



# Northern Lakes Community Mental Health Authority

## Board of Directors Packet

### January 15, 2026



The Northern Lakes Community Mental Health Authority Board will meet on January 16, 2026, at 527 Cobb St, Cadillac, MI 49601 & Virtually at: <https://www.northernlakescmh.org/about-us/board-of-directors/> or via phone: [+1 810-258-9588](tel:+18102589588), 877 408 48#

## AGENDA

- | Time      | Item #  |
|-----------|---|
| 1:00 p.m. | 1 Opening: <ul style="list-style-type: none"><li>• Confirm Quorum and Pledge of Allegiance</li><li>• Approval of Agenda</li><li>• Conflict of Interest</li><li>• Consent Agenda (Minutes)*</li><li>• Appointment of Timekeeper</li></ul>  |
| 1:05 p.m. | 2 Public Comment  |
| 1:10 p.m. | 3 Celebrate Northern Lakes – Residential Care Aides<br>HR Coordinator   |
| 1:15 p.m. | 4 Report of Officers: <ul style="list-style-type: none"><li>• Recipient Rights Director Report<ul style="list-style-type: none"><li>○ Brian Newcomb, Director of the Office of Recipient Rights</li></ul></li><li>• Chief Executive Officer Report<ul style="list-style-type: none"><li>○ Lynda Zeller, Chief Executive Officer</li><li>○ Quarterly Key Performance Indicators (KPI Report)</li></ul></li><li>• Chief Financial Officer Report<ul style="list-style-type: none"><li>○ Melissa Bentgen, Interim Chief Financial Officer</li></ul></li></ul>                                |
| 2:00 p.m. | 5 Committee Reports: <ul style="list-style-type: none"><li>• NMRE Update<ul style="list-style-type: none"><li>○ Ruth Pilon</li></ul></li><li>• Executive<ul style="list-style-type: none"><li>○ Greg McMorrow</li></ul></li><li>• Finance<ul style="list-style-type: none"><li>○ Al Cambridge</li></ul></li><li>• Policy<ul style="list-style-type: none"><li>○ Dave Freedman</li></ul></li><li>• Personnel<ul style="list-style-type: none"><li>○ Ruth Pilon</li></ul></li><li>• Community Engagement<ul style="list-style-type: none"><li>○ Christal Frost-Anderson</li></ul></li></ul> |
| 2:45 p.m. | 6 Unfinished Business <ul style="list-style-type: none"><li>- 2026 Annual Workplan</li><li>- Review Bylaws for action in February</li><li>- CMHAM Winter Conference – Board Attendance</li></ul>  |
| 2:50 p.m. | 7 Public Comment  |
| 2:55 p.m. | 8 Announcements/Board Comments/Presentations  |
| 3:00 p.m. | 9 Adjourn, Next Meeting: February 19, 2026 - Grayling   |

NOTICE: If any person with a disability needs accommodation, please call 231-935-3567 three days prior to the posted meeting date.



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

## Board of Directors Meeting Minutes

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December 18, 2025

1:00 p.m.

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

**Others Present:** Lynda Zeller, Melissa Bentgen, Brian Newcomb, Kim Silbor, Daniel Mauk, Neil Rojas, Cindy Petersen, Danielle Arens, Marsha Brown, Lauren Van Hulle, Ashley Thompson, Greg Charter, Melodee Eastman, Hillary Rapphun, Alexandra Coon.

**Virtual Attendees:** Aimee Horton Johnson, Abby Schonfeld, Amanda Link, Amanda Ritchie, Amy Kotulski, Andrea Weiss, Angie Schroeder, Ann Ketchum, April Weinrick, Ashley Cross, Becky Brown, Brian Newcomb, Candace Kauska-Dietrich, Carol Balousek, Christina Hasty, Elizabeth Totten, Erica Smith, Erin Barbus, Gina Schlegel, Hannah Driver, Heather Sleight, Jennifer Edwards, Jeremiah Williams, Jillian Smithingell, Jordan Byington, Joseph Barkman, Judi Crane, Kaitlin Merritt, Kayla Sklener, Kellee Hoag, Lane Kiffen, Lisa Jones, Lisa Woodcox, Lori Stendel, Manda Clements, Mats Andtbacka, Melissa Trout, Meryah Martin, Michael Corby, Rob Palmer, Somer Quinlan, Sophorn Klingelsmith, Teri Dougherty, Terri Henderson, Tiffany Fewins, Victoria McDonald, 4 unknown.

**Call to Order:** 1:00 p.m.

**Conflict of Interest:** None

**Timekeeper:** Ruth Pilon

**Approval of Agenda:** Yes, no changes requested.

**Public Comment:** None.

**Celebrate Northern Lakes:** The Board of Directors and the Leadership team at Northern Lakes CMHA recognized the excellent work of the Grand Traverse and Leelanau County ACT Team.

**Stakeholder Recognition:** Cindy Petersen presented Danielle Arens with a certificate of appreciation for her contributions, past and present, to our community, consumers and Agency.

### **Report of Officers:**

**Recipient Rights Report:** Brian Newcomb, Director of the Office of Recipient Rights, presented his report to the Board. The report can be found in the board packet. Mr. Newcomb shared that his department has filled one advisor position and has one advisor vacancy to fill. Mr. Newcomb spoke about the upcoming Board member recipient rights training that is scheduled to take place in February.

**Chief Executive Officer's Report:** Lynda Zeller, Chief Executive Officer of Northern Lakes, presented her report to the Board. Ms. Zeller used an updated reporting format that will better fit the parameters of the enabling agreement and the bylaws moving forward. The draft of the 2026 work plan was included in the Board packet and will be finalized in January. New graphs were included to better show key performance indicators. Ms. Zeller spoke about the annual submission that is due at the end of February that will include community data, needs assessments, and more. Ms. Zeller recommended for one of the next "Celebrate Northern Lakes" presentations that the N6CIS team be recognized for their excellent work in the community. There will be more information about the group's work that will be given to the Board to share with their constituents.

**Chief Financial Officer's Report:** Al Cambridge, finance committee chair and Board member, spoke for Melissa Bentgen, Interim Chief Financial Officer of Northern Lakes. There was no financial report to present this month while the agency transitioned into using a different template. Two months' worth of financial reports will be presented at the next Board meeting in January.

### **Committee Reports:**

#### **NMRE:**

Ms. Pilon reviewed updates regarding the NMRE committee meeting. Ms. Pilon spoke about enrollment decline, movement in healthy MI, Statewide capitation and the current litigation involving CMHs and MDHHS.

#### **Executive:**

Mr. McMorrow, the Chairperson of the Board, brought to the attention of the Board that the Executive committee would like to create an employment contract with the Northern Lakes CEO, Ms. Zeller. A work agreement exists; a contract does not. The contract would have similar features to a county commission contract.

**Finance:** Mr. Cambridge shared that the next policy that will be up for review will be about reconciliation. The Board was given a list of contracts that will be voted on, deferring action for another meeting to allow review. Mr. Cambridge spoke about cost containment, bringing higher needs consumers back into our catchment and cash flow. Ms. Zeller added that each area is being worked on and the information will be shared with the NMRE as the Agency continues to take proactive steps.

**MOTION:** Accept the purchasing policy presented at the last Board Meeting.

**RESULT:** ADOPTED [UNANIMOUS]

**MOVER:** D. Smallegan

**SECONDER:** A. Cambridge

**MOTION:** Accept the final 2026 budget as presented.

**RESULT:** ADOPTED [UNANIMOUS]

**MOVER:** D. Smallegan

**SECONDER:** M. Marois

**Policy:** Mr. Freedman shared that the policy committee will meet in January.

**Personnel:** Ms. Pilon shared that the personnel committee will meet next on February 27.

**Community Engagement:** Ms. Frost Anderson shared that the community engagement committee met on November 20 and will meet again in January. The committee is currently mapping out community presentations that will be added to the agenda each month as well as Identifying partners and stakeholders to engage with.

**Unfinished Business:** Mr. Freedman mentioned that the *New York Times* article included in the Board packet is worth the read and is something that should be paid attention to.

**Public Comment:** Marsha Brown, a Home Supervisor for Northern Lakes, shared a story about a consumer who has been with the home for 21 years after multiple failed placements and who has done well in that environment.

**Announcements/ Board Member Reports/ Board Association:** Mr. Cambridge attended the ROOC Christmas party and encouraged future attendance.

Mr. Lentych shared that his agency set aside 1.7 million dollars for IDD services and spoke about the issues consumers face when it comes to housing.

**Next Meeting:** February 19, 2026 – Grayling

**Adjournment:** 3:00 p.m.

Respectfully submitted,

Alexandra Coon, Interim Executive Administrator

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Greg McMorrow, Board Chairperson

Lynn Pope, Secretary

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## Office of Recipient Rights Director's Report January 2026

Dates represented	10/01/23-01/02/24	10/1/24-01/02/25	10/1/25-01/02/26	Board Operated Homes
Complaints	127	123	63	11
OJ, No Right Inv.	20	30	10	0
Interventions	15	14	10	4
Investigations	93	79	43	7
Investigations Comp	93	79	17	4
Investigations open	0	0	26	3
Inv > 90 days	0	0	0	0
Inv < 90 days	93/93(100%)	79/79(100%)	17/17(100%)	4/4(100%)
Summary Report Avg	96/96(100%)	79/79(100%)	14/14(100%)	4/4(100%)
NLCMHA staff alleg.	30	27	10	
NLCMHA Staff W/I 1 yr	3	6	1	1

### Complaint Source

Complaint Source	Count
Anonymous	1
Community/General Public	2
Guardian/Family	5
ORR	13
Recipient	12
Staff	30
<b>Total</b>	<b>63</b>

### 5 Year Trends

	Abuse I & II	Abuse III	Neglect I & II	Neglect III	Services Suited to Condition	Total
FY2022	44	46	25	152	151	<b>418</b>
FY2023	39	17	21	144	126	<b>347</b>
FY2024	29	26	4	98	169	<b>326</b>
FY2025	33	12	11	93	146	<b>295</b>
FY2026	0	0	0	7	9	<b>16</b>

**Complaints Per Provider:****October 1, 2025- January 2, 2026**

<b>Program</b>	<b>Substantiated</b>	<b>Pending</b>	<b>Not Substantiated</b>	<b>NA</b>
Beacon Home at Trolley Center	0	2	0	0
Beacon Home at Woodland	0	2	0	0
Danes AFC	1	0	0	0
Elmwood AFC	2	5	0	0
Friendship Family Home	0	4	0	0
Grand Traverse Mental Health Crisis and Access Center	0	0	1	0
Great lakes Center for Autism	1	1	0	0
Heart and Soul Living LLC	0	1	0	0
Hickory Hill AFC LLC	0	2	0	0
HL Office/Roscommon County	0	1	0	0
Hope Network Neo Birdsong	1	0	0	0
Hope Network Neo Breton	0	1	0	0
Hope Network Neo Bristol	5	1	0	0
Hope Network Neo Grandville	1	0	0	0
Hope Network West Michigan - Cadillac Center	0	1	0	0
IDD Adult Case Management	1	1	1	0
IDD Children's Case Management	0	0	1	0
Jones Lake AFC Home	1	1	0	0
Kennedy House West, LLC	1	0	0	0
Mama T's AFC	0	1	0	0
MI Independent Living, LLC	0	1	0	0
North Arrow ABA	0	2	0	0
Northern Lakes CMH Authority	1	1	2	1
Ohana AFC	0	1	0	0
Packard Specialized Residential	0	0	1	0
Pearl Street Home	2	0	0	0
Psychiatric Services	1	0	1	0
Real Life Living Services	0	1	0	0
Seneca Place Home	3	2	1	0
Serenity AFC	0	1	0	0



Spectrum Community Services SIP - Kentucky	1	0	0	0
Summerfield AFC	0	1	0	0
TC Office/Grand Traverse County	0	3	0	0
Wright Street AFC Home	1	0	0	0

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights

## Chief Executive Officer's

### Report to the Board

January 9, 2026

#### GOVERNANCE AND ACCOUNTABILITY:

##### NLCMHA Board:

- **2026 Annual Work Plan:** The 2026 Annual Work Plan FINAL DRAFT is included for your approval consideration. It is due this month according to the Enabling Agreement.
- **Key Performance Indicator (KPI) quarterly report:** The quarterly report is included. I would like to suggest adjusting a couple of the metrics to provide you with better information. I will explain at the board meeting.
- **February items:** February meeting will include the following items: annual bylaws review/revisions, scheduling time for Recipient Rights training for board members in late February or March (the State requires this training. It takes two hours, and it is in person), Annual Report Submission for FY 2025 to MDHHS described below and FY 2025 NLCMHA Annual Report draft.

##### County:

- **County Board Chair and Administrator Connections:** As of January 9, I will have met face to face with Missaukee and Grand Traverse Officials. I have inquiries into other county offices to do the same but have not yet secured dates for a first meeting for: Crawford, Leelanau, Roscommon, Wexford.

##### STATE:

- **FY 2025 "Annual Submission" reports:** As noted above, these reports to MDHHS and NMRE are in process.
  - The MDHHS report is due February 28 and includes items such as waiting lists, services requested, community data, stakeholder survey, and Needs Assessment with planned action in 5 priority areas.
  - Our final EQI (encounter data) report and Financial Status Report (FSR) for FY 2025 are also due in February to MDHHS.
  - For Medicaid funded services, NMRE will aggregate data for all CMHSPs in our region.
- **High Need Children:** We received a letter from MDHHS informing all CMHs that we can no longer use Medicaid funds for certain high need children in Child Caring Institutions (CCIs). We have two high-needed adolescents with I/DD who need this level of care and cannot safely be cared for in the parents' home. I am discussing this with fellow CMHs and the NMRE to determine options and strategy for discussion with the State.

##### NMRE:

- **"Look Back 2020, 2021, 2022 NMRE":** Similar to last month's update on this topic. Support for Melissa (Interim CFO) continues weekly from Centra Wellness CFO and North Care PIHP CEO. The General Ledger (GL) and account mapping is a laborious process after which we will be able to run the 2025 Financial Status Report (FSR). Once the 2025 FSR is run successfully, Melissa will proceed with running the 2020, 2021 and 2022 FSRs. There will need to be some additional

mapping adjustments made to those years due to differences in programs. However, that mapping process should not be as labor intensive. Once 2020, 2021 and 2022 FSRs are complete we will be able to proceed with the review by our auditor, RPC, as authorized by the board.

#### SERVICES AND WORKFORCE:

- **Utilization Management:** We are in the process of reconfiguring our Utilization Management Committee (UMC). UMC activities include retrospective and concurrent reviews to ensure appropriate levels of care and medical necessity for individuals, and monitoring trends for early alert to outliers and barriers to care. Early data from the new UMC processes suggest NLCMHA may be keeping people open to services beyond readiness for discharge. This contributes to untimely access for new people coming into the system. And it contributed to overspending General Fund (non-Medicaid) by 100 % (\$6 million instead of \$3 million) last year and it also contributed to our Medicaid spending being significantly higher than neighboring CMHs.
- **Gratitude from staff:** The staff at the four office locations asked that I convey their deep appreciation to the board for the gifts at the holidays. During a time when it just is not feasible for the Authority to provide any type of extra compensation or holiday gift for the employees, the personal support from the board members meant so much. Each office is using the gift in different ways. Your intent to send a message of gratitude to and value of the staff was very well received.

#### COMMUNITY AND PARTNERSHIPS:

- **Public Comment:** Public comment at the December meeting, while greatly appreciated, did not require additional follow-up from the CEO or staff.
- **Communications and Media:** relevant articles and correspondence are attached.

#### STEWARDSHIP AND FINANCES:

- **Cash Flow:** The cost containment strategies initiated last summer under Interim CEO Curt Cummins stopped the two-year downward trend in cash on hand. Yet in December we did have to request an early capitation payment from NMRE to make both payroll and the accounts payable due that month. We did not request additional funds, just early payment. The efforts mentioned above under Utilization Management and Network Management will cause a positive trend over time, though it will take several months.
- **Account Reconciliation Policy:** Edits to the Account Reconciliation policy will be considered by the Finance Committee this month.
- **Financial Reports:** The monthly Financials for October and November will be sent later than the rest of the board packet. Our Interim CFO Melissa is continuing the work to remap accounts and produce the Financial Status Report for 2025, but this is also causing a delay with routine financial reports. By January most expenses for October are booked, so this is the first month we will be able to see how we are comparing against FY 2026 budget.

Respectfully submitted, Lynda Zeller, CEO

<b>TOPIC</b>	<b>TIME ON AGENDA</b>	<b>BOARD MTG</b>	<b>FREQUENCY</b>	<b>MONTH</b>
Review and Approval of Board By-Laws	10 MIN	X	Annual	January
Needs Assessment	15 MIN	X	Annual	January
2025 Annual Review	30 MIN	X	Annual	February
Annual Recipient Rights Report to the Board	20 MIN	X	Annual	February
Annual Report to the Board from prior FY as submitted to MDHHS				
CEO Evaluation Distribute	5 MIN	X	Annual	February
FY 2025 Northern Lakes CMHA Quality Assurance and Improvement, Regulatory Compliance, and Customer Services Report	10 MIN	X	Quarterly	January April July October
Attachment 3, Enabling Agreement				
Dashboard Report	10 MIN	X	Monthly	Every Month
Persons served, cost, efficiencies	5 Min	X	Annual	May
Conflict of Interest Disclosure Statement				
Code of Conduct Declaration	5 MIN		Annual	May
CEO Evaluation	30 MIN		Annual	April
Financial, Single and Compliance Audit	30 MIN	X	Annual	Initiated in January Discuss at Board in June
Introducing Slate of Officers' Candidates	10 MIN	X	Annual	April - To be voted on in May, other candidates may be presented at that time.

<u>Service Area Presentation:</u> Behavioral Health and Justice: Jail Services, Assisted Outpatient Treatment (AOT)	10 MIN	X	Annual	April
Recipient Rights Training for the Board Members	3 hour time block		Annual	February
Election of Officers	10 MIN	X	Annual	May
CEO Compensation	10 MIN	X	Annual	May
<u>Service Area Presentation:</u> Services for Persons with Mental Illness (MI/SMI): ACT, Outpatient, Crisis	10 MIN	X	Annual	May
<u>Service Area Presentation:</u> Services for People with an Intellectual/Developmental Disability	10 MIN	X	Annual	June
Recipient Rights Semi-Annual Report to the Board First 6 months of 2026	10 MIN	X	Semi Annual	June
FY 2026 Budget Amendment, Initial FY 2027 Budget and 2026 Capitalization Plan	20 MIN	X	Annual	July
Board Member Per Diem & Cost of Governance	10 MIN		Annual	July
<u>Service Area Presentations:</u> Recovery and Prevention	10 MIN	X	Annual	August
Compliance, Quality and Customer Services: Annual Report and Board Training	20 MIN	X	Annual	August

Public Hearing	90 min - 2 Hours		Annual	September 10th
Annual Compliance Training For Board Members	10 MIN	X	Annual	August
<u>Service Area Presentations:</u> Services for Children with Serious Emotional Disturbance (SED)	10 MIN	X	Annual	September
Human Resources: Annual report to Personnel Committee	10 MIN		Annual	January (note: this is a change from December)
Information, Technology and Security: Annual Report	10 MIN	X	Annual	October
Annual Planning Calendar for 2027 Calendar Year	10 MIN	X		November
Board Meeting Schedule for 2027 Calendar Year	10 MIN	X		November
Board Member Terms for 2027	5 MIN	X		November
<b>Each meeting will also include:</b> Report of Officers <ul style="list-style-type: none"> <li>• ORR Director</li> <li>• CEO Report</li> <li>• CFO Report</li> </ul>	45 Min	X	Monthly	Every Month

Committee Reports (from the committee Chairs):	45 min	X	Monthly	Every Month
<ul style="list-style-type: none"> <li>• NMRE Update</li> <li>• RRAC Update after meeting</li> <li>• Executive</li> <li>• Finance</li> <li>• Policy</li> <li>• Community Engagement and Services</li> <li>• Personnel</li> </ul>				
Celebrate Northern Lakes	10 Min	X	Monthly	Every Month
Celebrate Community	10 minutes	X		Every Month (or at lesser frequency as determined by Community Engagement Committee and Executive Committee)

## 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
<b>Ensure individuals served at NLCMHA receive quality services to meet their unique needs. (5 Measures)</b>			
Percent of consumers at NLCMHA readmitted to psychiatric inpatient services within 90 days	30%	<20%	23%
Percent of consumers who were diverted from psychiatric inpatient admission	38%	>30%	46%
Number of substantiated Recipient Rights' Complaints.		<5	
Number of Upheld Appeals	21	<5	9
Number of Upheld Grievances	21	<5	6
<b>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)</b>			
Percent of adults newly enrolled in Mental Health services who had their first clinical service within 14 days of enrollment	67%	>80%	71%



Percent of children newly enrolled in Mental Health services who had their first clinical service within 14 days of enrollment	65%	>80%	63%
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	56%	>80%	92%
Percent of children newly enrolled in developmental disability services who had their first clinical service within 14 days of enrollment	64%	>80%	71%
Percent of Substance Use Disorder (SUD) clients successfully discharged who re-entered services within 90 days	N/A	<25%	N/A
<b>Build and support a community that promotes recovery and resilience to help individuals and families thrive. (2 Measures)</b>			
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%
<b>Strengthen community partnerships to better integrate and coordinate services towards a sustained shared vision of excellence (1 Measure)</b>			
Percent of consumers who were discharged from a psychiatric hospital and had a follow-up service within 30 days	95%	>90%	98%

## Workload Measures

Measure	Last Quarter Results	FY 2023 Target	FY 24-25 Current Qtr
<b>Peer Specialists and Recovery Coaches (2 Measures)</b>			
Number of <u>new</u> Certified Peer Specialists to include those in specialty tracks of family and youth	0	>2	0
Number of people trained in Recovery Coaching	1	>5	1
<b>Communication (2 Measures)</b>			
Number of public outreach events per quarter	13	>3	13
Number of hits to the NLCMHA website	58,910	>100	35,300
<b>Outreach Services (1 Measure)</b>			
Number of interventions from Crisis Response Team	75	>24	4
<b>Operational/Legal Matters (2 Measures)</b>			
Staff turnover per quarter	7%	<10%	16%
Claims filed with Michigan Municipal Risk Management Authority		<3	

		FY 2025-26 Service Information For Grand Traverse County													
		December	January	February	March	April	May	June	July	August	September	October	November		
Area of Service	October	November	December	January	February	March	April	May	June	July	August	September	October	November	
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing Autism Services Case Management, ACT and Treatment Planning Community Living Supports Crisis Services, Assessments and Testing Evaluation and Management Physician Level Psychiatric Inpatient Psychotherapy and Outpatient Services Vocational & Skills Building, Family and Health Services Other Total	\$ 145,677.83	\$ 132,661.35	\$ 126,785.58	\$ 177,081.10	\$ 147,689.74	\$ 173,738.79	\$ 181,862.82	\$ 177,136.48	\$ 177,594.55	\$ 217,327.29	\$ 199,926.16	\$ 186,068.46	\$ 178,882.04	\$ 133,127.00	
	\$ 147,433.75	\$ 141,453.14	\$ 147,770.67	\$ 176,268.96	\$ 136,598.30	\$ 159,651.04	\$ 171,791.76	\$ 156,045.92	\$ 136,468.59	\$ 159,465.35	\$ 125,735.44	\$ 118,267.85	\$ 131,768.69	\$ 11,593.65	
	\$ 216,707.28	\$ 199,529.11	\$ 185,160.99	\$ 245,460.81	\$ 231,700.72	\$ 244,653.27	\$ 274,550.16	\$ 262,931.78	\$ 253,437.00	\$ 375,600.30	\$ 329,660.63	\$ 344,398.47	\$ 317,657.82	\$ 241,323.76	
	\$1,356,540.86	\$1,261,550.98	\$1,294,191.10	\$1,389,204.91	\$1,231,167.88	\$1,443,864.21	\$1,383,753.24	\$1,407,510.64	\$1,422,308.37	\$1,544,727.65	\$1,573,463.95	\$1,518,767.81	\$1,522,079.24	\$1,322,839.23	
	\$ 124,952.00	\$ 122,369.40	\$ 98,925.90	\$ 147,945.26	\$ 116,378.24	\$ 139,544.38	\$ 145,407.60	\$ 133,419.96	\$ 123,298.83	\$ 276,119.58	\$ 293,706.06	\$ 295,881.15	\$ 246,664.86	\$ 255,074.23	
	\$ 91,225.54	\$ 92,033.63	\$ 86,819.15	\$ 103,471.05	\$ 97,989.60	\$ 98,212.30	\$ 108,139.89	\$ 101,973.36	\$ 101,673.84	\$ 111,893.51	\$ 95,802.74	\$ 107,100.06	\$ 126,141.02	\$ 86,962.11	
	\$ 283,606.33	\$ 264,549.73	\$ 149,221.39	\$ 255,878.70	\$ 196,960.59	\$ 199,966.39	\$ 249,802.10	\$ 208,626.58	\$ 307,493.68	\$ 183,058.09	\$ 326,014.63	\$ 200,737.67	\$ 261,766.15	\$ 79,590.00	
	\$ 149,650.83	\$ 123,615.07	\$ 107,930.28	\$ 141,587.14	\$ 137,597.40	\$ 145,770.38	\$ 142,824.10	\$ 139,516.97	\$ 139,139.49	\$ 418,131.59	\$ 377,484.22	\$ 391,648.12	\$ 483,589.78	\$ 322,374.94	
	\$ 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	\$ 54,964.54	\$ 54,583.20	\$ 63,346.79	\$ 51,330.61	
	\$ 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	\$ 12,584.33	\$ 12,435.59	\$ 8,439.02	\$ 4,505.53	
\$2,595,386.91	\$2,404,151.08	\$2,255,513.95	\$2,715,678.46	\$2,368,517.92	\$2,676,798.28	\$2,734,985.00	\$2,665,552.20	\$2,739,549.26	\$3,370,307.52	\$3,389,342.70	\$3,229,888.38	\$3,340,335.41	\$2,508,921.06		
Number of Registered People Receiving Services	940	955	900	1,002	962	993	1,029	1,032	1,032	1,057	1,034	1,041	1,011	937	
Average Cost per Registered Person Served	\$ 2,761.05	\$ 2,517.44	\$ 2,506.13	\$ 2,710.26	\$ 2,462.08	\$ 2,695.67	\$ 2,657.91	\$ 2,582.90	\$ 2,654.60	\$ 3,188.56	\$ 3,277.89	\$ 3,102.68	\$ 3,303.99	\$ 2,677.61	
Service Transactions Provided	113,007	102,087	100,059	110,942	98,795	110,558	105,956	106,123	105,353	112,666	107,982	102,269	104,671	59,545	
Average Cost per Transaction	\$ 23	\$ 24	\$ 23	\$ 24	\$ 24	\$ 24	\$ 26	\$ 25	\$ 26	\$ 30	\$ 31	\$ 32	\$ 32	\$ 42	
Count of Adult IDD	262	273	261	278	268	274	283	283	283	280	276	274	268	259	
Count of Child IDD	62	68	64	63	73	73	70	81	81	73	79	75	74	64	
Count of Adult SMI	514	509	477	545	505	532	546	536	539	580	551	565	535	488	
Count of Child SED	102	105	98	116	116	114	130	132	129	124	128	127	134	126	
Total	940	955	900	1,002	962	993	1,029	1,032	1,032	1,057	1,034	1,041	1,011	937	
IDD Adult Cost	\$1,222,447.13	\$1,132,493.80	\$1,130,089.00	\$1,247,780.39	\$1,098,995.75	\$1,270,108.54	\$1,216,163.83	\$1,248,704.14	\$1,275,308.85	\$1,453,895.30	\$1,482,106.20	\$1,421,319.99	\$1,456,370.40	\$1,213,490.97	
IDD Child Cost	\$ 232,587.34	\$ 226,450.67	\$ 237,981.82	\$ 269,449.84	\$ 233,087.91	\$ 268,308.04	\$ 283,484.99	\$ 277,586.11	\$ 254,877.25	\$ 300,915.24	\$ 263,033.11	\$ 253,044.73	\$ 266,903.12	\$ 113,899.26	
Adult SMI Cost	\$ 960,125.36	\$ 897,665.41	\$ 749,726.02	\$1,018,856.83	\$ 885,593.07	\$ 980,362.59	\$1,033,664.37	\$ 955,234.87	\$1,014,327.45	\$1,365,829.00	\$1,427,240.07	\$1,296,230.64	\$1,290,639.86	\$ 963,873.53	
Child SED Cost	\$ 180,227.08	\$ 147,541.20	\$ 137,717.11	\$ 179,591.40	\$ 150,841.19	\$ 158,019.11	\$ 201,671.81	\$ 184,027.08	\$ 195,035.71	\$ 249,667.98	\$ 216,963.32	\$ 259,293.02	\$ 326,422.03	\$ 217,657.30	
Total	\$2,595,386.91	\$2,404,151.08	\$2,255,513.95	\$2,715,678.46	\$2,368,517.92	\$2,676,798.28	\$2,734,985.00	\$2,665,552.20	\$2,739,549.26	\$3,370,307.52	\$3,389,342.70	\$3,229,888.38	\$3,340,335.41	\$2,508,921.06	
Adult IDD Cost per consumer	\$ 4,665.83	\$ 4,148.33	\$ 4,329.84	\$ 4,488.42	\$ 4,100.73	\$ 4,635.43	\$ 4,297.40	\$ 4,412.38	\$ 4,506.39	\$ 5,192.48	\$ 5,369.95	\$ 5,187.30	\$ 5,434.22	\$ 4,685.29	
Child IDD Cost per consumer	\$ 3,751.41	\$ 3,330.16	\$ 3,718.47	\$ 4,276.98	\$ 3,192.99	\$ 3,675.45	\$ 4,049.79	\$ 3,426.99	\$ 3,146.63	\$ 4,122.13	\$ 3,329.53	\$ 3,373.93	\$ 3,606.80	\$ 1,779.68	
Adult SMI Cost per consumer	\$ 1,867.95	\$ 1,763.59	\$ 1,571.75	\$ 1,869.46	\$ 1,753.65	\$ 1,842.79	\$ 1,893.16	\$ 1,782.15	\$ 1,881.87	\$ 2,354.88	\$ 2,590.27	\$ 2,294.21	\$ 2,412.41	\$ 1,975.15	
Child SED Cost per consumer	\$ 1,766.93	\$ 1,405.15	\$ 1,405.28	\$ 1,548.20	\$ 1,300.36	\$ 1,386.13	\$ 1,551.32	\$ 1,394.14	\$ 1,511.90	\$ 2,013.45	\$ 1,695.03	\$ 2,041.68	\$ 2,435.99	\$ 1,727.44	
Total	\$ 2,761.05	\$ 2,517.44	\$ 2,506.13	\$ 2,710.26	\$ 2,462.08	\$ 2,695.67	\$ 2,657.91	\$ 2,582.90	\$ 2,654.60	\$ 3,188.56	\$ 3,277.89	\$ 3,102.68	\$ 3,303.99	\$ 2,677.61	

[illegible]

			FY2025-26 Service Information For Leelanau County																
Area of Service	October	November	December	January	February	March	April	May	June	July	August	September	October	November					
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	\$ 4,630.83	\$ 4,233.37	\$ 4,782.24	\$ 5,447.36	\$ 4,998.63	\$ 5,224.68	\$ 4,242.51					
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	\$ 2,184.81	\$ 2,680.61	\$ 824.47					
Adult SMI Cost per consumer	\$ 1,376.82	\$ 1,553.01	\$ 1,170.26	\$ 1,050.38	\$ 1,438.13	\$ 904.10	\$ 1,223.02	\$ 1,306.05	\$ 2,159.74	\$ 1,838.63	\$ 1,770.31	\$ 1,503.45	\$ 2,389.19	\$ 1,065.13					
Child SED Cost per consumer	\$ 1,108.72	\$ 811.59	\$ 1,028.62	\$ 2,600.56	\$ 1,395.44	\$ 1,354.78	\$ 1,742.33	\$ 2,103.91	\$ 1,205.59	\$ 1,614.35	\$ 1,311.19	\$ 1,768.06	\$ 1,718.02	\$ 945.75					
Total	\$ 2,798.99	\$ 2,792.47	\$ 2,518.95	\$ 2,897.19	\$ 2,710.24	\$ 2,682.77	\$ 2,669.77	\$ 2,904.42	\$ 3,147.63	\$ 3,036.38	\$ 3,277.02	\$ 2,938.74	\$ 3,698.93	\$ 2,429.21					



		FY2025-26 Service Information for Roscommon County													
Area of Service	October	November	December	January	February	March	April	May	June	July	August	September	October	November	
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	\$ 44,602.38	\$ 40,698.72	\$ 48,280.04	\$ 39,152.35	\$ 42,768.49	\$ 46,961.47	\$ 36,309.65	
	\$ 6,402.63	\$ 12,182.44	\$ 23,061.13	\$ 25,491.84	\$ 29,722.65	\$ 35,190.67	\$ 35,670.82	\$ 33,342.10	\$ 35,943.20	\$ 46,559.96	\$ 48,767.66	\$ 53,966.29	\$ 55,368.02	\$ 4,486.00	
	\$ 76,380.28	\$ 72,306.97	\$ 61,279.39	\$ 72,861.52	\$ 74,586.56	\$ 81,599.40	\$ 94,376.59	\$ 96,356.34	\$ 75,427.40	\$ 136,280.25	\$ 123,444.42	\$ 123,315.05	\$ 132,966.44	\$ 104,367.64	
	\$455,029.46	\$459,308.40	\$459,977.64	\$499,852.74	\$492,121.09	\$527,188.56	\$533,095.49	\$544,635.31	\$523,969.67	\$ 559,863.33	\$530,889.61	\$539,154.04	\$ 545,921.85	\$414,102.60	
	\$ 35,040.44	\$ 21,468.20	\$ 18,375.00	\$ 10,422.00	\$ 13,968.00	\$ 19,756.00	\$ 21,743.00	\$ 23,284.88	\$ 14,083.88	\$ 15,721.72	\$ 21,228.74	\$ 34,226.45	\$ 31,896.48	\$ 17,354.53	
Evaluation and Management Physician Level	\$ 42,059.65	\$ 38,801.57	\$ 33,695.83	\$ 43,166.32	\$ 39,987.99	\$ 36,325.39	\$ 38,422.54	\$ 37,955.34	\$ 34,229.26	\$ 41,983.53	\$ 42,706.83	\$ 37,191.18	\$ 39,268.64	\$ 35,095.78	
	\$163,299.57	\$ 89,280.08	\$ 39,337.28	\$ 89,034.43	\$ 50,135.14	\$ 32,466.02	\$ 12,797.79	\$ 58,830.58	\$ 33,818.21	\$ 82,488.67	\$ 8,021.00	\$ 48,584.79	\$ 84,859.93	\$ 23,504.17	
	\$ 60,558.22	\$ 63,059.06	\$ 51,423.72	\$ 66,627.40	\$ 66,158.08	\$ 56,801.30	\$ 55,347.14	\$ 69,298.49	\$ 55,631.74	\$ 98,533.40	\$ 95,152.56	\$ 90,769.84	\$ 109,410.60	\$ 97,348.94	
	\$ 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	\$ 10,031.60	\$ 14,914.82	\$ 16,236.75	\$ 8,243.79	
	\$ 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	\$ 551.07	\$ 1,467.65	\$ 104.17	\$ 189.40	
Total	\$892,627.74	\$806,862.00	\$738,188.76	\$879,742.40	\$808,324.14	\$843,264.09	\$849,328.76	\$923,749.97	\$828,490.03	\$1,043,680.81	\$919,945.84	\$986,358.60	\$1,062,994.35	\$741,002.50	
Number of Registered People Receiving Services	304	308	304	303	296	296	293	307	303	296	302	291	289	278	
	\$ 2,936.28	\$ 2,619.68	\$ 2,428.25	\$ 2,903.44	\$ 2,730.82	\$ 2,848.87	\$ 2,898.73	\$ 3,008.96	\$ 2,734.29	\$ 3,525.95	\$ 3,046.18	\$ 3,389.55	\$ 3,678.18	\$ 2,665.48	
Service Transactions Provided															
Average Cost per Transaction	\$ 37	\$ 37	\$ 35	\$ 34	\$ 32	\$ 31	\$ 32	\$ 36	\$ 33	\$ 40	\$ 35	\$ 34	\$ 39	\$ 73	
Count of Adult IDD	67	67	67	61	62	61	63	62	65	64	63	65	67	64	
Count of Child IDD	21	23	19	17	21	20	18	22	19	19	21	24	28	22	
Count of Adult SMI	166	165	175	170	166	166	161	169	164	168	167	144	144	143	
Count of Child SED	50	53	43	55	47	49	51	54	55	45	51	58	50	49	
Total	304	308	304	303	296	296	293	307	303	296	302	291	289	278	
IDD Adult Cost	\$376,483.76	\$355,419.75	\$347,003.58	\$391,962.95	\$364,783.31	\$382,284.89	\$398,947.78	\$419,988.17	\$387,160.59	\$ 430,188.12	\$404,529.61	\$441,821.76	\$ 454,724.42	\$330,457.43	
IDD Child Cost	\$ 55,243.35	\$ 31,286.66	\$ 39,560.97	\$ 45,617.46	\$ 49,278.41	\$ 58,021.23	\$ 56,839.67	\$ 69,082.51	\$ 56,184.77	\$ 78,614.01	\$ 79,721.45	\$100,606.44	\$ 96,241.37	\$ 48,555.30	
Adult SMI Cost	\$380,692.75	\$324,356.95	\$302,561.51	\$374,424.98	\$335,001.71	\$327,517.47	\$313,916.06	\$365,220.71	\$320,423.31	\$447,408.65	\$351,973.50	\$338,284.32	\$ 389,852.32	\$285,656.13	
Child SED Cost	\$ 80,207.88	\$ 95,798.64	\$ 49,062.70	\$ 67,737.01	\$ 59,260.71	\$ 75,440.50	\$ 79,625.25	\$ 69,458.58	\$ 64,839.81	\$ 87,470.03	\$ 83,721.28	\$105,646.08	\$ 122,176.24	\$ 76,333.64	
Total	\$892,627.74	\$806,862.00	\$738,188.76	\$879,742.40	\$808,324.14	\$843,264.09	\$849,328.76	\$923,749.97	\$828,608.48	\$1,043,680.81	\$919,945.84	\$986,358.60	\$1,062,994.35	\$741,002.50	
2															

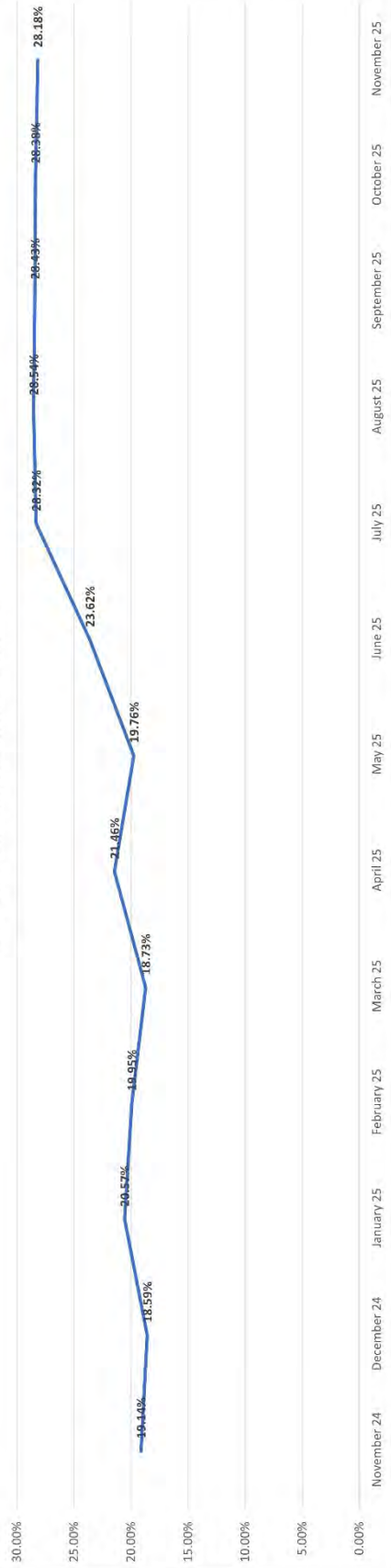
Area of Service	FY 2025-26 Service Information for Roscommon County												November	October	November
	October	November	December	January	February	March	April	May	June	July	August	September	October		
Adult IDD Cost per consumer	\$ 5,619.16	\$ 5,304.77	\$ 5,179.16	\$ 6,425.62	\$ 5,883.60	\$ 6,266.97	\$ 6,332.50	\$ 6,774.00	\$ 5,956.32	\$ 6,721.69	\$ 6,421.10	\$ 6,797.26	\$ 6,786.93	\$ 5,163.40	
Child IDD Cost per consumer	\$ 2,630.64	\$ 1,360.29	\$ 2,082.16	\$ 2,683.38	\$ 2,346.59	\$ 2,901.06	\$ 3,157.76	\$ 3,140.11	\$ 2,957.09	\$ 4,137.58	\$ 3,796.26	\$ 4,191.94	\$ 3,437.19	\$ 2,207.06	
Adult SMI Cost per consumer	\$ 2,293.33	\$ 1,965.80	\$ 1,728.92	\$ 2,202.50	\$ 2,018.08	\$ 1,973.00	\$ 1,949.79	\$ 2,161.07	\$ 1,953.80	\$ 2,663.15	\$ 2,107.63	\$ 2,349.20	\$ 2,707.31	\$ 1,997.60	
Child SED Cost per consumer	\$ 1,604.16	\$ 1,807.52	\$ 1,140.99	\$ 1,231.58	\$ 1,260.87	\$ 1,539.60	\$ 1,561.28	\$ 1,286.27	\$ 1,178.91	\$ 1,943.78	\$ 1,641.59	\$ 1,821.48	\$ 2,443.52	\$ 1,557.83	
Total	\$ 2,936.28	\$ 2,619.68	\$ 2,428.25	\$ 2,903.44	\$ 2,730.82	\$ 2,848.87	\$ 2,898.73	\$ 3,008.96	\$ 2,734.68	\$ 3,525.95	\$ 3,046.18	\$ 3,389.55	\$ 3,678.18	\$ 2,665.48	

		FY 2025-26 Service Information for Westford County														
	Area of Service	October	November	December	January	February	March	April	May	June	July	August	September	October	November	
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)		\$ 135,246.89	\$ 120,000.45	\$ 97,535.82	\$ 110,287.02	\$ 106,253.66	\$ 131,627.67	\$ 134,984.94	\$ 134,112.09	\$ 140,142.35	\$ 172,740.50	\$ 155,570.90	\$ 154,781.06	\$ 166,368.60	\$ 121,192.97	
		\$ 79,658.42	\$ 84,127.70	\$ 68,649.85	\$ 83,183.29	\$ 73,293.01	\$ 89,412.00	\$ 98,899.52	\$ 99,324.30	\$ 89,322.81	\$ 98,489.79	\$ 94,713.08	\$ 93,753.25	\$ 101,781.64	\$ 38,820.75	
		\$ 132,088.17	\$ 117,152.32	\$ 103,027.21	\$ 123,732.91	\$ 115,475.56	\$ 123,359.26	\$ 138,858.32	\$ 144,552.49	\$ 126,449.84	\$ 211,959.50	\$ 193,772.51	\$ 196,405.63	\$ 218,559.42	\$ 146,352.79	
		\$ 820,165.42	\$ 783,990.73	\$ 810,395.28	\$ 800,342.19	\$ 769,514.50	\$ 860,782.11	\$ 852,618.03	\$ 861,246.97	\$ 844,053.10	\$ 893,534.38	\$ 878,959.24	\$ 878,097.74	\$ 868,784.53	\$ 811,252.03	
		\$ 36,251.57	\$ 50,339.20	\$ 36,281.00	\$ 43,621.42	\$ 42,460.12	\$ 46,751.32	\$ 38,429.00	\$ 42,246.00	\$ 48,295.48	\$ 64,783.87	\$ 59,607.84	\$ 73,052.12	\$ 92,638.12	\$ 76,530.31	
		\$ 75,332.68	\$ 59,682.05	\$ 52,446.95	\$ 64,307.44	\$ 67,339.02	\$ 67,598.41	\$ 80,216.89	\$ 60,132.11	\$ 57,368.25	\$ 70,588.68	\$ 56,518.04	\$ 69,110.36	\$ 73,291.30	\$ 53,626.96	
		\$ 148,996.67	\$ 253,032.78	\$ 98,915.52	\$ 121,542.41	\$ 66,757.46	\$ 86,123.01	\$ 164,984.04	\$ 66,015.01	\$ 116,269.73	\$ 67,478.68	\$ 109,371.44	\$ 82,467.76	\$ 130,173.73	\$ 102,475.00	
Psychiatry and Psychotherapy and Outpatient Services		\$ 94,759.88	\$ 74,315.47	\$ 61,867.06	\$ 104,318.10	\$ 112,300.88	\$ 96,756.45	\$ 130,211.56	\$ 117,464.21	\$ 120,877.09	\$ 238,653.27	\$ 196,370.06	\$ 214,306.94	\$ 217,611.40	\$ 141,767.00	
		\$ 63,163.20	\$ 53,676.43	\$ 48,048.71	\$ 65,355.67	\$ 61,541.46	\$ 53,193.68	\$ 53,347.43	\$ 50,252.93	\$ 53,081.95	\$ 53,639.67	\$ 46,105.40	\$ 54,496.10	\$ 57,083.36	\$ 46,323.29	
		\$ 10,239.60	\$ 8,257.93	\$ 6,156.61	\$ 7,609.29	\$ 7,419.89	\$ 7,073.27	\$ 10,254.06	\$ 8,958.00	\$ 9,594.22	\$ 7,510.99	\$ 7,723.83	\$ 6,985.96	\$ 8,165.90	\$ 6,091.34	
		\$ 1,595,902.50	\$ 1,604,575.06	\$ 1,383,324.01	\$ 1,524,299.74	\$ 1,422,355.56	\$ 1,562,677.18	\$ 1,702,803.79	\$ 1,584,304.11	\$ 1,605,454.82	\$ 1,879,379.33	\$ 1,798,712.34	\$ 1,823,456.92	\$ 1,934,458.00	\$ 1,544,432.44	
Number of Registered People Receiving Services		555	548	498	539	528	541	583	557	545	545	518	533	554	501	
		Average Cost per Registered Person Served	\$ 2,875.50	\$ 2,928.06	\$ 2,777.76	\$ 2,828.01	\$ 2,693.86	\$ 2,888.50	\$ 2,920.76	\$ 2,844.35	\$ 3,448.40	\$ 3,472.42	\$ 3,421.12	\$ 3,491.80	\$ 3,082.70	
		Service Transactions Provided	58,648	51,607	50,730	56,167	53,986	61,232	58,637	57,998	60,989	57,700	58,624	59,725	42,966	
		Average Cost per Transaction	\$ 27	\$ 31	\$ 27	\$ 27	\$ 26	\$ 26	\$ 29	\$ 27	\$ 28	\$ 31	\$ 31	\$ 32	\$ 36	
Count of Adult IDD		126	127	122	126	121	128	132	124	124	127	124	125	124	121	
		Count of Child IDD	54	58	52	54	52	55	57	59	51	64	55	62	52	
		Count of Adult SMI	282	238	238	264	260	259	277	262	254	225	241	262	229	
		Count of Child SED	93	99	86	95	95	99	117	112	100	105	112	126	99	
		Total	555	548	498	539	528	541	583	557	545	545	518	533	501	
		IDD Adult Cost	\$ 764,115.55	\$ 812,340.60	\$ 738,286.68	\$ 755,105.79	\$ 720,797.26	\$ 769,927.14	\$ 753,700.70	\$ 744,837.33	\$ 742,703.44	\$ 805,641.55	\$ 789,076.80	\$ 797,954.09	\$ 810,390.88	\$ 732,468.73
		IDD Child Cost	\$ 120,547.36	\$ 157,708.61	\$ 107,979.79	\$ 126,301.58	\$ 114,392.26	\$ 132,677.15	\$ 142,686.70	\$ 154,664.72	\$ 147,106.45	\$ 167,094.63	\$ 168,648.17	\$ 162,932.98	\$ 170,090.88	\$ 78,540.07
Adult SMI Cost		\$ 571,731.66	\$ 528,264.31	\$ 472,768.56	\$ 499,293.30	\$ 483,375.54	\$ 523,028.70	\$ 561,199.90	\$ 588,134.31	\$ 724,666.58	\$ 663,812.43	\$ 635,378.84	\$ 635,378.84	\$ 693,668.38	\$ 577,915.40	
		Child SED Cost	\$ 139,507.73	\$ 106,261.54	\$ 64,288.98	\$ 143,599.07	\$ 103,790.50	\$ 137,044.19	\$ 186,150.94	\$ 123,602.16	\$ 127,510.62	\$ 181,976.57	\$ 177,174.94	\$ 227,191.01	\$ 260,307.86	\$ 155,508.24
		Total	\$ 1,595,902.50	\$ 1,604,575.06	\$ 1,383,324.01	\$ 1,524,299.74	\$ 1,422,355.56	\$ 1,562,677.18	\$ 1,702,803.79	\$ 1,584,304.11	\$ 1,605,454.82	\$ 1,879,379.33	\$ 1,798,712.34	\$ 1,823,456.92	\$ 1,934,458.00	\$ 1,544,432.44
		Adult IDD Cost per consumer	\$ 6,064.41	\$ 6,396.38	\$ 6,051.53	\$ 5,992.90	\$ 5,957.00	\$ 6,015.06	\$ 5,709.85	\$ 6,006.75	\$ 5,989.54	\$ 6,343.63	\$ 6,363.52	\$ 6,383.63	\$ 6,535.41	\$ 6,053.46
		Child IDD Cost per consumer	\$ 2,232.36	\$ 2,719.11	\$ 2,076.53	\$ 2,338.92	\$ 2,199.85	\$ 2,412.31	\$ 2,503.28	\$ 2,621.44	\$ 2,451.77	\$ 3,276.37	\$ 2,635.13	\$ 2,962.42	\$ 2,743.40	\$ 1,510.39
		Adult SMI Cost per consumer	\$ 2,027.42	\$ 2,001.00	\$ 1,986.42	\$ 1,891.26	\$ 1,859.14	\$ 2,019.42	\$ 2,239.23	\$ 2,141.98	\$ 2,315.49	\$ 2,714.11	\$ 2,950.28	\$ 2,636.43	\$ 2,866.40	\$ 2,523.65
Child SED Cost per consumer		\$ 1,500.08	\$ 1,073.35	\$ 747.55	\$ 1,511.57	\$ 1,092.53	\$ 1,384.28	\$ 1,591.03	\$ 1,103.59	\$ 1,191.69	\$ 1,819.77	\$ 1,687.38	\$ 2,028.49	\$ 2,065.94	\$ 1,570.79	
		\$ 2,875.50	\$ 2,928.06	\$ 2,777.76	\$ 2,828.01	\$ 2,693.86	\$ 2,888.50	\$ 2,920.76	\$ 2,844.35	\$ 2,945.79	\$ 3,448.40	\$ 3,472.42	\$ 3,421.12	\$ 3,491.80	\$ 3,082.70	

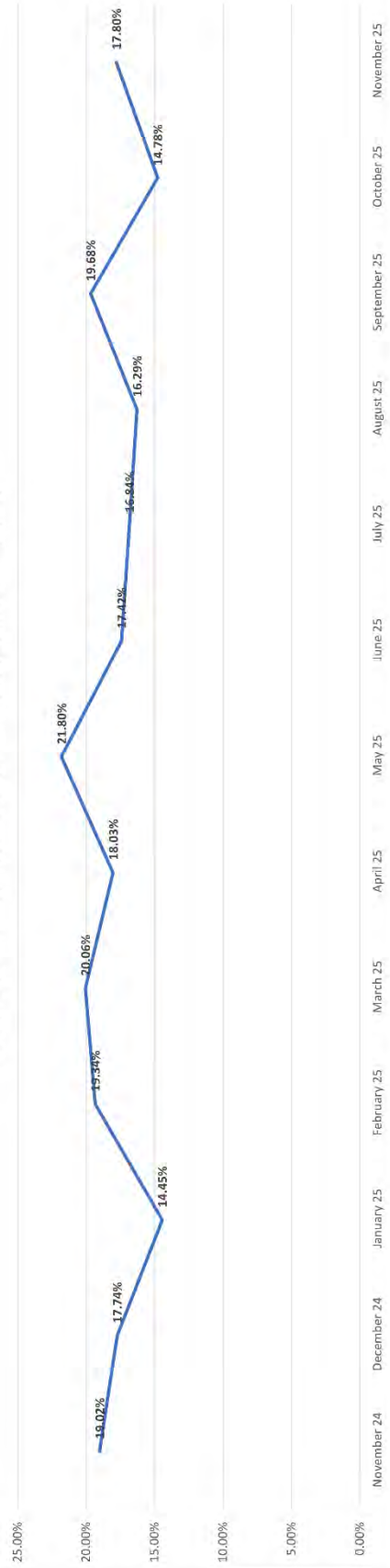


					FY2025-26 Monthly Team Efficiency													
	Expected	November 24	December 24	January 25	February 25	March 25	April 25	May 25	June 25	July 25	August 25	September 25	October 25	November 25				
ACT	35%	19.02%	17.74%	14.45%	19.34%	20.06%	18.03%	21.80%	17.42%	16.84%	16.29%	19.68%	14.78%	17.80%				
CPSS	30%	19.14%	18.59%	20.57%	19.95%	18.73%	21.46%	19.76%	23.62%	28.32%	28.54%	28.43%	28.38%	28.18%				
CST	30%	4.33%	4.70%	4.73%	3.81%	4.94%	3.75%	3.87%	3.58%	4.74%	4.58%	5.22%	5.21%	5.18%				
IDD Adult	30%	12.38%	13.73%	12.11%	13.66%	12.61%	12.67%	13.89%	15.92%	17.69%	14.76%	18.27%	15.65%	15.28%				
IDD Child	30%	26.22%	15.00%	22.57%	26.65%	23.63%	23.55%	27.63%	22.02%	19.84%	20.03%	16.55%	20.10%	17.25%				
MIA CSM	30%	21.98%	22.95%	24.96%	25.08%	24.69%	24.35%	25.10%	24.22%	24.28%	28.52%	29.72%	26.65%	33.10%				
MIA OP	50%	41.43%	35.68%	37.52%	43.86%	46.16%	43.97%	42.62%	40.50%	43.66%	46.00%	46.83%	51.37%	60.63%				
SED HB	30%	18.66%	18.30%	19.97%	16.53%	16.17%	20.24%	21.48%	25.04%	22.32%	20.40%	21.41%	23.44%	22.39%				
SED OP CSM	35%	29.48%	23.12%	25.87%	29.42%	26.27%	29.11%	28.70%	27.18%	27.14%	22.93%	23.97%	30.78%	32.19%				
SED PSP	30%	20.33%	17.32%	19.48%	17.63%	21.64%	23.33%	17.74%	21.48%	28.10%	28.19%	33.45%	26.63%	26.30%				

CPSS Staff Efficiency, 13 Month Trending



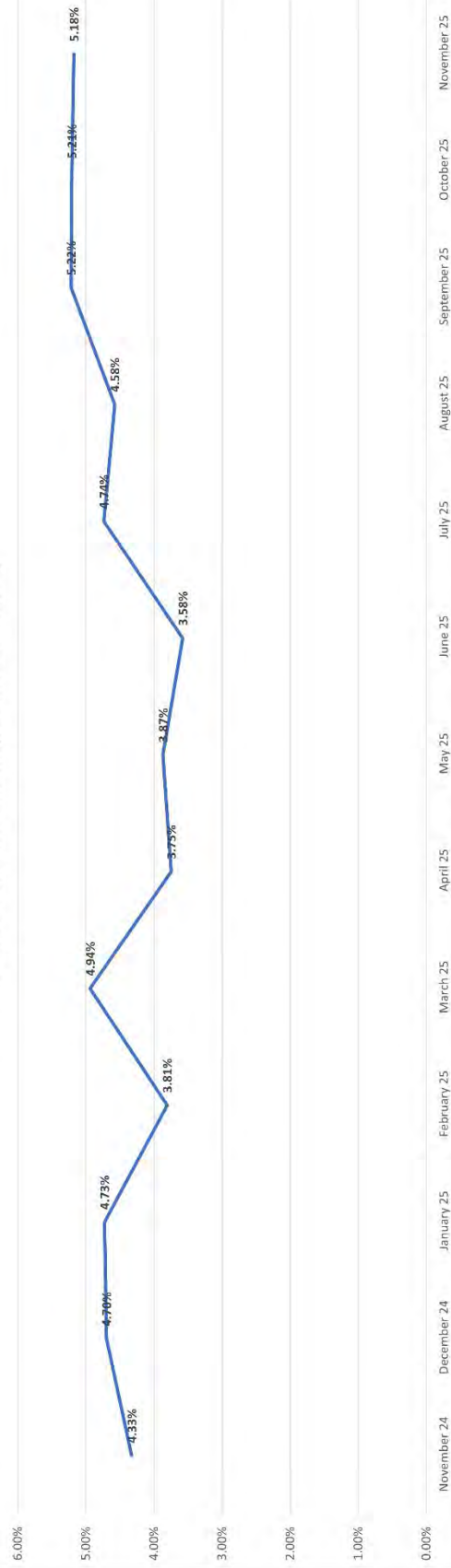
Assertive Community Treatment Staff Efficiency, 13 Month Trending



IDD Adult Services Staff Efficiency, 13 Month Trending



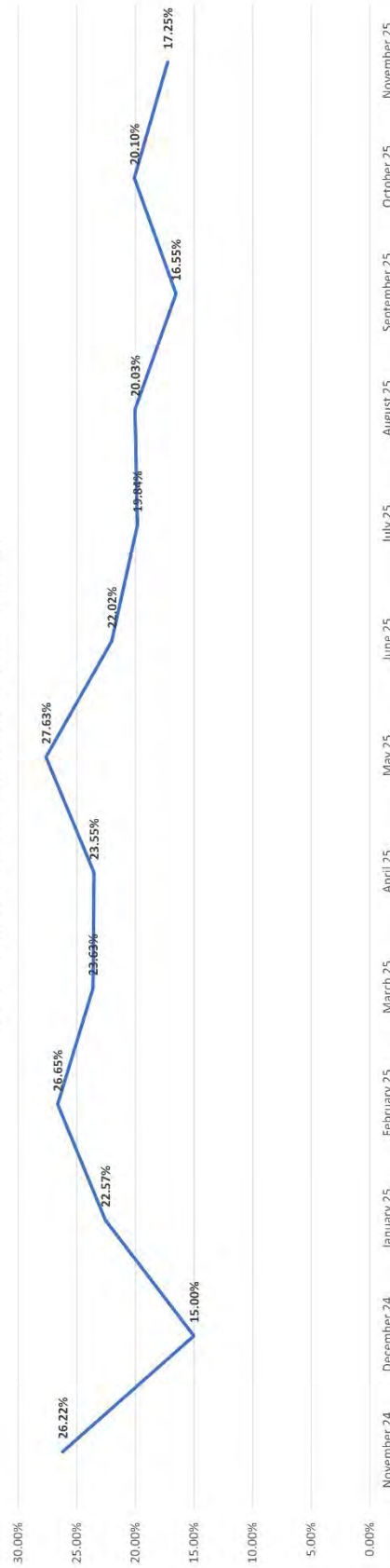
Crisis Services Staff Efficiency, 13 Month Trending



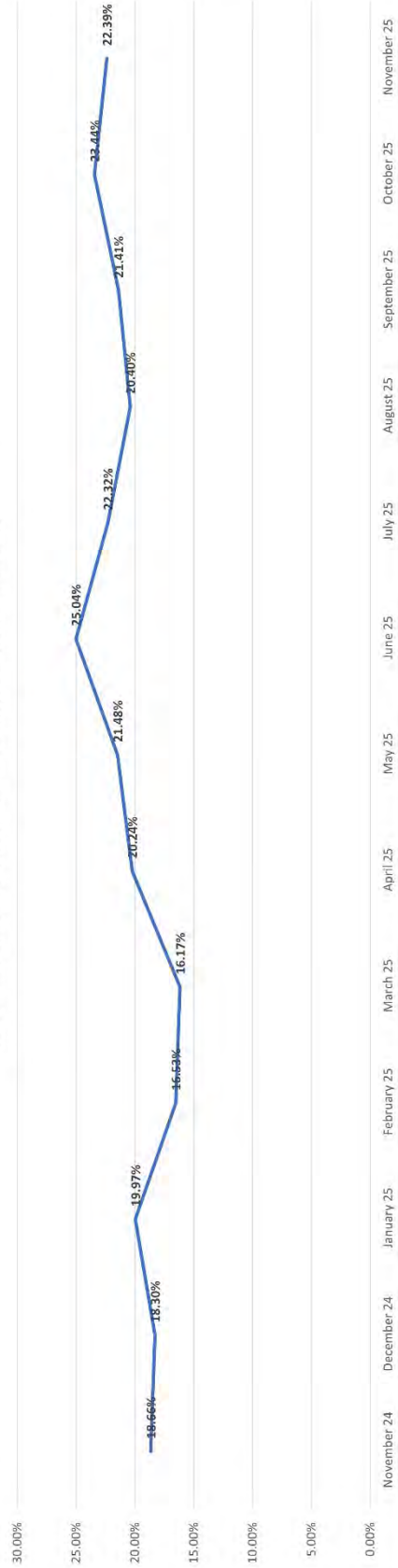
MIA CSM Services Staff Efficiency, 13 Month Trending



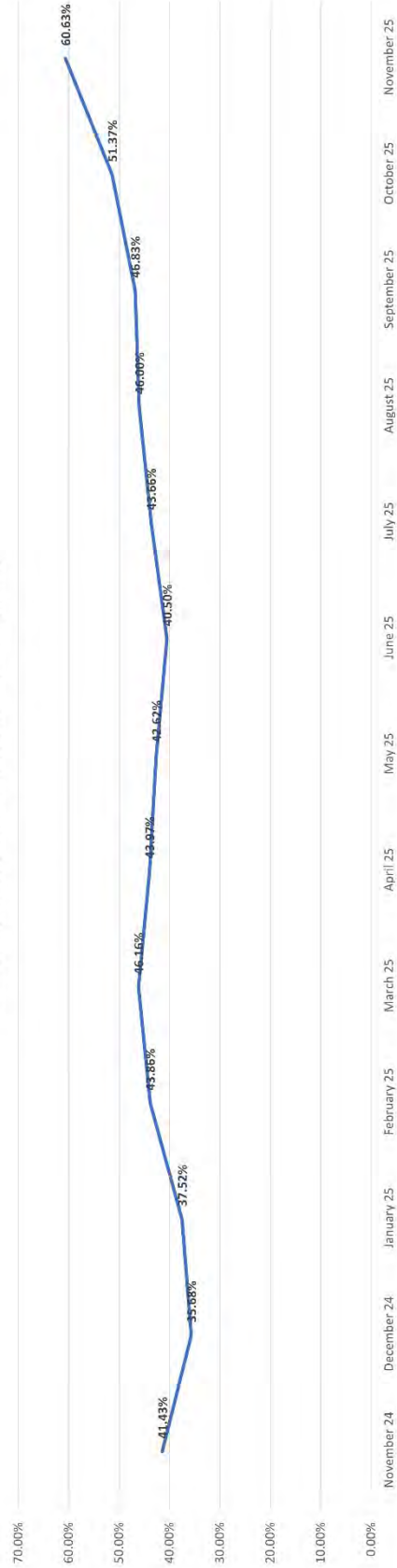
IDD Children Services Staff Efficiency, 13 Month Trending



SED Home Based Services Staff Efficiency, 13 Month Trending



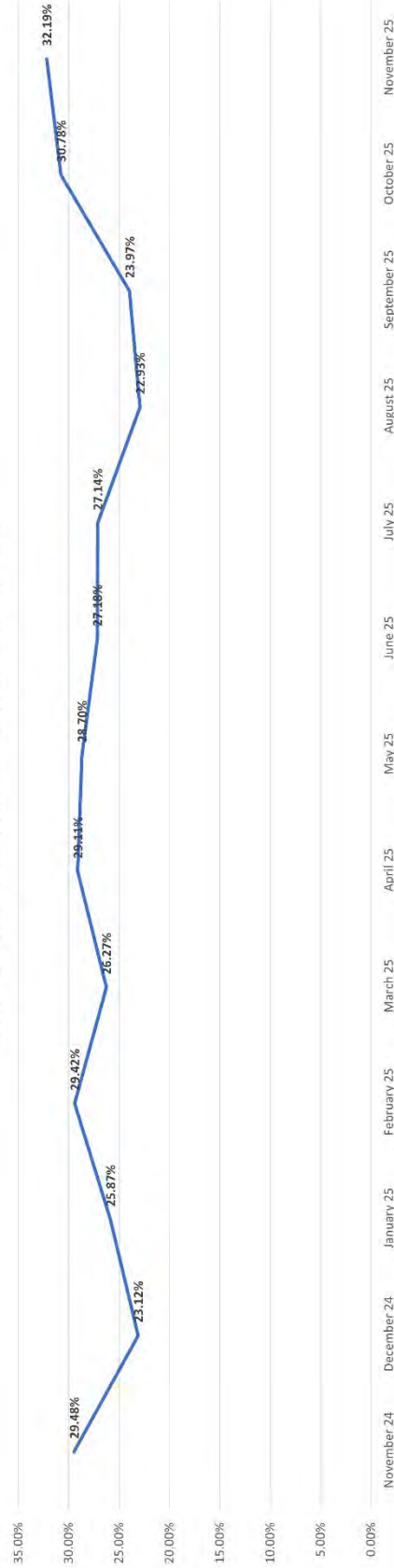
MIA OP Services Staff Efficiency, 13 Month Trending



SED PSP Services Staff Efficiency, 13 Month Trending



SED OP and CSM Services Staff Efficiency, 13 Month Trending











GARY C. PETERS  
UNITED STATES SENATOR

December 5, 2025

Lynda Zeller  
105 Hall St.  
Traverse City, MI 49684

Dear Lynda,

Congratulations on being appointed as the Chief Executive Officer at Northern Lakes Community Mental Health. Your experience as a principal consultant for mental health organizations, as well as prior experiences as the director for Region 5 of the U.S. Health and Human Services' Substance Abuse and Mental Health Services Administration, will serve you well for this position. I appreciate your longstanding commitment to delivering substance use disorder services and to supporting the behavioral and mental health needs in Northern Michigan. I wish you the best in this new role, and I look forward to Northern Lakes Community Health's continued success under your leadership. Congratulations again.

Sincerely,

A handwritten signature in blue ink, appearing to read "Gary C. Peters", written over a light blue circular background.

Gary C. Peters  
U.S. Senator

<https://www.9and10news.com/2026/01/07/nlcmha-offers-mental-health-first-aid-training-to-tackle-stigma-and-fear/>

## **NLCMHA offers Mental Health First Aid training to tackle stigma and fear**

### **One in four Americans face mental health problems.**

TRAVERSE CITY —One in four Americans are expected to experience mental health problems, prompting the Northern Lakes Community Mental Health Authority (NLCMHA) to offer a series of Mental Health First Aid (MHFA) courses in 2026. These classes are designed to equip community members with the skills to assist those facing mental health challenges.

The MHFA courses will take place on March 24, May 20, Aug. 25 and Oct. 27 for adults, along with sessions for youth on April 21, June 17 and Sept. 22 in Traverse City and Cadillac. According to Customer Relations Director Kari Barker at NLCMHA, “Lack of knowledge creates a feeling of helplessness, a sense of fear and stigma. Many people are unsure of what to do and how to help.” This initiative aims to combat that fear.

MHFA is an internationally recognized training program that teaches participants to recognize the signs and symptoms of mental health issues while providing initial help until professional assistance can be obtained. More than 4.5 million people across the country have already received this training, making it a vital resource for communities.

The courses will cover various mental health problems including substance abuse, mood disorders, anxiety disorders and psychotic disorders. Crisis situations addressed will include suicidal behaviors, overdoses and reactions to traumatic events. Cynthia Petersen, NLCMHA Community Provider Relations Specialist and MHFA trainer, stated, “It gives people a plan to deal with different crisis situations that might come their way.”

It’s important to note that while MHFA provides crucial skills for assistance, it does not replace a professional therapist’s role. Barker emphasized that “early intervention is key. The earlier the intervention, the better the outcome.” This training prepares individuals to help others until more specialized care can be accessed.

All MHFA programs are designed for individuals with little to no prior knowledge of mental health issues and are beneficial for various community members including employers, first responders and educators. The courses have also been approved for 12 continuing education credits by the Michigan Social Work Continuing Education Collaborative. [The next steps for interested individuals will be to register for the classes as the dates approach.](#)

## **Judge to rule on legality of proposal**

### ***Plans outline restructure of Michigan mental health agencies***

### ***Judge to rule on legality of restructure proposal***

HEALTH & HUMAN SERVICES

#### **TRIBUNE NEWS SERVICE**

A Michigan judge is expected to rule shortly on two lawsuits over a plan to possibly privatize the state's community health agencies, which critics fear will severely restrict their ability to function, while Michigan authorities say it could boost efficiencies.

Two lawsuits were filed earlier this year by three regional entities that manage mental health, substance abuse and disability care — called Prepaid Inpatient Health Plans, or PIHPs — along with seven Community Mental Health agencies over a plan to possibly privatize some community mental health services.

The lawsuits were filed after Michigan Department of Health and Human Services issued a request for proposals that allowed for both private and public entities to apply to take over handling of the state's PIHPs and mental health services.

Arguing earlier this month before Michigan Court of Appeals Judge Christopher Yates, who is expected to rule soon, Christopher Cooke, one of the attorneys for four community mental health agencies, said if a bid is granted to privatize some of these services, it will “essentially destroy” CMH’s ability to comply with its statutory requirements in the mental health code.

“The lack of Medicaid funding will decimate our organizations,” Cooke said. “Even if it is allowed to survive, it will be a very minimalist organization that won’t be able to comply with the statute.”

Since 2014, the state has had 10 regional entities that

SEE MDHHS PAGE 2

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### ***Plans outline restructure of Michigan mental health agencies***

### ***Judge to rule on legality of restructure proposal***

MDHHS

FROM PAGE 1

manage mental health, substance abuse and disability care, or Prepaid Inpatient Health Plans, divided up by regions of the state, to distribute millions of dollars in Medicaid funds. They offer a range of service for everything from those battling substance abuse disorders to those with developmental disabilities.

But state officials say expanding these regional care plan providers to include outside private providers to deliver care could improve services.

“The state’s intent here was to strengthen (Community Mental Health Service Programs’) statutory functions,” said Assistant Attorney General Stephanie Service, who represents MDHHS, during a hearing before Yates.

“(The issues) are all hypothetical at this point. We don’t know who will win the bids.”

## **PREVIOUS RULING**

Mental health services for those facing everything from mental health issues and substance abuse disorders to those with developmental disabilities are now coordinated through local Community Mental Health Service programs and nonprofits across the state. They are often large agencies that handle millions of dollars in funding from a range of sources and serve thousands of residents.

Yates has already ruled that the state is legally allowed to ask for public and private bids to run prepaid inpatient health plans and decrease the number of regions from 10 to three. The most recent hearing was solely to determine if the language of the request for proposals violates state law.

Yates, who heard three days of attorney arguments and witness testimony and will issue his ruling at a later time, said he doesn’t run MDHHS but called the plan to accept public and private bids to run these plans and agencies “crazy from a policy standpoint.”

But “I am not here to determine what good policy is,” Yates said. “All I have to do is determine if the (request for proposals) is in violation of state law.”

Michigan’s 10 Prepaid Inpatient Health Plans are divided up by region. The plans manage provider networks, including Community Mental Health programs, and behavioral health providers. They monitor network providers to ensure Medicaid funds are used properly, according to the Michigan Department of Health and Human Services. One PIHP manages each region, so providers can either contract with the PIHP or not provide services to Medicaid recipients.

The Community Mental Health agencies that have sued — they sued in August, the same month the state’s request for proposals went out — say the language of the request for proposals makes it impossible for them to apply. Bidders can only bid if they provide services throughout the entire region, and they argue the way it is structured makes it impossible for them to apply. They also say the proposal will create a more bureaucratic and costly framework of services, making Community Mental Health agencies across the state unable to continue providing services in the way they have in the past.

The state says whichever organizations end up as PIHPs must contract with Community Mental Health agencies to provide specialty services and support.

## **WHY NEED FOR NEW**

Service, the assistant attorney general, said the new request for proposals was issued because half of the state’s Community Mental Health agencies elected to not sign a new contract with the state.

Bob Sheehan, CEO of the Community Mental Health Association of Michigan, said the five PIHPs that did not sign the contract did so because the state added several unnegotiated amendments they don’t agree with. They included uneven pay raises for care workers and no guarantee the state would pay the rate difference, along with reducing the risk reserve below what actuaries determined was needed.

Yates, the judge, already has found that the state is legally allowed to move to solicit bids from both public and private providers, and decrease the number of regions.

Service said CMH’s role is to deliver services, and the Prepaid Inpatient Health Plans’ (PIHP) role is to manage them. PIHPs have historically delegated managerial duties to CMH, she said, and the state doesn’t want there to be a situation where CMHs are managing themselves. Service said the request for proposals requires PIHPs to contract with CMH.

“So the system, in your view, is a bit out of kilter because too much management is being done by (Community Mental Health Services Programs)?” Yates asked.

“Absolutely,” Service said. “We’re trying to restore pure statutory function.”

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Monday, 12/22/2025 Page .A01

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[https://www.cadillacnews.com/news/nlcmh-offering-mental-health-first-aid-courses-throughout-2026/article\\_11fcd418-6ca6-4519-b480-75b3150dce2b.html](https://www.cadillacnews.com/news/nlcmh-offering-mental-health-first-aid-courses-throughout-2026/article_11fcd418-6ca6-4519-b480-75b3150dce2b.html)

## NLCMH offering Mental Health First Aid courses throughout 2026

- [By Rick Charmoli Cadillac News](#)

Jan 7, 2026

Story Highlights • Northern Lakes Community Mental Health Authority is offering multiple full-day, in-person Mental Health First Aid courses throughout 2026 in Traverse City and Cadillac to help community members recognize and respond to mental health and substance use issues.

With mental health issues affecting an estimated one in four Americans, Northern Lakes Community Mental Health Authority is offering a series of courses aimed at helping people recognize the signs of mental health disorders.

NLCMHA has scheduled several Mental Health First Aid courses in 2026 designed to increase the ability of community members to assist individuals experiencing mental health or substance use challenges. The one-day training teaches participants how to identify conditions such as bipolar disorder and schizophrenia and how to respond appropriately.

“Lack of knowledge creates a feeling of helplessness, a sense of fear and stigma,” said Kari Barker, director of customer relations at Northern Lakes Community Mental Health Authority. “Many people are unsure of what to do and how to help.”

Courses focused on adult mental health issues will be held March 24, May 20, Aug. 25 and Oct. 27. Youth-focused courses are scheduled for April 21, June 17 and Sept. 22. All sessions are full-day, in-person classes offered in Traverse City and Cadillac.

Mental Health First Aid is a skills-based training program that teaches participants how to recognize the signs and symptoms of mental health challenges, provide initial assistance and guide individuals toward professional help. The course covers both mental health and substance use issues.

The program follows principles similar to traditional first aid training, emphasizing practical steps that can be taken until professional help is available. Participants are not trained as mental health professionals but are taught how to offer short-term support in crisis situations.

“This is an international movement we have joined,” Barker said.

The training is intended for individuals with little or no prior knowledge of mental health issues. Course topics include substance use disorders, mood disorders, anxiety disorders and psychotic disorders. Crisis situations addressed in the workshop include suicidal behavior, overdoses, panic attacks, reactions to traumatic events and psychotic episodes.

The course may be useful for employers, human resource professionals, law enforcement, faith-based leaders, first responders, educators and community group members. The techniques taught can be applied when assisting friends, family members, acquaintances or strangers.

For more information or to register, contact [training@nlcmh.org](mailto:training@nlcmh.org) or visit [northernlakescmh.org](http://northernlakescmh.org).

<https://www.woodtv.com/news/michigan/judge-denies-state-request-to-revamp-mental-health-funding/>

[Michigan](#)

## Judge denies state request to revamp mental health funding

by: [Ken Kolker](#)

Posted: Jan 8, 2026 / 04:59 PM EST

Updated: Jan 8, 2026 / 06:23 PM E

GRAND RAPIDS, Mich. (WOOD) — A judge has denied the state of Michigan’s request to revamp how the mental health system is funded, ruling that the plan would have violated state law.

Critics had argued the Michigan Department of Health and Human Services’ plan would have privatized mental health treatment.

The system treats 300,000 people, many suffering with mental illness, at a cost of \$4 billion a year, most of that from Medicaid. Right now, those Medicaid dollars funnel through 10 regions to the local community mental health agencies.

The state plan called for just three regions and would have opened bidding to manage the money to nonprofits, state agencies or public universities. It planned to make the change in October 2026. Local CMHs would not have been allowed to bid.

Some of the state’s 46 community mental health agencies sued to block the move, fearing big nonprofit insurance companies would take over, that the local agencies would become only providers and that they would lose local control.

Supporters of the plan argued the new system would fill gaps in treatment and provide more accountability.

On Thursday, Court of Claims Judge Christopher Yates wrote that the state’s plan “impermissibly conflicts with Michigan law in numerous respects.”

He wrote that it “violates Michigan law by inhibiting the CMHSPs (community mental health service providers) from fulfilling numerous statutory mandates set forth in the Michigan Mental Health Code.”



The ruling followed a three-day [hearing in December](#).

Yates wrote that the state's proposal wrongfully would have kept community mental health agencies from entering into financial contracts for the purpose of funding "managed-care functions."

CMHs, he wrote, "play a crucial role not only as a direct provider of mental health services, but also in management or coordination of such care."

The state, he wrote, must decide "how to address the conflicts between Michigan law and the RFP (request for proposals) that the court has identified."

JUDGE'S RULING: <https://www.woodtv.com/wp-content/uploads/sites/51/2026/01/Yates-state-mental-health-funding-ruling-010826.pdf?ipid=promo-link-block2>

## **Munson Medical Center Granted \$2.5 million by HRSA for Street Medicine Residency Expansion Project**

11.18.2025

The Health Resources and Services Administration (HRSA) has awarded a \$2.5 million grant supporting a five-year project to enhance street medicine training to medical students enrolled in Munson Healthcare's (MHC) Family Medicine Residency Program.

One of only 24 such grants awarded nationwide, the funds will be used to launch the Rural Street Medicine Residency Expansion Project to train the next generation of primary care physicians in delivering care to individuals experiencing homelessness. This project will help expand research, establish an advisory board (to include community members experiencing homelessness), and support Munson, Traverse Health Clinic and Goodwill in their Street Medicine partnership serving Benzonia, Cadillac, Rapid City, and Traverse City.

"These are among the most vulnerable people in our region, and this grant is going to help ensure they have access to care, where they are," said Munson Healthcare's David Klee, MD, Community Assistant Dean for the Michigan State University College of Human Medicine Traverse City Campus. "Over the next five years we will be implementing a comprehensive strategy to expand, enhance, and formalize a Rural Street Medicine Residency."

This new curriculum within Munson's Family Residency Program through Michigan State University will integrate core competencies to equip physicians with the skills necessary to practice in complex care environments, including:

- Primary care.
- Behavioral health with instruction in psychiatric medication stabilization.
- Addiction medicine including MOUD (Medications for Opioid Use Disorder) initiation and induction.
- Medical-legal advocacy (legal aid or medical-legal partnerships).

Additionally, residents will be required to dedicate 5-8 hours per month providing clinical care through mobile medical units (MMUs), shelter-based clinics, and encampment outreach.

"As this new curriculum takes root, we plan to build upon it with a Rural-Urban exchange program, opportunities for mentorship, and a 'Grow Your Own' street medicine development model," added Klee.

The Street Medicine partnership between Munson Healthcare, Traverse Health Clinic, and Goodwill Industries began in 2020. The initiative received the 2024 American Hospital Association (AHA) Dick Davidson NOVA Award for hospital-led collaborative efforts to improve community health. The program has seen 1,000 visits from 400 unique patients in Traverse City alone this year.

To learn more about the Street Medicine Program, visit [www.munsonhealthcare.org/services/community-health/street-medicine](http://www.munsonhealthcare.org/services/community-health/street-medicine).

## **Street Medicine: Committed to Healthcare for All**

### **Homelessness Happens Here**

Homelessness continues to climb nationally. In Michigan, homelessness rates have increased for nearly a decade. In our ten-county region, it is estimated that 350 individuals are experiencing homelessness, with 260 of those in Grand Traverse.

### **The Connection Between Health and Housing**

Unhoused individuals face disproportionately high rates of chronic conditions like diabetes, HIV/AIDS, heart disease, and mental health issues. The harsh realities of living without stable shelter or access to clean water and hygiene products—and the unpredictability of daily life—make managing health and recovery incredibly challenging. Unfortunately, homelessness can reduce life expectancy by up to thirty years.

### **How Munson Is Helping**

Our community, including Munson Healthcare, has long been dedicated to addressing these challenges. To ensure healthcare access, Munson is proud to financially support and staff\* the Street Medicine Program, which is made possible through collaboration among:

- [Traverse Health Clinic](#). Provides mobile unit services for billing and electronic medical records, program oversight, and medical services.
- [Goodwill Northern Michigan](#). Supports and provides connections to housing, basic needs, and other community resources.
- [The Munson Family Practice Residency Program](#). Our physician residents, led by attending doctors, deliver medical services.



**TRAVERSE HEALTH CLINIC**

Your Path to Health & Wellness



The Street Medicine Program delivers essential, preventive, and life-saving medical services directly to those living in encampments. Our comprehensive care includes:

- **Preventive Healthcare:** Screenings, blood pressure checks, mental health support, and more.
- **Acute Care:** Treatment for wounds, injuries, burns, and other urgent needs.
- **Substance Use Treatment:** Support for managing and overcoming substance use disorders.
- **Pregnancy and Child Health:** Care for pregnant individuals and well-child visits.
- **HIV Testing and Prevention:** Services provided in collaboration with the Munson Healthcare [Thomas Judd Care Center](#).
- **Basic Needs Coordination:** Connections to housing and other essential services.

Additionally, we prioritize patients for available housing and actively work with partners to enhance community housing resources.

\* Munson invests \$150,000 annually to support the program's growth and sustainability. This funding allows a dedicated coordinator to enhance the program's reach and impact. [Learn more](#).

**All Stories** 10 MINUTE READ

# A Community Approach to Street Medicine in Traverse City



Written by

Amy Nienhouse

Published on

June 9, 2025

On a typical Friday morning, [David Klee, MD](#), and several MSU medical students and residents gather bandages, medication and other supplies into large backpacks. They prepare to start their rounds – not by seeing patients inside a hospital or clinic – they visit one of several locations in Traverse City that provide medical care to people experiencing homelessness.

Across Michigan, 8,000 people every night are considered homeless (8.2 people per 10,000). In a town known for its picturesque lakeshores and foodie destinations, Traverse City is faced with a higher-than-average rate of homelessness (9.2 people per 10,000).



While many rural areas have limited services for unhoused people, Traverse City has a unique partnership with Munson Healthcare, Goodwill Northern Michigan, Traverse Health Clinic and Michigan State University College of Human Medicine's [Traverse City Campus](#). The city and five surrounding counties are served by **Traverse City Street Medicine**, one of the few rural-based programs in the country, where patients are treated for chronic illnesses, infections, injuries, respiratory problems, substance abuse and other conditions.

The unhoused population in Traverse City has a mortality rate three times that of the community's housed population, according to Klee, who serves as the MSU College of Human Medicine community assistant dean and associate program director for the MSU-affiliated Munson Family Medicine Residency Program. "People who experience homelessness die nearly [30 years earlier](#) than the average American," he said.



Two days a week, the Traverse City Street Medicine team sees patients out in the community through the health clinic's Mobile Medical Unit. "We literally meet them where they are," said Klee. "We bring medical care to their home, which could be a tent or vehicle."

The program began in 2016 through the MSU-affiliated Munson Family Residency Program. Since then, students from the Colleges of Human Medicine and Osteopathic Medicine have participated in the program during their Psychiatry clerkship, alongside MSU-Munson residents and Ferris State University pharmacy students.

This academic year, MSU medical students joined the Traverse City Street Medicine team for 38 half day shifts, serving approximately 228 patients.

## Compassionate Care for All

To effectively provide clinical care, medical students and residents prioritize building relationships with patients. "For many of the unhoused, they've often had bad experiences with traditional medical care and have lost trust," said Klee.

The program's mantra of "meeting them where they are" is a big step toward regaining trust in a system that has previously failed some patients.

It immerses medical students in the realities of homelessness, where they witness the complexities of survival. A trauma-informed, patient-centered approach helps these future doctors develop a deeper sense of empathy, respect and understanding.

"If you're out seeing patients in the woods and you realize it's 84 degrees out today and there's no water source, how do you deal with that?" Klee said. "It helps students understand true problems that they might not think about if they're seeing patients in the clinic."

Traverse City native Charlie Hornbogen always knew he wanted to return to the area and help care for his community. As a College of Human Medicine student, he was able to complete his third and fourth years of medical school at the Traverse City Campus. That's when he got involved with Traverse City Street Medicine.

"I felt it was the perfect opportunity to make a difference," said Hornbogen, MD. "Taking part in this as a medical student and seeing first-hand the impact residents and physicians could have in the community is a large part of why I not only chose family medicine as a specialty, but also why I wanted to do my residency with Munson Family Medicine Program."







Now as a family resident at Munson, Hornbogen continues serving unhoused patients through the Street Medicine program a half day each week in the Mobile Medical Unit. He sometimes sees those patients in the inpatient hospital, allowing for continuity in their care.

“The patients we see through the Street Medicine Program are people that are no different from ourselves and experience many of the same needs, dreams, and challenges,” said Hornbogen. “While they may be unhoused, I’ve been given the opportunity to help lift them up, rather than look away.”

As the program grows, Klee is passionate about bringing the opportunity to more College of Human Medicine students than just those in Traverse City. The College of Human Medicine will soon launch a two-week street medicine elective open to students from all [eight community campuses](#).

## A Holistic Approach to Medicine

The Street Medicine team’s multidisciplinary approach works to break down the silos of medicine.

“Some days, their highest need is not medical,” Klee said. “It may be they need to talk about their housing application or they don’t have a state ID. That’s where we’re able to step aside and go, okay, well, you don’t really need to talk to me. You need to talk to one of my partners here, so let me connect you with them.”

One of those partners is Bailey LaPan, homeless services manager at [Goodwill Northern Michigan](#). His outreach team acts as a bridge between medical providers and those experiencing homelessness.

“It’s a symbiotic relationship. Individuals receive both the health care they need and the connection to vital housing and support services,” said LaPan. “By working together, we’re able to address the immediate health concerns and long-term stability in a more holistic way.”

The partnership has helped reduce the use of emergency services. “It not only provides essential medical care to some of our most vulnerable neighbors but also fosters a sense of safety, trust, and dignity among clients,” he said.

What stands out most to LaPan since he began working with the medical students, is seeing them return, build relationships and become trusted figures in our community. “It’s powerful to see clients recognize and welcome them, and to watch those connections deepen over time,” he said.



# Continued Growth of Street Medicine Program



The momentum for the program continues to grow. Each year, Klee welcomes nearly a dozen new medical students and residents to the Street Medicine team. In addition to creating a sustainable program, Klee said the constant rotation of students and residents brings positive energy.

“They’re new to the field and they’re excited. They want to be there,” he said.

In July, Traverse City Street Medicine will begin serving the unhoused population in Cadillac. Every Monday, the team of providers, medical students and residents will bring the Mobile Medical Unit to the rural town 60 miles south of Traverse City to see patients.

The Mobile Medical Unit’s expansion is a partnership between New Hope Shelter, Northwest Michigan Community Action Agency and Community Mental Health.

Munson Healthcare recently donated \$300,000 to support the expansion of Traverse City Street Medicine services and staffing.

More community collaboration and growth can “make an enormous difference for our neighboring communities that currently lack access to basic needs and health care,” said LaPan.

“The Street Medicine Program is more than just health care; it’s a vehicle for transformation. It changes lives—both for the people receiving care and for those delivering it.”

By Amy Nienhouse | Media contact: [Emily Linnert](#)

## Commissioners Talk ARPA Projects, 2026 Committees/Schedule, Elk Rapids Dam

By Beth Milligan

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Grand Traverse County commissioners Wednesday discussed the status of several outstanding projects planned to be funded by American Rescue Plan Act (ARPA) dollars, which must be spent by the end of this year or else returned to the federal government. Commissioners also discussed their committee work and meeting schedule for 2026 and went into closed session to discuss the Elk Rapids Hydroelectric Dam.

### **ARPA Projects**

Nervous about the potential for ARPA dollars they awarded to local projects to not be spent by a year-end deadline, commissioners asked for updates Wednesday on outstanding ARPA projects.

Federal ARPA requirements stipulate that funds, which had to be committed to specific projects or programs by the end of 2024, must be fully spent by the end of 2026. County commissioners awarded nearly \$18 million in ARPA funding to almost 30 local organizations and projects. All but five of those recipients have now spent 100 percent of their funding, with initiatives ranging from fire engine replacement to food pantry support to affordable housing to childcare services.

Of the remaining recipients who still need to spend their ARPA funds, two are close to completion. The Legacy Aviation Learning Center, which was awarded \$500,000, has less than \$8,000 remaining to spend and is thus over 98 percent complete. The National Alliance on Mental Illness Grand Traverse has spent over 80 percent of its \$512,500 award for programming and services, with just over \$101,000 to go.

However, three other projects have more significant amounts yet unspent. Grand Traverse County partnered with Munson Healthcare and awarded \$5 million toward the recently built Grand Traverse Mental Health Crisis and Access Center. Over \$1 million in ARPA funding is still unspent for that project. Commissioners have received regular updates from Munson about the center but asked for another report soon specific to ARPA spending. County Administrator Nate Alger said such an update could be provided at the board's January 21 meeting.

Commissioners are also expected to receive an update at that meeting on the Traverse Bay Children's Advocacy Center (CAC), which has only spent 67.6 percent of its \$700,000 award toward child abuse trauma therapy services. That leaves nearly \$227,000 remaining in ARPA funds to be spent. While some commissioners noted the CAC had planned on a phased approach to spending, Alger said he would still



ask the organization to provide an update. East Bay Township, meanwhile, has the biggest outstanding award with no funds yet spent from its \$2 million allocation toward a [major upcoming sewer main replacement project in partnership with Acme Township](#). That project is estimated at over \$16 million total.

In a Tuesday email from East Bay Township Supervisor Beth Friend to Alger, she said the “much appreciated” county ARPA funding is planned to be spent on a portion of the project extending from the city wastewater treatment plant headed east. “The project will quickly rise to over \$2 million in expenditures which will, after payment, be submitted to Grand Traverse County for repayment,” she wrote. “It is expected this will be in mid to late summer, well before the 12/31/2026 ARPA deadline.”

The commission’s options are limited even if recipients don’t spend their funds, Alger and Finance Director Dean Bott warned. Since the funds had to be obligated to projects in 2024, they can’t now be reassigned elsewhere. A potential option would be subcontracting through the recipient organization – for example, the CAC – for another group to deliver the same services. It will become “a lot harder” to pivot as 2026 goes on, so ensuring there are “spends in place” for the outstanding recipients is key, said Vice Chair TJ Andrews.

### **2026 Committees/Schedule**

Commissioners had an organizational meeting that preceded their regular meeting Wednesday, at which the board narrowly voted 5-4 to elect Andrews to serve another term as vice chair. Republicans on the board attempted to replace Andrews, a Democrat, with fellow Republican Brian McCallister as vice chair. However, [as he previously did in 2025](#), Republican Chair Scott Sieffert broke the 4-4 voting tie along partisan lines and cast his vote for Andrews, retaining bipartisan leadership on the board.

Commissioners also confirmed their meeting schedule and committee work for 2026. The board will continue to have regular meetings the first and third Wednesday of each month at 9am at the Governmental Center. However, commissioners will only have one study session per month – on the second Wednesday – instead of two as they previously did. They will hold the fourth Wednesday, which used to be a second study session, for ad hoc committee meetings instead. Commissioners updated their board rules to include that and a handful of other minor changes, such as putting minutes on the consent calendar instead of as a separate agenda item going forward.

Commissioners kept their committee assignments – the boards for which they serve as county liaisons, such as Central Dispatch or the Land Bank Authority – [the same for 2026 as 2025](#). They also reestablished several ad hoc committees to continue working in 2026, including a TIF/PILOT/brownfield committee, salary and retention committee, policy review committee, and animal control committee.

### **Elk Rapids Dam**

Finally, commissioners went into closed session for about an hour Wednesday to discuss the Elk Rapids Hydroelectric Dam. That discussion item was originally scheduled to be in open session, but an attorney-client privileged memo related to the dam prompted the board to change course.

Commissioners have discussed the dam – which is aging and needs significant repairs – at two previous

meetings. While most properties impacted by water levels controlled by the dam are in Antrim County, a few hundred are in Grand Traverse County.

Antrim County Drain Commissioner Leslie Meyers and attorney Stacy Hissong of Fahey Schultz Burzych Rhodes PLC [previously presented a proposal to commissioners](#) to create a special assessment district (SAD), which would require property owners – those benefiting from the dam maintenance, such as on Elk Lake and Lake Skegemog – to participate in repair costs. Following their closed session Wednesday, commissioners came back into open session and approved a motion to have Alger work with the drain commissioner “to seek written responses to written questions to better understand the Lower Chain of Lakes project and to ensure the protection of Grand Traverse County's and its property owners' interests.”