



The Northern Lakes Community Mental Health Authority Board will meet on June 18, 2026, at 527 Cobb Street Cadillac MI 49601 & Virtually at: <https://www.northernlakescmh.org/about-us/board-of-directors/> or via phone: [+1 810-258-9588](tel:+18102589588), 682 820 751#

AGENDA - June 18th 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<ul style="list-style-type: none">• Welcome new board member and congratulate re appointments |
| 1:05 p.m. | 2 | Public Comment |
| 1:10 p.m. | 3 | Celebrate Northern Lakes – Robin Walters, Windy Near, Karla Eisner (Peers)
Caleb Gomez (Human Resources) |
| 1:15 PM | 4. | Service Area Presentation: I/DD Team |
| 1:25 p.m. | 5 | 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">• Turn in Conflict of Interest and Code of Conduct Declaration –• Service Area Presentation MI SMI – Scheduled for May, delayed to July• Board Retreat: October 15th 2026, 2-6 pm• ORR Virtual Training |
| 2:50 p.m. | 8 | Public Comment |
| 2:55 p.m. | 9 | Announcements/Board Comments/Presentations <ul style="list-style-type: none">• Recipient Rights Semi Annual Report to Board – Due to MDHHS in June, report to board in July• Financial, Single and Compliance Audits Discussion – Next Month- (June)• New Board Member Orientation |
| 3:00 p.m. | 10 | Adjourn |

Next Meeting: July 16, 2026 – Grayling

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



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

Board of Directors Meeting Minutes

May 21st, 2026

NLCMHA Houghton Lake Office
2175 South Townline Rd

1:00pm

Board Members Present: Al Cambridge, Ben Townsend, Christal Frost Anderson, Dave Freedman, Greg McMorrow, Kim Morley, Lynn Pope, Mark Nyman, Mary Marois, Penny Morris, Shawn Kraycs, Ty Wessell

Quorum was confirmed.

Others Present: Andrea Weis, April Weinrick, Ashley Cross, Curt Cummins, Hilary Rappuhn, Jacob Aubrey, Jeremiah Williams, Lisa Lashley, Lynda Zeller, Marsha Brown, Melissa Bentgen,

Virtual Attendees: Aimee Horton Johnson, Amy Humrichouser, Andrea Weiss, Becky Brown, Candace Kauska, Carol Balousek, Christina Decker, Cindy Peterson, Dean Baldwin, Erin Brotherton, Gina Schlegel, Joe Barkman, Kaitlin Merritt, Kaitlyn Reinink, Kari Barker, Kellee Hoag, Kristie Maier, Kristin Page, Leane Letts, Lisa Woodcox, Lori Stendel, Melissa Trout, Molly Caminata, Neil Rojas, Rachel Light, Rob Palmer, Sara Houchin, Somer Quinlan, Sophorn Klingsmith, Sue Hamel, Terri Henderson, Tiffany Fewins, Tracy Brown, Trapper Merz, Victoria McDonald

Call to Order: 1:00 p.m. by Board Chair, Greg McMorrow

Conflict of Interest: None

Timekeeper: Penny Morris

Approval of Agenda:

MOTION: Approval of Minutes

RESULT: Motion Carries

MOVED: K. Morley

SECONDED: D. Freedman

MOTION: Approval of Agenda

RESULT: Motion Carries

MOVED: M. Marois

SECONDED: S. Kraycs

Public Comment: None

Celebrate Northern Lakes: Amy Humrichouser, MD – Andrea Weiss, RN – Cara Brinzeiu, MD – Curt Cummins, MD – Jacob Aubry, DO – Kaitlyn Reinink, RN – Kristin Page, RN – Molly Caminata, RN – Neal Fellows, DO – Pamela Sparks, RN – Paula Colombo, MD – Jennifer Rostambadi-Cook, DO – Jennifer Wisniewski, RN – Rachel Stone, RN – Scott Monteith, MD –

Report of Officers:

Recipient Rights Report: Operations remain stable with 100% compliance maintained across required areas. Although summary report averages have begun to decline, corrective actions are in progress. Staffing levels are improving with the onboarding of a new advisor in TC, now in her third week, along with two additional hires—an advisor and a specialist—which will return the department to full capacity. Site visits continue at 100% compliance.

Special acknowledgment is due to Lisa, who has sustained departmental operations during staffing shortages. Recent fieldwork included completing seven home visits in one day across Grand Rapids and Kalamazoo, requiring extensive travel.

A recent report identified a high number of substantiations in one provider home. ORR is working directly with the CEO to address concerns across this home and others under the same ownership. There have been multiple serious concerns affecting consumer care and safety. Lisa is conducting regular monitoring to ensure consumer safety. A follow-up report to the board is required, including an analysis of the situation and any consumer-safety concerns.

Lynda and Lisa will work with the Executive Committee to schedule a virtual training session for Board Members our new board member and those who were unable to attend the previous training, specifically: S. Kraycs, C. Frost Anderson, P. Morris, T. Wessel, G. McMorrow, D. Buron)

Chief Executive Officer's Report: Lynda Zeller, Chief Executive Officer (CEO) of Northern Lakes, presented the CEO Report. The full report can be found in the Board packet. Items highlighted during the meeting included:

- Board member contact information will be updated to reflect recent appointments and re appointments. Hilary will send this out by email to all board members before the next meeting.
- The Clinical, Compliance, and Utilization Management teams are working diligently to address documentation related compliance concerns.
- A main focus area is timely authorizations being entered into the electronic health record. Relatedly,

- This past month we provided a report to NMRE containing a list of authorizations where there was not an active Individual Plan of Service (IPOS) linked to the authorization. When this is the case, Medicaid can not be source of payment.
- This was a problem a couple years ago, we ran a new report to see if this problem is continuing. The new report reflected significant improvement but did contain 68 services which did not have active IPOS. Most of these services carry a cost of less than \$500 each totaling just under \$25,000. We have removed these services from Medicaid billing and are following appropriate compliance reporting through the NMRE.
- While this error rate shows excellent improvement over a couple of years ago, it is not acceptable to have any authorization for services without an IPOS. The internal compliance and clinical teams are implementing increased clinical monitoring, chart reviews and technology fixes to get this list to zero next time it is reported.
- The "Manager of Contracts and Facilities" position has been posted. Interviews will be held in the next month. This is the position formerly held by Mark Crane.
- "Efficiency Charts" were briefly discussed. ACT and IDD Adult have not begun trending up remaining well below targets. We are considering adding direct but non-billable activities (such as collateral contracts) to this report.
- May is Mental Health Month. NLCMHA is recognizing it through community outreach and internal activities that promote awareness, self-care, and wellness. Houghton Lake staff placed a "high five" message at each board member's seat, which was one of many creative ways staff marked the month and supported one another.
- PIHP RFP. As prior reported, the RFP to reduce PIHPs from 10 to 3 was cancelled by the State of Michigan MDHHS. There is a document in the board packet from the court denoting the Judge's decision that the case does not need to stay open any longer (due to mootness since MDHHS cancelled the RFP). Representatives of the State have reported they expect to issue another RFP, though timing is unclear. The important take away is a new RFP can not diminish the mandated responsibility of the CMHSPs. The CMH's within the NMRE and Northcare (UP) regions are preparing for either scenario (current PIHPs continuing as they are or the opportunity to bid on the combined region together).

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Chief Financial Officer's Report: Financial performance this month remains consistent with prior months, with no significant changes. Cash flow continues to trend positively, and capitation revenue is still slightly above budgeted levels. Personnel expenses remain approximately \$200,000 under budget, unchanged from previous reporting.

However, the organization is over budget for the first half of the year in two major areas:

- Healthy Michigan: over by \$1.7 million
- Medicaid: over by \$1.3 million

The management team is actively reviewing areas of overspending, with residential services identified as a key driver. Network Management is evaluating strategies to reduce costs and improve financial efficiency.

Two required state reports have been completed since the last meeting. The organization is working with a financial firm to prepare full financials for the board. The first-half-year report due to the state will be submitted by the next board meeting and is expected to provide clearer insight into specific spending areas.

Committee Reports:

NMRE: Dave Freedman reported that, compared to other PIHPs, the organization is showing a \$1.5 million deficit. He also reviewed the recent RFP process and the additional bonus funding that was awarded. There was discussion about how the bonus amounts were calculated. The performance bonus opportunity allows us to earn our own share of the bonus for good performance, as well as unearned bonus money from other CMHs and PIHPs who do not achieve the performance targets. NLCMH received \$803,516, representing 25% of the total bonus allocation for NMRE. This funding is appreciated and is considered local dollars.

Executive: Greg McMorro reported the Executive Committee met to plan for this board agenda. He apologized for not being here last month and said he was appreciative that the board proceeded with electing officers as presented by Nominations, and that his absence did not delay that process.

Finance: The financial report emphasized that residential homes and 24/7 services remain the biggest budget concern. The organization is seeking a new manager for the contracts department. The goal is to have a reorganization of how we contract to maximize efficiencies, learning from other CMHs, while bringing people we serve as closer to home where overall cost will be less.. After the audit, the plan is to start the “lookbacks” (toward resolution with NMRE over Medicaid cost settlements), The audit should be complete by the end of June with the report coming to the board after that. SAMHSA grants – we have not heard any additional requests from SAMHSA so it can be assumed all their questions were answered. The Finance Committee held their meeting at ROOC, inclusive of a tour. We hope we can schedule a meeting there, again in the fall.. Cash flow continues to improve monthly, supported by advances from the Northern Region. Relationships with NMRE and regional CMHSPs have significantly improved, driven by new leadership and stronger collaboration. Staff efforts—especially from Mary, Dave, and Ruth—have helped rebuild trust, resulting in a more supportive and cooperative regional environment.

MOTION: To Authorize a Letter to the Northern Michigan Regional Entity (NMRE) thanking them for the support as we work through these difficult times. CC the County Administrators.

RESULT: Motion Carries

MOVED: A. Cambridge

SECONDED: P. Morris

Policy: Dave Freedman reports they met Monday 18th with Jess Williams and Lynda. There has been significant improvement in the way policies were developed and published. Policies have been made available to all staff in PDF, and are searchable by key word, which has greatly enhanced the accessibility for all staff. . The policies are posted to our intranet. The he board is also able to access these policies through our Intranet if desired. Progress is evident. The Policy Committee is expecting to meet again with staff for an update in 3 months.

Personnel: The Personnel Committee met. One of the main agenda items discussed is planning a follow up survey this fall. Kim reported that the first climate survey generated extensive feedback, much of it reflecting the impact of the then recent layoffs. In that first survey taff expressed feeling overworked, underappreciated, and uncertain about hybrid work expectations. Many employees also noted they do not know the board members, prompting suggestions for informal meet-and-greet opportunities. . The organization, now at 305 employees. During the committee meeting staff reviewed specific actions taken since the first survey to address concerns related toequity, safety, and transparency The updated Code of Conduct—now including a CEO letter and an easier-to-read format—has received positive feedback, and staff will sign it annually. Another staff survey will be conducted in six months to track trends. It will be a much shorter, targeted survey seeking to determine if there has been improvement in key areas.

Community Engagement: Christal reported that the September 10 public hearing will run from 11 a.m. to 2 p.m. and take place simultaneously across all locations, with one site serving as the main coordinating hub. Staff or board members will be present at each location to help facilitate breakout discussions. Key stakeholders have been identified, and board members are encouraged to share additional names so they can be notified and invited to come prepared with questions or feedback. The goal is to avoid the unstructured feel of past hearings by guiding the conversation and keeping it solution-focused. The broader community will also be notified, with support from Deb Freed for promotion and advertising. In particular, County commissioners on the board are asked to help identify and invite valuable community participants. As committee structures evolve, the group emphasized staying ahead of media narratives and being transparent about issues in advance.

RRAC Committee: RRAC didn't meet this month but will meet next month.

Unfinished Business:

- **CMHAM Summer Conference** : L. Pope (delegate), M. Marois (delegate), and D. Freedman will be attending
- **September 10 Public Hearing** : This item was covered in the Community Engagement Committee Report. Additional note: All Locations will be have Online and in person opportunities. After the combined opening, there will be “break out” sessions for virtual attendees. All attendees will be able to choose which of the four locations to join.
- **Board Retreat -The board discussed desired agenda topics, including:**
 - SWOT analysis (prepared by staff/leadership and updated/edited at the retreat)One In depth topic (suggestion—understanding differences between general fund and Medicaid, and impact on priorities, wait lists, local services available). Possibly invite Chip Johnson as guest speaker (and subject matter expert about maximizing impact of local funds)
 -
 - Determine three or four strategic pillars or high level goals. Note re: Strategic Plan which ended in 2024. Lynda noted she intended to add objectives to the latest strategic plan which expired in 2024, but it is not yet completed due to competing priorities. Also, given the retreat coming up in less than four months, it may not be feasible or advisable to amend the 2024 plan now.
 - **It was agreed that we will shorten the regular board meeting to an hour in order to start strategic planning from 2-6. Agreed by all.**

Public Comment: Marsha Brown with a consumer story. Praise also for staff on the code of conduct.

Announcements/ Board Member Reports/ Board Association:

- Code of Conduct and Conflict of Interest -was included in the packet and discussed. Board members are to sign and return once they are comfortable all questions have been answered and feedback given, target to collect signed documents is the June board meeting.
- The board members discussed the flooding impact and asked questions about impact on consumers, staff and communities. All offered words of support and empathy for people that were affected by the flooding. The board and CEO expressed appreciation to staff who helped with the Board operated homes and our buildings that were affected by the flooding, calling out Doug Nielsen in particular for his quick response and excellent work addressing power outage and water issues in buildings.

Next Meeting: June 18, 2026, In Cadillac

Adjournment: 3:00 p.m.

Respectfully submitted,

Hilary Rappuhn, Executive Administrator

Greg McMorrow, Board Chairperson

Lynn Pope, Secretary

DRAFT

Office of Recipient Rights Director's Report June 2026

Dates represented	10/01/23-06/08/24	10/1/24-06/08/25	10/1/25-06/08/26	Board Operated Homes
Complaints	378	318	219	33
OJ, No Right Inv.	75	62	35	2
Interventions	34	40	29	9
Investigations	270	216	156	22
Investigations Comp	270	216	116	16
Investigations open	0	0	40	6
Inv > 90 days	1	0	1	0
Inv < 90 days	269/270 (99.6%)	216/216 (100%)	115/116 (99.1%)	16/16 (100%)
Summary Report Avg	273/273 (100%)	198/198(100%)	112/115 (97.4%)	14/16/ (87.5%)
NLCMHA staff alleg.	98	86	30	20
NLCMHA Staff W/I 1 yr	13	14	4	3

Complaint Source

Complaint Source	Count
Anonymous	13
Community/General Public	4
Guardian/Family	10
ORR	64
Recipient	34
Staff	94
Total	219

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	17	12	8	25	48	110

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

Program	Substantiated	Pending	Not Substantiated
Assertive Community Treatment	2	0	0
AuSable In Home Care, LLC	0	0	1
Beacon Home at Trolley Center	2	0	0
Beacon Home at Woodland	2	0	8
Beacon Mission Point	6	6	2

Beacon Silverview	3	3	0
Crisis Services	0	1	0
Danes AFC	1	0	0
Elmwood AFC	15	2	3
Evergreen Home	1	1	3
Fort Road Residence, LLC	3	0	0
Frances Specialized Residential	0	0	1
Friendship Family Home	2	0	2
Grand Traverse Industries, Inc.	3	0	0
Grand Traverse Mental Health Crisis and Access	1	1	3
Great lakes Center for Autism	2	0	0
Heart and Soul Living LLC	4	2	1
Hickory Hill AFC LLC	0	0	3
Hickory Hollow Specialized Residential LLC	0	1	0
Hillcrest AFC	1	0	1
HL Office/Roscommon County	0	0	1
Hope Network Neo Birdsong	1	1	0
Hope Network Neo Breton	0	0	1
Hope Network Neo Bristol	6	0	1
Hope Network Neo Grandville	1	0	0
Hope Network Rivervalley 1	1	0	0
Hope Network West Michigan - Cadillac Center	1	0	0
IDD Adult Case Management	1	4	2
IDD Children's Case Management	0	1	1
Jones Lake AFC Home	3	0	1
Kennedy House West, LLC	1	0	0
Mama T's AFC	0	0	2
Maple Specialized Residential	0	1	0
MI Independent Living SIP - Northland	0	2	0
MI Independent Living, LLC	5	0	3
MIA Case Management	0	1	0
North Arrow ABA - Cadillac	0	1	0
North Arrow ABA - Grayling	1	1	1
North Arrow ABA - Traverse City	1	0	0
Northern Lakes CMH Authority	2	1	11
Oakridge Specialized Residential	2	3	7
Ohana AFC	1	0	0
Outpatient Services	1	1	1
Packard Specialized Residential	0	1	1
Pearl Street Home	6	1	0
Psychiatric Services	1	2	2
Real Life Living Services	1	0	0
Seasons of Life AFC Home, LLC	0	4	0
Seneca Place Home	7	2	2
Serenity AFC	0	0	3
Spectrum Community Services	1	0	0
Spectrum Community Services SIP - Bremmer	1	1	1
Spectrum Community Services SIP - Kentucky	3	0	0
Summerfield AFC	2	2	0
Sunrise AFC Home LLC	1	0	1
Taylor Home Care 60th Ave	0	1	0
TC Office/Grand Traverse County	3	0	2
TLK AFC Home, Inc.	0	1	0
Westwood Specialized Residential	0	0	1

Wright Street AFC Home	3	4	0
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Chief Executive Officer's

Report to the Board

June 8, 2026

Note: This report is longer than most due to need for background on a couple important topics below.

GOVERNANCE AND ACCOUNTABILITY:

NLCMHA Board:

- **Public Comment Follow up:** None required from last meeting.
- **Public Act 423 of 1980.** Last month I mentioned I may be recommending board action to support this act "in perpetuity". I am not yet ready to recommend this, as I am still sorting through historical documents. Relatedly, in your packet is a document from 2011 that I found helpful (summary of NLCMH history). I would like to update this document to include important items such as "2023 Enabling Agreement", "Governance Policies 2024"-moving away from Carver model to Committee model. I would like to spend a couple minutes in the meeting to discern if there are other major items that should be included.
- **NLCMHA Board Member Listing:** You should have received an updated Contact listing for all board members, by email. Please let us know if there are any corrections needed. There will be hard copies of this list distributed at the board meeting as well.
- **Service Presentation MIA:** Included in your packet is an updated Annual Work Plan for the board. The only change is moving the MIA Adult Service Presentation from May until July.
- **Board Retreat October 15, 2:00-6:00:** Please note the Board Retreat is scheduled in October after the shortened board meeting (1:00-2:00 Board meeting, 2:00-6:00 PM Board Retreat). Hilary sent out a placeholder calendar invitation. Executive Committee and/or I can provide high level review of draft agenda for the retreat.

County:

- **County Commission Meetings:** I am attending the Roscommon County Commission on June 10. I have now met once with each County Commission. I have also requested a meeting with all county administrators to provide a mid-year status report on NLCMHA. We are working toward a late June or early July meeting.

STATE and NATIONAL:

- **State Recognition-Clubhouse:** Our Club Cadillac and Traverse House clubhouses traveled to Lansing for celebrations and formal recognition (legislative/governor) of partner companies (employers) and members achieving success in employment goals. Pictures are included in your packet.
- **HR 1-Changes to Medicaid:** A MDHHS staff presented a very helpful PowerPoint describing the changes coming in 2027. Click here for similar slide deck [Medicaid Changes Coming in MI due to HR 1](#) Biggest changes: for Healthy Michigan Plan (HMP). People will need to re-apply every six months and work or do community service for 80 hours a month to keep eligibility.

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).

The state expects 200,000 people to lose coverage. Any person we are currently serving who loses that coverage will have the cost of their services shifted to General Fund as most will have near zero ability to pay. We may then need to prioritize those most in need and not be able to serve all, due to the limited General Fund.

NMRE:

- **Bridge Health UCA:** The CMH directors in the NMRE region and Northcare (UP) met in St. Ignace last Friday. While the original purpose of the creation of the Bridge Health Urban Cooperation Act (UCA) is moot since the cancelling of the PIHP rebid, we discussed using that UCA for the collective benefit of building evidence base for rural models of care, as well as potentially being a vehicle for quick action should the state reissue an RFP or if opportunities arise with other entities (such as commercial insurance or Medicaid Health Plans). No official request is yet being made of the entities that created the UCA, but that may come.

SERVICES AND WORKFORCE:

- **Traverse House Celebration:** The 30 Year Celebration of Traverse House was a huge success. Pictures and highlights are included in several of our internal and external communications. Congratulations to members and staff for a great event highlighting the power of community supporting wellness, resilience and personal achievement.
- **Service Impacts-General Fund:** We continue to have more demand for services than can be supported by our non-Medicaid dollars (state and local general fund). This is an important topic for all to be aware of and about which I welcome feedback and guidance from the Board. Background and details on two specific areas of impact included below:
 - We are required by state statute to provide crisis, psychiatric in-patient, and assessment to all persons regardless of insurance and ability to pay. What this means is after a crisis is resolved, even if a person is assessed as medically in need of non-emergent services, we place them on a waiting list if they don't have Medicaid.
 - The non-Medicaid wait averages around 15 people. It would likely be twice as long, but often people decline the wait list if they are not offered a date within the next week or two.
 - **Specialty Program Discontinued:** Related to above discussion, we have given notice to staff and county partners (courts and juvenile justice systems), that we will be discontinuing our MST Program mid-August. Key factors about MST and those involved in this decision:
 - Multisystemic Therapy (MST) is an intensive treatment program for youth aged 11-18 with serious behavioral issues, and it is one of the only evidenced based programs for children with problem sexual behaviors.
 - Without this program these youth would likely be placed in Juvenile Justice or Psychiatric Residential, often out of state, paid for by county childcare fund.
 - For the past several years, NLCMH operated the only MST program north of Mt. Pleasant. Other CMHs have not initiated this program due to cost impact on general fund and difficulty recruiting and retaining staff. Around \$80,000 to \$125,000 of our general fund has supported this program, annually.

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- NLCMH MST has two clinicians and one supervisor. Caseloads are limited to no more than 4 children per clinician, or 8 children maximum in the program at any point in time.
 - For the past four months we have been exploring other funding sources that could help offset our losses, and evaluating whether that could support and even expand this program but did not have the outcomes we hoped. When one of the staff resigned for another program in the agency, we made the difficult decision to close down the program.
 - The counties impacted by this decision are Leelanau and Grand Traverse. Wexford was hoping to start a program but determined this model (MST) was cost prohibitive.
 - We told key partners we would consider starting another MST program in the future, but only if we could make significant design changes to more easily recruit and retain staff and sufficiently fund the gap.
- **Jail Services-Non-Crisis:**
 - Our jail services worker position is now vacant. In addition to responding to crisis requests and screening for psychiatric in-patient, this worker also did significant numbers of non-crisis contacts at the request of the jail. The non-crisis services are technically not required by statute, but we have continued to do them at most jails, supported with general fund.
 - A recent report (year to date) showed Missaukee and Roscommon with 400 plus contacts each, Crawford and Wexford with around 250 contacts each, zero for Grand Traverse and less than 25 for Leelanau. Grand Traverse hired a Jail Social Worker directly, which is why there are no contacts by our jail worker.
 - The jail worker/visits results in a direct cost to general fund of around \$200,000-\$300,000 a year.

COMMUNITY AND PARTNERSHIPS:

- **September 10 Public Hearings:** Plans continue for the September 10 Public Hearing, to be simultaneously held at all four NLCMHA offices, connected virtually for opening remarks, and with virtual as well as in person breakouts. Enclosed in your packet is a form we will ask you to fill out at the board meeting and return. We want every board member to help invite (recruit) key stakeholders to attend the September 10 event. While the event will be broadly advertised and does not require RSVP, we want to ensure that we gain commitment from key community leaders/sectors in order to get meaningful feedback that we can then use at our board retreat and beyond.

STEWARDSHIP AND FINANCES:

- **FY 2025 Audit:** Our annual audit is underway; work being completed by Roslund Prestgage and Company ([RPC](#)). We expect it to be completed by June 2023. Melissa and Finance Committee can provide a status update at the board meeting.
- **Look Back/NMRE Resolution:** Now that the audit is nearing completion and the FSR report is complete for 2025, we can begin discussions with NMRE about next steps on the look back. I will be discussing next steps with Eric this next week. Instead of engaging auditors, I will be

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proposing re-running FSR;s for the past years (2020,2021,2022) to be used to reach agreement on what is owed between parties for cost settlement for those years. Important note: the board will need to consider amending its decision to engage auditors if Eric agrees to this less costly method. The exact wording of the resolution approved at the October 16, 2025, board meeting is included as a reference at the end of this report.

- **Financial Reports:** Melissa is working with TBD solutions and Donna Nieman (Centra Wellness) generating more traditional Financial Reports and schedules. Melissa expects to present these to the Finance Committee for discussion and reporting back to the board.

Respectfully submitted,
Lynda Zeller, CEO

REFERENCE “LOOK BACK” (Motion approved October 16, 2025)

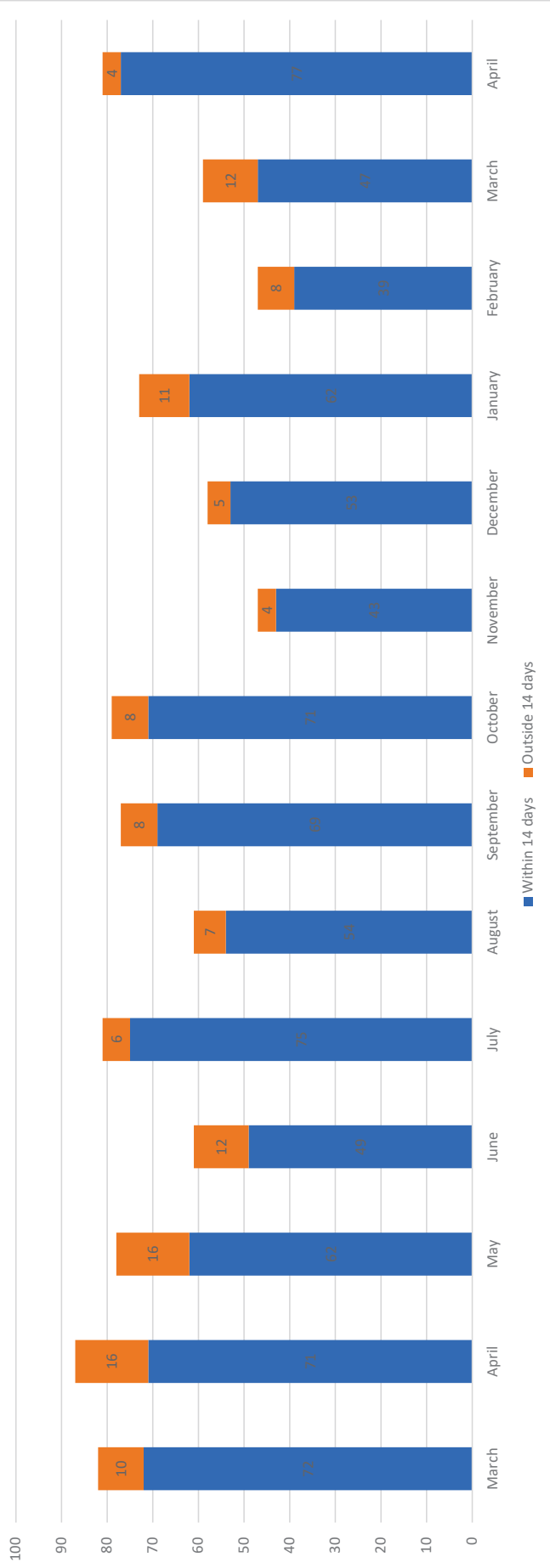
MOTION: The Board acknowledges the cost settlement motion passed by the NMRE; However, we believe that it is in the best interest of all that we review fiscal years 2020, 2021, and 2022 by our auditor RPC as moved by our Board during our 2025 August meeting. RESULT: ADOPTED [UNANIMOUS] MOVER: A. Cambridge SECONDER: T. Wessell

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).

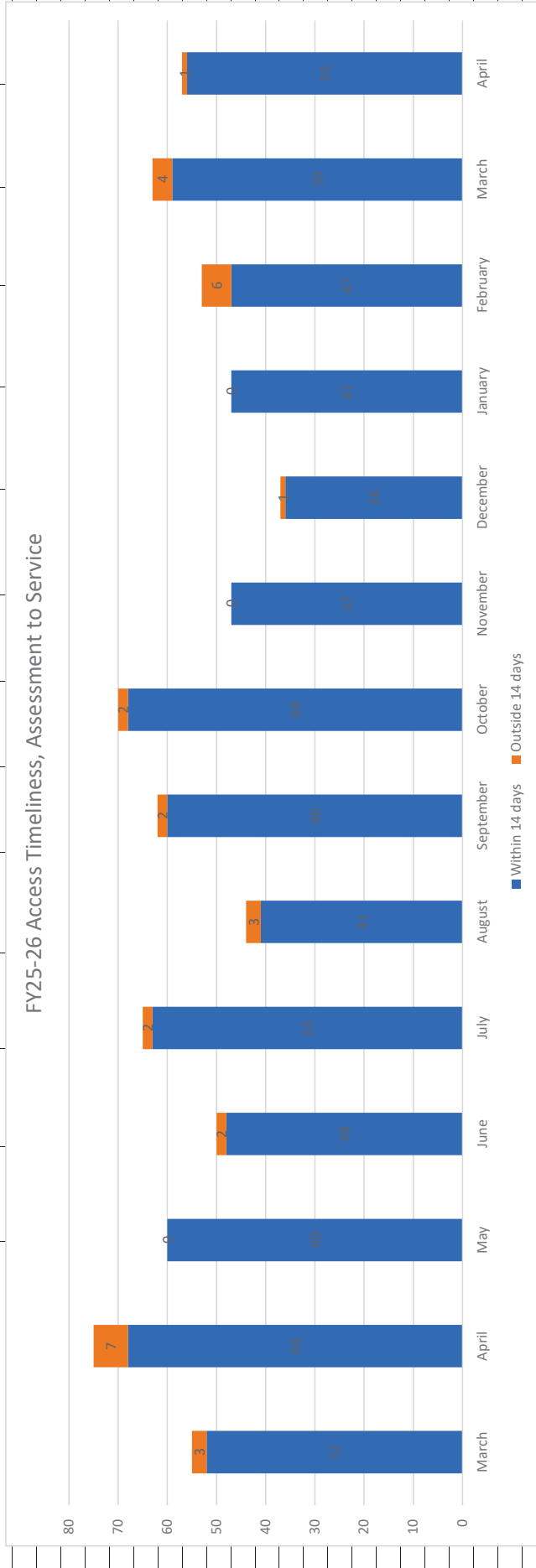
FY2025-26 Monthly Access Timeliness, Request to Assessment														
	March	April	May	June	July	August	September	October	November	December	January	February	March	April
Within 14 days	72	71	62	49	75	54	69	71	43	53	62	39	47	77
Outside 14 days	10	16	16	12	6	7	8	8	4	5	11	8	12	4
Consumer Cancelled/Rescheduled	10	10	11	6	11	10	4	13	7	8	11	12	22	3
Consumer Requested outside 14 days	9	9	4	5	3	4	3	1	2	5	5	11	15	10
Consumer No Showed	28	18	22	21	17	17	26	28	18	16	26	20	19	25
Other (denial, no follow up)	12	23	17	11	9	9	13	6	6	15	15	16	16	6

FY25-26 Access Timeliness, Request to Assessment

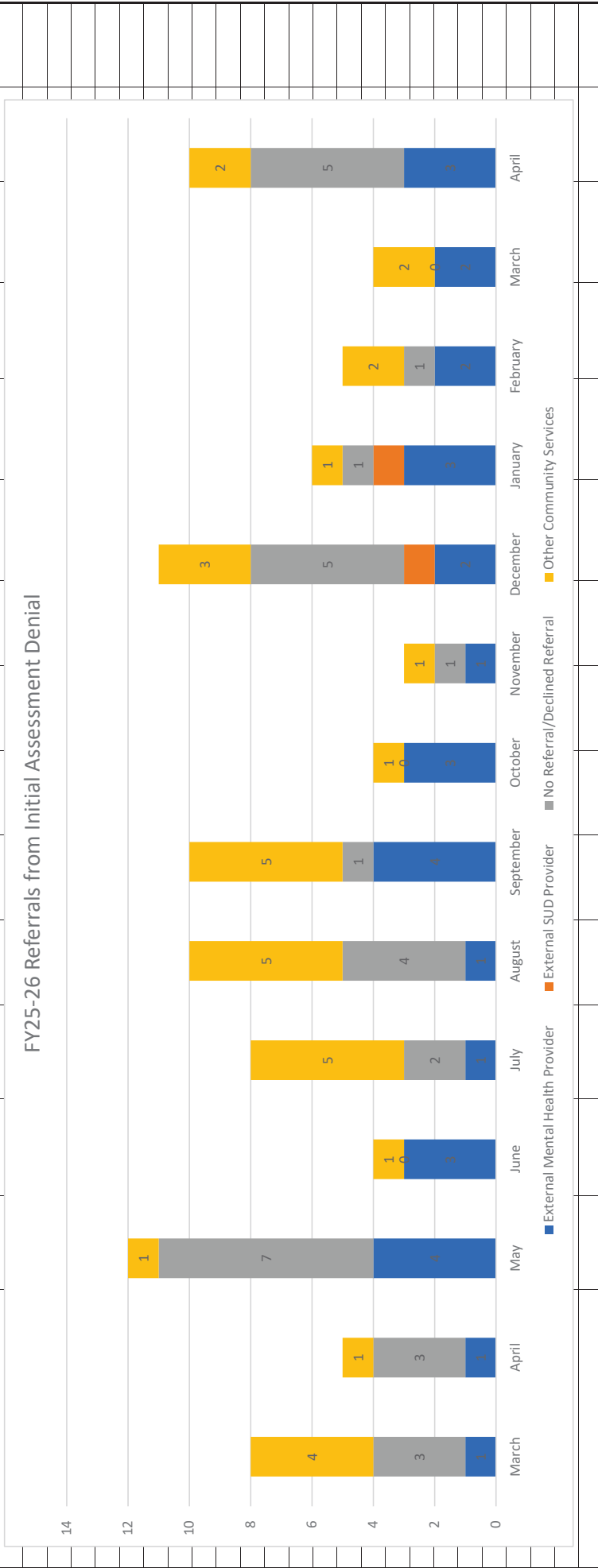


FY2025-26 Monthly Access Timeliness, Assessment to Service														
	March	April	May	June	July	August	September	October	November	December	January	February	March	April
Within 14 days	52	68	60	48	63	41	60	68	47	36	47	47	59	56
Outside 14 days	3	7	0	2	2	3	2	2	0	1	0	6	4	1
Consumer Cancelled/Rescheduled	4	9	2	2	3	2	3	6	3	3	3	2	8	3
Consumer Requested outside 14 days	4	10	8	13	5	1	3	5	6	6	2	4	10	3
Consumer No Showed	11	11	9	13	10	10	11	9	11	11	10	8	16	18
Consumer Chose to Not Pursue Svcs	0	1	2	3	4	1	1	1	1	0	2	1	3	6
Other (denial, no follow up)	17	10	12	7	3	5	9	6	4	8	5	5	5	11
Monthly % seen in 14 Days	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%	98.2%

FY25-26 Access Timeliness, Assessment to Service

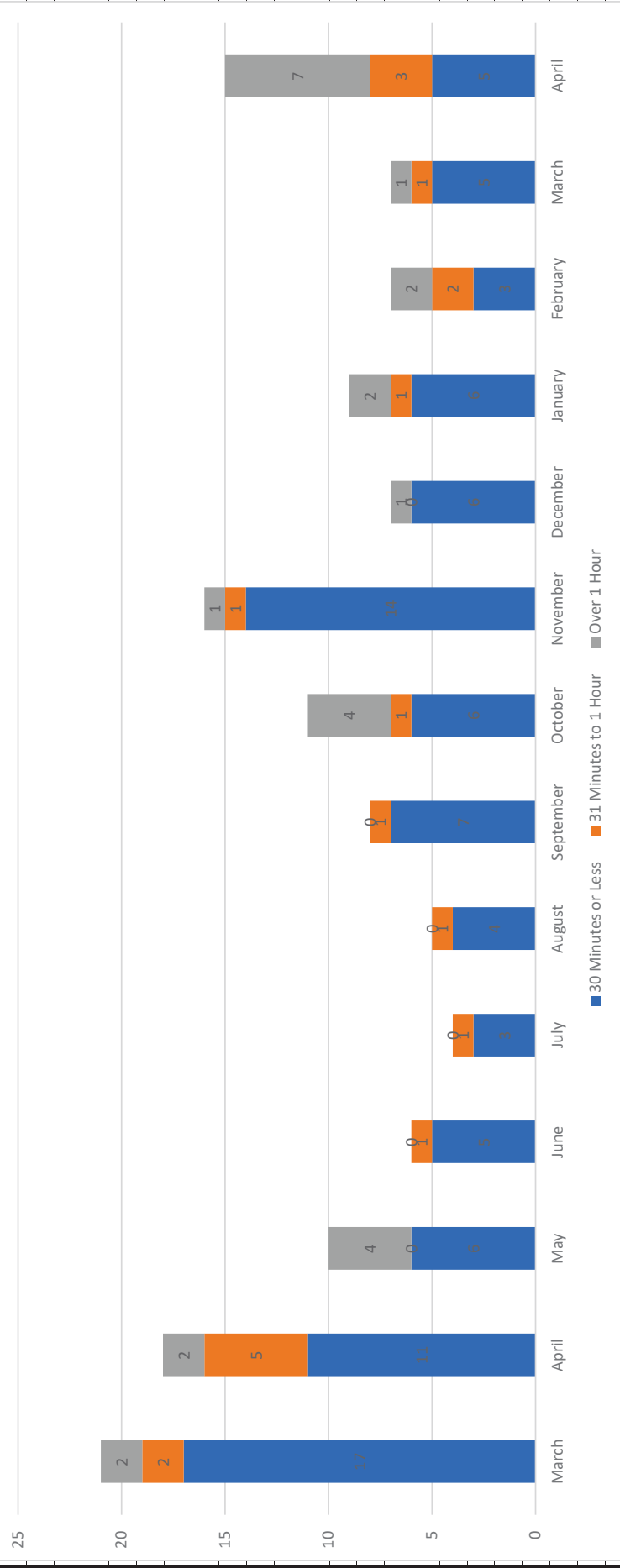


FY2025-26 Referrals for Denied Initial Clinical Assessments														
	March	April	May	June	July	August	September	October	November	December	January	February	March	April
External Mental Health Provider	1	1	4	3	1	1	4	3	1	2	3	2	2	3
External SUD Provider	0	0	0	0	0	0	0	0	0	1	1	0	0	0
No Referral/Declined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

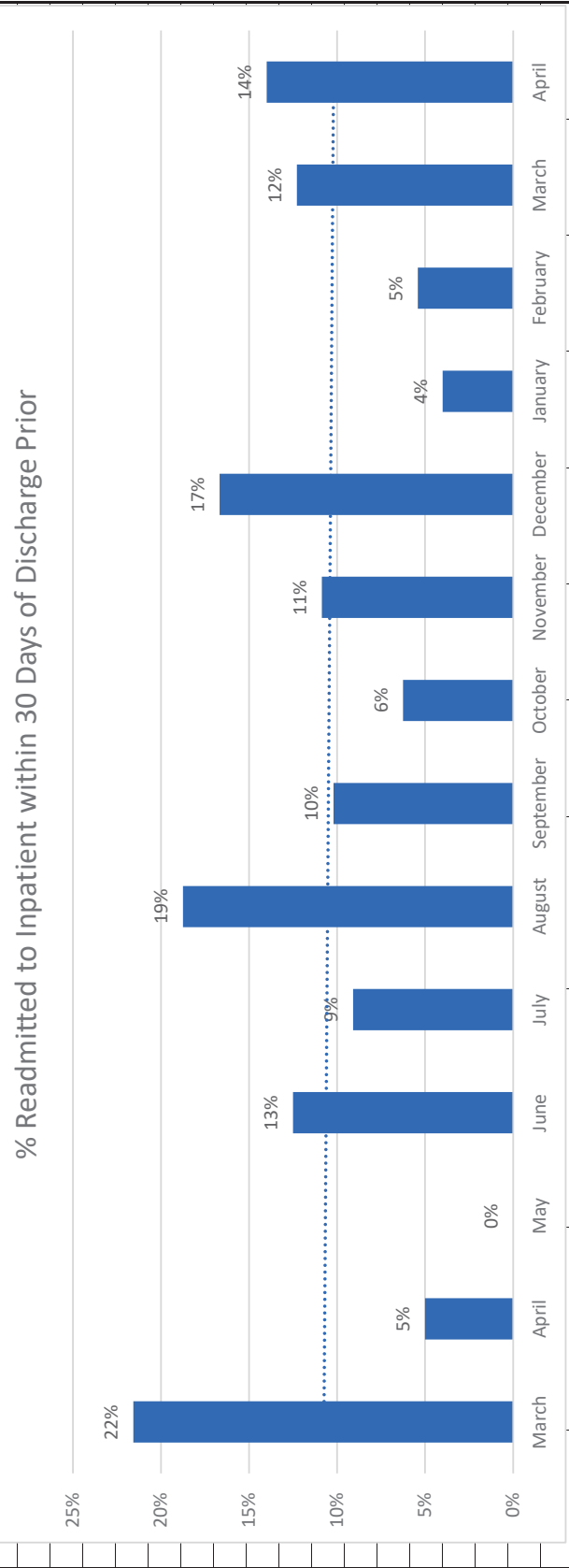


FY2025-26 Mobile Crisis Response Times, Monthly														
	March	April	May	June	July	August	September	October	November	December	January	February	March	April
30 Minutes or Less	17	11	6	5	3	4	7	6	14	6	6	6	3	5
31 Minutes to 1 Hour	2	5	0	1	1	1	1	1	1	0	1	1	2	1
Over 1 Hour	2	2	4	0	0	0	0	4	1	1	2	2	1	7

FY25-26 Mobile Crisis Response Contacts



FY2025-26 Inpatient Readmission Rate			
	Admissions	Readmits in 30 Days	% Readmitted
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%
April	50	7	14%
TOTAL			10%



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	\$ 177,166.48	\$ 181,643.46	\$ 216,750.07	\$ 200,635.95	\$ 186,350.89	\$ 178,284.14	\$ 182,246.91	\$ 161,487.87	\$ 137,224.42	\$ 117,408.42
Autism Services	\$ 176,288.96	\$ 136,598.30	\$ 159,651.04	\$ 171,791.76	\$ 155,045.92	\$ 156,045.92	\$ 159,465.35	\$ 125,735.44	\$ 118,287.85	\$ 134,866.94	\$ 114,380.28	\$ 118,180.67	\$ 120,828.15	\$ 121,941.62
Case Management, A CT and Treatment Planning	\$ 245,460.81	\$ 231,700.72	\$ 244,653.27	\$ 274,550.16	\$ 282,931.78	\$ 282,757.78	\$ 376,912.92	\$ 330,964.07	\$ 346,482.60	\$ 327,431.50	\$ 281,910.77	\$ 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	\$ 1,516,860.85	\$ 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	\$ 286,486.86	\$ 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	\$ 95,548.34	\$ 104,874.01	\$ 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	\$ 190,236.79	\$ 331,475.63	\$ 221,281.25	\$ 405,523.83	\$ 359,131.89	\$ 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	\$ 488,329.04	\$ 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	\$ 49,941.84	\$ 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	\$ 2,388,517.92	\$ 2,676,798.28	\$ 2,734,985.00	\$ 2,665,562.20	\$ 2,701,724.34	\$ 3,374,137.72	\$ 3,396,629.51	\$ 3,236,423.89	\$ 3,509,099.12	\$ 3,093,666.37	\$ 2,928,633.87	\$ 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	\$ 2,685.67	\$ 2,657.91	\$ 2,582.90	\$ 2,620.49	\$ 3,186.15	\$ 3,278.60	\$ 3,103.00	\$ 3,406.89	\$ 3,137.59	\$ 2,988.52	\$ 3,137.52	\$ 2,927.91
Service Transactions Provided	110,942	98,735	110,558	105,956	106,123	106,269	112,739	108,066	102,333	107,173	90,844	94,100	92,359	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	\$ 289,449.84	\$ 233,087.91	\$ 268,308.04	\$ 283,484.99	\$ 277,586.11	\$ 277,102.64	\$ 297,337.54	\$ 263,033.11	\$ 263,185.67	\$ 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	\$ 1,398,040.80	\$ 1,447,141.02	\$ 1,321,402.67	\$ 1,422,891.81	\$ 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	\$ 218,976.59
Total	\$ 2,715,678.46	\$ 2,388,517.92	\$ 2,676,798.28	\$ 2,734,985.00	\$ 2,665,562.20	\$ 2,701,724.34	\$ 3,374,137.72	\$ 3,396,629.51	\$ 3,236,423.89	\$ 3,509,099.12	\$ 3,093,666.37	\$ 2,928,633.87	\$ 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	\$ 2,160.06	\$ 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	\$ 1,389.71	\$ 1,703.93	\$ 1,765.13
Total	\$ 2,710.26	\$ 2,462.08	\$ 2,685.67	\$ 2,657.91	\$ 2,582.90	\$ 2,620.49	\$ 3,186.15	\$ 3,278.60	\$ 3,103.00	\$ 3,406.89	\$ 3,137.59	\$ 2,988.52	\$ 3,137.52	\$ 2,927.91

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	\$ 123,589.67
Autism Services	\$ 83,183.29	\$ 73,293.01	\$ 89,412.00	\$ 98,889.52	\$ 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	\$ 138,868.32	\$ 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	\$ 878,684.55	\$ 837,329.11	\$ 879,934.15	\$ 870,425.59	\$ 825,571.33
Crisis Services, Assessments and Testing	\$ 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
Evaluation and Management Physician Level	\$ 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
Psychiatric Inpatient	\$ 121,542.41	\$ 66,757.46	\$ 86,123.01	\$ 164,984.04	\$ 45,466.51	\$ 116,289.17	\$ 74,751.65	\$ 119,367.74	\$ 84,535.35	\$ 123,372.75	\$ 180,034.20	\$ 50,876.56	\$ 77,791.04	\$ 61,689.78
Psychotherapy and Outpatient Services	\$ 104,318.10	\$ 112,300.88	\$ 96,756.45	\$ 130,211.55	\$ 119,052.29	\$ 122,089.17	\$ 237,914.61	\$ 196,458.80	\$ 215,566.34	\$ 227,275.78	\$ 163,106.62	\$ 163,590.70	\$ 192,636.10	\$ 164,379.58
Vocational & Skills Building, Family and Health Services	\$ 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
Other	\$ 7,609.29	\$ 7,419.89	\$ 7,073.27	\$ 10,254.06	\$ 9,426.00	\$ 9,594.22	\$ 7,510.99	\$ 9,517.86	\$ 8,438.27	\$ 8,507.62	\$ 6,091.34	\$ 7,624.81	\$ 8,616.20	\$ 10,866.15
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	\$ 2,680.86	\$ 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	59,012	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	\$ 736,067.55	\$ 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	\$ 103,791.50	\$ 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	\$ 2,289.23	\$ 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	\$ 1,586.33	\$ 1,716.74	\$ 1,783.75
Total	\$ 2,828.01	\$ 2,680.86	\$ 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

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, Cluthouse 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	\$ 41,555.10	\$ 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	\$ 499,862.74	\$ 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	\$ 13,988.00	\$ 19,766.00	\$ 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	\$ 66,827.40	\$ 66,158.08	\$ 56,801.30	\$ 55,947.14	\$ 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	\$ 9,483.26	\$ 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	\$ 983,121.45	\$ 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	28,685	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	\$ 80,866.45	\$ 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	\$ 76,296.90	\$ 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	\$ 983,121.45	\$ 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	\$ 1,266.27	\$ 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 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	\$ 17,633.38	\$ 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	\$ 8,564.75	\$ 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	\$ 16,334.76	\$ 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	\$ 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
Evaluation and Management Physician Level	\$ 6,871.14	\$ 7,691.52	\$ 6,993.34	\$ 10,908.31	\$ 8,680.91	\$ 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	\$ 9,750.94	\$ 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	\$ 5,866.57	\$ 3,884.66	\$ 3,425.81	\$ 3,351.35
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 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	10,665	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	\$ 10,666.12	\$ 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

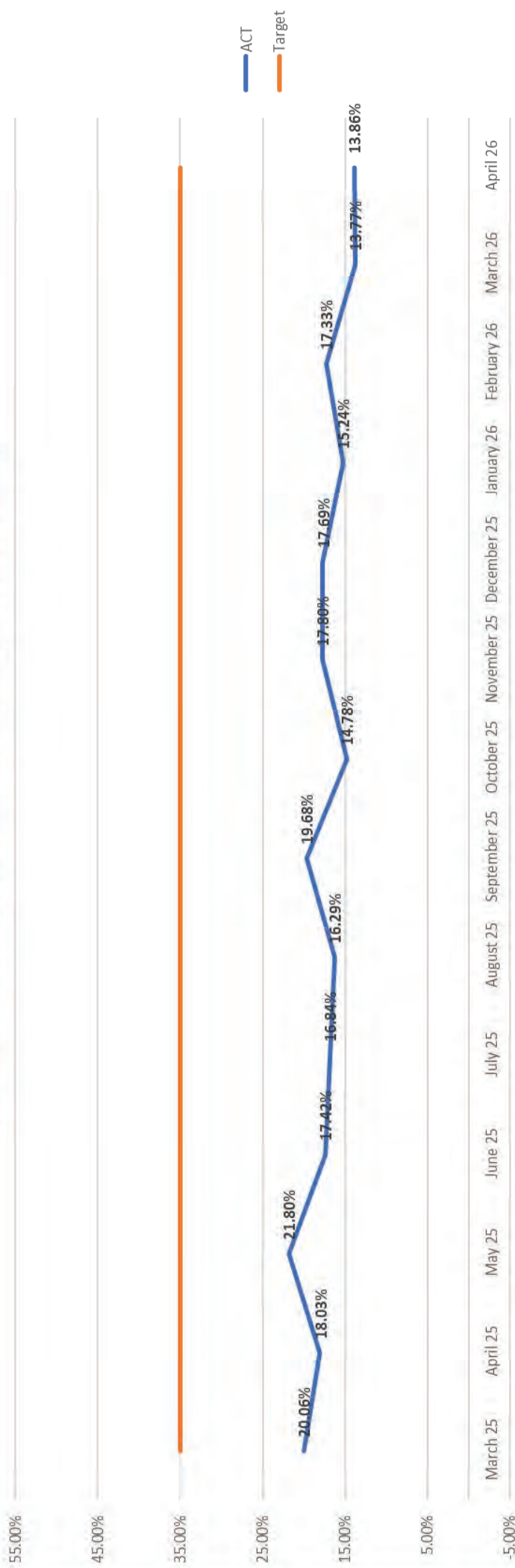
FY2025-26 Monthly Service Information for Crawford County (Code Rate Increase in July)

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 Services)	\$ 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	\$ 38,339.90	\$ 28,017.45
Autism Services	\$ 24,501.77	\$ 23,010.98	\$ 22,365.20	\$ 18,789.53	\$ 22,588.52	\$ 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	\$ 363,828.66	\$ 385,163.52	\$ 403,890.40	\$ 409,582.27	\$ 404,295.46	\$ 418,999.27	\$ 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	\$ 22,658.46	\$ 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	\$ -	\$ -	\$ 46,769.07	\$ 46,921.31	\$ 47,481.00	\$ -	\$ 50,127.10	\$ 65,631.75	\$ 43,065.00
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	\$ 25	\$ 37	\$ 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

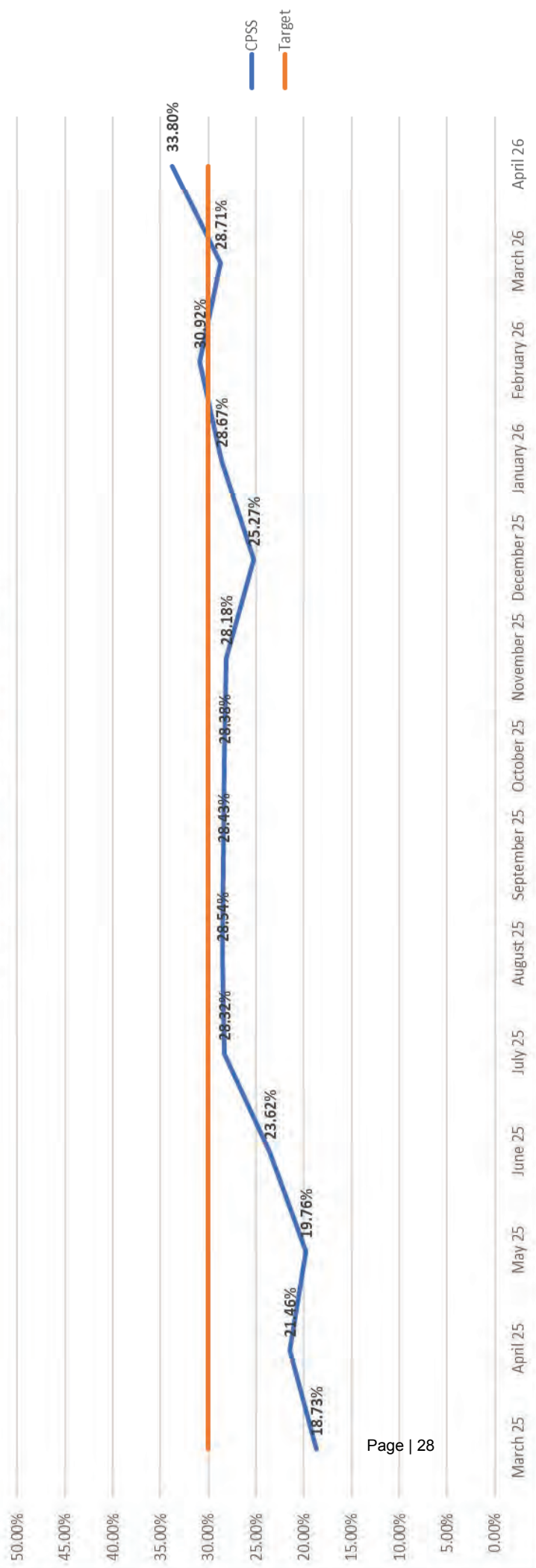
FY2025-26 Service Information for Wexford County (Code Rate Increase in July)

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	\$ 123,589.67
Autism Services	\$ 83,183.29	\$ 73,293.01	\$ 89,412.00	\$ 98,889.52	\$ 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	\$ 138,868.32	\$ 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	\$ 878,684.55	\$ 837,329.11	\$ 879,934.15	\$ 870,425.59	\$ 825,571.33
Crisis Services, Assessments and Testing	\$ 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
Evaluation and Management Physician Level	\$ 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
Psychiatric Inpatient	\$ 121,542.41	\$ 66,757.46	\$ 86,123.01	\$ 164,984.04	\$ 45,466.51	\$ 116,289.17	\$ 74,751.65	\$ 119,367.74	\$ 84,535.35	\$ 123,372.75	\$ 180,034.20	\$ 50,876.56	\$ 77,791.04	\$ 61,689.78
Psychotherapy and Outpatient Services	\$ 104,318.10	\$ 112,300.88	\$ 96,756.45	\$ 130,211.55	\$ 119,052.29	\$ 122,089.17	\$ 237,914.61	\$ 196,458.80	\$ 215,566.34	\$ 227,275.78	\$ 163,106.62	\$ 163,590.70	\$ 192,636.10	\$ 164,379.58
Vocational & Skills Building, Family and Health Services	\$ 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
Other	\$ 7,609.29	\$ 7,419.89	\$ 7,073.27	\$ 10,254.06	\$ 9,426.00	\$ 9,594.22	\$ 7,510.99	\$ 9,517.86	\$ 8,438.27	\$ 8,507.62	\$ 6,091.34	\$ 7,624.81	\$ 8,616.20	\$ 10,866.15
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	59,012	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	\$ 759,415.94
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	\$ 736,067.55	\$ 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	\$ 103,791.50	\$ 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	\$ 2,289.23	\$ 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	\$ 1,586.33	\$ 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

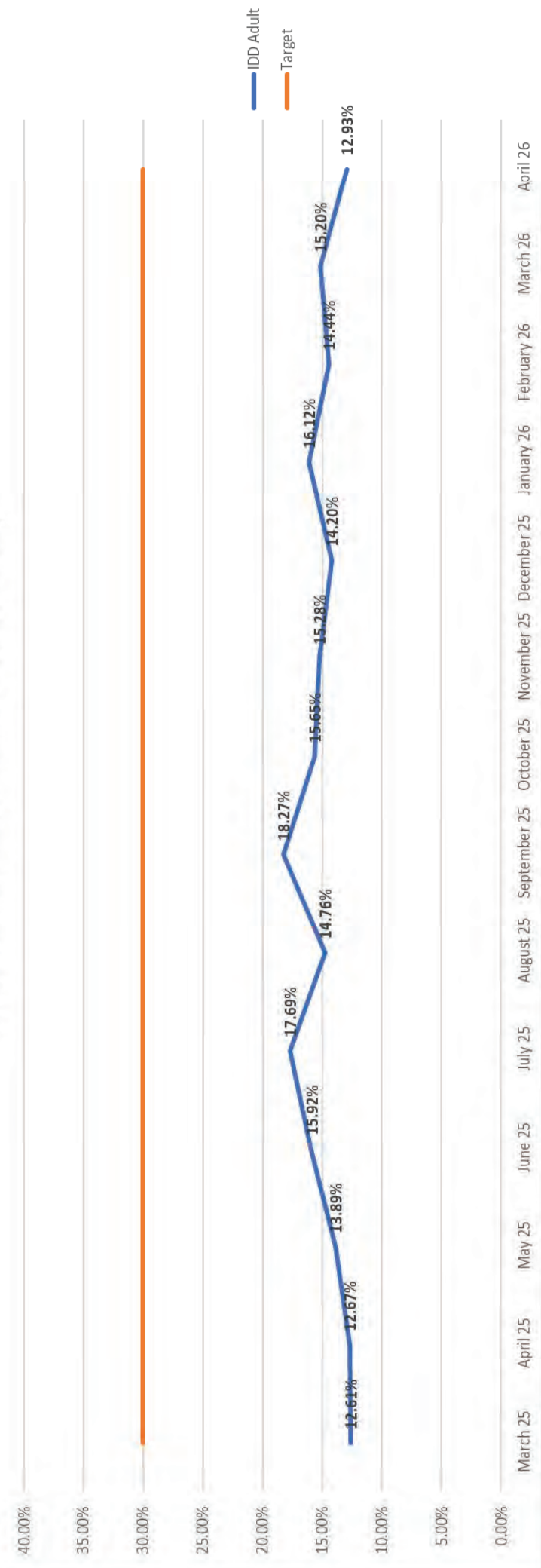
Assertive Community Treatment Staff Efficiency, 13 Month Trending



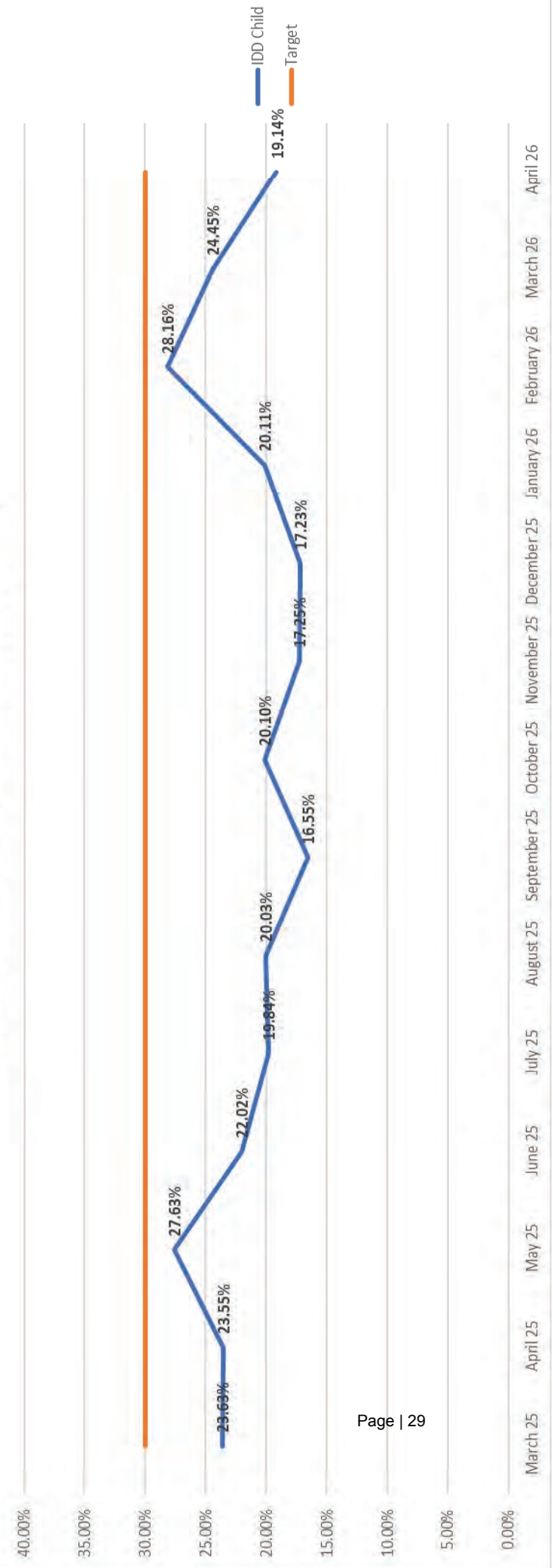
CPSS Staff Efficiency, 13 Month Trending



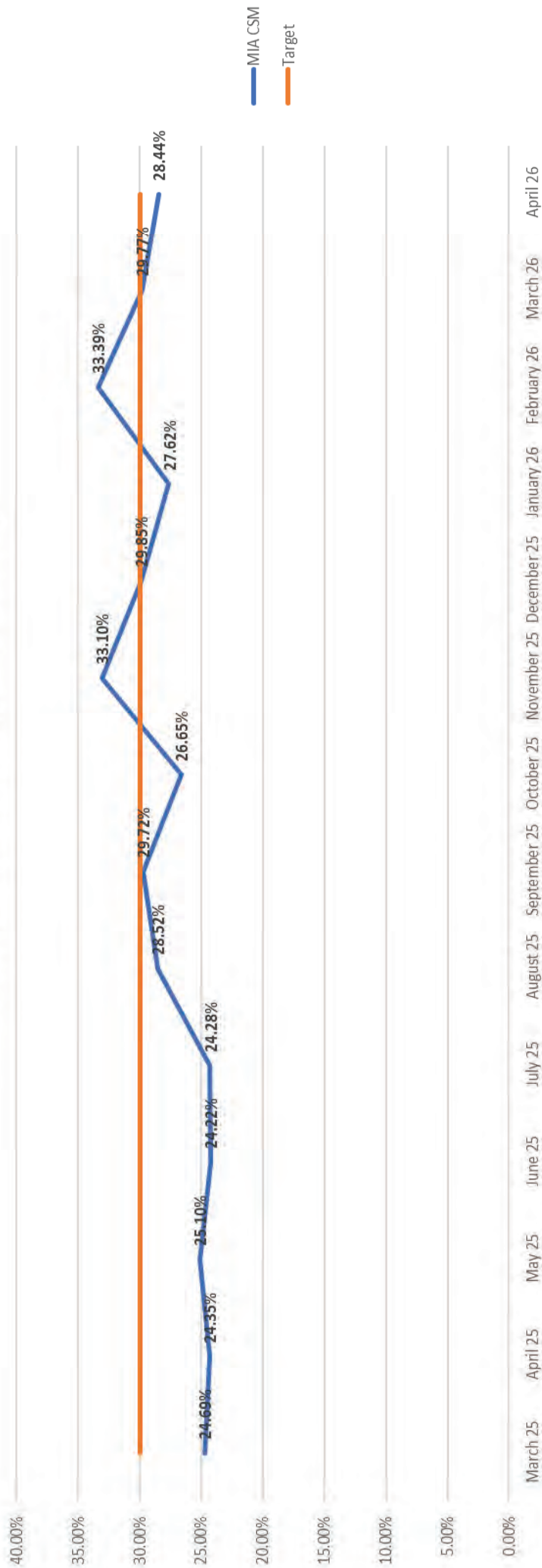
IDD Adult Services Staff Efficiency, 13 Month Trending



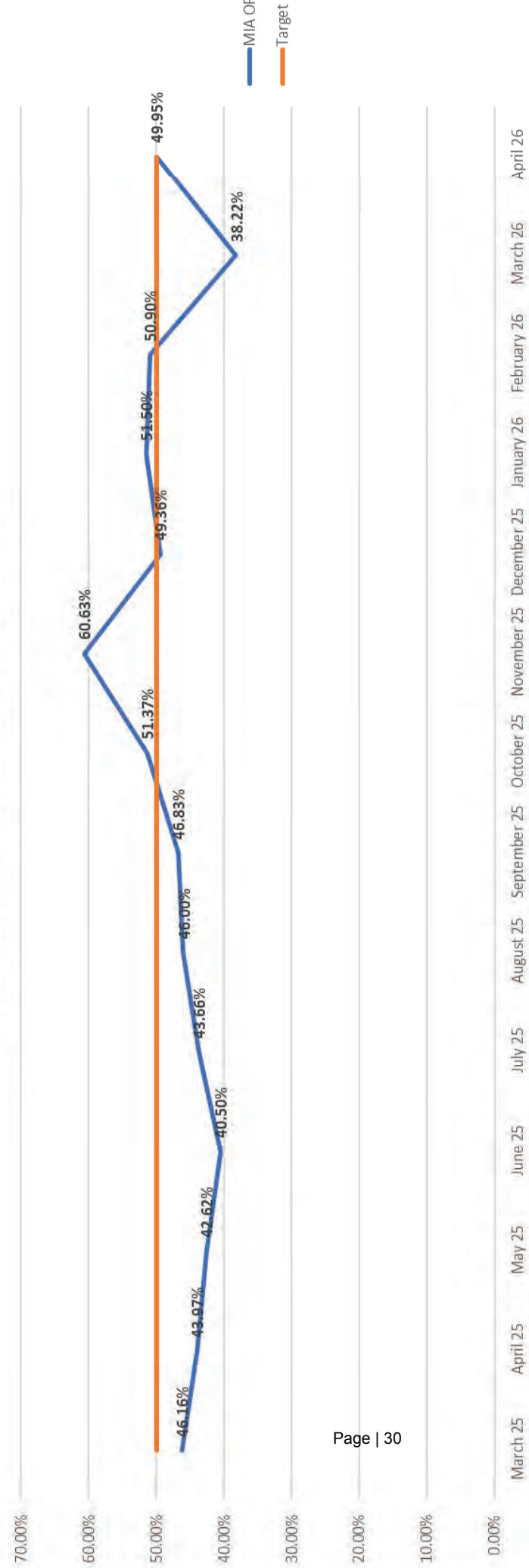
IDD Children Services Staff Efficiency, 13 Month Trending



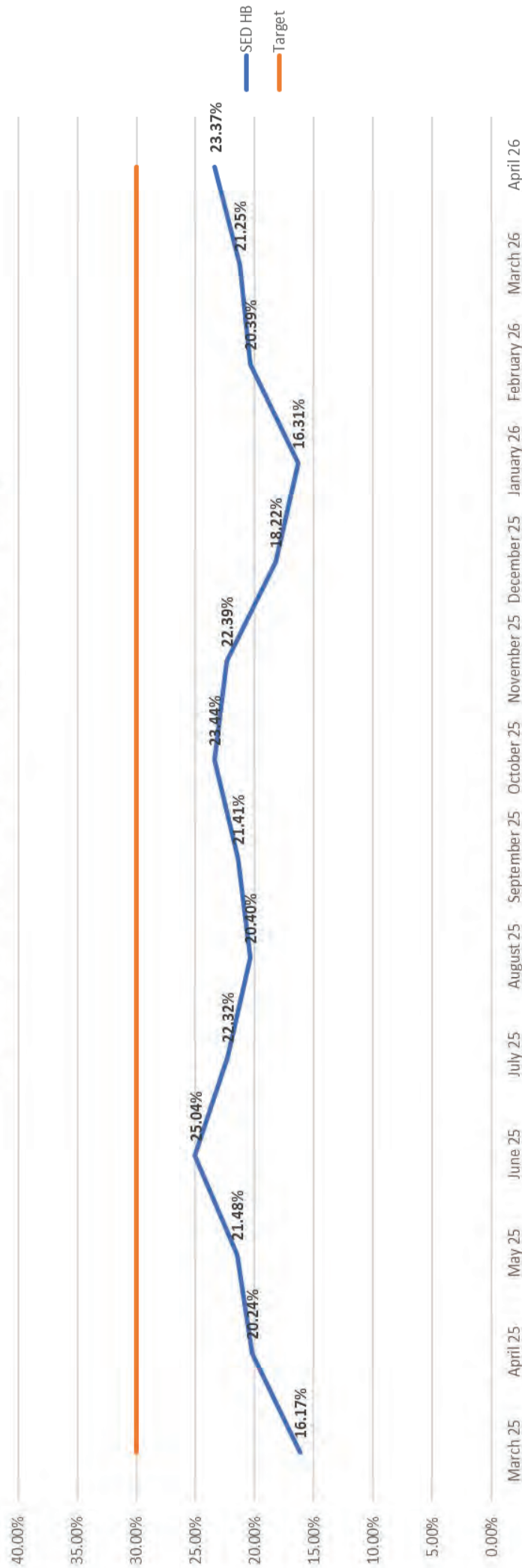
MIA CSM Services Staff Efficiency, 13 Month Trending



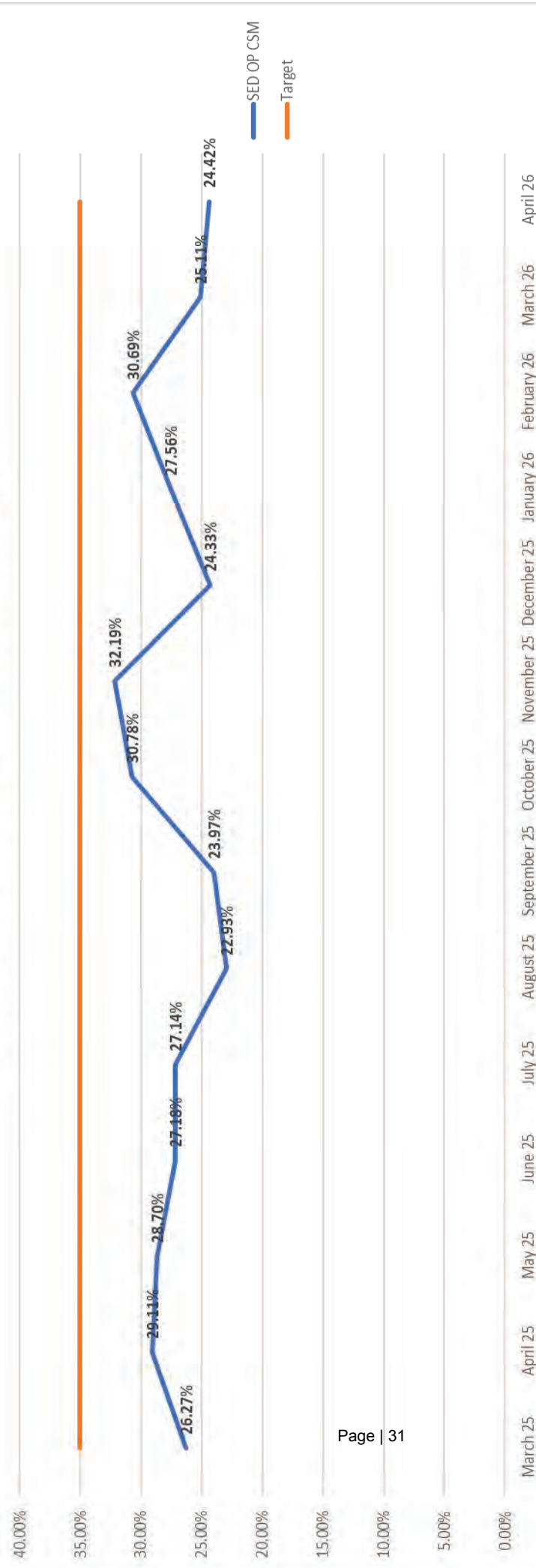
MIA OP Services Staff Efficiency, 13 Month Trending



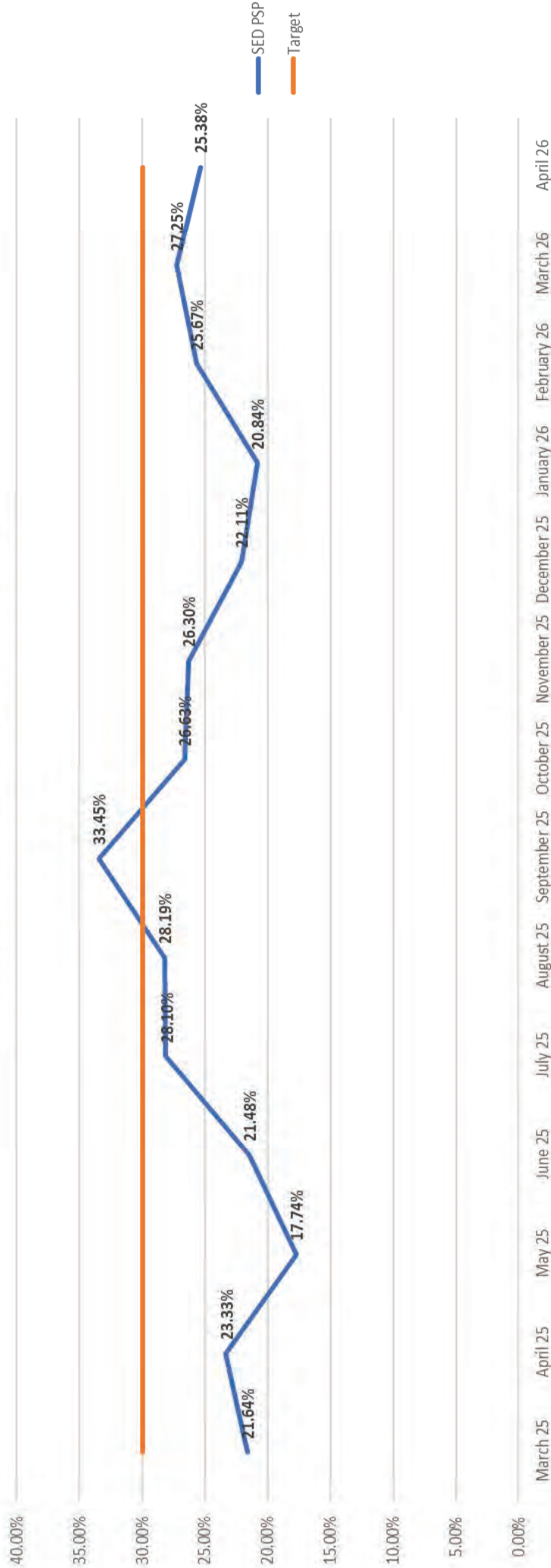
SED Home Based Services Staff Efficiency, 13 Month Trending



SED OP and CSM Services Staff Efficiency, 13 Month Trending



SED PSP Services Staff Efficiency, 13 Month Trending



DRAFT
Northern Lakes Community Mental Health Authority
Chronological Historic Information Related to County & Local Funding
July 15, 2011

1. Public Act 54 of 1963 created the opportunity for counties to establish Community Mental Health Boards to provide services through a 25% local or county commitment to receive a 75% state funding match. Grand Traverse Leelanau Community Mental Health was established in 1972 and North Central Community Mental Health was established in 1973 under that Act.
2. Under Public Act 258 of 1974, Counties changed from being responsible for 25% of the first 365 days of state inpatient services to being liable for 10% of all Inpatient Services. The local liability for Community Mental Health Services also dropped from 25% to 10%.
3. **Grand Traverse Leelanau Community Mental Health was an agency of Grand Traverse County until 1997 when it became an Authority. Employees were county employees until that point in time.**
4. **North Central Community Mental Health was established as a separate entity or unit of county government (Wexford) and employees worked for the entity until 1997 when it became an Authority.**
5. North Central CMH assumed liability for ALL local cost mental health services in 1980. The amount established from the counties to accomplish was funding that was previously allocated to the Board in the prior year along with what each county paid for inpatient care in 1979.
6. Local funding for Grand Traverse Leelanau was established through an agreement between the two counties. It appears that Grand Traverse and Leelanau Counties paid the 10% share of inpatient claims directly to the State until 1991.
7. **In 1980, North Central CMH elected to create local funding under Public Act 423 of that year. Basically, Act 423 allowed fees collected on Mental Health Services provided that exceeded the 1979 base year level to be used for local match funds. It requires counties to maintain funding at the level of the prior year and the CMH to directly pay local inpatient costs. There has never been private Psychiatrists in the four counties of North Central CMH as there is in Grand Traverse County. As a result, North Central was not in competition with private practice providers and gradually increased it's Psychiatric capacity, which generated over \$100,000 in local funding each year.**
8. Grand Traverse Leelanau CMH did not participate in Public Act 423 until 1990 (April 5, 1989 Board approval to request participation). Its prior year base amount of fees was not significantly different than it was in 2003 at the point of its merger with North Central CMH to form Northern Lakes CMHA.
9. More recent legislative rules allows all fees collected to be used as local match, however, counties must maintain their base year contribution to the CMH.

10. In 1985, both Grand Traverse Leelanau CMH and North Central CMH elected to become “full management “ boards becoming the single point of entry for all public mental health services. A partial value of inpatient costs from 1985 was transferred to the Boards electing to do this from the State. Boards used this money to either pay for the inpatient care or create alternatives for inpatient services. This led to the closing of numerous inpatient units over the next 25 years and significant growth for both Community Mental Health Boards. Many other dollars also came forth to assist people in community settings that were previously under contract with the state centers or hospitals.
- 11. As an independent entity, North Central CMH purchased property and built buildings starting in 1984 for service delivery. It leased back to itself the space used in those buildings at a rate of 75% of fair market rental value. Wexford County used its bonding authority to assist with the Cadillac Office financing. Roscommon County arranged land donation from the Houghton Lake schools for the Houghton Lake office and Crawford County agreed to lease space in the Grayling office for the district health department. All three-office buildings were fully paid for by 1997 when North Central CMH became an Authority and was required to depreciate assets. All owned buildings of North Central CMH, had and continue to have a basis or depreciable value of \$5.3 million. The amount of allowable depreciation on the buildings is \$128,500 each year through at least 2024.**
12. In 1989, the Traverse City State Hospital closed. Prior to the closure, some long-term residents settled in the area surrounding Traverse City. The Department of Community Health funded a number of optional programs with Grand Traverse Leelanau CMH. On a per capita basis, the Grand Traverse Leelanau Community Mental Health Board had the highest State funding for the next 11 years. County Funds were also increased to match that funding growth until 1997 when Authority status was granted.
13. In 1992, Grand Traverse Leelanau CMH began directly paying for inpatient care instead of the counties and the allocations were increased to accommodate that change as part of its P.A. 423 participation requirement.
- 14. In 1995, Public Act 290 allowed Community Mental Health Boards to become Authorities. Both Grand Traverse Leelanau CMH and North Central CMH became Authorities on January 1, 1997 with Grand Traverse Leelanau CMH becoming the Great Lakes Community Mental Health Authority. Employees were transferred from being county employees to being employed by the Authority.**
- 15. A significant provision of becoming an Authority is the “amount of county match required of a county or counties that have created a community mental health authority shall not exceed the amount of funds provided by the county or counties as county match in fiscal year 1994-1995 or the year the authority is created, whichever is greater.” On that basis all the counties have had frozen allocations since 1997.**
- 16. When North Central became an Authority, its agreement was for each county to contribute on the same per-capita rate using the 1990 census.**

On a per-capita basis, Roscommon County was contributing at a lower rate than the other three counties due to faster population growth and very low state inpatient year back in 1979. The North Central CMH Board reviewed its financial situation and determined that it's local fees and interest income could support bringing the other Counties down to Roscommon's level. Since the counties still contributed more in total then they did in 1979, P.A. 423 continued to be able to be used for additional local funding.

17. Between 1997 and 1999, the Great Lakes CMH Board prohibited new employees from participating in the defined benefit pension plan that was forwarded from Grand Traverse County (new union represented staff continued until the end of contract in 1999). All new hires participate in a defined contribution pension plan. The amount of money in the transferred Defined Benefit pension was about 70% of the required funds to be on hand for a closed group employer as computed by an actuarial firm. In total, this was calculated to be \$4.6 million short by 2001.
18. In 2001, the Department of Community Health significantly reduced its support for the Great Lakes Community Mental Health Board in the middle of its fiscal year. There was no ability to reduce service costs at the level needed and the only viable solution Great Lakes CMHA had was to require the state to pick up excess expenses after paying a full 7.5% maximum risk or \$680,444 for Medicaid and General Funds services using local dollars or fund balance. The State then picked up costs beyond that under the risk insurance provisions of the mental health service contract, which amounted to approximately \$750,000. In addition, Great Lakes CMH asked the State if the unfunded pension liability could also be charged to the State risk insurance for an additional \$4.6 million. The State indicated it would be necessary to delay cost settlement to review the request.
19. In January of 2002, the Department of Community Health sent auditors to review Great Lakes CMH operations for several previous years. The audit established a number of issues. Most significant was the method of financing the Hall Street building was not allowable as it was being operated. The auditors determined that the Foundation for Mental Health could not lease the building to the Great Lakes CMH Board because of the inter-relationship between the two organizations. While there was no rule that would not allow the pension to be charged as an expense, the Auditors cited cost finding principals, which needed to be reasonable as a reason not to allow using risk insurance. The State contract was changed the following year to prohibit State risk insurance funds from being used for un-funded pension liabilities.
20. **Discussions of a merger between Great Lakes CMH and North Central CMH began in 2001 and became a reality on October 1, 2003. Due diligence documents provided to both Boards clearly identified County funding as Great Lakes CMH's strongest financial positive and North Central CMH's weakest negative financial item. Positives financial items that were brought into the merger by North Central CMH included fully paid for buildings and other fixed assets, a maximum funded internal**

service fund, and excellent cash flow. Negatives for Great Lakes CMH included the unfunded pension liability and unfunded Hall Street building. What was significant is that where one CMHA was weak, the other was strong and eight years later, Northern Lakes CMHA is much stronger financially than either of its merged Boards.

21. In the year of the merger, Northern Lakes CMHA enjoyed a one-year reprieve from paying local funds on Administrative costs as one of the carrots from the state for going ahead with the merger. Northern Lakes CMHA also experienced a very low level of General Fund services about \$300,000 less than an average year. Finally, the State only billed a few months of inpatient for \$40,000 that year. In most years, the cost exceeds \$150,000. The combination led to only \$800,000 being needed from local sources in that 1st year of operation.
22. Since that merger year, local fund requirements for services have exceeded available county funding by an average of over \$300,000 each year. The P.A. 423 source of funds and interest income are used to fill in the gaps.
23. At the current time, Northern Lakes CMHA has financed most of the \$4.6 million needed in the underfunded closed pension plan. It has achieved making all contracts for services being paid on an “after the service is provided basis” and not in advance, which was the situation with many of the Great Lakes CMH service contracts. It has funding for incurred but not received employee health claims in the self-funded insurance plans along with all employee leave balances. It has a fully funded the Medicaid Internal Service fund at this point in time. Its plans are to pay off the loan and take title to the Hall Street building in the fall of 2012 and has funding set aside to accomplish that.

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
Service Area Presentation: 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
Service Area Presentation: 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 Presentation: Services for Persons with Mental Illness (MI/SMI): ACT, Outpatient, Crisis</u>	10 MIN	X	Annual	July	CEO, CCO
<u>Service Area Presentations: Recovery and Prevention</u>	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: Services for Children with Serious Emotional Disturbance (SED)</u>	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,	10 MIN	X	Quarterly	October	CEO

Regulatory Compliance, and Customer Services Report Attachment 3, Enabling Agreement (KPI)					
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



Pictured left to right; Holly, Michael, Manise, Jeff (the employer from Plato's closet), representative Betsy Coffia, and Hannah.

Great Representation of Clubhouse!!!





RECOVERY CELEBRATION

HONORING HOPE, HEALING, & COMMUNITY

What is the Recovery Celebration?

This event is a time to recognize the strength and resilience of individuals on their recovery journey. It's about celebrating progress, sharing stories of hope, and building a supportive community.

Highlights of the Event:

- This is our 20th Recovery Celebration!
- Inspiring speakers or recovery stories
- Music or entertainments
- Games or coloring to win tickets
- Raffle of baskets donations from each office
- Lunch & refreshments


How You Can Help


- **Nominate** consumer, staff, community members (Nomination form in tower)
- **Donate Money** to support recovery raffle baskets
- **Contribute Items** for raffle baskets


Drop Your Pocket Change in our donation jar for the event or donate items/cash starting in July. Your generosity helps us continue building hope for those on their recovery journey.

Who Can Attend?

Northern Lakes consumers, clubs, drop-in centers, employees, & board members are welcome—

 **Date:**
October 14,
2026

 **Time:**
9:30AM
sign-in,
10-2PM

 **Location:**
Barn Hall,
3888 N. Old
US 131 HWY
Manton, MI

RECOVERY AWARD

Nomination Form



We are accepting nominations for the 20th Annual Recovery Celebration on **October 14, 2026**. If you would like to nominate someone, please fill out this form and email to Windy Near (windy.near@nlcmh.org) or Karla Eisner (karla.eisner@nlcmh.org) or give to your CMH worker.

The following awards are to recognize people who have received services from CMH:

- supporting the recovery movement at Northern Lakes CMHA and/or
- assisting in a group or an individual's recovery, and/or
- inspiring others by their example.

The following awards are to recognize CMH staff, community members, or organizations:

- who has supported recovery
- who has given his/her greatest gift of time
- who has promoted hope and inspiration
- who has practiced providing encouragement and uplifting others.

A special award – the **Each One Reach One** award – is open to a person who meets the following four criteria:

(This award is in honor of the late Ernie Reynolds, who was a trailblazer in the recovery movement.)

- has demonstrated that recovery is possible.
- has given his/her greatest gift of time.
- has promoted hope and inspiration.
- has practiced providing encouragement and uplifting others.

Deadline August 28, 2026

Continue on the back 



Senator Slotkin held a round table at the Filling Station on May 29th where she spoke with community leaders involved in mental health, substance use, and law enforcement in the Grand Traverse Area. The table shared some of the progress that has been made in joining efforts to improve mental health and substance use outcomes in the community. The table shared concerns about the impacts of HR1, lack of funding and resources, and treatment gaps remaining in the community. Senator Slotkin encouraged community leaders to send 3 needs/requests from the federal government to her campaign manager for her prioritization. NLCMHA was represented by Mike Corby, Grand Traverse Mental Health Crisis and Access Center .