



**Northern Lakes
Community Mental
Health Authority**

Board of Directors Packet

February 19, 2026



The Northern Lakes Community Mental Health Authority Board will meet on February 19, 2026 at 204 Meadows Drive, Grayling, MI 49738 & Virtually at: <https://www.northernlakescmh.org/about-us/board-of-directors/> or via phone: +1 810-258-9588, 682 820 751 #

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 |
| 1:10 p.m. | 3 | Celebrate Northern Lakes – Facilities Supervisor |
| 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">○ Lynda Zeller, Chief Executive Officer○ Quarterly Key Performance Indicators (KPI Report)• Chief Financial Officer Report<ul style="list-style-type: none">○ Melissa Bentgen, Interim Chief Financial Officer |
| 2:00 p.m. | 5 | Committee Reports: <ul style="list-style-type: none">• NMRE Update<ul style="list-style-type: none">○ Ruth Pilon• Executive<ul style="list-style-type: none">○ Penny Morris• 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• Community Engagement<ul style="list-style-type: none">○ Christal Frost-Anderson |
| 2:45 p.m. | 6 | Unfinished Business <ul style="list-style-type: none">• Updated Annual Workplan• Bylaws Review• Annual Report |
| 2:50 p.m. | 7 | Public Comment |
| 2:55 p.m. | 8 | Announcements/Board Comments/Presentations <ul style="list-style-type: none">• CMHA Conference Report – Mary Marois |
| 3:00 p.m. | 9 | Adjourn, Next Meeting: March 19, 2026 – Traverse City |

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

January 15, 2026

1:00 p.m.

Board Members Present: 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

Others Present: Kim Silbor, Jeremiah Williams, Melissa Bentgen, Neil Rojas, Marsha Brown, Ashley Cross, Josh Emery, April Weinrick, Jennifer Colvin, Caleb Gomez, Joe Barkman, Brian Newcomb, Alexandra Coon, Hilary Rappuhn

Virtual Attendees: Daniel Mauk, Linnzi Hubble, Heather Sleight, Jennifer Edwards, Jennifer Huffman, Aimee Horton Johnson, Terri Henderson, Kirstie Maier, Amanda Ritchies, Becky Brown, Victoria McDonald, Erin Barbus, Vince Cornellier, Kaitlin Merritt, Lori Stendel, Tiffany Fewins, Kari Barker, Gina Schlegel, Rob Palmer, Lisa Jones, Ann Ketchum, Kellee Hoag, 2 unknown

Call to Order: 1:00 p.m.

Conflict of Interest: None

Timekeeper: Tony Lentych

Approval of Agenda: Yes, no changes requested.

MOTION: Approval of Consent Agenda (Minutes)

RESULT: ADOPTED [UNANIMOUS]

MOVER: T. Wessell

SECONDER: M.Marois

Public Comment: None.

Celebrate Northern Lakes: The Board of Directors and the Leadership team at Northern Lakes CMHA recognized the excellent work of their AFC homes staff as well as the Human Resources Coordinator of Traverse City.

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 is 100% compliant and has welcomed two new staff members, bringing the team to full capacity. Mr. Newcomb commented that out of all of the providers that the recipient rights team visits, the Northern Lakes CMH AFC homes should be the standard for how homes are run as they do an excellent job. Mr. Newcomb will be providing recipient rights training to all Board members in the second half of the year.

Chief Executive Officer's Report: Lynda Zeller, Chief Executive Officer of Northern Lakes, presented her report to the Board. Ms. Zeller thanked the Board members for facilitating lunch for these meetings using their personal funds. The final draft of the 2026 annual work plan was presented to the Board and was included in the packet. Ms. Zeller shared there will be a community needs assessment sent to all stakeholders.

Those results will be shared with the Board members along with the State. Northern Lakes will come up with their top five needs to present to the State. Ms. Zeller mentioned that the Agency will start to see a positive trend this year due to the re-engineering of the utilization management committee and thanked the teams working on that project. Northern Lakes CMHA received an L letter about children living in CCI's and have informed the families that the Agency will work with the State to see what options are available outside of moving the children. Ms. Zellar requested that the Board provide input on KPI metrics; examples from other CMHs will be provided.

Chief Financial Officer's Report: Melissa Bentgen, Interim Chief Financial Officer, presented an update regarding the current and future reports to the Board. Ms. Bentgen presented a high-level overview of the Agency's October and November financials. Once the new templates are in place, the financial reports will be presented as usual.

Committee Reports:

NMRE:

Ms. Pilon shared that there was no NMRE committee meeting this month.

Executive:

Mr. McMorrow, the Chairperson of the Board, thanked the Board members who facilitated lunch and alerted the Board to his upcoming planned absence from the February Board meeting. Ms. Morris will lead the February Board meeting in Mr. McMorrow's absence. Mr. McMorrow shared that there will be an Ad Hoc committee appointed to choose the slate of officers presented to the Board to vote on in May. Board orientation will also be set up for the newest Board members to attend, in the near future.

Finance: Mr. Cambridge presented a reconciliation policy to the Board for review which will be acted on at the next Board meeting in February. The finance committee has a rolling agenda with on-going open issues that are reviewed at each meeting. There are no new contracts this month. Mr. Cambridge spoke about cash flow, cost containment and the gratitude felt by the committee for the help they have received from five different CMHs. The Board will draft a thank you letter to those entities.

Policy: Mr. Freedman shared that Ms. Zeller recently met with staff to review the new system of policy review and approval. The policy committee will meet PRN (as necessary) until the new system is up and running.

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

Community Engagement: Ms. Frost Anderson shared that the community engagement committee is deciding over the next two weeks when to meet.

Unfinished Business: The 2026 Annual Workplan was presented for approval. The by laws were presented and will be voted on at the February Board meeting. CMHAM Winter Conference Board attendance was taken.

MOTION: Accept 2026 work plan with the addition of a column for those responsible for each task as well as placing each task in monthly order.

RESULT: ADOPTED [UNANIMOUS]

MOVER: G. McMorrow

SECONDER: T. Lentych

Public Comment: Marsh Brown, a Home Supervisor for Northern Lakes, shared a letter from one of Northern Lakes' consumers and praised her staff for listening to and being there for the consumers.

Announcements/ Board Member Reports/ Board Association: Mr. Cambridge shared a story about his sons' positive experience as a former direct care worker. Mr. Freedman shared that the SAMHSA 988 hotline is being defunded and urged everyone to contact their legislators. Ms. Zeller shared that 2,000 nonprofits received notice of immediate termination of funding recently which led to a large amount of community feedback and asked the Board to see what others are being told as the terms were not clear. Any new information on this will be shared with the Board.

Next Meeting: February 19, 2026 – Grayling

Adjournment: 3:00 p.m.

Respectfully submitted,

Alexandra Coon, Interim Executive Administrator

Greg McMorrow, Board Chairperson

Lynn Pope, Secretary

Office of Recipient Rights Director's Report February 2026

Dates represented	10/01/23-02/08/24	10/1/24-02/08/25	10/1/25-02/08/26	Board Operated Homes
Complaints	180	197	104	18
OJ, No Right Inv.	31	36	17	0
Interventions	17	20	14	4
Investigations	133	141	73	14
Investigations Comp	133	141	41	8
Investigations open	0	0	32	6
Inv > 90 days	0	0	1	0
Inv < 90 days	133/133(100%)	141/141(100%)	40/41(97.6%)	8/8(100%)
Summary Report Avg	136/136(100%)	141/141(100%)	33/34(97.1%)	6/6(100%)
NLCMHA staff alleg.	41	61	15	10
NLCMHA Staff W/I 1 yr	5	9	1	1

Complaint Source

Complaint Source	Count
Anonymous	3
Community/General Public	3
Guardian/Family	6
ORR	22
Recipient	21
Staff	49
Total	104

5 Year Trends

	Abuse I & II	Abuse III	Neglect I & II	Neglect III	Services Suited to Condition	Total
FY2022	44	46	25	152	151	418
FY2023	39	17	21	144	126	347
FY2024	29	26	4	98	169	326
FY2025	33	12	11	93	146	295
FY2026	4	1	3	11	17	36

Provider Report October 1, 2025 – February 8, 2026

Program	Substantiated	Pending	Not Substantiated	NA
Beacon Home at Trolley Center	2	0	0	0
Beacon Home at Woodland	1	0	2	0
Beacon Mission Point	0	2	1	0
Beacon Silverview	0	4	0	0
Danes AFC	1	0	0	0
Elmwood AFC	4	5	1	0
Evergreen Home	0	2	0	0
Fort Road Residence, LLC	0	3	0	0
Friendship Family Home	1	3	0	0
Grand Traverse Industries, Inc.	2	0	0	0
Grand Traverse Mental Health Crisis and	0	0	1	0
Great lakes Center for Autism	2	0	0	0
Heart and Soul Living LLC	1	3	0	0
Hickory Hill AFC LLC	0	0	3	0
HL Office/Roscommon County	0	0	1	0
Hope Network Neo Birdsong	1	0	0	0
Hope Network Neo Breton	0	0	1	0
Hope Network Neo Bristol	6	0	0	0
Hope Network Neo Grandville	1	0	0	0
Hope Network Rivervalley 1	1	0	0	0
Hope Network West Michigan - Cadillac	1	0	0	0
IDD Adult Case Management	1	1	2	0
IDD Children's Case Management	0	0	1	0
Jones Lake AFC Home	1	0	1	0
Kennedy House West, LLC	1	0	0	0
Mama T's AFC	0	0	1	0
MI Independent Living, LLC	0	3	0	0
MIA Case Management	0	1	0	0
North Arrow ABA	1	1	1	0
Northern Lakes CMH Authority	1	3	3	1
Ohana AFC	1	0	0	0
Outpatient Services	1	0	0	0
Packard Specialized Residential	0	0	1	0
Pearl Street Home	2	2	0	0
Psychiatric Services	1	1	1	0
Real Life Living Services	1	0	0	0
Seneca Place Home	5	2	1	0
Serenity AFC	0	4	0	0
Spectrum Community Services	0	1	0	0
Spectrum Community Services SIP -	0	1	0	0
Spectrum Community Services SIP -	1	0	0	0
Summerfield AFC	0	1	0	0
Sunrise AFC Home LLC	0	2	0	0
TC Office/Grand Traverse County	1	1	1	0
Wright Street AFC Home	2	0	0	0

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights

Data Summary

Demographic Information	
Reporting CMH/LPH	Northern Lakes CMHA
Recipient Rights Office Director Name	Brian Newcomb
Reporting Period	October 1, 2024 through September 30, 2025
Number of Rights Office Staff	5
Full Time Equivalents (FTEs)	5
Staff with an Investigative Role	3
FTEs for Investigation	3.00
Complaints per FTE	131

Complaint Data Summary		
<i>Type</i>	<i>Received</i>	
All Allegations Received	476	
Allegations Received Subject to Investigation/Intervention	393	
Allegations Received with No Right Involved or Outside Jurisdiction	83	
Investigations Completed	342	
Interventions Completed	51	
Allegations Substantiated	260	
Percent of All Allegations Substantiated	66%	
<i>Highlighted Complaint Categories</i>	<i>Received</i>	<i>Substantiated</i>
Abuse I, II, III	44	29
Neglect I, II, III	104	69
Dignity and Respect	42	21
MH Services Suited to Condition	147	120
Individual Written Plan of Service	4	0
Disclosure of Confidential Information	18	13

Complaint Remediation	
<i>Remediation Type</i>	<i>Total</i>
Verbal Counseling	51
Written Counseling	23
Verbal Reprimand	0
Written Reprimand	71
Suspension	6
Demotion	1
Staff Transfer	1
Training	29
Employment Termination	12
Employee Resigned	1
Contract Action	2
Policy Revision/Development	5
Environmental Repair/Enhancement	0
Plan of Service Revision	2
Recipient Transfer to Another Provider/Site	0
Other	4

None	0
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Training Received by the Office of Recipient Rights	
Training Categories	Hours
I - Operations	38.5
II - Legal Foundations	6
III - Leadership	16
IV - Augmented Training	30.5
Total	91

Training Provided by the Office of Recipient Rights				
	Agency	Contracted	Recipient	Other
Instructor-Led (In Person)	181	466	0	0
Instructor-Led (Virtual)	0	0	0	0
eLearning	0	0	0	0
Video	0	0	0	0
Paper	0	0	0	0
Total	181	466	0	0

Appeals	
Grounds	Total
Findings	0
Action Taken	3
Timeliness	0
Decision	Total
Denied Appeal	0
Upheld Investigative Findings	3
Returned for Reinvestigation	0
Requested External Investigation	0
Take Additional Action	0
Address Timeliness Issues	0

Chief Executive Officer's

Report to the Board

February 10, 2026

GOVERNANCE AND ACCOUNTABILITY:

NLCMHA Board:

- **2026 Annual Work Plan:** The 2026 Annual Work Plan is included in your packet. Minor edits were made as requested at last month's meeting. All work tasks were reordered such that all items now flow chronologically, and all items list the "responsible party".
- **Bylaws Annual Review and Update:** Included in the packet is a "track changes" version of the Bylaws. These areas for edits were discussed briefly at the last two executive committee meetings and are now presented for board consideration, further editing, and action at a future meeting.

County:

- **County Administrators/Controllers:** I have a meeting scheduled with the County Administrators from 5 of the 6 counties on Friday February 13. (Only Missaukee is unable to attend due to a prior scheduled vacation, and I have already met one on one with the Missaukee Administrator). The main purpose of this meeting is for me to meet county administrators as a group and to provide high level updates on work underway at NLCMH. I will also seek their feedback on best ways to stay in touch, frequency of desired updates to their commissions, and input on greatest challenges in their counties involving behavioral health.

STATE:

- **FY 2025 "Annual Submission" reports:** Most forms and reports will be submitted timely to MDHHS and NMRE (February 28). However, the Financial Status Report (FSR) and Encounter Quality Initiative (EQI) will not be submitted timely. We have directly alerted MDHHS and NMRE. As reported earlier, we are painstakingly sorting through accounts in order to be certain we can confidently defend our FSR and EQI reports. We are actively in discussions with both MDHHS and NMRE about these challenges and both have been supportive of these important cleanup efforts.
- **High Need Children:** In last month's report I noted we had received notice from MDHHS that we could no longer use Home and Community Based Services (HCBS) Medicaid to support high need children with Autism who are placed in Child Caring Institutions (CCIs). We are in the final stages of development of professional services contracts, such that these kids may remain in current placement during a time of transition (up to 2 years approximately).

NMRE:

- **"Look Back 2020, 2021, 2022 NMRE":** Progress on this item is stalled until we can get a defensible FSR and EQI for FY 2025, which requires Melissa (with the help of Donna Nieman,

Overarching purpose of this report format:

- Raise awareness of **key operational activities** involving community, workforce, consumer services, stewardship and partnerships.
- Provide **timely updates** relevant to **Board Governance Policies**. Key References: Sections 1.2 (Annual Work Plan) and Section 2 (Chief Executive Officer).
- Provide **timely updates** on issues specified in the "2023 **Updated Resolution and Agreement**" between NLCMHA and our six counties. Key References: Section IX (CEO and Board Member Duties), Section XVI (Transparency, Performance, and Quality Assurance), Section XVII (Dispute Resolution Process).

Centra Wellness) to complete the hard work underway to reclass expenses and update our accounts. We have requested quotes for contracted help for Melissa in this process as well. We will be choosing a vendor from 3 choices this week, and I expect to be able to announce the new vendor at the meeting.

SERVICES AND WORKFORCE:

- I am working to fully staff the Finance area (including a permanent versus interim CFO and building out the rest of the team). As noted above, we will be utilizing a contractor temporarily until the team is fully operational, accounts are rebuilt, and audit is underway.
- We continue to struggle with the growing waiting list for persons who do not have Medicaid. We are completely full and overspending our general fund which supports acceptance of persons without Medicaid into ongoing services. Now that we no longer have investments to draw from, we simply cannot accept new persons who do not have Medicaid for any services other than those required by Statute: crisis, inpatient and assessments. Even when assessments suggest a new person seeking help may be appropriate for additional services, if they do not have Medicaid we need to add them to our waiting for services such as case management, psychiatric services and other supports. We can only take the highest priority persons off the Non-Medicaid-Waitlist and only after room is created by others transition out of CMH and into more traditional non-CMH behavioral health services. This is a very tough situation, and we are working hard to find compassionate solutions for both the front door and discharge processes.

COMMUNITY AND PARTNERSHIPS:

- **Public Comment:** Public comment at the January meeting, while greatly appreciated, did not require additional follow-up from the CEO or staff.
- **Communications and Media:** relevant articles and correspondence are attached.
- **Regional Chamber Up North Policy Conference:** I attended the Regional Chamber policy conference this year. It was a good opportunity to meet numerous leaders from across Northern Michigan including the Upper Peninsula.
- **Crisis Center:** Close collaboration with Munson continues at the Crisis Center including planning for the Crisis Residential Unit (CRU). We are optimistic this 9-bed unit will be opening later this fall. While Munson will be the official CRU lead, our NLCMH staff at the center will be actively working alongside the Munson staff in ways that appear seamless to the community and people served. That said, in all aspects of the Crisis Center we continue to work through differences in rules and regulations that can cause significant challenges. The latest of which is differences in Recipient Rights rules regarding video surveillance in hospitals versus CMH services.

STEWARDSHIP AND FINANCES:

- **Cash Flow:** We continue to monitor cash flow daily. While things have stabilized and are showing slow upward movement, we requested an early capitation payment from the NMRE in January again, to ensure timely payments to vendors/providers. This was not additional dollars requested from the NMRE, but an earlier payment of our normal capitation amount. Even though the gap is getting smaller, we are likely to need early capitation each month for several

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more months until we are able to build up some reserves through continued cost containment strategy and until any FY 2025 cost settlement is received in the Fall.

- **Account Reconciliation Policy:** The Account Reconciliation Policy presented by the Finance Committee will be presented for approval by the full board at the meeting.
- **Financial Reports:** December's financial reports are in the same format as October and November. Once accounting system improvements and account clean-up are completed, we will be able to again provide the full complement of normal financial reports to the board.

Respectfully submitted, Lynda Zeller, CEO

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NLCMHA Board

Approved 2026 Annual Work Plan Presented for board discussion/approval January 15, 2026

TOPIC	TIME ON AGENDA	BOARD MTG	FREQUENCY	MONTH	RESPONSIBLE PARTY
Review and Approval of Board By-Laws	10 MIN	X	Annual	January	Board Chair, CEO
Needs Assessment	15 MIN	X	Annual	January	CEO
Financial, Single and Compliance Audit Initiated	30 MIN	X	Annual	January	CFO
FY 2025 Northern Lakes CMHA Quality Assurance and Improvement, Regulatory Compliance, and Customer Services Report Attachment 3, Enabling Agreement (KPI)	10 MIN	X	Quarterly	January	CEO
Human Resources: Annual report to Personnel Committee	10 MIN		Annual	February	CHRO
2025 Annual Report	30 MIN	X	Annual	February	CEO
Annual Recipient Rights Report to the Board	20 MIN	X	Annual	February	Recipient Rights Director
Annual Report to the Board from prior FY as submitted to MDHHS					
CEO Evaluation Distribute	5 MIN	X	Annual	February	Board Chair
CEO Evaluation	30 MIN		Annual	April	Board Chair
Introducing Slate of Officers' Candidates	10 MIN	X	Annual	April	Board Chair
Service Area Presentation: Behavioral Health and Justice: Jail Services, Assisted Outpatient Treatment (AOT)	10 MIN	X	Annual	April	CEO, CCO

NLCMHA Board

Approved 2026 Annual Work Plan

Presented for board discussion/approval January 15, 2026

Recipient Rights Training for the Board Members	3-hour time block		Annual	April	Recipient Rights Director
FY 2025 Northern Lakes CMHA Quality Assurance and Improvement, Regulatory Compliance, and Customer Services Report Attachment 3, Enabling Agreement (KPI)	10 MIN	X	Quarterly	April	CEO, COO
Conflict of Interest Disclosure Statement	5 Min	X	Annual	May	Board Chair
Code of Conduct Declaration	5 MIN		Annual	May	Board Chair All Board Members
Election of Officers	10 MIN	X	Annual	May	Board Chair
CEO Compensation	10 MIN	X	Annual	May	Board Chair
<u>Service Area Presentation:</u> Services for Persons with Mental Illness (MI/SMI): ACT, Outpatient, Crisis	10 MIN	X	Annual	May	CEO, CCO
<u>Service Area Presentation:</u> Services for People with Intellectual/Developmental Disability	10 MIN	X	Annual	June	CEO, CCO
Recipient Rights Semi-Annual Report to the Board First 6 months of 2026	10 MIN	X	Semi Annual	June	Recipient Rights Director
Financial, Single and Compliance Audit Discussion	30 MIN	X	Annual	June	CFO
FY 2026 Budget Amendment, Initial FY 2027 Budget and 2026 Capitalization Plan	20 MIN	X	Annual	July	CFO, Finance Chair
Board Member Per Diem & Cost of Governance	10 MIN		Annual	July	CEO, Board Chair, Finance Chair, CFO

NLCMHA Board

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FY 2025 Northern Lakes CMHA Quality Assurance and Improvement, Regulatory Compliance, and Customer Services Report Attachment 3, Enabling Agreement (KPI)	10 MIN	X	Quarterly	July	CEO
Service Area Presentations: Recovery and Prevention	10 MIN	X	Annual	August	CEO, COO
Compliance, Quality and Customer Services: Annual Report and Board Training	20 MIN	X	Annual	August	CEO, COO
Annual Compliance Training For Board Members	10 MIN	X	Annual	August	CEO, COO
Public Hearing	90 min - 2 Hours		Annual	September 10th	CEO
Service Area Presentations: Services for Children with Serious Emotional Disturbance (SED)	10 MIN	X	Annual	September	CEO, CIO
Information, Technology and Security: Annual Report	10 MIN	X	Annual	October	CEO
FY 2025 Northern Lakes CMHA Quality Assurance and Improvement, Regulatory Compliance, and Customer Services Report Attachment 3, Enabling Agreement (KPI)	10 MIN	X	Quarterly	October	CEO
Annual Planning Calendar for 2027 Calendar Year	10 MIN	X	Annual	November	CEO, Board Chair
Board Meeting Schedule for 2027 Calendar Year	10 MIN	X	Annual	November	Board Chair
Board Member Terms for 2027	5 MIN	X	Annual	November	Board Chair

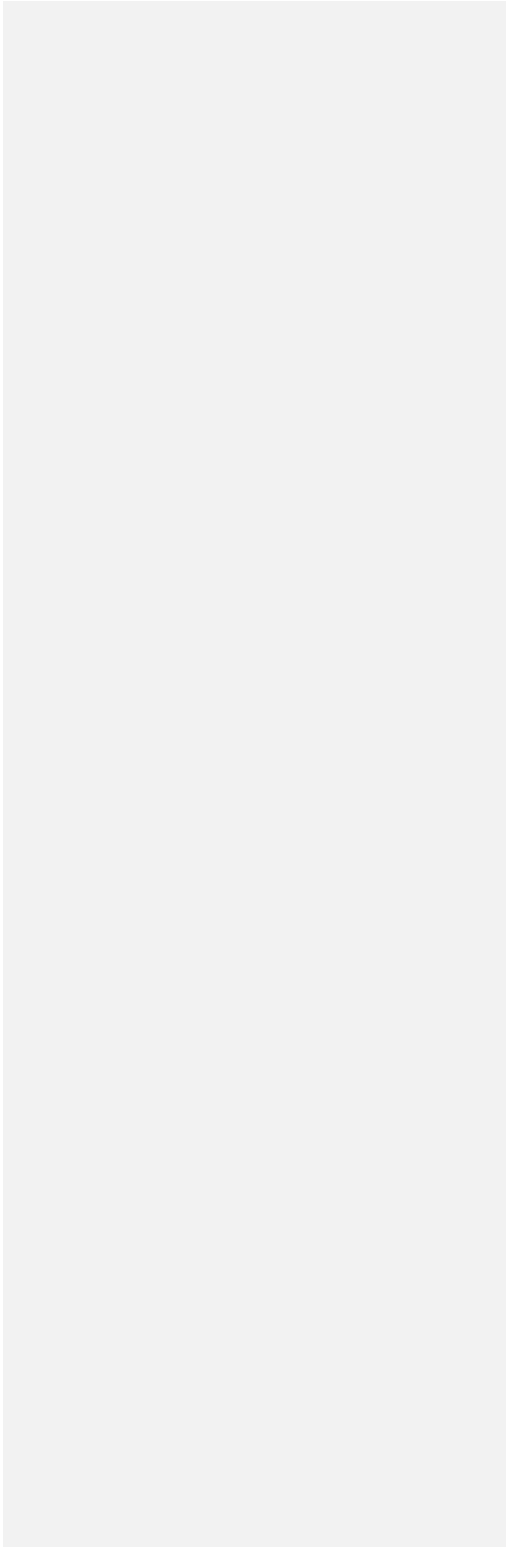
NLCMHA Board

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<p>Each meeting will also include:</p> <p>Report of Officers</p> <ul style="list-style-type: none"> • ORR Director • CEO Report • CFO Report 	45 Min	X	Monthly	Every Month	Recipient Rights Director, CEO, CFO
<p>Committee Reports (from the committee Chairs):</p> <ul style="list-style-type: none"> • NMRE Update • RRAC Update after meeting • Executive • Finance • Policy • Community Engagement and Services • Personnel 	45 min	X	Monthly	Every Month	Committee Chairs
<p>Dashboard Report Persons served, cost, efficiencies</p>	10 MIN	X	Monthly	Every Month	CEO
<p>Celebrate Northern Lakes</p>	10 Min	X	Monthly	Every Month	Board Chair, CEO
<p>Celebrate Community</p>	10 minutes	X	Monthly	Every Month (or at lesser frequency as determined by Community Engagement Committee and Executive Committee)	Community Engagement Chair, Board Chair

**NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY
BOARD BYLAWS**



**NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY
BOARD BYLAWS**

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NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY

BOARD BYLAWS

ARTICLE 1: NAME AND AUTHORITY

SECTION 1. NAME

The name of the organization is Northern Lakes Community Mental Health Authority, (hereinafter referred to as NLCMHA).

SECTION 2. AUTHORITY

NLCMHA was established under Public Act 258 of 1974 as amended (Michigan Mental Health Code), and the 2003 and 2023 NLCMHA Enabling Agreements, respectively, as adopted by the member counties of Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford.

ARTICLE 2: PURPOSE AND FUNCTIONS

SECTION 1. ORGANIZATIONAL PURPOSE

NLCMHA is a Community Mental Health Services Program (CMHSP) as defined in Public Act 258 as amended. As a CMHSP, NLCMHA is responsible to manage and provide a comprehensive array of services for residents in the region with mental health, substance use disorders (SUD), and/or intellectual/developmental (IDD) services and supports. NLCMHA is a member of a 21-county region referred to as the Northern Michigan Regional Entity (NMRE), which is the Prepaid Inpatient Health Plan (PIHP) established in 2014. This larger region includes AuSable Valley Community Mental Health Authority (d/b/a Wellvance), Manistee-Benzie Community Mental Health Organization (d/b/a Centra Wellness Network), North Country Community Mental Health Authority, NLCMHA, and Northeast Michigan Community Mental Health Authority. As the PIHP the NMRE contracts with the Michigan Department of Health and Human Services (MDHHS) to manage the Specialty Services Waiver Programs approved by the Federal government and implemented concurrently by the State of Michigan to provide a comprehensive array of mental health, SUD, and IDD services and supports to the priority populations identified by the Michigan Mental Health Code in the 21-county region.

SECTION 2. BOARD PURPOSE

The purpose of the Board of Directors, hereinafter called the "Board", shall be to establish policy and to carry out the powers and duties identified in Public Act 258 of 1974 as amended.

ARTICLE 3: BOARD MEMBERSHIP

Membership of the Board, appointed by each of the NLCMHA member county commissions, shall be consistent with that required by Public Act 258 of 1974 as amended and as further clarified NLCMHA Enabling Agreement.

ARTICLE 4: TERMS OF OFFICE, VACANCIES AND REMOVAL

SECTION 1. TERMS

The term of office for NLCMHA Board members shall be three years, consistent with the policies and procedures established by each of the NLCMHA member counties. Any NLCMHA Board member whose term expires will remain seated until a new member is appointed unless this provision conflicts with the policy of the appointing county commission.

SECTION 2. VACANCIES

The NLCMHA Board may assist the respective member County Boards of Commissioners in the recruitment of board member candidates to fill vacancies. This will help ensure that any new appointment would meet eligibility requirements for the Board to remain compliant with the Michigan Mental Health Code composition requirements.

SECTION 3. REMOVAL

The NLCMHA Board may recommend, to the respective County Board of Commissioners, removal of any member for neglect of duty or misconduct in office. Such recommendation shall take place only after the Board member in question has had an opportunity to be heard by the NLCMHA Board.

SECTION 4: QUALIFICATIONS OF BOARD MEMBERS

The composition of the NLCMHA Board shall be representative of primary and secondary consumers of mental health, addiction, or I/DD services, County Commissioners from each of the NLCMHA counties, agencies and occupations having a working involvement with behavioral health services, and the general public. Five (5) of the Board members shall be primary consumers or family members, and of those five (5) Board members at least three (3) of the Board members shall be primary consumers. All Board members shall be 18 years old or older. Additional requirements for Board membership include the following:

- Six (6) members of the NLCMHA Board are required to be County Commissioners per the 2023 NLCMHA Enabling Agreement. No more than half of the total Board members may be state, county, or local public officials. For purposes of this section, public officials are defined as individuals serving in an

elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government.

- A Board member shall have his or her primary place of legal residence in the county he or she represents.
- An individual shall not be appointed to and shall not serve on the Board if he or she is one or more of the following:
 - Employed by MDHHS or the Authority.
 - A party to a contract with the Authority or administering or benefiting financially from a contract with the Authority.
 - Serving in a policy-making position with an agency under contract with the Authority.
- The Authority will notify each county of their respective vacancies on the NLCMHA Board within thirty (30) days of receiving notification of a Board member's departure. NLCMHA will also confirm to that county what type of vacancy needs to be filled, e.g., primary or secondary consumer, county commissioner, etc. The intent is to allow the rotation of the required types of appointments among the participant counties consistent with MDHHS requirements.
- If a Board member is an employee or independent contractor in other than a policy-making position with an agency with which the Authority is considering entering into a contract, the contract shall not be approved unless all of the following requirements are met:
 - The Board member shall promptly disclose his or her interest in any contract presented to the Board, which will result in personal benefit to the Board member or his or her immediate family.

SECTION 5: CONFLICT OF INTEREST

In the event that there is a NLCMHA Board member that has a conflict of interest, as discussed in section four, with a NLCMHA contract under review, the NLCMHA Board member will notify the Board chair and the NLCMHA CEO immediately. Further, any decisions made by the NLCMHA Board regarding that conflicted contract shall be approved by a vote of not less than eleven (11) of the membership of the Board in an open meeting without the vote of the Board member in question.

The official minutes of the meeting at which the contract is approved shall contain the details of the contract, including but not limited to the names of all parties, the terms of the contract, and the nature of the Board member's interest in the contract.

ARTICLE 5: OFFICERS AND DUTIES

SECTION 1. OFFICERS

The officers of the NLCMHA Board shall be a Chairperson, Vice Chairperson,

Secretary, and any other officers the Board may deem necessary. Terms of office shall be for a period of one year, beginning with the May Board meeting and ending when the new officers assume their duties at the following May Board meeting. NLCMHA Board officers shall remain in office until their successor is elected, whenever possible.

SECTION 2. ELECTION OF OFFICERS

Officers shall be elected at the May Board meeting. At the April Board meeting, an Ad hoc Nominating Committee established by the Board Chair~~the Nominating and Leadership Development Committee~~ shall nominate a slate of candidates for each office. Nominations may also be submitted from the Board floor. The Nominating and Leadership Development Committee shall consist of a minimum of one Board member from each county the Board represents.

SECTION 3. SPECIAL ELECTIONS

In cases of departure from office, the Board may hold special elections for a successor officer.

SECTION 4. DUTIES

- A. The Chairperson shall preside at all meetings of the Board, and is responsible to ensure the integrity of Board process, and occasionally represents the Board to outside parties. Additionally, the Chairperson will (with the approval of the Board) appoint members to the Board's standing committees, Ad hoc, special committees, and task forces.
- B. The Vice Chairperson shall preside at all Board meetings in the absence of the Chairperson, perform all duties of the Chairperson during the absence or inability of the Chairperson to act, perform all duties as prescribed by the Chairperson, and shall assume the responsibilities of the Secretary in her/his absence.
- C. The Secretary shall attend all meetings of the Board and shall ensure accurate minutes of all Board meetings are taken as required by the Open Meetings Act. The Secretary shall sign, after Board adoption and approval, a copy of all Board minutes and shall perform all duties of the Chair in the absence or inability of the Chairperson and Vice Chairperson to act.

~~D. The Treasurer (adopt paragraph)~~

ARTICLE 6: COMMITTEES

The Board may establish a committee structure by which to assist it in meeting Board responsibilities. The Chairperson may establish Ad hoc committees, special committees, or task forces as necessary. Special committee or task force membership may include non-members of the Board. All non-members shall serve in a voluntary capacity, although they may receive a per diem, travel, and other expenses necessary. Non-members will not be entitled to any of the powers that come through Board membership.

ARTICLE 7: MEETINGS AND TRAINING

SECTION 1. MEETINGS OF THE BOARD

The Board shall hold regular meetings each month at such times and places as the Board shall from time to time determine. The agenda and materials shall be provided to each member of the Board at least five (5) calendar days prior to each meeting and shall state the date, time, and place of such meeting. Public notice of regular meetings shall be given once for each calendar year and shall show the regular dates, time, and place of meetings. That notice shall be posted in a place visible to the public at all facilities directly operated by the Board. All notices shall comply with the Open Meetings Act. Committee meetings will also be posted as required by the Open Meetings Act.

SECTION 2. SPECIAL MEETINGS

Special meetings of the Board may be held at the call of the Chairperson, or in his or her absence, the Vice Chairperson or if requested by a combination of one Board member from each of the six counties. The method by which meetings may be called is as follows:

- A. Upon receipt of specifications in writing, setting forth the date, time, place, and objects of such proposed special meeting, the Secretary or Designee shall notify each Board member at least thirty-six (36) hours in advance.
- B. Further, the Secretary or Designee shall prepare a certificate stating that notice was given thirty-six (36) hours before the meeting or, in the alternative, the Board member shall sign an acknowledgment that he or she received such notice or sign a waiver of receipt of such notice.
- C. Public notice of a special meeting or a rescheduled meeting shall be given by posting in a prominent place in all Board directly operated facilities and shall comply with the Open Meetings Act.

SECTION 3. BOARD MEMBER ATTENDANCE

It is required that all appointed NLCMHA Board members be available for the regular monthly meetings of the Board. All members of the NLCMHA governing board, including elected officers, shall be permitted three absences of regular Board meetings in a continuous 12-month period. Each NLCMHA Board member is to notify the NLCMHA Chair of the Board prior to the called meeting. Absences will be recorded by the Secretary in the minutes of the meeting. The Secretary shall maintain an attendance record for each meeting.

If there is an excess of three absences in a twelve-month (12) period, the NLCMHA Board Chair or his/her designee will notify the applicable county to determine if a new appointment should occur.

SECTION 4. TRAINING AND DEVELOPMENT

NLCMHA Board members agree to participate in ongoing training and development.

- A. New Board Member Orientation:** New Board members will attend an initial orientation and training session delivered by the CEO, the Chair of the [NLCMHA NLP](#), or their designee prior to their first regularly scheduled Board meeting or as soon as possible thereafter. Throughout the orientation and training, new Board members will receive the following documents for review and consideration:
- Information on CMHA
 - Mission Statement and Core Values
 - Board of Director's Governance Policy Manual
 - Organizational Chart
 - Access to Board Approved Operating Policies, including Personnel and Finance
 - Board Bylaws and Enabling Agreement
 - Access to minutes of meetings for the last year
 - Most recent audit and financial statements
 - Current list and contact information of all Board Members
 - History/Brochures/Program Descriptions
 - List of Commonly Used Acronyms
 - Training on OMA and FOIA
- B. In-services for Board Members:** Continuing educational opportunities for Board members are essential for Board development. NLCMHA will also pay reasonable travel and meeting expenses to encourage Board members' maximum participation in industry-related conferences.
- C. Travel expenses will be reimbursed according to NLCMHA's Board Policy.** Board members who attend conferences will make a presentation at the next Board meeting of the new ideas and insights gained at the conference.

Ongoing Board Development: The primary Board development strategy is through materials and presentations made at a regular or special Board meeting. Such items may be included in the agenda of Board meetings. A speaker may be invited to the meeting or a Board or staff member may update the Board on a relevant topic. In addition, Board members who attend regional, state, or federal training/policy- oriented programs that are sponsored by NLCMHA will be asked to report to the full Board a summary or highlights of what they learned at those meetings.

SECTION 5. QUORUM

The majority of all seated members of the assembly constitute a quorum for the transaction of business. Whenever a majority is not present during the meeting, formal action will not be taken. For the final passage or adoption of any measure or

resolution, the majority of all members must be present.

SECTION 6. TRANSPARENCY, PERFORMANCE, AND QUALITY ASSURANCE

The NLCMHA CEO shall provide to the NLCMHA Board the following documents:

- An Annual Report ~~during the first quarter of of the calendar year. by January 1st of each year covering the prior fiscal year,~~
- ~~Quarterly and annual e~~Electronic copies of ~~the Michigan Mission-Based Performance Indicator System Reports (MMBPIS) quarterly and annual reports~~ outlining the performance of all of the Michigan CMH entities,
- A monthly Key Performance Indicator Report and, as requested,
 - Any information provided by the Northern Michigan Regional Entity (NMRE) pertaining to the NLCMHA region (e.g., outcomes, audits, etc.) will also be provided.
 - Any and all information related to the operations of NLCMHA, including, but not limited to, audit reports, corrective action plans, etc.

Commented [LZ1]: As of 2026 Michigan no longer uses the MMBPIS performance system. It is unclear what will replace this at this time, so this language requires any/all performance reports to be provided to the board

The NLCMHA's CEO will notify the Board and County Commissioners as soon as practical and no later than ten (10) business days from when the CEO first becomes aware of any of the following circumstances:

- Loss of insurance.
- Qualified opinion on financial audit or financial review.
- Pending or successful litigation claim against Provider.
- Loss of SUD treatment, prevention, or DEA license or MDHHS certification.
- Any change in state licensure, accreditation, or certification, including but not limited to termination, revocation, suspension, or investigation.
- IT Breach

ARTICLE 8: CONDUCT OF MEETINGS

SECTION 1. ROBERT'S RULES

Robert's Rules of Order shall govern the sessions of this Board unless the by-laws conflict therewith, in which event the by-laws shall supersede as long as they are not in conflict with the Constitution and Laws of the State of Michigan.

SECTION 2. SUSPENSION OF RULES

Roberts Rules of Order may be temporarily suspended by a vote of at least ten (10) of the Sixteen (16) member Board.

ARTICLE 9:

DISPUTE RESOLUTION PROCESS

Occasionally, disputes may arise between NLCMHA, the NLCMHA, and member counties that cannot be resolved through amicable discussion. Any dispute related to the Bylaws of the NLCMHA or to the NLCMHA Enabling Agreement must be resolved in accordance with the NLCMHA Enabling Agreement and as outlined in the NLCMHA Board Bylaws documented in this section. Any other disputes between NLCMHA's Board and participating counties will be resolved as follows:

The Chief Executive Officer of the NLCMHA will attempt to resolve the dispute through discussion with the NLCMHA Board first.

If the dispute remains unresolved, one or more of the following parties may present the dispute to the Dispute Resolution Committee:

- The Board Chair or CEO of the NLCMHA,
- Any of the County Administrators and/or the Board Chairs of the NLCMHA member counties.

The Dispute Resolution Committee will discuss the documented dispute presented and render a written decision within thirty (30) days of receiving the (written) dispute. The Dispute Resolution Committee will have seven total members. The composition will consist of one designee from each of the participating NLCMHA counties, with the exception of Grand Traverse County, which will have two members. The Dispute Resolution Committee will select a Chair and a Vice Chair by simple majority vote of the seven voting members annually in January. Decisions rendered by the NLCMHA Oversight Committee require a majority vote of 5 (five).

If the dispute continues to be unresolved to the satisfaction of the Board Chairs, CEO of NLCMHA, the County Chairs, or Administrators of the NLCMHA member counties, those afore-mentioned parties are allowed to provide an alternative written description of a possible solution to the NLCMHA Dispute Resolution Committee. The NLCMHA Dispute Resolution Committee will have thirty (30) calendar days to review the alternative documented solution. Another vote of the NLCMHA Dispute Resolution Committee will be conducted consistent to the parameters described in the previous paragraph. The NLCMHA Dispute Resolution Committee may elect to provide the same written decision or provide a documented revision.

Notices of the meeting will be posted by each of the members of the NLCMHA Dispute Resolution Committee in their respective counties. The Dispute Resolution Committee meetings will be subject to the Open Meetings Act and will be open to public attendance. Parties to a dispute retain the right to pursue all legal remedies allowed by law.

ARTICLE 10: POWERS TO CONTRACT

SECTION 1. CONTRACTS

The Board shall review, approve, and be authorized to enter into contracts consistent with the budget, not exceeding the funding period, as it deems necessary to carry out its purposes. Contracts, agreements, renewals, and other documents as approved by the Board may be executed by the signature of the Board Chairperson, the signature of the Chief Executive Officer, or by the signature of both.

ARTICLE 11: POWERS TO HOLD ASSETS

SECTION 1. FINANCIAL

The Board shall be authorized to establish such bank accounts and/or credit/debit cards as may be necessary to carry out its purposes.

SECTION 2. PROPERTY

The Board shall receive and hold interest in such real or personal property as may in any manner be acquired, bequeathed, conveyed, granted, or given, or in any way invested in the Board in trust for its purposes.

ARTICLE 12: CONFLICT OF INTEREST

SECTION 1. CONTRACT

Any Board member who shall in any way be a contractor for purposes of remuneration from this Board or its contracting agencies will make full disclosure of such fact before discussion and will refrain from discussion of and voting on any Board decision relating to that relationship.

SECTION 2. EMPLOYMENT

NLCMHA Board members are prohibited from serving as employees of the organization.

ARTICLE 13: CONFLICT OF PROVISIONS

If there is any conflict between these Bylaws and the Michigan Mental Health Code, as existing or as subsequently amended, the Mental Health Code shall prevail, and those provisions of these Bylaws inconsistent therewith shall be deemed of no effect.

ARTICLE 14: HIRING OF THE NLCMHA CEO

The NLCMHA Board is required to have a minimum of eleven (11) out of sixteen (16) of the Board members—for any candidate presented for consideration to serve as CEO of NLCMHA.

ARTICLE 15: BYLAWS

SECTION 1. AMENDMENTS

These By-Laws may be amended at any time by a vote of at least ten (10) of the sixteen (16) member Board at any regular meeting of the Board, provided that written notice of the proposed amendment shall be given to all members not less than thirty (30) calendar days prior to such meeting.

SECTION 2. DISSOLUTION

In the event it is deemed advisable that the NLCMHA Community Mental Health Authority should be dissolved the dissolution shall be pursuant to any and all laws governing the counties served, and the Enabling Resolution.

REFERENCE AND LEGAL AUTHORITY:

- Public Act 258 of 1974 as amended (Michigan Mental Health Code)
- 2023 NLCMHA Enabling Agreements

APPROVED BY:

DATE:

Board of Directors

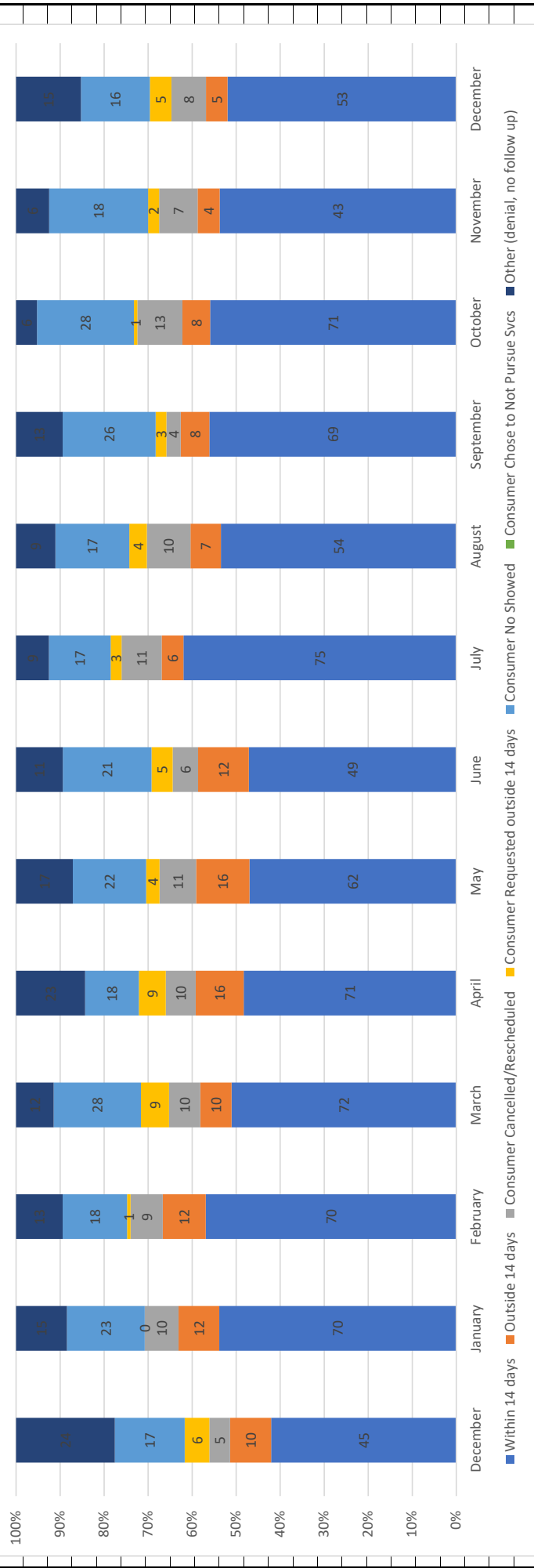
April 18, 2024

REVIEW HISTORY:

Board of Directors	January 20, 2005
Board of Directors	March 16, 2006
Board of Directors	April 20, 2006
Board of Directors	January 15, 2009
Board of Directors	April 15, 2010
Board of Directors	May 20, 2010
Board of Directors	January 20, 2011
Board of Directors	January 19, 2012
Board of Directors	January 17, 2013
Board of Directors	February 20, 2014, Revised
Board of Directors	April 18, 2024, Revised

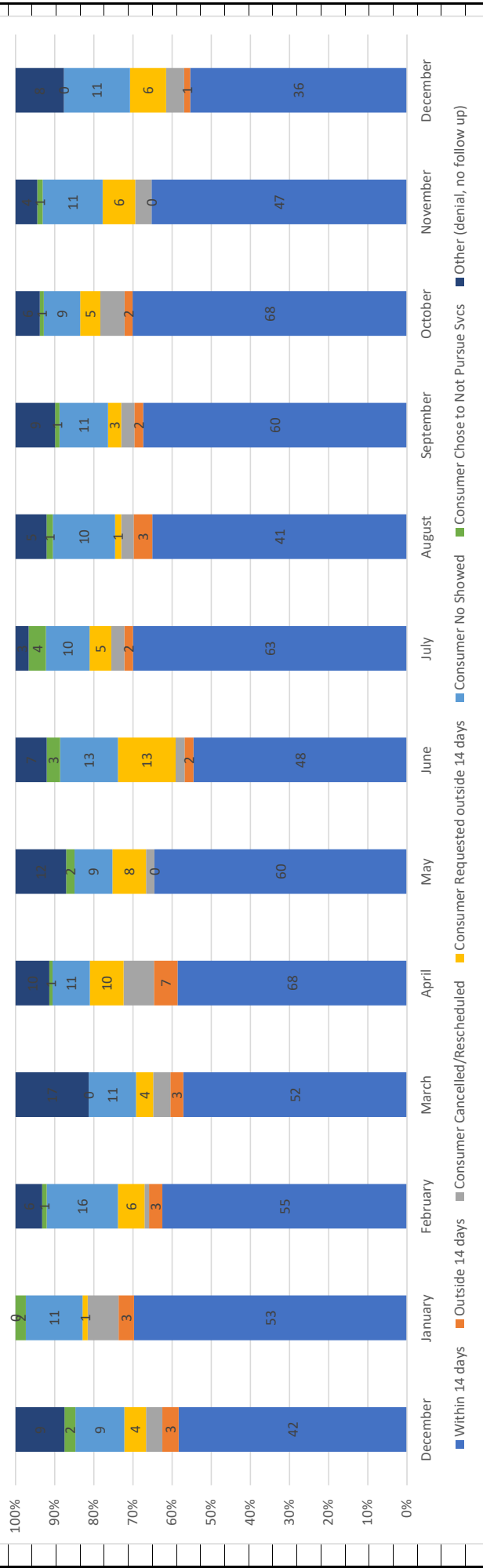
FY2025-26 Monthly Access Timeliness, Request to Assessment													
	December	January	February	March	April	May	June	July	August	September	October	November	December
Within 14 days	45	70	70	72	71	62	49	75	54	69	71	43	53
Outside 14 days	10	12	12	10	16	16	12	6	7	8	8	4	5
Consumer Cancelled/Rescheduled	5	10	9	10	10	11	6	11	10	4	13	7	8
Consumer Requested outside 14 days	6	0	1	9	9	4	5	3	4	3	1	2	5
Consumer No Showed	17	23	18	28	18	22	21	17	17	26	28	18	16
Consumer Chose to Not Pursue Svcs	0	0	0	0	0	0	0	0	0	0	0	0	0
Other (denial, no follow up)	24	15	13	12	23	17	11	9	9	13	6	6	15

FY25-26 Access Timeliness, Request to Assessment



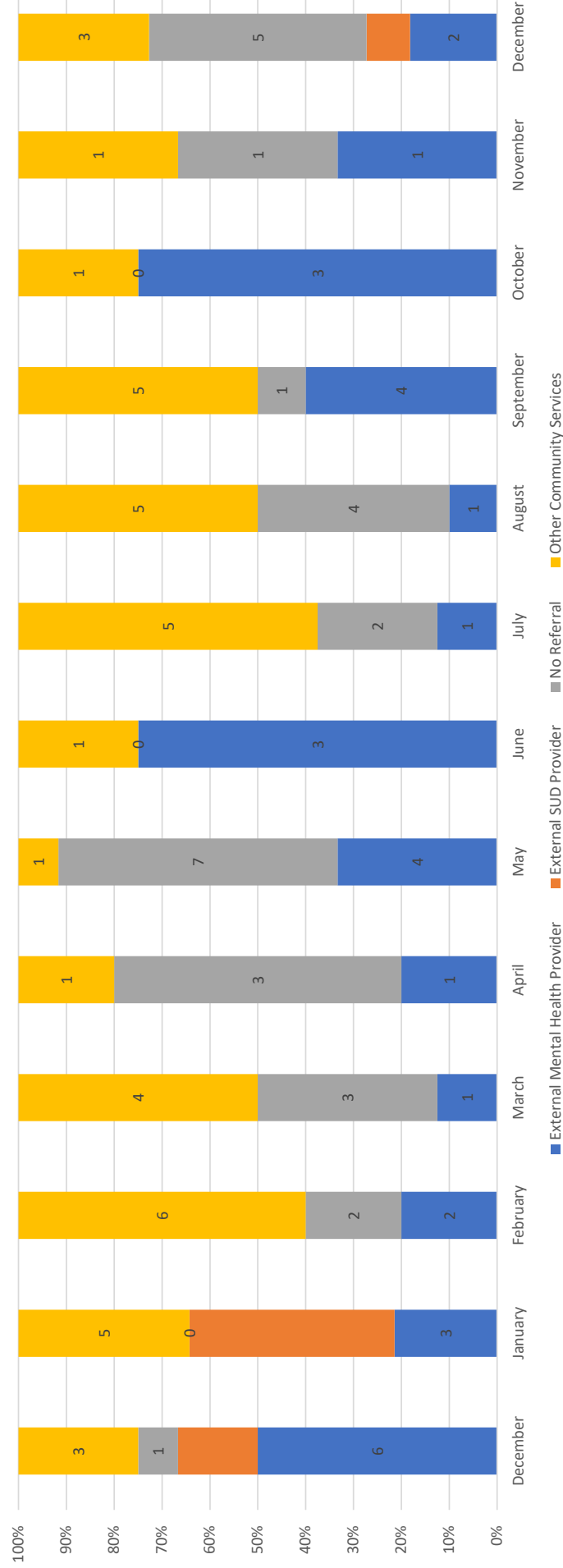
FY2025-26 Monthly Access Timeliness, Assessment to Service													
	December	January	February	March	April	May	June	July	August	September	October	November	December
Within 14 days	42	53	55	52	68	60	48	63	41	60	68	47	36
Outside 14 days	3	3	3	3	7	0	2	2	3	2	2	0	1
Consumer Cancelled/Rescheduled	3	6	1	4	9	2	2	3	2	3	6	3	3
Consumer Requested outside 14 days	4	1	6	4	10	8	13	5	1	3	5	6	6
Consumer No Showed	9	11	16	11	11	9	13	10	10	11	9	11	11
Consumer Chose to Not Pursue Svcs	2	2	1	0	1	2	3	4	1	1	1	1	0
Other (denial, no follow up)	9	0	6	17	10	12	7	3	5	9	6	4	8
Monthly % seen in 14 Days	94.6%	94.8%	94.5%	90.7%	100.0%	96.0%	96.9%	93.2%	96.8%	97.1%	100.0%	97.3%	#REF!

FY25-26 Access Timeliness, Assessment to Service

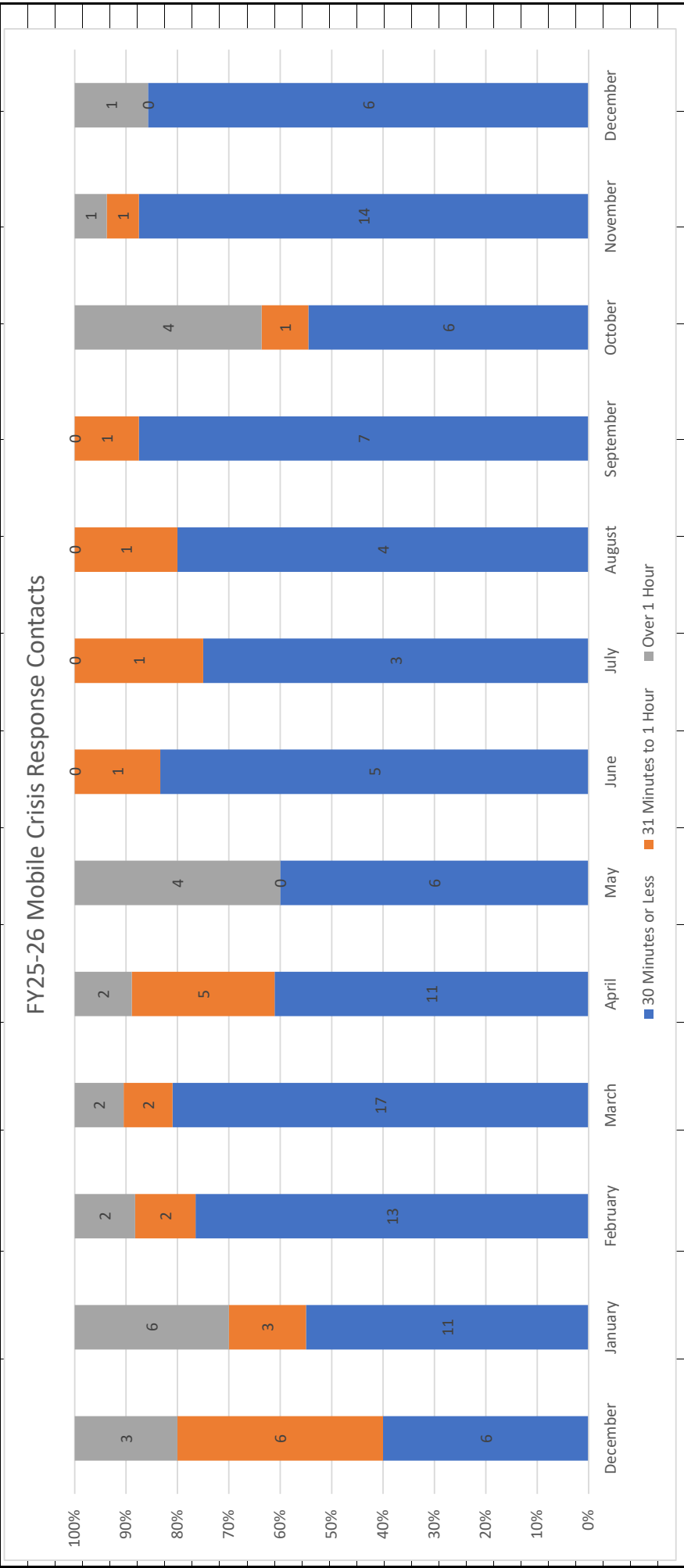


FY2025-26 Referrals for Denied Initial Clinical Assessments													
	December	January	February	March	April	May	June	July	August	September	October	November	December
External Mental Health Provider	6	3	2	1	1	4	3	1	1	4	3	1	2
External SUD Provider	2	6	0	0	0	0	0	0	0	0	0	0	1
No Referral	1	0	2	3	3	7	0	2	4	1	0	1	5
Other Community Services	3	5	6	4	1	1	1	5	5	5	1	1	3

FY25-26 Referrals from Initial Assessment Denial

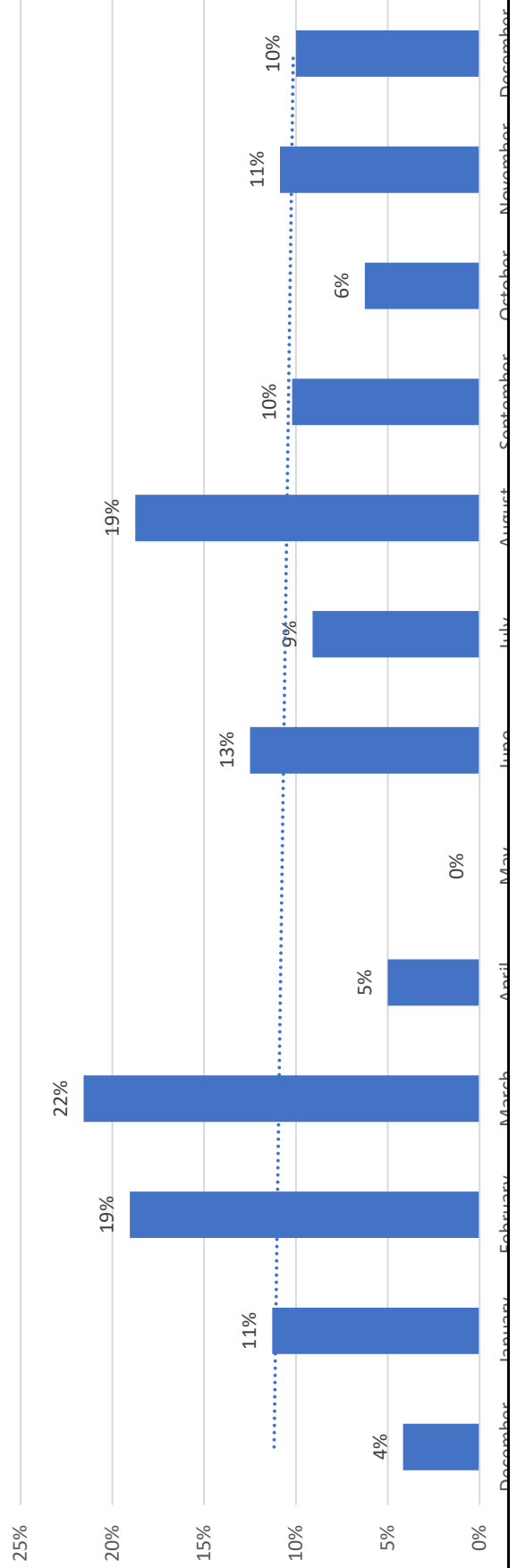


FY2025-26 Mobile Crisis Response Times, Monthly													
	December	January	February	March	April	May	June	July	August	September	October	November	December
30 Minutes or Less	6	11	13	17	11	6	5	3	4	7	6	14	6
31 Minutes to 1 Hour	6	3	2	2	5	0	1	1	1	1	1	1	0
Over 1 Hour	3	6	2	2	2	4	0	0	0	0	4	1	1

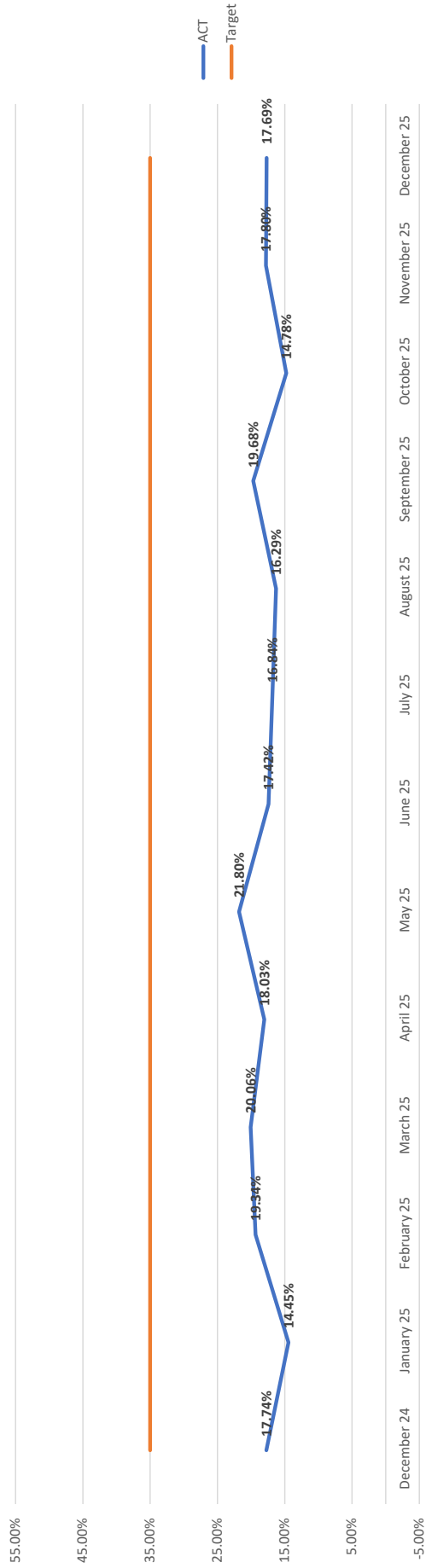


FY2025-26 Inpatient Readmission Rate			
	Admissions	Readmits in 30 Days	% Readmitted
December	48	2	4%
January	62	7	11%
February	42	8	19%
March	51	11	22%
April	60	3	5%
May	44	0	0%
June	48	6	13%
July	44	4	9%
August	48	9	19%
September	49	5	10%
October	48	3	6%
November	46	5	11%
December	30	3	10%
TOTAL			11%

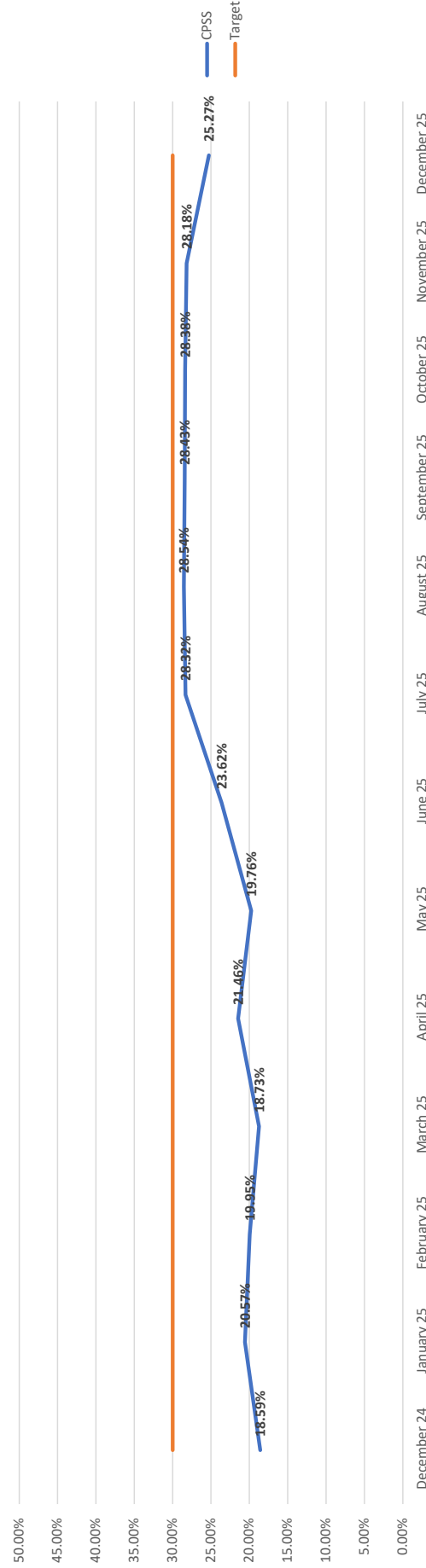
% Readmitted to Inpatient within 30 Days of Discharge Prior



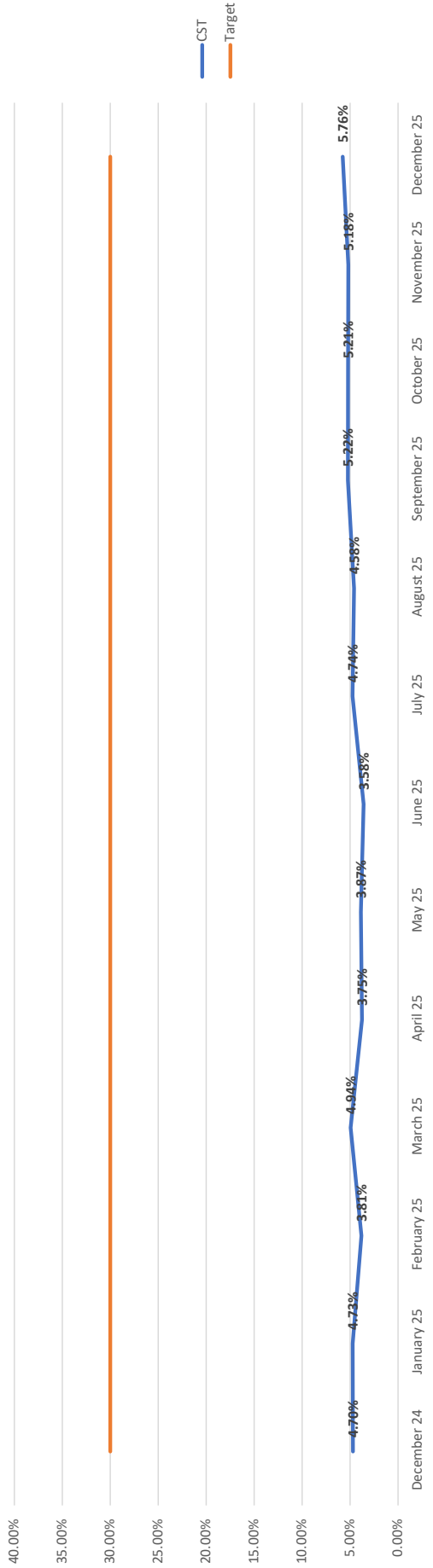
Assertive Community Treatment Staff Efficiency, 13 Month Trending



CPSS Staff Efficiency, 13 Month Trending



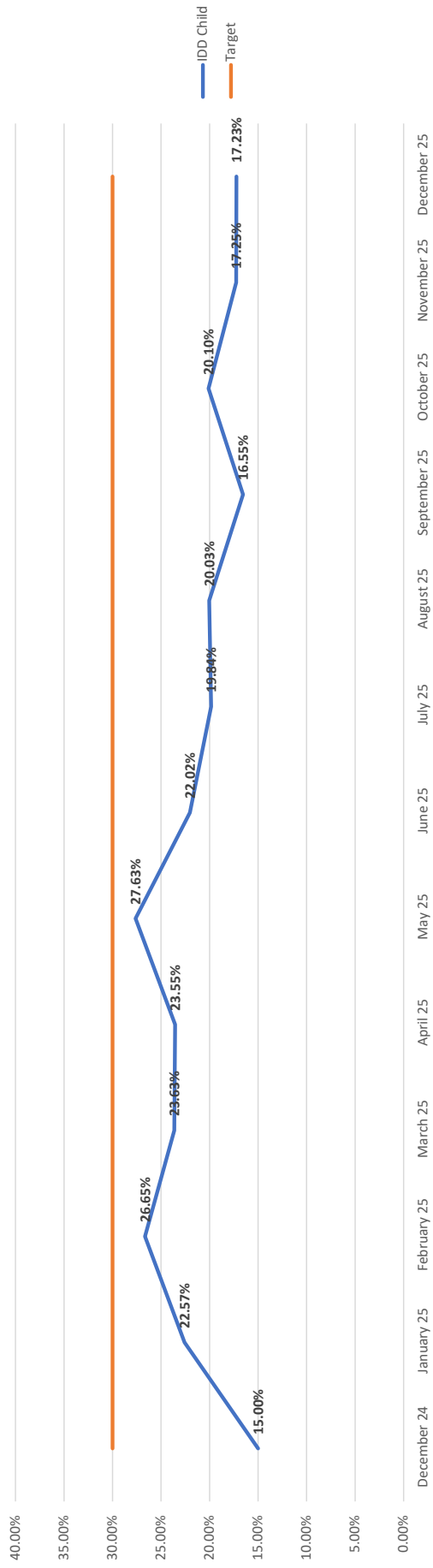
Crisis Services Staff Efficiency, 13 Month Trending



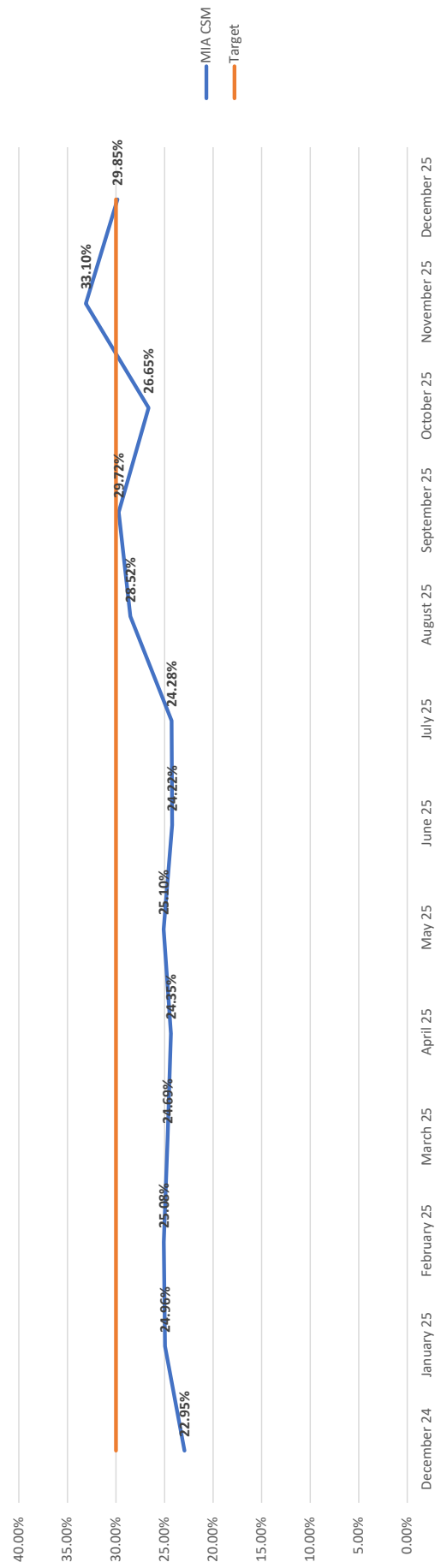
IDD Adult Services Staff Efficiency, 13 Month Trending



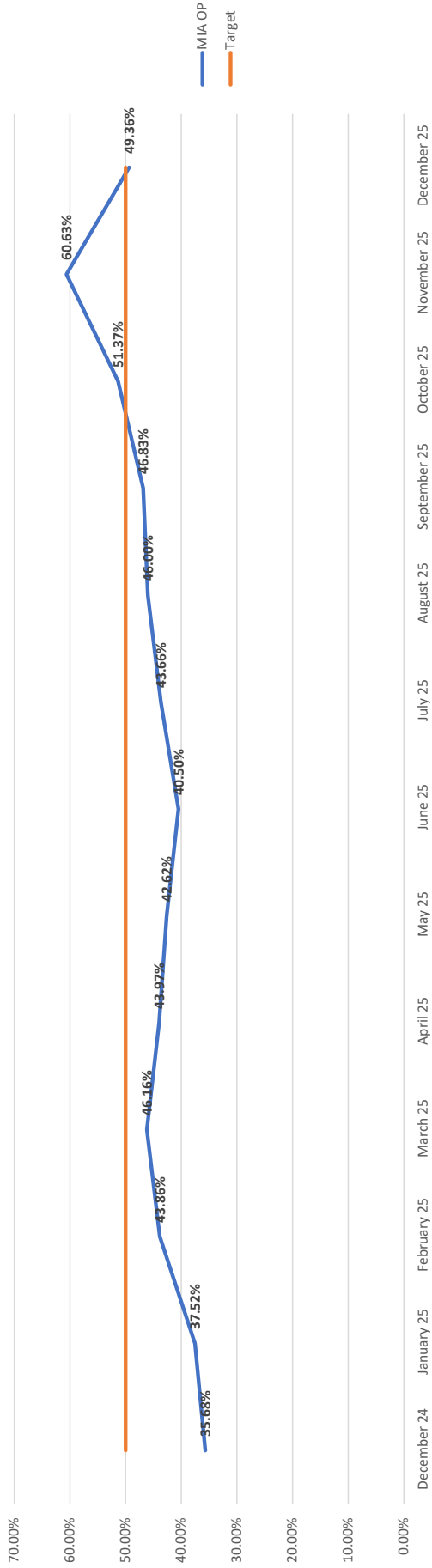
IDD Children Services Staff Efficiency, 13 Month Trending



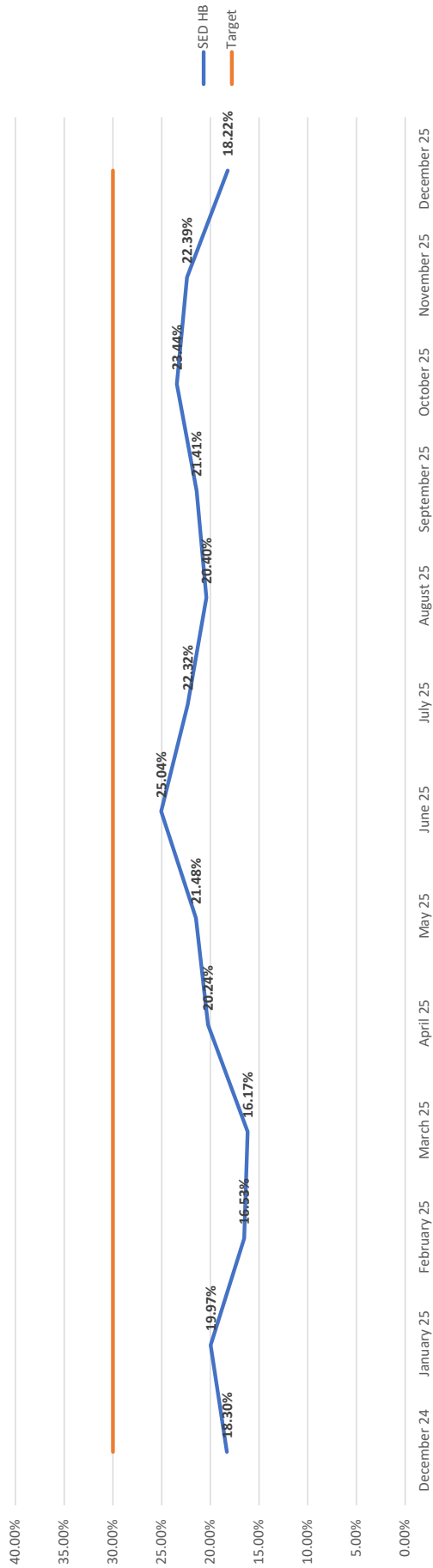
MIA CSM Services Staff Efficiency, 13 Month Trending



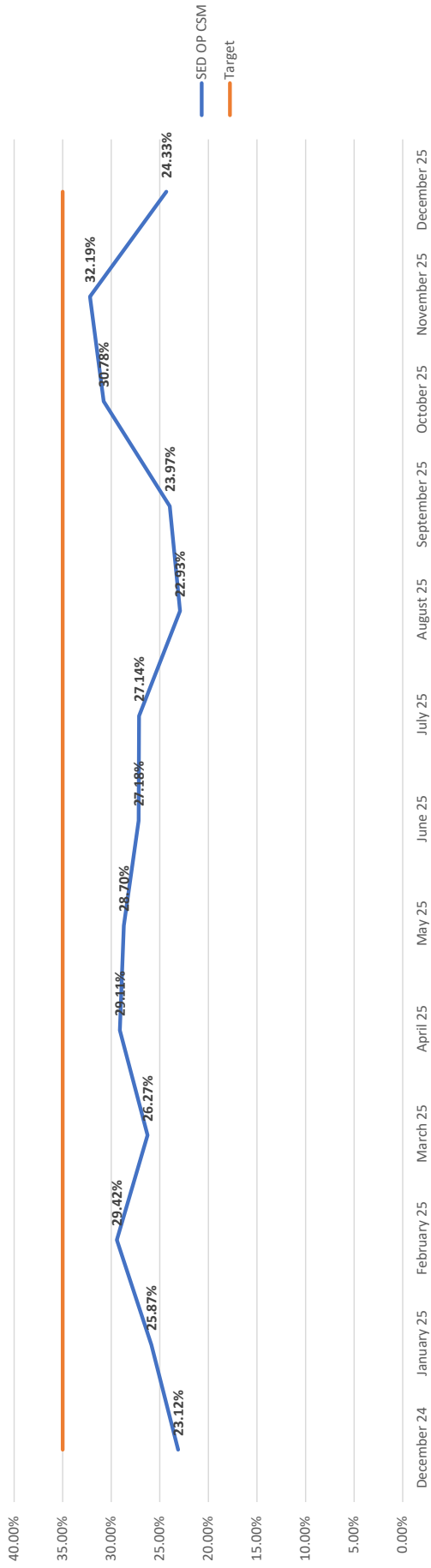
MIA OP Services Staff Efficiency, 13 Month Trending



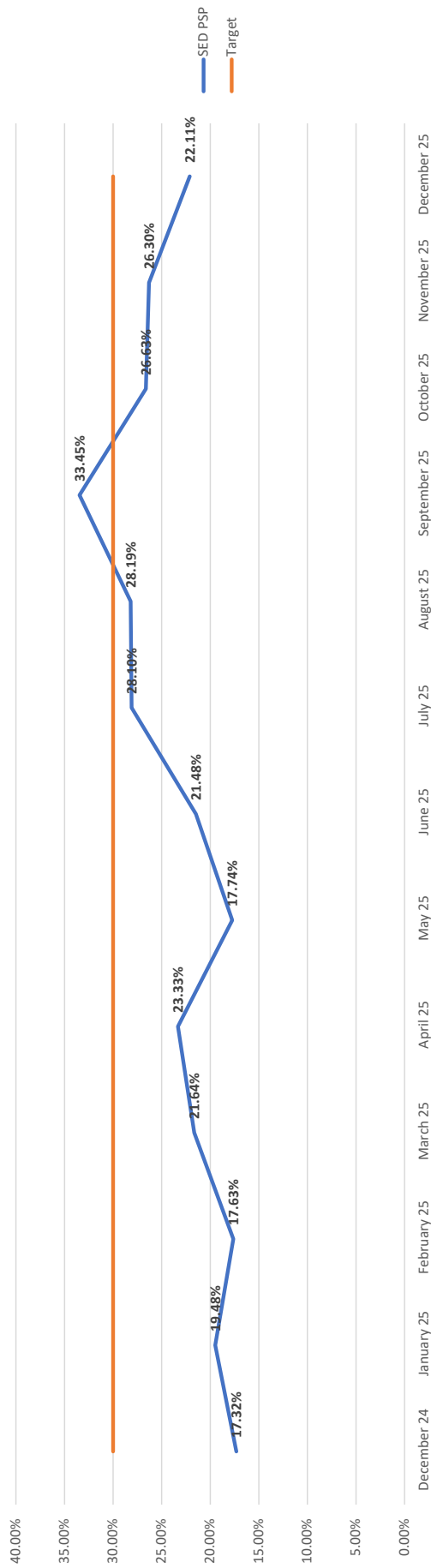
SED Home Based Services Staff Efficiency, 13 Month Trending



SED OP and CSM Services Staff Efficiency, 13 Month Trending



SED PSP Services Staff Efficiency, 13 Month Trending



FY2025-26 Monthly Service Information for Crawford County (Code Rate Increase in July)														
Area of Service	November	December	January	February	March	April	May	June	July	August	September	October	November	December
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 20,778.19	\$ 22,476.40	\$ 27,812.05	\$ 22,631.85	\$ 29,706.13	\$ 38,540.06	\$ 34,495.29	\$ 36,752.75	\$ 32,585.85	\$ 32,049.41	\$ 31,974.25	\$ 35,309.39	\$ 44,066.99	\$ 30,250.51
Autism Services	\$ 29,203.67	\$ 25,683.47	\$ 24,501.77	\$ 23,010.98	\$ 22,365.20	\$ 18,789.53	\$ 22,589.52	\$ 31,709.31	\$ 32,717.49	\$ 32,626.68	\$ 38,488.53	\$ 49,231.79	\$ 40,931.45	\$ 4,812.25
Case Management, ACT and Treatment Planning	\$ 45,393.55	\$ 36,930.14	\$ 49,588.52	\$ 37,787.76	\$ 51,818.93	\$ 48,725.63	\$ 53,970.75	\$ 48,496.89	\$ 82,890.23	\$ 64,357.31	\$ 82,073.47	\$ 81,013.78	\$ 74,280.76	\$ 73,415.71
Community Living Supports	\$ 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	\$ 409,582.27	\$ 404,295.46	\$ 418,989.27	\$ 338,576.74	\$ 116,073.38
Crisis Services, Assessments and Testing	\$ 18,313.00	\$ 14,790.00	\$ 20,016.20	\$ 11,570.00	\$ 23,479.00	\$ 17,271.00	\$ 16,813.26	\$ 12,991.00	\$ 13,315.35	\$ 32,917.80	\$ 23,829.38	\$ 21,809.82	\$ 23,831.07	\$ 25,479.76
Evaluation and Management Physician Level	\$ 22,862.14	\$ 19,997.36	\$ 23,814.39	\$ 23,696.47	\$ 24,647.61	\$ 23,031.94	\$ 29,199.89	\$ 23,003.10	\$ 24,105.89	\$ 29,048.23	\$ 30,283.86	\$ 31,472.00	\$ 23,664.75	\$ 22,739.94
Psychiatric Inpatient	\$ 45,282.24	\$ 70,589.82	\$ 65,509.37	\$ 10,989.11	\$ 36,020.66	\$ 45,094.47	\$ 10,119.38	\$ -	\$ -	\$ 46,768.07	\$ 45,245.31	\$ 42,707.00	\$ -	\$ -
Psychotherapy and Outpatient Services	\$ 21,517.40	\$ 14,905.36	\$ 22,065.54	\$ 21,946.72	\$ 19,428.00	\$ 25,769.74	\$ 24,150.26	\$ 21,149.38	\$ 37,229.06	\$ 22,808.28	\$ 24,506.74	\$ 55,019.16	\$ 51,769.76	\$ 57,701.02
Vocational & Skills Building, Family and Health Services	\$ 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	\$ 1,131.92	\$ 3,824.77	\$ 5,035.01	\$ 3,416.32	\$ 1,036.39
Other	\$ 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	\$ 341.72	\$ 683.44	\$ 341.72	\$ 341.72
Total	\$ 542,512.30	\$ 545,819.64	\$ 606,971.91	\$ 504,908.78	\$ 583,579.89	\$ 570,158.21	\$ 561,100.50	\$ 564,428.26	\$ 631,581.56	\$ 673,767.44	\$ 684,863.49	\$ 741,270.66	\$ 600,879.56	\$ 331,850.68
Number of Registered People Receiving Services	190	178	183	178	192	196	196	177	181	190	184	190	185	183
Average Cost per Registered Person Served	\$ 2,855.33	\$ 3,066.40	\$ 3,316.79	\$ 2,836.57	\$ 3,039.48	\$ 2,908.97	\$ 2,862.76	\$ 3,188.86	\$ 3,489.40	\$ 3,546.14	\$ 3,722.08	\$ 3,901.42	\$ 3,248.00	\$ 1,813.39
Service Transactions Provided	25,698	23,657	26,229	22,947	25,173	24,362	25,771	25,123	26,786	27,395	29,584	31,992	15,746	4,949
Average Cost per Transaction	\$ 21	\$ 23	\$ 23	\$ 22	\$ 23	\$ 23	\$ 22	\$ 22	\$ 24	\$ 25	\$ 23	\$ 23	\$ 38	\$ 67
Count of Adult IDD	41	42	41	40	39	38	39	38	36	39	37	38	37	34
Count of Child IDD	9	10	11	12	11	16	9	10	13	16	11	14	14	10
Count of Adult SMI	114	102	107	99	115	113	120	103	107	107	103	108	99	106
Count of Child SED	26	24	24	27	27	29	28	26	25	28	33	30	35	33
Total	190	178	183	178	192	196	196	177	181	190	184	190	185	183
IDD Adult Cost	\$ 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	\$ 279,762.98	\$ 277,143.46	\$ 296,044.90	\$ 215,056.86	\$ 104,343.25
IDD Child Cost	\$ 59,659.81	\$ 63,791.69	\$ 70,269.21	\$ 62,269.04	\$ 62,921.90	\$ 62,682.83	\$ 63,765.48	\$ 70,556.93	\$ 79,741.20	\$ 87,811.84	\$ 79,187.14	\$ 92,993.03	\$ 95,947.92	\$ 15,082.61
Adult SMI Cost	\$ 189,302.07	\$ 194,471.85	\$ 224,122.85	\$ 156,409.35	\$ 217,048.63	\$ 213,953.92	\$ 190,746.14	\$ 197,413.13	\$ 250,371.09	\$ 274,408.56	\$ 271,810.44	\$ 302,938.53	\$ 235,466.65	\$ 168,953.55
Child SED Cost	\$ 26,731.00	\$ 31,435.00	\$ 32,634.00	\$ 25,481.00	\$ 34,787.00	\$ 37,941.00	\$ 38,463.00	\$ 38,313.00	\$ 39,221.72	\$ 31,784.06	\$ 56,722.45	\$ 49,294.20	\$ 54,408.13	\$ 43,471.27
Total	\$ 542,512.30	\$ 545,819.64	\$ 606,971.91	\$ 504,908.78	\$ 583,579.89	\$ 570,158.21	\$ 561,100.50	\$ 564,428.26	\$ 631,581.56	\$ 673,767.44	\$ 684,863.49	\$ 741,270.66	\$ 600,879.56	\$ 331,850.68

FY2025-26 Monthly Service Information for Crawford County (Code Rate Increase in July)														
Area of Service	November	December	January	February	March	April	May	June	July	August	September	October	November	December
Adult IDD Cost per consumer	\$ 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	\$ 7,173.41	\$ 7,490.36	\$ 7,790.66	\$ 5,812.35	\$ 3,068.92
Child IDD Cost per consumer	\$ 6,628.87	\$ 6,379.17	\$ 6,388.11	\$ 5,189.09	\$ 5,720.17	\$ 3,917.68	\$ 7,085.05	\$ 7,055.69	\$ 6,133.94	\$ 5,488.24	\$ 7,198.83	\$ 6,642.36	\$ 6,853.42	\$ 1,508.26
Adult SMI Cost per consumer	\$ 1,660.54	\$ 1,906.59	\$ 2,094.61	\$ 1,579.89	\$ 1,887.38	\$ 1,893.40	\$ 1,589.55	\$ 1,916.63	\$ 2,339.92	\$ 2,564.57	\$ 2,638.94	\$ 2,804.99	\$ 2,378.45	\$ 1,593.90
Child SED Cost per consumer	\$ 1,028.12	\$ 1,309.79	\$ 1,359.75	\$ 943.74	\$ 1,288.41	\$ 1,308.31	\$ 1,373.68	\$ 1,473.58	\$ 1,568.87	\$ 1,135.15	\$ 1,718.86	\$ 1,643.14	\$ 1,554.52	\$ 1,317.31
Total	\$ 2,855.33	\$ 3,066.40	\$ 3,316.79	\$ 2,836.57	\$ 3,039.48	\$ 2,908.97	\$ 2,862.76	\$ 3,188.86	\$ 3,489.40	\$ 3,546.14	\$ 3,722.08	\$ 3,901.42	\$ 3,248.00	\$ 1,813.39

FY2025-26 Service Information For Grand Traverse County (Code Rate Increase in July)														
Area of Service	November	December	January	February	March	April	May	June	July	August	September	October	November	December
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 132,661.35	\$ 126,785.58	\$ 177,081.10	\$ 147,689.74	\$ 173,738.79	\$ 181,862.82	\$ 177,136.48	\$ 177,594.55	\$ 216,750.07	\$ 199,807.52	\$ 186,200.07	\$ 181,848.63	\$ 165,086.55	\$ 124,098.04
Autism Services	\$ 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	\$ 134,866.94	\$ 114,330.78	\$ 12,653.25
Case Management, ACT and Treatment Planning	\$ 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	\$ 344,063.43	\$ 319,380.60	\$ 253,245.53	\$ 217,807.82
Community Living Supports	\$ 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	\$ 1,528,113.25	\$ 1,418,848.02	\$ 357,375.24
Crisis Services, Assessments and Testing	\$ 122,369.40	\$ 98,925.90	\$ 147,945.26	\$ 116,378.24	\$ 139,544.38	\$ 145,407.60	\$ 133,419.96	\$ 123,298.83	\$ 276,518.40	\$ 293,706.06	\$ 295,881.15	\$ 246,831.19	\$ 260,468.59	\$ 241,755.54
Evaluation and Management Physician Level	\$ 92,033.63	\$ 86,819.15	\$ 103,471.05	\$ 97,989.60	\$ 98,212.30	\$ 108,139.89	\$ 101,973.36	\$ 101,673.84	\$ 111,700.15	\$ 95,422.73	\$ 106,971.51	\$ 128,927.31	\$ 89,768.76	\$ 84,487.39
Psychiatric Inpatient	\$ 264,549.73	\$ 149,221.39	\$ 255,878.70	\$ 196,960.59	\$ 199,966.39	\$ 249,802.10	\$ 208,626.58	\$ 307,493.68	\$ 188,468.09	\$ 326,014.63	\$ 200,737.67	\$ 291,766.15	\$ 137,266.00	\$ 21,047.85
Psychotherapy and Outpatient Services	\$ 123,615.07	\$ 107,930.28	\$ 141,587.14	\$ 137,597.40	\$ 145,770.38	\$ 142,854.10	\$ 139,516.97	\$ 139,139.49	\$ 417,004.75	\$ 377,484.22	\$ 391,283.14	\$ 492,814.28	\$ 342,370.97	\$ 281,262.06
Vocational & Skills Building, Family and Health Services	\$ 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	\$ 51,530.61	\$ 28,021.64
Other	\$ 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	\$ 5,359.83	\$ 3,809.69
Total	\$ 2,404,151.08	\$ 2,235,513.95	\$ 2,715,678.46	\$ 2,368,517.92	\$ 2,676,798.28	\$ 2,734,985.00	\$ 2,665,552.20	\$ 2,739,549.26	\$ 3,374,218.92	\$ 3,388,844.05	\$ 3,229,191.42	\$ 3,396,334.16	\$ 2,838,275.64	\$ 1,372,318.52
Number of Registered People Receiving Services	955	900	1,002	962	993	1,029	1,032	1,032	1,058	1,034	1,041	1,021	967	903
Average Cost per Registered Person Served	\$ 2,517.44	\$ 2,506.13	\$ 2,710.26	\$ 2,462.08	\$ 2,695.67	\$ 2,657.91	\$ 2,582.90	\$ 2,654.60	\$ 3,189.24	\$ 3,277.41	\$ 3,102.01	\$ 3,326.48	\$ 2,935.14	\$ 1,519.73
Service Transactions Provided	102,087	100,059	110,942	98,795	110,558	105,956	106,123	105,353	112,672	108,006	102,281	106,604	87,688	34,593
Average Cost per Transaction	\$ 24	\$ 23	\$ 24	\$ 24	\$ 24	\$ 26	\$ 25	\$ 26	\$ 30	\$ 31	\$ 32	\$ 32	\$ 32	\$ 40
Count of Adult IDD	273	261	278	268	274	283	283	283	280	276	274	270	266	246
Count of Child IDD	68	64	63	73	73	70	81	81	73	79	75	74	72	69
Count of Adult SMI	509	477	545	505	532	546	536	539	582	551	565	541	503	461
Count of Child SED	105	98	116	116	114	130	132	129	123	128	127	136	126	127
Total	955	900	1,002	962	993	1,029	1,032	1,032	1,058	1,034	1,041	1,021	967	903
IDD Adult Cost	\$ 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	\$ 1,482,221.64	\$ 1,420,958.07	\$ 1,465,611.77	\$ 1,324,903.57	\$ 444,966.39
IDD Child Cost	\$ 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	\$ 302,106.66	\$ 237,018.16	\$ 91,305.57
Adult SMI Cost	\$ 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	\$ 1,370,311.60	\$ 1,426,625.98	\$ 1,296,230.64	\$ 1,299,690.57	\$ 1,054,805.52	\$ 660,193.73
Child SED Cost	\$ 147,541.20	\$ 137,717.11	\$ 179,591.40	\$ 150,841.19	\$ 158,019.11	\$ 201,671.81	\$ 184,027.08	\$ 195,035.71	\$ 249,096.78	\$ 216,963.32	\$ 258,957.98	\$ 328,925.16	\$ 221,548.39	\$ 175,852.83
Total	\$ 2,404,151.08	\$ 2,235,513.95	\$ 2,715,678.46	\$ 2,368,517.92	\$ 2,676,798.28	\$ 2,734,985.00	\$ 2,665,552.20	\$ 2,739,549.26	\$ 3,374,218.92	\$ 3,388,844.05	\$ 3,229,191.42	\$ 3,396,334.16	\$ 2,838,275.64	\$ 1,372,318.52
Adult IDD Cost per consumer	\$ 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	\$ 5,370.37	\$ 5,185.98	\$ 5,428.19	\$ 4,980.84	\$ 1,808.81
Child IDD Cost per consumer	\$ 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	\$ 4,082.52	\$ 3,291.92	\$ 1,323.27
Adult SMI Cost per consumer	\$ 1,763.59	\$ 1,571.75	\$ 1,869.46	\$ 1,753.65	\$ 1,842.79	\$ 1,893.16	\$ 1,782.15	\$ 1,881.87	\$ 2,354.49	\$ 2,589.16	\$ 2,294.21	\$ 2,402.39	\$ 2,097.03	\$ 1,432.09
Child SED Cost per consumer	\$ 1,405.15	\$ 1,405.28	\$ 1,548.20	\$ 1,300.36	\$ 1,386.13	\$ 1,551.32	\$ 1,394.14	\$ 1,511.90	\$ 2,025.18	\$ 1,695.03	\$ 2,039.04	\$ 2,418.57	\$ 1,758.32	\$ 1,384.67
Total	\$ 2,517.44	\$ 2,506.13	\$ 2,710.26	\$ 2,462.08	\$ 2,695.67	\$ 2,657.91	\$ 2,582.90	\$ 2,654.60	\$ 3,189.24	\$ 3,277.41	\$ 3,102.01	\$ 3,326.48	\$ 2,935.14	\$ 1,519.73

FY2025-26 Service Information For Leelanau County (Code Rate Increase in July)														
Area of Service	November	December	January	February	March	April	May	June	July	August	September	October	November	December
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing Autism Services	\$ 14,706.07	\$ 11,046.73	\$ 18,001.76	\$ 16,987.41	\$ 20,175.20	\$ 22,586.82	\$ 16,791.13	\$ 17,780.61	\$ 16,831.07	\$ 19,564.02	\$ 19,708.18	\$ 17,345.58	\$ 14,729.50	\$ 6,592.50
Case Management, ACT and Treatment Planning	\$ 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	\$ 4,094.75	\$ 3,536.52	\$ 1,888.68	\$ -
Community Living Supports	\$ 21,511.25	\$ 18,732.00	\$ 17,367.68	\$ 18,915.95	\$ 19,465.47	\$ 21,277.29	\$ 17,536.22	\$ 14,274.29	\$ 29,270.79	\$ 174,075.33	\$ 25,505.86	\$ 27,482.58	\$ 24,567.39	\$ 16,542.53
Crisis Services, Assessments and Testing Evaluation and Management/Physician Level	\$ 157,792.30	\$ 158,902.24	\$ 169,351.80	\$ 147,824.12	\$ 170,850.34	\$ 157,247.67	\$ 166,165.43	\$ 154,113.50	\$ 172,963.93	\$ 174,075.33	\$ 168,504.87	\$ 182,707.54	\$ 161,130.80	\$ 32,889.63
Psychiatric Inpatient Psychotherapy and Outpatient Services	\$ 14,236.00	\$ 5,373.00	\$ 4,163.00	\$ 6,796.00	\$ 7,101.00	\$ 13,102.00	\$ 12,107.00	\$ 6,619.00	\$ 10,374.38	\$ 11,091.27	\$ 9,412.05	\$ 15,987.50	\$ 9,744.15	\$ 13,052.38
Health Services	\$ 8,511.11	\$ 5,922.14	\$ 6,871.14	\$ 7,691.52	\$ 6,993.34	\$ 10,908.31	\$ 8,690.91	\$ 5,441.79	\$ 9,013.22	\$ 9,448.06	\$ 7,736.94	\$ 6,232.57	\$ 10,480.64	\$ 6,225.20
Other	\$ 38,742.72	\$ 14,110.32	\$ 11,519.66	\$ 20,903.28	\$ -	\$ 5,152.58	\$ 23,749.46	\$ 24,693.06	\$ 8,883.00	\$ 15,228.00	\$ 9,750.84	\$ 23,870.00	\$ 6,683.70	\$ -
Total	\$ 6,786.74	\$ 9,301.18	\$ 10,099.18	\$ 9,606.28	\$ 8,070.56	\$ 12,865.23	\$ 9,766.38	\$ 17,775.39	\$ 38,004.86	\$ 25,989.14	\$ 22,318.12	\$ 22,364.50	\$ 7,719.26	\$ 10,745.29
	\$ 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	\$ 6,144.28	\$ 5,759.04	\$ 6,807.15	\$ 5,856.57	\$ 2,228.61
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 512.58	\$ 512.58	\$ 512.58	\$ 512.58	\$ -
	\$ 273,662.34	\$ 234,262.50	\$ 254,952.44	\$ 246,631.63	\$ 252,180.13	\$ 261,637.82	\$ 275,920.21	\$ 261,252.88	\$ 303,637.68	\$ 294,932.09	\$ 273,303.23	\$ 306,846.52	\$ 243,313.27	\$ 88,276.14
Number of Registered People Receiving Services	98	93	88	91	94	98	95	83	100	90	93	81	90	79
Average Cost per Registered Person Served	\$ 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	\$ 3,788.23	\$ 2,703.48	\$ 1,117.42
Service Transactions Provided	10,315	10,449	12,112	11,542	12,518	12,312	11,625	11,783	11,983	11,943	10,692	11,876	9,422	3,584
Average Cost per Transaction	\$ 27	\$ 22	\$ 21	\$ 21	\$ 20	\$ 21	\$ 24	\$ 22	\$ 25	\$ 25	\$ 26	\$ 26	\$ 26	\$ 25
Count of Adult IDD	37	37	38	37	39	40	40	41	40	36	37	39	39	36
Count of Child IDD	4	4	4	4	5	4	3	4	5	3	3	3	4	4
Count of Adult SMI	44	42	37	41	41	45	41	30	43	41	45	41	34	31
Count of Child SED	13	10	9	9	9	9	11	8	12	10	8	8	13	8
Total	98	93	88	91	94	98	95	83	100	90	93	81	90	79
IDD Adult Cost	\$ 170,595.09	\$ 167,462.58	\$ 182,693.91	\$ 163,462.65	\$ 187,418.07	\$ 175,822.97	\$ 185,233.01	\$ 173,568.36	\$ 191,289.51	\$ 196,104.94	\$ 184,949.20	\$ 209,141.48	\$ 181,461.44	\$ 46,267.53
IDD Child Cost	\$ 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	\$ 6,554.43	\$ 8,041.82	\$ 5,786.54	\$ 2,357.57
Adult SMI Cost	\$ 68,332.53	\$ 49,150.74	\$ 38,863.89	\$ 58,963.48	\$ 37,068.27	\$ 55,035.85	\$ 53,548.20	\$ 64,792.09	\$ 79,061.11	\$ 72,582.87	\$ 67,655.13	\$ 75,126.35	\$ 36,492.36	\$ 31,418.98
Child SED Cost	\$ 10,550.72	\$ 10,286.18	\$ 23,405.08	\$ 12,559.00	\$ 12,193.00	\$ 15,681.00	\$ 23,143.00	\$ 9,644.68	\$ 19,372.19	\$ 13,111.92	\$ 14,144.47	\$ 14,536.87	\$ 19,572.93	\$ 8,232.06
Total	\$ 273,662.34	\$ 234,262.50	\$ 254,952.44	\$ 246,631.63	\$ 252,180.13	\$ 261,637.82	\$ 275,920.21	\$ 261,252.88	\$ 303,637.68	\$ 294,932.09	\$ 273,303.23	\$ 306,846.52	\$ 243,313.27	\$ 88,276.14
Adult IDD Cost per consumer	\$ 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	\$ 5,362.60	\$ 4,652.86	\$ 1,285.21
Child IDD Cost per consumer	\$ 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	\$ 1,446.64	\$ 589.39
Adult SMI Cost per consumer	\$ 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	\$ 2,423.43	\$ 1,073.30	\$ 1,013.52
Child SED Cost per consumer	\$ 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	\$ 1,817.11	\$ 1,505.61	\$ 1,029.01
Total	\$ 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	\$ 3,788.23	\$ 2,703.48	\$ 1,117.42

FY 2025-26 Service Information For Missaukee County (Code Rate Increase in July)														
Area of Service	November	December	January	February	March	April	May	June	July	August	September	October	November	December
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing Autism Services	\$ 20,895.68	\$ 18,217.61	\$ 26,085.43	\$ 20,931.92	\$ 29,330.26	\$ 31,041.85	\$ 28,561.86	\$ 29,668.21	\$ 26,355.37	\$ 21,097.16	\$ 21,243.15	\$ 19,071.12	\$ 16,216.23	\$ 17,198.27
Case Management, ACT and Treatment Planning	\$ 11,418.77	\$ 11,111.75	\$ 22,011.50	\$ 22,744.01	\$ 25,534.96	\$ 21,866.49	\$ 26,064.85	\$ 24,741.25	\$ 25,715.83	\$ 23,286.75	\$ 17,008.50	\$ 19,894.05	\$ 16,787.99	\$ 3,394.50
Community Living Supports	\$ 20,549.63	\$ 21,207.03	\$ 22,186.02	\$ 22,587.14	\$ 26,554.30	\$ 28,351.06	\$ 35,378.38	\$ 37,522.93	\$ 57,071.75	\$ 47,579.96	\$ 46,164.71	\$ 71,268.85	\$ 43,689.04	\$ 38,711.27
Crisis Services, Assessments and Testing	\$ 402,977.41	\$ 409,528.67	\$ 419,866.47	\$ 379,893.96	\$ 413,987.92	\$ 398,937.56	\$ 406,726.17	\$ 401,249.01	\$ 424,520.29	\$ 431,670.70	\$ 396,357.68	\$ 397,575.98	\$ 334,361.66	\$ 132,364.48
Evaluation and Management Physician Level	\$ 10,984.00	\$ 14,725.20	\$ 3,775.00	\$ 11,591.75	\$ 11,324.00	\$ 17,768.48	\$ 9,162.00	\$ 9,611.00	\$ 19,568.88	\$ 15,520.82	\$ 17,139.05	\$ 20,802.21	\$ 9,699.14	\$ 11,317.75
Psychiatric Inpatient	\$ 12,668.76	\$ 12,509.81	\$ 13,759.94	\$ 15,394.15	\$ 15,214.85	\$ 15,121.82	\$ 16,726.84	\$ 15,889.81	\$ 18,215.65	\$ 16,415.24	\$ 16,600.75	\$ 20,731.37	\$ 16,595.80	\$ 9,409.11
Psychotherapy and Outpatient Services	\$ 39,778.33	\$ 23,110.32	\$ 13,745.35	\$ -	\$ 43,163.77	\$ 144,062.39	\$ 8,883.00	\$ 24,773.20	\$ 51,991.44	\$ 34,796.38	\$ -	\$ 17,613.20	\$ 34,375.75	\$ 8,526.00
Vocational & Skills Building, Family and Health Services	\$ 11,207.68	\$ 10,984.28	\$ 16,721.21	\$ 12,109.38	\$ 14,106.00	\$ 15,770.12	\$ 29,036.83	\$ 22,426.12	\$ 43,867.66	\$ 40,103.32	\$ 36,586.82	\$ 56,939.42	\$ 29,217.36	\$ 34,945.24
Other	\$ 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	\$ 8,782.23	\$ 10,717.40	\$ 10,497.58	\$ 10,582.45	\$ 2,709.23
Total	\$ 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	\$ 2,029.78	\$ 1,822.24	\$ 626.22	\$ -
	\$ 548,737.41	\$ 536,370.61	\$ 558,942.51	\$ 501,295.99	\$ 594,739.42	\$ 686,495.93	\$ 572,626.70	\$ 583,114.98	\$ 680,822.87	\$ 640,761.09	\$ 563,847.84	\$ 636,216.02	\$ 512,151.64	\$ 258,575.85
Number of Registered People Receiving Services	129	125	116	127	134	132	138	132	140	135	136	149	131	121
Average Cost per Registered Person Served	\$ 4,253.78	\$ 4,290.96	\$ 4,818.47	\$ 3,947.21	\$ 4,438.35	\$ 5,200.73	\$ 4,149.47	\$ 4,417.54	\$ 4,863.02	\$ 4,746.38	\$ 4,145.94	\$ 4,269.91	\$ 3,909.55	\$ 2,136.99
Service Transactions Provided	24,308	24,026	25,961	23,991	28,082	20,880	20,524	18,031	17,669	16,821	16,179	17,154	14,107	6,388.00
Average Cost per Transaction	\$ 23	\$ 22	\$ 22	\$ 21	\$ 21	\$ 33	\$ 28	\$ 32	\$ 39	\$ 38	\$ 35	\$ 37	\$ 36	\$ 40
Count of Adult IDD	44	43	43	45	46	44	44	43	43	43	43	44	42	38
Count of Child IDD	10	10	10	10	9	11	14	9	8	8	8	10	9	9
Count of Adult SMI	59	60	47	54	60	53	55	54	65	60	58	65	56	51
Count of Child SED	16	12	16	18	19	24	25	26	24	24	27	30	24	23
Total	129	125	116	127	134	132	138	132	140	135	136	149	131	121
IDD Adult Cost	\$ 359,296.96	\$ 368,587.39	\$ 379,324.87	\$ 344,310.42	\$ 384,882.38	\$ 372,920.09	\$ 375,271.13	\$ 387,043.66	\$ 399,626.99	\$ 385,407.77	\$ 386,534.37	\$ 412,074.86	\$ 337,022.23	\$ 143,261.87
IDD Child Cost	\$ 19,050.30	\$ 18,977.49	\$ 29,375.50	\$ 28,678.58	\$ 32,768.16	\$ 62,507.67	\$ 35,173.34	\$ 32,204.21	\$ 34,685.59	\$ 32,373.10	\$ 21,871.35	\$ 31,974.21	\$ 24,469.67	\$ 12,239.92
Adult SMI Cost	\$ 149,632.65	\$ 135,386.73	\$ 128,903.14	\$ 105,259.99	\$ 147,751.63	\$ 198,101.42	\$ 125,136.23	\$ 129,232.11	\$ 206,201.62	\$ 171,498.38	\$ 112,667.38	\$ 120,147.82	\$ 110,135.02	\$ 60,974.97
Child SED Cost	\$ 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	\$ 42,774.74	\$ 72,019.13	\$ 40,524.72	\$ 42,099.09
Total	\$ 548,737.41	\$ 536,370.61	\$ 558,942.51	\$ 501,295.99	\$ 594,739.42	\$ 686,495.93	\$ 572,626.70	\$ 583,114.98	\$ 680,822.87	\$ 640,761.09	\$ 563,847.84	\$ 636,216.02	\$ 512,151.64	\$ 258,575.85
Adult IDD Cost per consumer	\$ 8,165.84	\$ 8,571.80	\$ 8,821.51	\$ 7,651.34	\$ 8,367.01	\$ 8,475.46	\$ 8,528.89	\$ 9,001.02	\$ 9,293.65	\$ 8,962.97	\$ 8,989.17	\$ 9,365.34	\$ 8,024.34	\$ 3,770.05
Child IDD Cost per consumer	\$ 1,905.03	\$ 1,897.75	\$ 2,937.55	\$ 2,867.86	\$ 3,640.91	\$ 5,682.52	\$ 2,512.38	\$ 3,578.25	\$ 4,335.70	\$ 4,046.64	\$ 2,733.92	\$ 3,197.42	\$ 2,718.85	\$ 1,359.99
Adult SMI Cost per consumer	\$ 2,536.15	\$ 2,256.45	\$ 2,742.62	\$ 1,949.26	\$ 2,462.53	\$ 3,757.76	\$ 2,275.20	\$ 2,393.19	\$ 3,172.33	\$ 2,858.31	\$ 1,942.54	\$ 1,848.43	\$ 1,966.70	\$ 1,195.59
Child SED Cost per consumer	\$ 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	\$ 1,584.25	\$ 2,400.64	\$ 1,688.53	\$ 1,830.40
Total	\$ 4,253.78	\$ 4,290.96	\$ 4,818.47	\$ 3,947.21	\$ 4,438.35	\$ 5,200.73	\$ 4,149.47	\$ 4,417.54	\$ 4,863.02	\$ 4,746.38	\$ 4,145.94	\$ 4,269.91	\$ 3,909.55	\$ 2,136.99

FY2025-26 Service Information for Roscomon County (Code Rate Increase in July)														
Area of Service	November	December	January	February	March	April	May	June	July	August	September	October	November	December
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing	\$ 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	\$ 41,565.10	\$ 35,860.73
Autism Services	\$ 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	\$ 41,088.49	\$ 3,615.75
Case Management, ACT and Treatment Planning	\$ 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	\$ 132,798.98	\$ 105,081.77	\$ 99,874.92
Community Living Supports	\$ 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	\$ 566,921.95	\$ 474,858.49	\$ 155,084.01
Crisis Services, Assessments and Testing	\$ 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	\$ 17,898.53	\$ 18,329.99
Evaluation and Management Physician Level	\$ 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	\$ 35,741.70	\$ 22,446.46
Psychiatric Inpatient	\$ 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	\$ -
Psychotherapy and Outpatient Services	\$ 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	\$ 112,883.24	\$ 101,353.00	\$ 84,832.14
Vocational & Skills Building, Family and Health Services	\$ 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	\$ 10,553.68	\$ 3,370.16
Other	\$ 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	\$ 372.66	\$ 312.51
Total	\$ 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	\$ 1,087,299.63	\$ 852,017.59	\$ 423,726.67
Number of Registered People Receiving Services	308	304	303	296	296	293	307	303	296	302	291	290	286	260
Average Cost per Registered Person Served	\$ 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	\$ 3,749.31	\$ 2,979.08	\$ 1,629.72
Service Transactions Provided	22,090	21,226	25,681	25,335	27,475	26,409	26,013	25,346	25,818	26,475	28,683	31,756	21,924	5,033
Average Cost per Transaction	\$ 37	\$ 35	\$ 34	\$ 32	\$ 31	\$ 32	\$ 36	\$ 33	\$ 40	\$ 35	\$ 34	\$ 34	\$ 39	\$ 84
Count of Adult IDD	67	67	61	62	61	63	62	65	64	63	65	67	68	64
Count of Child IDD	23	19	17	21	20	18	22	19	19	21	24	28	25	21
Count of Adult SMI	165	175	170	166	166	161	169	164	168	167	144	144	144	127
Count of Child SED	53	43	55	47	49	51	54	55	45	51	58	51	49	48
Total	308	304	303	296	296	293	307	303	296	302	291	290	286	260
IDD Adult Cost	\$ 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	\$ 473,132.24	\$ 396,793.60	\$ 129,493.17
IDD Child Cost	\$ 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	\$ 86,042.72	\$ 26,538.10
Adult SMI Cost	\$ 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	\$ 394,221.58	\$ 289,910.65	\$ 200,567.46
Child SED Cost	\$ 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	\$ 123,704.44	\$ 79,270.62	\$ 67,127.94
Total	\$ 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	\$ 1,087,299.63	\$ 852,017.59	\$ 423,726.67
Adult IDD Cost per consumer	\$ 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	\$ 7,061.68	\$ 5,835.20	\$ 2,023.33
Child IDD Cost per consumer	\$ 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	\$ 3,441.71	\$ 1,263.72
Adult SMI Cost per consumer	\$ 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	\$ 2,737.65	\$ 2,013.27	\$ 1,579.27
Child SED Cost per consumer	\$ 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	\$ 2,425.58	\$ 1,617.77	\$ 1,398.50
Total	\$ 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	\$ 3,749.31	\$ 2,979.08	\$ 1,629.72

FY 2025-26 Service Information for Wexford County (Code Rate Increase in July)														
Area of Service	November	December	January	February	March	April	May	June	July	August	September	October	November	December
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 120,000.45	\$ 97,535.82	\$ 110,287.02	\$ 106,253.66	\$ 131,627.67	\$ 134,984.94	\$ 134,112.09	\$ 140,142.35	\$ 171,910.58	\$ 155,412.32	\$ 154,781.06	\$ 166,745.64	\$ 142,894.57	\$ 112,558.99
Autism Services	\$ 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	\$ 102,815.39	\$ 80,157.39	\$ 26,183.02
Case Management, ACT and Treatment Planning	\$ 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	\$ 218,909.68	\$ 152,522.67	\$ 165,826.21
Community Living Supports	\$ 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	\$ 880,216.84	\$ 878,097.74	\$ 869,595.38	\$ 818,311.14	\$ 359,132.79
Crisis Services, Assessments and Testing	\$ 50,339.20	\$ 36,281.00	\$ 43,621.42	\$ 42,460.12	\$ 46,751.32	\$ 38,429.00	\$ 42,246.00	\$ 48,295.48	\$ 64,002.80	\$ 59,607.84	\$ 73,052.12	\$ 92,638.12	\$ 77,298.31	\$ 57,275.72
Evaluation and Management Physician Level	\$ 59,682.05	\$ 52,446.95	\$ 64,307.44	\$ 67,339.02	\$ 67,598.41	\$ 80,216.89	\$ 60,132.11	\$ 57,368.25	\$ 70,995.17	\$ 56,415.30	\$ 70,483.23	\$ 75,882.81	\$ 56,740.01	\$ 50,423.54
Psychiatric Inpatient	\$ 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	\$ 82,717.76	\$ 131,898.73	\$ 115,015.00	\$ 9,152.00
Psychotherapy and Outpatient Services	\$ 74,315.47	\$ 61,867.06	\$ 104,318.10	\$ 112,300.88	\$ 96,756.45	\$ 130,211.56	\$ 117,464.21	\$ 120,877.09	\$ 238,533.35	\$ 196,346.70	\$ 214,283.58	\$ 221,944.60	\$ 146,187.28	\$ 136,120.80
Vocational & Skills Building, Family and Health Services	\$ 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	\$ 46,599.52	\$ 17,596.08
Other	\$ 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	\$ 5,702.40
Total	\$ 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	\$ 1,878,054.91	\$ 1,799,685.26	\$ 1,825,056.43	\$ 1,945,679.61	\$ 1,641,817.23	\$ 939,971.55
Number of Registered People Receiving Services	548	498	539	528	541	583	557	545	545	518	535	558	517	471
Average Cost per Registered Person Served	\$ 2,928.06	\$ 2,777.76	\$ 2,828.01	\$ 2,693.86	\$ 2,888.50	\$ 2,920.76	\$ 2,844.35	\$ 2,945.79	\$ 3,445.97	\$ 3,474.30	\$ 3,411.32	\$ 3,486.88	\$ 3,175.66	\$ 1,995.69
Service Transactions Provided	51,607	50,730	56,167	53,986	61,232	58,637	57,998	58,306	60,990	57,898	58,638	60,298	49,389	27,446
Average Cost per Transaction	\$ 31	\$ 27	\$ 27	\$ 26	\$ 26	\$ 29	\$ 27	\$ 28	\$ 31	\$ 31	\$ 31	\$ 32	\$ 33	\$ 34
Count of Adult IDD	127	122	126	121	128	132	124	124	127	124	125	124	124	116
Count of Child IDD	58	52	54	52	55	57	59	60	64	64	55	62	60	44
Count of Adult SMI	264	238	264	260	259	277	262	254	267	225	243	246	231	212
Count of Child SED	99	86	95	95	99	117	112	107	100	105	112	126	102	99
Total	548	498	539	528	541	583	557	545	545	518	535	558	517	471
IDD Adult Cost	\$ 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	\$ 790,334.40	\$ 797,954.09	\$ 814,126.40	\$ 743,657.20	\$ 357,869.40
IDD Child Cost	\$ 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	\$ 172,108.03	\$ 135,378.85	\$ 64,263.14
Adult SMI Cost	\$ 528,264.31	\$ 472,768.56	\$ 499,293.30	\$ 483,375.54	\$ 523,028.70	\$ 620,265.45	\$ 561,199.90	\$ 588,134.31	\$ 723,342.16	\$ 663,527.75	\$ 636,978.35	\$ 699,137.32	\$ 582,712.06	\$ 381,872.63
Child SED Cost	\$ 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	\$ 180,069.12	\$ 135,966.38
Total	\$ 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	\$ 1,878,054.91	\$ 1,799,685.26	\$ 1,825,056.43	\$ 1,945,679.61	\$ 1,641,817.23	\$ 939,971.55
Adult IDD Cost per consumer	\$ 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	\$ 6,373.66	\$ 6,383.63	\$ 6,565.54	\$ 5,997.24	\$ 3,085.08
Child IDD Cost per consumer	\$ 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	\$ 2,775.94	\$ 2,256.31	\$ 1,460.53
Adult SMI Cost per consumer	\$ 2,001.00	\$ 1,986.42	\$ 1,891.26	\$ 1,859.14	\$ 2,019.42	\$ 2,239.23	\$ 2,141.98	\$ 2,315.49	\$ 2,709.15	\$ 2,949.01	\$ 2,621.31	\$ 2,842.02	\$ 2,522.56	\$ 1,801.29
Child SED Cost per consumer	\$ 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	\$ 1,765.38	\$ 1,373.40
Total	\$ 2,928.06	\$ 2,777.76	\$ 2,828.01	\$ 2,693.86	\$ 2,888.50	\$ 2,920.76	\$ 2,844.35	\$ 2,945.79	\$ 3,445.97	\$ 3,474.30	\$ 3,411.32	\$ 3,486.88	\$ 3,175.66	\$ 1,995.69

<https://www.9and10news.com/2026/02/04/state-withdraws-plan-to-potentially-privatize-michigan-mental-health-services/>

State withdraws plan to potentially privatize Michigan mental health services



[Sheldon Krause](#)

02-04-2026 at 06:13:31 PM EST | Updated 02-04-2026 at 06:13:32 PM EST

State withdraws plan to potentially privatize Michigan mental health services

TRAVERSE CITY — The state has abandoned plans to potentially privatize Michigan’s mental health system, a possibility that drew mixed reactions from patients and Northern Michigan officials.

Some experts say they were concerned the proposal would cause providers to focus more on profitability — and some mental health patients say they’re willing to entertain the idea.

“I personally think we don’t need to throw out the system,” said Brian Babbit, CEO of North Country Community Mental Health. “I think there’s room for improvement in the system.”

The management of Michigan’s behavioral health system costs close to 5 billion dollars every year. That’s about 15 percent of MDHHS’s entire budget.

Kate Dahlstrom, president of Grand Traverse’s National Alliance on Mental Illness, says that the drop in available inpatient beds has made it more difficult to receive care.

“In the ‘60s, we had almost 22,000 in Michigan, and now the state finances, almost 700 — that is, that’s basically malpractice, in my mind,” she said. “They’re relying on general hospitals to have psychiatric units”

A spokesperson for the department says in a statement that MDHHS rescinded the plan to re-evaluate their approach.

“Michigan’s behavioral health delivery framework has remained largely unchanged since the late 1990s, despite significant changes in health care delivery, financing, integration expectations and federal oversight,” she said. “This requires the department to assess whether the current structure is positioned to meet today’s demands and future needs.”

MDHHS is continuing to look forward — but Northern Michigan providers say they’re not convinced the state has a strategy.

“There’s been no indication that I’m aware of what the department’s plans are,” Babbit said. “But I do think that those would be coming forward”

Mental health advocates argue that Michigan’s state-contracted system has generally run more efficiently than private facilities.

“I think the administrative cost of the public system is considerably less than what you typically see in the managed care arena,” Babbit said. “So it would have taken a fair amount of money right off the top that would no longer be available for services.”

The proposal also raised concerns that private operators could become more focused on profit.

But Norma Eby, a former patient of Traverse City State Hospital, says she supports more public involvement in mental healthcare.

Eby was institutionalized from 1972 to 73 in the children’s and adult wings. She associates a drop in state hospital access with an increase in untreated mental illness.

“I basically am an advocate for starting new state hospitals,” she said. “I was disappointed to see that the decision by the state to withdraw their proposal.”

<https://bridgemi.com/michigan-health-watch/michigan-quietly-kills-effort-to-restructure-mental-health-care-system/>

Michigan quietly kills effort to restructure mental health care system

by [Eli Newman](#) January 30, 2026

- **Michigan is pulling a request to bid out the administration of \$4.9 billion in Medicaid funds for mental health care**
- **The decision caps a month-long feud between the state health department and regional health agencies who disagree on the proposed reform**
- **Officials say the state still plans to strengthen ‘consumer choice’ in the Medicaid-backed behavioral health space**

Michigan has quietly halted efforts to shake up the way public funds for mental health care in the state are managed. The retreat ends a months-long effort to introduce “consumer choice” reforms to a Medicaid-supported system that serves 300,000 residents.

The decision, which impacts who manages \$4.9 billion in care services for behavioral health, was announced Thursday through a “cancellation of request for proposal” announcement on the state’s procurement website.

The notice marked an unceremonious end to a simmering dispute between the Michigan Department of Health and Human Services and the various regional health agencies. Some of the entities, known as Prepaid Inpatient Health Plans, filed lawsuits against the state last August after [MDHHS revealed](#) how it would bid out the contracts.

The proposal would have reduced the number of regional agencies from 10 to three, and introduced public-private partnerships to the system, which currently operates under local government oversight.

[A Court of Claims judge ruled](#) on Jan. 8 that the state’s request for proposals violated state law by undercutting funding for Community Mental Health Service Programs, and would need to be amended in order to proceed. Community Mental Health Service Programs are the local groups that coordinate care with regional health providers.

Related:

- [Judge: Michigan bid to rebuild mental health care has ‘significant conflicts’](#)
- [Battle rages over Oakland County’s plan to take crisis services in-house](#)
- [Hundreds of Michigan districts, schools reject safety and mental health funds](#)

The state health department said it rescinded the RFP “to evaluate next steps and available options in alignment with our commitment to ensuring Michigan’s behavioral health system is structured in a way that best serves beneficiaries” while aligning with federal and state requirements.

MDHHS points to “significant changes in health care delivery, financing, integration expectations and federal oversight” as reasons to review the system.

“At the center of this work is a focus on improving access to care, strengthening consumer choice and ensuring Medicaid resources are used efficiently toward direct services rather than duplicative administrative functions,” agency spokesperson Lynn Sutfin said in an email.

“MDHHS looks forward to continued engagement with community partners as it evaluates paths forward that strengthen Michigan’s behavioral health system and better serve individuals and families.”

Michigan had intended to launch the new service contracts this October.

Those representing the local mental health agencies who sued the state told Bridge Michigan they are “encouraged” by the formal end of the bid-out.

“However, it doesn’t mean the department isn’t still thinking about another RFP,” said Robert Sheehan, chief executive officer of the Community Mental Health Association of Michigan. “We are reaching out to them now ... we want to do a collaborative approach.”

The MI Care Council, an advocacy organization representing health care and social support providers across the state which supported the restructuring, noted their disappointment with the state’s decision.

“The redesign RFP was canceled, but the problems facing Michigan’s behavioral health system were not,” MI Care Council executive director Daniel Cherrin said in an email. “Providers are still operating in a fragmented structure with delayed payments, inconsistent oversight, and growing workforce strain, and people across the state still need access to care. The mechanism changed, but the responsibility to fix what isn’t working did not.”

Michigan is navigating turbulent headwinds in federal mental health care funding as it [boosts in-state support](#). Earlier this month, the Trump administration issued – [and then reversed](#) – a sweeping decision to cut \$2 billion in mental health and addiction programs. Nationally, cuts to Medicaid outlined by the One Big Beautiful Bill Act are expected to cost [about \\$900 billion](#) over the next decade.

https://www.cadillacnews.com/news/new-northern-lakes-ceo-talks-about-leadership-challenges-and-the-road-ahead/article_ef59b6b9-7a70-4e48-80ba-85c7250b7d55.html

New Northern Lakes CEO talks about leadership, challenges and the road ahead

- [By Rick Charmoli Cadillac News](#)
- Jan 22, 2026

Story Highlights

- New Northern Lakes Community Mental Health CEO Lynda Zeller brings more than 35 years of experience in behavioral health, IDD and public health policy at the local, state and national level, and says she was drawn to the position by a desire to return to community-based work and strengthen local systems of care.
- Zeller identifies stabilizing finances, improving access to crisis and non-crisis services, strengthening partnerships with justice systems and law enforcement and supporting staff morale as key challenges and opportunities as the organization moves into a rebuilding year.

With decades of expertise related to behavioral health at the local, state and national levels, Lynda Zeller decided she wanted to come to northern Michigan.

In September, the Northern Lakes Community Mental Health Authority board selected Zeller to be the organization's new CEO over fellow finalist candidate Phillip Hunter. Since arriving and starting in the position this past October, Zeller has begun trying to rebuild relationships, while assessing organizational challenges and setting priorities for the years ahead.

In the following Q&A, Zeller discusses her professional and personal background, what drew her back to local community mental health work, and how she views the challenges, opportunities and measures of success facing Northern Lakes as 2026 gets underway.

Q: Can you share some information about your professional and personal background? What is your story leading up to your arrival at Northern Lakes Community Mental Health?

A: Zeller brings more than 35 years of experience in indigent health, behavioral health, intellectual and developmental disabilities or IDD, and managed care to her role as CEO of Northern Lakes Community Mental Health Authority. Her career has spanned local, county, state and national levels, where she has worked in a wide range of leadership, advisory and policy roles addressing complex health, social service and justice system challenges.

Nationally, Zeller is a well-known and trusted policy advisor and has served extensively in volunteer and consulting capacities. Her volunteer service includes more than a decade as an officer on national boards representing state authorities overseeing public systems for IDD, serious mental illness, substance use disorder and justice-involved populations.

Immediately prior to joining Northern Lakes Community Mental Health Authority in October 2025, Zeller served as director of Region 5 for the Substance Abuse and Mental Health Services Administration, covering Illinois, Indiana, Michigan, Ohio, Wisconsin and 34 tribes. One of 10 regional directors nationwide, she represented SAMHSA across states, territories, Pacific islands and 574 tribes, while working closely with other federal agencies including the Centers for Medicare and Medicaid Services, Health Resources and Services Administration, Administration for Children and Families, Administration for Community Living and the U.S. Department of Housing and Urban Development.

Before her time at SAMHSA, Zeller spent five years as a senior fellow with the Michigan Health Endowment Fund, supporting nonprofits, counties and state agencies through grants, research and targeted projects aimed at strengthening health, behavioral health and justice systems.

She also served eight years as senior deputy director of the Behavioral Health and Developmental Disabilities Administration at the Michigan Department of Health and Human Services, where she acted as the state authority for publicly funded mental health, SUD and IDD services, including oversight of Michigan's five state psychiatric and forensic hospitals.

Earlier in her career, Zeller was health services administrator for the Michigan Department of Corrections, overseeing all health, behavioral health and dental services in state prisons. She also served as chief executive officer of the Kent Health Plan, a safety-net health coverage plan, and as president of the statewide association representing similar plans.

Zeller's professional work is deeply informed by personal experience. For more than 40 years, she has supported her sister as she navigated county and state systems of care for individuals with IDD and physical disabilities. Her sister's independence and determination, Zeller said, have been a constant source of inspiration. She has also experienced the loss of a brother to overdose following a long struggle with substance use disorder complicated by serious mental illness, further shaping her commitment to improving systems of care.

Editor's note: This response is based on biographical information provided by Lynda Zeller in an emailed bio submitted to the newsroom.

Q: What drew you to the CEO position at NLCMH?

A: I have worked in health and human service systems nearly my entire career. As noted in my bio, I am driven by both personal and professional passion for community behavioral health and wellness. It feels right to return to "local work" after spending the better part of the last 20 years working in state and national entities doing policy and system level work. I am grateful to have the opportunity to return to my "roots" working locally to strengthen systems that support community and individual mental wellbeing.

As I do this work, I am mindful that no CMH in any community can achieve its goals on their own. NLCMHA is fortunate to be surrounded by many public and private entities and individuals who are also very dedicated to community behavioral health and wellness. This discovery was very attractive to me as I considered applying. Throughout my first three months

of employment, and nearly every week, I have been introduced to a new stakeholder, resource or collaboration that is of great value and importance to the mission of NLCMHA.

Q: Two board members voted to hire the other candidate, including the representative from the Wexford County Board of Commissioners. Does that concern you, or do you view it as an opportunity to build relationships and earn their confidence? How do you approach that process?

A: I admire the process the Northern Lakes board went through in recruitment and hiring. The non-unanimous decision to hire is not of concern at all. The board was presented with two final candidates with different skill sets, strengths and valuable experience. Both were very qualified to lead the organization. Each board member voted for the candidate they thought was the best fit, which was the right thing for each of them to do. Then, once the votes were counted and hiring decision approved, every board member, without exception, has worked very well together to ensure their CEO is focused, accountable and supported in the new role.

Q: How do you define your role as the new CEO, and how do you expect that role to change or evolve over time? Has your perspective on the position shifted since you began?

A: During the hiring process I was given a writing assignment that asked a similar question. A portion of my written response is below. While I believe the official role of the CEO remains constant, I am confident the activities, strategies and priorities will grow and change over the years.

Here is how I described a successful CEO in my writing assignment: “Succeeding in the role of Chief Executive Officer of any organization requires a diverse set of skills to ensure simultaneous attention and action crossing multiple competing lanes: board and governance, leadership and development of staff, and community/stakeholder engagement and collaboration. Additionally, the CEO of a multi-county CMH like Northern Lakes Community Mental Health Authority needs deep understanding of county, state and federal government. The CEO must be continuously attentive to all levels to successfully navigate the complexities of each, maximizing positive impact and strategically addressing barriers.”

Q: As 2026 gets underway, what do you see as the biggest challenges facing NLCMH? Conversely, what do you see as the organization’s greatest strengths or opportunities?

A: The greatest strength of NLCMHA is its hardworking staff. Even though the past several years have been very tough (and staff have experienced very difficult cuts and organizational changes), they remain very passionate about their work. Every day I interact with individual staff members whose spirit exemplifies their dedication to the people they serve every day. Each of the four offices, the Clubhouses, the homes, and the Crisis Centers/teams pay careful attention to the unique needs and culture of their local community. The close connection to the broader community at each worksite I have already visited is impressive and inspiring. Finally, and foundationally, NLCMHA has a dedicated board, several actively engaged councils and a breadth of involved key stakeholders providing important feedback, collaboration and guidance.

I will mention here a couple of the priority areas of challenge and opportunity. NLCMHA is prioritizing timely access to crisis services and supports, working in close collaboration with key stakeholders such as hospitals, health systems, law enforcement, and courts. People are receiving much quicker access to crisis services since the opening of the Grand Traverse Mental Health Crisis and Access Center, a Traverse City-based close partnership between Munson Medical Center and NLCMHA, supported by private and public funding. Yet, often the wait for entry into ongoing services through NLCMHA is more than two weeks. This coming year, we intend to pilot “same day access assessment” appointments to see if that can improve wait times for non-crisis services.

We are seeking ways to strengthen our interface with justice systems and law enforcement. Nationally, there is an over prevalence of persons with mental illness and substance use disorders in jails and prisons. This is true in NLCMHA counties as well. As Medicaid funding cannot be used within jails and institutions, we have to be very strategic about use of non-Medicaid funds to maximize the positive impact in the interface of behavioral health and justice systems. One of my personal goals this year is to invest time listening and strategizing with law enforcement, the courts, and jail administrators to brainstorm best ways to partner toward greatest impact with currently limited non-Medicaid resources. NLCMHA is in the early stages of exploring grant opportunities that might be available to invest in this interface, such as in programs such as expanding Assisted Outpatient Treatment. Assisted Outpatient Treatment services are offered to individuals who are under court order with severe mental illness who have demonstrated difficulty adhering to treatment on a voluntary basis and have difficulty living safely in the community without close monitoring.

Finally, another area of significant challenge is services for children, especially children and families needing supports and services from multiple systems (CMH, juvenile justice, specialty supports in schools, and child protective service systems). This issue is also not unique to NLCMHA but is an important area of challenge and hopeful opportunity for partnering.

This is not an exhaustive list of challenges, but those mentioned above are among my top priorities.

Q: What is the current financial standing of the organization, and what financial challenges still need to be addressed?

A: We are in a rebuilding year financially. Over the past two and a half years, there has been a steady downward trend of cash on hand and investments. While that downward trend was leveled last July (by the difficult cost containment work of Interim CEO Dr. Curtis Cummins, NLCMHA staff and the board), we now need to begin the careful work of rebuilding. Toward that end, we are re-engineering several internal systems that ensure timely access to medically necessary services in Medicaid, and ensure non-Medicaid funds are utilized to meet statutory requirements first and foremost, then to carefully and strategically prioritize any remaining funding to meet needs of priority populations. I intend to do that work in close partnership with other community systems that also serve these persons, as mentioned above.

Q: Prior to your hiring, there were significant concerns about staffing levels and service delivery. Have those issues begun to stabilize, or are there still difficult decisions ahead?

A: The issues affecting staffing levels and service delivery have stabilized. Assuming there are no major changes that reduce Medicaid funding to the Northern Michigan Regional Entity, which supports services through NLCMHA, and assuming the same for local and State funding, I am optimistic the most difficult days are behind us.

Q: Have you set specific goals for your first six months or your first year as CEO? If so, what are they? If not, how do you plan to establish those priorities?

A: The main goals for the first six months are: get to know the community and key partners, brainstorm ways to strengthen systems of interface between behavioral health and justice, internally re-engineer systems that support timely access to treatment in partnership with NRME (our Prepaid Inpatient Health Plan, or PIHP), and strategically partner with other stakeholders to maximize positive impact of limited non-Medicaid funds for priority populations who are most at risk.

Q: Mental health received heightened attention during the pandemic, but that focus appears to have diminished. How can you, as CEO, help bring mental health back into mainstream conversations about public health in our region?

A: Given this is a rebuilding year for NLCMHA, the budget does not support expanding use of funded media or campaigns. That said, the Community Engagement Committee of the board and I have been discussing how we might maximize the impact of what is available to us now, within our current budget. I also intend to explore opportunities to partner in messaging with other organizations that share this goal of getting mental health and wellness back into mainstream conversations.

Q: What would need to happen for you to consider your first year as CEO a success? Conversely, what outcomes would indicate an unsuccessful year, and how should success or failure be measured?

A: Impacts of a successful year:

- Increased confidence expressed by all counties that NLCMHA is mission-focused, transparent, accountable and collaborative
- Improved access to crisis and non-crisis services, meeting both Medicaid requirements for timely access to eligible benefits and statutory priorities and requirements for prioritizing use of much more limited non-Medicaid funding
- Increased partnerships and collaborations with other health and human services entities, advocates and stakeholders

- Improved fiscal health of the organization, and improved confidence in the organization by funders such as NMRE and the State of Michigan
- Improved staff confidence and pride in the organization and their personal contributions toward the mission

An unsuccessful year is lack of progress or regression in the areas above.

Story Highlights • New Northern Lakes Community Mental Health CEO Lynda Zeller brings more than 35 years of experience in behavioral health, IDD and public health policy at the local, state and national level, and says she was drawn to the position by a desire to return to community-based work and strengthen local systems of care. • Zeller identifies stabilizing finances, improving access to crisis and non-crisis services, strengthening partnerships with justice systems and law enforcement and supporting staff morale as key challenges and opportunities as the organization moves into a rebuilding year.

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When safety has no safe door

AT ISSUE: MENTAL ILLNESS

BY TONI STANFIELD

Families living with a loved one who has a serious mental illness occupy one of the most invisible and morally complex roles in our society.

They are expected to be caregivers, advocates, and crisis managers — often without training, authority, or meaningful support. Nowhere is this burden more evident than when safety becomes a concern.

Recognizing danger is rarely straightforward. Mental illness does not announce itself with clear boundaries between illness and intention, between risk and autonomy. Families live in a constant state of vigilance, asking agonizing questions: Is this behavior a symptom? A phase? A true emergency? Acting, too, soon feels like betrayal. Acting too late can be catastrophic.

When a crisis escalates, families discover a devastating truth: Jail is often the only place where a person with serious mental illness is allowed enough time to stabilize. Psychiatric hospital beds are scarce. Private hospitals routinely discharge patients in three days or less — not because they are well, but because insurance will not pay for longer stays. Public psychiatric beds have been reduced to a fraction of what once existed. Crisis response teams may be unavailable, overextended, or limited in what they can do without the individual's cooperation.

As a result, our jails have quietly become de facto psychiatric institutions. In the Grand Traverse County jail, approximately 40 percent of incarcerated individuals are prescribed antipsychotic medication. This is not a reflection of criminality; it is evidence of untreated or under-treated mental illness being managed in a correctional setting rather than a medical one.

At that point, families face a choice no parent, spouse, or sibling should ever have to make: Call the police — or do nothing.

Calling the police feels like a betrayal of love and trust. It risks criminalizing illness. It risks trauma. It risks escalation. Families know that when law enforcement becomes involved, someone could be injured or killed.

Yet, when safety to self or others is at stake, it is often the only intervention available. This is not because families are punitive or careless. It is because the system offers no other safe door to walk through.

The phrase “tough love” is often used to justify abandonment disguised as discipline.

But ask yourself: Would you send your child into subzero weather during a psychotic break? Would you deny care to someone having a heart attack because they are unconscious and cannot give authorization for treatment? We do not apply such logic to physical illness. A mind attack *is* a heart attack — and it deserves the same urgency, dignity, and sustained care.

The failure is not the family. The failure is a system that excludes families from safety planning, abandons them during crises, and then judges their decisions after harm occurs.

Families are expected to manage risk without authority, responsibility without power, and love without backup.

There are solutions: - Families must be recognized as essential partners and included in safety and crisis plans.

- Law enforcement officers need ongoing, specialized training in psychiatric emergencies and must work in coordination with mental health professionals.

- Insurance companies must be held accountable for true parity between mental and physical illness.

- And we must increase psychiatric bed capacity — not to the levels of the 1970s, but far beyond what we have today.

Until we build a system that offers real options, families will continue to stand alone at the edge of impossible decisions — trying to keep everyone alive in a system that leaves them no safe place to turn.

Toni Stanfield, MS LLP, is co-founder of Before, During, and After Incarceration (BDAI) and coordinator of the Mental Health and Substance Abuse Committee.



Stanfield

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“The Traverse City Police Department believes all referrals are inherently resilient and that, by reducing barriers and creating meaningful opportunities, the RESILIENCE Program can strengthen the abilities people already possess.”

LAW ENFORCEMENT

Police team rebrands as RESILIENCE

FROM STAFF REPORTS

TRAVERSE CITY — The Traverse City Police Department is renaming its program serving vulnerable people at high risk of overdose and involvement with the justice system.

The RESILIENCE Program – previously the Quick Response Team – will continue the mission to “cultivate individual and community resilience by providing resources to empower, support, and improve the lives of individuals engaging in a network of collaborative enrichment,” according to a department statement.

The community can expect the new name and logo to involve a clearer mission statement and more robust Police Support Services Worker follow-up and outcome reporting, the department statement said.

But nothing about the design of the original program is changing: RESILIENCE Program will remain voluntary, with the same eligibility requirements, and the Police Support Services Worker roles will remain unchanged.

In 2024, the University of Michigan conducted an evaluation of the team as part of the Comprehensive Opioid, Stimulant, and Substance Use Program grant. The evaluation found a statistically significant reduction in negative law enforcement contacts for program participants, the release said.

However, 26 interviews with the team’s partner agencies and participants indicated some confusion about the program’s goals and name. Based on this feedback, the department sought a name that would better reflect the program’s comprehensive work.

Quick Response Team is a nationally branded overdose response model and the department’s program was intentionally designed as a non-traditional approach to address the “high prevalence of co-occurring substance use, mental health crises, and homelessness in Traverse City,” the statement noted. “The program will continue to reduce repeat law enforcement contacts, overdose deaths, service fragmentation, and barriers within local service systems while increasing participant engagement.

“The Traverse City Police Department believes all referrals are inherently resilient and that, by reducing barriers and creating meaningful opportunities, the RESILIENCE Program can strengthen the abilities people already possess.”

TCPD statement

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