



The Northern Lakes Community Mental Health Authority Board will meet on May 21, 2026, at 2715 South Townline Rd Houghton Lake & Virtually at: <https://www.northernlakescmh.org/about-us/board-of-directors/> or via phone: [+1 810-258-9588](tel:+18102589588), 682 820 751#

AGENDA - May 21st 2026

- | 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 – Psychiatry and Nursing Staff |
| 1:15 p.m. | 4 | Report of Officers: <ul style="list-style-type: none">• Recipient Rights Director Report<ul style="list-style-type: none">○ Lisa Lashley, Interim Director of the Office of Recipient Rights• Chief Executive Officer Report<ul style="list-style-type: none">○ Lynda Zeller, Chief Executive Officer• Chief Financial Officer Report<ul style="list-style-type: none">○ Melissa Bentgen, Chief Financial Officer |
| 2:00 p.m. | 6 | 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">○ Greg McMorrow• Finance<ul style="list-style-type: none">○ Al Cambridge• Policy<ul style="list-style-type: none">○ Dave Freedman• Personnel<ul style="list-style-type: none">○ Ruth Pilon• Community Engagement<ul style="list-style-type: none">○ Christal Frost Anderson• RRAC<ul style="list-style-type: none">○ Al Cambridge, Lynn Pope |
| 2:45 p.m. | 7 | Unfinished Business <ul style="list-style-type: none">• Attendees to CMHAM Summer Conference (Grand Traverse Resort): Lynn Pope (Delegate), Mary Marois (Delegate), Dave Freedman• September 10 Public Hearing-Volunteers to facilitate? Confirm Time and Plan format/agenda.• Board Retreat: Choose date and timeframe. Lynda to share ideas from Leadership about agenda/topics. |
| 2:50 p.m. | 8 | Public Comment |
| 2:55 p.m. | 9 | Announcements/Board Comments/Presentations <ul style="list-style-type: none">• Annual Conflict of Interest Disclosure Statement• Annual Code of Conduct Declaration |
| 3:00 p.m. | 10 | Adjourn |

Next Meeting: June 18, 2026 – Cadillac

NOTICE: If any person with a disability needs accommodation, please call 231-933-4936 three days prior to the posted meeting date.

Office of Recipient Rights Director's Report May 2026

Dates represented	10/01/23-05/08/24	10/1/24-05/08/25	10/1/25-05/08/26	Board Operated Homes
Complaints	326	280	202	32
OJ, No Right Inv.	64	52	34	2
Interventions	27	31	28	9
Investigations	236	197	141	21
Investigations Comp	236	197	106	16
Investigations open	0	0	35	5
Inv > 90 days	1	0	1	0
Inv < 90 days	235/236 (99.6%)	197/197(100%)	105/106 (99.1%)	16/16 (100%)
Summary Report Avg	239/239 (100%)	198/198(100%)	99/102 (97.1%)	14/16/ (87.5%)
NLCMHA staff alleg.	87	77	26	17
NLCMHA Staff W/I 1 yr	12	13	4	3

Complaint Source

Complaint Source	Count
Anonymous	13
Community/General Public	4
Guardian/Family	9
ORR	52
Recipient	33
Staff	91
Total	202

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	12	12	7	23	39	93

Complaints Per Provider: October 1, 2025- May 8, 2026

Program	Substantiated	Pending	Not Substantiated	NA
Assertive Community Treatment	2	0	0	0
AuSable In Home Care, LLC	0	1	0	0
Beacon Home at Trolley Center	2	0	0	0
Beacon Home at Woodland	2	0	8	0
Beacon Mission Point	5	3	2	0
Beacon Silverview	3	2	0	0
Crisis Services	0	1	0	0
Danes AFC	1	0	0	0
Elmwood AFC	15	2	3	0
Evergreen Home	0	2	3	0
Fort Road Residence, LLC	3	0	0	0
Frances Specialized Residential	0	0	1	0
Friendship Family Home	2	0	2	0

Grand Traverse Industries, Inc.	3	0	0	0
Grand Traverse Mental Health Crisis and Access	1	1	3	0
Great lakes Center for Autism	2	0	0	0
Heart and Soul Living LLC	4	2	0	0
Hickory Hill AFC LLC	0	0	3	0
Hickory Hollow Specialized Residential LLC	0	1	0	0
Hillcrest AFC	1	0	1	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	1	0	0
Hope Network Neo Grandville	1	0	0	0
Hope Network Rivervalley 1	1	0	0	0
Hope Network West Michigan - Cadillac Center	1	0	0	0
IDD Adult Case Management	1	2	2	0
IDD Children's Case Management	0	0	1	0
Jones Lake AFC Home	2	1	1	0
Kennedy House West, LLC	1	0	0	0
Mama T's AFC	0	0	2	0
Maple Specialized Residential	0	1	0	0
MI Independent Living SIP - Northland	0	2	0	0
MI Independent Living, LLC	5	0	3	0
MIA Case Management	0	1	0	0
North Arrow ABA - Cadillac	0	1	0	0
North Arrow ABA - Grayling	1	1	1	0
North Arrow ABA - Traverse City	1	0	0	0
Northern Lakes CMH Authority	2	2	10	0
Oakridge Specialized Residential	0	12	0	0
Ohana AFC	1	0	0	0
Outpatient Services	1	0	1	0
Packard Specialized Residential	0	1	1	0
Pearl Street Home	5	2	0	0
Psychiatric Services	1	3	1	0
Real Life Living Services	1	0	0	0
Seneca Place Home	7	1	2	0
Serenity AFC	0	0	3	0
Spectrum Community Services	1	0	0	0
Spectrum Community Services SIP - Bremmer	1	1	1	0
Spectrum Community Services SIP - Kentucky	3	0	0	0
Summerfield AFC	1	3	0	0
Sunrise AFC Home LLC	1	0	1	0
TC Office/Grand Traverse County	2	1	2	0
TLK AFC Home, Inc.	0	1	0	0
Westwood Specialized Residential	0	0	1	0
Wright Street AFC Home	3	4	0	0

Chief Executive Officer's

Report to the Board

May 12, 2026

GOVERNANCE AND ACCOUNTABILITY:

NLCMHA Board:

- **Public Comment Follow up:** None required from last meeting.
- **Annual Processes/Forms:**
 - The board workplan designates May to review Conflict of Interest and Code of Conduct as described in policy and bylaw. We will be discussing both topics during the board meeting. We are requesting the Conflict-of-Interest Disclosure and Code of Conduct Declaration be completed by each board member, signed, and returned at or before the June board meeting.
 - Included in your packet is the section of the Governance Policies that references Code of Conduct and section of the Bylaws that references Conflict of Interest. For information only, I also included the NLCMHA Code of Conduct for the agency, broadly.
 - There is an additional Disclosure of Ownership that is required by the NMRE (upon appointment, re appointment and no less than three years). There may be some board members that are overdue for this disclosure, but we are still reviewing files to determine how many of our board members need to provide an updated disclosure.
- **Public Act 423 of 1980.** Next month I may be requesting the board reaffirm participation in the P.A. 423 of 1980 and 330.1226a (an Act amending the Mental Health Code for purposes of creating a special fund account). Rather than acting on this annually, it is recommended boards act "...to participate in perpetuity or until the board elects to voluntarily withdraw". We do have a Special Funds account and we are complying with the quarterly reports (to MDHHS from the CFO). However, I have not yet found a resolution that specifically states this "in perpetuity". A copy of this very brief Act is found in the board packet.
- **NLCMHA Board Member Listing:** Included in your packet is an updated list of NLCMHA board members. Also, included is a letter re-appointing Ben Townsend to the board. Thank you for your past, present and future service, Ben! As of the writing of this report, I have not yet received notice of any other appointments or re-appointments from other counties.

County:

- **County Commission Meetings:** This past month I attended commission meetings in Crawford and Leelanau counties. At the meetings I distributed the FY 2025 Annual Report, provided a high-level overview of current issues, and answered questions. In May I am to be on the agenda for Wexford County Commission (delayed last month due to the continuing flooding issues). I do not have Roscommon on the calendar yet, though the offer has been made by both Kim Morley and I, whenever the Commission or Administrator determines best. This week, I am also attending Grand Traverse County Commission with Munson (fiduciary) to provide a report on use of ARPA funds for the Crisis Center.

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).

STATE:

- **FSR and EQI Reports Submitted:** The Financial Status Report (FSR) and Encounter Quality Initiative (EQI) reports were submitted to the NMRE and MDHHS May 1st. We met the extended deadline we were provided (May 1st delayed from February 28). The FSR includes a receivable due from NMRE for about \$13 million for services exceeding capitation. It also reflects General Fund deficit of just over \$900,000.
- **State Budget and Direct Appropriation for Crisis Center:** A couple weeks ago I forwarded an email to the board with details of the [2026 House reported budget](#) for MDHHS. In my earlier email I neglected to note that under “One Time Appropriations” there is \$3million included for our Crisis Center partnership with Munson. (See page 693, item 66). As you may remember, last fall I determined we could not directly run the adult Crisis Residential Unit (CRU) which was the original plan. Munson agreed to take on the adult CRU in addition to the Pediatrics CRU. If this one-time appropriation remains in the final budget, it will greatly reduce operating losses during ramp up. These two programs will significantly enhance services to our CMH priority populations.

NMRE:

- **“Look Back 2020, 2021, 2022”.** Once the FY 2025 audit is complete and reported to the board, we can then begin the “Look Back” processes, toward resolution with NMRE.
- **Compliance Areas of Concentration:** Last month I reported on compliance areas of concern related to Medicaid: backdated authorizations, inadequate or missing treatment documentation. The service encounters where these problems exist will need to be removed from being costed to Medicaid and reallocated to be covered by our general fund. The Compliance, Clinical and IT Teams are working together to identify any system improvements that could be made to reduce and, in some cases, prevent problematic issues from happening moving forward. There is also an aggressive effort to educate staff about documentation and authorization requirements. This includes having each individual clinician and manager attest to receiving this training about workflows and documentation requirements. As soon as available, I will provide specific information about the financial impact of any re-allocated encounters (Specific dollar amounts being removed from Medicaid and allocated to General Fund).

SERVICES AND WORKFORCE:

- **Contracts and Facilities Manager:** We have posted the Contracts and Facilities Manager position and are actively recruiting. This is a critical position as it is the Manager with responsibility for all the Supported Independent Placements (SIPS) and Specialized Residential Services (SRS) homes.
- **Efficiency Charts:** The efficiency charts included in your packet continue to show very low efficiency for a couple of areas. The two most significant negative outliers continue to be ACT and I/DD Adult.
 - Regarding ACT, we are exploring ways to track non-billable but critical direct-work with consumers or families or direct-work with landlords or families. This important work-time is not included in current Efficiency Reports, as no funder will reimburse this indirect time. Notably however, we are fully staffed in ACT for the first time in a very long time, including new ACT leadership. I’ve been impressed with the spirit of the

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team to solve problems together, improve documentation, and maximize high fidelity to the model for this important high intensity service.

- Regarding I/DD. The items listed above (regarding ACT) are also relevant to the efficiency of I/DD adult workers. The non-direct service component is important to track with this population also, as conversations with guardians and other natural supports are often not directly reimbursable. Efficiencies for these workers are also complicated by the number of persons who receive services in other counties (where we have “county of financial responsibility (COFR) but where the person resides out of county, many in Genesee County). We now have a single designated worker responsible for COFR cases to ensure documentation compliance and to work toward making this entire process work more effectively and efficiently.

COMMUNITY AND PARTNERSHIPS:

- **May is Mental Health Month:** Included in your packet is a summary of some of the events underway to mark and celebrate May as Mental Health Awareness Month. There are numerous additional activities happening at each of our four main offices, club houses and drop-in centers. I did not include everything happening on the list, as it would have been a very long list. I have been very impressed with staff efforts to celebrate Mental Health Awareness, internally and externally.
- **September 10 Public Hearings:** Planning for our September 10 Public Hearings is on the agenda (four separate events, one at each of our main offices). There will likely be direct asks to board members to: reach out to key community stakeholders to have them commit to attending or send a representative, possibly help facilitate one of the Town Hall/Public Hearings. Thank you in advance for helping us get key stakeholders to these events so we can gain meaningful input in this direct way.

STEWARDSHIP AND FINANCES:

- **Community Placement/ SRS:** We continue to prioritize improving placement processes and rate models to ideally bring people closer to home in SIPs and SRS. This remains one of our biggest budget items and most complex to resolve.
- **FY 2025 Audit:** Our annual audit is underway; work being completed by Roslund Prestgage and Company ([RPC](#)). Updates on the audit process will be discussed in the Finance Committee meeting, with highlights presented to the board from either the Finance Committee or during the CFO report.
- **Financial Reports:** Now that the FSR and EQI are finished for FY 2025, at future board and Finance Committee meetings we will be seeing additional items in financial reports, building up to a rich set of financial reports. The packet of financial reports will be developed and refined over time by our CFO, Melissa, with support from other CMH colleagues who continue to be a great support to us.

Respectfully submitted, Lynda Zeller, CEO

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**Northern Lakes Community Mental Health Authority
Board Governance Policies**

08/15/2024

Preamble

Northern Lakes Community Mental Health 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.

NLCMHA provides a comprehensive array of mental health, substance use disorders (SUD), and/or intellectual/developmental (IDD) services and supports in its member counties under the auspices of the NLCMHA Board of Directors (“NLCMHA Board”). It is the intent of the NLCMHA Board to assess and determine the mental health needs of the residents of the member counties and identify public and nonpublic services necessary to meet those needs as required under MCL 330.1226(1)(a).

It is further the intent of the NLCMHA Board to ensure that the following minimum types and scopes of mental health services are provided to all age groups in the member counties:

- Emergency intervention services.
- Prevention services.
- Outpatient services.
- Aftercare services.
- Day program and activity services.
- Public information services.
- Inpatient services.
- Community/caregiver services.

(R 330.2005 – R 330.2011; R 330.2013 – R 330.2014).

Therefore, the following Governance Policies are adopted to govern the structure and operation of the NLCMHA Board, in order to properly perform the duties and responsibilities required by the Michigan Mental Health Code and the administrative rules governing community mental health services.

SECTION 1 GOVERNANCE PROCESS

1. Board Job Description

- 1.0.1 The NLCMHA Board derives its authority and powers and is created pursuant to the Mental Health Code, MCL 330.1212, and shall fulfill its responsibilities and duties as provided by the Mental Health Code.
- 1.0.2 The NLCMHA Board shall appoint and employ a Chief Executive Officer (CEO) in accordance with the Mental Health Code who shall meet the standards of training and experience established by the Department of Health and Human Services. The CEO shall serve at the pleasure of the NLCMHA Board pursuant to a formal employment agreement based on professional qualifications and ability to perform according to approved job specifications.

1.1 Board Member Code of Conduct

The NLCMHA Board commits itself and its members to ethical, businesslike, and lawful conduct, including proper use of authority and appropriate decorum when acting as Board members. Conflict of interest is addressed in the Board By-laws and this policy.

- 1.1.1 Members are expected to exercise their duties and responsibilities with integrity, collegiality, and care.
- 1.1.2 Members must make attendance at all Board meetings a high priority.
- 1.1.3 Members must be prepared to discuss the issues and business on the agenda and have read all background material relevant to those topics.
- 1.1.4 Members will respect the confidentiality appropriate to issues of a sensitive nature. Members must not disclose identifiable information (with or without names) about Northern Lakes Community Mental Health Authority consumers, regardless of where this information was obtained from, without the informed consent of an authorized party. Members must comply with the continuity regulations of the Michigan Mental Health Code, the Administrative Rule, and all other applicable laws and regulations.
- 1.1.5 Members are expected to cooperate with and respect the opinions of fellow Board members, and leave personal prejudices out of all Board discussions, as well as support actions of the Board even when the Board member personally did not support the action taken.
- 1.1.6 Members must place the interests of NLCMHA above personal interests.
- 1.1.7 Members will represent NLCMHA in a positive and supportive manner at all times and in all places.
- 1.1.8 Members are expected to show respect and courteous conduct in all Board and committee meetings.
- 1.1.9 Members shall refrain from intruding on administrative issues that are the responsibility of management, except to perform the duties and responsibilities of the Board in accordance with the Michigan Mental Health Code.
- 1.1.10 If a Member has a concern with another Member with regard to this Code of Conduct, the issue should be directed in the following manner:
 - 1.1.10.1 If the issues involve a Member other than the Board Chairperson, the issues should be directed to the Board Chairperson.
 - 1.1.10.2 If the concern involves the Board Chairperson, the issue should be directed to the Vice Chairperson.
 - 1.1.10.3 If the concern involves both the Board Chairperson and the Vice Chairperson, the Member should select two other Members and direct the issue to them for review of the concern.
- 1.1.11 If all attempts at an internal resolution of the concern have failed, then the Board Chairperson under 10.1 or the Board Vice Chairperson under 10.2 shall refer the matter to the applicable County Board of Commissioners Chairperson for resolution under MCL 330.1224 of the Michigan Mental Health Code.
- 1.1.12 All Board members shall review this policy during their initial orientation and shall sign the NLCMH Code of Conduct Declaration. This shall be repeated no less than annually.

1.2 Annual Workplan

To promote excellence in governance and to provide the CEO with timely policy guidance upon which to predicate management planning and budgeting, the NLCMHA Board shall, at the commencement of each new calendar year, conduct a needs assessment to determine the mental health needs of the residents of member counties and identify public and non-public services necessary to meet those needs. The Annual Workplan may include educational events, study sessions, stakeholder meetings, and presentations by experts in

relevant fields that are designed to provide Board members with the greatest possible insight into community needs, management planning, and budgeting. The Annual Workplan established by the Board shall make provisions:

- 1.2.1 For a determination of the Board’s priorities for activities and programs during the calendar year;
- 1.2.2 For a tentative schedule of programs, joint meetings, and study sessions; and
- 1.1.3 For periodic review of monitoring data concerning progress in achieving the goals and objectives established by the Board.

1.3 Location and Frequency. Regular Board meetings shall be held on a monthly basis as provided in the following Table:

Location	Number of Meetings per Calendar Year
Grand Traverse County	4
Wexford County	3
Leelanau County	1
Roscommon County	2
Crawford County	2

Meeting Times. Board meeting times shall be established at the time the Annual Calendar is completed. Board meetings will be held in one location except during the months of November through March.

1.4 Board Chair Functions

The Chair ensures compliance with the Board Governance Policies, including, but not limited to, the Board Member Code of Conduct.

Powers of the Chair

The Chair:

- 1.4.1 Limits consideration of issues to those properly before the Board and within the scope of its authority as set forth in Board Governance Policies;
- 1.4.2 Ensures that Board deliberation is fair, open, thorough, timely, orderly, and on task;
- 1.4.3 Exercises the procedural authority accorded the position of Chair by Roberts Rules of Order;
- 1.4.4 Subject to the Bylaws, names, and charges ad hoc committees as more particularly provided in the Governance Policy on Board committees;
- 1.4.5 When and to the extent authorized by the Board to do so, serves as a spokesperson for the Board to the media and the public concerning the positions taken on issues by the Board as a whole; and
- 1.4.6 Rules on requests from members to attend outside conferences and meetings.

Limits on the Powers of the Chair. The Chair shall not exercise the powers granted to the Chair hereunder for any of the following purposes:

- 1.4.7 To preclude Board consideration of a decision to employ or terminate a CEO;
- 1.4.8 To unilaterally amend or modify a Board Governance Policy;
- 1.4.9 To supervise or direct the CEO with the exception of the power to grant a leave of absence provided the Board is notified of granting the request within eight hours of being granted.
- 1.4.10 To publicly represent a personal position on an issue as that of the Authority.

Delegation of the Powers of the Chair. Subject to the provisions of the Bylaws, the Chair may delegate the

powers of the Chair to one or more Board members, provided that the Chair remains accountable for the exercise of any powers so delegated.

1.5 Governance Committees

The Board Chair shall appoint members to the Board's Standing Committees, Ad hoc committees, special committees, and task forces with the approval of the Board, all of which information shall be recorded in Board minutes. No Board committee shall have or exercise authority or jurisdiction exceeding that granted at the time of its creation without further action by the Board, and no Board committee may exercise authority or jurisdiction inconsistent with Board Governance Policies.

Standing Committees. The Board shall have only those standing committees established herein. The membership and Chair shall serve at the pleasure of the Board Chair. Membership on standing committees, other than the Recipient Rights Advisory Committee, or other Board-created advisory committees, is limited to members of the Board.

Recipient Rights Advisory Committee. The Board shall appoint a Recipient Rights Advisory Committee, which shall have and exercise those powers granted to such committees by the Michigan Mental Health Code. The Recipient Rights Advisory Committee shall hold its meetings in accordance with the Michigan Open Meetings Act. See also Policy 3.07A Recipient Rights Advisory Committee.

Recipient Rights Appeals Committee. The Board designates the Recipient Rights Advisory Committee as the Recipient Rights Appeals Committee, which shall have and exercise those powers granted to such committees by the Michigan Mental Health Code. Recipient Rights Appeals Committee meetings are confidential, privileged, and separate from the Recipient Rights Advisory Committee and are not subject to the Michigan Open Meetings Act. See also 3.7B Recipient Rights Appeals Committee.

Community Engagement and Services Committee. The Community Engagement and Services Committee is charged with:

- 1.5.17 Assessing community needs;
- 1.5.18 Developing a strategic plan to address assessed needs, priority populations, service design, goals and activities, infrastructure, and evaluation;
- 1.5.19 Reviewing and recommending new program proposals and related contracts.

Finance Committee. The Finance Committee is charged with:

- 1.5.20 Assuring sound financial management of the Authority's resources, including, but not limited to, review of monthly financial reports;
- 1.5.21 Review periodically operating cash flows, liquidity position, and performance against budget and projections.
- 1.5.22 Reviewing, recommending for approval, and monitoring the Authority's budget and rate schedules; Recommending fiscal policy(ies) and procedures.
- 1.5.23 Reviewing investments
- 1.5.24 Monitor contracts to ensure budgetary and financial compliance.
- 1.5.25 Review and make recommendations to the Board regarding the establishment and termination of banking and similar relationships.
- 1.5.26 Monitor internal control processes.
- 1.5.27 Review NLCMH investments, including investment objectives, strategy, reporting, and performance, and monitor execution against investment policy with Board approval.

Personnel Committee. The Personnel Committee is charged with:

- 1.5.28 Assuring Authority's compliance with federal and state laws and rules relating to employment;
- 1.5.29 Establishing parameters and policies for staff salaries and benefits;
- 1.5.30 Monitoring Authority's compliance with staff development goals and activities;
- 1.5.31 Recommending personnel policies and procedures;
- 1.5.32 Review and monitor staffing needs and morale.

Policy Committee. The Policy Committee is charged with developing and maintaining all policies and procedures, except for fiscal and personnel policies and procedures.

Executive Committee. The Executive Committee shall be composed of the Board Chair, Vice-Chair, and Secretary. Actions taken by the Executive Committee shall be reported to the Board at the next regularly scheduled Board meeting.

The Executive Committee is charged with:

- 1.5.33 Developing a proposed agenda for meetings of the Board;
- 1.5.34 Facilitating communication between Board Members and staff;
- 1.5.35 Proposing goals and objectives.
- 1.5.36 Minutes will be taken at all meetings and shared with the Board.

Ad Hoc committees shall be appointed only to the extent and only for so long as necessary to assist the Board in carrying out its governance responsibilities. An Audit Committee is established Ad Hoc Committee.

Ad hoc Audit Committee. The Audit Committee is charged with:

- 1.5.36 Presenting a selection of at least two independent outside auditors at least once every five years. Ensure that lead auditor Rotation will occur if the present auditor is one of the firms selected.
- 1.5.37 Receiving and reviewing copies of the annual Management Representation Letter(s).
- 1.5.38 Ensuring that results of the Annual Audit and Management Letter are reviewed with the Independent Auditor by the Board.
- 1.5.39 Ensuring that the scope of an outside audit is sufficient to meet the legal obligations of the Authority and the responsibilities of the Board with respect to CMHSP financial matters; and
- 1.5.40 Ensuring that outside audits are conducted in a timely manner.

The Board Chair shall appoint an ad hoc committee with the approval of the Board as needed. Membership in an ad hoc committee is not limited to members of the Board. Where the membership of an ad hoc committee includes individuals who are not members of the Board, the minutes of the committee shall separately show the votes of each committee member.

A Board ad hoc committee whose work product includes recommendations later adopted in whole or in part by the Board shall not thereafter be charged with monitoring the recommendations as adopted and implemented.

1.5.A Recipient Rights Advisory Committee

The Recipient Rights Advisory Committee, defined by the Michigan Mental Health Code as "a committee of a community mental health program services board" (sec. 330.110c) is a committee of the Northern Lakes Community Mental Health Authority, appointed by the Board of the Authority in accordance with section 757 of the Michigan Mental Health Code. The Recipient Rights Advisory Committee shall hold its meetings in

accordance with the Michigan Open Meetings Act and shall act in accordance with the policies and by-laws of the Northern Lakes Community Mental Health Board Authority. Meetings shall be held according to the latest edition of Robert's Rules of Order, Newly Revised. The annual list of meetings shall be presented to the Northern Lakes Community Mental Health Authority Board of Directors and be made available to individuals upon request. Northern Lakes Community Mental Health Authority Board policies and by-laws supersede Robert's Rules of Order. A simple majority of the members must be present in person or by other visual electronic means to conduct a meeting.

FUNCTIONS:

The Recipient Rights Advisory Committee (RRAC) is granted the authority, in accordance with sections 755, 757, and 774 of the Michigan Mental Health Code, to carry out the following functions:

- 1.5A.1 Meet at least semiannually or as necessary to carry out its responsibilities.
- 1.5A.2 Maintain a current list of members' names to be made available to individuals upon request.
- 1.5A.3 Maintain a current list of categories represented to be made available to individuals upon request.
- 1.5A.4 Keep the NLCMHA Board of Directors informed of RRAC membership needs.
- 1.5A.5 Protect the Office of Recipient Rights from pressures that could interfere with the impartial, even handed, and thorough performance of its functions.
- 1.5A.6 Recommend candidates for Recipient Rights Director to the Chief Executive Officer, and consult with the Chief Executive Officer regarding any proposed dismissal of the Recipient Rights Director.
- 1.5A.7 Serve in an advisory capacity to the Chief Executive Officer and the Recipient Rights Director.
- 1.5A.8 Review and provide comments on the report submitted by the Chief Executive Officer to the Northern Lakes Community Mental Health Authority under section 755.
- 1.5A.9 Review the process for funding the office of recipient's rights and make recommendations concerning resources.
- 1.5A.10 Receive education and training in recipient's rights policies and procedures.
- 1.5A.11 As designated by the Northern Lakes Community Mental Health Authority, serve as the Appeals Committee for a recipient's appeal under section 784.

MEMBERSHIP CRITERIA: In accordance with section 757 of the Michigan Mental Health Code, membership of the committee shall be broadly based so as to best represent the varied perspectives of the community mental health services program's geographic area. At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3, at least 1/2 shall be primary consumers.

- 1.5A.12 For the purpose of consistency with the Michigan Mental Health Code, RRAC shall consist of a minimum of 7 members and a maximum of 9 members as the Board determines: at least 2 of which are primary consumers (currently receiving or have previously received services provided by or under contract with Northern Lakes Community Mental Health Authority), at least 1 of which is a family member of a consumer, 2 of which are Northern Lakes Community Mental Health Authority Board members
- 1.5A.13 With the intent of best representing the varied perspectives of the Northern Lakes Community Mental Health Authority's geographic area, of the 5 to 7 non-board members appointed to the committee, at least: one member shall reside in Wexford/Missaukee counties, one member shall reside in Grand Traverse/Leelanau counties, AND one member shall reside in Roscommon/Crawford Counties. If a member or potential member cannot be identified from this area, others may be considered who are willing to serve from anywhere in the six counties.
- 1.5A.14 None of the members shall be employed by the Michigan Department of Health and Human

Services/(DHHS), Northern Lakes Community Mental Health Authority, another community mental health services program, or a provider under contract with DHHS.

APPOINTMENTS: Board members appointed to RRAC shall be appointed for 1-year terms by the Chairperson of the Northern Lakes Community Mental Health Authority, with appointments occurring each year at the May Board meeting. The Chairperson of the Board shall appoint one of the Board members as the Chairperson of RRAC. Non-board members appointed to RRAC shall be appointed for 3-year staggering terms. Committee members may reapply for multiple terms. The appointment process for non-board members shall occur as follows:

- 1.5A.15 Board approved RRAC applications can be obtained at any time by verbal or written request to the NLCMH Executive Office or the Office of Recipient Rights.
- 1.5A.16 If there is a vacant seat on the committee, either because a member's term will/has expired or due to a member's resignation or dismissal, the Northern Lakes Community Mental Health Authority will assure, via the Chief Executive Officer, that the vacancy is advertised in a timely and public manner.
- 1.5A.17 All applications shall be turned in to the Executive Office. At the end of the posting period, the Executive Office shall forward all applications to the Executive Committee.
- 1.5A.18 At the end of the posting period, the Executive Committee shall review all applications received and interview eligible applicants in a meeting or meetings held in accordance with the Open Meetings Act. The Executive Committee will provide a recommendation of candidates to the Northern Lakes Community Mental Health Authority for consideration of appointment to RRAC. Candidates will be invited to attend the Board meeting and will be recognized by and given an opportunity to address the Board prior to the Board's decision for appointment.

MEMBER EXPECTATIONS

- 1.5A.19 Members are expected to attend all committee meetings or give notice in advance if an absence is unavoidable.
- 1.5A.20 Three consecutive absences without notice will be considered resignation.
- 1.5A.21 Members are expected to read all materials sent in advance of meetings and to be actively engaged in discussions at meetings.
- 1.5A.22 Committee members will be paid per diem and mileage reimbursement in accordance with Board policy and procedure.

1.5B Recipient Rights Appeals Committee

The Northern Lakes Community Mental Health Authority Board of Directors has designated the Recipient Rights Advisory Committee as its Recipient Rights Appeals Committee, consistent with the Mental Health Code (PA 258 of 1974, MCL 330.1774). The Northern Lakes Community Mental Health Authority Office of Recipient Rights shall provide education and training in recipient rights policies and procedures to the Appeals Committee. The Appeals Committee may request consultation and technical assistance from the Michigan Department of Community Health Office of Recipient Rights. A simple majority of the members must be present in person or by other visual electronic means to conduct a meeting".

The Recipient Rights Appeals Committee shall do all of the following:

- 1.5B.1 Review appeals in accordance with Northern Lakes Community Mental Health Authority Policy.
- 1.5B.2 Ensure that any member who has a personal or professional relationship with an individual involved in an appeal shall abstain from participating in that appeal as a member of the committee.
- 1.5B.3 Ensure that Appeals Reviews, as well as all documentation resulting from Appeals Reviews, are confidential and shall not be open to public disclosure or inspection, except as allowed by law.

1.6 Costs of Governance

Prior Approval for Conferences. A member must obtain the prior approval of the Board Chair to attend conferences and meetings (other than Board or assigned committee meetings) as a condition of payment of per diem and reimbursement of expenses by the Authority. Subject to budget parameters, the Board Chair shall make a good-faith effort to ensure equal access among members to conferences, meetings, and activities.

Transportation Expenses. The Authority shall reimburse Board members for reasonable transportation expenses incurred in the course and scope of Board-approved business. Where a member uses his or her own vehicle, the mileage eligible for reimbursement shall be the lesser of the actual mileage or the round-trip mileage to the member's home. The reimbursement shall be at the same rate per mile applicable to employed members of the Workforce. Board members are encouraged to carpool with staff and other Board members when possible.

Eligible Lodging Expenses. The Authority shall reimburse Board members for reasonable lodging expenses incurred in the course and scope of Board-approved business, but only if the claimed expense is eligible for reimbursement under the following criteria:

- 1.6.1 The site of the meeting exceeds 100 miles from the member's home; and
- 1.6.2 To attend, the Board member must leave home prior to 6:00 a.m.; or
- 1.6.3 Due to the event, the Board member cannot return to his or her home prior to 7:00 p.m.; or
- 1.6.4 The event is scheduled for multiple days.

Limitations on Reimbursement of Eligible Lodging Expenses. Reimbursement of an eligible lodging expense incurred by a Board member is limited to the following:

- 1.6.5 Where the event is a conference, reimbursement shall not exceed the conference room rate at the facility where the conference is held. In the event rooms are not available at the conference facility, the amount reimbursed shall not exceed the cost of a comparable room in a comparable facility. Proof of unavailability of rooms at the conference facility is required.
- 1.6.6 In all other cases, reimbursement shall not exceed the scheduled maximum allowable lodging expense applicable to Authority Employees.

Meal Expenses. Meal expenses are eligible for reimbursement, subject to the following limitations:

- 1.6.7 Reimbursement shall not exceed the scheduled maximum allowable meal expense applicable to employed members of the Workforce; and
- 1.6.8 Reimbursement for the expense does not constitute income to the Board member under federal tax laws and regulations.

Incidental Expenses. Incidental expenses for items such as office supplies and copying are reimbursable in the discretion of the Board Chair.

Reimbursement Procedure. Claims for reimbursement are subject to the approval of the Board Chair or, in his or her absence, to the approval of the CEO. A Board member seeking reimbursement shall complete and submit to the Board Chair or CEO an expense voucher in approved form setting forth each expense for which reimbursement is claimed. The voucher must clearly disclose the business nature of the claimed expenses and must be accompanied by receipts. Claimed expenses not verified by receipts are not reimbursable. Vouchers may be submitted on a monthly basis at the member's option. Expenses are not reimbursable if the claim, therefore, is not submitted by the earlier of 90 days after the expense is incurred or 5 days after the close of the fiscal year.

Budget Provisions for Cost of Governance. The Finance Committee shall ensure that the budget annually includes line items for Board per diem and for Board development and expenses.

Discretionary Exceptions. The CEO, Board Chair or the full Board may, for good cause shown, make exceptions to this Policy provided, however, that the fact of the exception is disclosed to the full Board at its next regular meeting.

Board Member Recognition. Board members shall complete at least six months to be recognized when they leave the Board. A framed certificate of recognition identifying their term on the Board will be provided. The presentation will occur at the regular Board meeting one month prior to their leaving the Board or other arrangements will be made. Northern Lakes Community Mental Health Authority will also recognize former Board members through a plaque displayed at the administrative office.

1.7 Board Member Conflict of Interest

1.7.1 Any Board member who shall in any way be a contractor for purposes of remuneration from the 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.

1.7.2 Board members are prohibited from serving as employees of the Authority.

SECTION 2 CHIEF EXECUTIVE OFFICER (CEO)

2.0 The CEO shall be appointed by the NLCMHA Board. The CEO shall be given the necessary authority and responsibility to operate all mental health services and carry out all policies as adopted by the NLCMHA Board or any of its committees to which it has delegated authority. The CEO shall represent the Board in all areas in which the Board has not formally designated some other person to act.

SECTION 3 AMENDMENT AND ADOPTION

3.0 Procedure

These Governance Policies may be amended through the following procedure:

3.0.1 In order for these Governance Policies to be amended, the Policy committee shall review and make recommendations to the Board at a regular meeting.

3.0.2 Recommendations for revisions to the Governance Policies shall be presented by the Policy Committee at a regular meeting of the NLCMHA Board. Board Members or the CEO may make additional recommendations regarding amendments to the Governance Policies for consideration by the Policy Committee.

3.0.3 A vote of at least ten (10) of the sixteen (16) member Board is required to amend these Governance Policies at any regular meeting of the Board, provided that written notice of the proposed amendment(s) shall be given to all Members not less than thirty (30) calendar days prior to such meeting.

Rvvd 8/15/24 SM

A MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

To All Staff, Board Members, and Partners of Northern Lakes Community Mental Health Authority,

At NLCMHA, our work is built on a foundation of trust — trust that the individuals and families we serve place in us during some of the most vulnerable moments of their lives, and trust that our communities extend to us as stewards of public resources and the public good.

Our Code of Conduct is the expression of that trust in writing. It reflects not only the legal and regulatory obligations we carry as a Michigan Community Mental Health Authority, but more importantly, the values we have chosen to live by: integrity, compassion, accountability, inclusion, and respect for every person's dignity.

Michigan's mental health system is at its best when the people within it model the very principles of wellness and wholeness that we promote for those we serve. That means holding ourselves to a high standard — in how we treat one another, how we handle information, how we manage resources, and how we engage with the broader community.

I ask every one of you — regardless of your role or title — to read this Code carefully, to ask questions when something is unclear, and to speak up when something doesn't feel right. Our organization's integrity is not the responsibility of any single department or position. It belongs to all of us.

No policy can anticipate every situation we will face. When in doubt, ask yourself: *Would I be comfortable if the people we serve, our board, or our community could see exactly what I am doing and why?* Let that question be your guide.

Thank you for the meaningful work you do each day in service to the people of Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford counties, and for your commitment to carrying out that work with excellence and integrity.

With gratitude,

Lynda M. Zeller Chief Executive Officer, NLCMHA

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OUR COMMITMENT AND VALUES

We are guided by integrity, respect, accountability, and compassion. This Code of Conduct reflects our dedication to integrity, quality, and ethical service delivery. It establishes the standards that guide our behavior and decision-making as we work to fulfill our mission of providing high-quality, recovery-oriented, person-centered behavioral health services.

This Code of Conduct is implemented and enforced through the Code of Conduct Policy and related organizational policies.

CORE PRINCIPLES

1. COMMITMENT TO MISSION

We are dedicated to improving the lives of individuals with mental illness, serious emotional disturbance, intellectual and developmental disabilities, and co-occurring substance use disorders. Every action we take supports this mission through recovery-oriented, person-centered care.

2. LEGAL AND REGULATORY COMPLIANCE

We comply with all applicable federal and state laws, Medicare and Medicaid requirements, HIPAA Privacy and Security Rules, the Michigan Mental Health Code, MDHHS contract requirements, professional licensing standards, accreditation standards, and organizational policies.

3. ETHICAL CONDUCT

We conduct ourselves with honesty, integrity, and professionalism in all interactions —with individuals served, families, colleagues, partners, funders, and the public.

4. QUALITY OF CARE

We provide services that meet or exceed professional standards, are evidence-based and clinically appropriate. We provide services that are: delivered by qualified and competent staff; support recovery, resiliency, and wellness; and respect individual choice and dignity.

5. STEWARDSHIP OF RESOURCES

We use organizational resources responsibly and for their intended purposes. We are accountable for the efficient and effective use of public and private funds entrusted to us.

STANDARDS OF CONDUCT

1. RESPECT FOR INDIVIDUALS SERVED

WE WILL:

- Treat all individuals with dignity, respect, and compassion
- Honor individual rights, including informed consent, confidentiality, and participation in treatment planning
- Provide culturally responsive, trauma-informed services
- Respect individual preferences, values, and choices
- Protect individuals from abuse, neglect, and exploitation
- Maintain appropriate professional boundaries

WE WILL NOT:

- Discriminate based on race, ethnicity, national origin, religion, gender, gender identity, sexual orientation, age, disability, or other protected characteristics
- Engage in physical, verbal, emotional, or sexual abuse
- Enter into personal or romantic relationships with individuals served
- Accept gifts of significant value from individuals served
- Exploit individuals for personal gain

2. CONFIDENTIALITY AND PRIVACY

WE WILL:

- Protect the confidentiality of all protected health information (PHI)
- Access medical records only when necessary for job duties
- Obtain proper authorization before disclosing PHI
- Discuss client information only in private settings
- Secure documents and electronic devices containing PHI
- Report breaches or potential breaches immediately

WE WILL NOT:

- Discuss client information in public areas or with unauthorized persons
- Access records of friends, family, or others without job-related need
- Remove or copy PHI without authorization
- Share login credentials or allow unauthorized access to systems
- Post client information on social media

3. ACCURATE DOCUMENTATION AND BILLING

WE WILL:

- Document direct and indirect services completely, accurately, and timely
- Bill only for services actually provided by qualified staff
- Use correct billing codes that accurately reflect services provided
- Maintain documentation supporting all billed services
- Correct errors promptly when identified
- Return overpayments within 60 days

WE WILL NOT:

- Bill for services that have not been provided
- Falsify clinical documentation or alter records to support billing
- “Upcode” (bill for a more expensive service than required or provided), duplicate bill, or unbundle inappropriately

4. PROFESSIONAL COMPETENCE

WE WILL:

- Maintain current licenses, certifications, and credentials
- Participate in required training and professional development
- Practice within our scope of competence and licensure
- Seek consultation or supervision when needed
- Immediately report impairment that affects ability to perform duties safely

WE WILL NOT:

- Falsify credentials, education, or experience
- Provide services while impaired

5. CONFLICTS OF INTEREST

WE WILL:

- Disclose any actual or potential conflicts of interest
- Avoid situations where personal interests conflict with organizational or client interests
- Recuse ourselves from decisions where we have conflicts

WE WILL NOT:

- Use our position for personal gain
- Engage in self-dealing or self-referral (using one's position to direct NLCMHA resources, services, clients, or contracts to oneself, a family member, or a business in which the individual has a financial or personal interest)
- Accept kickbacks or bribes
- Use confidential information for personal benefit

6. WORKPLACE CONDUCT

WE WILL:

- Treat colleagues with respect and professionalism
- Cooperate and collaborate with team members and other departments
- Communicate honestly and respectfully
- Follow organizational policies and procedures
- Use organizational resources appropriately

WE WILL NOT:

- Engage in harassment, bullying, or discrimination
- Use abusive, threatening, or demeaning language
- Engage in workplace violence
- Use alcohol or illegal drugs at work or report to work under the influence
- Misuse organizational property or resources

7. FINANCIAL INTEGRITY

WE WILL:

- Handle organizational funds responsibly

- Follow purchasing and procurement policies
- Submit accurate expense reports
- Report suspected fraud, waste, or abuse

WE WILL NOT:

- Embezzle, steal, or misuse organizational funds
- Falsify expense reports or financial documents
- Accept unauthorized payments or kickbacks

8. REPORTING OBLIGATIONS

WE WILL:

- Report promptly (and immediately when required to protect safety or comply with law) suspected compliance violations, fraud, waste, or abuse
- Report promptly (and immediately when required to protect safety or comply with law) safety concerns and risks to individuals served
- Report one's own errors, compliance concerns, or potential violations promptly (and immediately when required to protect safety or comply with law) and honestly
- Cooperate with compliance investigations
- Report promptly (and immediately when required to protect safety or comply with law) to appropriate authorities as required by law (child abuse, elder abuse, harm to self/others)
- Speak up when we observe conduct inconsistent with this Code

WE WILL NOT:

- Ignore violations or unethical conduct
- Retaliate against those who report in good faith
- Interfere with investigations

QUESTIONS AND GUIDANCE

When you have questions about this Code or need guidance on ethical issues, please contact:

- Your direct supervisor
- Compliance Officer
- Human Resources
- Executive leadership

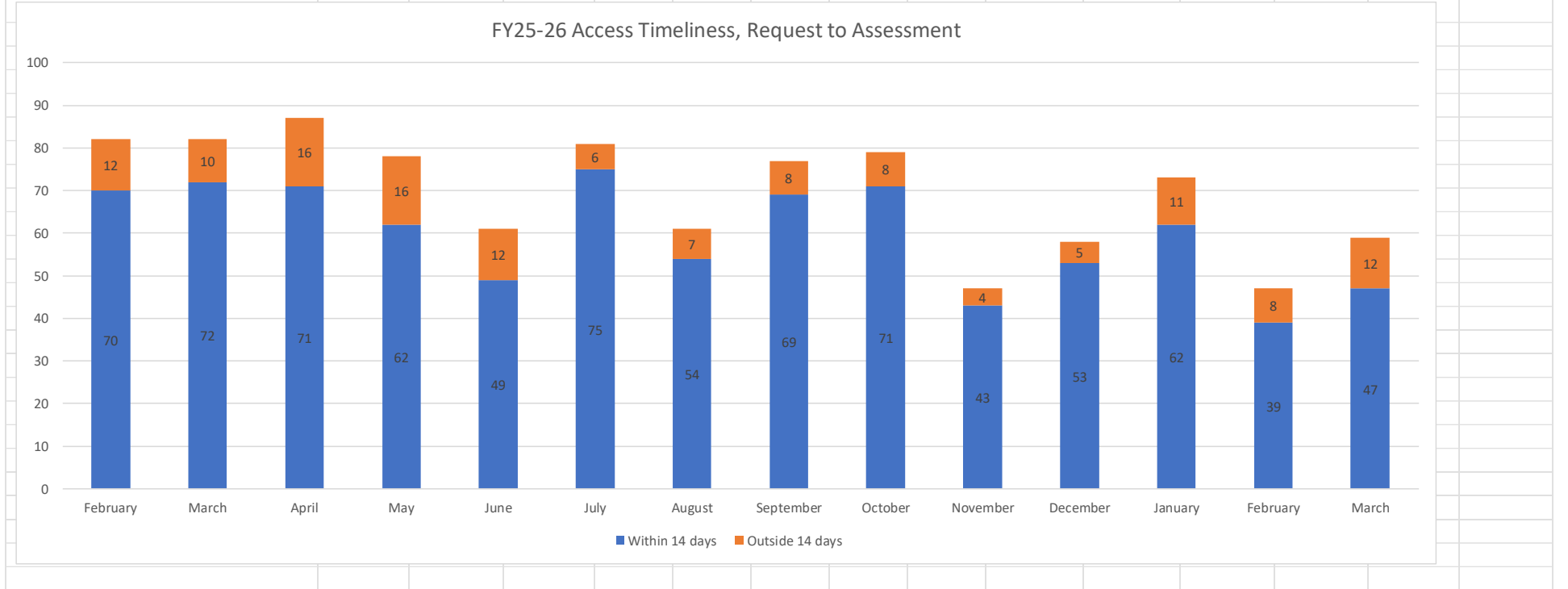
We encourage asking questions before acting when uncertain about the right course of action.

ACKNOWLEDGMENT

All workforce members must review, understand, and acknowledge this Code of Conduct. By signing the annual certification, you confirm your commitment to upholding these standards in all aspects of your work.

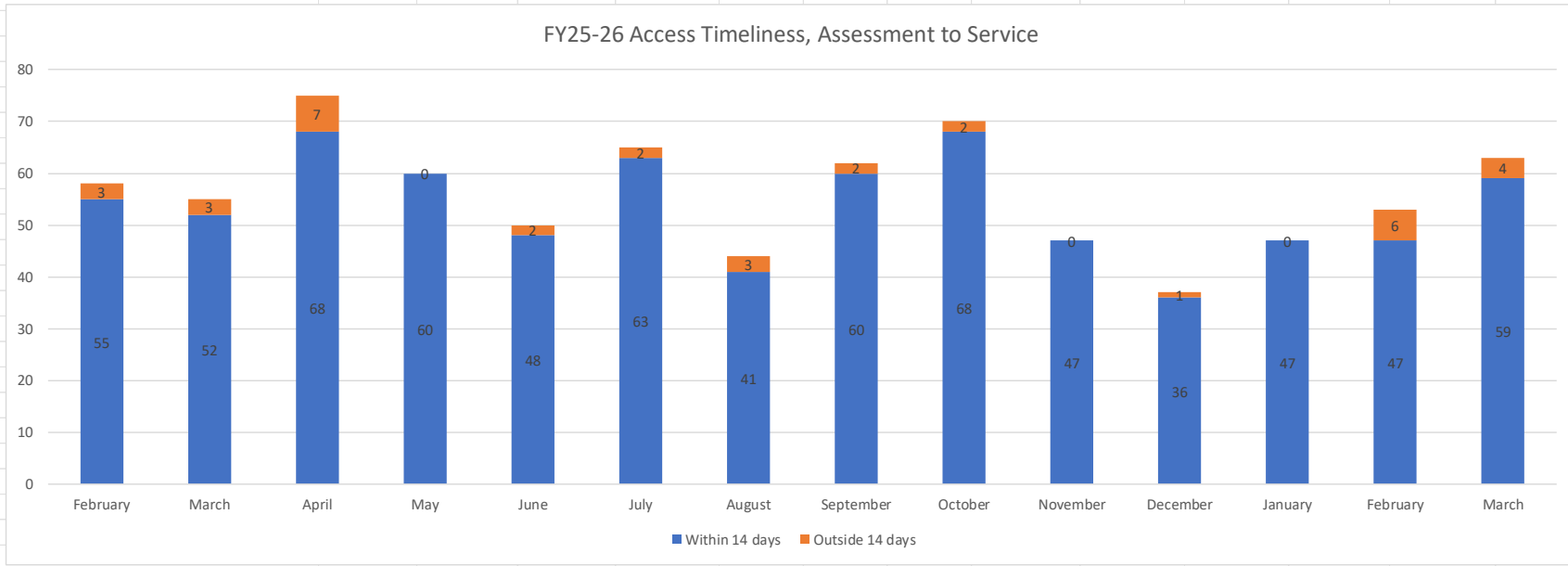
This Code of Conduct was reviewed and accepted by the NLCMHA Leadership Team on 3/23/2026.

FY2025-26 Monthly Access Timeliness, Request to Assessment														
	February	March	April	May	June	July	August	September	October	November	December	January	February	March
Within 14 days	70	72	71	62	49	75	54	69	71	43	53	62	39	47
Outside 14 days	12	10	16	16	12	6	7	8	8	4	5	11	8	12
Consumer Cancelled/Rescheduled	9	10	10	11	6	11	10	4	13	7	8	11	12	22
Consumer Requested outside 14 days	1	9	9	4	5	3	4	3	1	2	5	5	11	15
Consumer No Showed	18	28	18	22	21	17	17	26	28	18	16	26	20	19
Other (denial, no follow up)	13	12	23	17	11	9	9	13	6	6	15	15	16	16



FY2025-26 Monthly Access Timeliness, Assessment to Service

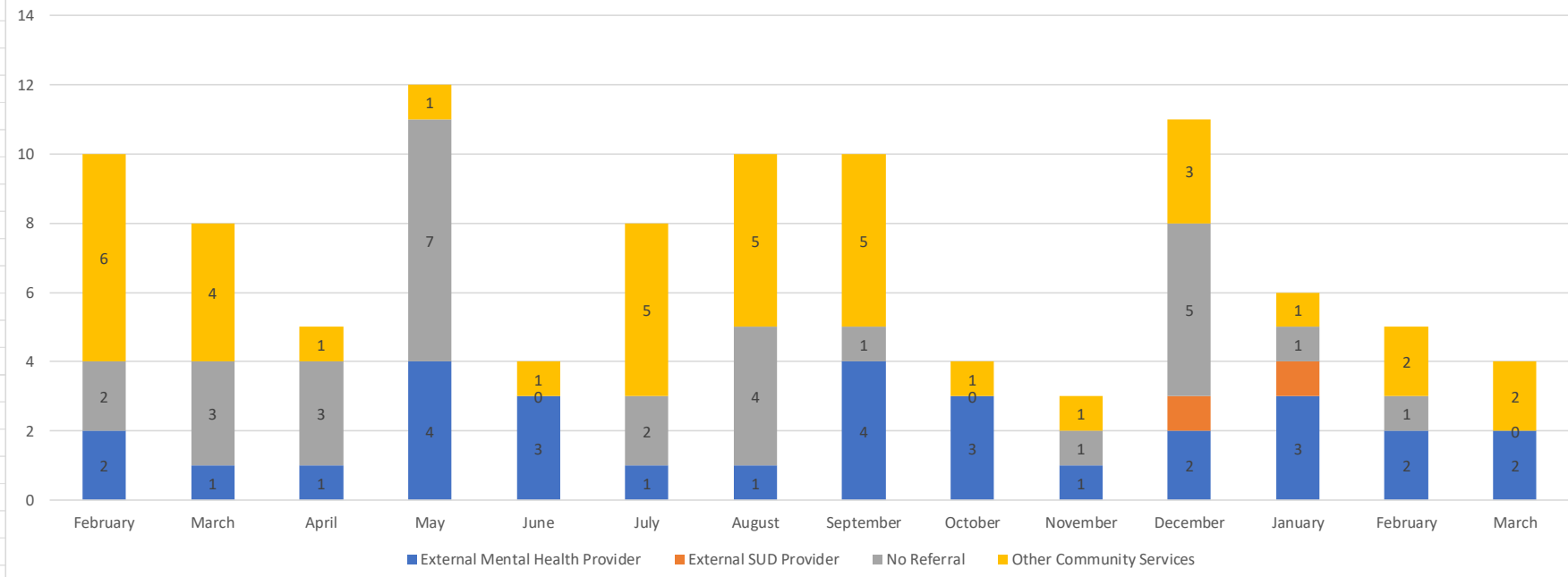
	February	March	April	May	June	July	August	September	October	November	December	January	February	March
Within 14 days	55	52	68	60	48	63	41	60	68	47	36	47	47	59
Outside 14 days	3	3	7	0	2	2	3	2	2	0	1	0	6	4
Consumer Cancelled/Rescheduled	1	4	9	2	2	3	2	3	6	3	3	3	2	8
Consumer Requested outside 14 days	6	4	10	8	13	5	1	3	5	6	6	2	4	10
Consumer No Showed	16	11	11	9	13	10	10	11	9	11	11	10	8	16
Consumer Chose to Not Pursue Svcs	1	0	1	2	3	4	1	1	1	1	0	2	1	3
Other (denial, no follow up)	6	17	10	12	7	3	5	9	6	4	8	5	5	5
Monthly % seen in 14 Days	94.8%	94.5%	90.7%	100.0%	96.0%	96.9%	93.2%	96.8%	97.1%	100.0%	97.3%	100.0%	88.7%	93.7%



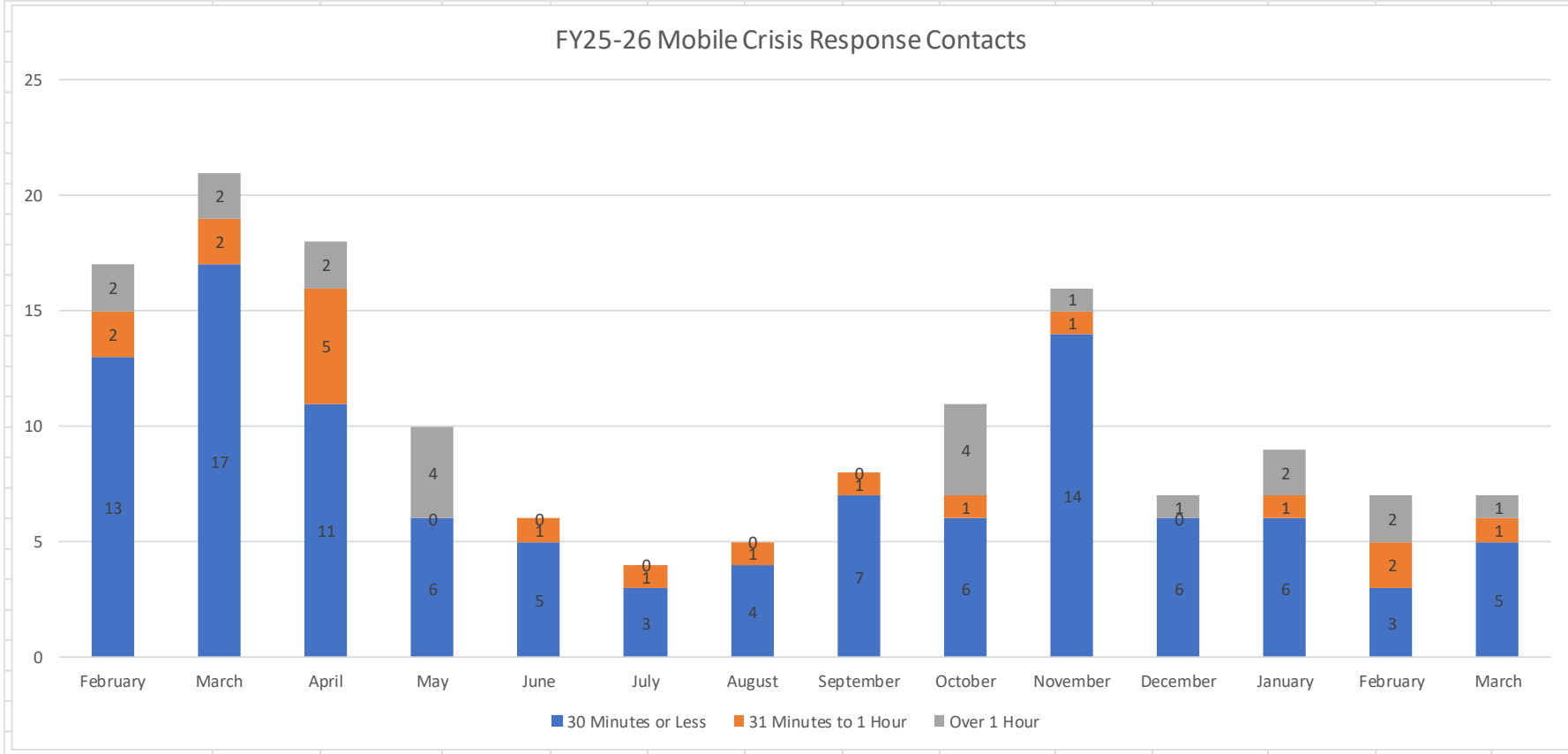
FY2025-26 Referrals for Denied Initial Clinical Assessments

	February	March	April	May	June	July	August	September	October	November	December	January	February	March
External Mental Health Provider	2	1	1	4	3	1	1	4	3	1	2	3	2	2
External SUD Provider	0	0	0	0	0	0	0	0	0	0	1	1	0	0
No Referral	2	3	3	7	0	2	4	1	0	1	5	1	1	0
Other Community Services	6	4	1	1	1	5	5	5	1	1	3	1	2	2

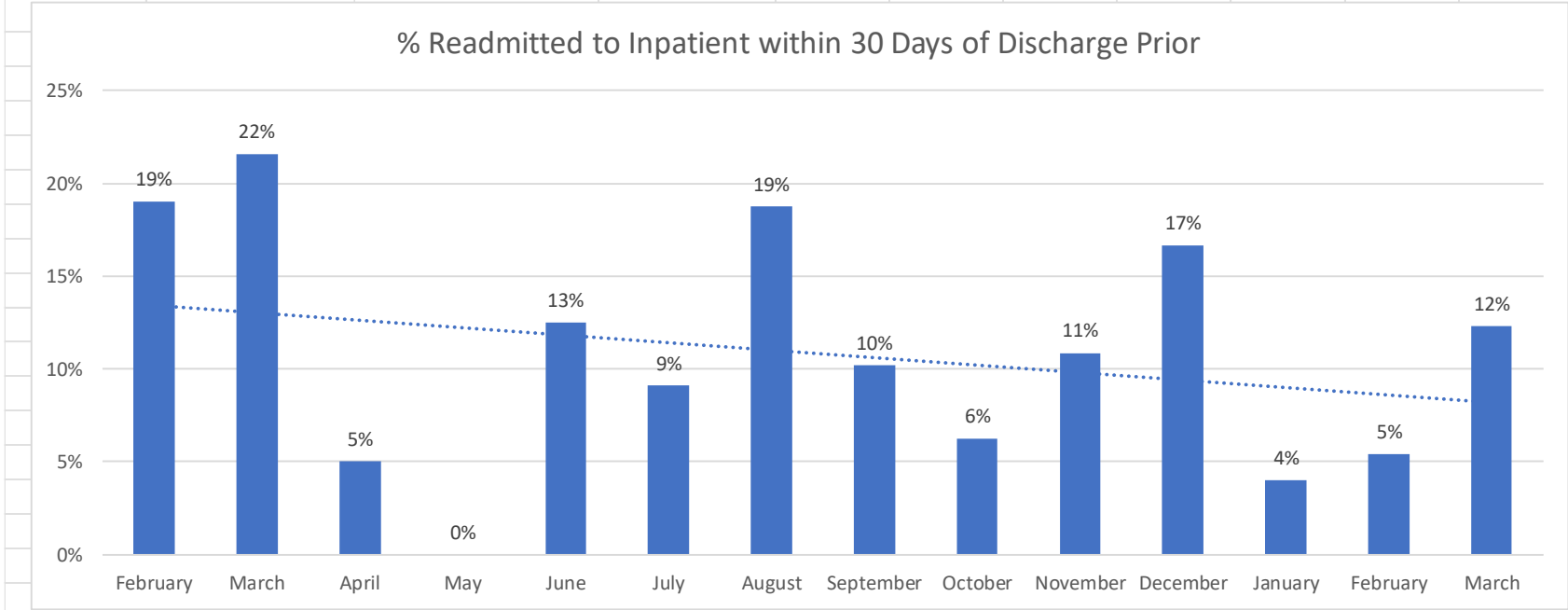
FY25-26 Referrals from Initial Assessment Denial



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



FY2025-26 Inpatient Readmission Rate			
	Admissions	Readmits in 30 Days	% Readmitted
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	5	17%
January	50	2	4%
February	37	2	5%
March	57	7	12%
TOTAL			11%



FY2025-26 Monthly Service Information for Crawford County (Code Rate Increase in July)														
Area of Service	January	February	March	April	May	June	July	August	September	October	November	December	January	February
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 27,812.05	\$ 22,631.85	\$ 29,706.13	\$ 38,540.06	\$ 34,495.29	\$ 36,825.47	\$ 32,672.42	\$ 32,069.61	\$ 31,974.25	\$ 35,309.39	\$ 45,553.34	\$ 41,236.12	\$ 38,336.90	\$ 28,017.45
Autism Services	\$ 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	\$ 41,711.69	\$ 49,149.97	\$ 53,253.82	\$ 35,989.75
Case Management, ACT and Treatment Planning	\$ 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	\$ 76,712.00	\$ 83,980.59	\$ 85,677.31	\$ 80,466.71
Community Living Supports	\$ 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	\$ 393,063.94	\$ 376,059.34	\$ 366,513.64	\$ 322,241.36
Crisis Services, Assessments and Testing	\$ 20,016.20	\$ 11,570.00	\$ 23,479.00	\$ 17,271.00	\$ 16,813.26	\$ 12,991.00	\$ 14,995.42	\$ 32,917.80	\$ 25,110.63	\$ 21,809.82	\$ 23,831.07	\$ 27,399.76	\$ 28,973.87	\$ 19,505.01
Evaluation and Management Physician Level	\$ 23,814.39	\$ 23,696.47	\$ 24,647.61	\$ 23,031.94	\$ 29,199.89	\$ 22,858.46	\$ 23,961.25	\$ 29,048.23	\$ 30,283.86	\$ 32,053.78	\$ 24,768.07	\$ 30,076.95	\$ 19,432.50	\$ 21,181.63
Psychiatric Inpatient	\$ 65,509.37	\$ 10,989.11	\$ 36,020.66	\$ 45,094.47	\$ 10,119.58	\$ -	\$ -	\$ 46,768.07	\$ 46,921.31	\$ 47,481.00	\$ -	\$ 50,127.10	\$ 65,631.75	\$ 43,095.00
Psychotherapy and Outpatient Services	\$ 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	\$ 55,902.18	\$ 52,831.18	\$ 62,429.98	\$ 59,847.94	\$ 53,294.07
Vocational & Skills Building, Family and Health Services	\$ 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	\$ 2,295.02	\$ 3,070.21	\$ 3,613.87
Other	\$ 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	\$ 341.72	\$ 341.72
Total	\$ 606,971.91	\$ 504,908.78	\$ 583,579.89	\$ 570,158.21	\$ 561,100.50	\$ 564,356.34	\$ 633,203.56	\$ 673,787.64	\$ 687,820.74	\$ 747,509.46	\$ 662,229.33	\$ 723,096.55	\$ 721,079.66	\$ 607,746.57
Number of Registered People Receiving Services	183	178	192	196	196	177	182	190	186	191	189	200	191	180
Average Cost per Registered Person Served	\$ 3,316.79	\$ 2,836.57	\$ 3,039.48	\$ 2,908.97	\$ 2,862.76	\$ 3,188.45	\$ 3,479.14	\$ 3,546.25	\$ 3,697.96	\$ 3,913.66	\$ 3,503.86	\$ 3,615.48	\$ 3,775.29	\$ 3,376.37
Service Transactions Provided	26,229	22,947	25,173	24,362	25,771	25,141	26,791	27,400	29,600	32,004	26,166	19,489	17,598	13,413
Average Cost per Transaction	\$ 23	\$ 22	\$ 23	\$ 23	\$ 22	\$ 22	\$ 24	\$ 25	\$ 23	\$ 23	\$ 25	\$ 37	\$ 41	\$ 45
Count of Adult IDD	41	40	39	38	39	38	36	39	37	38	38	38	38	38
Count of Child IDD	11	12	11	16	9	9	12	15	10	13	14	15	17	15
Count of Adult SMI	107	99	115	113	120	103	108	107	105	109	101	112	107	99
Count of Child SED	24	27	27	29	28	27	26	29	34	31	36	35	29	28
Total	183	178	192	196	196	177	182	190	186	191	189	200	191	180
IDD Adult Cost	\$ 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	\$ 266,268.72	\$ 228,891.24	\$ 225,215.58	\$ 216,742.69
IDD Child Cost	\$ 70,269.21	\$ 62,269.04	\$ 62,921.90	\$ 62,682.83	\$ 63,765.48	\$ 70,271.65	\$ 78,797.24	\$ 86,888.08	\$ 78,715.16	\$ 92,521.05	\$ 96,728.16	\$ 127,722.74	\$ 149,444.58	\$ 115,637.91
Adult SMI Cost	\$ 224,122.85	\$ 156,409.35	\$ 217,048.63	\$ 213,953.92	\$190,746.14	\$ 197,268.49	\$ 251,906.52	\$ 274,408.56	\$ 274,767.69	\$ 309,177.33	\$ 241,323.59	\$ 285,325.63	\$ 286,314.95	\$ 214,419.79
Child SED Cost	\$ 32,634.00	\$ 25,481.00	\$ 34,787.00	\$ 37,941.00	\$ 38,463.00	\$ 38,671.00	\$ 40,252.25	\$ 32,728.02	\$ 57,194.43	\$ 49,766.18	\$ 57,908.86	\$ 81,156.94	\$ 60,104.55	\$ 60,946.18
Total	\$ 606,971.91	\$ 504,908.78	\$ 583,579.89	\$ 570,158.21	\$ 561,100.50	\$ 564,356.34	\$ 633,203.56	\$ 673,787.64	\$ 687,820.74	\$ 747,509.46	\$ 662,229.33	\$ 723,096.55	\$ 721,079.66	\$ 607,746.57
PopType														
Adult IDD Cost per consumer	\$ 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	\$ 7,007.07	\$ 6,023.45	\$ 5,926.73	\$ 5,703.76
Child IDD Cost per consumer	\$ 6,388.11	\$ 5,189.09	\$ 5,720.17	\$ 3,917.68	\$ 7,085.05	\$ 7,807.96	\$ 6,566.44	\$ 5,792.54	\$ 7,871.52	\$ 7,117.00	\$ 6,909.15	\$ 8,514.85	\$ 8,790.86	\$ 7,709.19
Adult SMI Cost per consumer	\$ 2,094.61	\$ 1,579.89	\$ 1,887.38	\$ 1,893.40	\$ 1,589.55	\$ 1,915.23	\$ 2,332.47	\$ 2,564.57	\$ 2,616.84	\$ 2,836.49	\$ 2,389.34	\$ 2,547.55	\$ 2,675.84	\$ 2,165.86
Child SED Cost per consumer	\$ 1,359.75	\$ 943.74	\$ 1,288.41	\$ 1,308.31	\$ 1,373.68	\$ 1,432.26	\$ 1,548.16	\$ 1,128.55	\$ 1,682.19	\$ 1,605.36	\$ 1,608.58	\$ 2,318.77	\$ 2,072.57	\$ 2,176.65
Total	\$ 3,316.79	\$ 2,836.57	\$ 3,039.48	\$ 2,908.97	\$ 2,862.76	\$ 3,188.45	\$ 3,479.14	\$ 3,546.25	\$ 3,697.96	\$ 3,913.66	\$ 3,503.86	\$ 3,615.48	\$ 3,775.29	\$ 3,376.37

FY2025-26 Service Information For Grand Traverse County (Code Rate Increase in July)														
Area of Service	January	February	March	April	May	June	July	August	September	October	November	December	January	February
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 177,081.10	\$ 147,689.74	\$ 173,738.79	\$ 181,862.82	\$ 177,136.48	\$ 181,643.46	\$ 216,750.07	\$ 200,635.95	\$ 186,350.89	\$ 178,284.14	\$ 162,246.91	\$ 161,487.87	\$ 137,224.42	\$ 117,408.42
Autism Services	\$ 176,268.96	\$ 136,598.30	\$ 159,651.04	\$ 171,791.76	\$ 156,045.92	\$ 156,045.92	\$ 159,465.35	\$ 125,735.44	\$ 118,267.85	\$ 134,866.94	\$ 114,380.28	\$ 118,180.67	\$ 120,828.15	\$ 121,941.62
Case Management, ACT and Treatment Planning	\$ 245,460.81	\$ 231,700.72	\$ 244,653.27	\$ 274,550.16	\$ 262,931.78	\$ 262,757.78	\$ 376,912.92	\$ 330,964.07	\$ 346,482.60	\$ 327,431.50	\$ 261,910.77	\$ 251,664.08	\$ 272,907.07	\$ 296,635.29
Community Living Supports	\$ 1,389,204.91	\$ 1,231,167.88	\$ 1,443,864.21	\$ 1,383,753.24	\$ 1,407,510.64	\$ 1,407,966.23	\$ 1,544,727.65	\$ 1,572,367.73	\$ 1,506,860.85	\$ 1,510,771.22	\$ 1,417,711.48	\$ 1,505,517.37	\$ 1,519,372.25	\$ 1,388,644.79
Crisis Services, Assessments and Testing	\$ 147,945.26	\$ 116,378.24	\$ 139,544.38	\$ 145,407.60	\$ 133,419.96	\$ 133,308.96	\$ 272,294.43	\$ 293,706.06	\$ 296,486.86	\$ 248,234.54	\$ 259,604.45	\$ 250,366.28	\$ 272,137.03	\$ 226,883.79
Evaluation and Management Physician Level	\$ 103,471.05	\$ 97,989.60	\$ 98,212.30	\$ 108,139.89	\$ 101,973.36	\$ 102,767.89	\$ 112,082.86	\$ 95,528.57	\$ 105,432.89	\$ 134,213.82	\$ 95,549.34	\$ 104,674.01	\$ 110,010.09	\$ 93,978.67
Psychiatric Inpatient	\$ 255,878.70	\$ 196,960.59	\$ 199,966.39	\$ 249,802.10	\$ 208,626.58	\$ 241,223.22	\$ 190,296.79	\$ 331,475.63	\$ 221,281.25	\$ 405,523.83	\$ 359,130.89	\$ 147,757.35	\$ 228,979.03	\$ 139,194.18
Psychotherapy and Outpatient Services	\$ 141,587.14	\$ 137,597.40	\$ 145,770.38	\$ 142,824.10	\$ 139,516.97	\$ 138,088.37	\$ 417,623.49	\$ 380,461.22	\$ 389,694.22	\$ 498,329.04	\$ 366,241.81	\$ 333,630.42	\$ 396,327.17	\$ 369,231.29
Vocational & Skills Building, Family and Health Services	\$ 69,722.09	\$ 62,145.45	\$ 62,337.76	\$ 61,805.93	\$ 65,776.45	\$ 65,776.45	\$ 70,301.82	\$ 54,964.54	\$ 54,583.20	\$ 63,346.79	\$ 51,530.61	\$ 49,641.84	\$ 53,603.94	\$ 53,290.67
Other	\$ 9,058.44	\$ 10,290.00	\$ 9,059.76	\$ 15,047.40	\$ 12,614.06	\$ 12,146.06	\$ 13,682.34	\$ 10,790.30	\$ 10,983.28	\$ 8,097.30	\$ 5,359.83	\$ 6,013.98	\$ 7,300.80	\$ 6,517.48
Total	\$ 2,715,678.46	\$ 2,368,517.92	\$ 2,676,798.28	\$ 2,734,985.00	\$ 2,665,552.20	\$ 2,701,724.34	\$ 3,374,137.72	\$ 3,396,629.51	\$ 3,236,423.89	\$ 3,509,099.12	\$ 3,093,666.37	\$ 2,928,933.87	\$ 3,118,689.95	\$ 2,813,726.20
Number of Registered People Receiving Services	1,002	962	993	1,029	1,032	1,031	1,059	1,036	1,043	1,030	986	990	994	961
Average Cost per Registered Person Served	\$ 2,710.26	\$ 2,462.08	\$ 2,695.67	\$ 2,657.91	\$ 2,582.90	\$ 2,620.49	\$ 3,186.15	\$ 3,278.60	\$ 3,103.00	\$ 3,406.89	\$ 3,137.59	\$ 2,958.52	\$ 3,137.52	\$ 2,927.91
Service Transactions Provided	110,942	98,795	110,558	105,956	106,123	106,299	112,739	108,096	102,333	107,173	90,844	94,100	92,399	88,810
Average Cost per Transaction	\$ 24	\$ 24	\$ 24	\$ 26	\$ 25	\$ 25	\$ 30	\$ 31	\$ 32	\$ 33	\$ 34	\$ 31	\$ 34	\$ 32
Count of Adult IDD	278	268	274	283	283	281	278	274	272	269	266	262	266	265
Count of Child IDD	63	73	73	70	81	79	72	79	75	75	72	75	76	84
Count of Adult SMI	545	505	532	546	536	545	593	563	574	554	524	523	530	488
Count of Child SED	116	116	114	130	132	126	116	120	122	132	124	130	122	124
Total	1,002	962	993	1,029	1,032	1,031	1,059	1,036	1,043	1,030	986	990	994	961
IDD Adult Cost	\$ 1,247,780.39	\$ 1,098,995.75	\$ 1,270,108.54	\$ 1,216,163.83	\$ 1,248,704.14	\$ 1,249,199.20	\$ 1,454,009.84	\$ 1,478,956.02	\$ 1,413,908.22	\$ 1,463,018.66	\$ 1,339,268.52	\$ 1,369,514.05	\$ 1,398,729.93	\$ 1,281,641.94
IDD Child Cost	\$ 269,449.84	\$ 233,087.91	\$ 268,308.04	\$ 283,484.99	\$ 277,586.11	\$ 277,102.64	\$ 297,337.54	\$ 263,033.11	\$ 253,185.67	\$ 304,586.42	\$ 239,085.09	\$ 243,041.64	\$ 236,990.17	\$ 235,684.39
Adult SMI Cost	\$ 1,018,856.83	\$ 885,593.07	\$ 980,362.59	\$ 1,033,664.37	\$ 955,234.87	\$ 1,001,316.83	\$ 1,388,040.80	\$ 1,447,141.02	\$ 1,321,402.67	\$ 1,422,981.81	\$ 1,301,202.80	\$ 1,134,415.95	\$ 1,275,090.28	\$ 1,077,523.28
Child SED Cost	\$ 179,591.40	\$ 150,841.19	\$ 158,019.11	\$ 201,671.81	\$ 184,027.08	\$ 174,105.67	\$ 234,749.54	\$ 207,499.36	\$ 247,927.33	\$ 318,512.23	\$ 214,109.96	\$ 181,962.23	\$ 207,879.57	\$ 218,876.59
Total	\$ 2,715,678.46	\$ 2,368,517.92	\$ 2,676,798.28	\$ 2,734,985.00	\$ 2,665,552.20	\$ 2,701,724.34	\$ 3,374,137.72	\$ 3,396,629.51	\$ 3,236,423.89	\$ 3,509,099.12	\$ 3,093,666.37	\$ 2,928,933.87	\$ 3,118,689.95	\$ 2,813,726.20
Adult IDD Cost per consumer	\$ 4,488.42	\$ 4,100.73	\$ 4,635.43	\$ 4,297.40	\$ 4,412.38	\$ 4,445.55	\$ 5,230.25	\$ 5,397.65	\$ 5,198.19	\$ 5,438.73	\$ 5,034.84	\$ 5,227.15	\$ 5,258.38	\$ 4,836.38
Child IDD Cost per consumer	\$ 4,276.98	\$ 3,192.99	\$ 3,675.45	\$ 4,049.79	\$ 3,426.99	\$ 3,507.63	\$ 4,129.69	\$ 3,329.53	\$ 3,375.81	\$ 4,061.15	\$ 3,320.63	\$ 3,240.56	\$ 3,118.29	\$ 2,805.77
Adult SMI Cost per consumer	\$ 1,869.46	\$ 1,753.65	\$ 1,842.79	\$ 1,893.16	\$ 1,782.15	\$ 1,837.28	\$ 2,340.71	\$ 2,570.41	\$ 2,302.10	\$ 2,568.56	\$ 2,483.21	\$ 2,169.06	\$ 2,405.83	\$ 2,208.04
Child SED Cost per consumer	\$ 1,548.20	\$ 1,300.36	\$ 1,386.13	\$ 1,551.32	\$ 1,394.14	\$ 1,381.79	\$ 2,023.70	\$ 1,729.16	\$ 2,032.19	\$ 2,412.97	\$ 1,726.69	\$ 1,399.71	\$ 1,703.93	\$ 1,765.13
Total	\$ 2,710.26	\$ 2,462.08	\$ 2,695.67	\$ 2,657.91	\$ 2,582.90	\$ 2,620.49	\$ 3,186.15	\$ 3,278.60	\$ 3,103.00	\$ 3,406.89	\$ 3,137.59	\$ 2,958.52	\$ 3,137.52	\$ 2,927.91

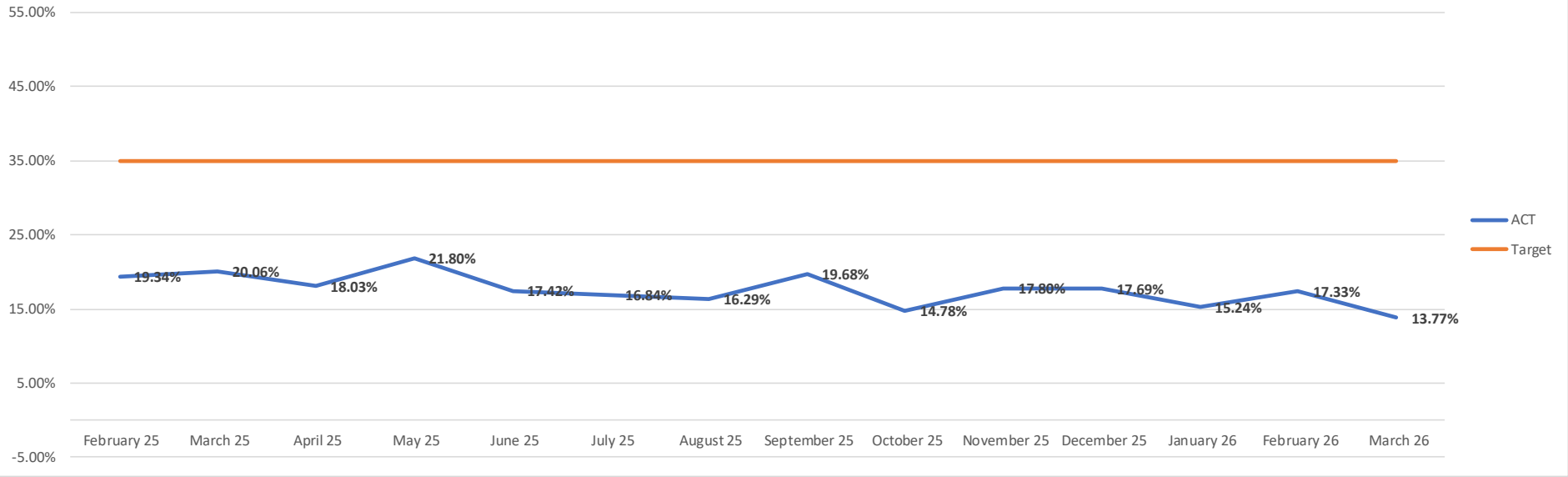
FY2025-26 Service Information For Leelanau County (Code Rate Increase in July)														
Area of Service	January	February	March	April	May	June	July	August	September	October	November	December	January	February
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 18,001.76	\$ 16,987.41	\$ 20,175.20	\$ 22,586.82	\$ 16,791.13	\$ 17,833.58	\$ 16,860.43	\$ 19,526.78	\$ 19,708.18	\$ 17,408.05	\$ 15,164.17	\$ 11,545.29	\$ 15,037.39	\$ 13,757.39
Autism Services	\$ 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	\$ 3,040.75	\$ 2,457.75	\$ 3,799.75
Case Management, ACT and Treatment Planning	\$ 17,367.68	\$ 18,915.95	\$ 19,465.47	\$ 21,277.29	\$ 17,536.22	\$ 13,926.29	\$ 28,619.07	\$ 20,851.17	\$ 24,365.35	\$ 26,830.86	\$ 26,061.30	\$ 18,334.76	\$ 26,557.24	\$ 29,802.73
Community Living Supports	\$ 169,351.80	\$ 147,824.12	\$ 170,850.34	\$ 157,247.67	\$ 166,165.43	\$ 154,113.50	\$ 172,963.93	\$ 174,097.57	\$ 168,504.87	\$ 183,401.06	\$ 162,978.64	\$ 161,054.98	\$ 171,631.54	\$ 161,178.45
Crisis Services, Assessments and Testing Evaluation and Management Physician	\$ 4,163.00	\$ 6,796.00	\$ 7,101.00	\$ 13,102.00	\$ 12,107.00	\$ 6,619.00	\$ 9,975.56	\$ 11,091.27	\$ 9,412.05	\$ 15,987.50	\$ 9,744.15	\$ 13,052.38	\$ 7,792.20	\$ 8,795.40
Level	\$ 6,871.14	\$ 7,691.52	\$ 6,993.34	\$ 10,908.31	\$ 8,690.91	\$ 5,441.79	\$ 8,869.98	\$ 10,423.80	\$ 7,612.49	\$ 5,826.08	\$ 11,360.33	\$ 6,797.58	\$ 7,518.45	\$ 9,440.44
Psychiatric Inpatient	\$ 11,519.66	\$ 20,903.28	\$ -	\$ 5,152.58	\$ 23,749.46	\$ 24,693.06	\$ 12,410.58	\$ 25,349.00	\$ 9,750.84	\$ 23,870.00	\$ 6,683.70	\$ -	\$ 17,149.50	\$ 18,480.00
Psychotherapy and Outpatient Services	\$ 10,099.18	\$ 9,606.28	\$ 8,070.56	\$ 12,865.23	\$ 9,766.38	\$ 17,775.39	\$ 38,004.86	\$ 27,084.03	\$ 21,937.78	\$ 26,984.48	\$ 7,719.26	\$ 15,592.95	\$ 22,329.24	\$ 11,665.58
Vocational & Skills Building, Family and Health Services	\$ 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	\$ 3,884.66	\$ 3,425.81	\$ 3,351.35
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 512.58	\$ 512.58	\$ 512.58	\$ 512.58	\$ -	\$ 512.58	\$ -
Total	\$ 254,952.44	\$ 246,631.63	\$ 252,180.13	\$ 261,637.82	\$ 275,920.21	\$ 260,957.85	\$ 306,000.84	\$ 306,457.00	\$ 271,657.93	\$ 311,164.28	\$ 247,969.38	\$ 233,303.35	\$ 274,411.70	\$ 260,271.09
Number of Registered People Receiving Services	88	91	94	98	95	82	99	91	92	81	93	85	89	83
Average Cost per Registered Person Served	\$ 2,897.19	\$ 2,710.24	\$ 2,682.77	\$ 2,669.77	\$ 2,904.42	\$ 3,182.41	\$ 3,090.92	\$ 3,367.66	\$ 2,952.80	\$ 3,841.53	\$ 2,666.34	\$ 2,744.75	\$ 3,083.28	\$ 3,135.80
Service Transactions Provided	12,112	11,542	12,518	12,312	11,625	11,780	11,982	11,964	10,685	12,001	9,804	9,764	10,115	9,894
Average Cost per Transaction	\$ 21	\$ 21	\$ 20	\$ 21	\$ 24	\$ 22	\$ 26	\$ 26	\$ 25	\$ 26	\$ 25	\$ 24	\$ 27	\$ 26
Count of Adult IDD	38	37	39	40	40	40	39	35	36	38	38	38	39	39
Count of Child IDD	4	4	5	4	3	4	5	3	3	3	4	3	3	4
Count of Adult SMI	37	41	41	45	41	30	43	43	45	32	37	34	37	30
Count of Child SED	9	9	9	9	11	8	12	10	8	8	14	10	10	10
Total	88	91	94	98	95	82	99	91	92	81	93	85	89	83
IDD Adult Cost	\$ 182,693.91	\$ 163,462.65	\$ 187,418.07	\$ 175,822.97	\$ 185,233.01	\$ 171,868.46	\$ 190,330.72	\$ 195,214.00	\$ 183,603.55	\$ 210,785.31	\$ 183,843.58	\$ 178,599.19	\$ 194,461.71	\$ 176,723.90
IDD Child Cost	\$ 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	\$ 5,013.24	\$ 4,596.56	\$ 8,874.16
Adult SMI Cost	\$ 38,863.89	\$ 58,963.48	\$ 37,068.27	\$ 55,035.85	\$ 53,548.20	\$ 66,196.96	\$ 82,383.06	\$ 84,998.72	\$ 67,355.48	\$ 77,800.28	\$ 38,096.25	\$ 39,034.80	\$ 66,539.98	\$ 42,277.27
Child SED Cost	\$ 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	\$ 20,243.01	\$ 10,656.12	\$ 8,813.45	\$ 32,395.76
Total	\$ 254,952.44	\$ 246,631.63	\$ 252,180.13	\$ 261,637.82	\$ 275,920.21	\$ 260,957.85	\$ 306,000.84	\$ 306,457.00	\$ 271,657.93	\$ 311,164.28	\$ 247,969.38	\$ 233,303.35	\$ 274,411.70	\$ 260,271.09
Adult IDD Cost per consumer	\$ 4,807.73	\$ 4,417.91	\$ 4,805.59	\$ 4,395.57	\$ 4,630.83	\$ 4,296.71	\$ 4,880.27	\$ 5,577.54	\$ 5,100.10	\$ 5,546.98	\$ 4,837.99	\$ 4,699.98	\$ 4,986.20	\$ 4,531.38
Child IDD Cost per consumer	\$ 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	\$ 1,671.08	\$ 1,532.19	\$ 2,218.54
Adult SMI Cost per consumer	\$ 1,050.38	\$ 1,438.13	\$ 904.10	\$ 1,223.02	\$ 1,306.05	\$ 2,206.57	\$ 1,915.89	\$ 1,976.71	\$ 1,496.79	\$ 2,431.26	\$ 1,029.63	\$ 1,148.08	\$ 1,798.38	\$ 1,409.24
Child SED Cost per consumer	\$ 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	\$ 1,445.93	\$ 1,065.61	\$ 881.35	\$ 3,239.58
Total	\$ 2,897.19	\$ 2,710.24	\$ 2,682.77	\$ 2,669.77	\$ 2,904.42	\$ 3,182.41	\$ 3,090.92	\$ 3,367.66	\$ 2,952.80	\$ 3,841.53	\$ 2,666.34	\$ 2,744.75	\$ 3,083.28	\$ 3,135.80

FY2025-26 Service Information For Missaukee County (Code Rate Increase in July)														
Area of Service	January	February	March	April	May	June	July	August	September	October	November	December	January	February
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing Autism Services)	\$ 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	\$ 19,380.91	\$ 17,522.83	\$ 22,597.52	\$ 16,578.83	\$ 13,340.06
Case Management, ACT and Treatment Planning	\$ 22,186.02	\$ 22,587.14	\$ 26,554.30	\$ 28,351.06	\$ 35,378.38	\$ 37,522.93	\$ 56,257.10	\$ 46,928.24	\$ 45,675.92	\$ 72,280.32	\$ 44,164.30	\$ 41,893.33	\$ 43,913.59	\$ 45,077.56
Community Living Supports	\$ 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	\$ 334,627.10	\$ 364,290.86	\$ 360,894.78	\$ 338,836.16
Crisis Services, Assessments and Testing Evaluation and Management Physician Level	\$ 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	\$ 10,197.17	\$ 11,550.24	\$ 14,175.75	\$ 6,077.55
Psychiatric Inpatient	\$ 13,759.94	\$ 15,394.15	\$ 15,214.85	\$ 15,121.82	\$ 16,726.84	\$ 15,889.81	\$ 17,964.87	\$ 15,461.21	\$ 16,240.56	\$ 21,370.56	\$ 16,513.67	\$ 11,668.23	\$ 14,353.06	\$ 11,182.78
Psychotherapy and Outpatient Services	\$ 13,745.35	\$ -	\$ 43,163.77	\$ 144,062.39	\$ 8,883.00	\$ 24,773.20	\$ 51,991.44	\$ 34,796.38	\$ 5,879.30	\$ 19,313.20	\$ 34,375.75	\$ 69,384.21	\$ 2,080.00	\$ 46,158.00
Vocational & Skills Building, Family and Health Services	\$ 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	\$ 29,043.96	\$ 37,176.66	\$ 47,925.78	\$ 30,092.26
Other	\$ 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	\$ 9,081.15	\$ 13,580.97	\$ 13,535.25
Total	\$ 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	\$ 113.64	\$ 1,403.16	\$ 901.05
Total	\$ 558,942.51	\$ 501,295.99	\$ 594,739.42	\$ 686,495.93	\$ 572,626.70	\$ 583,114.98	\$ 679,757.44	\$ 639,155.34	\$ 568,878.16	\$ 639,876.47	\$ 514,672.44	\$ 585,894.58	\$ 536,443.13	\$ 523,531.00
Number of Registered People Receiving Services	116	127	134	132	138	132	139	134	135	149	131	127	126	119
Average Cost per Registered Person Served	\$ 4,818.47	\$ 3,947.21	\$ 4,438.35	\$ 5,200.73	\$ 4,149.47	\$ 4,417.54	\$ 4,890.34	\$ 4,769.82	\$ 4,213.91	\$ 4,294.47	\$ 3,928.80	\$ 4,613.34	\$ 4,257.49	\$ 4,399.42
Service Transactions Provided	25,961	23,991	28,082	20,880	20,524	18,031	17,663	16,816	16,180	17,180	14,278	14,638	14,923	14,853
Average Cost per Transaction	\$ 22	\$ 21	\$ 21	\$ 33	\$ 28	\$ 32	\$ 38	\$ 38	\$ 35	\$ 37	\$ 36	\$ 40	\$ 36	\$ 35
Count of Adult IDD	43	45	46	44	44	43	43	43	43	44	42	42	41	42
Count of Child IDD	10	10	9	11	14	9	8	8	8	10	9	9	8	11
Count of Adult SMI	47	54	60	53	55	54	64	59	57	65	56	53	51	42
Count of Child SED	16	18	19	24	25	26	24	24	27	30	24	23	26	24
Total	116	127	134	132	138	132	139	134	135	149	131	127	126	119
IDD Adult Cost	\$ 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	\$ 412,726.58	\$ 338,791.42	\$ 362,914.87	\$ 377,194.55	\$ 354,586.26
IDD Child Cost	\$ 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	\$ 24,700.67	\$ 29,900.17	\$ 29,313.48	\$ 29,370.17
Adult SMI Cost	\$ 128,903.14	\$ 105,259.99	\$ 147,751.63	\$ 198,101.42	\$ 125,136.23	\$ 129,232.11	\$ 205,136.19	\$ 169,892.63	\$ 117,697.70	\$ 122,846.76	\$ 110,655.63	\$ 148,531.77	\$ 93,572.55	\$ 75,611.25
Child SED Cost	\$ 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	\$ 72,328.92	\$ 40,524.72	\$ 44,547.77	\$ 36,362.55	\$ 63,963.32
Total	\$ 558,942.51	\$ 501,295.99	\$ 594,739.42	\$ 686,495.93	\$ 572,626.70	\$ 583,114.98	\$ 679,757.44	\$ 639,155.34	\$ 568,878.16	\$ 639,876.47	\$ 514,672.44	\$ 585,894.58	\$ 536,443.13	\$ 523,531.00
Adult IDD Cost per consumer	\$ 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	\$ 9,380.15	\$ 8,066.46	\$ 8,640.83	\$ 9,199.87	\$ 8,442.53
Child IDD Cost per consumer	\$ 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	\$ 2,744.52	\$ 3,322.24	\$ 3,664.19	\$ 2,670.02
Adult SMI Cost per consumer	\$ 2,742.62	\$ 1,949.26	\$ 2,462.53	\$ 3,737.76	\$ 2,275.20	\$ 2,393.19	\$ 3,205.25	\$ 2,879.54	\$ 2,064.87	\$ 1,889.95	\$ 1,975.99	\$ 2,802.49	\$ 1,834.76	\$ 1,800.27
Child SED Cost per consumer	\$ 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	\$ 2,410.96	\$ 1,688.53	\$ 1,936.86	\$ 1,398.56	\$ 2,665.14
Total	\$ 4,818.47	\$ 3,947.21	\$ 4,438.35	\$ 5,200.73	\$ 4,149.47	\$ 4,417.54	\$ 4,890.34	\$ 4,769.82	\$ 4,213.91	\$ 4,294.47	\$ 3,928.80	\$ 4,613.34	\$ 4,257.49	\$ 4,399.42

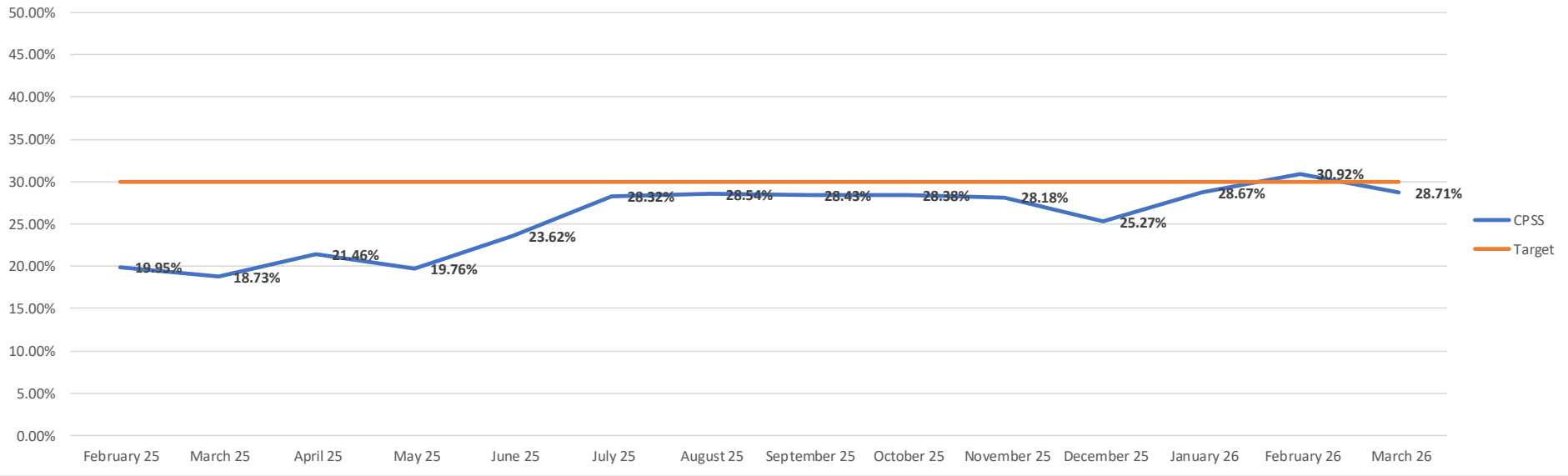
FY2025-26 Service Information for Roscommon County (Code Rate Increase in July)														
Area of Service	January	February	March	April	May	June	July	August	September	October	November	December	January	February
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 56,659.37	\$ 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	\$ 40,832.05	\$ 30,009.13	\$ 36,016.63
Autism Services	\$ 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	\$ 42,872.51	\$ 52,766.81	\$ 53,542.75
Case Management, ACT and Treatment Planning	\$ 72,861.52	\$ 74,586.56	\$ 81,599.40	\$ 94,376.59	\$ 96,356.34	\$ 75,340.40	\$ 136,537.09	\$ 123,281.49	\$ 121,495.17	\$ 133,531.98	\$ 105,429.32	\$ 107,008.82	\$ 106,083.23	\$ 114,903.83
Community Living Supports	\$ 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	\$ 567,039.48	\$ 508,564.19	\$ 498,810.76	\$ 532,719.98	\$ 502,037.67
Crisis Services, Assessments and Testing	\$ 10,422.00	\$ 13,968.00	\$ 19,756.00	\$ 21,743.00	\$ 23,284.88	\$ 14,083.88	\$ 15,428.81	\$ 21,228.74	\$ 34,226.45	\$ 32,760.48	\$ 18,940.56	\$ 21,799.99	\$ 16,796.38	\$ 20,329.53
Evaluation and Management Physician Level	\$ 43,166.32	\$ 39,987.99	\$ 36,325.39	\$ 38,422.54	\$ 37,955.34	\$ 34,229.26	\$ 41,442.79	\$ 42,409.81	\$ 37,107.82	\$ 39,547.94	\$ 36,106.78	\$ 27,818.63	\$ 38,789.02	\$ 35,030.40
Psychiatric Inpatient	\$ 89,034.43	\$ 50,135.14	\$ 32,466.02	\$ 12,797.79	\$ 58,830.58	\$ 33,818.21	\$ 84,164.67	\$ 8,021.00	\$ 57,250.88	\$ 93,966.73	\$ 33,794.17	\$ 71,386.36	\$ 49,671.26	\$ 21,664.70
Psychotherapy and Outpatient Services	\$ 66,627.40	\$ 66,158.08	\$ 56,801.30	\$ 55,347.14	\$ 69,298.49	\$ 55,453.34	\$ 98,355.00	\$ 97,790.02	\$ 90,769.84	\$ 112,704.84	\$ 102,132.32	\$ 93,278.12	\$ 108,532.90	\$ 89,097.74
Vocational & Skills Building, Family and Health Services	\$ 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	\$ 8,203.42	\$ 9,493.26	\$ 9,970.04
Other	\$ 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	\$ 612.33	\$ 691.72	\$ 576.47
Total	\$ 879,742.40	\$ 808,324.14	\$ 843,264.09	\$ 849,328.76	\$ 923,749.97	\$ 828,224.63	\$ 1,044,601.60	\$ 922,123.35	\$ 993,121.45	\$ 1,098,221.86	\$ 898,547.27	\$ 912,622.99	\$ 945,553.69	\$ 883,169.76
Number of Registered People Receiving Services	303	296	296	293	307	302	294	302	290	291	289	284	285	300
Average Cost per Registered Person Served	\$ 2,903.44	\$ 2,730.82	\$ 2,848.87	\$ 2,898.73	\$ 3,008.96	\$ 2,742.47	\$ 3,553.07	\$ 3,053.39	\$ 3,424.56	\$ 3,773.96	\$ 3,109.16	\$ 3,213.46	\$ 3,317.73	\$ 2,943.90
Service Transactions Provided	25,681	25,335	27,475	26,409	26,013	25,358	25,835	26,480	28,695	31,813	26,720	23,784	23,770	22,508
Average Cost per Transaction	\$ 34	\$ 32	\$ 31	\$ 32	\$ 36	\$ 33	\$ 40	\$ 35	\$ 35	\$ 35	\$ 34	\$ 38	\$ 40	\$ 39
Count of Adult IDD	61	62	61	63	62	65	64	63	65	67	68	71	68	65
Count of Child IDD	17	21	20	18	22	19	19	21	24	28	25	27	24	27
Count of Adult SMI	170	166	166	161	169	166	167	170	146	146	148	139	152	164
Count of Child SED	55	47	49	51	54	52	44	48	55	50	48	47	41	44
Total	303	296	296	293	307	302	294	302	290	291	289	284	285	300
IDD Adult Cost	\$ 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	\$ 473,829.02	\$ 428,192.94	\$ 424,208.13	\$ 436,770.83	\$ 411,756.48
IDD Child Cost	\$ 45,617.46	\$ 49,278.41	\$ 58,021.23	\$ 56,839.67	\$ 69,082.51	\$ 58,742.77	\$ 80,896.45	\$ 81,303.82	\$ 102,089.48	\$ 98,158.95	\$ 88,226.92	\$ 78,563.17	\$ 87,470.76	\$ 86,511.57
Adult SMI Cost	\$ 374,424.98	\$ 335,001.71	\$ 327,517.47	\$ 313,916.06	\$ 365,220.71	\$ 321,439.59	\$ 449,390.86	\$ 356,317.63	\$ 349,960.27	\$ 406,382.21	\$ 305,840.51	\$ 343,228.51	\$ 355,657.59	\$ 316,888.78
Child SED Cost	\$ 67,737.01	\$ 59,260.71	\$ 75,440.50	\$ 79,625.25	\$ 69,458.58	\$ 60,881.68	\$ 84,126.17	\$ 79,972.29	\$ 99,249.94	\$ 119,851.68	\$ 76,286.90	\$ 66,623.18	\$ 65,654.51	\$ 68,012.93
Total	\$ 879,742.40	\$ 808,324.14	\$ 843,264.09	\$ 849,328.76	\$ 923,749.97	\$ 828,224.63	\$ 1,044,601.60	\$ 922,123.35	\$ 993,121.45	\$ 1,098,221.86	\$ 898,547.27	\$ 912,622.99	\$ 945,553.69	\$ 883,169.76
Adult IDD Cost per consumer	\$ 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	\$ 7,072.07	\$ 6,296.96	\$ 5,974.76	\$ 6,423.10	\$ 6,334.72
Child IDD Cost per consumer	\$ 2,683.38	\$ 2,346.59	\$ 2,901.06	\$ 3,157.76	\$ 3,140.11	\$ 3,091.72	\$ 4,257.71	\$ 3,871.61	\$ 4,253.73	\$ 3,505.68	\$ 3,529.08	\$ 2,909.75	\$ 3,644.62	\$ 3,204.13
Adult SMI Cost per consumer	\$ 2,202.50	\$ 2,018.08	\$ 1,973.00	\$ 1,949.79	\$ 2,161.07	\$ 1,936.38	\$ 2,690.96	\$ 2,095.99	\$ 2,396.99	\$ 2,783.44	\$ 2,066.49	\$ 2,469.27	\$ 2,339.85	\$ 1,932.25
Child SED Cost per consumer	\$ 1,231.58	\$ 1,260.87	\$ 1,539.60	\$ 1,561.28	\$ 1,286.27	\$ 1,170.80	\$ 1,911.96	\$ 1,666.09	\$ 1,804.54	\$ 2,397.03	\$ 1,589.31	\$ 1,417.51	\$ 1,601.33	\$ 1,545.75
Total	\$ 2,903.44	\$ 2,730.82	\$ 2,848.87	\$ 2,898.73	\$ 3,008.96	\$ 2,742.47	\$ 3,553.07	\$ 3,053.39	\$ 3,424.56	\$ 3,773.96	\$ 3,109.16	\$ 3,213.46	\$ 3,317.73	\$ 2,943.90

FY2025-26 Service Information for Wexford County (Code Rate Increase in July)														
Area of Service	January	February	March	April	May	June	July	August	September	October	November	December	January	February
Additional Supports (Homebased, Respite, Residential, Clubhouse and Nursing)	\$ 110,287.02	\$ 106,253.66	\$ 131,627.67	\$ 134,984.94	\$ 130,839.09	\$ 140,142.35	\$ 171,910.58	\$ 156,501.68	\$ 154,884.46	\$ 167,097.93	\$ 148,519.99	\$ 132,926.61	\$ 124,782.38	\$ 123,599.67
Autism Services	\$ 83,183.29	\$ 73,293.01	\$ 89,412.00	\$ 98,899.52	\$ 99,654.30	\$ 89,322.81	\$ 98,489.79	\$ 94,713.08	\$ 93,753.25	\$ 102,815.39	\$ 80,344.89	\$ 85,278.20	\$ 93,063.29	\$ 84,024.56
Case Management, ACT and Treatment Planning	\$ 123,732.91	\$ 115,475.56	\$ 123,359.26	\$ 138,858.32	\$ 144,987.49	\$ 126,536.84	\$ 212,937.08	\$ 194,922.20	\$ 197,057.35	\$ 220,520.58	\$ 157,865.13	\$ 175,723.68	\$ 185,214.61	\$ 198,730.74
Community Living Supports	\$ 800,342.19	\$ 769,514.50	\$ 860,782.11	\$ 852,618.03	\$ 861,246.97	\$ 844,151.30	\$ 893,534.38	\$ 880,216.84	\$ 878,097.74	\$ 878,684.56	\$ 837,329.11	\$ 879,934.15	\$ 870,425.59	\$ 825,571.33
Crisis Services, Assessments and Testing Evaluation and Management Physician Level	\$ 43,621.42	\$ 42,460.12	\$ 46,751.32	\$ 38,429.00	\$ 42,357.00	\$ 45,833.98	\$ 66,796.60	\$ 59,607.84	\$ 71,079.14	\$ 92,345.21	\$ 75,949.94	\$ 69,333.14	\$ 66,247.41	\$ 64,541.21
Psychiatric Inpatient	\$ 64,307.44	\$ 67,339.02	\$ 67,598.41	\$ 80,216.89	\$ 59,199.58	\$ 56,886.82	\$ 71,330.55	\$ 57,669.98	\$ 72,400.57	\$ 76,348.83	\$ 60,495.34	\$ 61,566.29	\$ 62,343.53	\$ 51,375.66
Psychotherapy and Outpatient Services	\$ 121,542.41	\$ 66,757.46	\$ 86,123.01	\$ 164,984.04	\$ 45,466.51	\$ 116,269.73	\$ 74,751.65	\$ 119,367.74	\$ 84,535.35	\$ 123,372.73	\$ 180,034.20	\$ 50,876.56	\$ 77,791.04	\$ 61,669.78
Vocational & Skills Building, Family and Health Services	\$ 104,318.10	\$ 112,300.88	\$ 96,756.45	\$ 130,211.56	\$ 119,052.29	\$ 122,069.17	\$ 237,914.61	\$ 196,458.80	\$ 215,566.34	\$ 227,275.78	\$ 163,106.62	\$ 163,590.70	\$ 192,636.10	\$ 164,379.58
Other	\$ 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	\$ 42,946.43	\$ 51,147.21	\$ 52,327.68
Total	\$ 1,524,299.74	\$ 1,422,355.56	\$ 1,562,677.18	\$ 1,702,803.79	\$ 1,562,482.16	\$ 1,603,889.17	\$ 1,888,815.90	\$ 1,815,081.42	\$ 1,830,308.57	\$ 1,954,051.99	\$ 1,756,336.08	\$ 1,669,800.57	\$ 1,732,267.36	\$ 1,637,086.33
Number of Registered People Receiving Services	539	528	541	583	561	547	549	522	537	562	528	517	521	492
Average Cost per Registered Person Served	\$ 2,828.01	\$ 2,693.86	\$ 2,888.50	\$ 2,920.76	\$ 2,785.17	\$ 2,932.16	\$ 3,440.47	\$ 3,477.17	\$ 3,408.40	\$ 3,476.96	\$ 3,326.39	\$ 3,229.79	\$ 3,324.89	\$ 3,327.41
Service Transactions Provided	56,167	53,986	61,232	58,637	58,012	58,325	61,011	58,073	58,686	60,451	50,505	52,852	53,305	52,518
Average Cost per Transaction	\$ 27	\$ 26	\$ 26	\$ 29	\$ 27	\$ 27	\$ 31	\$ 31	\$ 31	\$ 32	\$ 35	\$ 32	\$ 32	\$ 31
Count of Adult IDD	126	121	128	132	125	124	127	124	125	125	126	124	123	122
Count of Child IDD	54	52	55	57	61	61	54	64	56	62	61	58	59	54
Count of Adult SMI	264	260	259	277	268	260	273	233	249	254	241	235	240	213
Count of Child SED	95	95	99	117	107	102	95	101	107	121	100	100	99	103
Total	539	528	541	583	561	547	549	522	537	562	528	517	521	492
IDD Adult Cost	\$ 755,105.79	\$ 720,797.26	\$ 769,927.14	\$ 753,700.70	\$ 744,924.33	\$ 742,491.94	\$ 805,641.55	\$ 790,334.40	\$ 797,954.09	\$ 824,707.33	\$ 762,529.49	\$ 787,165.17	\$ 797,637.79	\$ 756,415.94
IDD Child Cost	\$ 126,301.58	\$ 114,392.26	\$ 132,677.15	\$ 142,686.70	\$ 156,329.72	\$ 146,861.65	\$ 172,088.27	\$ 169,959.27	\$ 163,508.36	\$ 172,211.43	\$ 138,080.49	\$ 145,466.15	\$ 160,707.16	\$ 141,488.93
Adult SMI Cost	\$ 499,293.30	\$ 483,375.54	\$ 523,028.70	\$ 620,265.45	\$ 542,651.95	\$ 590,297.96	\$ 736,067.56	\$ 682,655.28	\$ 650,959.05	\$ 707,208.75	\$ 667,353.30	\$ 578,636.63	\$ 603,965.46	\$ 555,455.44
Child SED Cost	\$ 143,599.07	\$ 103,790.50	\$ 137,044.19	\$ 186,150.94	\$ 118,576.16	\$ 124,237.62	\$ 175,018.52	\$ 172,132.47	\$ 217,887.07	\$ 249,924.48	\$ 188,372.80	\$ 158,532.62	\$ 169,956.95	\$ 183,726.02
Total	\$ 1,524,299.74	\$ 1,422,355.56	\$ 1,562,677.18	\$ 1,702,803.79	\$ 1,562,482.16	\$ 1,603,889.17	\$ 1,888,815.90	\$ 1,815,081.42	\$ 1,830,308.57	\$ 1,954,051.99	\$ 1,756,336.08	\$ 1,669,800.57	\$ 1,732,267.36	\$ 1,637,086.33
Adult IDD Cost per consumer	\$ 5,992.90	\$ 5,957.00	\$ 6,015.06	\$ 5,709.85	\$ 5,959.39	\$ 5,987.84	\$ 6,343.63	\$ 6,373.66	\$ 6,383.63	\$ 6,597.66	\$ 6,051.82	\$ 6,348.11	\$ 6,484.86	\$ 6,200.13
Child IDD Cost per consumer	\$ 2,338.92	\$ 2,199.85	\$ 2,412.31	\$ 2,503.28	\$ 2,562.78	\$ 2,407.57	\$ 3,186.82	\$ 2,655.61	\$ 2,919.79	\$ 2,777.60	\$ 2,263.61	\$ 2,508.04	\$ 2,723.85	\$ 2,620.17
Adult SMI Cost per consumer	\$ 1,891.26	\$ 1,859.14	\$ 2,019.42	\$ 2,239.23	\$ 2,024.82	\$ 2,270.38	\$ 2,696.22	\$ 2,929.85	\$ 2,614.29	\$ 2,784.29	\$ 2,769.10	\$ 2,462.28	\$ 2,516.52	\$ 2,607.77
Child SED Cost per consumer	\$ 1,511.57	\$ 1,092.53	\$ 1,384.28	\$ 1,591.03	\$ 1,108.19	\$ 1,218.02	\$ 1,842.30	\$ 1,704.28	\$ 2,036.33	\$ 2,065.49	\$ 1,883.73	\$ 1,585.33	\$ 1,716.74	\$ 1,783.75
Total	\$ 2,828.01	\$ 2,693.86	\$ 2,888.50	\$ 2,920.76	\$ 2,785.17	\$ 2,932.16	\$ 3,440.47	\$ 3,477.17	\$ 3,408.40	\$ 3,476.96	\$ 3,326.39	\$ 3,229.79	\$ 3,324.89	\$ 3,327.41

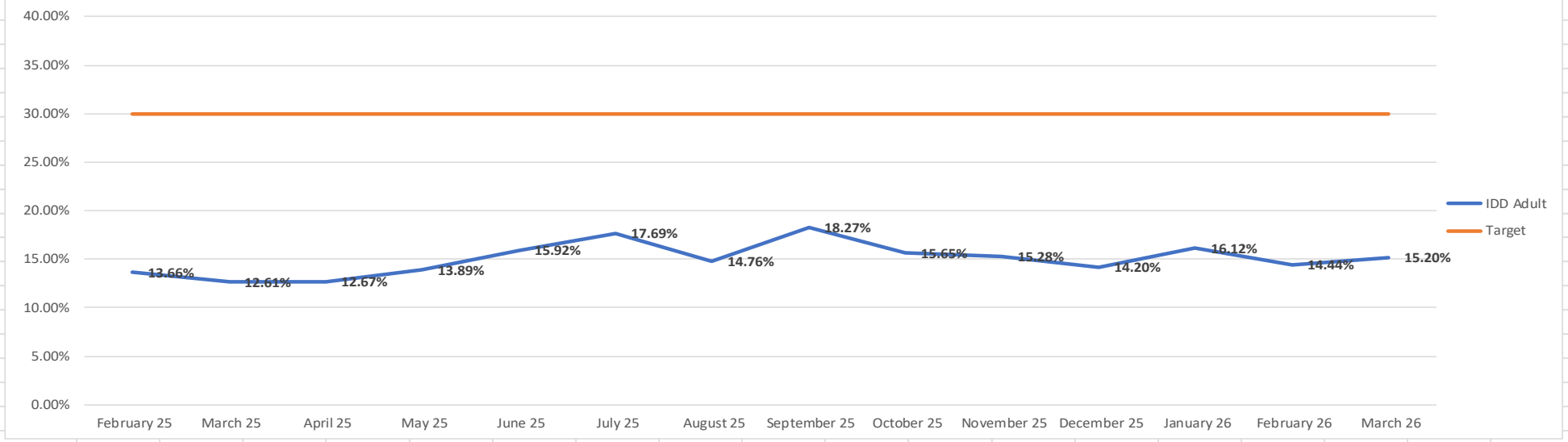
Assertive Community Treatment Staff Efficiency, 13 Month Trending



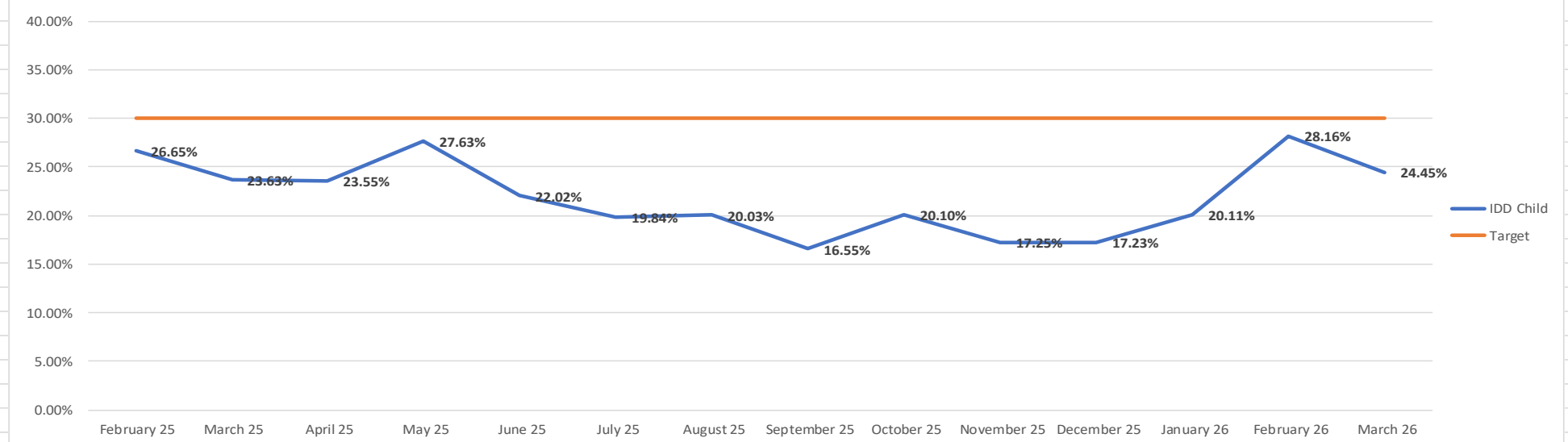
CPSS Staff Efficiency, 13 Month Trending



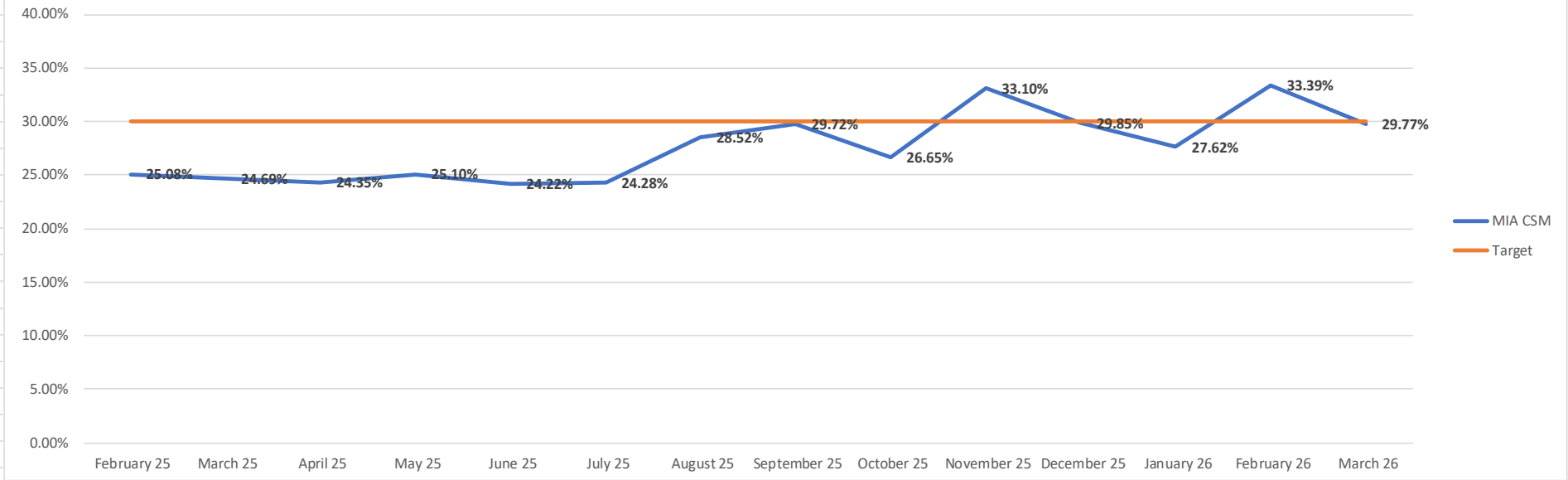
IDD Adult Services Staff Efficiency, 13 Month Trending



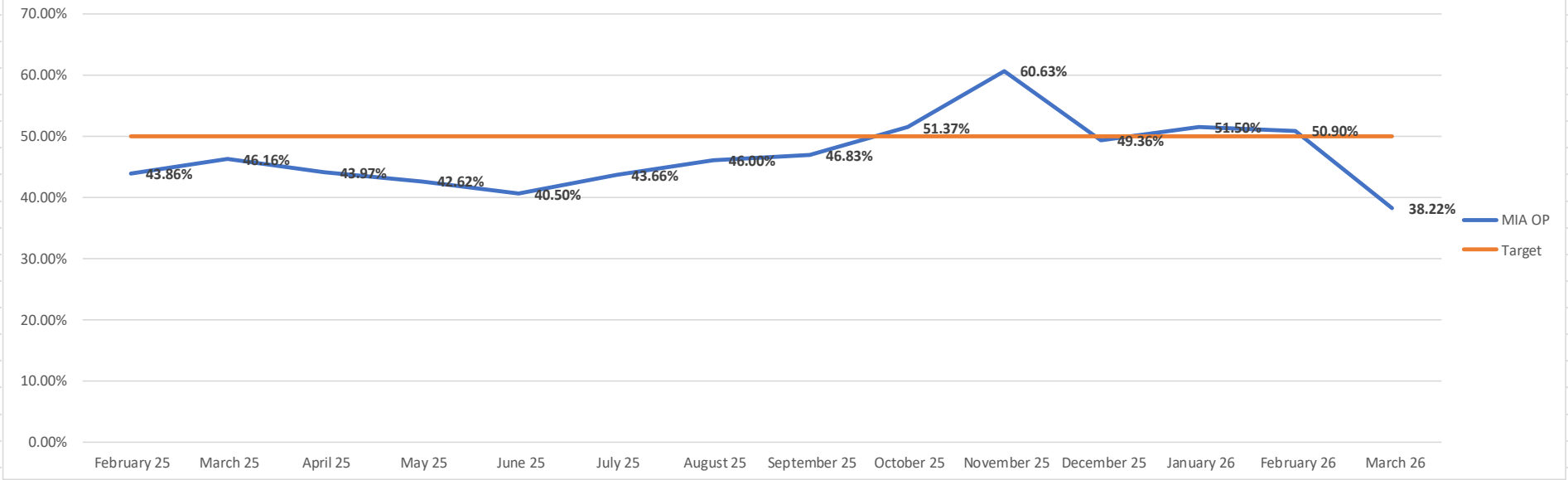
IDD Children Services Staff Efficiency, 13 Month Trending



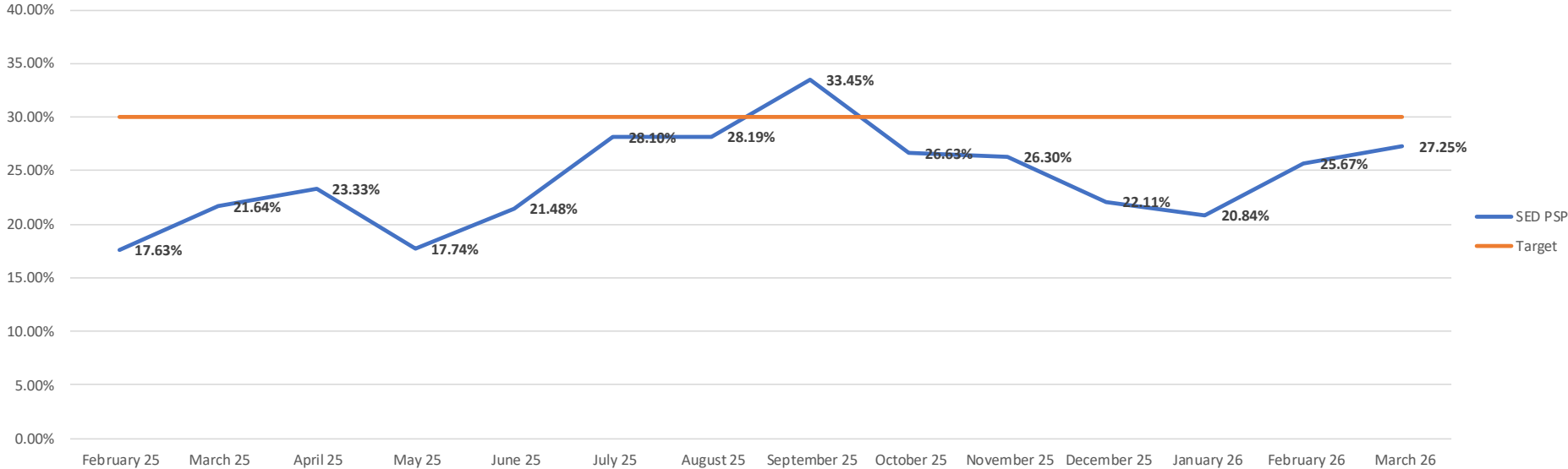
MIA CSM Services Staff Efficiency, 13 Month Trending



MIA OP Services Staff Efficiency, 13 Month Trending



SED PSP Services Staff Efficiency, 13 Month Trending





WEXFORD COUNTY, MICHIGAN

Administration Office, 437 E. Division, Cadillac, MI 49601 231-779-9453 231-779-9745 FAX

May 11, 2026

Ben Townsend
201 N. Clark St.,
Mesick, MI 49668

Re: Northern Lakes Community Mental Health Board

Dear Mr. Townsend:

At their regular meeting held on May 6, 2026, the Wexford County Board of Commissioners reappointed you to the next 3-year term on the Northern Lakes Community Mental Health Board. Your appointment is effective immediately and will expire on March 31, 2029.

Please allow me this opportunity to congratulate you on your reappointment. I am sure that your participation on the Northern Lakes Community Mental Health Board will continue to be rewarding. Thank you for being willing to serve.

Sincerely,

A handwritten signature in blue ink that reads "Jami Bigger".

Jami Bigger, Deputy County Administrator

JB/mms

CC: Alexandra Coon, Executive Secretary

STATE OF MICHIGAN
COURT OF CLAIMS

REGION 10 PIHP, SOUTHWEST MICHIGAN
BEHAVIORAL HEALTH, MID-STATE
HEALTH NETWORK, ST. CLAIR COUNTY
CMHA, INTEGRATED SERVICES OF
KALAMAZOO AND SAGINAW COUNTY
CMHA,

Plaintiffs,

v

Consolidated Case Nos. 25-000143-MB
and 25-000162-MB

STATE OF MICHIGAN, STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN
SERVICES, and STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY,
MANAGEMENT, AND BUDGET,

Hon. Christopher P. Yates

Defendants.

CENTRA WELLNESS NETWORK,
NORTHEAST MICHIGAN COMMUNITY
MENTAL HEALTH AUTHORITY,
WELLVANCE, GOGEBIC COMMUNITY
MENTAL HEALTH AUTHORITY, NORTH
COUNTRY COMMUNITY MENTAL HEALTH
AUTHORITY, and MANISTEE COUNTY,

Plaintiffs,

v

STATE OF MICHIGAN, STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN
SERVICES, and STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY,
MANAGEMENT, AND BUDGET,

Defendants.

FINAL JUDGMENT

On April 14, 2026, the Court issued an Order on Defendants’ Summary Disposition Motion for Mootness memorializing a ruling from the bench rendered on April 13, 2026, determining that “both of the cases have been rendered moot because defendants have rescinded the Request for Proposal challenged by plaintiffs in both cases, and . . . no exception to the mootness doctrine can be invoked by the Court to keep either case open.” But the Court’s April 14, 2026 order left open the issue whether dismissal should be with or without prejudice. The Court invited the parties to submit supplemental briefs on that question. Having reviewed those supplemental briefs, the Court concludes that both cases must be dismissed without prejudice because an order dismissing a case based upon mootness is not an adjudication of any claim on the merits. See *Equity Funding, Inc v Milford*, 342 Mich App 342, 349; 994 NW2d 859 (2022). Although the Court resolved important issues on the merits before the cases became moot, dismissal at this juncture is based exclusively on mootness, so dismissal must be without prejudice. Accordingly, IT IS ORDERED THAT both cases are dismissed without prejudice based on mootness.

IT IS SO ORDERED.

This is a final order that resolves the last pending claim and closes the case.

Date: April 23, 2026



Hon. Christopher P. Yates (P41017)
Judge, Michigan Court of Claims



MENTAL HEALTH CODE (EXCERPT)

Act 258 of 1974

330.1226a Board; special fund account.

Sec. 226a.

A community mental health services program board may create a special fund account to receive recipient fees and third-party reimbursements for services rendered. In the case of a county community mental health agency, approval of the board of commissioners of each participating county is necessary before creation of the special fund account. Receipts into the fund shall be recorded by source of payment and by type of service rendered, and a report regarding this information shall be submitted on a quarterly basis to the department. Money in the special fund account shall be used only for matching state funds or for the provision of community mental health services.

History: Add. 1980, Act 423, Eff. Mar. 31, 1981 ;-- Am. 1984, Act 107, Imd. Eff. May 24, 1984 ;-- Am. 1995, Act 290, Eff. Mar. 28, 1996

<https://www.traverseticker.com/news/gt-county-updates-building-projects-crisis-center-treasurers-office/>

05122026

GT County Updates: Building Projects, Crisis Center, Treasurer's Office

By Beth Milligan

Grand Traverse County will take significant steps forward on several building projects this week, including breaking ground on Project Alpha on LaFranier Road, ratifying an agreement with Norte for a new bicycle education center at the Civic Center, and hosting community engagement sessions on a planned new jail.

County commissioners Wednesday will also hear updates from the GT Mental Health Crisis and Access Center and from the county treasurer's office, the latter of which has struggled with timely reconciliation and staffing shortages.

Building Projects

Grand Traverse County is planning to break ground today (Tuesday) on Project Alpha, a nearly \$28 million expansion of the LaFranier Road campus (pictured, rendering).

Plans call for constructing a 13,500-square-foot emergency operations and communications center (EOCC) and a 38,000-square-foot central operations building (COB) behind the Health Services building. The COB will provide storage and operational space for multiple county departments, including facilities management and the Commission on Aging's outdoor services. Solar panels are planned on both buildings, and the county will install an on-site well for irrigation and backup potable water if public water goes down.

Commissioners earlier this spring [accepted a guaranteed maximum price of \\$27.795 million for the project](#). They also approved a resolution allowing the county to bond up to \$30 million, a figure that includes an additional buffer for contingencies and bonding costs. The county has called Project Alpha a "transformative initiative that will strengthen and modernize key county operations." The COB is expected to be complete next spring, while the EOCC is slated for an early summer 2027 completion.

Moving facilities into the new COB is “paving the way” for repurposing the current facilities building at the Civic Center, according to County Director of Parks and Facilities John Chase. GT County Parks and Recreation has signed a land lease for Norte to renovate and use that building as a new bicycle education center. County commissioners Wednesday will ratify an agreement with Norte for that building along with a pump track and bicycle safety garden planned to be installed at the north end of the Civic Center.

Norte is responsible for all costs associated with renovating the building and for its ongoing use, with the county maintaining building ownership and responsibility for its envelope and mechanical/electrical/plumbing systems as the landlord. Grand Traverse County [awarded \\$50,000 in funding to Norte through its marijuana grant program in December](#) for the building project, with the organization continuing to “conduct private fundraising for the building renovation and bicycle safety garden portions of the project,” according to Chase. Pump track construction is slated to start in July.

Also related to building projects: The county will host two informational sessions this week on a new [jail and justice complex](#). The first is today (Tuesday) from 5:30pm to 7:30pm at Paradise Township Hall on M-113 in Kingsley. The second is Thursday from 5:30pm to 7:30pm at Garfield Township Hall on Veterans Drive in Traverse City. An [online survey is also available](#) for those who can't attend and will remain live through May 29.

Deteriorating conditions at the Grand Traverse County Jail [prompted an engineer to tell commissioners this spring](#) that they should be “seriously considering” moving to a few facility in the next three to five years. Commissioners had [already unanimously approved a resolution of support last April](#) to pursue the construction of a new jail. That's now envisioned to be part of a larger justice facility that could also include the courts, the prosecutor's office, the Grand Traverse Sheriff's Office, the Traverse City Police Department, and the Michigan State Police.

The project is now in the planning phase, with community input expected to help identify concerns and priorities for a new facility. The county noted that key project details including “location, design, programming, and funding approach have not yet been decided.”

Crisis Center Update

Commissioners will hear an update Wednesday on the Grand Traverse Mental Health and Crisis and Access Center, a partnership between Munson Healthcare and Northern Lakes Community Mental Health Authority [that opened last year](#) thanks to significant funding support from the county.

According to presentation materials, the 24/7 crisis center – which expanded last summer to include a psychiatric urgent care – has provided over 1,700 services to over 1,000 individuals to date. That includes 755 crisis service recipients – 648 adults and 107 children – representing 28 counties, though Grand Traverse County accounted for the largest segment at 555 recipients. The overall total also includes 265 psychiatric urgent care recipients, including 228 adults and 37 children. One hundred and seventy-two of those recipients were from Grand Traverse County.

Next steps for the facility include opening nine adult crisis residential units, with the presentation stating that Munson is going through licensing for that now and seeking additional operational

funding, including \$3 million proposed in the state budget. That will be followed by six pediatric crisis residential beds, with lower-level renovation work occurring in preparation for that expansion.

Treasurer Update

Finally, commissioners will hear an update Wednesday from County Treasurer Jamie Callahan. Commissioners have grilled Callahan in recent months about delayed reconciliations for county financial records and [late audit filings with the state](#). In a written report, Callahan said the department is “making progress on reconciliations” by focusing on staying current on daily payments, with the goal of focusing on bank statement reconciliations next. The department is caught up and staying current with electronic grant payments from the state and has also completed all entries needed to close the books for 2025, he wrote.

Callahan also flagged staffing challenges in his report. The department is down one full-time employee and was notified another employee may be resigning soon for health reasons. The department has hired an on-call, part-time employee with extensive treasury experience to help out and has made a job offer to another potential employee. However, Callahan said the department needs a staff member “whose primary focus is account reconciliations” and proposed expanding the staffing plan from 4.7 FTEs to 6 FTEs. Commissioners could vote today on approving that move, which Callahan said would “give the department the support needed to properly function and increase available staff who can also serve our customers.”

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 Annual Report to the Board from prior FY as submitted to MDHHS	20 MIN	X	Annual	February	Recipient Rights Director
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

TOPIC	TIME ON AGENDA	BOARD MTG	FREQUENCY	MONTH	REPOSIBLE PARTY
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
Strategic Plan Review and Update	10 MIN	X	Annual	May	CEO, Board Chair
<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

TOPIC	TIME ON AGENDA	BOARD MTG	FREQUENCY	MONTH	REPOSIBLE PARTY
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
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
<u>Service Area Presentations:</u> Recovery and Prevention	10 MIN	X	Annual	August	CEO, CCO
Compliance, Quality and Customer Services: Annual Report and Board Training	20 MIN	X	Annual	August	CEO, COO
Public Hearing	90 min – 2 Hours		Annual	September 10 th	CEO
<u>Service Area Presentations:</u> Services for Children with Serious Emotional Disturbance (SED)	10 MIN	X	Annual	September	CEO
Information, Technology and Security: Annual Report	10 MIN	X	Annual	October	CEO, CIO
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

TOPIC	TIME ON AGENDA	BOARD MTG	FREQUENCY	MONTH	RESPONSIBLE PARTY
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
Each meeting will also include:					
Report of Officers <ul style="list-style-type: none"> • ORR Director • CEO Report CFO Report	45 Min	X	Monthly	Every Month	Recipient Rights Director, CEO, CFO
Committee Reports (from the committee Chairs): <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
Dashboard Report <ul style="list-style-type: none"> • Persons served, cost, efficiencies 	10 MIN	X	Monthly	Every Month	CEO

TOPIC	TIME ON AGENDA	BOARD MTG	FREQUENCY	MONTH	RESPONSIBLE PARTY
Celebrate Northern Lakes	10 Min	X	Monthly	Every Month	Board Chair, CEO
Celebrate Community	10 minutes	X	Monthly	Every Month (or at lesser frequency as determined by Community Engagement Committee and Executive Committee)	Community Engagement Chair, Board Chair