



Northern Lakes Community Mental Health Authority

Board of Directors Packet

October 16, 2025



The Northern Lakes Community Mental Health Authority Board will meet on October 16, 2025, at 105 Hall St., Suite A, Traverse City MI & Virtually at: <https://www.northernlakescmh.org/about-us/board-of-directors/> or via phone: +1 810-258-9588, 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 the Board Chairperson) |
| 1:10 p.m. | 3 Celebrate Northern Lakes |
| 1:15 p.m. | 4 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• Information, Technology & Security Report<ul style="list-style-type: none">○ Dan Mauk, Chief Information Officer |
| 2:00 p.m. | 5 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• 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 |
| 3:00 p.m. | 6 Unfinished Business |
| 3:05 p.m. | 7 Announcements/Board Comments/Presentations |
| 3:10 p.m. | 8 Adjourn, Next Meeting: November 20, 2025 - Cadillac |

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

* Action Items



Administrative Office, 105 Hall Street, Suite A, Traverse City, MI 49684

Board of Directors Meeting Minutes

September 18, 2025

1:00 p.m.

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

Others Present: Stacy Maiville, Kim Silbor, Curt Cummins, Jeremiah Williams, Erica Longstreet, Kevin Myers, Neil Rojas, Kevin Hartley, Ashley Cross, Marsha Brown, April Weinrick

Virtual Attendees: Ann Ketchum, Dan Mauk, 7 unknown, Abby Schonfeld, Andrew Wiess, April Weinrick, Beckie Wing, Bobbi Hudson, Caleb Gomez, Beth Milligan, Candace Kauska-Dietrich, Christa Vasicek, Christina Hasty, Danielle Oswalt, Dawn Galbraith-Kantz, Sue Hamel, Liz Totten, Erin Barbus, Gina Schlegel, Heather Sleight, Heidi Neider, Hilary Rappuhn, Jacki Paulosky, Jessica Williams, Jodi Schwind, Kari Barker, Kayla Sklener, Keelee Hoag, Kiley Fields, Kristen Stillwell, Lisa Woodcox, Lori Stendel, Mats Andtabacka, Melanie Schopieray, Melissa Bentgen, Melissa Trout, Mercedes Emard, Meryah Martin, Michael Corby, Rob Palmer, Rob Veale, Shawn E., Shawn F. , Megan Smith, Somer Quinlan, Sophorn Klingelsmith, Teri Dougherty, Tiffany Fewins, Trapper Merz, Beth Milligan, Cindy, Olivia Scott, Victoria McDonald, Ron Morton, Anon,

Call to Order: 1:00 p.m.

Conflict of Interest: None

Timekeeper: Ben Townsend

Approval of Agenda: Yes, see change below.

MOTION: Move CEO Discussion after officer report

RESULT: ADOPTED [UNANIMOUS]

MOVER: T. Lentych

SECONDER: K. Morely

MOTION: Approve the Consent Agenda

RESULT: ADOPTED [UNANIMOUS]

MOVER: K. Morely

SECONDER: G. McMorrow

Public Comment: None.

Let the record show that the Board of Directors have read the comments posted in the online “chat” area from the prior Special Meeting.

Report of Officers:

Recipient Rights Report: Brian Newcomb, Director of the Office of Recipient Rights has prepared a report. The report is presented in the packet. Ms. Marois passed along congratulations to the ORR team for their recent success.

Interim Chief Executive Officer’s Report: Dr. Curtis Cummins, Chief Medical Director & Interim CEO, presented his report to the Board. The full report is included in the packet. The report included the KPI report, upcoming meetings, agency updates, media, and more. Dr. Cummins discussed with the Board, the recent Public Hearing and cost containment. Board member, Ms. Frost-Anderson asked about the agency marketing and community engagement with the recent Public Hearing. The Board asked about the recent job postings, Kevin Hartley, the CFO, clarified that any jobs that are posted are not new positions, but required positions and are in the budget.

Chief Financial Officer’s Report: Kevin Hartley, the Chief Financial Officer of Northern Lakes, presented the financial report. His report included a summary of variances and fluctuations, which highlighted the operating revenues, such as the Medicaid capitations, Healthy Michigan capitation, and general fund capitations. The report also reviewed the operating expenses, such as salaries and fringes, and CMH provider network contractual services. Mr. Hartley’s report included a statement of net position and statement of revenue.

Hartley stated that there could possibly be a net surplus at the end of next fiscal year of \$4 million. The Finance Committee has suggested setting that money aside for a contingency fund.

Discussion CEO Candidates

The Board discussed the candidates. They reviewed the differences and expressed their opinions between the two candidates. Both candidates had very positive feedback from the Board and showed great potential as a CEO.

Kevin Myers, of the Myers Group hiring firm, clarified that the company does verify their resumes and references, but did not run background checks.

Roll Call Vote for CEO Selection:

For Lynda Zeller: G. McMorrow, V. Cornellier, K. Morley, C. Frost-Anderson, R. Pilon, D. Smallegan, B. Townsend, L. Pope, P. Morris, S. Kraycs, T. Wessell, D. Freedman, M. Marois, A. Cambridge

For Phillip Hunter: M. Nyman, T. Lentych

MOTION: Authorize the Board Chairperson to negotiate a contract with Lynda Zeller

RESULT: ADOPTED [UNANIMOUS]

MOVER: T. Wessell

SECONDER: S. Kraycs

Committee Reports:**NMRE:**

Ms. Pilon reviewed updates regarding NMRE and CMHA. The recent meeting discussed MDHHS's RFPs for PIHPS. CMHA has information on its website regarding their concerns of possible privatization. They are asking the agency to support them by contacting legislators in opposition to this.

Mr. Ty Wessell brought copies of the letter his Board of Commissioners drafted regarding this topic. The letter is attached to these minutes.

MOTION: Draft a letter to the Governor and Attorney General in opposition of the privation of the PIHPS and send a copy to DHHS.

RESULT: ADOPTED [UNANIMOUS]

MOVER: S. Kraycs

SECONDER: T. Wessell

Executive:

The Chairperson of the Board, Mr. Greg McMorrow congratulated the staff for the agency's recent three-year accreditation from CARF. Mr. McMorrow also thanked the staff for putting together both meetings today. Mr. McMorrow stated that there was a productive discussion between the Board Chair and NMRE regarding the funds owed. No conclusion was made. Mr. Eric Kurtz will take that topic to his board.

Finance:

The committee recently met. During which, the budget was discussed and purchasing policy. Mr. Cambridge reviewed the fiscal year 2026 budget.

The proposed 2026 Fiscal Year budget was discussed with the Board and voted on. The budget is attached to these minutes.

MOTION: Pass the budget, with the opportunity to re-review it once state funds are known and once the Board knows any other contract information.

RESULT: ADOPTED [UNANIMOUS]

MOVER: A. Cambridge

SECONDER: T. Wessell

The Finance Committee also discussed the “look back” of the finances during years 2020, 2021, and 2022, these years will need to be reviewed. It was stated that the agency is entitled to the \$3 million owed by NMRE.

Policy: Mr. Dave Freedman gave a brief update.

Personnel: The Personnel Committee met recently. During their meeting, the committee discussed policies, hiring processes, surveys, and exit interview results. Ms. Pilon briefly reviewed some of the exit survey results.

Community Engagement: The committee has not met formally, but they have been emailing and did attend the Public Hearing. They plan to meet in October.

Unfinished Business: None.

Public Comment: None.

Announcements/ Board Member Reports/ Board Association: None.

Next Meeting: October 16, 2025 – Traverse City

Adjournment: 3:10 p.m.

Respectfully submitted,

Stacy Maiville, Executive Administrator

Greg McMorrow, Board Chairperson

Lynn Pope, Secretary

#

Northern Lakes CMH

Fiscal Year 2026

Proposed
Budget



Proposed Fiscal Year 2026 Budget

October 1, 2025 - September 30, 2026

	Proposed Budget 2026	Budget 2025	Change
Revenues			
Medicaid Sources			
Medicaid	\$ 70,610,990	\$ 64,774,941	\$ 5,836,049
Medicaid - Settlement		\$ -	\$ -
	<u>\$ 70,610,990</u>	<u>\$ 64,774,941</u>	<u>\$ 5,836,049</u>
Healthy Michigan	\$ 5,799,560	\$ 4,107,083	\$ 1,692,477
Healthy Michigan - Settlement		\$ -	\$ -
	<u>\$ 5,799,560</u>	<u>\$ 4,107,083</u>	<u>\$ 1,692,477</u>
State General Fund	\$ 2,905,488	\$ 2,905,487	\$ 1
Grants	\$ 1,002,389	\$ 2,246,656	\$ (1,244,267)
County appropriations	\$ 1,026,741	\$ 1,026,740	\$ 1
Other revenue	\$ 2,882,682	\$ 3,225,443	\$ (342,761)
Total operating revenue	<u>\$ 84,227,850</u>	<u>\$ 78,286,350</u>	<u>\$ 5,941,500</u>
Employed Workforce and Agency Expenditures			
Personnel	\$ 25,945,480	\$ 29,995,007	\$ (4,049,527)
Admin Contracts	\$ 847,256	\$ 1,572,159	\$ (724,903)
Direct Operations	\$ 2,290,181	\$ 3,213,739	\$ (923,558)
Contractual Servcies	\$ 1,966,210	\$ 957,694	\$ 1,008,516
Transportation	\$ 528,023	\$ 1,041,654	\$ (513,631)
Occupied Space	\$ 1,551,185	\$ 1,417,505	\$ 133,680
Total Directly Provided & Agency Oversight	<u>\$ 33,128,336</u>	<u>\$ 38,197,758</u>	<u>\$ (5,069,422)</u>
Contracted Provider Expenditures			
Autism Services Providers	\$ 4,066,329	\$ 4,058,253	\$ 8,076
Clinical Contract Providers	\$ 394,131	\$ 2,302,438	\$ (1,908,307)
Daytime Activities Contract Providers	\$ 6,432,042	\$ 5,993,573	\$ 438,469
FI Provided Self Determination	\$ 1,881,322	\$ 1,965,276	\$ (83,954)
Inpatient Services	\$ 5,696,042	\$ 7,155,999	\$ (1,459,957)
Theraputic Contract Providers	\$ 399,474	\$ 429,266	\$ (29,792)
Residential Contracts	\$ 22,768,691	\$ 21,097,968	\$ 1,670,723
CLS Providers	\$ 4,462,455	\$ 3,247,291	\$ 1,215,164
Client Transportation Providers	\$ 596,976	\$ 641,026	\$ (44,050)
Contingency Expenses	\$ 4,402,051	\$ -	\$ 4,402,051
Total Contracted Provider Expenditures	<u>\$ 51,099,514</u>	<u>\$ 46,891,090</u>	<u>\$ 4,208,424</u>
Total operating expenses	<u>\$ 84,227,849</u>	<u>\$ 85,088,848</u>	<u>\$ (860,999)</u>
Change in net position	0	(6,802,498)	6,802,498



Proposed Fiscal Year 2026 Budget

October 1, 2025 - September 30, 2026

Budget Assumptions

Revenues:

- *Medicaid: Based on estimates by the NMRE region.
- *Healthy Michigan: Based on estimates by the NMRE region.
- *General Funds: Actual based on contract signed with MDHHS.
- *County appropriations remain constant each year.
- *Grants continue to be limited for this fiscal year.
- *Other revenue based on assumption that it will trend the same as FY25.

Expenses:

Employed Workforce and Agency Expenditures:

Personnel:

- *No COLA for FY26.
- *No staff step increases for FY26.
- *Personnel budget calculated at zero vacancies.
- *Eliminated 32 positions in FY25.
- *Restructured Leadership in FY25.

Administrative Contracts:

- *Information Technology regular software subscriptions included, some hardware projects on hold.
 - Required IT firewall replacement included.
- *Rehmann contract terminated in FY25.

Direct Operations:

- *All building projects on hold for FY26.
- *Supplies evaluated for necessity.

Contractual Services:

- *Contracts for clinical providers continue to be evaluated and lower rates negotiated with providers.

Contracted Provider Expenditures:

- *Contract negotiations continue with efforts to reduce current contract provider rates.
- *Zero contract rate increases.

LEELANAU COUNTY BOARD OF COMMISSIONERS

RESOLUTION #2025-017

A RESOLUTION OPPOSING THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES' PLAN TO IMPLEMENT A COMPETITIVE PROCUREMENT PROCESS FOR PREPAID INPATIENT HEALTH PLAN

WHEREAS, the State of Michigan currently operates a publicly managed and community-based system for the delivery of specialty behavioral health services through 10 Prepaid Inpatient Health Plans ("PIHPs"), which are responsible for managing Medicaid mental health, developmental disability, and substance use disorder services; and

WHEREAS, the current PIHP system has consistently demonstrated value, local accountability, and community engagement, while successfully managing costs and improving health outcomes for vulnerable populations; and

WHEREAS, the Michigan Department of Health and Human Services ("MDHHS") recently announced plans to initiate a competitive procurement process for the management of PIHP functions, which may open the door to private, non-profit health plans or managed care organizations ("MCOs") assuming control over behavioral health services; and

WHEREAS, such privatization could disrupt longstanding relationships between local mental health authorities, providers, and the communities they serve, and jeopardize the person-centered, recovery-oriented approach that has been cultivated under the public system; and

WHEREAS, many stakeholders, including individuals receiving services, advocates, local officials, and providers have expressed significant concerns about the potential impact of a competitive procurement process on care quality, access, local control, and transparency; and

WHEREAS, counties across Michigan have historically played a vital role in the governance, funding, and oversight of the public behavioral health system, and any change to that structure without meaningful county input undermines the principle of local governance; and

WHEREAS, maintaining a publicly accountable and locally governed behavioral health system is essential to ensuring that individuals with mental health and substance use needs receive timely, appropriate, and high-quality care. NOW, THEREFORE, BE IT

RESOLVED, that the Leelanau County Board of Commissioners formally opposes the Michigan Department of Health and Human Services' (MDHHS) plan to implement a competitive procurement process for Prepaid Inpatient Health Plans (PIHPs); and BE IT FURTHER

RESOLVED, that the Board urges Governor Whitmer, the Michigan Department of Health and Human Services, and the Michigan Legislature to halt any plans for privatization and instead

work collaboratively with counties, PIHPs, Community Mental Health Services Programs, service users, and other stakeholders to strengthen and improve the public behavioral health system, by only allowing public organizations with experience in managing Michigan's public mental health system to be part of any bid process should one occur; and BE IT FINALLY

RESOLVED, that Leelanau County Board of Commissioners directs the County Clerk to send a copy of this resolution to the Leelanau County delegation of both the Michigan Senate and House of Representatives; Governor Gretchen Whitmer; and as a communication to other Michigan Counties.

Adopted: September 16, 2025

Moved: Commissioner Wessell

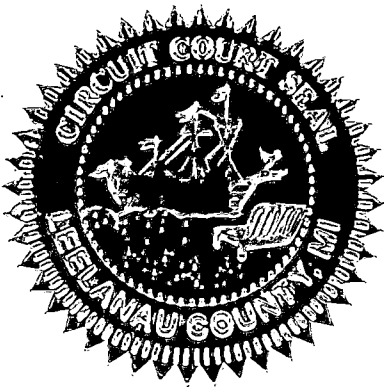
Seconded: Commissioner Allgaier

Roll Call Vote: Wessell – YES; Yoder – YES; Allgaier – YES; Bunek – NO; Campbell – NO; Robbins – YES; Walter – YES.

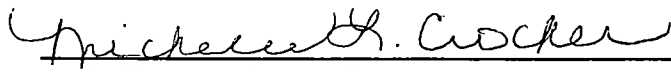
AYES – 5 NO – 2

MOTION CARRIED.

**State of Michigan
County of Leelanau**



I, Michelle L. Crocker, Clerk of said County and Clerk of the Circuit Court for said County, the same being a Court of record having a seal, do hereby certify that the above is a true copy of the Record now remaining in my office and of the whole thereof. In Testimony whereof, I have hereto set my hand affixed the seal of the Circuit Court the 16th day of September, 2025.


Michelle L. Crocker, Leelanau County Clerk



Administrative Office, 105 Hall Street, Suite A, Traverse City, MI 49684

Recipient Rights Advisory Committee Meeting Minutes

October 2, 2025

1:30 PM

The RRAC meeting held at Northern Lakes Community Mental Health Authority: 105 Hall St. Traverse City, MI. The meeting is also virtual.

Attendance:

Recipient Rights Advisory Committee Members Present: Rose Denny, Al Cambridge, Chuck Corwin

Virtual: Lynn Pope, Greg McMorrow

Absent: Breana Demaray, Rudy Wright

Others Present: Brian Newcomb, Director of Recipient Rights; Curtis Cummins, Interim CEO and Chief Medical Officer; Erica Smith, Recipient Rights Advisor; Mark Draeger, Recipient Rights Advisor

Al Cambridge called the meeting to order at 1:30 p.m.

Conflict of Interest Declaration: None stated.

Review and Approve Agenda: Approved

Receive and Review October 2, 2025, Meeting Minutes:

The minutes were reviewed and included in the packet.

MOTION:	Approved
RESULT:	ADOPTED [UNANIMOUS]

Public Comment: None.

Required Protections: No required protections are needed at this time.

Recipient Rights Director's Report:

Brian Newcomb, the Director of Recipient Rights, reviewed the Recipient Rights Report with the committee. He noted a late addition of materials: The Appeals Committee. He gave an update on the recipient rights department. Mr. Newcomb's report included an overview of the number of complaints, investigations, complaints source numbers, provider report, and 5-year trends. When the report was submitted, there were 34 investigations open, and the department remains in compliance (100%). Recent MDHHS Rights Conference attended by NLCMH ORR team. MDHHS tri-annual assessment of NLCMH ORR was completed, with "full compliance missed by one point". He shared it was discovered that NLCMH is the only CMHSP within state of MI that exempts Board of Directors from ORR jurisdiction, with forthcoming changes in policy and practice expected, including full BOD update and forthcoming training. Anticipation for new "hire" BOD member ORR training and annual refresher ORR trainings.

Appeals Refresher Training:

The Office of Recipient Rights presented training regarding Appeals Refresher Training via Appeal Committee [330.1774] with new technical requirements effective 10/1/2025. RRAC members discussed a rotating schedule for the 2-member review portion of accepting an appeal, membership TBD, Mr. Cambridge and Mr. Corwin stated they would start off accepting this role. 30 days to process appeals.

BOD member ORR Training

See above Recipient Rights Director's Report.

Closing Comment:

The RRAC formerly acknowledges the ORR Director Newcomb and the entire NLCMH ORR team for their work and successful completion of MDHHS tri-annual assessment.

Next Meeting: December 4, 2025 – Cadillac, MI

The meeting adjourned at 2:36 p.m.

Respectfully Submitted,

Curtis Cummins, M.D.

Interim CEO

Office of Recipient Rights Director's Report

October 2025

Dates represented	10/01/22-10/06/23	10/1/23-10/06/24	10/1/24-10/06/25
Complaints	444	543	425
OJ, No Right Inv.	69	122	82
Interventions	16	48	52
Investigations	362	376	291
Investigations Comp	362	376	264
Investigations open	0	0	27
Inv > 90 days	0	0	0
Inv < 90 days	362/362(100%)	3375/375(100%)	264/264(100%)
Summary Report Avg	366/366(100%)	379/379(100%)	256/256(100%)
NLCMHA staff alleg.	89	133	107
NLCMHA Staff W/I 1 yr	26	23	25

Complaint Source

Complaint Source	Count
Anonymous	20
Community/General Public	14
Guardian/Family	19
ORR	101
Recipient	59
Staff	212
Total	425

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	31	10	10	83	0	134

Complaints Per Provider: See attached chart.

October 1, 2024- October 6, 2025

Notes:

- **Triennial Assessment follow up**
- **New staff**
- **Updated Policy**

Respectfully submitted,

Brian Newcomb, Director of Recipient Rights

Provider Report October 1, 2024- October 6, 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	4	3	0
Frances Specialized Residential	1	0	0	0
Hope Network Gardner Home	1	0	1	0
Hope Network Neo Breton	1	0	1	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	1	0	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
Spectrum Skyway Home	0	0	1	0
Wright Street AFC Home	6	1	1	0
Beacon Silverview	7	0	0	1
ComForCare	0	1	5	1
Compassionate Care Home Health Services, Inc.	1	2	1	0
Danes AFC	5	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	1	2	0
Hope Network Westlake VIII	3	0	0	0
IDD Adult Case Management	10	1	9	0
Magnolia Care AFC West	1	0	0	0
MI Independent Living, LLC	1	1	5	0
MIA Case Management	4	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	1	0	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	0	2	0
Cedar Valley AFC	12	0	1	0
Club Cadillac	0	0	1	0
Great lakes Center for Autism	1	1	0	0
Hickory Hill AFC LLC	0	0	4	1
Hope Network Neo Birdsong	1	1	2	0
Hope Network Neo Grandville	0	1	0	0
Hope Network Neo Wyoming	4	0	0	0
Hope Network Rivervalley 1	1	0	2	0
IDD Children's Case Management	0	1	2	0
Jones Lake AFC Home	5	0	0	0
Mama T's AFC	2	0	0	0
Outpatient Services	0	0	2	1
Packard Specialized Residential	1	0	1	0
Psychiatric Services	0	0	0	1
Real Life Living Services	0	0	3	0
Safehaus	1	0	2	0
Serenity AFC	0	0	4	0
Shepler's AFC Home	0	1	0	0
TC Office/Grand Traverse County	9	0	4	0
Assertive Community Treatment	4	0	3	3
Beacon Anchor Point North	2	0	2	0
Beacon at Ossineke	0	0	1	0
Beacon Fife Lake	3	0	0	0

Beacon Home at Cogswell	3	1	2	0
Beacon Home At Ludington	8	3	4	1
Beacon Mission Point	9	2	6	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	1	0	2	0
Heart and Soul Living LLC	4	1	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
Northern Lakes CMH Authority	43	4	28	0
Ohana AFC	2	0	1	0
Seneca Place Home	15	3	2	0
Spectrum Community Services SIP - Bremmer	6	1	1	0
Spectrum Community Services SIP - Kentucky	3	0	0	0
Westwood Specialized Residential	1	2	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
October 16th, 2025**

Citizen Comment: None provided

Grants of Significant Value: None.

Dashboard Report: See attachment.

Community Connections/Meetings:

- September 30, Update on the Crisis Center
- October 7, GTMHCAC Leadership Team meeting

Media Coverage: See links and attachments below

Respectfully submitted,

Curtis Cummins, Interim CEO

https://www.record-eagle.com/news/local_news/northern-lakes-community-mental-health-gaps-push-people-into-emergency-room/article_78abc584-0f16-4b05-b089-0b0baaad27e2.html

https://www.cadillacnews.com/news/a-step-in-the-right-direction/article_46b80e5e-ba65-4b70-956d-ca27d37d8e33.html

TC Ticker New Leaders Named for GT County Health Department, Northern Lakes CMH – No link. See article attached.

https://www.record-eagle.com/news/local_news/leadership-northern-lakes-taps-lynda-zeller-for-ceo/article_d7dfd64d-78f2-42ce-a140-deac57f1aee7.html

Attachment III

Northern Lakes CMH Authority Key Performance Indicators (to be reported to the NLCMHA Member Counties Quarterly)

NLCMHA Mission: To improve the overall health, wellness, and quality of life of the individuals, families, and communities that we serve.

❖ Strategic Objectives

Objective	Strategic Objective
1	Transform the NLCMHA's behavioral health services into a nationally recognized, results-based model of care by promoting a common vision, accountable collective action, transparency, and innovative programs.
2	Ensure individuals served at NLCMHA receive quality services to meet their unique needs.
3	Ensure individuals and families receive quality services to meet their unique needs, resulting in access to the right services, at the right time, in the right amount.
4	Build and support a community that promotes recovery and resilience to help individuals and families thrive.
5	Promote behavioral health wellness through prevention and early intervention services and supports.
6	Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence
7	Create and maintain a highly efficient, transparent, and responsive organization.

❖ Key Performance Indicators

Measure	Prior Quarter Results	FY 24-25 Target	FY 24-25 Current Qtr
Ensure individuals served at NLCMHA receive quality services to meet their unique needs. (5 Measures)			
Percent of consumers at NLCMHA readmitted to psychiatric inpatient services within 90 days	18%	<20%	30%
Percent of consumers who were diverted from psychiatric inpatient admission	36%	>30%	38%
Number of substantiated Recipient Rights' Complaints.		<5	
Number of Upheld Appeals		<5	
Number of Upheld Grievances		<5	
Ensure individuals and families receive quality services to meet their unique needs, resulting in access to the right services, at the right time, in the right amount. (6 Measures)			
Percent of adults newly enrolled in Mental Health services who had their first clinical service within 14 days of enrollment	63%	>80%	67%

Percent of children newly enrolled in Mental Health services who had their first clinical service within 14 days of enrollment	56%	>80%	65%
Percent of adults newly enrolled in Substance Abuse services who had their first clinical service within 14 days of enrollment	N/A	>80%	N/A
Percent of adults newly enrolled in developmental disability services who had their first clinical service within 14 days of enrollment	54%	>80%	56%
Percent of children newly enrolled in developmental disability services who had their first clinical service within 14 days of enrollment	79%	>80%	64%
Percent of Substance Use Disorder (SUD) clients successfully discharged who re-entered services within 90 days	N/A	<25%	N/A
Build and support a community that promotes recovery and resilience to help individuals and families thrive. (2 Measures)			
Number of certified peers employed during the quarter	10	>8	10
Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process (This is done annually).	100%	>85%	100%
Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence (1 Measure)			
Percent of consumers who were discharged from a psychiatric hospital and had a follow-up service within 30 days	87%	>90%	95%

Workload Measures

Measure	Last Quarter Results	FY 2023 Target	FY 24-25 Current Qtr
Peer Specialists and Recovery Coaches (2 Measures)			
Number of <u>new</u> Certified Peer Specialists to include those in specialty tracks of family and youth		>2	
Number of people trained in Recovery Coaching		>5	
Communication (2 Measures)			
Number of public outreach events per quarter	13	>3	13
Number of hits to the NLCMHA website	58,910	>100	
Outreach Services (1 Measure)			
Number of interventions from Crisis Response Team	57	>24	75
Operational/Legal Matters (2 Measures)			
Staff turnover per quarter	6%	<10%	7%
Claims filed with Michigan Municipal Risk Management Authority		<3	

	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	75	54	
Outside 14 days	18	8	10	12	12	10	16	16	12	6	7	
Consumer Cancelled/Rescheduled	9	10	5	10	9	10	10	11	6	11	10	
Consumer Requested outside 14 days	9	3	6	0	1	9	9	4	5	3	4	
Consumer No Showed	35	19	17	23	18	28	18	22	21	17	17	
Consumer Chose to Not Pursue Svcs	0	0	0	0	0	0	0	0	0	0	0	
Other (denial, no follow up)	15	11	24	15	13	12	23	17	11	9	9	
	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	63	41	
Outside 14 days	3	3	3	3	3	3	7	0	2	2	3	
Consumer Cancelled/Rescheduled	1	2	3	6	1	4	9	2	2	3	2	
Consumer Requested outside 14 days	3	3	4	1	6	4	10	8	13	5	1	
Consumer No Showed	13	17	9	11	16	11	11	9	13	10	10	
Consumer Chose to Not Pursue Svcs	0	0	2	2	1	0	1	2	3	4	1	
Other (denial, no follow up)	7	6	9	0	6	17	10	12	7	3	5	
Monthly % seen in 14 Days	94.8%	93.8%	93.3%	94.6%	94.8%	94.5%	90.7%	100.0%	96.0%	96.9%	93.2%	#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	1	1	
External SUD Provider	3	1	2	6	0	0	0	0	0	0	0	
No Referral	3	3	1	0	2	3	3	7	0	2	4	
Other Community Services	4	5	3	5	6	4	1	1	1	5	5	
	FY2025 Mobile Crisis Response Times, Monthly											
	October	November	December	January	February	March	April	May	June	July	August	September
30 Minutes or Less	10	14	6	11	13	17	11	6	5	3	4	7
31 Minutes to 1 Hour	7	1	6	3	2	2	5	0	1	1	1	1
Over 1 Hour	8	3	3	6	2	2	2	4	0	0	0	0
	FY2025 Inpatient Readmission Rate											

	Admission	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	44	4	9%									
August	48	9	19%									
September			#DIV/0!									
TOTAL			11%									

					FY2025 Monthly Team Efficiency									
	Expected	October	November	December	January	February	March	April	May	June	July	August	September	
ACT	35%	17.71%	19.02%	17.74%	14.45%	19.34%	20.06%	18.03%	21.80%	17.42%	16.84%	16.29%		
CPSS	30%	20.76%	19.14%	18.59%	20.57%	19.95%	18.73%	21.46%	19.76%	23.62%	28.32%	28.54%		
ES	30%	5.37%	4.33%	4.70%	4.73%	3.81%	4.94%	3.75%	3.87%	3.58%	4.74%	4.58%		
IDD Adult	30%	10.99%	12.38%	13.73%	12.11%	13.66%	12.61%	12.67%	13.89%	15.92%	17.69%	14.76%		
IDD Child	30%	16.65%	26.22%	15.00%	22.57%	26.65%	23.63%	23.55%	27.63%	22.02%	19.84%	20.03%		
MIA CSM	30%	19.30%	21.98%	22.95%	24.96%	25.08%	24.69%	24.35%	25.10%	24.22%	24.28%	28.52%		
MIA OP	50%	38.64%	41.43%	35.68%	37.52%	43.86%	46.16%	43.97%	42.62%	40.50%	43.66%	46.00%		
SED HB	30%	19.22%	18.66%	18.30%	19.97%	16.53%	16.17%	20.24%	21.48%	25.04%	22.32%	20.40%		
SED OP CSM	35%	28.11%	29.48%	23.12%	25.87%	29.42%	26.27%	29.11%	28.70%	27.18%	27.14%	22.93%		
SED PSP	30%	20.76%	20.33%	17.32%	19.48%	17.63%	21.64%	23.33%	17.74%	21.48%	28.10%	28.19%		

	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	\$ 36,413.39	\$ 31,703.65	\$ 30,368.28	
Autism Services	\$ 34,638.86	\$ 29,203.67	\$ 25,683.47	\$ 24,501.77	\$ 23,010.98	\$ 22,365.20	\$ 18,789.53	\$ 22,391.52	\$ 31,709.31	\$ 32,548.73	\$ 32,215.41	
Case Management, ACT and Treatment Planning	\$ 51,339.48	\$ 45,393.55	\$ 37,104.14	\$ 48,628.52	\$ 37,613.76	\$ 51,992.93	\$ 48,725.63	\$ 53,970.75	\$ 48,132.89	\$ 82,887.58	\$ 62,095.50	
Community Living Supports	\$ 340,000.93	\$ 335,303.82	\$ 337,538.57	\$ 368,818.78	\$ 348,682.87	\$371,896.84	\$347,576.59	\$363,828.86	\$385,163.52	\$403,890.40	\$274,628.38	
Crisis Services, Assessments and Testing	\$ 16,524.00	\$ 18,663.00	\$ 14,965.00	\$ 19,952.20	\$ 11,570.00	\$ 23,479.00	\$ 17,271.00	\$ 16,813.26	\$ 12,991.00	\$ 13,714.17	\$ 33,316.62	
Evaluation and Management Physician Level	\$ 23,783.55	\$ 22,600.14	\$ 19,529.58	\$ 23,456.03	\$ 22,946.15	\$ 24,457.93	\$ 22,826.16	\$ 29,199.89	\$ 23,003.10	\$ 22,666.18	\$ 25,602.42	
Psychiatric Inpatient	\$ 36,687.34	\$ 45,282.24	\$ 70,589.82	\$ 65,509.37	\$ 10,989.11	\$ 36,020.66	\$ 45,094.47	\$ 10,119.58	\$ -	\$ -	\$ 20,873.72	
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	\$ 24,150.26	\$ 21,149.38	\$ 37,229.06	\$ 22,808.28	
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	\$ 3,134.31	\$ 1,771.81	\$ -	
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	\$ 3,075.48	\$ 2,477.47	
Total	\$ 552,078.10	\$ 541,364.30	\$ 545,196.01	\$ 604,538.75	\$ 502,476.76	\$582,568.21	\$569,454.43	\$560,902.50	\$563,724.90	\$629,487.06	\$504,386.08	\$ -
Number of Registered People Receiving Services	173	190	176	181	175	192	194	196	177	180	180	-
Average Cost per Registered Person Served	\$ 3,191.20	\$ 2,849.29	\$ 3,097.70	\$ 3,339.99	\$ 2,871.30	\$ 3,034.21	\$ 2,935.33	\$ 2,861.75	\$ 3,184.89	\$ 3,497.15	\$ 2,802.14	#DIV/0!
Service Transactions Provided	27,152	25,693	23,655	26,213	22,933	25,170	24,356	25,759	25,035	26,554	10,978	
Average Cost per Transaction	\$ 20	\$ 21	\$ 23	\$ 23	\$ 22	\$ 23	\$ 23	\$ 22	\$ 23	\$ 24	\$ 46	#DIV/0!
Count of Adult IDD	41	41	42	41	40	39	38	39	38	36	36	
Count of Child IDD	9	9	10	11	12	11	16	9	9	13	14	
Count of Adult SMI	102	114	100	105	95	114	111	120	103	106	102	
Count of Child SED	21	26	24	24	28	28	29	28	27	25	28	
Total	173	190	176	181	175	192	194	196	177	180	180	-
IDD Adult Cost	\$ 285,652.48	\$ 266,819.42	\$ 256,121.10	\$ 279,945.85	\$ 260,749.39	\$268,822.36	\$255,580.46	\$268,125.88	\$258,145.20	\$262,247.55	\$ 176,433.14	
IDD Child Cost	\$ 68,864.60	\$ 59,659.81	\$ 63,791.69	\$ 70,269.21	\$ 62,269.04	\$ 62,921.90	\$ 62,682.83	\$ 63,567.48	\$ 69,628.57	\$ 78,690.24	\$ 51,162.99	
Adult SMI Cost	\$ 167,825.02	\$ 188,154.07	\$ 193,848.22	\$ 221,689.69	\$ 153,527.33	\$214,651.95	\$213,250.14	\$190,746.14	\$197,049.13	\$249,327.55	\$245,412.38	
Child SED Cost	\$ 29,736.00	\$ 26,731.00	\$ 31,435.00	\$ 32,634.00	\$ 25,931.00	\$ 36,172.00	\$ 37,941.00	\$ 38,463.00	\$ 38,902.00	\$ 39,221.72	\$ 31,377.57	
Total	\$ 552,078.10	\$ 541,364.30	\$ 545,196.01	\$ 604,538.75	\$ 502,476.76	\$582,568.21	\$569,454.43	\$560,902.50	\$563,724.90	\$629,487.06	\$504,386.08	\$ -
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	\$ 6,875.02	\$ 6,793.29	\$ 7,284.65	\$ 4,900.92	#DIV/0!
Child IDD Cost per consumer	\$ 7,651.62	\$ 6,628.87	\$ 6,379.17	\$ 6,388.11	\$ 5,189.09	\$ 5,720.17	\$ 3,917.68	\$ 7,063.05	\$ 7,736.51	\$ 6,053.10	\$ 3,654.50	#DIV/0!
Adult SMI Cost per consumer	\$ 1,645.34	\$ 1,650.47	\$ 1,938.48	\$ 2,111.33	\$ 1,616.08	\$ 1,882.91	\$ 1,921.17	\$ 1,589.55	\$ 1,913.10	\$ 2,352.15	\$ 2,406.00	#DIV/0!
Child SED Cost per consumer	\$ 1,416.00	\$ 1,028.12	\$ 1,309.79	\$ 1,359.75	\$ 926.11	\$ 1,291.86	\$ 1,308.31	\$ 1,373.68	\$ 1,440.81	\$ 1,568.87	\$ 1,120.63	#DIV/0!
Total	\$ 3,191.20	\$ 2,849.29	\$ 3,097.70	\$ 3,339.99	\$ 2,871.30	\$ 3,034.21	\$ 2,935.33	\$ 2,861.75	\$ 3,184.89	\$ 3,497.15	\$ 2,802.14	#DIV/0!

	FY2025 Service Information For Grand Traverse County											
Area of Service	October	November	December	January	February	March	April	May	June	July	August	September
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 142,538.83	\$ 132,193.35	\$ 126,612.25	\$ 176,647.89	\$ 144,982.65	\$ 171,175.96	\$ 177,743.00	\$ 172,711.11	\$ 142,886.83	\$ 176,282.70	\$ 147,812.81	
Autism Services	\$ 147,433.75	\$ 141,304.64	\$ 147,770.67	\$ 175,935.66	\$ 136,598.30	\$ 159,651.04	\$ 171,791.76	\$ 155,831.42	\$ 135,478.59	\$ 158,661.60	\$ 124,174.99	
Case Management, ACT and Treatment Planning	\$ 224,190.15	\$ 203,765.79	\$ 186,712.54	\$ 246,925.13	\$ 233,840.40	\$ 246,053.98	\$ 274,376.16	\$ 262,174.37	\$ 251,412.59	\$ 365,790.12	\$ 297,278.84	
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	\$ 1,402,753.04	\$ 1,326,919.40	\$ 1,438,435.56	\$ 1,303,839.23	
Crisis Services, Assessments and Testing	\$ 120,799.00	\$ 118,088.40	\$ 95,997.90	\$ 145,495.26	\$ 113,891.24	\$ 137,205.38	\$ 144,993.60	\$ 133,419.96	\$ 122,174.83	\$ 274,661.27	\$ 291,195.50	
Evaluation and Management Physician Level	\$ 90,963.54	\$ 92,165.52	\$ 87,081.15	\$ 102,744.18	\$ 97,883.99	\$ 96,862.17	\$ 107,716.89	\$ 101,916.35	\$ 100,954.85	\$ 107,311.25	\$ 82,417.37	
Psychiatric Inpatient	\$ 278,034.33	\$ 264,549.73	\$ 137,901.69	\$ 255,878.70	\$ 186,791.11	\$ 174,074.56	\$ 241,430.93	\$ 208,626.58	\$ 282,124.79	\$ 167,953.22	\$ 44,715.70	
Psychotherapy and Outpatient Services	\$ 148,479.55	\$ 122,378.93	\$ 107,725.70	\$ 131,789.89	\$ 119,965.05	\$ 137,158.70	\$ 142,447.24	\$ 139,037.73	\$ 134,985.92	\$ 395,707.68	\$ 325,203.24	
Vocational & Skills Building, Family and Health Services	\$ 67,030.81	\$ 57,307.51	\$ 50,039.84	\$ 69,722.09	\$ 62,145.45	\$ 62,337.76	\$ 61,805.93	\$ 65,776.45	\$ 66,087.42	\$ 70,301.82	\$ 27,577.66	
Other	\$ 12,561.68	\$ 9,081.16	\$ 8,669.05	\$ 9,058.44	\$ 10,290.00	\$ 9,059.76	\$ 15,047.40	\$ 12,614.06	\$ 12,047.49	\$ 13,682.34	\$ 11,696.14	
Total	\$ 2,588,572.50	\$ 2,402,386.01	\$ 2,242,597.49	\$ 2,703,402.15	\$ 2,337,556.07	\$ 2,637,443.52	\$ 2,720,749.15	\$ 2,654,861.07	\$ 2,575,072.71	\$ 3,168,787.56	\$ 2,655,911.48	\$ -
Number of Registered People Receiving Services	939	953	898	1,000	958	988	1,025	1,030	1,025	1,046	983	-
Average Cost per Registered Person Served	\$ 2,756.73	\$ 2,520.87	\$ 2,497.32	\$ 2,703.40	\$ 2,440.04	\$ 2,669.48	\$ 2,654.39	\$ 2,577.54	\$ 2,512.27	\$ 3,029.43	\$ 2,701.84	#DIV/0!
Service Transactions Provided	113,030	102,093	99,978	110,891	98,763	110,366	105,544	104,164	80,016	84,850	57,902	
Average Cost per Transaction	\$ 23	\$ 24	\$ 22	\$ 24	\$ 24	\$ 24	\$ 26	\$ 25	\$ 32	\$ 37	\$ 46	#DIV/0!
Count of Adult IDD	259	270	259	274	265	272	281	281	280	279	265	
Count of Child IDD	64	70	66	65	75	75	70	82	83	71	76	
Count of Adult SMI	512	506	472	541	498	523	541	532	529	570	515	
Count of Child SED	104	107	101	120	120	118	133	135	133	126	127	
Total	939	953	898	1,000	958	988	1,025	1,030	1,025	1,046	983	-
IDD Adult Cost	\$ 1,216,586.11	\$ 1,128,977.74	\$ 1,127,929.59	\$ 1,244,403.62	\$ 1,094,533.14	\$ 1,267,892.73	\$ 1,214,229.01	\$ 1,241,307.05	\$ 1,162,352.26	\$ 1,325,768.85	\$ 1,163,944.23	
IDD Child Cost	\$ 238,733.36	\$ 228,568.23	\$ 240,300.70	\$ 272,191.54	\$ 234,649.97	\$ 269,503.52	\$ 282,271.39	\$ 275,451.77	\$ 236,402.31	\$ 276,591.81	\$ 220,196.34	
Adult SMI Cost	\$ 950,275.07	\$ 891,257.13	\$ 730,333.99	\$ 999,929.64	\$ 847,389.77	\$ 934,655.65	\$ 1,016,198.47	\$ 948,877.76	\$ 977,460.65	\$ 1,300,391.97	\$ 1,066,980.85	
Child SED Cost	\$ 182,977.96	\$ 153,582.91	\$ 144,033.21	\$ 186,877.35	\$ 160,983.19	\$ 165,391.62	\$ 208,050.28	\$ 189,224.49	\$ 198,857.49	\$ 266,034.93	\$ 204,790.06	
Total	\$ 2,588,572.50	\$ 2,402,386.01	\$ 2,242,597.49	\$ 2,703,402.15	\$ 2,337,556.07	\$ 2,637,443.52	\$ 2,720,749.15	\$ 2,654,861.07	\$ 2,575,072.71	\$ 3,168,787.56	\$ 2,655,911.48	\$ -
Adult IDD Cost per consumer	\$ 4,697.24	\$ 4,181.40	\$ 4,354.94	\$ 4,541.62	\$ 4,130.31	\$ 4,661.37	\$ 4,321.10	\$ 4,417.46	\$ 4,151.26	\$ 4,751.86	\$ 4,392.24	#DIV/0!
Child IDD Cost per consumer	\$ 3,730.21	\$ 3,265.26	\$ 3,640.92	\$ 4,187.56	\$ 3,128.67	\$ 3,593.38	\$ 4,032.45	\$ 3,359.17	\$ 2,848.22	\$ 3,895.66	\$ 2,897.32	#DIV/0!
Adult SMI Cost per consumer	\$ 1,856.01	\$ 1,761.38	\$ 1,547.32	\$ 1,848.30	\$ 1,701.59	\$ 1,787.10	\$ 1,878.37	\$ 1,783.60	\$ 1,847.75	\$ 2,281.39	\$ 2,071.81	#DIV/0!
Child SED Cost per consumer	\$ 1,759.40	\$ 1,435.35	\$ 1,426.07	\$ 1,557.31	\$ 1,341.53	\$ 1,401.62	\$ 1,564.29	\$ 1,401.66	\$ 1,495.17	\$ 2,111.39	\$ 1,612.52	#DIV/0!
Total	\$ 2,756.73	\$ 2,520.87	\$ 2,497.32	\$ 2,703.40	\$ 2,440.04	\$ 2,669.48	\$ 2,654.39	\$ 2,577.54	\$ 2,512.27	\$ 3,029.43	\$ 2,701.84	#DIV/0!

	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	\$ 16,987.41	\$ 20,175.20	\$ 22,586.82	\$ 16,534.72	\$ 16,336.19	\$ 15,226.11	\$ 14,715.37	
Autism Services	\$ 5,093.32	\$ 5,503.00	\$ 5,959.00	\$ 8,554.75	\$ 9,542.50	\$ 11,539.79	\$ 11,346.00	\$ 12,270.00	\$ 12,541.75	\$ 10,417.83	\$ 11,376.52	
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	\$ 17,536.22	\$ 14,274.29	\$ 27,478.56	\$ 20,362.38	
Community Living Supports	\$ 167,145.77	\$ 157,792.30	\$ 158,902.24	\$ 169,351.80	\$ 147,824.12	\$ 170,850.34	\$ 157,247.67	\$ 164,577.82	\$ 142,738.72	\$ 158,533.36	\$ 146,226.75	
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	\$ 9,177.92	\$ 11,091.27	
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	\$ 8,690.91	\$ 5,441.79	\$ 8,740.27	\$ 8,270.02	
Psychiatric Inpatient	\$ 7,496.40	\$ 38,742.72	\$ 14,110.32	\$ 11,519.66	\$ 20,903.28	\$ -	\$ 3,527.58	\$ 23,749.46	\$ 24,693.06	\$ 8,883.00	\$ 15,228.00	
Psychotherapy and Outpatient Services	\$ 10,801.96	\$ 6,786.74	\$ 9,301.18	\$ 10,099.18	\$ 9,606.28	\$ 8,070.56	\$ 12,865.23	\$ 9,766.38	\$ 17,775.39	\$ 32,333.84	\$ 19,592.62	
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	\$ 8,013.49	\$ 7,878.60	\$ 2,793.69	
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 512.58	
Total	\$ 254,707.77	\$ 273,662.34	\$ 234,262.50	\$ 254,952.44	\$ 246,631.63	\$ 252,180.13	\$ 259,512.07	\$ 274,076.19	\$ 248,608.68	\$ 278,669.49	\$ 250,169.20	\$ -
Number of Registered People Receiving Services	91	98	93	88	91	94	97	95	84	96	87	-
Average Cost per Registered Person Served	\$ 2,798.99	\$ 2,792.47	\$ 2,518.95	\$ 2,897.19	\$ 2,710.24	\$ 2,682.77	\$ 2,675.38	\$ 2,885.01	\$ 2,959.63	\$ 2,902.81	\$ 2,875.51	#DIV/0!
Service Transactions Provided	11,960	10,315	10,449	12,112	11,542	12,518	12,305	11,299	9,412	8,973	5,980	
Average Cost per Transaction	\$ 21	\$ 27	\$ 22	\$ 21	\$ 21	\$ 20	\$ 21	\$ 24	\$ 26	\$ 31	\$ 42	#DIV/0!
Count of Adult IDD	40	37	37	38	37	39	40	40	41	40	36	
Count of Child IDD	3	4	4	4	4	5	4	3	4	5	3	
Count of Adult SMI	37	44	42	37	41	41	43	41	31	39	38	
Count of Child SED	11	13	10	9	9	9	10	11	8	12	10	
Total	91	98	93	88	91	94	97	95	84	96	87	-
IDD Adult Cost	\$ 183,840.28	\$ 170,595.09	\$ 167,462.58	\$ 182,693.91	\$ 163,462.65	\$ 187,418.07	\$ 175,822.97	\$ 183,388.99	\$ 160,749.16	\$ 173,979.52	\$ 156,319.31	
IDD Child Cost	\$ 7,729.32	\$ 24,184.00	\$ 7,363.00	\$ 9,989.56	\$ 11,646.50	\$ 15,500.79	\$ 15,098.00	\$ 13,996.00	\$ 13,247.75	\$ 13,914.87	\$ 13,132.36	
Adult SMI Cost	\$ 50,942.23	\$ 68,332.53	\$ 49,150.74	\$ 38,863.89	\$ 58,963.48	\$ 37,068.27	\$ 52,460.10	\$ 53,548.20	\$ 64,967.09	\$ 71,402.91	\$ 67,605.61	
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	\$ 9,644.68	\$ 19,372.19	\$ 13,111.92	
Total	\$ 254,707.77	\$ 273,662.34	\$ 234,262.50	\$ 254,952.44	\$ 246,631.63	\$ 252,180.13	\$ 259,512.07	\$ 274,076.19	\$ 248,608.68	\$ 278,669.49	\$ 250,169.20	\$ -
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	\$ 4,584.72	\$ 3,920.71	\$ 4,349.49	\$ 4,342.20	#DIV/0!
Child IDD Cost per consumer	\$ 2,576.44	\$ 6,046.00	\$ 1,840.75	\$ 2,497.39	\$ 2,911.63	\$ 3,100.16	\$ 3,774.50	\$ 4,665.33	\$ 3,311.94	\$ 2,782.97	\$ 4,377.45	#DIV/0!
Adult SMI Cost per consumer	\$ 1,376.82	\$ 1,553.01	\$ 1,170.26	\$ 1,050.38	\$ 1,438.13	\$ 904.10	\$ 1,220.00	\$ 1,306.05	\$ 2,095.71	\$ 1,830.84	\$ 1,779.10	#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	\$ 1,205.59	\$ 1,614.35	\$ 1,311.19	#DIV/0!
Total	\$ 2,798.99	\$ 2,792.47	\$ 2,518.95	\$ 2,897.19	\$ 2,710.24	\$ 2,682.77	\$ 2,675.38	\$ 2,885.01	\$ 2,959.63	\$ 2,902.81	\$ 2,875.51	#DIV/0!

	FY2025 Service Information For Missaukee County											
Area of Service	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	\$ 27,382.50	\$ 23,274.84	\$ 18,011.78	
Autism Services	\$ 15,587.10	\$ 11,418.77	\$ 11,111.75	\$ 22,011.50	\$ 22,744.01	\$ 25,254.46	\$ 21,866.49	\$ 25,814.85	\$ 24,741.25	\$ 25,501.33	\$ 23,286.75	
Case Management, ACT and Treatment Planning	\$ 26,583.67	\$ 20,549.63	\$ 21,207.03	\$ 22,186.02	\$ 22,587.14	\$ 26,554.30	\$ 28,351.06	\$ 35,117.38	\$ 37,522.93	\$ 56,923.78	\$ 46,306.57	
Community Living Supports	\$ 422,946.32	\$ 402,977.41	\$ 409,528.67	\$ 419,866.47	\$ 379,893.96	\$ 413,987.92	\$ 398,937.56	\$ 406,068.57	\$ 400,166.03	\$ 423,027.01	\$ 373,090.59	
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	\$ 8,778.00	\$ 9,611.00	\$ 19,568.88	\$ 15,520.82	
Evaluation and Management Physician Level	\$ 12,741.30	\$ 12,531.43	\$ 12,509.81	\$ 13,552.60	\$ 15,206.98	\$ 15,214.85	\$ 14,925.23	\$ 15,333.16	\$ 15,663.13	\$ 17,809.16	\$ 13,757.94	
Psychiatric Inpatient	\$ 10,455.40	\$ 39,778.33	\$ 23,110.32	\$ 13,745.35	\$ -	\$ 43,163.77	\$ 144,062.39	\$ 8,883.00	\$ 18,109.00	\$ 51,991.44	\$ 15,656.00	
Psychotherapy and Outpatient Services	\$ 17,868.90	\$ 11,207.68	\$ 10,984.28	\$ 16,721.21	\$ 12,310.00	\$ 14,106.00	\$ 15,770.12	\$ 29,036.83	\$ 22,426.12	\$ 43,867.66	\$ 40,027.20	
Vocational & Skills Building, Family and Health Services	\$ 17,968.16	\$ 16,115.51	\$ 13,025.94	\$ 17,938.48	\$ 14,058.04	\$ 14,698.25	\$ 11,347.05	\$ 10,083.63	\$ 13,224.57	\$ 11,955.49	\$ 3,653.54	
Other	\$ 3,567.33	\$ 2,141.64	\$ 1,950.00	\$ 2,853.11	\$ 1,985.64	\$ 825.11	\$ 2,229.11	\$ 2,003.14	\$ 4,008.88	\$ 1,560.51	\$ 1,508.53	
Total	\$ 562,316.19	\$ 548,600.08	\$ 536,370.61	\$ 558,735.17	\$ 501,309.44	\$ 594,458.92	\$ 686,299.34	\$ 569,628.62	\$ 572,855.41	\$ 675,480.10	\$ 550,819.72	\$ -
Number of Registered People Receiving Services	127	129	125	116	127	134	132	137	132	140	130	-
Average Cost per Registered Person Served	\$ 4,427.69	\$ 4,252.71	\$ 4,290.96	\$ 4,816.68	\$ 3,947.32	\$ 4,436.26	\$ 5,199.24	\$ 4,157.87	\$ 4,339.81	\$ 4,824.86	\$ 4,237.07	#DIV/0!
Service Transactions Provided	27,280	24,307	24,026	25,960	23,990	28,065	20,879	20,357	17,356	16,886	11,225	
Average Cost per Transaction	\$ 21	\$ 23	\$ 22	\$ 22	\$ 21	\$ 21	\$ 33	\$ 28	\$ 33	\$ 40	\$ 49	#DIV/0!
Count of Adult IDD	45	44	43	43	46	46	45	45	44	44	42	
Count of Child IDD	15	11	10	11	10	10	11	14	9	8	7	
Count of Adult SMI	49	58	60	46	53	59	52	53	53	64	57	
Count of Child SED	18	16	12	16	18	19	24	25	26	24	24	
Total	127	129	125	116	127	134	132	137	132	140	130	-
IDD Adult Cost	\$ 394,449.03	\$ 367,979.92	\$ 368,587.39	\$ 388,264.41	\$ 353,723.30	\$ 392,900.24	\$ 381,499.64	\$ 383,770.43	\$ 395,386.15	\$ 407,212.34	\$ 329,650.38	
IDD Child Cost	\$ 30,328.64	\$ 19,500.30	\$ 18,977.49	\$ 29,723.50	\$ 28,678.58	\$ 33,436.66	\$ 62,507.67	\$ 34,539.34	\$ 29,527.37	\$ 31,843.05	\$ 29,830.90	
Adult SMI Cost	\$ 116,342.52	\$ 140,362.36	\$ 135,386.73	\$ 119,408.26	\$ 95,860.56	\$ 138,784.77	\$ 189,325.28	\$ 114,272.85	\$ 113,306.89	\$ 196,116.04	\$ 139,856.60	
Child SED Cost	\$ 21,196.00	\$ 20,757.50	\$ 13,419.00	\$ 21,339.00	\$ 23,047.00	\$ 29,337.25	\$ 52,966.75	\$ 37,046.00	\$ 34,635.00	\$ 40,308.67	\$ 51,481.84	
Total	\$ 562,316.19	\$ 548,600.08	\$ 536,370.61	\$ 558,735.17	\$ 501,309.44	\$ 594,458.92	\$ 686,299.34	\$ 569,628.62	\$ 572,855.41	\$ 675,480.10	\$ 550,819.72	\$ -
Adult IDD Cost per consumer	\$ 8,765.53	\$ 8,363.18	\$ 8,571.80	\$ 9,029.40	\$ 7,689.64	\$ 8,541.31	\$ 8,477.77	\$ 8,528.23	\$ 8,986.05	\$ 9,254.83	\$ 7,848.82	#DIV/0!
Child IDD Cost per consumer	\$ 2,021.91	\$ 1,772.75	\$ 1,897.75	\$ 2,702.14	\$ 2,867.86	\$ 3,343.67	\$ 5,682.52	\$ 2,467.10	\$ 3,280.82	\$ 3,980.38	\$ 4,261.56	#DIV/0!
Adult SMI Cost per consumer	\$ 2,374.34	\$ 2,420.04	\$ 2,256.45	\$ 2,595.83	\$ 1,808.69	\$ 2,352.28	\$ 3,640.87	\$ 2,156.09	\$ 2,137.87	\$ 3,064.31	\$ 2,453.62	#DIV/0!
Child SED Cost per consumer	\$ 1,177.56	\$ 1,297.34	\$ 1,118.25	\$ 1,333.69	\$ 1,280.39	\$ 1,544.07	\$ 2,206.95	\$ 1,481.84	\$ 1,332.12	\$ 1,679.53	\$ 2,145.08	#DIV/0!
Total	\$ 4,427.69	\$ 4,252.71	\$ 4,290.96	\$ 4,816.68	\$ 3,947.32	\$ 4,436.26	\$ 5,199.24	\$ 4,157.87	\$ 4,339.81	\$ 4,824.86	\$ 4,237.07	#DIV/0!

	FY2025 Service Information for Roscommon County											
Area of Service	October	November	December	January	February	March	April	May	June	July	August	September
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	\$ 40,698.72	\$ 48,280.04	\$ 31,092.64	
Autism Services	\$ 6,402.63	\$ 12,182.44	\$ 23,061.13	\$ 25,491.84	\$ 29,722.65	\$ 34,926.67	\$ 35,670.82	\$ 33,342.10	\$ 35,943.20	\$ 46,493.96	\$ 46,213.66	
Case Management, ACT and Treatment Planning	\$ 69,978.41	\$ 68,717.09	\$ 58,985.52	\$ 71,312.52	\$ 73,637.88	\$ 80,763.22	\$ 95,197.81	\$ 96,409.34	\$ 75,340.40	\$ 134,452.89	\$ 119,243.56	
Community Living Supports	\$ 455,029.46	\$ 459,308.40	\$ 459,977.64	\$ 499,852.74	\$ 492,121.09	\$ 527,188.56	\$ 533,095.49	\$ 544,635.31	\$ 523,856.15	\$ 548,446.98	\$ 422,225.74	
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	\$ 23,284.88	\$ 14,083.88	\$ 15,721.72	\$ 21,228.74	
Evaluation and Management Physician Level	\$ 41,079.65	\$ 38,539.57	\$ 33,706.28	\$ 43,659.85	\$ 39,773.27	\$ 36,405.81	\$ 38,601.69	\$ 37,916.88	\$ 34,347.71	\$ 41,764.10	\$ 37,150.12	
Psychiatric Inpatient	\$ 163,299.57	\$ 67,176.28	\$ 39,337.28	\$ 37,090.50	\$ 47,968.15	\$ 30,255.64	\$ 12,797.79	\$ 58,830.58	\$ 32,018.21	\$ 48,227.78	\$ 6,345.00	
Psychotherapy and Outpatient Services	\$ 62,292.22	\$ 63,030.22	\$ 51,921.72	\$ 67,623.40	\$ 67,652.08	\$ 57,797.30	\$ 56,051.44	\$ 69,504.79	\$ 55,838.04	\$ 96,469.28	\$ 84,973.86	
Vocational & Skills Building, Family and Health Services	\$ 12,406.31	\$ 10,296.30	\$ 7,278.28	\$ 12,130.10	\$ 10,863.10	\$ 7,546.30	\$ 12,096.05	\$ 12,400.88	\$ 11,543.51	\$ 11,463.40	\$ 5,736.23	
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	\$ 2,506.51	\$ 341.72	
Total	\$ 885,165.87	\$ 780,527.48	\$ 736,928.34	\$ 827,214.00	\$ 806,487.75	\$ 841,029.95	\$ 851,033.43	\$ 923,176.17	\$ 826,814.26	\$ 993,826.66	\$ 774,551.27	\$ -
Number of Registered People Receiving Services	303	305	304	299	295	294	294	307	302	292	294	-
Average Cost per Registered Person Served	\$ 2,921.34	\$ 2,559.11	\$ 2,424.11	\$ 2,766.60	\$ 2,733.86	\$ 2,860.65	\$ 2,894.67	\$ 3,007.09	\$ 2,737.80	\$ 3,403.52	\$ 2,634.53	#DIV/0!
Service Transactions Provided	23,728	22,018	21,197	25,611	25,300	27,435	26,408	25,844	25,315	25,554	12,994	
Average Cost per Transaction	\$ 37	\$ 35	\$ 35	\$ 32	\$ 32	\$ 31	\$ 32	\$ 36	\$ 33	\$ 39	\$ 60	#DIV/0!
Count of Adult IDD	66	67	67	61	62	61	63	62	65	64	59	
Count of Child IDD	22	24	19	19	21	21	20	23	19	19	23	
Count of Adult SMI	163	160	173	165	163	162	161	168	162	164	164	
Count of Child SED	52	54	45	54	49	50	50	54	56	45	48	
Total	303	305	304	299	295	294	294	307	302	292	294	-
IDD Adult Cost	\$ 376,318.71	\$ 355,501.74	\$ 347,014.03	\$ 391,962.95	\$ 364,783.31	\$ 382,097.71	\$ 398,760.60	\$ 419,193.53	\$ 386,960.07	\$ 425,588.26	\$ 295,839.53	
IDD Child Cost	\$ 55,693.35	\$ 31,982.66	\$ 39,560.97	\$ 47,198.46	\$ 49,278.41	\$ 58,150.23	\$ 60,508.67	\$ 69,798.51	\$ 56,184.77	\$ 80,749.94	\$ 84,826.88	
Adult SMI Cost	\$ 370,280.93	\$ 295,158.44	\$ 298,704.64	\$ 319,944.03	\$ 329,073.04	\$ 322,016.51	\$ 314,137.61	\$ 363,695.13	\$ 318,125.31	\$ 402,607.61	\$ 329,244.01	
Child SED Cost	\$ 82,872.88	\$ 97,884.64	\$ 51,648.70	\$ 68,108.56	\$ 63,352.99	\$ 78,765.50	\$ 77,626.55	\$ 70,489.00	\$ 65,544.11	\$ 84,880.85	\$ 64,640.85	
Total	\$ 885,165.87	\$ 780,527.48	\$ 736,928.34	\$ 827,214.00	\$ 806,487.75	\$ 841,029.95	\$ 851,033.43	\$ 923,176.17	\$ 826,814.26	\$ 993,826.66	\$ 774,551.27	\$ -
Adult IDD Cost per consumer	\$ 5,701.80	\$ 5,306.00	\$ 5,179.31	\$ 6,425.62	\$ 5,883.60	\$ 6,263.90	\$ 6,329.53	\$ 6,761.19	\$ 5,953.23	\$ 6,649.82	\$ 5,014.23	#DIV/0!
Child IDD Cost per consumer	\$ 2,531.52	\$ 1,332.61	\$ 2,082.16	\$ 2,484.13	\$ 2,346.59	\$ 2,769.06	\$ 3,025.43	\$ 3,034.72	\$ 2,957.09	\$ 4,250.00	\$ 3,688.13	#DIV/0!
Adult SMI Cost per consumer	\$ 2,271.66	\$ 1,844.74	\$ 1,726.62	\$ 1,939.05	\$ 2,018.85	\$ 1,987.76	\$ 1,951.17	\$ 2,164.85	\$ 1,963.74	\$ 2,454.92	\$ 2,007.59	#DIV/0!
Child SED Cost per consumer	\$ 1,593.71	\$ 1,812.68	\$ 1,147.75	\$ 1,261.27	\$ 1,292.92	\$ 1,575.31	\$ 1,552.53	\$ 1,305.35	\$ 1,170.43	\$ 1,886.24	\$ 1,346.68	#DIV/0!
Total	\$ 2,921.34	\$ 2,559.11	\$ 2,424.11	\$ 2,766.60	\$ 2,733.86	\$ 2,860.65	\$ 2,894.67	\$ 3,007.09	\$ 2,737.80	\$ 3,403.52	\$ 2,634.53	#DIV/0!

	FY2025 Service Information for Wexford County											
Area of Service	October	November	December	January	February	March	April	May	June	July	August	September
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 138,522.89	\$ 120,468.45	\$ 97,535.82	\$ 110,383.02	\$ 106,813.66	\$ 132,151.67	\$ 135,404.94	\$ 133,180.31	\$ 124,372.81	\$ 156,147.29	\$ 135,283.43	
Autism Services	\$ 79,658.42	\$ 84,127.70	\$ 68,418.85	\$ 82,952.29	\$ 73,293.01	\$ 89,412.00	\$ 98,899.52	\$ 99,043.80	\$ 89,182.81	\$ 97,841.79	\$ 91,620.33	
Case Management, ACT and Treatment Planning	\$ 132,697.17	\$ 118,022.32	\$ 104,506.21	\$ 125,600.46	\$ 116,258.56	\$ 124,316.26	\$ 138,375.76	\$ 144,651.49	\$ 126,155.84	\$ 210,838.18	\$ 190,499.26	
Community Living Supports	\$ 820,165.42	\$ 783,990.73	\$ 810,395.28	\$ 800,342.19	\$ 769,514.50	\$ 860,176.11	\$ 852,229.18	\$ 858,084.81	\$ 831,586.24	\$ 875,084.28	\$ 776,404.27	
Crisis Services, Assessments and Testing	\$ 40,404.57	\$ 54,620.20	\$ 38,509.00	\$ 46,071.42	\$ 44,227.12	\$ 48,562.32	\$ 39,607.00	\$ 42,206.00	\$ 48,295.48	\$ 64,800.44	\$ 59,124.23	
Evaluation and Management Physician Level	\$ 75,070.68	\$ 59,875.95	\$ 52,446.95	\$ 65,307.94	\$ 67,471.91	\$ 67,878.51	\$ 80,216.89	\$ 60,175.05	\$ 57,131.25	\$ 69,708.99	\$ 54,637.23	
Psychiatric Inpatient	\$ 154,568.67	\$ 253,032.78	\$ 110,235.22	\$ 121,542.41	\$ 71,833.46	\$ 78,386.68	\$ 164,984.04	\$ 64,339.01	\$ 54,178.67	\$ 63,951.10	\$ 31,099.60	
Psychotherapy and Outpatient Services	\$ 97,327.88	\$ 76,171.47	\$ 63,291.06	\$ 107,089.30	\$ 110,916.17	\$ 97,316.45	\$ 131,447.56	\$ 118,184.21	\$ 124,913.42	\$ 240,828.29	\$ 194,874.54	
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	\$ 53,379.15	\$ 50,252.93	\$ 52,570.54	\$ 53,639.67	\$ 20,921.73	
Other	\$ 10,239.60	\$ 8,257.93	\$ 6,156.61	\$ 7,609.29	\$ 7,419.89	\$ 7,073.27	\$ 10,254.06	\$ 8,958.00	\$ 9,168.07	\$ 7,510.99	\$ 6,293.86	
Total	\$ 1,611,818.50	\$ 1,612,243.96	\$ 1,399,543.71	\$ 1,532,253.99	\$ 1,429,289.74	\$ 1,558,466.95	\$ 1,704,798.10	\$ 1,579,075.61	\$ 1,517,555.13	\$ 1,840,351.02	\$ 1,560,758.48	\$ -
Number of Registered People Receiving Services	558	551	501	541	530	543	584	557	545	543	506	-
Average Cost per Registered Person Served	\$ 2,888.56	\$ 2,926.03	\$ 2,793.50	\$ 2,832.26	\$ 2,696.77	\$ 2,870.10	\$ 2,919.17	\$ 2,834.97	\$ 2,784.50	\$ 3,389.23	\$ 3,084.50	#DIV/0!
Service Transactions Provided	58,733	51,648	50,763	56,199	54,005	61,121	58,567	56,876	53,442	54,770	37,589	
Average Cost per Transaction	\$ 27	\$ 31	\$ 28	\$ 27	\$ 26	\$ 25	\$ 29	\$ 28	\$ 28	\$ 34	\$ 42	#DIV/0!
Count of Adult IDD	124	124	119	123	118	124	129	121	121	123	119	
Count of Child IDD	55	59	53	56	54	56	59	61	61	54	63	
Count of Adult SMI	282	264	239	264	262	262	278	261	255	265	218	
Count of Child SED	97	104	90	98	96	101	118	114	108	101	106	
Total	558	551	501	541	530	543	584	557	545	543	506	-
IDD Adult Cost	\$ 762,628.55	\$ 810,202.60	\$ 735,918.68	\$ 751,147.64	\$ 716,053.26	\$ 767,572.14	\$ 748,248.14	\$ 737,369.85	\$ 723,755.00	\$ 780,319.04	\$ 675,775.70	
IDD Child Cost	\$ 121,410.56	\$ 158,460.61	\$ 108,631.79	\$ 129,034.58	\$ 117,966.26	\$ 132,299.15	\$ 145,629.85	\$ 155,125.42	\$ 135,968.64	\$ 153,830.34	\$ 151,210.69	
Adult SMI Cost	\$ 582,126.66	\$ 533,562.21	\$ 487,868.26	\$ 504,840.73	\$ 490,111.72	\$ 519,486.76	\$ 623,940.17	\$ 551,688.08	\$ 529,810.87	\$ 723,894.61	\$ 568,797.39	
Child SED Cost	\$ 145,652.73	\$ 110,018.54	\$ 67,124.98	\$ 147,231.04	\$ 105,158.50	\$ 139,108.90	\$ 186,979.94	\$ 134,892.26	\$ 128,020.62	\$ 182,307.03	\$ 164,974.70	
Total	\$ 1,611,818.50	\$ 1,612,243.96	\$ 1,399,543.71	\$ 1,532,253.99	\$ 1,429,289.74	\$ 1,558,466.95	\$ 1,704,798.10	\$ 1,579,075.61	\$ 1,517,555.13	\$ 1,840,351.02	\$ 1,560,758.48	\$ -
Adult IDD Cost per consumer	\$ 6,150.23	\$ 6,533.89	\$ 6,184.19	\$ 6,106.89	\$ 6,068.25	\$ 6,190.10	\$ 5,800.37	\$ 6,093.97	\$ 5,981.45	\$ 6,344.06	\$ 5,678.79	#DIV/0!
Child IDD Cost per consumer	\$ 2,207.46	\$ 2,685.77	\$ 2,049.66	\$ 2,304.19	\$ 2,184.56	\$ 2,362.48	\$ 2,468.30	\$ 2,543.04	\$ 2,228.99	\$ 2,848.71	\$ 2,400.17	#DIV/0!
Adult SMI Cost per consumer	\$ 2,064.28	\$ 2,021.07	\$ 2,041.29	\$ 1,912.28	\$ 1,870.66	\$ 1,982.77	\$ 2,244.39	\$ 2,113.75	\$ 2,077.69	\$ 2,731.68	\$ 2,609.16	#DIV/0!
Child SED Cost per consumer	\$ 1,501.57	\$ 1,057.87	\$ 745.83	\$ 1,502.36	\$ 1,095.40	\$ 1,377.32	\$ 1,584.58	\$ 1,183.27	\$ 1,185.38	\$ 1,805.02	\$ 1,556.37	#DIV/0!
Total	\$ 2,888.56	\$ 2,926.03	\$ 2,793.50	\$ 2,832.26	\$ 2,696.77	\$ 2,870.10	\$ 2,919.17	\$ 2,834.97	\$ 2,784.50	\$ 3,389.23	\$ 3,084.50	#DIV/0!

https://www.record-eagle.com/news/local_news/northern-lakes-community-mental-health-gaps-push-people-into-emergency-room/article_78abc584-0f16-4b05-b089-0b0baaad27e2.html

NORTHERN LAKES COMMUNITY MENTAL HEALTH: Gaps push people into emergency room

- by kristen hains Special to the Record-Eagle
- Sep 13, 2025

TRAVERSE CITY — Northern Lakes Community Mental Health’s annual public hearing drew a mix of thanks and frustration from families, advocates, and service partners who say the region’s new crisis center is promising, but struggling with growing pains, and that gaps in coordination, staffing, and communication are still pushing people into the emergency room.

Interim CEO Dr. Curtis Cummins opened Friday’s meeting by saying two finalists for the position will interview next week in Houghton Lake and that a new chief could be in place this fall. He announced Northern Lakes recently earned a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities, which evaluates health and human service providers, covering a dozen programs.

Much of the 100-minute session centered on the Grand Traverse Mental Health Crisis & Access Center, a joint Northern Lakes–Munson Healthcare project that opened in January and, according to Northern Lakes and Munson, expanded to 24/7 service on July 7. Attendees praised staff compassion and the “living room” model, but said privately insured patients were still being redirected to Munson Medical Center’s emergency department.

Erica Longstreet, chief clinical officer of Northern Lakes, said credentialing is underway so crisis-center staff can bill commercial insurance through Munson’s system.

“We’re in process,” she said, adding that Northern Lakes covers Medicaid and uninsured residents while Munson bills private plans.

One commenter from Long Lake Township praised staff compassion but said her privately insured family member was turned away despite public messaging suggesting otherwise. She urged Northern Lakes to designate a liaison to reconcile Munson’s advertising with families’ actual experiences.

Kate Dahlstrom, president of NAMI Grand Traverse, said Northern Lakes staff are better suited to conduct crisis screenings than Munson staff. She cited poor past results at Munson,

adding: “The stigmatizing and the lack of empathy is not something we want in the crisis center.”

Courtney Wiggins said a friend was referred late in the day to Munson’s psychiatric urgent care, which operates 8 a.m. to 5 p.m. weekdays, only to arrive after intake had closed.

Cummins said the agency would reinforce hours internally and noted this “phase-two” period is an 18-month build-out, with further residential crisis beds planned, nine for adults and six for children, pending licensure.

Beyond the crisis center, families detailed longstanding difficulties moving between the hospital, CMH, and community providers. Several said medication histories don’t reliably follow patients; releases are missed; and guardians aren’t always included in crafting or revising Individual Plans of Service.

Cummins acknowledged the lack of a coordinated medical record system between Northern Lakes and its partners, saying each provider operates in its own “silo.”

“What you speak to is a known issue across these healthcare systems, and yes, we have a Northern Lakes silo. And then even though we have Munson Healthcare, literally our neighbor, they have their own silos,” he said.

Unlike the Veterans Affairs system, which runs on a single platform, he said local providers still rely on “hard copy or PDFs of documents, or sometimes phone calls.”

Cummins said Northern Lakes has created a court-and-hospital liaison position and meets regularly with the probate court and Munson to improve coordination. He added that they are also expanding telehealth to help families overcome transportation barriers.

He encouraged use of Customer Service and the Office of Recipient Rights for lapses in services promised in an IPOS.

Longstreet said the agency recently merged its access and crisis teams to cross-train clinicians, with the goal of offering same-day assessments so people don’t fall through the cracks.

Longstreet also outlined child and adolescent changes: staff completed certification for MichCANS (Michigan Child & Adolescent Needs and Strengths), and Northern Lakes is rolling out Intensive Care Coordination with Wraparound, described as “Wraparound on steroids,” for youths requiring intensive, coordinated support.

According to the Michigan Department of Health and Human Services, Wraparound is an individualized, family-driven planning process that brings together a team of providers, schools, natural supports, and family members to coordinate intensive services for youth with complex needs.

She continued by noting that the agency hopes to expand Multisystemic Therapy, an intensive, four-to-five-month, in-home model currently in Grand Traverse and Leelanau, to all six counties.

Assisted Outpatient Treatment — civil court orders designed to break “revolving-door” cycles of the ER, jail and homelessness — was another focus.

Cummins said about 100 people are currently on AOT across the region, about half in Grand Traverse County. He added that many individuals require multiple consecutive court orders before stabilizing and that success can be difficult to define. Audience members pressed for stronger compliance tracking, automatic assignment of peer support, and consistent inclusion of guardians at every AOT step.

Dayna Ryan, director of operations at Grand Traverse Industries, and other speakers urged the next CEO to prioritize services for people with intellectual and developmental disabilities, support stable case management, and advocate with state leaders against funding reductions.

One parent worried about potential state policy shifts affecting GTI; Ryan said public comment on that proposal had closed, but advocacy “is making a difference.”

Transportation surfaced repeatedly, especially in rural counties and after discharge from downstate hospitals. Rhonda Cross, mobility manager for Roscommon County Transit Authority, said mobility managers can coordinate cross-county rides and urged agencies to “put transportation on the table” early.

“Nobody’s services work unless people can get where they need to go,” Cross said.

Several consumers criticized Northern Lakes’ patient portal as too limited to help track medications and appointments. Cummins said the current vendor’s portal is “fairly limited” and does not integrate outside records.

Attendees closed by asking for more transparent, frequent public updates on the crisis center’s phased launch, insurance status and staffing, and for the incoming CEO to hold a listening session in Traverse City.

Cummins said slides from the hearing would be posted online and reiterated that partnership meetings with Munson occur at least monthly.

“Keeping people local is good for a lot of reasons,” Cummins said, pointing to the planned crisis residential beds as one way to keep patients in the community rather than transferring them downstate. He added that the additional beds could relieve ER pressure and improve handoffs between providers.

Gaps push people into emergency room

NORTHERN LAKES

BY KRISTEN HAINS

Special to the Record-Eagle

TRAVERSE CITY – Northern Lakes Community Mental Health’s annual public hearing drew a mix of thanks and frustration from families, advocates, and service partners who say the region’s new crisis center is promising, but struggling with growing pains, and that gaps in coordination, staffing, and communication are still pushing people into the emergency room.

Interim CEO Dr. Curtis Cummins opened

SEE LAKES [PAGE 2A](#)

LAKES

FROM [PAGE 1A](#)

Friday’s meeting by saying two finalists for the position will interview next week in Houghton Lake and that a new chief could be in place this fall. He announced Northern Lakes recently earned a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities, which evaluates health and human service providers, covering a dozen programs.

Much of the 100-minute session centered on the Grand Traverse Mental Health Crisis & Access Center, a joint Northern Lakes– Munson Healthcare project that opened in January and, according to Northern Lakes and Munson, expanded to 24/7 service on July 7. Attendees praised staff compassion and the “living room” model, but said privately insured patients were still being redirected to Munson Medical Center’s emergency department.

Erica Longstreet, chief clinical officer of Northern Lakes, said credentialing is underway so crisis-center staff can bill commercial insurance through Munson’s system.

“We’re in process,” she said, adding that Northern Lakes covers Medicaid and uninsured residents while Munson bills private plans.

One commenter from Long Lake Township praised staff compassion but said her privately insured family member was turned away despite public messaging suggesting otherwise. She urged Northern Lakes to designate a liaison to reconcile Munson’s advertising with families’ actual experiences.

Kate Dahlstrom, president of NAMI Grand Traverse, said Northern Lakes staff are better suited to conduct crisis screenings than Munson staff. She cited poor past results at Munson, adding: “The stigmatizing and the lack of empathy is not something we want in the crisis center.”

Courtney Wiggins said a friend was referred late in the day to Munson’s psychiatric urgent care, which operates 8 a.m. to 5 p.m. weekdays, only to arrive after intake had closed.

Cummins said the agency would reinforce hours internally and noted this “phasetwo” period is an 18-month build-out, with further residential crisis beds planned, nine for adults and six for children, pending licensure.

Beyond the crisis center, families detailed longstanding difficulties moving between the hospital, CMH, and community providers. Several said medication histories don't reliably follow patients; releases are missed; and guardians aren't always included in crafting or revising Individual Plans of Service.

Cummins acknowledged the lack of a coordinated medical record system between Northern Lakes and its partners, saying each provider operates in its own "silo."

"What you speak to is a known issue across these healthcare systems, and yes, we have a Northern Lakes silo. And then even though we have Munson Healthcare, literally our neighbor, they have their own silos," he said.

Unlike the Veterans Affairs system, which runs on a single platform, he said local providers still rely on "hard copy or PDFs of documents, or sometimes phone calls."

Cummins said Northern Lakes has created a court-and-hospital liaison position and meets regularly with the probate court and Munson to improve coordination. He added that they are also expanding telehealth to help eliminate transportation barriers.

He encouraged use of Customer Service and the Office of Recipient Rights for lapses in services promised in an IPOS.

Longstreet said the agency recently merged its access and crisis teams to crosstrain clinicians, with the goal of offering same-day assessments so people don't fall through the cracks.

Longstreet also outlined child and adolescent changes: staff completed certification for MichCANS (Michigan Child & Adolescent Needs and Strengths), and Northern Lakes is rolling out Intensive Care Coordination with Wraparound, described as "Wraparound on steroids," for youths requiring intensive, coordinated support.

According to the Michigan Department of Health and Human Services, Wraparound is an individualized, family-driven planning process that brings together a team of providers, schools, natural supports, and family members to coordinate intensive services for youth with complex needs.

She continued by noting that the agency hopes to expand Multisystemic Therapy, an intensive, fourto- five-month, in-home model currently in Grand Traverse and Leelanau, to all six counties.

Assisted Outpatient Treatment — civil court orders designed to break "revolving- door" cycles of the ER, jail and homelessness — was another focus.

Cummins said about 100 people are currently on AOT across the region, about half in Grand Traverse County. He added that many individuals require multiple consecutive court orders before stabilizing and that success can be difficult to define. Audience members pressed for stronger compliance tracking, automatic assignment of peer support, and consistent inclusion of guardians at every AOT step.

Dayna Ryan, director of operations at Grand Traverse Industries, and other speakers urged the next CEO to prioritize services for people with intellectual and developmental disabilities, support stable case management, and advocate with state leaders against funding reductions.

https://www.cadillacnews.com/news/a-step-in-the-right-direction/article_46b80e5e-ba65-4b70-956d-ca27d37d8e33.html

A step in the right direction

- [By Rick Charmoli Cadillac News](#)

Sep 12, 2025

CADILLAC — Two months into a new effort to strengthen behavioral health care inside the Wexford County Jail, officials say a recently created social worker position is filling a long-standing gap in services for inmates.

The county hired Amy Cox in July as the jail's first full-time social worker. The role, approved earlier this summer by the Wexford County Board of Commissioners, carries a \$60,000 annual salary and was created by reassigning a vacant corrections officer position. Jail officials say the investment is aimed at addressing the rising demand for mental health care among inmates while also helping to reduce recidivism.

Sheriff Trent Taylor said the position was designed to provide more consistent treatment for incarcerated individuals who may not have had access to care before entering jail. He noted that offering support during incarceration could improve safety for inmates and staff, while also helping individuals continue their care after release.

“We wanted to help treat people who are incarcerated, who need mental health services, which helps prevent recidivism and improve the safety for the inmates and the staff at the jail,” Taylor said. “This position will help individuals upon release to continue their care once they’re back in society.”

Cox brings years of experience in the mental health field. Before her new role, she served as a substance abuse counselor with Catholic Human Services, providing part-time services at the jail for five years. She said that work revealed the need for a full-time clinician, particularly given the overlap between substance use and untreated mental health conditions.

She said having consistency for inmates will hopefully help them become more stable. She also said that because there is a correlation between mental health issues and substance abuse, the new position can help address both.

In her first weeks on the job, Cox has focused on establishing policies and procedures, integrating her role into the daily operations of the jail, and making herself available to inmates referred by both corrections staff and self-requests. She said she sees an average of eight to 12 inmates per day, many of whom return for ongoing counseling.

The most common issues she encounters are depression, anxiety and post-traumatic stress disorder. Cox said these concerns often stem from a combination of life circumstances, past trauma or the effects of substance withdrawal. For some inmates, incarceration also brings the loss of jobs, housing or relationships, compounding existing mental health challenges.

Jail Administrator Lt. Michael McDaniel said Cox's work has already proven critical, particularly when it comes to responding to inmates placed on suicide watch. Each morning, she screens individuals flagged for suicidal behavior and helps determine whether continued monitoring is necessary. He added that her presence has provided staff with an important partner in addressing the jail's mental health needs.

McDaniel noted that mental health demands in the jail surged during the COVID-19 pandemic and have remained high since, with part-time coverage no longer meeting the need. He said the hiring of a full-time social worker was widely supported by staff and welcomed by inmates familiar with Cox's work through Catholic Human Services.

"She had quite the rapport with the inmates back there. I mean, they respect her and she does an excellent job," McDaniel said. "When she got the new (social worker) position, the inmates were really looking forward to it because she helped. She held groups and various other things that she did for her previous employer that they looked forward to doing."

Beyond immediate counseling, Cox's position is also intended to help with long-term release planning, ensuring inmates are connected with probation officers and community providers after their sentence. That phase of the work has not yet fully begun, but officials say it will be key to reducing repeat incarcerations and promoting continuity of care.

"The goal of the position is to be able to do some release planning as well, so that there's a transition between incarceration and probation. Some community services that might be involved in somebody's life after incarceration, but we haven't got there yet."

McDaniel said the new position has already sparked discussions about the possibility of hiring additional staff in the future, as mental health needs remain high and inmates often require follow-up care beyond business hours. He also pointed to the shortage of inpatient psychiatric beds across Michigan as a challenge, noting that local jails are often left to manage cases with limited outside resources.

For now, Cox is working to build the foundation for the program and strengthen partnerships with agencies such as Northern Lakes Community Mental Health and Catholic Human Services. Jail officials said they see the role as an important step toward addressing the underlying issues that contribute to incarceration in the first place.

"I just think the need for mental health care isn't just here in the Wexford County Jail, it's the actual community and the state," McDaniel said. "And this is just one small step in trying to help and hopefully it's a significant step in the right way to improve someone's life."

rcharmoli@cadillacnews.com

New Leaders Named for GT County Health Department, Northern Lakes CMH

By Beth Milligan

New leaders have been named this week to two of the area's top public health agencies. Grand Traverse County commissioners voted Wednesday to select Mike Lahey to lead the Grand Traverse County Health Department, while Northern Lakes Community Mental Health Authority board members voted Thursday to hire Lynda Zeller to be their next CEO.

County commissioners interviewed three candidates Wednesday for the position of health officer, the lead role at the Grand Traverse County Health Department (GTCHD). Wendy Hirschenberger retired earlier this year following more than a decade in the role. Mike Lahey, previously GTCHD's deputy health officer, has been [serving as interim health officer](#). Lahey was interviewed for the permanent role along with Prevention Network Executive Director Rashmi Travis and Michigan Department of Health and Human Services (MDHHS) Healthcare Preparedness Program Specialist Jessica Bell, both of Lansing. All three finalists were vetted and confirmed as eligible for the position by MDHHS.

Both County Administrator Nate Alger and county commissioners found all three finalists to be "great candidates," in the words of Chair Scott Sieffert. But Sieffert appeared to speak for the board – which unanimously selected Lahey – when he called the interim health officer the "clear choice" for the position. "Mr. Lahey has already been doing the job, he has the relationships," Sieffert said. "We have some heavy lifts that we're going to do, and he's already of the curve."

Lahey addressed some of those challenges in his interview, including rolling out a [new county septic ordinance](#) and navigating looming state and federal funding cuts. He also spoke about Grand Traverse County's growing population and his concerns that community "gaps" in coverage will continue to widen, something he said GTCHD could help address. In the wake of a pandemic "that shook our country and our communities to the core," Lahey said it's important for GTCHD to strengthen community trust and clearly promote its mission and services, noting that public health is at an "inflection point" in the nation.

"We're never going to 'win' public health," Lahey said. "We're going to continue to advance it with the resources that we have to do the best for our community."

Northern Lakes Community Mental Health Authority (CMH) board members interviewed two candidates Thursday for the position of CEO, which was [posted earlier this spring](#). Consulting firm The Meyers Group assisted a search committee in screening applicants and winnowing the field to finalists Phillip Hunter and Lynda Zeller. Hunter, a licensed psychologist, is the director of the crisis residential unit at Common Ground in Pontiac and has worked as a clinical manager/supervisor and practicing therapist in multiple settings.

Zeller was most recently a regional director for the Substance Abuse and Mental Health Services Administration under U.S. Health and Human Services. She was previously a senior fellow at the Michigan Health Endowment Fund and deputy director for the Behavioral Health and Developmental Disabilities Administration at MDHHS. Zeller served as health services administrator for the Bureau of Health Care Services under the Michigan Department of Corrections and has a master of public administration/healthcare degree from Western Michigan University.

Board members were impressed by both candidates, with several indicating they wished they could marry Hunter's enthusiasm and interpersonal skills with Zeller's deep well of experience in behavioral healthcare. Zeller's extensive experience – and her working relationships with legislators and health professionals across the state of Michigan – ultimately won over the board, who noted CMH is at a critical juncture and needs a steady hand given potential major industry shakeups ahead. Zeller – who has a sibling with intellectual disabilities, which she said gave her firsthand family insight into the field – addressed those “unprecedented times” in her interview, including coming changes to Medicaid and a push in Michigan to [privatize community mental health services](#).

“Every day will require careful listening, critical thinking, careful analysis, and balancing competing needs and resources,” she wrote in her cover letter. “While this is a time of significant change at the state and federal level, I believe this also brings unique opportunities.” Zeller said that while the “Northern Lakes continuum of services must be available to the people of all six counties, an effective CEO also understands there are unique challenges in some counties and communities that may require consideration and adjustment prior to any recommended action or policy change.” Zeller told board members she had no interest in retiring anytime soon and envisioned herself being at CMH for at least 5-10 years, if the position worked out.

Board member Mary Marois said Zeller was someone who had “repeated successes” over her career and had “proven herself over and over and over again to be a true advocate for people,” saying she could take CMH “to a place that we’ve probably never been.” Other board members agreed Zeller could provide “foresight,” “stability,” and the ability to navigate “challenging times” ahead. While some CMH employees watched the interviews on livestream and voiced support for Hunter, citing his positivity and enthusiasm, Kevin Tyler of The Meyers Group said CMH's leadership team also met the finalists and believed Zeller's “experience and knowledge of Michigan” made her a “better choice at this time” for CMH. Board members voted to offer Zeller the position, with a final background check and contract negotiations to follow.

LEADERSHIP: Northern Lakes taps Lynda Zeller for CEO

- By Aly Kleidon akleidon@record-eagle.com, Sep 25, 2025

TRAVERSE CITY — Board members for the Northern Lakes Community Mental Health Authority selected Lynda Zeller to serve as the authority's new CEO following a set of interviews last week.

Two candidates — Zeller and Phillip Hunter — were chosen as finalists for the leadership role by a search committee that enlisted assistance from The Meyers Group, a Maryland-based consulting firm specializing in recruitment for behavioral healthcare and community healthcare.

The firm listed the CEO post for Northern Lakes in April and helped narrow down applicants.

Zeller, currently a principal consultant for mental health organizations, most recently served as the director for Region 5 of the U.S. Health and Human Services' Substance Abuse and Mental Health Services Administration until July.

Hunter is a licensed psychologist and currently serves as the director for a crisis residential unit at Pontiac's Common Ground Resource and Crisis Center.

The authority's board selected Zeller for a number key factors facing the organization after years of financial and operational challenges.

Board members commented that Zeller's experience in the field could help bolster the authority's path forward, providing stability to the organization as it works to iron out past issues.

The mental health agency held its annual public hearing earlier this month that detailed growing pains associated with the new regional crisis center that partners with Munson Healthcare. Interim CEO Dr. Curtis Cummins announced the finalists interviews at the meeting, including the agency's recent three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities.

The board agreed to offer Zeller the leadership position following contract negotiations. Cummins estimated the new CEO would begin this fall.



#

Northern Lakes CMH

August 2025

Preliminary
Board Report

Northern Lakes CMH

Summary of Variances and Fluctuations

October 1, 2024 through August 31, 2025

II. Operating revenue

- **Medicaid Capitation** - Estimated Medicaid expenses are approximately **\$2.2M MORE** than the capitated payments received from NMRE resulting in a current **OVERSPEND**.
- **Healthy Michigan Capitation** - Estimated Healthy Michigan expenses are approximately **\$3.1M GREATER** than the capitated payments received from NMRE resulting in an **OVERSPEND**.
- **General Fund Capitation** - Estimated expenses are approximately **\$3.5M 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 \$300k under budget. Total directly operated expenses are about \$50k under budget through August.
- **CMH Provider Network Contractual Services** - are about \$1.4 M over budget through August. Mostly driven by residential contracts and CLS providers.

Northern Lakes CMH

Statement of Net Position

August 31, 2025

	(Unaudited) 8/31 2025	(Unaudited) 8/31 2024	Favorable (Unfavorable)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 2,470,957	\$ 4,765,781	\$ (2,294,824)
Investments	-	8,126,301	(8,126,301)
Due from other governmental units	20,825,334	8,546,079	12,279,255
Prepaid items	1,005,135	962,658	42,477
Total current	24,301,426	22,400,819	1,900,607
Noncurrent:			
Capital assets not being depreciated	1,786,125	1,870,395	(84,270)
Capital assets being depreciated, net	3,899,786	4,578,180	(678,394)
Deferred outflows - Pension	1,416,119	2,033,495	(617,376)
Total noncurrent	7,102,030	8,482,070	(1,380,040)
Total assets and deferred outflows	31,403,456	30,882,889	520,567
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	4,294,788	932,110	(3,362,678)
Accrued wages and related liabilities	(157,299)	165,400	322,699
Due to other governmental units	864,662	1,742,135	877,473
Unearned revenue	105,545	38,276	(67,269)
Other current liabilities	2,331	(691)	(3,022)
Compensated absences, due within one year	202,381	215,055	12,674
Lease liability, due within one year	587,091	670,255	83,164
Total current liabilities	5,899,499	3,762,541	(2,136,958)
Noncurrent			
Compensated absences, due beyond one year	1,146,847	1,218,651	71,805
Lease liability, due within one year	15,061	35,069	20,009
Net pension liability	4,639,399	5,188,225	548,826
Deferred inflows - Pension	(683,732)	(495,877)	187,855
Total noncurrent liabilities	5,117,575	5,946,069	828,494
Total liabilities and deferred inflows	11,017,074	9,708,610	(1,308,464)
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	213,481	(3,097,367)	(3,310,848)
Unrestricted	12,697,876	12,898,700	200,824
Total net position	\$ 19,940,885	\$ 16,621,448	\$ 3,319,437

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 August 31, 2025

	(Unaudited) 8/31 2025	(Unaudited) 8/31 2024	YTD Budget 8/31 2025	Favorable (Unfavorable)
Revenues				
Medicaid Sources				
Medicaid	\$ 62,027,643	\$ 54,410,040	\$ 59,377,029	\$ 2,650,614
Medicaid - Settlement	<u>2,253,532</u>	<u>3,386,278</u>	-	2,253,532
	64,281,175	57,796,318	59,377,029	4,904,146
Healthy Michigan	5,005,843	4,137,438	3,764,826	1,241,017
Healthy Michigan - Settlement	<u>3,159,682</u>	<u>3,113,526</u>	-	3,159,682
	8,165,525	7,250,964	3,764,826	4,400,699
State General Fund	2,663,364	2,663,364	2,663,363	1
Grants	835,545	1,446,848	2,059,435	(1,223,890)
County appropriations	941,178	1,013,983	941,178	(0)
Northern Healthcare Management	40,891	9,494,779	-	40,891
Other revenue	<u>2,678,059</u>	<u>2,995,211</u>	<u>2,956,656</u>	<u>(278,597)</u>
Total operating revenue	79,605,737	82,661,466	71,762,488	7,843,250
Employed Workforce and Agency Expenditures				
Personnel	27,183,077	27,225,728	27,495,423	(312,346)
Admin Contracts	1,786,663	1,053,395	1,441,146	345,518
Direct Operations	2,115,528	3,312,157	2,945,927	(830,400)
Contractual Servcies	1,815,800	2,166,361	877,886	937,914
Transportation	574,910	543,456	954,850	(379,939)
Occupied Space	<u>1,488,621</u>	<u>1,249,172</u>	<u>1,299,380</u>	<u>189,242</u>
Total Directly Provided & Agency Oversight	34,964,600	35,550,269	35,014,612	(50,011)
Contracted Provider Expenditures				
Autism Services Providers	3,835,588	3,743,277	3,720,065	115,522
Clinical Contract Providers	298,163	630,680	2,110,568	(1,812,405)
Daytime Activities Contract Providers	6,484,434	6,273,196	5,494,109	990,325
FI Provided Self Determination	1,667,530	1,785,641	1,801,503	(133,973)
Inpatient Services	5,008,950	6,515,969	6,559,666	(1,550,716)
Theraputic Contract Providers	323,234	409,084	393,494	(70,260)
Residential Contracts	22,046,274	20,889,426	19,339,804	2,706,470
CLS Providers	4,288,616	3,363,213	2,976,683	1,311,933
Northern Health Care Mgt Services	(23,769)	5,700,995	31,080	(54,848)
Northern Health Care Mgt Respite	-	3,483	-	-
Client Transportation Providers	<u>498,637</u>	<u>893,602</u>	<u>587,607</u>	<u>(88,970)</u>
Total Contracted Provider Expenditure	44,427,657	50,208,565	43,014,579	1,413,078
Total operating expenses	79,392,257	85,758,833	78,029,190	1,363,066
Change in net position	<u>213,481</u>	<u>(3,097,367)</u>	<u>(6,266,703)</u>	<u>6,480,183</u>
YTD NMRE Cost Settlement	<u>5,413,214</u>	<u>6,499,804</u>	<u>(6,266,703)</u>	<u>1,066,969</u>
	<u>(5,199,733)</u>	<u>(9,597,171)</u>	<u>(6,266,703)</u>	<u>1,066,969</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 August 31, 2025

Provider Network Category	YTD Budget 8/31/2025	YTD 8/31/2025	Budget to Actual Inc/(Dec)	YTD 8/31/2024	Variance from PY Inc/(Dec)	% Change
Houghton Lake Drop In - Drop In Centers		\$ -	\$	\$ 79,587	\$ (79,587)	(100.00)%
Kandu Island - Drop In Centers		\$ 156,246	\$	\$ 130,387	\$ 25,859	19.83 %
Contracted Clinical Services - OBRA Screening		\$ -	\$	\$ 141,815	\$ (141,815)	(100.00)%
Contracted Clinical Services - Behavior Treatment		\$ 218,012	\$	\$ 192,470	\$ 25,542	13.27 %
Client Specific Contract - Partial Day		\$ 87,263	\$	\$ 202,866	\$ (115,603)	(56.99)%
Client Specific Contract - Residential		\$ 94,167	\$	\$ 258,692	\$ (164,524)	(63.60)%
Client Specific Contract - MCTT & ACT Teams		\$ 48,962	\$	\$ 38,991	\$ 9,971	25.57 %
Client Specific Contract - Emgcy Serv/Outpatient		\$ 2,709	\$	\$ 14,703	\$ (11,993)	(81.57)%
Client Specific Contract - DD CSM Team		\$ 208	\$	\$ 10,594	\$ (10,386)	(98.04)%
Client Specific Contract - Managed Care		\$ -	\$	\$ 88	\$ (88)	100.00 %
Client Specific Contract - Club Cadillac		\$ 1,381	\$	\$ 31,984	\$ (30,604)	100.00 %
Contr Psych's - Med Clinic	\$ 2,110,568	\$ 980,224	\$	\$ 955,485	\$ 24,739	2.59 %
Client Transportation - Partial Day	\$ 587,607	\$ 323,829	\$	\$ 733,780	\$ (409,951)	(55.87)%
Total Clinical Contract Providers (less grant activity)	\$ 2,698,175	\$ 1,913,002	\$ (785,174)	\$ 2,791,443	\$ (878,441)	(31.47)%
Autism Services - Partial Day		\$ 3,497,880	\$	\$ 3,097,123	\$ 400,757	12.94 %
Autism Services - Residential		\$ 314,262	\$	\$ 263,472	\$ 50,790	19.28 %
Autism Services - Emgcy Serv/Outpatient		\$ 1,459	\$	\$ 6,232	\$ (4,774)	(76.60)%
Autism Services - DD CSM Team		\$ 21,987	\$	\$ 43,852	\$ (21,865)	(49.86)%
Total Autism Providers	\$ 3,720,065	\$ 3,835,588	\$ 115,522	\$ 3,410,680	\$ 424,908	(94.24)%
Hope Network - Partial Day		\$ 833,997	\$	\$ 814,565	\$ 19,432	2.39 %
Hope Network - Residential		\$ 2,519,323	\$	\$ 2,274,098	\$ 245,225	10.78 %
Hope Network - MCTT & ACT Teams		\$ 9,510	\$	\$ 12,698	\$ (3,187)	(25.10)%
Hope Network - Emgcy Serv/Outpatient		\$ 3,386	\$	\$ 4,707	\$ (1,322)	(28.08)%
Hope Network - DD CSM Team		\$ 1,381	\$	\$ 2,356	\$ (975)	100.00 %
Hope Network - PT/OT/ST Only		\$ 838	\$	\$ 322	\$ 516	100.00 %
R.O.O.C. Inc - Partial Day		\$ 40,853	\$	\$ 56,427	\$ (15,575)	(27.60)%
R.O.O.C. Inc - Residential		\$ 713,112	\$	\$ 471,783	\$ 241,329	51.15 %
Grand Traverse Industries - Partial Day		\$ 730,166	\$	\$ 722,751	\$ 7,415	1.03 %
Grand Traverse Industries - Residential		\$ 1,631,868	\$	\$ 1,348,692	\$ 283,176	21.00 %
Total Daytime Providers	\$ 5,494,109	\$ 6,484,434	\$ 990,325	\$ 5,708,399	\$ 776,035	45.57 %
Community Inpatient Hospital - Inpatient		\$ 4,471,611	\$	\$ 5,461,551	\$ (989,940)	(18.13)%
Crisis Residential - Residential		\$ 204,121	\$	\$ 128,459	\$ 75,662	58.90 %
County - State Fac - Inpatient - State		\$ 221,490	\$	\$ 91,817	\$ 129,672	141.23 %
County - Forensic Ctr - Inpatient - State		\$ 111,728	\$	\$ 2,000	\$ 109,728	5,486.42 %
Total Inpatient Providers / State Hospital Inpatient	\$ 6,559,666	\$ 5,008,950	\$ (1,550,716)	\$ 5,683,827	\$ (674,877)	5,668.42 %
Self Determination - Residential		\$ 1,620,366	\$	\$ 1,558,299	\$ 62,068	3.98 %
Self Determination - DD CSM Team		\$ 47,164	\$	\$ 44,013	\$ 3,150	7.16 %
Total Fiscal Intermediary Providers	\$ 1,801,503	\$ 1,667,530	\$ (133,973)	\$ 1,602,312	\$ 65,218	5,679.56 %
Child and Family Services - MIC Client Support Service		\$ 161,498	\$	\$ 189,002	\$ (27,504)	(14.55)%
Child and Family Services - Residential		\$ 4,884	\$	\$ 2,516	\$ 2,368	100.00 %
Child and Family Services - Mobile Crisis		\$ 156,852	\$	\$ 217,566	\$ (60,714)	(27.91)%
Total Fiscal Intermediary Providers	\$ 393,494	\$ 323,234	\$ (70,260)	\$ 409,084	\$ (85,850)	57.54 %
M.I. Residential Contracts - Residential		\$ 1,202,285	\$	\$ 1,220,885	\$ (18,600)	(1.52)%
Residential Contracts - Residential		\$ 12,868,268	\$	\$ 16,941,227	\$ (4,072,959)	(24.04)%
Beacon Specialized Living Center - Residential		\$ 3,331,944	\$	\$ 3,068,767	\$ 263,177	8.58 %
Beacon Specialized Living Center - MCTT & ACT Teams		\$ -	\$	\$ 5,232	\$ (5,232)	(100.00)%
Beacon Specialized Living Center - Emgcy Serv/Outpatient		\$ 950	\$	\$ 1,555	\$ (605)	(38.91)%
Beacon Specialized Living Center - Behavior Treatment		\$ -	\$	\$ 630	\$ (630)	(100.00)%
Lake Shore - Residential		\$ 711,028	\$	\$ 541,630	\$ 169,398	31.28 %
Summerfield - Residential		\$ 482,142	\$	\$ 476,721	\$ 5,421	1.14 %
East Bay - Residential		\$ 386,766	\$	\$ 358,672	\$ 28,094	7.83 %
Lincoln House - Residential		\$ 386,457	\$	\$ 357,000	\$ 29,457	8.25 %
Fort Road - Residential		\$ 295,959	\$	\$ 287,368	\$ 8,590	2.99 %
New Horizons - Residential		\$ 344,869	\$	\$ 473,462	\$ (128,593)	(27.16)%
Elmwood - Residential		\$ 344,554	\$	\$ 396,138	\$ (51,584)	(13.02)%
Cedar Valley Home - Residential		\$ 266,245	\$	\$ 283,122	\$ (16,878)	(5.96)%
Hab Waiver Supports - Residential		\$ 647,469	\$	\$ 984,314	\$ (336,845)	(34.22)%
Hab Waiver Supports - SIP Homes		\$ 104,748	\$	\$ 106,140	\$ (1,392)	(1.31)%
Total Residential Providers	\$ 19,339,804	\$ 21,373,683	\$ 2,033,879	\$ 25,502,863	\$ (4,129,181)	(16.19)%
Community Living Supports - Partial Day		\$ 45,168	\$	\$ 64,320	\$ (19,152)	(29.78)%
Community Living Supports - Residential		\$ 2,352,916	\$	\$ 1,521,426	\$ 831,490	54.65 %
Community Living Supports - MCTT & ACT Teams		\$ -	\$	\$ 1,316	\$ (1,316)	(100.00)%
MI Independent SIP - SIP Homes		\$ 112,022	\$	\$ 91,045	\$ 20,977	23.04 %
MI Independent SIP - SIP Homes		\$ 105,566	\$	\$ 149,325	\$ (43,759)	(29.30)%
MI Independent SIP - SIP Homes		\$ 116,116	\$	\$ 90,414	\$ 25,702	28.43 %
Spectrum SIP - SIP Homes		\$ 191,266	\$	\$ 161,641	\$ 29,625	18.33 %
Spectrum SIP - SIP Homes		\$ 219,933	\$	\$ 181,475	\$ 38,458	21.19 %
Spectrum SIP - SIP Homes		\$ 98,634	\$	\$ 166,627	\$ (67,993)	(40.81)%
Woodland TC Home - SIP Homes		\$ 104,748	\$	\$ 114,318	\$ (9,570)	(8.37)%
Brickways - Residential		\$ -	\$	\$ 49,289	\$ (49,289)	(100.00)%
Total CLS Providers	\$ 2,976,683	\$ 3,346,369	\$ 369,686	\$ 2,591,196	\$ (55,848)	(2.16)%
	\$ 42,983,499	\$ 43,952,789	\$ 969,290	\$ 47,699,803	\$ (4,558,036)	(9.56)%

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

Information Technology Report to the Board

October 2025

Summary

Due to the public nature of this report, specific details regarding the technologies and methodologies used to secure our environment have been intentionally omitted. Disclosing such information could inadvertently provide a roadmap for malicious actors seeking to exploit our systems.

During the previous fiscal year, the organization experienced two notable security incidents: one involving a credential harvesting attempt and another stemming from a phishing attack. In both cases, the compromised accounts were identified and neutralized within minutes, significantly limiting exposure and impact. These events underscore a persistent reality across the industry—human error remains the most vulnerable point in our cybersecurity defenses.

In response, we continue to evaluate and implement tools designed to strengthen endpoint protection and reduce user susceptibility to social engineering threats.

Our overall security posture remains strong, as reflected in the most recent Annual Security Assessment. However, the resignation of our Senior Network Administrator, coupled with cost containment measures that prevent us from reposting this position, presents a challenge to maintaining this posture over time. The dynamic nature of the threat landscape requires proactive monitoring and rapid response capabilities—both of which are directly impacted by the absence of this key role.

While no security framework can guarantee complete immunity from compromise, our ability to adapt and respond swiftly is critical. The Senior Network Administrator position is central to both proactive threat management and incident response. Without it, our capacity to address emerging threats and coordinate effective responses may be diminished.

Current Information Technology Posture

Over the past seven years, the Information Technology team has undertaken a strategic initiative to streamline the Authority's application portfolio and transition to a cloud-centric computing environment. This transformation has included the successful migration of key systems—such as

the Electronic Medical Record, General Ledger, and Human Resources Information System—to secure cloud platforms.

Additionally, collaboration tools have been consolidated under the Microsoft 365 and Teams ecosystem, enabling centralized support and significantly enhancing our security posture. These efforts have resulted in a more unified and defensible infrastructure, reducing the number of systems requiring support and minimizing potential attack vectors.

This modernization journey has laid a strong foundation for future innovation, operational efficiency, and improved data protection. By limiting the number of deployed tools, we continue to maintain a smaller, more manageable security perimeter—an essential factor in safeguarding the sensitive information entrusted to our organization.

Annual Security Assessment

In August of 2025 we completed our annual Security Assessment, working with a company called *Digital Elevation*. Included here is a summary of the **Board of Directors Report** from that assessment.

Comments by the Assessors at the project completion.

*“Here's some acknowledgments though. Everything looked really, really good. And for a first time client, your vulnerability index, which is our primary rating system, is super, super low.
... I only found nine higher critical vulnerabilities across your environment. That's really good. And you know in our pre pre talk here it sounds as though you already know at least one of them is going to be the [Hosting] environment is behind on a few updates.
So really not a whole lot of findings there. Yeah, you guys, for for the first one, this is really an amazing score.
Rarely do we see the first assessment with single digit vulnerability. That's really well done. Yeah, based on our conversations and based on what I'm seeing, I mean, you guys run really, really proactive security program. I wanna take what you're doing and export that to other clients, maybe in the future.”*

Annual Security Assessment Executive Summary

- **Assessment Date:** August 20, 2025
- **Scope:**
 1. Internal vulnerability scanning (authenticated & unauthenticated)
 2. External vulnerability scanning (public IPs)
 3. Penetration testing
- **Devices Scanned:** 331 network devices
- **High/Critical Vulnerabilities Found:** 9
- **Exploitability Risk:** Low
- **Vulnerability Index:** 0.022 (Low Risk)
- **Final Security Rating:** 7.9 / 10
- **Potential Rating:** 8.5 / 10 (with policy/process improvements)
- **Industry Comparison:** Rated **Above Average** among similar organizations

Key Strengths

- Solid firewall protection
- Antivirus/EDR tools are present and functional
- All systems are running supported OS versions
- No high/critical issues found in external vulnerability or penetration testing
- Physical security risk is **Low** (e.g., locked shredder boxes, protected network equipment)

Identified Issues

Technical Vulnerabilities

- Devices without credential requirements
- Open address books
- Missing VMware updates
- SSL vulnerabilities

Physical Security

- No visitor sign-in process in place

Malware/Spyware Risk

- Elevated risk due to unfiltered internet access
- Need for stronger endpoint detection and DNS/URL filtering

Recommendations

Prioritized

- Configure all devices with **unique credentials**
- Password-protect address books
- Update **all hosts to latest OS**
- Disable **medium-strength cipher suites**

Advisable

- Conduct next security assessment in **August 2026**
- Deploy **phish-resistant MFA**
- Apply **least privilege** principles to user accounts
- Address **CISA report** issues for Microsoft Cloud products

Risk Ratings Summary

Risk Ratings Summary	
Category	Risk Level
Exploitability	Low
Wireless Network	Low
Malware/Zero-Day	Elevated
Physical Security	Low
Overall Vulnerability Index	0.022 (Low)
Final Security Rating	7.9 / 10

Security Awareness

The Authority's Security Awareness Program is designed to provide staff with timely and relevant exposure to current phishing tactics and cyberattack campaigns. Through a combination of structured training modules and simulated phishing exercises, we aim to cultivate a culture of vigilance and informed decision-making across the organization.

In addition to formal training, cybersecurity topics are regularly discussed during staff meetings, reinforcing key principles and encouraging open dialogue around emerging threats.

Secure Culture Summary	
Secure Culture Score:	90 (STRONG)
Active Users:	313
Sessions Sent:	13,706
Session Completion Percentage:	95%
Average Quiz Score:	79%
Phishing Simulations Sent:	6,258
Phishing Simulation Failures:	9%
Phishing Remediation Completion Percentage:	97%

Observations and Forward Strategy

While these metrics reflect a strong security culture, there remains room for improvement. Industry research suggests that even the most robust awareness programs yield only modest reductions in endpoint compromises, particularly due to the effectiveness of social engineering tactics.

Recognizing that human behavior is a persistent vulnerability, we will continue to enhance our awareness efforts while actively exploring next-generation tools to better protect endpoint users and strengthen our incident response capabilities.

Impact of Cost Containment Measures on Information Technology Operations

The following points outline the direct consequences of recent cost containment actions on the Information Technology department:

- **Staffing Limitations:**

The resignation of our Senior Network Administrator has significantly diminished our department's capacity to make timely adjustments to our security posture and respond effectively to emerging threats. Due to cost containment constraints, we have been unable to repost or refill this critical position.

- **Leadership Structure Changes:**

As part of the cost containment measures, the Chief Information Officer (CIO) role was reclassified and removed from the executive leadership team. The CIO is no longer a direct report to the CEO. This change may reduce the strategic visibility of technology-related risks and limit the organization's ability to proactively manage and mitigate those risks.

- **Talent Acquisition Challenges:**

The reclassification of the CIO position has resulted in a revised compensation structure that may hinder our ability to attract and retain top-tier talent. This could pose long-term challenges to the organization's technological resilience and innovation.

Respectfully,

Dan Mauk
Chief Information Officer
HIPAA Security Officer