 24	\$ 24	\$ 26	\$ 25	\$ 42	\$ -
Count of Adult IDD		258	269	259	273	264	272	280	280	262	
Count of Child IDD		65	71	66	66	76	75	70	82	80	
Count of Adult SMI		510	505	468	536	497	521	537	523	477	
Count of Child SED		107	108	104	123	122	120	136	138	130	
Total		940	953	897	998	959	988	1,023	1,023	949	\$ -
IDD Adult Cost		\$ 1,212,923.56	\$ 1,126,692.48	\$ 1,126,487.95	\$ 1,239,655.32	\$ 1,094,345.14	\$ 1,270,699.73	\$ 1,213,563.75	\$ 1,231,193.73	\$ 962,120.51	
IDD Child Cost		\$ 241,458.20	\$ 226,961.40	\$ 236,678.38	\$ 269,019.02	\$ 216,857.76	\$ 252,402.73	\$ 281,916.39	\$ 274,439.88	\$ 158,457.39	
Adult SMI Cost		\$ 953,344.06	\$ 894,551.33	\$ 734,889.67	\$ 998,592.28	\$ 852,258.57	\$ 932,079.85	\$ 1,007,517.01	\$ 852,654.30	\$ 706,801.96	
Child SED Cost		\$ 184,836.56	\$ 153,455.71	\$ 144,955.41	\$ 188,827.15	\$ 163,962.79	\$ 168,883.42	\$ 212,034.89	\$ 196,149.27	\$ 146,064.05	
Total		\$ 2,592,562.38	\$ 2,401,660.92	\$ 2,243,011.41	\$ 2,686,093.77	\$ 2,327,424.26	\$ 2,624,065.73	\$ 2,715,032.04	\$ 2,554,437.18	\$ 1,973,443.91	\$ -
Adult IDD Cost per consumer		\$ 4,701.25	\$ 4,188.45	\$ 4,349.37	\$ 4,540.86	\$ 4,145.25	\$ 4,671.69	\$ 4,334.16	\$ 4,397.12	\$ 3,672.22	\$ -
Child IDD Cost per consumer		\$ 3,714.74	\$ 3,196.64	\$ 3,586.04	\$ 4,076.05	\$ 2,853.39	\$ 3,365.37	\$ 4,027.38	\$ 3,346.83	\$ 1,980.72	\$ -
Adult SMI Cost per consumer		\$ 1,869.30	\$ 1,771.39	\$ 1,570.28	\$ 1,863.05	\$ 1,714.81	\$ 1,789.02	\$ 1,876.20	\$ 1,630.31	\$ 1,481.77	\$ -
Child SED Cost per consumer		\$ 1,727.44	\$ 1,420.89	\$ 1,393.80	\$ 1,535.18	\$ 1,343.96	\$ 1,407.36	\$ 1,559.08	\$ 1,421.37	\$ 1,123.57	\$ -
Total		\$ 2,758.05	\$ 2,520.11	\$ 2,500.57	\$ 2,701.50	\$ 2,426.93	\$ 2,655.94	\$ 2,653.99	\$ 2,497.01	\$ 2,079.50	\$ -

		FY2025 Service Information For Leelanau County															
		Area of Service															
		October	November	December	January	February	March	April	May	June	July	August	September				
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)		\$ 13,103.72	\$ 14,706.07	\$ 11,046.73	\$ 18,001.76	\$ 17,064.41	\$ 20,175.20	\$ 22,586.82	\$ 16,521.02	\$ 11,171.47							
Autism Services		\$ 5,093.32	\$ 5,503.00	\$ 5,959.00	\$ 8,505.15	\$ 8,206.00	\$ 10,302.29	\$ 11,346.00	\$ 12,270.00	\$ 6,917.75							
Case Management, ACT and Treatment Planning		\$ 22,856.42	\$ 21,511.25	\$ 18,732.00	\$ 17,367.68	\$ 18,915.95	\$ 19,465.47	\$ 21,277.29	\$ 17,188.22	\$ 14,221.88							
Community Living Supports		\$ 167,145.77	\$ 157,792.30	\$ 158,902.24	\$ 169,351.80	\$ 147,824.12	\$ 170,850.34	\$ 157,247.67	\$ 184,577.82	\$ 127,173.93							
Crisis Services, Assessments and Testing		\$ 14,409.00	\$ 14,236.00	\$ 5,373.00	\$ 4,163.00	\$ 6,796.00	\$ 7,101.00	\$ 12,338.00	\$ 12,107.00	\$ 6,794.00							
Evaluation and Management Physician Level		\$ 5,857.39	\$ 8,511.11	\$ 5,922.14	\$ 6,871.14	\$ 7,691.52	\$ 6,993.34	\$ 11,171.56	\$ 7,658.65	\$ 4,091.25							
Psychiatric Inpatient		\$ 7,496.40	\$ 38,742.72	\$ 14,110.32	\$ 11,519.66	\$ 20,903.28	-	\$ 3,527.58	\$ 23,749.46	\$ -							
Psychotherapy and Outpatient Services		\$ 10,801.96	\$ 6,786.74	\$ 9,301.18	\$ 10,099.18	\$ 9,606.28	\$ 8,070.56	\$ 10,509.28	\$ 8,544.00	\$ 11,006.00							
Vocational & Skills Building, Family and Health Services		\$ 7,943.79	\$ 5,873.15	\$ 4,915.89	\$ 9,023.47	\$ 8,364.57	\$ 7,984.43	\$ 7,151.92	\$ 8,843.68	\$ 3,829.97							
Total		\$ 254,707.77	\$ 273,662.34	\$ 234,262.50	\$ 254,902.84	\$ 245,372.13	\$ 250,942.63	\$ 257,156.12	\$ 271,459.85	\$ 185,206.25	\$ -	\$ -	\$ -				
Number of Registered People Receiving Services		91	98	93	88	91	94	96	91	76							
Average Cost per Registered Person Served		\$ 2,798.99	\$ 2,792.47	\$ 2,518.95	\$ 2,896.62	\$ 2,696.40	\$ 2,669.60	\$ 2,678.71	\$ 2,983.08	\$ 2,436.92	#DIV/0!	#DIV/0!	#DIV/0!				
Service Transactions Provided		11,960	10,315	10,449	12,112	11,461	12,443	12,293	11,285	5,468							
Average Cost per Transaction		\$ 21	\$ 27	\$ 22	\$ 21	\$ 21	\$ 20	\$ 21	\$ 24	\$ 34	#DIV/0!	#DIV/0!	#DIV/0!				
Count of Adult IDD		40	37	37	38	37	39	40	40	39							
Count of Child IDD		3	4	4	4	4	5	4	3	3							
Count of Adult SMI		37	44	42	37	41	41	42	37	27							
Count of Child SED		11	13	10	9	9	9	10	11	7							
Total		91	98	93	88	91	94	96	91	76	-	-	-				
IDD Adult Cost		\$ 183,840.26	\$ 170,595.09	\$ 167,462.58	\$ 182,693.91	\$ 163,462.65	\$ 187,418.07	\$ 175,822.97	\$ 183,040.99	\$ 136,564.97							
IDD Child Cost		\$ 7,729.32	\$ 24,184.00	\$ 7,363.00	\$ 9,939.96	\$ 10,310.00	\$ 14,263.29	\$ 15,098.00	\$ 13,996.00	\$ 7,265.75							
Adult SMI Cost		\$ 50,942.23	\$ 68,332.53	\$ 49,150.74	\$ 38,863.89	\$ 59,040.48	\$ 37,068.27	\$ 50,104.15	\$ 51,279.86	\$ 33,403.53							
Child SED Cost		\$ 12,195.94	\$ 10,550.72	\$ 10,286.18	\$ 23,405.08	\$ 12,559.00	\$ 12,193.00	\$ 16,131.00	\$ 23,143.00	\$ 7,972.00							
Total		\$ 254,707.77	\$ 273,662.34	\$ 234,262.50	\$ 254,902.84	\$ 245,372.13	\$ 250,942.63	\$ 257,156.12	\$ 271,459.85	\$ 185,206.25	\$ -	\$ -	\$ -				
Adult IDD Cost per consumer		\$ 4,596.01	\$ 4,610.68	\$ 4,526.02	\$ 4,807.73	\$ 4,417.91	\$ 4,805.59	\$ 4,395.57	\$ 4,576.02	\$ 3,501.67	#DIV/0!	#DIV/0!	#DIV/0!				
Child IDD Cost per consumer		\$ 2,576.44	\$ 6,046.00	\$ 1,840.75	\$ 2,484.99	\$ 2,577.50	\$ 2,852.86	\$ 3,774.50	\$ 4,665.33	\$ 2,421.92	#DIV/0!	#DIV/0!	#DIV/0!				
Adult SMI Cost per consumer		\$ 1,376.82	\$ 1,553.01	\$ 1,170.26	\$ 1,050.38	\$ 1,440.01	\$ 904.10	\$ 1,192.96	\$ 1,385.94	\$ 1,237.17	#DIV/0!	#DIV/0!	#DIV/0!				
Child SED Cost per consumer		\$ 1,108.72	\$ 811.59	\$ 1,028.62	\$ 2,600.56	\$ 1,395.44	\$ 1,354.78	\$ 1,613.10	\$ 2,103.91	\$ 1,138.86	#DIV/0!	#DIV/0!	#DIV/0!				
Total		\$ 2,798.99	\$ 2,792.47	\$ 2,518.95	\$ 2,896.62	\$ 2,696.40	\$ 2,669.60	\$ 2,678.71	\$ 2,983.08	\$ 2,436.92	#DIV/0!	#DIV/0!	#DIV/0!				

	Area of Service	FY 2025 Service Information For Missaukee County															
		October	November	December	January	February	March	April	May	June	July	August	September				
	Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 23,179.01	\$ 20,895.68	\$ 18,217.61	\$ 26,085.43	\$ 20,931.92	\$ 29,330.26	\$ 31,041.85	\$ 28,510.06	\$ 25,485.34							
	Autism Services	\$ 15,587.10	\$ 10,977.33	\$ 10,786.87	\$ 21,282.38	\$ 16,378.77	\$ 17,779.96	\$ 18,816.95	\$ 25,814.85	\$ 16,594.50							
	Case Management, ACT and Treatment Planning	\$ 26,583.67	\$ 20,549.63	\$ 21,207.03	\$ 22,186.02	\$ 22,587.14	\$ 28,554.30	\$ 28,351.06	\$ 35,022.82	\$ 36,131.76							
	Community Living Supports	\$ 422,946.32	\$ 402,977.41	\$ 409,528.67	\$ 420,024.09	\$ 379,893.96	\$ 413,987.92	\$ 398,937.56	\$ 406,068.57	\$ 364,537.01							
	Crisis Services, Assessments and Testing	\$ 11,419.00	\$ 10,984.00	\$ 14,725.20	\$ 3,775.00	\$ 11,591.75	\$ 11,324.00	\$ 17,768.48	\$ 8,202.00	\$ 9,611.00							
	Evaluation and Management Physician Level	\$ 12,966.30	\$ 12,269.43	\$ 12,247.81	\$ 13,290.60	\$ 15,206.98	\$ 15,476.85	\$ 14,115.89	\$ 15,333.16	\$ 13,032.24							
	Psychiatric Inpatient	\$ 10,455.40	\$ 39,778.33	\$ 23,110.32	\$ 13,745.35	\$ -	\$ 43,163.77	\$ 144,062.39	\$ 8,883.00	\$ 4,179.00							
	Psychotherapy and Outpatient Services	\$ 17,968.90	\$ 11,207.68	\$ 10,984.28	\$ 16,721.21	\$ 12,310.00	\$ 14,106.00	\$ 15,770.12	\$ 24,796.12	\$ 18,934.12							
	Vocational & Skills Building, Family and Health Services	\$ 17,968.16	\$ 16,115.51	\$ 13,025.94	\$ 17,938.48	\$ 14,058.04	\$ 14,696.25	\$ 11,347.05	\$ 10,083.63	\$ 13,188.97							
	Other	\$ 3,567.33	\$ 2,141.64	\$ 1,950.00	\$ 2,853.11	\$ 1,985.64	\$ 825.11	\$ 2,229.11	\$ 2,003.14	\$ 3,835.24							
	Total	\$ 562,541.19	\$ 547,896.64	\$ 535,783.73	\$ 557,901.67	\$ 494,944.20	\$ 587,246.42	\$ 682,440.46	\$ 564,717.35	\$ 505,529.18	\$ -	\$ -	\$ -				
	Number of Registered People Receiving Services	128	128	124	115	127	134	130	136	128							
	Average Cost per Registered Person Served	\$ 4,394.85	\$ 4,280.44	\$ 4,320.84	\$ 4,851.32	\$ 3,897.20	\$ 4,382.44	\$ 5,249.54	\$ 4,152.33	\$ 3,949.45	#DIV/0!	#DIV/0!	#DIV/0!				
	Service Transactions Provided	27,281	24,306	24,025	25,996	23,550	27,613	20,719	20,335	12,714							
	Average Cost per Transaction	\$ 21	\$ 23	\$ 22	\$ 21	\$ 21	\$ 21	\$ 33	\$ 28	\$ 40	#DIV/0!	#DIV/0!	#DIV/0!				
	Count of Adult IDD	45	44	42	43	46	46	45	45	43							
	Count of Child IDD	15	11	10	11	10	10	11	14	9							
	Count of Adult SMI	49	56	59	44	53	59	50	52	50							
	Count of Child SED	19	17	13	17	18	19	24	25	26							
	Total	128	128	124	115	127	134	130	136	128							
	IDD Adult Cost	\$ 394,449.03	\$ 367,979.92	\$ 368,325.39	\$ 388,422.03	\$ 353,723.30	\$ 392,900.24	\$ 381,499.64	\$ 383,675.87	\$ 351,383.50							
	IDD Child Cost	\$ 30,328.64	\$ 19,058.86	\$ 18,652.61	\$ 28,994.38	\$ 22,313.34	\$ 25,962.16	\$ 59,458.13	\$ 33,963.34	\$ 21,170.50							
	Adult SMI Cost	\$ 115,825.52	\$ 138,808.36	\$ 135,194.73	\$ 117,854.26	\$ 95,860.56	\$ 139,046.77	\$ 188,515.94	\$ 110,032.14	\$ 102,456.18							
	Child SED Cost	\$ 21,938.00	\$ 22,049.50	\$ 13,611.00	\$ 22,631.00	\$ 23,047.00	\$ 29,337.25	\$ 52,966.75	\$ 37,046.00	\$ 30,519.00							
	Total	\$ 562,541.19	\$ 547,896.64	\$ 535,783.73	\$ 557,901.67	\$ 494,944.20	\$ 587,246.42	\$ 682,440.46	\$ 564,717.35	\$ 505,529.18	\$ -	\$ -	\$ -				
	Adult IDD Cost per consumer	\$ 8,765.53	\$ 8,363.18	\$ 8,769.65	\$ 9,033.07	\$ 7,689.64	\$ 8,541.31	\$ 8,477.77	\$ 8,526.13	\$ 8,171.71	#DIV/0!	#DIV/0!	#DIV/0!				
	Child IDD Cost per consumer	\$ 2,021.91	\$ 1,732.62	\$ 1,865.26	\$ 2,635.85	\$ 2,231.33	\$ 2,596.22	\$ 5,405.28	\$ 2,425.95	\$ 2,352.28	#DIV/0!	#DIV/0!	#DIV/0!				
	Adult SMI Cost per consumer	\$ 2,363.79	\$ 2,478.72	\$ 2,291.44	\$ 2,678.51	\$ 1,808.69	\$ 2,356.72	\$ 3,770.32	\$ 2,116.00	\$ 2,049.12	#DIV/0!	#DIV/0!	#DIV/0!				
	Child SED Cost per consumer	\$ 1,154.63	\$ 1,297.03	\$ 1,047.00	\$ 1,331.24	\$ 1,280.39	\$ 1,544.07	\$ 2,206.95	\$ 1,481.84	\$ 1,173.81	#DIV/0!	#DIV/0!	#DIV/0!				
	Total	\$ 4,394.85	\$ 4,280.44	\$ 4,320.84	\$ 4,851.32	\$ 3,897.20	\$ 4,382.44	\$ 5,249.54	\$ 4,152.33	\$ 3,949.45	#DIV/0!	#DIV/0!	#DIV/0!				

	Area of Service	FY2025 Service Information for Reconnomon County												July	August	September
		October	November	December	January	February	March	April	May	June						
	Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 40,150.08	\$ 38,283.68	\$ 42,613.50	\$ 56,659.37	\$ 28,657.81	\$ 44,518.45	\$ 43,223.74	\$ 43,807.74	\$ 40,593.66						
	Autism Services	\$ 6,402.63	\$ 11,071.40	\$ 21,208.57	\$ 23,607.04	\$ 17,994.32	\$ 27,105.67	\$ 35,670.82	\$ 33,342.10	\$ 18,562.68						
	Case Management, A/C and Treatment Planning	\$ 69,632.86	\$ 68,891.09	\$ 59,333.52	\$ 71,486.52	\$ 73,637.88	\$ 80,763.22	\$ 92,571.79	\$ 90,351.34	\$ 70,125.44						
	Community Living Supports	\$ 455,029.46	\$ 459,308.40	\$ 459,977.64	\$ 499,862.74	\$ 492,121.09	\$ 527,188.56	\$ 533,095.49	\$ 531,264.37	\$ 435,016.27						
	Crisis Services, Assessments and Testing	\$ 33,226.44	\$ 21,118.20	\$ 18,900.00	\$ 9,897.00	\$ 13,968.00	\$ 19,756.00	\$ 21,743.00	\$ 22,345.88	\$ 12,006.00						
	Evaluation and Management Physician Level	\$ 41,341.65	\$ 38,638.96	\$ 33,988.28	\$ 43,659.85	\$ 39,773.27	\$ 36,196.81	\$ 38,151.69	\$ 35,474.62	\$ 25,398.83						
	Psychiatric Inpatient	\$ 63,299.57	\$ 89,280.08	\$ 39,337.28	\$ 89,034.43	\$ 47,968.15	\$ 23,624.50	\$ 12,797.79	\$ 47,294.58	\$ 12,690.00						
	Psychotherapy and Outpatient Services	\$ 62,292.22	\$ 63,285.04	\$ 51,921.72	\$ 67,453.72	\$ 67,659.32	\$ 57,797.30	\$ 55,814.56	\$ 66,532.65	\$ 50,638.32						
	Vocational & Skills Building, Family and Health Services	\$ 12,406.31	\$ 10,296.30	\$ 7,278.28	\$ 12,130.10	\$ 10,883.10	\$ 7,548.30	\$ 12,096.05	\$ 12,400.88	\$ 8,320.86						
	Other	\$ 1,301.10	\$ 1,875.30	\$ 1,146.99	\$ 3,496.68	\$ 2,123.72	\$ 1,872.00	\$ 2,555.60	\$ 3,043.67	\$ 3,144.44						
	Total	\$ 885,082.32	\$ 802,048.45	\$ 735,685.78	\$ 877,277.45	\$ 794,766.66	\$ 826,368.81	\$ 847,720.53	\$ 885,857.83	\$ 676,496.50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Number of Registered People Receiving Services	304	308	305	302	295	294	292	298	268						
	Average Cost per Registered Person Served	\$ 2,911.46	\$ 2,604.05	\$ 2,412.08	\$ 2,904.89	\$ 2,694.12	\$ 2,810.78	\$ 2,903.15	\$ 2,972.68	\$ 2,524.24	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Service Transactions Provided	23,726	22,036	21,202	25,651	24,530	26,954	26,376	22,640	10,479						
	Average Cost per Transaction	\$ 37	\$ 36	\$ 35	\$ 34	\$ 32	\$ 31	\$ 32	\$ 39	\$ 65	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Count of Adult IDD	66	67	67	61	62	61	63	62	58						
	Count of Child IDD	22	24	19	19	21	21	20	23	20						
	Count of Adult SMI	164	163	174	168	163	161	158	158	139						
	Count of Child SED	52	54	45	54	49	51	51	55	51						
	Total	304	308	305	302	295	294	292	298	268						
	IDD Adult Cost	\$ 375,973.16	\$ 354,591.11	\$ 347,014.03	\$ 391,417.29	\$ 364,546.43	\$ 382,097.71	\$ 398,523.72	\$ 405,503.59	\$ 292,172.71						
	IDD Child Cost	\$ 55,693.35	\$ 30,871.62	\$ 37,708.41	\$ 45,689.64	\$ 37,550.08	\$ 50,329.23	\$ 60,508.67	\$ 69,536.51	\$ 36,910.25						
	Adult SMI Cost	\$ 370,542.93	\$ 318,701.08	\$ 299,314.64	\$ 372,061.96	\$ 329,317.16	\$ 314,726.37	\$ 310,869.59	\$ 340,066.73	\$ 292,891.54						
	Child SED Cost	\$ 82,872.88	\$ 97,894.64	\$ 51,648.70	\$ 68,108.56	\$ 63,352.99	\$ 79,215.50	\$ 77,818.55	\$ 70,751.00	\$ 54,522.00						
	Total	\$ 885,082.32	\$ 802,048.45	\$ 735,685.78	\$ 877,277.45	\$ 794,766.66	\$ 826,368.81	\$ 847,720.53	\$ 885,857.83	\$ 676,496.50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Adult IDD Cost per consumer	\$ 5,696.56	\$ 5,292.40	\$ 5,179.31	\$ 6,416.68	\$ 5,879.78	\$ 6,263.90	\$ 6,325.77	\$ 6,540.38	\$ 5,037.46	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Child IDD Cost per consumer	\$ 2,531.52	\$ 1,286.32	\$ 1,984.65	\$ 2,404.72	\$ 1,788.10	\$ 2,396.63	\$ 3,025.43	\$ 3,023.33	\$ 1,845.51	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Adult SMI Cost per consumer	\$ 2,259.41	\$ 1,955.22	\$ 1,720.20	\$ 2,214.65	\$ 2,020.35	\$ 1,954.82	\$ 1,967.53	\$ 2,152.32	\$ 2,107.13	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Child SED Cost per consumer	\$ 1,593.71	\$ 1,812.68	\$ 1,147.75	\$ 1,261.27	\$ 1,292.92	\$ 1,553.25	\$ 1,525.85	\$ 1,286.38	\$ 1,069.06	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total	\$ 2,911.46	\$ 2,604.05	\$ 2,412.08	\$ 2,904.89	\$ 2,694.12	\$ 2,810.78	\$ 2,903.15	\$ 2,972.68	\$ 2,524.24	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

	FY 2025 Service Information for Wexford County																	
	October	November	December	January	February	March	April	May	June	July	August	September						
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 138,522.89	\$ 120,488.45	\$ 97,535.82	\$ 110,287.02	\$ 106,376.13	\$ 132,103.67	\$ 134,949.62	\$ 132,722.96	\$ 117,855.84									
Autism Services	\$ 79,698.42	\$ 80,635.86	\$ 65,569.33	\$ 79,908.09	\$ 64,918.87	\$ 79,634.50	\$ 98,649.57	\$ 99,043.80	\$ 57,559.29									
Case Management, ACT and Treatment Planning	\$ 132,283.73	\$ 117,152.32	\$ 103,027.21	\$ 123,947.46	\$ 115,475.56	\$ 123,359.26	\$ 138,324.76	\$ 144,084.49	\$ 124,532.88									
Community Living Supports	\$ 820,165.42	\$ 783,990.73	\$ 810,395.28	\$ 800,342.19	\$ 789,514.50	\$ 860,176.11	\$ 862,104.73	\$ 851,368.88	\$ 740,899.47									
Crisis Services, Assessments and Testing	\$ 36,251.57	\$ 50,339.20	\$ 36,806.00	\$ 43,621.42	\$ 42,460.12	\$ 46,223.32	\$ 39,607.00	\$ 42,206.00	\$ 43,821.48									
Evaluation and Management Physician Level	\$ 75,524.22	\$ 60,591.49	\$ 52,507.47	\$ 64,751.26	\$ 67,093.91	\$ 67,627.86	\$ 73,843.71	\$ 58,441.40	\$ 43,767.33									
Psychiatric Inpatient	\$ 148,996.67	\$ 253,032.78	\$ 98,915.52	\$ 118,557.61	\$ 62,078.14	\$ 78,386.68	\$ 163,284.04	\$ 39,402.79	\$ 13,728.00									
Psychotherapy and Outpatient Services	\$ 97,140.70	\$ 76,304.99	\$ 63,291.06	\$ 106,919.30	\$ 110,916.17	\$ 97,316.45	\$ 130,451.92	\$ 117,508.93	\$ 116,312.46									
Vocational & Skills Building, Family and Health Services	\$ 63,163.20	\$ 53,676.43	\$ 48,048.71	\$ 65,355.67	\$ 61,541.46	\$ 53,193.68	\$ 53,355.18	\$ 50,252.93	\$ 50,288.75									
Other	\$ 10,239.60	\$ 8,257.93	\$ 6,156.61	\$ 7,609.29	\$ 7,419.89	\$ 7,073.27	\$ 10,956.06	\$ 8,844.36	\$ 9,366.94									
Total	\$ 1,601,946.42	\$ 1,604,450.18	\$ 1,382,253.01	\$ 1,521,199.31	\$ 1,407,794.75	\$ 1,545,094.80	\$ 1,695,526.59	\$ 1,543,876.54	\$ 1,318,112.44	\$ -	\$ -	\$ -						
Number of Registered People Receiving Services	557	551	501	538	529	542	583	554	521									
Average Cost per Registered Person Served	\$ 2,876.03	\$ 2,911.89	\$ 2,758.99	\$ 2,827.51	\$ 2,661.24	\$ 2,850.73	\$ 2,908.28	\$ 2,786.78	\$ 2,529.97	#DIV/0!	#DIV/0!	#DIV/0!						
Service Transactions Provided	58,704	51,625	50,727	56,214	53,174	60,508	58,535	56,744	42,604									
Average Cost per Transaction	\$ 27	\$ 31	\$ 27	\$ 27	\$ 26	\$ 26	\$ 29	\$ 27	\$ 31	#DIV/0!	#DIV/0!	#DIV/0!						
Count of Adult IDD	124	123	119	123	117	124	128	119	118									
Count of Child IDD	56	61	53	56	55	56	60	62	60									
Count of Adult SMI	278	260	238	258	261	261	276	258	235									
Count of Child SED	99	107	91	101	96	101	119	115	108									
Total	557	551	501	538	529	542	583	554	521	-	-	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
IDD Adult Cost	\$ 762,628.55	\$ 809,854.60	\$ 735,601.20	\$ 750,977.64	\$ 715,353.73	\$ 767,572.14	\$ 746,834.53	\$ 728,972.79	\$ 638,056.25									
IDD Child Cost	\$ 122,208.56	\$ 155,403.77	\$ 105,782.27	\$ 125,890.38	\$ 109,854.12	\$ 122,521.65	\$ 146,064.85	\$ 155,126.14	\$ 99,349.76									
Adult SMI Cost	\$ 588,152.76	\$ 525,230.27	\$ 472,954.56	\$ 493,352.25	\$ 477,428.40	\$ 515,892.11	\$ 621,090.86	\$ 523,021.05	\$ 472,983.99									
Child SED Cost	\$ 148,996.55	\$ 113,961.54	\$ 67,914.98	\$ 150,979.04	\$ 105,158.50	\$ 139,108.90	\$ 188,290.54	\$ 136,756.56	\$ 107,712.44									
Total	\$ 1,601,946.42	\$ 1,604,450.18	\$ 1,382,253.01	\$ 1,521,199.31	\$ 1,407,794.75	\$ 1,545,094.80	\$ 1,702,280.78	\$ 1,543,876.54	\$ 1,318,112.44	\$ -	\$ -	\$ -						
Adult IDD Cost per consumer	\$ 6,150.23	\$ 6,594.18	\$ 6,181.52	\$ 6,105.51	\$ 6,114.13	\$ 6,190.10	\$ 5,834.64	\$ 6,125.82	\$ 5,407.26	#DIV/0!	#DIV/0!	#DIV/0!						
Child IDD Cost per consumer	\$ 2,182.30	\$ 2,547.60	\$ 1,995.89	\$ 2,248.04	\$ 1,997.35	\$ 2,187.89	\$ 2,434.41	\$ 2,502.03	\$ 1,655.83	#DIV/0!	#DIV/0!	#DIV/0!						
Adult SMI Cost per consumer	\$ 2,043.71	\$ 2,020.12	\$ 1,987.20	\$ 1,912.22	\$ 1,829.23	\$ 1,976.60	\$ 2,250.33	\$ 2,027.21	\$ 2,012.74	#DIV/0!	#DIV/0!	#DIV/0!						
Child SED Cost per consumer	\$ 1,504.61	\$ 1,065.06	\$ 746.32	\$ 1,494.84	\$ 1,095.40	\$ 1,377.32	\$ 1,582.27	\$ 1,189.19	\$ 997.34	#DIV/0!	#DIV/0!	#DIV/0!						
Total	\$ 2,876.03	\$ 2,911.89	\$ 2,758.99	\$ 2,827.51	\$ 2,661.24	\$ 2,850.73	\$ 2,919.86	\$ 2,786.78	\$ 2,529.97	#DIV/0!	#DIV/0!	#DIV/0!						

https://www.cadillacnews.com/news/nlcmh-navigating-possible-funding-cuts-seeking-stability-amid-leadership-change/article_87a221f4-2ecb-4cdd-9229-9c5e1da90a6c.html

NLCMH navigating possible funding cuts, seeking stability amid leadership change

- [By Rick Charmoli Cadillac News](#)
- Jul 22, 2025

In recent weeks, Northern Lakes Community Mental Health has faced a number of challenges that have raised concerns among clients, staff and community members — but clear answers have been in short supply.

The agency is navigating financial uncertainty, including the impact of recent Medicaid funding cuts. Staffing concerns have also surfaced, with clients expressing fear about potential reductions in services or programs. Meanwhile, leadership remains in transition, as the organization continues to operate under new interim Chief Executive Officer Dr. Curtis Cummins, after the previous interim CEO, Brian Martinus, step down from the position last month.

Martinus had been serving in that capacity since October 2022 and with the goal of getting a new enabling resolution and agreement, which was accomplished in June 2023. Northern Lakes and the Northern Lakes Community Mental Health Authority encompasses Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford counties.

To address these ongoing questions and provide some clarity, the Cadillac News spoke with Cummins, who also serves as the agency's medical director. What follows is a series of questions posed to Cummins, along with his responses.

Q: What is the current financial standing of Northern Lakes Community Mental Health Authority (NLCMHA)? Are we in the red or the black? If we are in the red, what are the reasons behind these financial issues?

A: NLCMHA is currently operating in the red, primarily due to a combination of systemic and local factors.

These include insufficient revenue funding from the Michigan Department of Health and Human Services (MDHHS), rising service demands, and high-cost contract providers on the expense side. Like many CMH agencies across the state, NLCMHA is navigating a challenging financial landscape shaped by broader structural issues in Michigan's public mental health system.

It's important to note that NLCMHA is not alone facing these pressures. Community Mental Health agencies statewide are experiencing similar financial strains due to underfunded mandates, workforce shortages, administrative burdens and increasing complexity in client

needs. These challenges are not unique to our region but reflect a broader need for sustainable funding and systemic reform. NLCMHA is actively working toward cost containment and operational streamlining, which includes reviewing contracts, optimizing service delivery, and collaborating with regional and state partners to advocate for more equitable and adequate funding solutions.

Q: What were the findings of the recent audits for 2023 and 2024? Were there any instances of non-compliance or deficiencies? Was there any indication of fraud?

A: The independent audits for both 2023 and 2024 identified several areas of deficiency, primarily related to internal controls and financial reporting processes. These findings have already been addressed through corrective actions implemented by our Finance Department. Strengthened oversight, updated procedures, and enhanced training have been put in place to ensure continued compliance and improved financial stewardship. Importantly, there were no findings of fraud in these audits.

Q: What opinions were provided by the auditor regarding those audits?

A: The opinions by the auditors were that the financial statements present fairly the financial position of the business-type activities for fiscal years 2023 and 2024, including the changes in financial position in accordance with nationally accepted accounting principles.

Q: Were there any corrective action plans put in place?

A: Comprehensive corrective action plans were implemented by our Finance Department in response to the audit findings. These plans focused on strengthening internal controls, improving compliance with established financial procedures, and ensuring consistent adherence to the agency's purchasing and procurement policies.

Q: Can you explain what happened with Brian Martinus? Why did he step down so soon after it was decided he would stay until the end of July?

A: Brian Martinus made the decision to step down on June 25th. We are grateful for his leadership during a particularly challenging period for NLCMHA. His contributions were instrumental in securing a new enabling agreement that preserved the agency's structure and services, and in launching the Grand Traverse Mental Health Crisis and Access Center, which recently entered Phase II of service delivery and is now operating 24/7/365. While leadership transitions can be unexpected, the organization remains focused on stability and forward momentum, supported by a dedicated team and strong community partnerships.

Q: What is the status of the search for a new CEO? Why were the recently scheduled interviews with the two finalists canceled? Is there a new timeline for the search? Is the process over? What skills should the new CEO possess?

A: The search for a new CEO continues. The NLCMHA Board of Director has hired a search firm, The Meyers Group, who continues to vet candidates for the NLCMHA Board to review.

The recently scheduled interviews were canceled due to one of finalists unexpectedly withdrawing their application. The Board of Directors is in the process of establishing a new timeline that has yet to be determined. Valued skills for a future CEO include experience with the State of Michigan CMH system, strong knowledge of the State Mental Health Code, and relevant leadership experience managing behavioral health providers.

Q: In your opinion, what have been the biggest challenges facing NLCMH in the past six to 12 months? Why? What challenges do you foresee NLCMHA facing in the next six to 12 months?

A: The biggest challenge facing NLCMH in the past 6 to 12 months has been the budget shortfall and anticipation of deficits in FY2026. Our Leadership Team has been meeting on this issue since spring 2025 with a focus on looking at the whole organization to pinpoint ways to reduce costs while having a minimal impact on clinical services. We presented a cost containment plan to our Board of Directors in April, May and then lastly in June, when they approved the plan as a whole. The cost containment plan will be implemented over the next 12 to 18 months.

Q: With the passage of the Big Beautiful Bill, what implications does this have for NLCMHA? How many clients utilize Medicaid for services?

A: It is too early to determine the full implications of the Big Beautiful Bill for the state of Michigan or for NLCMHA specifically. However, given that approximately 80% of NLCMHA's revenue is derived from Medicaid, any significant changes to Medicaid policy or funding could have a meaningful impact on our operations and the individuals we serve.

In Fiscal Year 2024, NLCMHA provided services to 5,769 individuals across our six-county region, Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford counties. This represents about 2.5% of the local population, or roughly 1 in every 40 residents. A large proportion of these individuals rely on Medicaid to access essential behavioral health services. We are closely monitoring developments at the state and federal levels and will continue to advocate for policies that protect access to care for our communities. Our priority remains ensuring the continuity of services and support the health and well-being of those we serve.

Q: Does the renewed push for privatization complicate matters during this transition period at NLCMHA? If so, how? Do you believe this is the right or wrong course of action for clients? Why?

A: At this time, our focus remains on the cost containment plan that we've just begun implementing at NLCMHA.

It is important to note that many CMHs and mental health advocates across the state are working to stop the privatization efforts, because the result will move decisions about mental health care funding and oversight further from the communities they serve, threatening the transparency, accountability and responsiveness that define Michigan's public mental health system. Other states which have privatized their mental health systems have experienced increased wait times,

lower service quality, decreased provider rates and heightened rates of provider turnover and closures.

As demand for our services continues to increase while funding continues to decrease, people can let their local, state and national representatives know they value funding for mental health services. They can communicate their opposition to Medicaid cuts and forthcoming Medicaid rules, as well as opposition to the MDHHS' plan to privatize the public mental health system with a potential rebidding of the Prepaid Inpatient Health Plan (PIHP) system. It's my belief that such changes will adversely affect CMHs like ours and other healthcare organizations in Northern Michigan. Specifically, they may want to join [ProtectMiCare.org](https://www.protectmicare.org). People who want to learn more may visit the Community Mental Health Association of Michigan at [cmham.org](https://www.cmham.org).

Q: Have there been or will there be any cuts to services? If so, what services are or will be affected? Are there any cuts to staffing or positions? If so, which positions are impacted?

A: No programs or services will be reduced or eliminated as a result of these cuts. We hope this process will be seamless for those we serve. While 27 internal positions across most of our teams have been identified for cuts, we are analyzing processes to identify areas where we may increase efficiency through streamlining systems and leveraging telehealth services when possible. We will fill any gaps by effectively assessing operational needs and utilizing the available workforce to continue maintaining and providing the highest quality services to individuals we serve.

Q: Given the numerous changes at NLCMHA over the past few years, how did we arrive at this point? What lessons have been learned or are currently being learned?

A: It is difficult to identify specific reasons for how the agency arrived at its current state, yet we know that some of the issues revolve around the COVID pandemic and the Public Health Emergency (PHE). During that time, the individuals we served were not required to re-enroll in Medicaid and never lost their eligibility, which resulted in an influx of higher Medicaid revenue for a period of a few years. Once the PHE ended, individuals began to lose their Medicaid eligibility if they did not maintain their enrollment. As the state redetermined Medicaid eligibility, the number of people served by Medicaid across the state of Michigan decreased. As a result, there has been a lack of Medicaid revenue over the past few years. Medicaid rate adjustments from MDHHS are also long overdue, which has been a longstanding concern.

It's important to recognize that the strain on Medicaid funding is not unique to NLCMHA, but it impacts other CMHs across the state as well.

Q: Apart from the issues already discussed, what do you consider to be the biggest challenges facing mental health care locally?

A: Certainly, the hiring of a permanent CEO is a key task facing our Board of Directors and one which will help guide the future stability of NLCMHA.

Q: With so much going on right now, how is NLCMH still able to focus on the needs of its clients? What are the biggest needs of clients in Northern Michigan?

A: Some of the biggest needs for clients in Northern Michigan are affordable housing, as well as other non-medical (social determinant of health) challenges, such as economic instability and insufficient public transportation. The quality of services and support for the people we serve remains at the center of everything we do.

Q: Is there anything else that the general public or NLCMH clients should know that we haven't discussed in previous questions?

A: The good news is we have just expanded hours at the new Grand Traverse Mental Health Crisis and Access Center (GTMHCAC) on the campus of Munson Medical Center in Traverse City, where anyone in the region may access help, 24 hours a day. GTMHCAC offers a welcoming center for anyone in crisis, as well as a "Living Room" model of care at "The Center."

<https://www.miningjournal.net/news/2025/07/critics-say-michigans-plan-to-open-mental-health-contracts-to-bidding-will-outsource-local-care/>

July 16, 2025

Critics say Michigan's plan to open mental health contracts to bidding will outsource local care

LANSING — The Michigan Department of Health and Human Services is looking to open mental health services to a competitive procurement process, a move that has drawn criticism from mental health advocates and organizations across the state.

Maribeth Leonard, CEO of LifeWays- a community mental health services program that serves Hillsdale and Jackson counties- outlined how this proposal could upend Michigan's existing system of regionally governed behavioral health oversight.

In a letter to the community, Leonard said the change in the funding model would “move decisions about mental health care funding and oversight further from the communities they serve, threatening the transparency, accountability, and responsiveness that define Michigan's public system.”

Michigan's current infrastructure comprises ten Prepaid Inpatient Health Plans, or PIHP. These regional administrative entities are charged with managing a region's behavioral health Medicaid funds. The Mid-State Health Network, for example, serves 21 counties and consists of 11 different community mental health organizations, including LifeWays.

This is not the first time prepaid plans have been threatened with privatization. Indeed, there have been at least five serious attempts over the past decade. Most recently, bills introduced by Republican lawmakers in 2021 stalled in the state Legislature after encountering significant opposition from mental health advocates. Before that, in 2019, Governor Gretchen Whitmer, a Democrat, issued a line-item veto rejecting a budget provision that would have advanced a privatization pilot program first introduced under the administration of former Republican Gov. Rick Snyder.

In this instance, however, the push for privatization comes not from a Republican-led legislature, but from a department within the state's Democratic-led executive branch: the Michigan Department of Health and Human Services.

According to MDHHS, the shift to competitive procurement is intended “to address issues within the current PIHP system that compromise service quality, accountability, and efficiency.” The department cited “fragmentation, service inconsistency, and limited accountability” as critical flaws in the current PIHP system.

The department is advancing a plan that would open the contracts for regional prepaid plans to competitive bidding, allowing large nonprofit entities with no local ties to apply. A letter from LifeWays CEO Maribeth Leonard explained that, while the proposal “requires that bidders be nonprofit entities, it still allows large private nonprofits –some of which may operate outside of our region or even our state, like Blue Cross Blue Shield or Meridian Health Plan– to take over functions currently managed by locally governed public agencies.

The state health department conducted a month-long survey in March 2025, reaching out to 2,600 Michiganders and garnering various perspectives. In a statement to Michigan Advance, the agency elaborated that the plan for privatization was “informed by extensive feedback” from Medicaid beneficiaries and their families, community-based organizations, advocacy groups, and o

In addressing the survey responses, the department said that the proposed plan would “help to increase consumer choice and access to services while preserving the Community Mental Health Services Programs.”

Furthermore, the department used the survey responses to develop a four-pillared approach to their proposal, striving to “provide high quality, timely services, improve choice & consistency across regions, ensure accountability & transparency, and simplify the system with reduced bureaucracy.”

Interestingly, while both state health department and mental health advocates cite accountability, transparency, and improved response as primary objectives, they propose fundamentally different solutions to achieve them.

Leonard pointed out that the implementation of this proposal could have unintended consequences, namely increased wait times, lower service quality, decreased provider rates, and heightened rates of provider turnover and closures.

Leonard’s concerns are a reality for several other states: Oklahoma predicted that privatizing mental health care would cost the state an additional \$716 million annually. A June 2024 state report from Oregon found that privatization had led to an influx of “phantom networks”–provider directories listing clinicians who aren’t actually accepting patients. North Carolina saw a drastic increase in staff turnover in public-sector mental health, as well as significant increases in behavioral health-related emergency room visits.

In a letter to Governor Gretchen Whitmer, the Michigan Association of Counties explained that private health plans operate at higher cost than their public counterparts. The current system spends approximately 2% of Medicaid funding on administrative costs, marketing, billing, and executive salaries. On the other hand, privatized infrastructures typically spend around 15% on these overhead costs.

In short, the letter continues, “such an increase would divert over \$500 million annually from direct services to administrative expenses, exacerbating existing funding shortfalls and diminishing the quality and accessibility of care.”

Similarly, Leonard emphasized that even if the infrastructure is reduced, the necessity remains. The only difference, she noted, is that those in need of mental health services will end up elsewhere.

“They’re going to end up in other places—in your jails, they’re going to end up in your emergency departments,” said Leonard. “The need won’t go away.”

“The other key thing,” she added, “is that right now, the mental health code requires, on our board, the participation of those with lived experience. You’re not going to have that with a private plan.”

The Michigan Department of Health and Human Services plans to issue a request for proposal sometime this summer, with the proposed service start date scheduled for October 1, 2026. At this point, the language of the proposal has yet to be formalized.

However, Leonard noted that, based on the preliminary proposal requirements, none of Michigan’s prepaid plans would be eligible to apply. In short, another organization would be able to take control of the state’s mental and behavioral health infrastructure.

Further, she explained, shifting towards a privatized model would divert decision-making power away from the communities. Unlike the current infrastructure, private non-profits are not subject to Freedom of Information Act requests, which would leave the community with limited tools to monitor decision-making, spending, or performance. Essentially, Leonard explained, the proposal “threaten[s] the transparency, accountability, and responsiveness that define Michigan’s public system.”

LifeWays will be hosting an educational forum for state legislators on July 25 that will include a detailed briefing from the Community Mental Health Association of Michigan and the opportunity to engage with community members, local leaders, and policymakers.

<https://upnorthlive.com/news/local/it-just-feels-criminal-jobs-threatened-for-workers-with-disabilities-in-michigan>

It just feels criminal': jobs threatened for workers with disabilities in Michigan

by Marc Schollett/Daniella Maxwell

Wed, July 16th 2025 at 6:26 PM

TRAVERSE CITY, Mich.(WPBN/WGTU) — [Grand Traverse Industries \(GTI\)](#), a community partner for individuals with intellectual and developmental disabilities, faces significant challenges due to new state policy changes.

This policy change could soon impact dozens of workers at GTI, which provides employment opportunities for individuals with developmental disabilities.

The change, driven by a directive from the Michigan Department of Health and Human Services (MDHHS), requires GTI to transition its program to a community-based model, potentially eliminating funding for many workers.

Cindy Evans, executive director of GTI, does a lot of work carrying out the companies mission. "So we are here to fiercely advocate for individuals with developmental disabilities, and we employ and provide services to them."

Evans expressed concern over the directive in the community for folks who might struggle to find work without them. "We've been told by actually North Country Community Mental Health that there is a directive from MDHHS that we have to transition our program into a community-based model," she said.

Evans noted the inconsistency of the directive across the state and with the Community Mental Health agencies GTI works with, making it difficult to understand the decision's driving force.

GTI provides day programming, paid employment options, and community engagement across Northern Michigan.

"We have a location in Traverse City and we have a location in Mancelona, and we employ about 40 individuals in the Mancelona facility, and I think we're at around 130 here in Traverse City," said Evans.

Dennis Kendall, is a 26-year-old who has relied on GTI's Mancelona work placement for four years.

Kendall works five days a week with the support of community partners and a job coach. "A job is actually awesome to have 'cause it makes me feel good having a job and I can earn that money and do stuff I wanna do," he added.

North Country Community Mental Health informed GTI that it must alter its programming model due to newly interpreted Medicaid policy definitions.

Under the new model, individuals on certain Medicaid waivers will no longer receive services inside GTI facilities, and paid work within GTI's building is no longer billable.

Evans expressed concern over the loss of choice and flexibility. "I never imagined we'd be told that the paychecks our individuals earn no longer matter—that only those capable of competitive integrated employment count," said Evans. "We've been told an unpaid volunteer role in the community is better than someone earning a paycheck in our building. That's not inclusion—it's exclusion, and it's deeply disheartening."

A change in Medicare definitions would help eliminate funding for dozens of folks like Kendall.

"So it's really hard to pinpoint what's honestly driving this directive because it's not consistent across the state, nor is it consistent with the CMHs that GTI specifically works with," said Evans.

Getting answers from MDHHS and North Country Community Mental Health has been a challenge which has made plotting path forward even more difficult especially for the Mancelona office.

Evans highlighted the potential impact on workers like Kendall. "We have to transition, we have 12 months to transition those individuals into services that are 100% community-based, which means there's around 40 individuals that are going to lose a paycheck and a job unless we can work to develop additional supported employment opportunities," she said.

The policy change could also affect workers in Traverse City.

Evans described the situation as unjust. "It just feels criminal. It just seems unjust to take away options and choices for the individuals with the most significant disabilities and that's what would happen. People would get left behind and I think that's the most difficult piece of all of this uncertainty," she said.

GTI is urging supporters to contact legislators, local community mental health agencies, and MDHHS to advocate for the continuation of their programs.

"Right now we want them to reach out to our legislators and say, Hey, this is this needs to stop. These programs need to be supported and they need to be protected and we need individuals to also contact MDHHS," Evans said.

Without a change in the projected policy, much could be lost for GTI and its workers.

"There are not other services. There's not other opportunities that provide the supports that we provide," Evans said.

GTI hopes to gain more clarity at an upcoming North Country Community Health board meeting and continues to encourage community support.

Mental health agency at key turning point

Audits, accreditation work show promise; CEO search continues

Mental health agency at key turning point

NORTHERN LAKES

BY PETER KOBS

pkobs@record-eagle.com

GRAYLING — After years of operational and financial turmoil, the mental health agency that serves six northwestern Michigan counties is at a major turning point that could determine its future.

One path leads to further cutbacks and a potentially serious cash crunch.

Another path leads to a promising, if not perfect, turnaround for the beleaguered organization that serves more than 5,700 people per year at multiple facilities around the region.

Exactly which option will prevail is uncertain — possibly both.

The board of Northern Lakes Community Mental Health Authority met in Grayling for nearly three hours Thursday afternoon to blaze a way forward.

The meeting room was crowded with clients, family members and various stakeholders, some of whom spoke passionately about the impact of cuts on mental health services around the region.

And the timing of the turnaround effort couldn't be more critical.

"Cash flow is a major concern right now," said board member Al Cambridge who serves on the agency's finance committee.

"We are really living paycheck to paycheck," Cambridge added. "There's some concern that the allotment we receive each month may come later than our payroll obligations."

THREE MAIN GOALS

Now the Northern Lakes board and leadership is focused on three main goals: 1) Restore financial stability, 2) Demonstrate operational competence and integrity, and 3) Minimize the impact of cutbacks on people served.

Achieving those goals is essential to getting millions of dollars of reimbursements funds that are currently being "held back" from Northern Lakes by the Northern Michigan Regional Entity, officials said. NMRE is one of 10 "Prepaid Inpatient Health Plans" that manage Medicaid funding for behavior health, disability and substance abuse services in Michigan.

Right now, NMRE isn't willing to provide additional funding to Northern Lakes — other than funds mandated by law — until Northern Lakes can prove it is solving key compliance and financial problems.

On Thursday, several Northern Lakes officials

expressed frustration that NMRE isn't giving the agency credit for the progress it has already made.

"They're supposed to be supportive, but sometimes it feels more like an attack," said newest board member Mark Nyman of Wexford County. "We are doing what they asked us to do."

POSITIVE DEVELOPMENTS

But there was some good news to report, they noted.

Northern Lakes recently developed a hard-nosed "action plan" that directly addresses an ongoing "overspend" that has dogged the agency for at least two years.

SEE HEALTH [PAGE 2A](#)

Audits, accreditation work show promise; CEO search continues

Mental health agency at key turning point

HEALTH

FROM [PAGE 1A](#)

The organization's 2024 budget totaled \$84.7 million in spending, including outside contracts and residential services.

Exactly how much overspend is taking place now depends on how the figures are calculated for each funding source. The latest estimate through May of the current fiscal year is about \$5 million, officials said.

At an emergency meeting June 27, board members approved the "painful but necessary decision" to lay off 27 staff members while pledging not to reduce "mandated services" required by law or regulation.

Additional cuts will be coming in the future, officials said, including likely reductions in contracted services throughout the service area. Those contracted providers account for about 60% of the agency's overall budget, agency documents show.

On Thursday, board members heard from Christina Schaub of the accounting firm of Rosland, Prestage & Co. The firm recently completed an independent financial compliance audit of Northern Lakes books for 20232024.

Schaub said the audit identified several "material weaknesses" or "significant deficiencies" at Northern Lakes. Most of the weaknesses discussed on Thursday pertained to the agency's

procurement process, allocation of certain federal funds and internal accounting controls.

However, auditors made no findings of possible criminal activities or collusion in their report.

They also praised current agency staff for their cooperation and assistance during the audit process.

Northern Lakes officials added that a recent on-site evaluation by the Commission on Accreditation of Rehabilitation Facilities went "extremely well."

CARF provides accreditation credentials for Northern Lakes and many other providers around the country.

NEXT STEPS

Rebuilding trust and improving communication between Northern Lakes and NMRE is an essential next step, said board Chair Greg McMorrow, who sounded a conciliatory tone.

“I’m loathe to to criticize any (NMRE) actions that will create an adversarial relationship,” he said. “Clearly, there are miscommunications on what we believe are reasonable expectations.”

“Those things need to be ironed out,” he added. “I’ll ask them to engage with us directly.”

Kim Morley, a board member from Roscommon County, agreed. She said a small, person-to-person meeting with NMRE leaders would be the next logical step.

“We’ve got to be prepared for their objections,” Morley noted. “That’s really ‘Sales 101’ — you anticipate the issues that will come up and be ready with answers based on real evidence.”

Longtime board member Mary Marois said she is pleased by the makeup of the Northern Lakes board and has high hopes for the ongoing CEO search to replace Interim CEO Brian Martinus, who resigned suddenly last month.

“Our board members are engaged and they know what’s going on,” she said. “We can disagree about things in a civil way. It’s really a pleasure working with them, even in these trying times.”

Almost everyone who volunteers to serve on a mental health board has some family member, friend or relative who has experienced a mental health crisis or disability, Marois added.

“They definitely come to the table with empathy and compassion,” she said.

The recent layoffs of two part-time staff at Northern Lakes “clubhouse” programs were unfortunate, Marois said, but she hopes those positions will be restored in the future as the agency’s finances improve.

The next regular meeting of the Northern Lakes board is scheduled for Aug. 21 at the Leelanau County Government Center, 8527 E. Government Center Drive, in Suttons Bay. For additional information, visit the Northern Lakes website at [http:// www.northernlakescmh.org/](http://www.northernlakescmh.org/).



Marois

Mental health crisis center now open 24/7

‘A significant step forward’

Center now open 24/7

Community milestone

BY PETER KOBS

pkobs@record-eagle.com

TRAVERSE CITY — The Grand Traverse Mental Health Crisis and Access Center, which opened in early January, is now serving the community 24 hours a day, seven days a week.

Area mental health advocates are calling it a “milestone” because it fills a persistent need in the region.

“Anyone experiencing a mental health crisis now has access care at the Center any hour of the day, every day of the year,” said Michael Corby, the center’s behavioral health director.

“This is an exciting day and a significant step forward in the mental health resources we are able to provide our community.”

At 410 Brook St. on the campus of Munson Medical Center, the two-story center with patient- and family-friendly features opened earlier this year. Crisis services are currently provided by Northern Lakes Community Mental Health Authority.

In addition to the 24/7 schedule, the facility will now also offer psychiatric urgent care on weekdays from 8 a.m. to 5 p.m. Those services are provided by Munson Healthcare.

“The center adds a much-needed component to the behavioral health continuum of care that’s been missing in our community,” said Terri Lacroix-Kelty, executive director of

SEE MENTAL **PAGE 2A**



The new Grand Traverse Mental Health Crisis and Access Center is now open 24 hours a day, seven days a week. It is located at 410 Brook St. on the campus of Munson Medical Center.

Photo courtesy of MHC

‘A significant step forward’

MENTAL

FROM **PAGE 1A**

behavioral health for Munson Healthcare.

“We’ve seen a steady increase in the number of people utilizing the center during these initial six months and we’re excited about the impact these expanded hours and addition of psychiatric services will have in our community.”

Psychiatric urgent care is best suited for people with acute behavioral health needs that are serious, but not immediately life-threatening, Munson officials said. Examples include:

- Escalating symptoms of depression, anxiety or mania without immediate danger
 - Suicidal ideation with or without a plan and intent
 - Behavioral changes that are concerning but do not pose an immediate safety risk
 - A need for timely medication adjustments, crisis intervention or short-term stabilization
- The nonprofit crisis center accepts all patients and all forms of insurance.

NEXT TWO PHASES

The final two phases of the center’s ongoing rollout will include an adult crisis residential unit and pediatric crisis residential unit. Depending on licensing and staff availability, those phases are slated for late 2025 and/or 2026, according to a Munson spokesperson.

In some cases, a visit to the emergency department at Munson Medical Center, or another similarly equipped hospital, may be warranted, clinicians said. For example, an immediate risk to life because of disorientation, psychosis, aggressive behavior or serious medical concern, such as overdose, chest pain, or significant injury, may require an emergency department visit.

Those people whose symptoms are stable, are in ongoing treatment, and are effectively using medication and coping strategies, can often be best served through outpatient services, they added.

MORE IN-PATIENT BEDS

While the crisis center is welcome news, mental health advocates say more must be done to fill the critical need for in-patient psychiatric care beds, which can function differently from “crisis residential beds” on the broader continuum of care.

“In-patient psychiatric beds and residential mental health crisis unit beds represent different levels of care within the mental health system,” Lacroix-Kelty explained.

“Inpatient psychiatric beds offer 24/7 medical and nursing supervision, most often in a hospital setting within a locked unit,” she added. “Residential mental health crisis units are not locked and offer a more home-like environment for individuals needing crisis stabilization or a next step in care following an inpatient hospitalization.”

Munson officials said they anticipate the new crisis residential units will help offset some of the demand at Munson Medical Center “because many of those patients will be able to receive the level of care they need at the crisis center.”

Meanwhile, leaders, clinicians and activists from around the state recently testified at a Michigan Legislature hearing July 1 on the same topic, many of them via video link. Several of the commenters were from the Grand Traverse County area.

“When it comes to inpatient psychiatric beds, northern Michigan is the most underserved region in the state,” said local mental health advocate Kate Dahlstrom. “The more people know about this shortage, the more we’ll be able to get the resources and facilities we need.”

Another hearing on the topic is scheduled for July 15, according to Stone Kelly, legislative director for state Rep. Matthew Bierlein, R-Vassar.

[Copyright \(c\)2025 The Record-Eagle, Edition 7/12/2025](#)

[Powered by TECNAVIA](#)

Saturday, 07/12/2025 Page .A01

Copyright (c)2025 The Record-Eagle, Edition 7/12/2025

<https://www.northernexpress.com/news/feature/budget-cuts-to-mental-health-services-threaten-livelihoods-of-the-disability-community/>

Budget Cuts to Mental Health Services Threaten Livelihoods of the Disability Community

Funding shortages, eliminated services, and Medicaid changes have advocates worried

July 19, 2025

In northern Michigan, where community ties run deep and services for vulnerable populations often rely on shoestring budgets, recent cuts to mental health funding are shaking the foundations of organizations like Grand Traverse Industries (GTI), a nonprofit that offers “vocational training, employment, and habilitation services” to people with disabilities in seven counties.

The crisis stems from a significant budget shortfall at Northern Lakes Community Mental Health Authority (NLCMHA), which provides services to individuals with mental illness, intellectual and developmental disabilities, and co-occurring disorders across Grand Traverse and five other counties.

Per the NLCMHA website, “Northern Lakes CMH contracts with Grand Traverse Industries in Traverse City to provide Employment, Training and Personal Social services for persons with developmental disabilities to enhance social and daily living skills, work and productivity skills, attendance, stamina, and communication skills, along with many other skills necessary for community independence.”

At the center of the issue is a \$9 million funding gap, which has led NLCMHA to approve a reduction of 27 staff positions in a move to contain costs. Though leadership insists that no services will be eliminated, families and service providers on the ground are deeply concerned about possible changes—especially to the popular program with GTI.

A Lifeline

For Patrick Korbel, a 43-year-old man with intellectual and physical disabilities, GTI is more than a workplace—it’s a lifeline. Living in a group home, Patrick is non-verbal, uses a wheelchair, and receives daily support for hygiene, medication, mobility, and communication. GTI’s day program provides him with routine, purpose, and a social circle that he cherishes. It also provides him with a paycheck. GTI employs Patrick in office, where he assists with administrative duties.

For families like the Korbels and individuals like Patrick—who has worked at GTI since 2008—the consequences of funding cuts could be life-altering.

“My parents and I are concerned that he could spend all day, every day at home. His job gives him dignity and a way to contribute to his community,” said Patrick’s sister, Kelly Busley, on the looming funding cuts. “There is so much loss that would happen if he was denied access to the state program. I’m not sure Patrick is even aware that this is something that could be coming to an end.”

Concerns about the reduction of programming at GTI in Traverse City surfaced due to upcoming changes at their Mancelona location. In Mancelona, GTI works with North Country Community Mental Health, which has required GTI to work with a subject matter expert from the Michigan Department of Health and Human Services to create a 12-month plan to transition their programming to a community-based model. This is expected to eliminate services in the Mancelona facility, including funding for those who would like to work at GTI to earn a paycheck.

“People are just now starting to talk about this publicly,” Busley tells us. “We’ve been attending board meetings, trying to get the word out. I feel helpless. It seems dire.”

She also notes that the Mancelona site is particularly vulnerable. “They’ve already announced a community-based model, but no one knows how that’s actually going to work.” Busley is concerned the same thing will happen in Traverse City, where Patrick works. “You hear people talk about how folks like Patrick should be out in the community, but it completely misses the point.”

A Step Forward

Northern Lakes CMH Interim CEO Curtis Cummins has acknowledged the urgency and severity of the situation. Staff reduction was the first step in bridging the funding gap.

“This is incomplete, and there is still work to be done,” Cummins says of the cost containment plan. “Our focus has been on reducing costs while having minimal impact on clinical services. GTI is a valuable partner of ours and the community. GTI should face no impact or reduction in services.”

Cummins emphasized that the agency is working on a 12- to 18-month plan to stabilize services, including streamlining operations and considering the return of residents placed in specialized downstate facilities.

He also confirmed that the agency served 5,769 individuals across its six-county region in fiscal year 2024, roughly 1 in 20 local residents.

A Logistical Challenge

For Cindy Evans, Executive Director of Grand Traverse Industries, the issue is both financial and philosophical. She struggles to wrap her head around the idea that a one-size-fits-all model could meet the individualized needs of people like Patrick.

“The elimination of the day program or a shift to all community-based services sounds nice in theory,” Evans said. “But as someone who works in the disability community, I understand that you can’t send everyone into the community based on their needs or desire to socialize. People need support, and sometimes, they need a place where they feel safe and understood.”

GTI has long prioritized inclusion and choice. “We’re deeply woven into the fabric of the community,” says Evans. “Our participants are not hidden away. They are out volunteering, working, engaging. But they also need a home base—a place where they can be among peers and thrive.”

Evans also highlights a logistical issue: In rural towns like Mancelona, options for true community integration are severely limited. “If I can’t have people work at our building, and I’m supposed to take everyone into the community, where exactly am I taking them? How do I staff it? How do I transport them? It’s nearly impossible.”

Even more troubling is that no one has asked for this change. “Nobody has said, ‘I don’t want to work; I’d rather volunteer,’” she explains. “We’ve built these programs around the actual needs of the people we serve.”

An Uncertain Future

While NLCMHA says essential services like crisis intervention and outpatient therapy will remain in place, the shift toward cost-cutting has rattled both families and providers. The potential for Medicaid rule changes and privatization of the mental health system looms, raising questions about the long-term viability of regional agencies like NLCMHA.

Both Cummins and Evans urge community members to get involved—starting by contacting northern Michigan lawmakers.

“People can let their representatives know they value funding for mental health services,” Cummins said. “They can oppose cuts to Medicaid and proposed plans to privatize the public mental health system. Joining advocacy groups like ProtectMIcare.org is one way to help.”

Speaking of Medicaid, the Michigan Department of Health and Human Services (MDHHS) has released proposed changes to Medicaid billing definitions, which would go into effect later this year. GTI advocates highlight some of these changing definitions as key drivers of service changes, noting that new wording could limit or even exclude the very people these policies are intended to help.

Public comment on the proposed changes is accepted through July 29, 2025. Visit michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/proposed-medicaid-changes and navigate to the section titled 2507-BH, §1915(i) State Plan Home and Community-Based Services to learn more.

At the end of the day, Busley says advocacy isn’t optional—it’s a necessity.

“There’s a group of parents and guardians reaching out to state representatives. This isn’t just about Patrick. It’s about hundreds of people like him, who deserve dignity and community and support. ... And we’re fighting to keep it that way.”

Munson Leaders Talk Busiest Week Ever, Strategies For Alleviating Capacity Strains

By Craig Manning

7.20.25

Munson Medical Center (MMC) may have just clocked its busiest week ever.

“Our emergency department (ED) saw 193 patients on Monday alone; I’m not aware of a higher number than that [in hospital history],” says Dr. Thomas Schermerhorn, MMC’s chief medical officer. For reference, Schermerhorn shares that a typical summer day at the ED would see 155-165 patients.

It’s not just the emergency room, either. Brian Lawson, marketing and communications manager for Munson Healthcare’s central region, says MMC “has been running close to capacity all week.

“This is probably as busy as the hospital has ever been,” Lawson tells *The Ticker*.

What was it about this week that was so exceptional? Munson leaders say it’s not one specific thing, but rather a perfect storm of factors. At the top of the list? The region’s seasonal spike in population, both from tourists and seasonal residents.

“For MMC, the Fourth of July/Cherry Festival week is typically what kicks off our summer,” Schermerhorn says. “That’s when our temperatures – both air and water – finally warm up enough for folks to say, ‘Okay, it’s summer; let’s go to Traverse City.’ And with the increased number of folks here, you’re going to have more people presenting to the ED and to the hospital.”

[Speaking to The Ticker in 2023](#), Munson Healthcare Chief Medical, Quality, & Safety Officer Joe Santangelo said that MMC’s ED has typically seen a 40 percent increase in traffic in the summer months compared to the off-season. Even compared to [previous summers](#), though, Schermerhorn and Lawson admit that MMC’s recent traffic numbers have been off the charts.

“We’ve never seen a July quite like this before,” Lawson says. “Certainly, the influx of people coming into the area plays a role in that. But the people that we do have in the hospital also seem to be sicker. We’re seeing a lot of stroke, a lot of trauma, a lot of injury and respiratory illness – not just in Traverse City, but across the system.”

“We had a pretty busy January and February this year, too, so I think it’s more than just the visitors,” Schermerhorn interjects. “We’re not seeing the seasonal drop-off that we used to, and because of that, we think there’s a demographic shift. As more folks retire here or shift here for late-career, there are more people in the stage of their lives where they’re going to need medical care more frequently.”

If there’s a silver lining, Schermerhorn says, it’s that Munson Healthcare recently rolled out several initiatives to ease capacity strains at MMC. Earlier this month, for instance, [the new Grand Traverse](#)

[Mental Health Crisis and Access Center](#) made the transition to round-the-clock crisis walk-in services – and has since seen a substantial uptick in traffic.

“Our team served a total of 65 people that walked in during the first week [of 24/7 service], and that’s on par with our biggest month ever, let alone our biggest week,” says Terri Lacroix-Kelty, executive director of behavioral health for Munson Healthcare. “So, we’ve been able to alleviate some of that stress on the ED for people in behavioral health crisis.”

Also launched this month: a new type of telemedicine. Already, Munson leans on telehealth offerings like Virtual Urgent Care and the Ask-A-Nurse hotline to triage patients before they visit the ED. The new telehealth strategy goes one step further, deploying multiple “mobile medical units” (pictured, right) to the ED and other parts of MMC, to “bring telehealth into the inpatient setting.”

Schermerhorn describes each mobile medical unit as “a column with a camera and speaker on the top and a monitor attached,” plus assessment equipment like a stethoscope that allows tele-providers to listen to heart, lung, and abdominal sounds from afar.

The main application of those units is “tele-triage.” Patients who come to the ED with less severe issues can connect with “advanced practice providers” (APPs) via the mobile medical units rather than waiting to be seen by an in-person provider. The APPs, Schermerhorn says, are all Munson-based providers – most of them nurse practitioners or physician assistants – and can assess patients remotely to determine next steps.

“What that allows our ER staff to do is begin initial testing,” Schermerhorn says. “Say, if, through that tele-triage assessment, the APPs identify we need to check a blood count to check for an infection, or we need to order an x-ray to look for a fracture. We can initiate that ordering process early in the patient’s presentation, so that when they transition to their in-person evaluation, there’s not a delay.”

The new telehealth system currently consists of four mobile medical units at MMC, including two in the ER and two in the main hospital. The units in the hospital are utilized for admissions, with “a second set of virtual providers” standing by to streamline the patient intake process for individuals who have gone to the ED and been determined “suitable for admission.”

“In those cases, we can utilize the platform to perform an admission history and a physical exam, expediting the admission of the patient to our floor and their initiation of their care,” Schermerhorn says.

Just how impactful are these telehealth systems? With two units active in the ED, Schermerhorn tells *The Ticker* that virtual providers can see “up to 25 patients per shift with this platform.” That number isn’t enough to solve Munson’s current traffic problem, but it’s a start.

“Our volumes right now are 30 percent higher than typical at some points, and in a hospital setting, you can’t usually have staff standing by able to accommodate those surges,” Schermerhorn says. “What the telehealth platform allows us to do – both in the triage and the hospital admissions formats – is flex for fluctuating capacity and allocate resources as the patients present.”

Longer term, Schermerhorn hopes the systems will provide the data Munson needs to better understand its staffing needs in this new, busier era of Traverse City medical care.

“So, if the data shows we're consistently needing to deploy the telehealth platform at such-and-such time of day, that's a time when we want to ultimately add an additional in-person provider,” he says. “In the meantime, these units are going to help us with the unanticipated surges as we're getting to understand our patient presentation trends a little better.”

#

Northern Lakes CMH

June 2025

Preliminary
Board Report

Northern Lakes CMH

Summary of Variances and Fluctuations

October 1, 2024 through June 30, 2025

II. Operating revenue

- **Medicaid Capitation** - Estimated Medicaid expenses are approximately **\$1.9M MORE** than the capitated payments received from NMRE resulting in a current **OVERSPEND**. The positive news is that we have received some rate recalculations resulting in more Medicaid and HMP revenue decreasing our deficit.
- **Healthy Michigan Capitation** - Estimated Healthy Michigan expenses are approximately **\$2.3M GREATER** than the capitated payments received from NMRE resulting in an **OVERSPEND**.
- **General Fund Capitation** - Estimated expenses are approximately **\$3M MORE** than the capitated payments received resulting in an **OVERSPEND**.
- **Grant Revenues** - Grant revenues and expenses are tracking as expected.

IV. Operating expenses

- **Salaries, wages and fringes** - Salaries and fringes are approximately \$900k under budget. Total directly operated expenses are about \$900k under budget through June.
- **CMH Provider Network Contractual Services** - are about \$2.2 M over budget through June. Mostly driven by residential contracts and CLS providers.

Northern Lakes CMH

Statement of Net Position

June 30, 2025

	(Unaudited) 6/30 2025	(Unaudited) 6/30 2024	Favorable (Unfavorable)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 706,017	\$ 6,511,348	\$ (5,805,331)
Investments	-	8,126,301	(8,126,301)
Due from other governmental units	20,975,669	6,330,217	14,645,453
Prepaid items	1,167,973	963,278	204,694
Total current	22,849,658	21,931,144	918,514
Noncurrent:			
Capital assets not being depreciated	1,786,125	1,870,395	(84,270)
Capital assets being depreciated, net	4,138,704	4,701,662	(562,958)
Deferred outflows - Pension	1,416,119	2,033,495	(617,376)
Total noncurrent	7,340,947	8,605,551	(1,264,604)
Total assets and deferred outflows	30,190,606	30,536,695	(346,090)
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	4,218,150	502,572	(3,715,578)
Accrued wages and related liabilities	(207,912)	81,499	289,411
Due to other governmental units	1,558,724	1,742,135	183,411
Unearned revenue	19,983	38,276	18,294
Other current liabilities	(332)	(6,090)	(5,758)
Compensated absences, due within one year	202,381	215,055	12,674
Lease liability, due within one year	587,091	676,014	88,923
Total current liabilities	6,378,085	3,249,461	(3,128,623)
Noncurrent			
Compensated absences, due beyond one year	1,146,847	1,218,651	71,805
Lease liability, due within one year	33,341	46,826	13,485
Net pension liability	4,639,399	5,188,225	548,826
Deferred inflows - Pension	(683,732)	(495,877)	187,855
Total noncurrent liabilities	5,135,855	5,957,826	821,971
Total liabilities and deferred inflows	11,513,940	9,207,287	(2,306,653)
NET POSITION			
Net investment in capital assets	6,375,206	6,375,206	-
Internal Service Fund Balance	654,322	444,908	(209,414)
Current Year to date Change in Net Position	(1,539,280)	(2,927,321)	(1,388,041)
Unrestricted	12,697,876	12,898,700	200,824
Total net position	\$ 18,188,125	\$ 16,791,494	\$ 1,396,631

This financial report is for internal use only. It has not been audited, and no assurance is provided.

Northern Lakes CMH

Statement of Revenues, Expenses compared to Budget

October 1, 2024 through June 30, 2025

	(Unaudited) 6/30 2025	(Unaudited) 6/30 2024	YTD Budget 6/30 2025	Favorable (Unfavorable)
Revenues				
Medicaid Sources				
Medicaid	\$ 49,388,088	\$ 44,026,000	\$ 48,581,206	\$ 806,883
Medicaid - Settlement	<u>1,967,488</u>	<u>1,688,332</u>	-	1,967,488
	51,355,576	45,714,332	48,581,206	2,774,371
Healthy Michigan	4,011,171	3,412,739	3,080,312	930,859
Healthy Michigan - Settlement	<u>2,399,572</u>	<u>2,465,840</u>	-	2,399,572
	6,410,743	5,878,579	3,080,312	3,330,431
State General Fund	2,179,116	2,179,116	2,179,115	1
Grants	757,562	1,278,306	1,684,992	(927,430)
County appropriations	770,056	757,298	770,055	1
Northern Healthcare Management	40,891	7,841,200	-	40,891
Other revenue	<u>2,105,468</u>	<u>2,426,666</u>	<u>2,419,082</u>	<u>(313,614)</u>
Total operating revenue	63,619,411	66,075,497	58,714,763	4,904,649
Employed Workforce and Agency Expenditures				
Personnel	21,512,100	21,708,218	22,496,255	(984,155)
Admin Contracts	1,450,575	735,376	1,179,119	271,456
Direct Operations	1,601,404	2,955,717	2,410,304	(808,900)
Contractual Servcies	1,493,763	1,695,089	718,271	775,492
Transportation	461,015	455,139	781,241	(320,226)
Occupied Space	<u>1,192,830</u>	<u>959,864</u>	<u>1,063,129</u>	<u>129,702</u>
Total Directly Provided & Agency Oversight	27,711,687	28,509,404	28,648,319	(936,632)
Contracted Provider Expenditures				
Autism Services Providers	3,055,774	3,049,458	3,043,690	12,084
Clinical Contract Providers	272,003	507,566	1,726,829	(1,454,825)
Daytime Activities Contract Providers	5,501,867	5,129,831	4,495,180	1,006,687
FI Provided Self Determination	1,513,262	1,424,113	1,473,957	39,305
Inpatient Services	4,468,133	5,359,673	5,366,999	(898,866)
Theraputic Contract Providers	289,381	349,855	321,950	(32,569)
Residential Contracts	18,301,310	16,686,616	15,823,476	2,477,834
CLS Providers	3,623,864	2,694,683	2,435,468	1,188,396
Northern Health Care Mgt Services	(23,619)	4,637,631	25,429	(49,048)
Northern Health Care Mgt Respite	-	(63)	-	-
Client Transportation Providers	<u>445,029</u>	<u>654,049</u>	<u>480,770</u>	<u>(35,741)</u>
Total Contracted Provider Expenditure	37,447,004	40,493,413	35,193,746	2,253,258
Total operating expenses	65,158,691	69,002,818	63,842,065	1,316,626
Change in net position	<u><u>(1,539,280)</u></u>	<u><u>(2,927,321)</u></u>	<u><u>(5,127,302)</u></u>	<u><u>3,588,023</u></u>
YTD NMRE Cost Settlement	<u>4,367,060</u>	<u>4,154,172</u>	<u>(5,127,302)</u>	<u>(779,037)</u>
	<u><u>(5,906,340)</u></u>	<u><u>(7,081,493)</u></u>	<u><u>(5,127,302)</u></u>	<u><u>(779,037)</u></u>

This financial report is for internal use only. It has not been audited, and no assurance is provided.

Northern Lakes CMH

Summary of Provider Network Contract Activity

October 1, 2024 through June 30, 2025

Provider Network Category	YTD Budget 6/30/2025	YTD 6/30/2025	Budget to Actual Inc/(Dec)	YTD 3/31/2024	Variance from PY Inc/(Dec)	% Change
Houghton Lake Drop In - Drop In Centers	\$	\$	\$	65,187	\$ (65,187)	(100.00)%
Kandu Island - Drop In Centers	\$	129,395	\$	109,180	\$ 20,215	18.52 %
Contracted Clinical Services - OBRA Screening	\$	-	\$	103,313	\$ (103,313)	(100.00)%
Contracted Clinical Services - Behavior Treatment	\$	171,370	\$	137,048	\$ 34,322	25.04 %
Client Specific Contract - Partial Day	\$	87,263	\$	165,860	\$ (78,597)	(47.39)%
Client Specific Contract - Residential	\$	94,167	\$	198,858	\$ (104,691)	(52.65)%
Client Specific Contract - MCTT & ACT Teams	\$	40,525	\$	25,408	\$ 15,117	59.50 %
Client Specific Contract - Emgcy Serv/Outpatient	\$	1,659	\$	10,433	\$ (8,774)	(84.10)%
Client Specific Contract - DD CSM Team	\$	208	\$	7,669	\$ (7,461)	(97.29)%
Client Specific Contract - Managed Care	\$	-	\$	88	\$ (88)	100.00 %
Client Specific Contract - Club Cadillac	\$	1,381	\$	29,128	\$ (27,748)	100.00 %
Contr Psych's - Med Clinic	\$	824,386	\$	772,339	\$ 52,047	6.74 %
Client Transportation - Partial Day	\$	294,257	\$	571,420	\$ (277,163)	(48.50)%
Total Clinical Contract Providers (less grant activity)	\$ 2,207,598	\$ 1,644,610	\$ (562,988)	\$ 2,195,931	\$ (551,321)	(25.11)%
Autism Services - Partial Day	\$	2,754,016	\$	2,457,128	\$ 296,888	12.08 %
Autism Services - Residential	\$	281,432	\$	213,147	\$ 68,285	32.04 %
Autism Services - Emgcy Serv/Outpatient	\$	1,459	\$	5,437	\$ (3,978)	(73.17)%
Autism Services - DD CSM Team	\$	18,867	\$	36,681	\$ (17,814)	(48.56)%
Total Autism Providers	\$ 3,043,690	\$ 3,055,774	\$ 12,084	\$ 2,712,393	\$ 343,381	(77.62)%
Hope Network - Partial Day	\$	716,653	\$	630,555	\$ 86,098	13.65 %
Hope Network - Residential	\$	2,133,100	\$	1,862,258	\$ 270,842	14.54 %
Hope Network - MCTT & ACT Teams	\$	8,444	\$	10,327	\$ (1,884)	(18.24)%
Hope Network - Emgcy Serv/Outpatient	\$	2,328	\$	3,372	\$ (1,044)	(30.96)%
Hope Network - DD CSM Team	\$	1,228	\$	1,584	\$ (356)	100.00 %
Hope Network - PT/OT/ST Only	\$	838	\$	322	\$ 516	100.00 %
R.O.O.C. Inc - Partial Day	\$	35,606	\$	47,632	\$ (12,026)	(25.25)%
R.O.O.C. Inc - Residential	\$	627,299	\$	372,624	\$ 254,675	68.35 %
Grand Traverse Industries - Partial Day	\$	617,613	\$	571,062	\$ 46,551	8.15 %
Grand Traverse Industries - Residential	\$	1,358,758	\$	1,082,929	\$ 275,829	25.47 %
Total Daytime Providers	\$ 4,495,180	\$ 5,501,867	\$ 1,006,687	\$ 4,582,666	\$ 919,201	76.72 %
Community Inpatient Hospital - Inpatient	\$	4,068,947	\$	4,442,764	\$ (373,817)	(8.41)%
Crisis Residential - Residential	\$	146,098	\$	96,885	\$ 49,212	50.79 %
County - State Fac - Inpatient - State	\$	173,334	\$	91,817	\$ 81,517	88.78 %
County - Forensic Ctr - Inpatient - State	\$	79,754	\$	2,000	\$ 77,754	3,887.68 %
Total Inpatient Providers / State Hospital Inpatient	\$ 5,366,999	\$ 4,468,133	\$ (898,866)	\$ 4,633,467	\$ (165,334)	4,018.84 %
Self Determination - Residential	\$	1,469,873	\$	1,141,079	\$ 328,794	28.81 %
Self Determination - DD CSM Team	\$	43,390	\$	37,333	\$ 6,056	16.22 %
Total Fiscal Intermediary Providers	\$ 1,473,957	\$ 1,513,262	\$ 39,305	\$ 1,178,412	\$ 334,850	4,063.88 %
Child and Family Services - MIC Client Support Service	\$	147,408	\$	168,318	\$ (20,910)	(12.42)%
Child and Family Services - Residential	\$	4,884	\$	1,480	\$ 3,404	100.00 %
Child and Family Services - Mobile Crisis	\$	137,088	\$	158,337	\$ (21,249)	(13.42)%
Total Fiscal Intermediary Providers	\$ 321,950	\$ 289,381	\$ (32,569)	\$ 328,135	\$ (38,755)	74.16 %
M.I. Residential Contracts - Residential	\$	987,859	\$	985,804	\$ 2,055	0.21 %
Residential Contracts - Residential	\$	10,455,961	\$	14,584,345	\$ (4,128,384)	(28.31)%
Beacon Specialized Living Center - Residential	\$	3,021,408	\$	2,424,447	\$ 596,962	24.62 %
Beacon Specialized Living Center - MCTT & ACT Teams	\$	-	\$	5,040	\$ (5,040)	(100.00)%
Beacon Specialized Living Center - Emgcy Serv/Outpatient	\$	460	\$	1,555	\$ (1,095)	(70.42)%
Beacon Specialized Living Center - Behavior Treatment	\$	-	\$	630	\$ (630)	(100.00)%
Lake Shore - Residential	\$	454,783	\$	434,700	\$ 20,082	4.62 %
Summerfield - Residential	\$	434,465	\$	381,698	\$ 52,767	13.82 %
East Bay - Residential	\$	305,101	\$	281,464	\$ 23,637	8.40 %
Lincoln House - Residential	\$	294,844	\$	285,691	\$ 9,153	3.20 %
Fort Road - Residential	\$	238,054	\$	229,895	\$ 8,160	3.55 %
New Horizons - Residential	\$	280,226	\$	377,316	\$ (97,090)	(25.73)%
Elmwood - Residential	\$	310,099	\$	316,917	\$ (6,818)	(2.15)%
Cedar Valley Home - Residential	\$	244,333	\$	225,447	\$ 18,886	8.38 %
Hab Waiver Supports - Residential	\$	628,450	\$	788,750	\$ (160,300)	(20.32)%
Hab Waiver Supports - SIP Homes	\$	94,308	\$	84,912	\$ 9,396	11.07 %
Total Residential Providers	\$ 15,823,476	\$ 17,750,350	\$ 1,926,874	\$ 21,408,611	\$ (3,658,260)	(17.09)%
Community Living Supports - Partial Day	\$	38,138	\$	53,477	\$ (15,339)	(28.68)%
Community Living Supports - Residential	\$	1,895,722	\$	1,182,110	\$ 713,611	60.37 %
Community Living Supports - MCTT & ACT Teams	\$	-	\$	1,316	\$ (1,316)	(100.00)%
MI Independent SIP - SIP Homes	\$	101,343	\$	76,297	\$ 25,047	32.83 %
MI Independent SIP - SIP Homes	\$	105,566	\$	118,389	\$ (12,823)	(10.83)%
MI Independent SIP - SIP Homes	\$	104,466	\$	66,710	\$ 37,756	56.60 %
Spectrum SIP - SIP Homes	\$	173,739	\$	122,107	\$ 51,631	42.28 %
Spectrum SIP - SIP Homes	\$	198,205	\$	145,399	\$ 52,806	36.32 %
Spectrum SIP - SIP Homes	\$	90,729	\$	135,538	\$ (44,809)	(33.06)%
Woodland TC Home - SIP Homes	\$	94,308	\$	93,090	\$ 1,218	1.31 %
Brickways - Residential	\$	-	\$	49,289	\$ (49,289)	(100.00)%
Total CLS Providers	\$ 2,435,468	\$ 2,802,217	\$ 366,749	\$ 2,043,722	\$ 61,538	3.01 %
	\$ 35,168,318	\$ 37,025,594	\$ 1,857,277	\$ 39,083,337	\$ (2,754,699)	(7.05)%

This financial report is for internal use only. It has not been audited, and no assurance is provided.

August Board Presentation: ACT

Assertive Community Treatment (ACT) Program is a community based service for those with severe mental illness. We serve adults throughout all of our counties and have three teams; Traverse City, Cadillac, and Grayling/Houghton Lake.

The ACT program utilizes a multi-faceted team approach to services and majority of consumer needs can be met by ACT staff. The ACT teams are made up of psychiatrists, nurses, therapists, case managers, advocates, and peers. Keeping services amongst one team and meeting consumers in the community help to build rapport and routine with our consumers. We also manage our own crisis services- so ACT consumers will always be able to contact a team member they know.

Consumers Enrolled:

TC: 45

Cad: 23

Gray: 31

Staff Enrolled:

NLCMHA Adult Outpatient Therapy Services

Who we work with: Adults 18+ with Severe and Persistent Mental Illness

What we do: Evidence based-time limited Individual and Group therapy

Where we provide services: In office and by telehealth

Types of therapy offered:

Individual- CBT, DBT informed, MI, EMDR, CPT, ERP, and Co-occurring

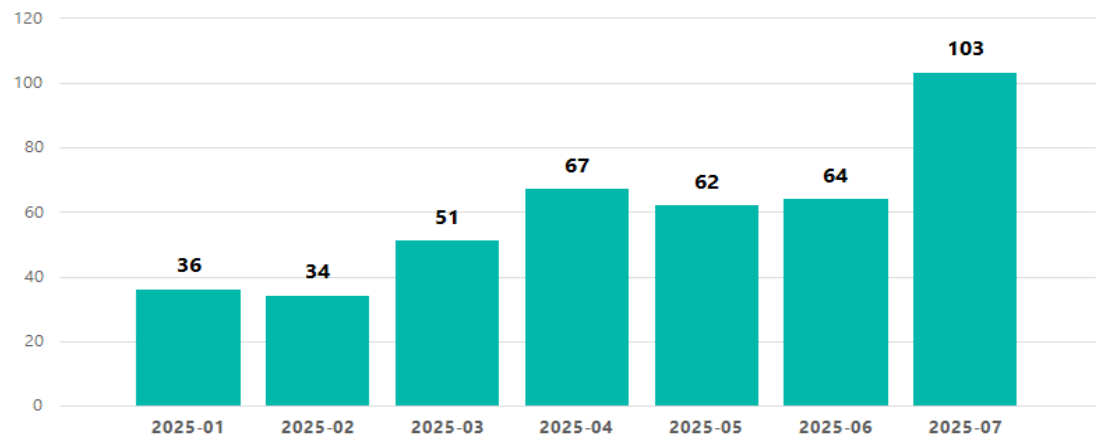
Group- Currently have DBT Skill Training and Seeking Safety

GTMHCAC Monthly Crisis Contacts - Chart

Dates: 1/1/2025 - 7/31/2025

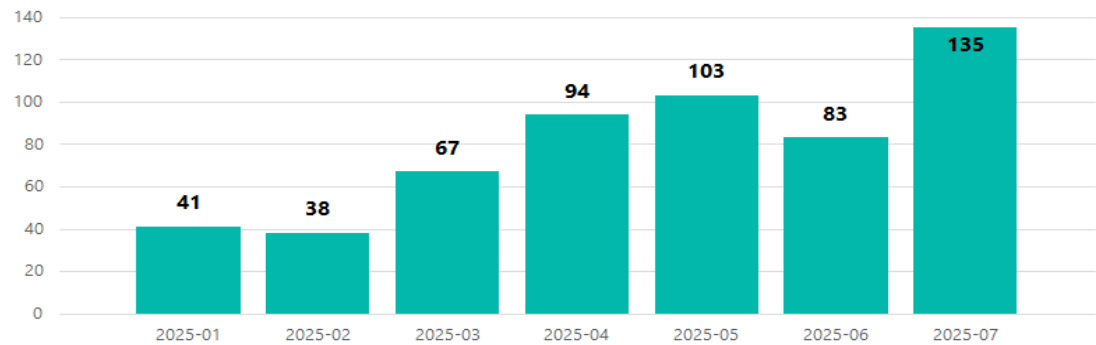
Distinct Consumers

Total: 350



Contact Counts

Total: 561



Self-Determination



By: Lisa Woodcox, MSW, LLBSW, QIDP, QMHP

IDD Adult Team Lead

Self Direction/COFR Coordinator

What is



Self Determination is...

- Self-determination is a philosophy that persons with disabilities have the right to control their own lives.
- A self-determination plan allows persons served to employ their own workers and manage their services within an agreed upon budget.
- Self-determination is based upon the principles of freedom, authority, support, responsibility, and confirmation.
 - **Freedom** allows persons served to live their lives with choices in qualified providers and eligible services.
 - **Authority** grants the person control in the way in which they receive authorized services and supports.
 - **Support** is provided by natural and community connections, Northern Lakes, and fiscal management authorities
 - **Responsibility** is taken by the persons served to use public funds wisely and adhere to State and Federal laws when purchasing support services.
 - **Confirmation** of individuals reaching their dreams.

What Services does Self direction provide?

Community Living Supports-

- **CLS staff provide:**
assisting, Prompting, Reminding, cueing, observing, Guiding and/or training.
- **Areas of Need:**
 - Meal planning, laundry
 - household chores
 - activities of daily living
 - medication management
 - money management
 - community outings
 - Other areas identified in IPOS
 - Currently 75 clients receive CLS mostly in IDD Adult Services

What Services does Self direction provide?

- **Respite Services**

CLS Staff provide health and safety for the client giving the care takers a break when needed.

Currently we have 67 clients that receive Respite mostly in children's services.

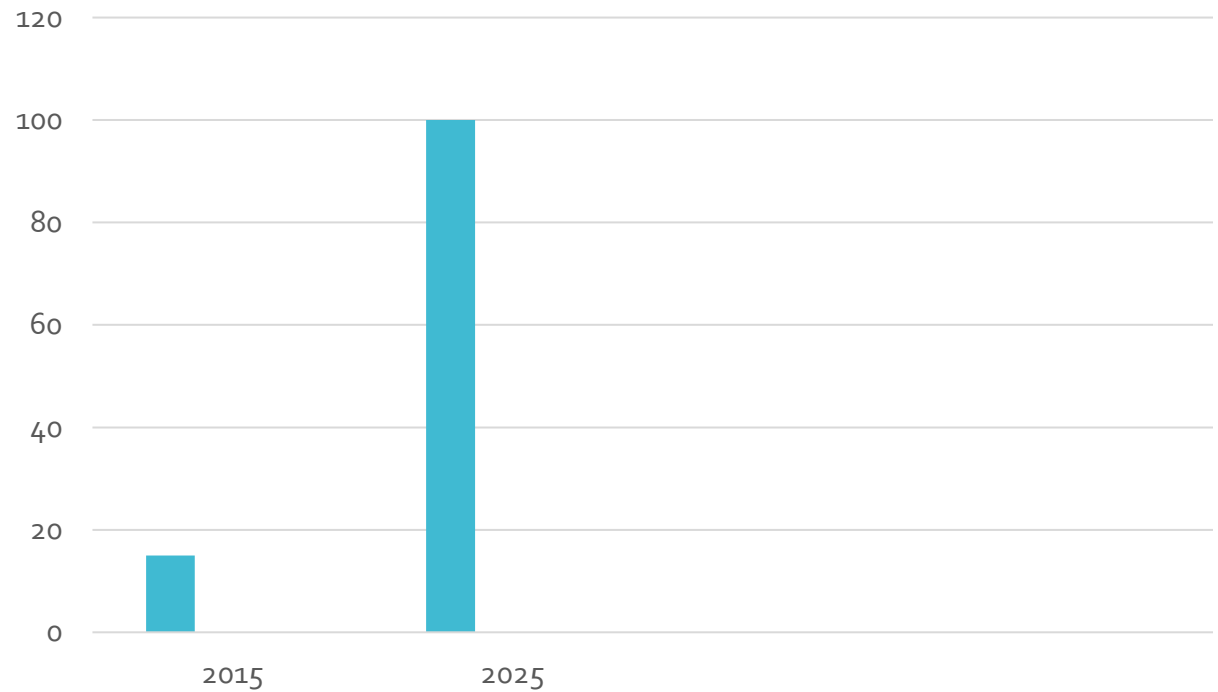
What
Services
does Self
direction
provide?

Overnight Health and Safety

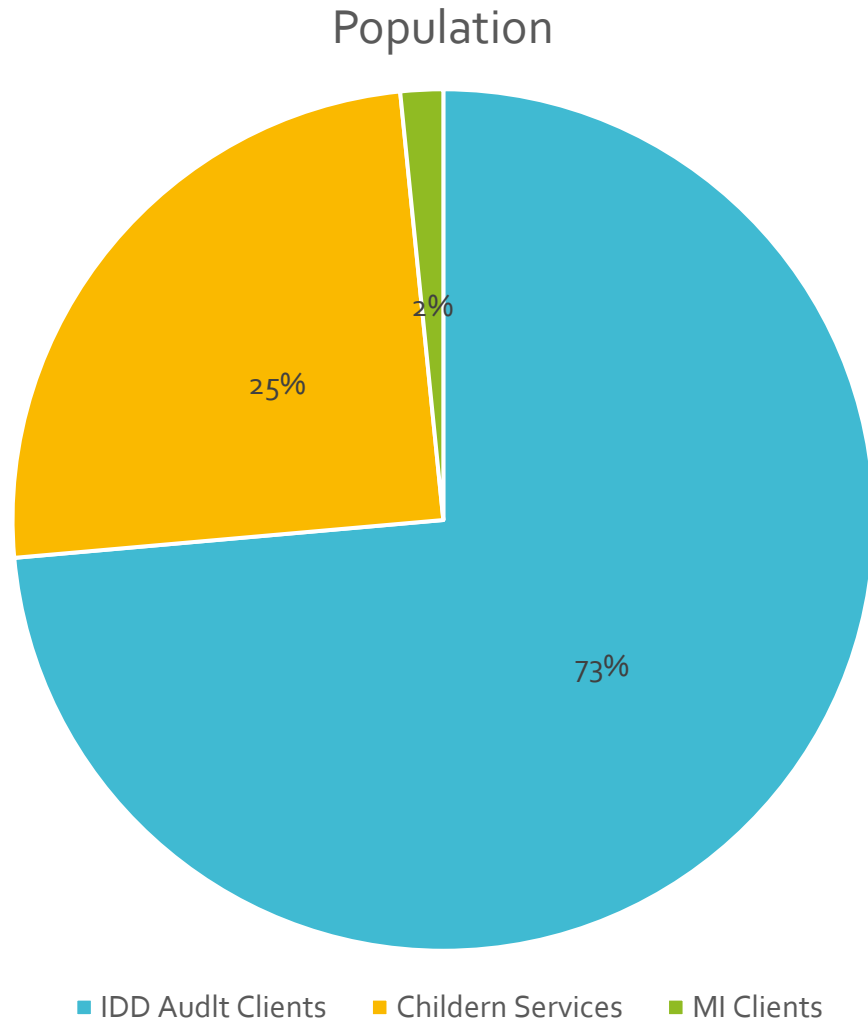
- This provides clients awake staff at night.
- Hiring their own staff that knows and understands them is very important to the client.
- Currently we have 14 clients that have this service.

SD Services

2015 Northern Lakes had 15 Self Directed consumers
as of 2025 we have 115.

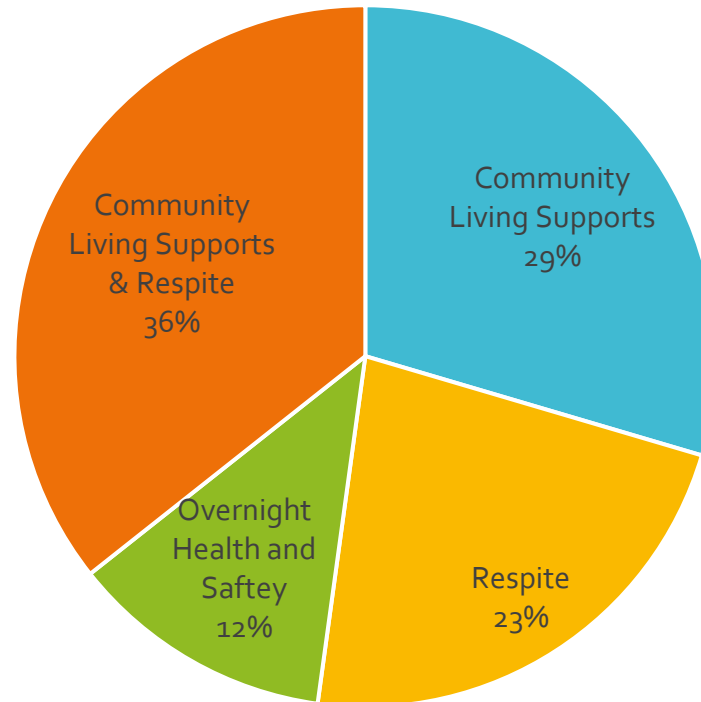


Populations we serve



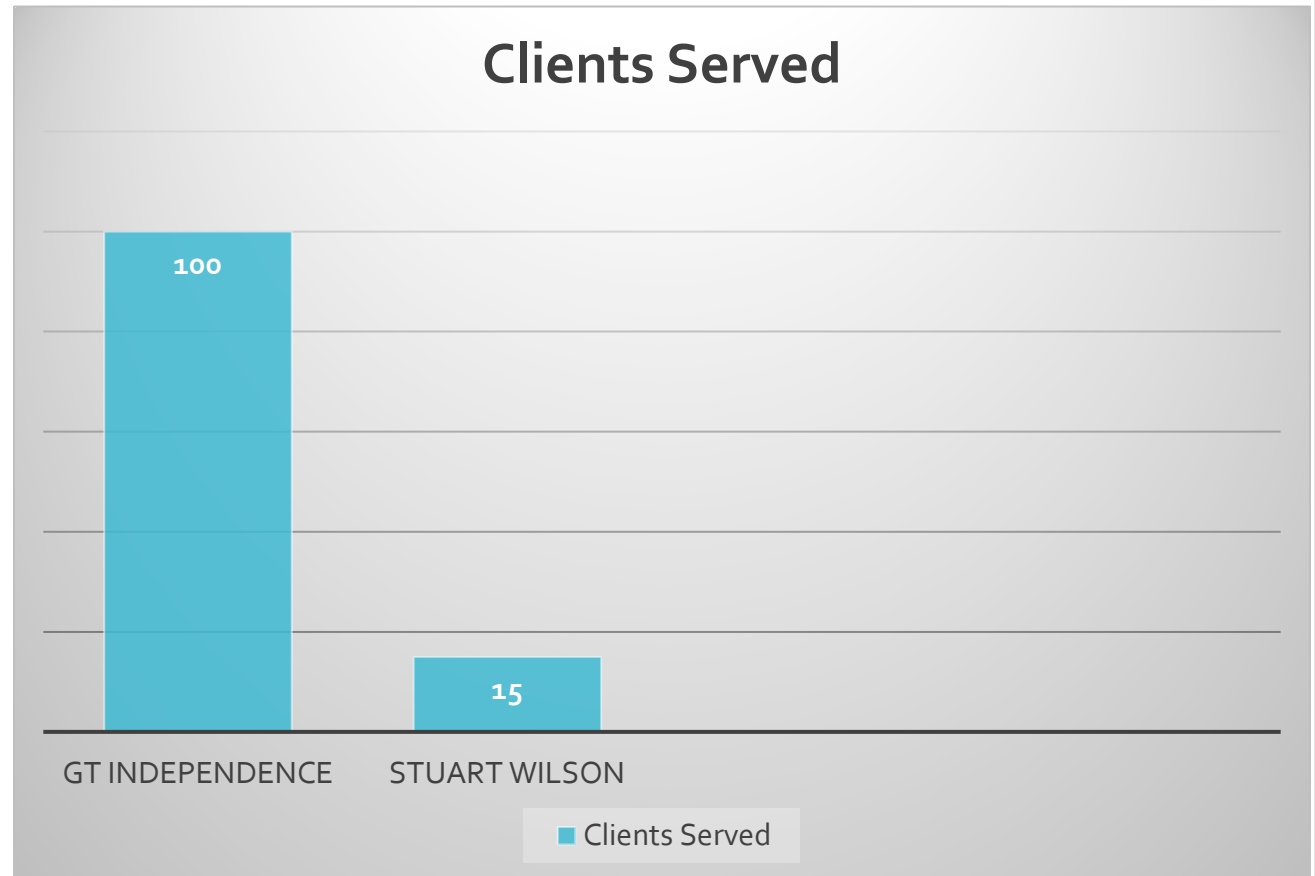
Service overview

Client Services

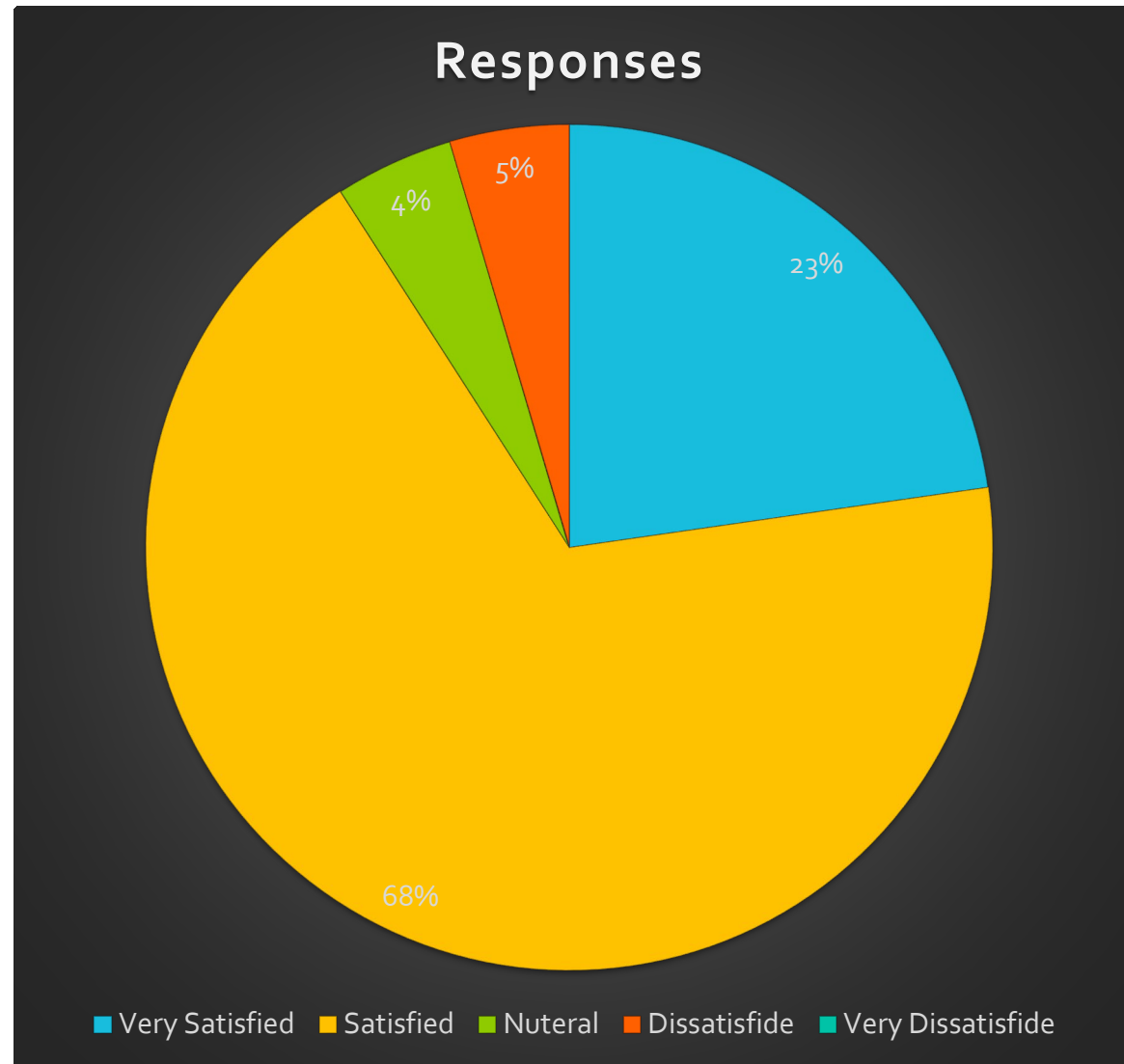


- Community Living Supports
- Respite
- Overnight Health and Safety
- Community Living Supports & Respite

Fiscal Management Providers

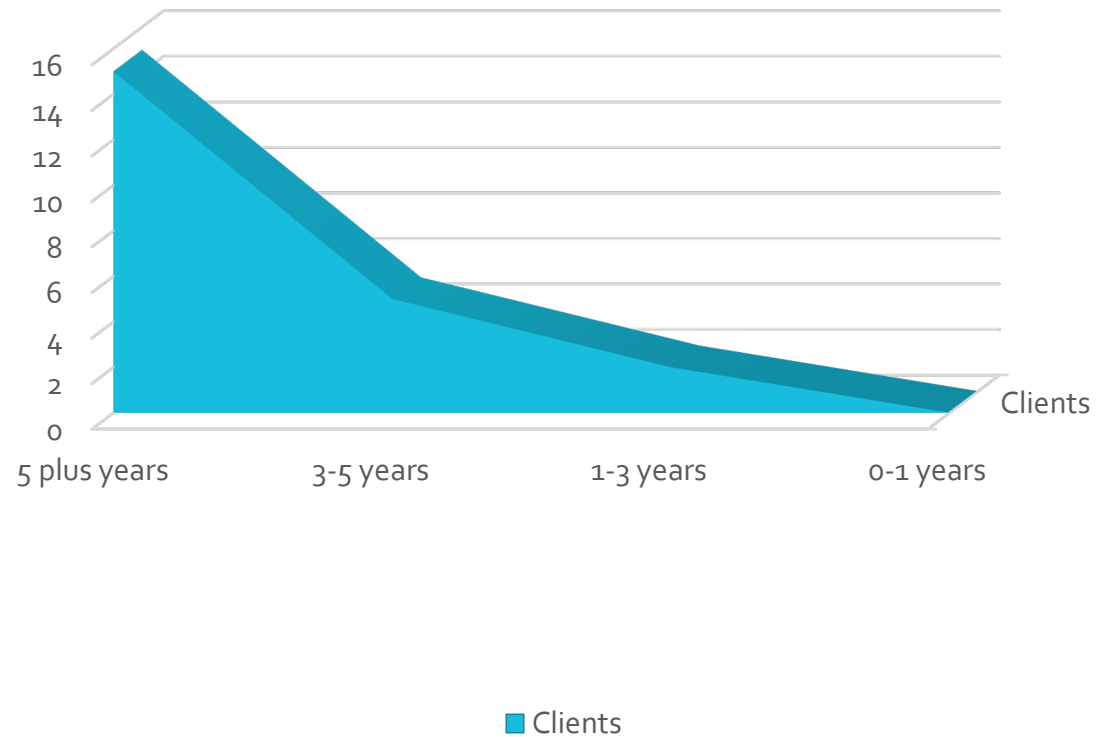


Satisfied with Services



How long
have you
had Self
Directed
Services

Clients



Impact statements families

- **What is most important to you about your Self-Directed Services?**
- *That we have the choice to employ who we want at the times we want and that we have authority over the decisions made.*
- *It gives me the ability to choose the life I want!*
- *The ability to make decisions based on what is best for our daughter*
- *Continuity and personal relationships, professionalism and honesty*
- *Of course, we only want for our son to be safe and well taken care of, and to have as many "normal" experiences and relationships as possible.*

Self Determination Agreement

This is between the employer, employee, and mental health organization.

Set up services by coordinating with your supports coordinator/case manager.

Medicaid guidelines requires employee's to keep recorded documentation of services based on frequency.

CMH/PHIP require employer's to be trained in required trainings so employee's receive services through a person centered approach and medical necessity.

There is only ONE
success – to be able to spend
your life in your own way.

© Northern Lakes

For More Information on Self Determination

northernlakescmh.org
Michigan.gov/mdhhs
Centerforselfdetermination.org
Self-determination.com

Northern Lake Community Mental Health Authority

Serves adults with serious mental illness, persons with intellectual and developmental disabilities, children with serious emotional disturbance, and persons with co-occurring substance use disorders in six counties: Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford.



Northern Lakes
COMMUNITY MENTAL HEALTH

105 Hall Street
Traverse City, MI 49685
To Access Services
(800) 480-5742 or (231) 942-4050

Northern Lakes Community Mental Health Authority (NLCMHA) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-337-8289 (TDD) 711.

Self Determination Services

Freedom

Responsibility

Support

Confirmation

Authority



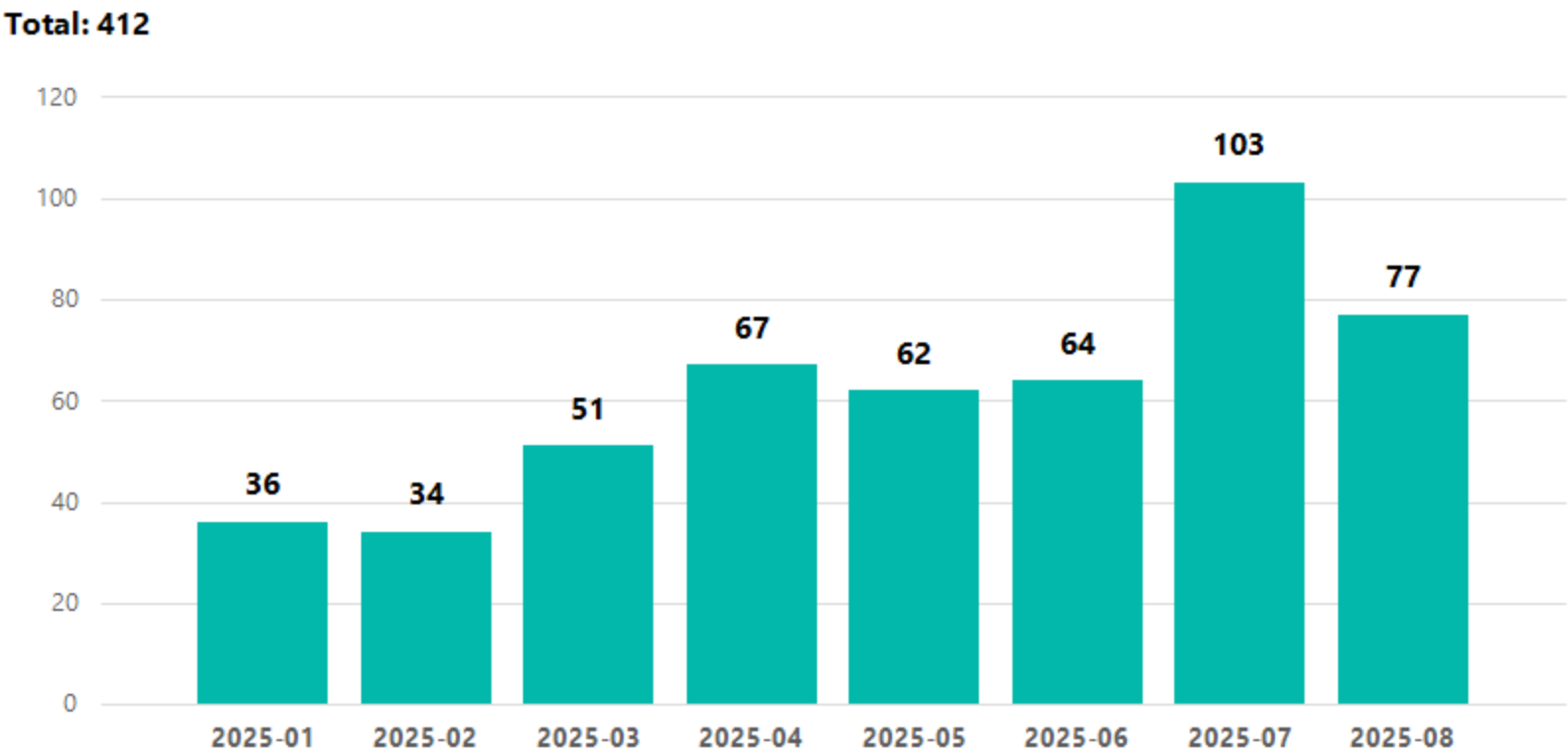
Self Directed Brochure

Resources

- Michigan Medicaid Manual-
• <https://www.mdch.state.mi.us/dch/medicaid/manuals/MedicaidProviderManual.pdf>
- Self Directed Technical Guide-
• https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder50/Folder7/Self-Direction_Technical_Guide.pdf?rev=6c8a86ad45c346d2b5c86026040b6b8a
- GT Independence- <https://gtindependence.com/>
- Stuart Wilson- <https://www.stuartwilsonfi.com/>

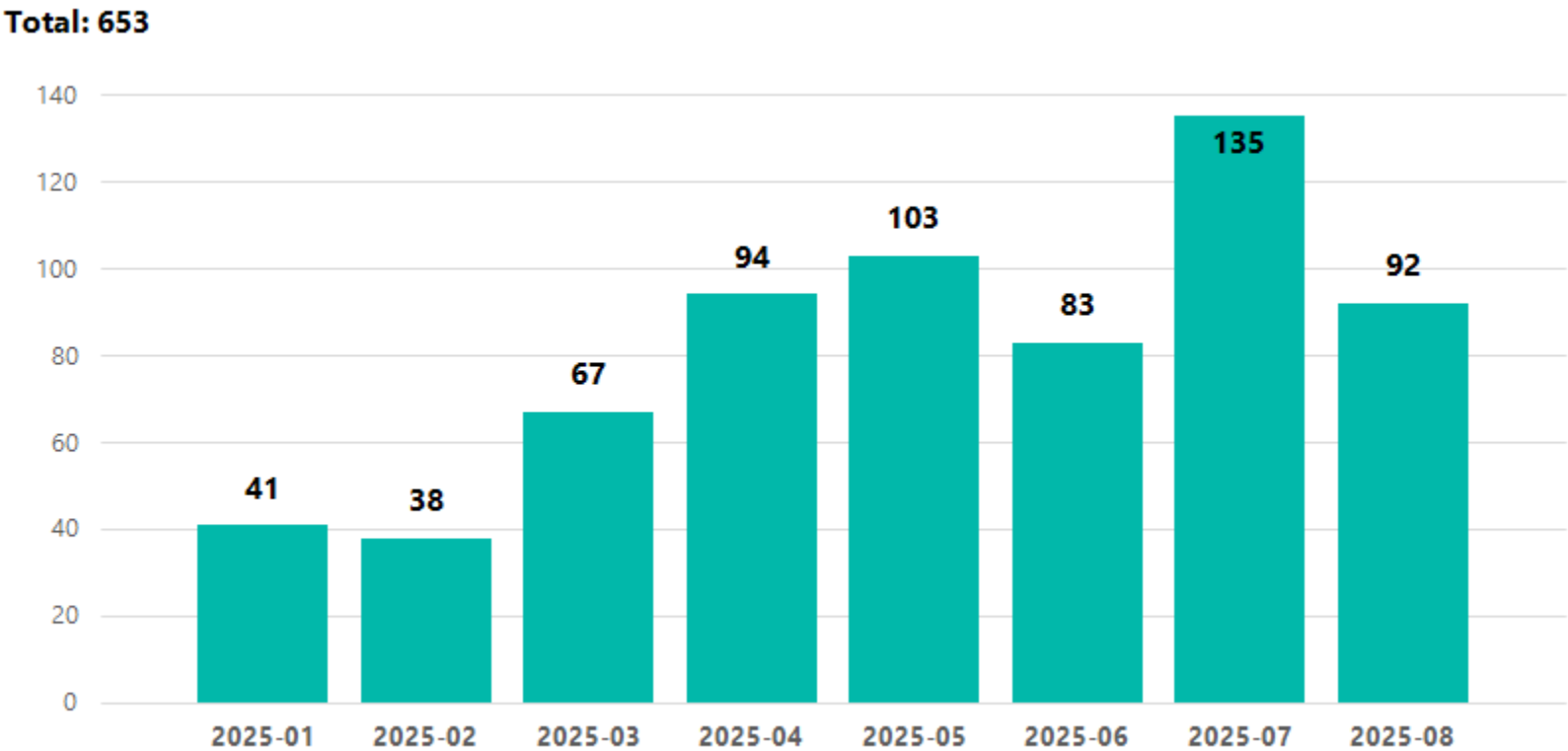
GTMHCAC Monthly Distinct Consumer Crisis Contacts - Chart

Dates: 1/5/2025 - 8/25/2025



GTMHCAC Monthly Crisis Contacts - Chart

Dates: 1/5/2025 - 8/25/2025



GTMHCAC Stats, 1/5/2025 through 8/25/2025

Total Contacts: 653

Age Group	Count
18-25	68
26-35	105
36-45	88
46-55	48
56-65	27
66+	29
Under 18	48
Total	412

Population	Count
DD Adult	20
DD Child	4
MI Adult	345
MI Child	43
Total	412

Place Of Service	Count
Community	11
ER	1
Home	5
Homeless Shelter	3
Jail	24
Mobile Crisis	1
Office	503
Other	1
Outpatient Hospital	1
School	2
Telemed Audio-Client at Home	75
Telemed Audio-Client NOT at Home	17
Telemed Video-Client at Home	9
Total	653

Gender	Count
Female	220
Male	192
Total	412

Document Type	Case No
Access Screening	27
Crisis Contact Note	535
Initial Clinical Assessment	23
Inpatient Screening	68
Total	653

Crisis Disposition	Count
Coordinated Welfare Check	3
Crisis Resolved	435
Perform Inpatient Screening	10
Refer to Outside Agency	37
Referred to Emergency Room	50
Total	535

Spenddown Medicaid	Count
--------------------	-------

IPDisposition	Count
Crisis Residential	7
Intervention Plan	4
IP Admission	36
PHP	21
Total	68

Referral Source	Count
-----------------	-------

County of Residence	Count
Antrim	12
Benzie	12
Berrien	2
Charlevoix	7
Cheboygan	1
Crawford	2
Emmet	1
Genesee	1
Grand Traverse	511
Illinois	3
Kalkaska	21
Kent	1
Leelanau	31
Manistee	6
Missaukee	8
Monroe	1
Oceana	1
Ogemaw	1
Osceola	1
Otsego	4
Out-of-State (except listed)	2
Presque Isle	1
Roscommon	5
Wexford	18
Total	653

(neither)	222
Medicaid	430
Spenddown	1
Total	653

	5
Alcohol/Drug Abuse Care Provider	2
CPS	4
Criminal Justice: Juvenile (SED)	1
Criminal Justice: Other	18
Criminal Justice: Probation/Paro	1
Employer / EAP	1
Health Care Provider: Hospital	56
Health Care Provider: Other	19
Health Care Provider: Physician	15
Individual	486
NLCMHA Internal	5
Other Community Referral	25
Other health care provider	5
School (Educational)	10
Total	653