NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

JUNE BOARD/ ADVISORY COUNCIL MEETING

June 11, 2026
3:00 p.m.

400 Johnson St.
Alpena, MI 49707

(989) 356-2161 ☎ (800) 968-1964

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD & ADVISORY COUNCIL
Strategic Planning Part II | Meeting Agenda | Thursday, June 11, 2026 | 3:00 p.m.

MISSION STATEMENT
To provide comprehensive services and supports that enable people to live and work independently.

I. Call to Order

II. Roll call & Determination of a Quorum

III. Pledge of Allegiance

IV. Appointment of Evaluator

V. Acknowledgement of Conflict of Interest

VI. Information and/or Comments from the Public

VII. Approval of Minutes ..... **(Pages 1 – 4)**

VIII. June Monitoring Reports
1. Budgeting 01-004 ..... **(Page 5)**

IX. Strategic Plan & Ends Review ..... **(Pages 6 – 9 / Handout)**

X. Linkage Reports
1. NMRE Board ..... **(Verbal)**
2. CMHA Summer Conference ..... **(Verbal)**

XI. Operations Report ..... **(Page 10)**

XII. Board Chair's Report
1. NeMCMHA Annual Report ..... **(Handout)**
2. Continued Discussed of Meeting Evaluation Form/Format ..... **(Verbal)**

XIII. Executive Director's Report ..... **(Verbal)**

XIV. Information and/or Comments from the Public

XV. Information and/or Comments for the Good of the Organization

XVI. Next NeMCMHA Board Meeting – Thursday, July 9 at 3:00 p.m.
Next NeMCMHA Advisory Council Meeting – Monday, August 10 at 4:30 p.m.
1. Proposed July Agenda Items ..... **(Page 11)**

XVII. Meeting Evaluation ..... **(Verbal)**

XVIII. Adjournment

Northeast Michigan Community Mental Health Authority Board
Board Meeting – May 14, 2026

I. Call to Order

Vice Chair Lloyd Peltier called the meeting to order in the Board Room at 3:00 p.m.

II. Roll Call and Determination of a Quorum

Present:	Bob Adrian, Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Charlotte Helman, Dana Labar, Kara Bauer LeMonds, Lloyd Peltier, Anne Ryan, Terry Small
Absent:	Eric Lawson (Excused)
Staff & Guests:	Carolyn Bruning, Rebekah Duhaime, Erin Fletcher, Liz Kowalski, Kerry Rastigue, Nena Sork, Kara Steinke

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Kara was appointed as evaluator of the meeting.

V. Acknowledgement of Conflict of Interest

No conflicts of interest were acknowledged.

VI. Information and/or Comments from the Public

Nothing was presented.

VII. Approval of Minutes

Moved by Charlotte Helman, supported by Lynnette Grzeskowiak, to approve the minutes of the April Board meeting. Motion carried.

VIII. Environmental Scan: Eric Kurtz

Eric Kurtz, CEO of the NMRE, provided the Board with their environmental outlook. Eric briefly reviewed the NMRE, which serves as the Prepaid Inpatient Health Plan (PIHP) under direct contract with the State as a managed care entity for their 21-county region. He went over the NMRE's funding sources, including Medicaid for individuals with mental illness, serious emotional disturbance, substance use disorders, and intellectual/development disabilities ($235 million); Medicaid specifically for substance use disorder ($19 million); Block Grant for substance use disorder ($7 million); and liquor tax funds ($1.9 million).

Eric reviewed Behavioral Health Home (BHH), which was fully rolled out in the region in 2020. There are currently 730 individuals enrolled in BHH across all five CMHSPs of the NMRE. Opioid Health Home (OHH) is now called Substance Use Disorder Health Home (SUDHH), as a broader range of substance use, including alcohol, now fall under its umbrella. Individuals must have Medicaid to utilize one of the health home programs.

He went over potential threats to the CMH system, including revenue fluctuations, federal Medicaid cuts, the mental health framework, the court of claims opinion/PIHP bid out, the court of claims PIHP contract, a lack of state hospital beds (for adults and children), and Conflict Free Access and Planning (CFAP).

Regional goals for FY26 include continuing to advance regional marketing and advocacy efforts regarding rural initiatives and exemptions; leaning heavily on legislators related to rural initiates, state policy, and future bid out proposals; striving for 100% performance on MDHHS performance incentives; increasing focus on Utilization Management/implementation of Indicia; and increasing regional capacity for out-of-region clients.

Board members discussed how to make the public more aware of the implications of some of the State's decisions.

IX. Consent Agenda

1. IPfone POTSBOX

Moved by Jennifer Graham, supported by Kara Bauer LeMonds, to accept the May Consent Agenda. Motion carried.

X. May Monitoring Reports

1. Budgeting 01-004

Nena reviewed the Statement of Revenue and Expense and Change in Net Position for the month ending March 31, 2026, with 50% of the year elapsed. She reported that any large variances are currently due to timing and will even out over the coming months. Though the combined amount for Medicaid shows the Agency as being $1.3 million underspent, she is not confident that the number will hold, due to rate adjustments/takebacks. General Funds are $6,612 underspent, and BHH is $62,775 underspent.

2. Financial Condition 01-005

Nena reported that the Agency currently has 10.5% or 38 days' worth of unrestricted funds to operate if no further funding came in.

3. Treatment of Individuals Served 01-002

Liz Kowalski reviewed the Quarterly Recipient Rights Activity Report with the Board. There were 21 investigations and interventions, resulting in 17 substantiations. The Summary of Incident Reports was similar to last quarter, but lower than last fiscal year. Recipient Rights staff do most of their required site visits in the summer. These visits allow them to monitor contract providers and ensure sites are meeting Rights standards and that individuals' rights are protected. Rights staff work closely with the compliance team and the Contract Manager to help with sites out of the catchment area.

Moved by Charlotte Helman, supported by Jennifer Graham, to accept the May Monitoring Reports. Motion carried.

XI. Board Policies Review

1. Financial Condition 01-005

The Board discussed the provided revision and felt it improved clarity.

Moved by Bonnie Cornelius, supported by Kara Bauer LeMonds, to approve the revision to the Financial Condition Policy. Motion carried.

2. Board Job Description 02-003

Board members agreed that the policy looks good as-is.

3. Board Core Values 02-014

No revisions were deemed necessary.

4. Disclosure of Ownership 02-016

The Board has already completed their disclosure of ownership forms for the year. Board members did not feel any revisions were needed at this time.

XII. Linkage Reports

1. NMRE Board

Bob Adrian reported they discussed their court case and the potential for a new bid-out from the State. Nena

reported Northern Lakes is moving in the right direction under their new Executive Director.

XIII. Operations Report

Erin Fletcher reported on operations for the month of April. ACT had boosted numbers, serving 20 individuals. Outpatient counseling served 110 individuals, including 21 children. Kerry Rastigue has been providing support to that team as they onboard a new clinician. One youth was admitted to the state hospital. The total of unduplicated individuals served in April was 1,007.

XIV. Board Chair's Report

1. Review Meeting Evaluation Questions

The Board reviewed possible new questions and discussed the value of the meeting evaluation. Nena asked that Board members attending the summer conference ask members of other boards how they handle meeting evaluations. She will ask other directors at the NMRE Operations meeting.

Jennifer Graham departed the meeting at 4:52 p.m.

2. CMHA Summer Conference

Bonnie, Dana, and Lloyd will be attending the CMHA Summer Conference in Traverse City on June 9 and 10.

3. Selection of Voting Delegates

Lloyd and Bonnie agreed to be the voting delegates.

XV. Executive Director's Report

Nena gave a brief review of her activities over the last month, including participating in a presentation with ACC regarding the BSW/MSW program they offer in cooperation with Western Michigan University. She attended NAMI and they discussed the health endowment they received, as well as welcoming a new member, John Feys, who will be offering services for family support in the four counties. Nena attended a transportation discussion in Alcona and was also able to see a building that may be available for lease. She attended the Directors Forum at Crystal Mountain and provided a handout to the Board on The Mental Health Framework. The Mental Health Movement Run-Walk will be held this Saturday, and there are over 230 people registered. Nena continues to work with Cam Cavitt regarding rural issues. The Agency will be using Alpena Agency as their new health insurance broker as of June 1, and Nena is thrilled to now be able to keep the funds local. Kara Steinke and Kerry Rastigue are working on a grant application for the AOT program which is due by June 1.

XVI. Information and/or Comments from the Public

Nothing was presented.

XVII. Information and/or Comments for the Good of the Organization

Nothing was presented.

XVIII. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, June 11, 2026, at 3:00 p.m.

1. Proposed June Agenda Items

The June agenda items were reviewed.

2. Schedule of NeMCMHA Board Meetings

The Board received a list of their meeting dates for the upcoming year.

XIX. Meeting Evaluation

Kara felt the Board came prepared to govern, they were afforded opportunities to contribute to conversation, and she was satisfied with what the Board accomplished. She felt Eric provided great information and she liked

the lively conversation the Board had. She thanked Nena for being present and always advocating for mental health.

XX. Adjournment

Moved by Lynnette Grzeskowiak, supported by Kara Bauer LeMonds, to adjourn the meeting. Motion carried.

This meeting adjourned at 5: 05 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Seventh Month Ending April 30, 2026
58.33% of year elapsed

		Actual April Year to Date	Budget April Year to Date	Variance April Year to Date	Budget FY26	% of Budget Earned or Used
	Revenue					
1	State Grants	123,822.82	171,287.69	(47,464.87)	293,636.00	42.2%
2	Grants from Local Units	199,978.50	155,538.81	44,440	266,638.00	75.0%
3	NMRE Incentive Revenue	404,695.00	151,666.69	253,028	260,000.00	155.7%
4	Interest Income	10,120.01	4,083.31	6,037	7,000.00	144.6%
5	Medicaid Revenue	19,379,239.57	21,373,412.76	(1,994,173)	36,640,136.00	52.9%
6	General Fund Revenue	701,625.00	701,625.00	-	1,202,787.00	58.3%
7	Healthy Michigan Revenue	1,365,588.92	1,186,355.87	179,233	2,033,753.00	67.1%
8	3rd Party Revenue	241,207.37	233,333.31	7,874	400,000.00	60.3%
9	Behavior Health Home Revenue	302,536.14	233,333.31	69,203	400,000.00	75.6%
10	Food Stamp Revenue	65,710.91	55,749.12	9,962	95,570.00	68.8%
11	SSI/SSA Revenue	351,808.50	363,545.00	(11,737)	623,220.00	56.5%
12	Revenue Fiduciary	162,544.73	0.00	-	0.00	0.0%
13	Other Revenue	40,174.58	21,646.87	18,528	37,109.00	108.3%
14	**Total Revenue**	**23,349,052**	**24,651,578**	**(1,465,070)**	**42,259,849**	**55.3%**
	Expense					
15	Salaries	8,918,819.30	9,788,197.81	869,379	16,779,770.00	53.2%
16	Social Security Tax	347,864.43	421,609.51	73,745	722,759.00	48.1%
17	Self Insured Benefits	1,265,387.27	1,626,209.34	360,822	2,801,916.00	45.2%
18	Life and Disability Insurances	126,107.17	165,870.39	39,763	284,349.00	44.3%
19	Pension	809,580.27	860,740.37	51,160	1,475,555.00	54.9%
20	Unemployment & Workers Comp.	77,849.26	84,964.39	7,115	131,524.00	59.2%
21	Office Supplies & Postage	21,773.07	35,457.94	13,685	60,785.00	35.8%
22	Staff Recruiting & Development	1,219.97	4,287.50	3,068	7,350.00	16.6%
23	Community Relations/Education	25,184.10	39,025.00	13,841	66,900.00	37.6%
24	Employee Relations/Wellness	53,843.31	97,850.06	44,007	110,838.00	48.6%
25	Program Supplies	287,700.07	464,347.24	176,647	796,024.00	36.1%
26	Contract Inpatient	1,180,356.62	1,210,416.69	30,060	1,950,000.00	60.5%
27	Contract Transportation	1.50	8,181.25	8,180	14,025.00	0.0%
28	Contract Residential	3,744,878.02	3,546,140.50	(198,738)	6,079,098.00	61.6%
29	Local Match Drawdown NMRE	49,284.00	57,498.00	8,214	98,568.00	50.0%
30	Contract Employees & Services	4,209,610.92	4,708,219.81	498,609	8,196,104.00	51.4%
31	Telephone & Connectivity	111,907.20	157,500.00	45,593	270,000.00	41.4%
32	Staff Meals & Lodging	15,192.80	16,633.75	1,441	85,420.00	17.8%
33	Mileage and Gasoline	218,564.54	270,777.43	52,213	464,190.00	47.1%
34	Board Travel/Education	2,462.14	7,991.69	5,530	13,700.00	18.0%
35	Professional Fees	0.00	0.00	-	130.00	0.0%
36	Property & Liability Insurance	113,409.06	57,458.31	(55,951)	98,500.00	115.1%
37	Utilities	137,759.33	137,287.50	(472)	235,350.00	58.5%
38	Maintenance	148,312.95	117,425.00	(30,888)	201,300.00	73.7%
39	Interest Expense Leased Assets	21,982.31	21,276.57	(706)	36,474.00	60.3%
40	Rent	3,620.00	3,383.31	(237)	5,800.00	62.4%
41	Food	85,755.29	81,666.76	(4,089)	140,000.00	61.3%
42	Capital Equipment	0.00	0.00	-	0.00	0.0%
43	Client Equipment	6,805.69	23,333.31	16,528	40,000.00	17.0%
44	Fiduciary Expense	139,782.70	0.00		0.00	0.0%
45	Miscellaneous Expense	72,218.36	72,420.81	202	124,150.00	58.2%
46	Depreciation & Amoritization Expense	543,883.90	558,407.50	14,524	957,270.00	56.8%
47	MI Loan Repayment Program	3,000.00	7,000.00	4,000	12,000.00	25.0%
48	**Total Expense**	**22,744,116**	**24,651,578**	**2,047,245**	**42,259,849**	**53.8%**
49	**Change in Net Position**	**$ 604,937**	**$ -**	**$ 604,937**	**$ -**	**1.4%**

50	Contract settlement items included above:			
51	Medicaid Funds (Over) / Under Spent	$ 1,870,031		
52	Healthy Michigan Funds (Over) / Under Spent	(100,622)		
53	**Total NMRE (Over) / Under Spent**	**$ 1,769,409**		
54	General Funds to Carry Forward to FY26	$ -	PA423 Charged to General Funds	
55	General Funds Lapsing to MDHHS	28,208	67,548	
56	**General Funds (Over) / Under Spent**	**$ 28,208**	**95,756**	**Actual GF**
57	Behavior Health Home Revenues	302,536		
58	Behavior Health Home Expenses	(226,093)		
59	BHH Funds (Over) / Under Spent	76,443		
60	Total BHH (Over) / Under Spent	**$ 76,443**		

NeMCMHA FY 26 STRATEGIC PLAN

Mission
To provide comprehensive services and supports that enable people to live and work independently.

Vision
Northeast Michigan Community Mental Health Authority will be the innovative leader in effective, sensitive mental and behavioral health services.

In so doing, services will be offered within a culture of gentleness and designed to enhance each person's potential to recover. We will continue to be an advocate for the person while educating the community in the promotion of mental and behavioral health.

Core Values
- A person-centered focus shall be at the heart of all activities.
- Honesty, respect, and trust are values that shall be practiced by all.
- We will be supportive and encouraging to bring out the best in one another.
- Recognition of progress and movement toward a continuously improving environment is a responsibility for all.
- We prefer decision-by-consensus as a decision-making model and will honor all consensus decisions.

Forces in the Environment Impacting Behavioral Health

Payors/Payment Reform
- Reimbursement based on health outcomes
- Proposed Michigan Department of Health and Human Services (MDHHS) Prepaid Inpatient Health Plan (PIHP) bid out
- Proposed federal cuts to Medicaid
- MDHHS Mental Health Framework
- Conflict-Free Access and Planning (CFAP)

Persons Served
- Aging population and other demographic changes
- Increasing comorbid conditions
- Individuals served accessing health information

Quality Improvement
- Health and safety
- Minimizing waste, fraud, and abuse
- Right amount of scope and duration of service

Regulatory Changes
- Home and Community-Based Services rules
- Potential carve-in of specialty behavioral health

Workforce
- Shortage of qualified staff of all types of disciplines (professional and direct care)
- Aging workforce
- Competing with the private sector (lower pay)
- Challenging work environment
- Evidence-Based Practices
- Training of staff to address current environment

Technology

- Electronic Health Record (EHR)
- Data analytics
- Self-management tools/consumer portal

Goals:

1. Reduce the risk of metabolic syndrome in both adults and children.
   a. Nursing staff will collect blood pressures, weights, and body mass index (BMI) on all new psychiatric evaluations and all children receiving medication clinic services.
   b. The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.
   c. Clinical staff will work with the Medicaid Health Plans to coordinate care and treatment.
   d. Participate in the PIHP's Quality Assessment Performance Improvement Projects (QAPIP).
      i. QAPIP #1 – NeMCMHA will collect data and conduct analysis for Behavioral Health Home (BHH) enrollment. The NMRE will strive to improve the percentage of individuals who are enrolled in the BHH program from 5% to 6% by September 30, 2025.
      ii. QAPIP #2 – Increase percentage of new persons starting any medically necessary ongoing covered service within 14 days of completing a non-emergent biopsychosocial assessment.
2. Promote a community that understands the widespread impact of trauma and paths to recovery, while also recognizing the signs and symptoms of trauma in individuals to avoid re-traumatization.
3. Support services to all children and young adults diagnosed with Autism Spectrum Disorders.
4. Coordinate community education and partnerships in suicide prevention.
5. Increase Substance Use Disorder (SUD) services and training within the Agency while partnering with local SUD providers to educate and reduce substance use in the community.
6. Collaborate with the Veteran's Administration ensuring comprehensive behavioral health services are available.
7. Further utilize the Health Information Exchange (HIE), Michigan Health Information Network Shared Services, with MIGateway and local organizations in order to share critical health care information. The Agency's current electronic record system (PCE) is a conduit for this information, which will continue to promote easy utilization.
8. Remain current in education of information technology (IT), including cybersecurity.
9. Create staff focus groups to learn what issues are important to staff and work on strategies to support a sustainable work/life balance.

Barriers/Challenges:

Home and Community-Based Services – NeMCMHA will need to work with our providers to assure compliance with the rules for all.

Applied Behavioral Analysis (ABA) Expansion – Qualified providers, either in-person or through a telehealth arrangement, are limited in this program area.

Integrated Healthcare – The HIE is not progressing as rapidly as previously anticipated. Data provided is not sufficient to address real time queries on health information of the populations served. Current restrictions of protected health information (PHI) specific to SUD/treatment do not address the total needs of the individual in an HIE venue.

Funding – The contractual obligations to MDHHS while staying within the Per Member Per Month (PMPM) formula provided by the PIHP. The decrease in actuarial soundness following the unexpected drop of Medicaid enrollees and the migration of individuals previously identified as disabled, aged, and blind (DABS) to straight Medicaid.

Jail Services – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.

Recruiting and Retention of Qualified Staff – Workforce shortages nationwide and local competition for positions have made it difficult to recruit.

Service Population – If service delivery is modified to include the mild to moderate population, the current staffing level is insufficient.
Residential Options – Decrease of family operated foster care resulting in the need to contract with more expensive corporate specialized foster care placements.
Opioid Epidemic – The increasing opioid epidemic has strained community resources.
Societal Violence – The violence in our society is requiring communities to come together to develop a comprehensive community action plan.
Staffing – The lack of a feeder system to create qualified individuals to work in this field of healthcare.

Opportunities:

- Work collaboratively with community partners in the region to promote integrated services, develop shared services, and improve consumer accessibility, health outcomes, and efficiencies.
- Introduce new Evidence-Based Practices and training in the delivery of services.
- Using the training certification the Agency received, the Agency can provide training opportunities for staff as well as community partners with continuing education credits awarded for the training.
- Continue to utilize and improve the strong infrastructure of NeMCMHA, including its facilities, staff, IT investment, and balanced budget.
- Provide education to the community at large and support and promote local advocacy efforts.
- Work collaboratively with community partners in the region to address challenges related to the increasing opioid epidemic, violence, and anger dyscontrol.
- Take advantage of training opportunities provided by MDHHS.

Options:

The Agency must continue to strengthen its relationships with other partners of the market and reinforce its niche in intensive services for people with serious mental illness, serious emotional disturbance, and intellectual/developmental disabilities, including those whose disabilities co-occur with substance use. The Agency must strategize to become a valued partner and be indispensable in the pursuit of quality, accessible health care at a lower cost. Options to be considered:

- Shared psychiatric consultation with staff at other clinics.
- Easy and consistent flow of individuals and information between behavioral health and primary care providers.
- Growth of health care awareness and services in CMH through enhanced training in health coaching and the use of data analytics.
- Work closely with local jails and sheriffs to provide assistance and support for individuals incarcerated and/or on a court order for mental health treatment.
- Work closely to assure people with a serious mental illness or intellectual/developmental disabilities are receiving all necessary primary and behavioral healthcare.
- Provide community members and staff with training relating to Mental Health First Aid for youth and adults, suicide prevention, violence in our society, co-occurring disorders, and the effects of trauma.
- Continue to be a member of the Human Services Collaborative.

Plan:

Community Partners will be essential for NeMCMHA as we continue to be successful in the provision of integrated, comprehensive physical and behavioral health services. We will continue to expand the Behavioral Health Home (BHH) and will work to provide these services to individuals with mild to moderate mental health diagnoses. The Agency will continue to work collaboratively with the major primary health care providers and the Medicaid Health Plans to ensure the requirements to meet the health care reform challenges are met. Joint ventures will continue to be established with community partners to provide seamless systems of care that eliminate duplication, lower costs, ensure quality care, and achieve superior outcomes. The Ends Statements reflect methods of monitoring population groups and department specific goals.

Ends:
All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.

Sub-Ends:
Services to Children
1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.
   a. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services.
   b. 80% of home-based services will be provided in a home or community setting.

Services to Adults with Mental Illness and Persons with I/DD
2. Individuals needing independent living supports will live in the least restrictive environment.
   a. Expand the Supported Independence Program (SIP) to one additional county served.
   b. Development of additional supported independent services for two individuals currently living in a dependent setting.
   c. Individual competitive integrated employment for persons with an intellectual/developmental disability will increase by 7%.
   d. Individual Placement and Support (IPS) employment services will successfully close fifteen (15) individuals with an SPMI diagnosis who have maintained competitive integrated employment.

Services to Adults with Co-Occurring Disorders
3. Adults with co-occurring disorders will realize significant improvement in their condition.
   a. 35% of eligible individuals served with two or more of the following chronic conditions – asthma/COPD, high blood pressure, diabetes, morbid obesity, or cardiac issues will be enrolled in Behavioral Health Home (BHH).
   b. 100% of individuals enrolled in BHH will see their primary care provider annually.
   c. 98% of individuals enrolled in BHH will have a baseline A1C.

Financial Outcomes
4. The Board's Agency-wide expenses shall not exceed Agency-wide revenue at the end of the fiscal year (except as noted in 5.b.).
5. The Board's major revenue sources (Medicaid and non-Medicaid) shall be within the following targets at year-end:
   a. Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved by the Board and the PIHP.
   b. Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the Board.

Community Education
6. The Board will support the Agency in providing community education. This will include the following:
   a. Disseminate mental health information to the community by hosting events, providing trainings, utilizing available technology, and publishing at least one report to the community annually.
   b. Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders, and violence in our society.
   c. Support community advocacy.

The Ends will be monitored by the Board at least semi-annually.
The Strategic Plan will be reviewed by the Board at least annually.

	Program	Consumers served May 2026 (5/1/26 - 5/31/26)	Consumers served in the Past Year (6/1/25 - 5/31/26)	Running Monthly Average(year) (6/1/25 - 5/31/26)
1	**Access** **Routine**	43	521	42
	Emergent	0	1	0
	Urgent	1	3	0
	Crisis	36	449	40
	Prescreens	45	593	44
2	**Doctors' Services**	369	1108	375
3	**Case Management**			
	Older Adult (OAS)	62	115	71
	MI Adult	71	220	63
	MI ACT	18	30	16
	Home Based Children	37	70	28
	MI Children's Services	64	127	46
	IDD	141	304	147
4	**Outpatient Counseling**	116(25/91)	270	77
5	**Hospital Prescreens**	45	593	44
6	**Private Hospital Admissions**	12	227	16
7	**State Hospital Admissions**	0	4	0
8	**Employment Services**			
	IDD	50	74	47
	MI	34	94	39
	Touchstone Clubhouse	74	89	67
9	**Peer Support**	47(9/38)	78	46
10	**Community Living Support Services**			
	IDD	85	93	82
	MI	56	90	58
11	**CMH Operated Residential Services**			
	IDD Only	46	48	46
12	**Other Contracted Resid. Services**			
	IDD	36	38	37
	MI	26	34	28
13	**Total Unduplicated Served**	994	2126	966

County	Unduplicated Consumers Served Since June 2025
Alcona	215
Alpena	1274
Montmorency	255
Presque Isle	294
Other	72
No County Listed	16

JULY AGENDA ITEMS

Policy Review
Community Resources 01-010

Policy Review & Self-Evaluation
Public Hearings 02-010

Monitoring Reports
Budgeting 01-004
Asset Protection 01-007
Community Resources 01-010

Activity
Strategic Planning – Part III

Ownership Linkage
NMRE Board Meeting

Educational Session
TBD