NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

JULY BOARD MEETING

July 9, 2026
3:00 p.m.

400 Johnson St.
Alpena, MI 49707

(989) 356-2161 ☎ (800) 968-1964

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
Strategic Planning Part III | Meeting Agenda | Thursday, July 9, 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 – 3)**

VIII. **July Monitoring Reports**
1. Budgeting 01-004 ..... **(Handout)**
2. Asset Protection 01-007 ..... **(Handout)**
3. Community Resources 01-010 ..... **(Page 4)**

IX. **Board Policies Review**
1. Community Resources 01-010 [Review] ..... **(Page 5)**
2. Public Hearings 02-010 [Review & Self-Evaluation] ..... **(Page 6)**

X. **Operations Report** ..... **(Page 7)**

XI. **Strategic Plan: Review & Revise** ..... **(Pages 8 – 12)**

XII. **Board Chair's Report**
1. NeMCMHA Annual Report ..... **(Booklet)**
2. Board Self-Evaluation Format ..... **(Verbal)**
3. Preparing for Executive Director's Evaluation ..... **(Page 13)**

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, August 13 at 3:00 p.m.**
1. Proposed August Agenda Items ..... **(Page 14)**

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

XVIII. **Adjournment**

Northeast Michigan Community Mental Health Authority
Board and Advisory Council Meeting – June 11, 2026

I. Call to Order

Chair Eric Lawson called the meeting to order in the Board Room at 3:00 p.m.

II. Roll Call and Determination of a Quorum

Present:	**[Board]** Bob Adrian, Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Charlotte Helman, Dana Labar, Eric Lawson, Lloyd Peltier, Anne Ryan, Terry Small. **[Advisory Council]** Kathleen Destromp, Janet Freeman, Heather Miller, Rebecca Stockford
Absent:	Angela Lane, Kara Bauer LeMonds (Excused), Deanna Yates (Excused)
Staff & Guests:	Alan Bolter, Connie Cadarette, Rebekah Duhaime, Erin Fletcher, Nancy Kearly, Jason Lepper, Jared Kendziorski, Nena Sork, Kara Steinke, Jen Walburn

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Jennifer Graham 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

Lloyd Peltier shared that Janet Freeman is the Chair of the Advisory Council.

VII. Approval of Minutes

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

VIII. Educational Session: CMHA Spring Updates with Alan Bolter

Alan Bolter is the new CEO of the CMHA, which he has been with since 2009. He reviewed the upcoming elections in Michigan, which will include Governor, U.S. Senate, U.S. House, Secretary of State, Attorney General, and the entire legislature (Senate and House).

Alan reported that the State Budget Office is projecting about $1.2 billion less in FY27 as compared to FY26. Inflation and policy uncertainty remain major risks. Over the last month, the House Oversight Subcommittee on the Child Welfare System has held public hearings that were very one-sided. The public hearings included providers and individuals served who were critical of the public mental health system. Alan met with the Chair of the Subcommittee to provide information to refute some of the claims made during the hearings.

He briefly reviewed CMHA's opposition to the Mental Health Framework, as it would add obstacles and red tape for individuals served and providers. There is also a rumor that MDHHS will be issuing a new RFP in another attempt to privatize the public mental health system. While much of the conversation regarding the Mental Health Framework relies on the State's message that individuals aren't being evaluated in a timely matter, the actual problem is the lack of psychiatric beds to then move individuals to.

Alan discussed H.R.1 implementation, which is about work requirements for individuals on certain Medicaid plans. Estimates show that 200,000 Michiganders will lose their coverage. Medicaid redeterminations are also an ongoing issue, as they are now required to be done every six months instead of annually.

IX. Consent Agenda

1. HR Cloud

Moved by Bob Adrian, supported by Lynnette Grzeskowiak, to accept the June Consent Agenda. Roll Call: Ayes: Bob Adrian, Bonnie Cornelius, Jennifer Graham, Lynnette Grzeskowiak, Charlotte Helman, Dana Labar, Eric Lawson, Lloyd Peltier, Anne Ryan, Terry Small; Nays: None. Absent: Kara Bauer LeMonds. Motion carried.

X. June Monitoring Reports

1. Budgeting 01-004

Connie reviewed the Statement of Revenue and Expense and Change in Net Position for the month ending April 30, 2026, with 58.33% of the year elapsed. Medicaid is underspent by $1.8 million and Healthy Michigan is overspent by $100,622, for a total underspent amount of $1.7 million. General Funds are underspent by $28,208. Behavioral Health Home is underspent by $76,443, which can be kept as local funds. The Agency currently has 42 days of cash.

Connie shared that the Agency's auditors, Straley, Lamp & Kraenzlein, were audited by the State, and they received a letter back commending them on their work being comprehensive and well-organized.

XI. Strategic Plan & Ends Review

Eric reviewed the FY26 Strategic Plan with the Board and Advisory Council. The Board would like verbiage added for clarity on the first goal regarding metabolic syndrome. The Ends Monitoring Report numbers were included in a handout for the Board, which they reviewed with the Strategic Plan. Nena will discuss the Ends with applicable supervisors, to see what numbers they would like to update. Suggested revisions will be brought to the Board at their July meeting.

XII. Linkage Reports

1. NMRE Board

Eric shared further information on H.R.1, which would require enrollees to participate in 80 hours of work, school, or volunteering over one month. Non-compliance would lead to a loss of Medicaid coverage. The new rules would greatly increase the workload at local MDHHS offices and add administrative burden.

2. CMHA Summer Conference

Bonnie greatly enjoyed the conference and hopes that those who haven't gone are able to adjust their schedules and attend.

XIII. Operations Report

Erin Fletcher reported on operations for the month of May. Older Adult Services (OAS) served 62 individuals, MI Adult served 71, and I/DD served 141. The total of unduplicated individuals served was 994.

XIV. Board Chair's Report

1. NeMCMHA Annual Report

The annual report will be available at the July Board meeting.

2. Continued Discussion of Meeting Evaluation Form/Format

After discussion with other directors and boards at the recent conference, Dana and Nena confirmed that the NeMCMHA Board is functioning and evaluating itself at a high level. Multiple Board members shared that this is the only Board they have been on that does a self-evaluation. Board members discussed options for improving the process, including rotating questions or decreasing the frequency of evaluations. The evaluation could be done during months with a lighter agenda and then Eric could present the results during his Board Chair's Report the following month. This discussion will be continued next month.

XV. Executive Director's Report

Nena reported on her activities for the last month, including chairing the CMHA Member Services Committee where they were planning for the conference. The Mental Health Movement had 205 participants this year, even in pouring rain. State Representative Cam Cavitt met with Nena at the Agency to discuss rural issues, and he was impressed with the SIP Monitoring Room after visiting it. Dr. Thibault also discussed the court order monitoring program with him. Nena and Kara Steinke attended the Sequential Intercept Model (SIM) meeting with Partners in Prevention. The Agency was nominated by Light of Hope Clubhouse for Employer of the Year, and Nena and Kara traveled to Lansing to accept the award from Representative Cavitt.

Nena discussed that Alcona County has the highest rate of suicide per capita for Michigan. The majority were men over the age of 60. There is a new senior center in Alcona, and she is working on how to support it. She is also on the NAMI Board, which was recently recognized as a state award winner.

XVI. Information and/or Comments from the Public

Nothing was presented.

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

Kathleen Destromp reported on the NMRE's Day of Education in May. The keynote speakers talked about Clubhouse and its benefits. Due to funding, the Day of Education will now only happen once per year. She is also helping to get the NMRE's Advisory Council back up and running.

XVIII. Next Meeting

The next meeting of the NeMCMHA Board is scheduled for Thursday, July 9, 2026, at 3:00 p.m. The next meeting of the NeMCMHA Advisory Council is scheduled for Monday, August 10, at 4:30 p.m.

1. Proposed July Agenda Items

The July agenda items were reviewed.

XIX. Meeting Evaluation

Jennifer felt Board members came prepared to govern, they were afforded opportunities to contribute, the provided materials were sufficient, and she was satisfied with what the Board accomplished. She felt the educational session was extremely informative and eye-opening. She shared that June is Men's Mental Health Month, and that she would be open to a discussion about how she could be a resource for those in Alcona who are suicidal.

XX. Adjournment

Moved by Jennifer Graham, supported by Lynnette Grzeskowiak, to adjourn the meeting. Motion carried.

This meeting adjourned at 5:07 p.m.

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Bonnie Cornelius, Secretary

_____

Eric Lawson, Chair

Northeast Michigan Community Mental Health Authority
Monitoring Report

POLICY CATEGORY: Executive Limitations
POLICY TITLE AND NUMBER: Community Resources, 01-010
REPORT FREQUENCY & DUE DATE: Annual: July 2026
POLICY STATEMENT:

With respect to the attainment of Northeast Michigan Community Mental Health Authority Ends, the Executive Director may not fail to take advantage of collaboration, partnerships and innovative relationships with agencies and other community resources.

- **Interpretation**

The Agency will develop and maintain collaborative and productive relationships within the community; we will be actively represented on Human Service Coordinating Councils (HSCCs). Further, Agency staff will actively participate in appropriate community coordination/planning groups. Wherever possible, wraparound approaches should be pursued to serve families and children with complex needs.

- **Status**

Carolyn Bruning is the Agency's representative on the HSCCs. The Agency actively participates in the annual Project Connect events held in each of our four counties. Nena Sork represents the Agency on the Child Death Review Team and staff work with the Critical Incident Stress Management (CISM) Team of Northeast Michigan. Nena is also a member of the Northeast Michigan National Alliance on Mental Illness (NAMI) group and is a Board member on the Northern Michigan Opioid Response Consortium (NMORC) and their Prevention Committee.

The Agency continues to contract with Partners in Prevention to provide education to the community, which includes trainings on the effects of trauma, suicide prevention, SafeTALK, Applied Suicide Intervention Skills Training (ASIST), and Adult and Youth Mental Health First Aid. NeMCMHA has also continued to partner with The Sunset Project to bring mental health awareness and suicide prevention to schools.

The Agency has been providing trainings at Alpena Community College, NOAA, and the main NeMCMHA office that are open to staff and community members. Trainings that occurred during FY 26 included Applying Emotional Intelligence and Communication; Assessment & Treatment of Anxiety, OCD & Hoarding Disorders; Understanding Psychiatric Diagnoses and What They Mean; Aggression Prevention: Equipping You with the Skills to Identify Risks and Prevent Aggression; Ethics and Pain & Symptom Management in Behavioral Health; and The Power of Emotional Intelligence: Enhancing Communication with Clients and Co-Workers.

Board Review/Comment

Reasonableness Test: Is the interpretation by the Executive Director reasonable?

Data Test: Is the data provided by the Executive Director both relevant and compelling?

Fine-tuning the Policy: Does this report suggest further study and refinement of the associated policy?

Other Implications: Does this report suggest that other policies may be necessary?

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EXECUTIVE LIMITATIONS
(Manual Section)

COMMUNITY RESOURCES – POLICY 01-010

Board Approval of Policy	August 8, 2002
Policy Last Reviewed:	July 10, 2025
Last Revision to Policy Approved by Board:	July 11, 2019

●1 POLICY:

With respect to the attainment of Northeast Michigan Community Mental Health Authority Ends, the Executive Director may not fail to take advantage of collaboration, partnerships and innovative relationships with agencies and other community resources.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

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GOVERNANCE PROCESS
(Manual Section)

PUBLIC HEARINGS – POLICY 02-010

Board Approval of Policy	August 8, 2002
Policy Last Reviewed:	July 10, 2025
Last Revision to Policy Approved by Board:	July 11, 2024

●1 POLICY:

The Authority shall conduct a public hearing for the adoption of its annual budget at or before the beginning of the fiscal year. The public hearing shall be conducted by the Chair of the Authority at a meeting of the Board of the Authority.

Annual Budget Hearing Guidelines:
This hearing will be conducted during either the September or October meeting of the Board of the Authority. The purpose of the meeting will be to adopt in public session a budget for the fiscal year that incorporates and supports the Ends adopted by the Board and reflects program adjustments that may have been included in response to MDHHS's Program Policy Guidelines.

Required Notice for Public Hearings:
Ten days' advance notice of public hearings shall be required. The notice shall be placed in all area newspapers and shall include information about the purpose of the hearing and the form of input members of the public may offer.

Format of Hearings:
Hearings shall be conducted in such fashion as to assure that members of the public receive adequate information about the matter to be acted upon and have sufficient opportunity to offer suggestions and alternative points of view.

The Hearing shall be documented, noting the names of participants, their affiliations, if any, and a summary of the input offered.

●2 APPLICATION:
The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:
Fiscal Year: October 1 through September 30

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

	Program	Consumers served June 2026 (6/1/26 - 6/30/26)	Consumers served in the Past Year (7/1/25- 6/30/26)	Running Monthly Average(year) (7/1/25 - 6/30/26)
1	**Access** **Routine**	36	524	43
	Emergent	0	1	0
	Urgent	0	3	0
	Crisis	34	450	39
	Prescreens	45	593	44
2	**Doctors' Services**	357	1098	375
3	**Case Management**			
	Older Adult (OAS)	67	114	71
	MI Adult	73	218	64
	MI ACT	18	29	16
	Home Based Children	41	75	30
	MI Children's Services	62	131	49
	IDD	121	306	143
4	**Outpatient Counseling**	123(30/93)	273	70
5	**Hospital Prescreens**	45	593	44
6	**Private Hospital Admissions**	20	234	16
7	**State Hospital Admissions**	0	4	0
8	**Employment Services**			
	IDD	49	71	47
	MI	39	95	38
	Touchstone Clubhouse	74	87	68
9	**Peer Support**	49(8/41)	79	45
10	**Community Living Support Services**			
	IDD	87	95	83
	MI	58	95	57
11	**CMH Operated Residential Services**			
	IDD Only	46	48	46
12	**Other Contracted Resid. Services**			
	IDD	36	38	37
	MI	23	31	27
13	**Total Unduplicated Served**	992	2120	970

County	Unduplicated Consumers Served Since July 2026
Alcona	219
Alpena	1260
Montmorency	262
Presque Isle	294
Other	70
No County Listed	15

Draft NeMCMHA FY 27 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/patient portal

Goals:

1. Reduce the risk of metabolic syndrome in both adults and children, as certain medications, such as psychotropics, can place individuals at a higher risk of weight gain, high blood pressure, high blood sugar, and/or abnormal cholesterol levels.
   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 and Primary Care Providers to coordinate care and treatment.
   d. Participate in the PIHP's applicable Quality Assessment Performance Improvement Projects (QAPIP).
      i. QAPIP #1 – ~~NeMCMHA~~ The NMRE Quality and Compliance Oversight Committee (QOC) 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~~6% to ~~6~~7% by September 30, ~~2025~~2026.
      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~~.~~, achieving above the 50th percentile (72.9%).
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 Disorder.
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 (Peter Chang Enterprises, Inc. (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. Increase participation of Management Team in individual staff meetings ~~Create staff focus groups~~ to learn what issues are important to staff and ~~work on~~ develop 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.

Acute Care Inpatient Psychiatric Bed Availability – Michigan's current behavioral health inpatient psychiatric bed space availability currently ranks 47th nationally.

Funding – Meeting contractual obligations to MDHHS while staying within the Per Member Per Month formula provided by the PIHP. The decrease in actuarial soundness following the unexpected drop of Medicaid enrollees and the new enrollment requirements of H.R.1 in addition to 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, especially for Masters-level clinicians.
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 and develop integrated services, and improve efficiencies, health outcomes, and accessibility for individuals served.
- ~~Introduce~~ Develop new Evidence-Based Practices ~~and~~ for rural communities.~~training in the delivery of services.~~
- Use the Agency's training certification to provide training opportunities and continuing education credits for staff and community partners.
- 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~~awareness and understanding of CMH services.
- 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.~~
- Continue to consult with the jail administrator and nurse practitioner regarding the use and management of psychiatric medications and coordination of care prior to discharge from jail.
- Work with elected officials to continue to advocate for the public behavioral health system and the specialty populations that CMH serves.

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 Northeast Michigan National Alliance on Mental Illness (NAMI) and the Human Service Coordinating Councils (HSCCs).

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. At 57.8%, a decrease of 19.2% from November.
   b. 80% of home-based services will be provided in a home or community setting. At 64.5%.

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. Establish ~~xpand~~ the Supported Independence Program (SIP) in all four counties served.~~to one additional county served.~~ Currently in Alcona, Alpena, and Presque Isle.
   b. ~~Development of additional supported independent services for two individuals currently living in a dependent setting. During FY26, four individuals have been moved to their least restrictive living arrangements. In December, an individual moved from an AFC placement to a private residence. In February, an individual moved from the State hospital to a private residence. In March, an individual moved from the State hospital to an AFC home. In April, an individual moved from the Forensic Center to an AFC home.~~
   c. Individual competitive integrated employment for persons with an intellectual/developmental disability will increase by 7%. Currently at 65 individuals, an increase of 5%.
   d. Individual Placement and Support (IPS) employment services will successfully close fifteen (15) individuals with an SPMI diagnosis who have maintained competitive integrated employment. Currently at 8 successful closures.

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). Currently at 43% (142/331)
   b. 100% of individuals enrolled in BHH will see their primary care provider annually. Currently at 96% (138/142)
   c. 98% of individuals enrolled in BHH will have a baseline A1C. Currently at 96% (137/142)

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.

www.nemcmh.org | 24/7 Crisis Support | (989) 356-2161

ANNUAL REPORT

May 2026

Dear Citizens of Northeast Michigan,

On behalf of the Board of Directors and the staff of Northeast Michigan Community Mental Health Authority (NeMCMHA), it is my privilege to present this Annual Report for Fiscal Year 2025.

NeMCMHA was created 58 years ago, by Public Act 54, to serve the people of Northern Michigan by ensuring a public safety net exists for anyone experiencing a mental health emergency. For decades we have provided crisis services 24 hours a day, 7 days a week, 365 days a year, as well as providing community-based services for the specialty populations who are often the most vulnerable citizens in our communities.

Based on early 2024 data from the CDC, roughly 18% of Michigan adults reported poor mental health. Additionally, 23.16% of Michigan adults experienced mental illness, placing the state as the 17th highest nationally. They also found higher rates of anxiety and depression among adults living in rural areas compared to urban areas.

It is the goal of NeMCMHA and other community mental health organizations to provide vital, accessible support, embodying the principle that recovery is a shared journey, not a solitary battle. We work to turn stigma into understanding by creating connection and care.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

In 2025, NeMCMHA served 2,105 unduplicated individuals. We provided crisis services for 1,078 individuals. That equates to more than 77,000 after-hours services (outside the hours of 8 a.m. to 5 p.m. or on the weekends but not counting holidays). This year we conducted 497 initial assessments, and 1,428 distinct individuals were seen for either a medication review or a psychiatric evaluation. The numbers tell our story when we look at the data for all the services that we provided to the specialty populations of individuals with a Severe and Persistent Mental Illness (SPMI), a Serious Emotional Disturbance (SED), an Intellectual and Developmental Disability (I/DD), and/or an Autism Spectrum Disorder (ASD). Last year NeMCMHA provided a combined total of 1.3 million billable hours of services in our four counties. We provided services to 233 individuals from Alcona County, 1,319 individuals from Alpena County, 281 individuals from Montmorency County, and 276 individuals from Presque Isle County.

We believe that education and bringing people together is one of the best approaches to turn stigma and judgement into understanding and compassion. Part of our vision is to be advocates for the person while educating the community in the promotion of mental and behavioral health. This vision to educate the community is a primary focus for us, and we are proud to be a local provider of continuing education credits for social workers and nurses who attend our trainings. I am pleased to report that last year we delivered 155 trainings to staff and the community, with 253 community members participating.

Our staff deeply care about the people we serve and go to incredible lengths to deliver services in a variety of settings. We discovered how resilient NeMCMHA staff are during the pandemic. When the rest of the world was isolated, our staff continued providing services without interruption. This resilience was shown once again as our staff showed up for the individuals we serve to provide for their physical and behavioral health needs during the ice storm that knocked out much of our infrastructure.

Earlier this year, we worked with the nonprofit organization Partners in Prevention to promote their new resource guide, the Mental Health Map. This guide can assist you in finding the local mental health resources that you or your loved ones need. This is an excellent tool which you can access from the Partners in Prevention website or from the QR code below.

Robert Ingersoll said, "We rise by lifting others." NeMCMHA believes that by lifting others in times of need, we can all make a positive impact on the mental health of others and the communities we serve. The Board of Directors, myself, and the staff of NeMCMHA look forward to serving the citizens of Alcona, Alpena, Montmorency, and Presque Isle counties in the coming year.

Nena Sork

Nena Sork
Executive Director

MENTAL HEALTH MAP ➡

FY25 BOARD OF DIRECTORS

Eric Lawson, Board Chair, Alpena County
Lloyd Peltier, Vice Chair, Montmorency County
Bonnie Cornelius, Secretary, Alcona County
Terry Small, Alcona County
Robert Adrian, Alpena County
Jennifer Graham, Alpena County
Lynnette Grzeskowiak, Alpena County
Kara Bauer LeMonds, Alpena County
Charlotte Helman, Montmorency County
Lester Buza, Presque Isle County
Dana Labar, Presque Isle County

OUR VISION

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

OUR MISSION

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.

IPS EMPLOYMENT

NeMCMHA has a belief that one of the best things for a person's mental health is a paycheck, as it brings more than just financial security to an individual's wellbeing. This is why we use the evidence-based supported employment program, Individual Placement and Support (IPS), which is designed to help individuals with a serious mental illness find and keep competitive employment.

During Fiscal Year 2025, our employment team underwent a fidelity review, which evaluates how well the program is implementing the IPS standards and model. The IPS program was scored on time unlimited supports, worker preference, integrated competitive employment, systematic job search, benefits planning, and zero exclusion. The team increased their score from their previous review by five points - congratulations to the team for this accomplishment!

Employment staff attended the 2025 Michigan IPS Summit in Dearborn. Before the Summit, they had an opportunity to nominate one Michigan business that has hired IPS participants, committed to collaborating with the IPS program, and works with our community every chance they get. Our staff nominated the Alpena Meijer as they have a long history of working in close collaboration with NeMCMHA, individuals have happily maintained long-term employment, and they have been an exceptional community partner, recently highlighted by their wonderful response to the ice storm of 2025.

We are pleased to report that Meijer was selected as the winner of the 2025 IPS Employer of the Year Award!

Meijer HR Manager Tasha, Alpena Store Manager Warren, NeMCMHA IPS Supervisor Sharon Becker, and NeMCMHA Employment Manager Margie Hale-Manley

MENTAL HEALTH MOVEMENT 2K | 5K | 10K RUN-WALK 2025

May 17, 2025: The third annual Mental Health Movement 2K | 5K | 10K Run-Walk was, once again, a lively and successful event with 284 registrants! Our history of varied weather continued, with cool temperatures and gusty wind, but volunteers and participants alike were in high spirits. We look forward to this event every year, and we love how our community comes together in support of mental health! The Mental Health Movement Run-Walk is always held the third Saturday in May, during Mental Health Awareness Month.

NeMCMHA 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.

A SUCCESS STORY

Mikeal came into the employment program eager to find a job. Moving to Alpena from Arizona was a big change for Mikeal, and he was used to having steady work back home. Mikeal's main goal was to obain employment and find socialization opportunities.

Mikeal became a member of Light of Hope Clubhouse and it has become a great outlet for him. He has attended Clubhouse social outings and has made friends along the way.

Mikeal has also found a job working as a part-time janitor. He works the schedule he was aiming for, and he has made many natural supports. He works well with everyone, and the worksite has nothing but good things to say about him.

2025 ICE STORM

The ice storm of 2025 created many obstacles, both literally and figuratively, in the way NeMCMHA staff provided services to our individuals. This unprecedented storm wreaked havoc and devastation on the power grid and natural resources across Northern Michigan. Our individuals were without power from three days to nearly four weeks. Our staff, affectionately known as the Icicle Infantry, were incredible at finding creative ways to provide services and take care of the individuals we serve. They were undaunted and showed enormous grit and creativity.

Our Supported Independence Program (SIP) faced the challenge of taking care of people who are able to live alone with the aid of monitoring services, when all of the monitors, phones, and electronic tools they use to safely monitor them were not working. Staff flew into action when individuals were scared, lonely, and disconnected from everyone. They brought them into our building that was operating in a limited way with a generator. It was a warm place for individuals to socialize, play games, and eat together. Staff regularly went out to physically check on individuals who wanted to stay home. They made more runs than they could have ever imagined they would make in a four-day period.

We operate nine Adult Foster Care (AFC) group homes, and home staff and maintenance did an exceptional job operating the homes as smoothly and normally as possible. Our staff are deeply committed to the people living in our group homes, and they will go to great lengths to care for the vulnerable people we serve.

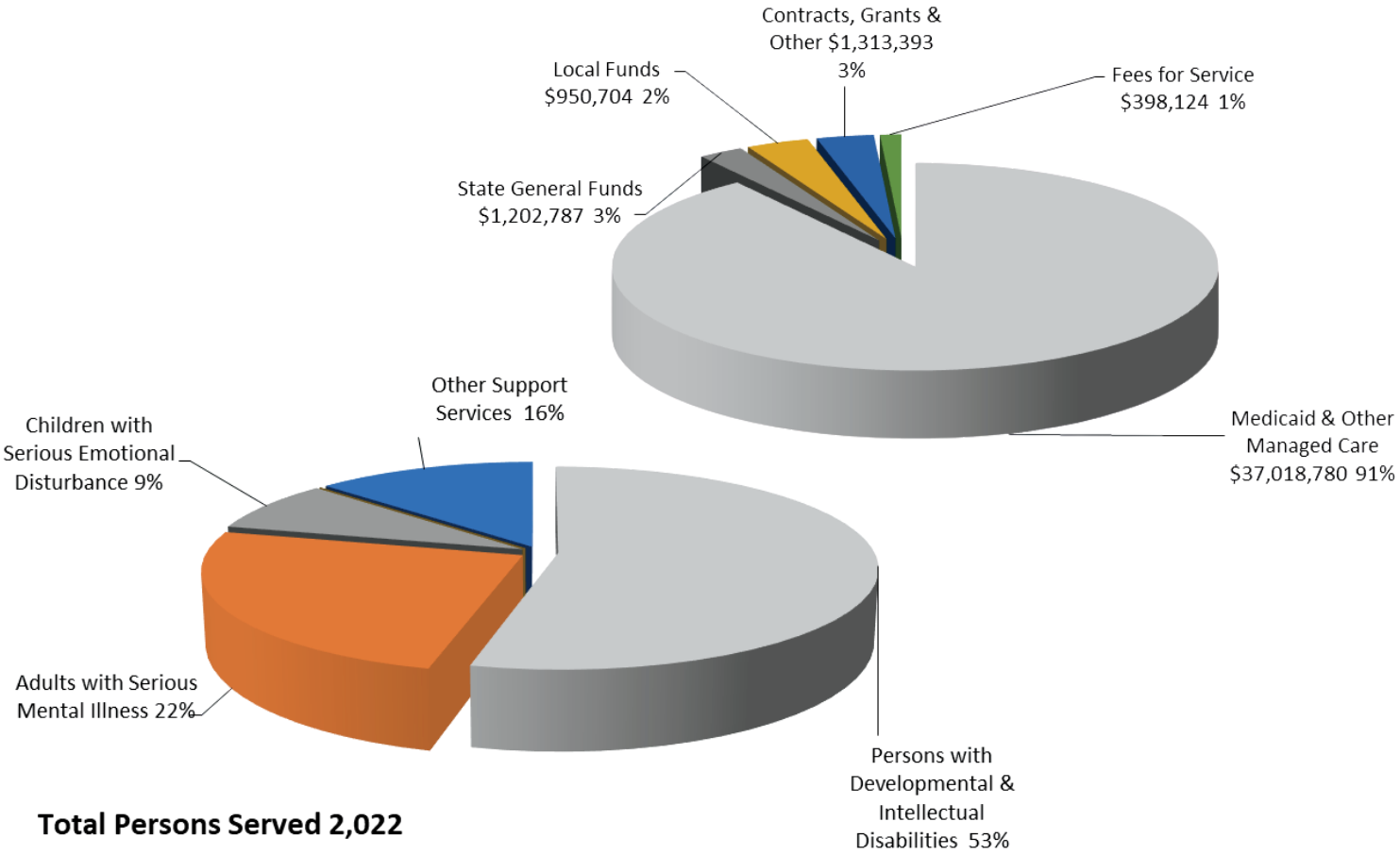
I have always believed that "people are good" and we were the beneficiaries of very kind and compassionate people in our community. The brother of one of our group home supervisors filled a 50-gallon gas tank from his farm and brought it to our group homes to run generators. Our maintenance team was on-call 24/7 to keep vehicles, buildings, and group homes functioning. IT staff monitored our server room and the equipment in all of our facilities. Our Assertive Community Treatment (ACT) team jumped in and continued their mission to support people with severe mental illness. This very small team worked around obstacles and physical barriers so they could check on and care for individuals across our four counties. Nurses delivered medications and administered injections so individuals wouldn't miss a single necessary dose. Case managers coordinated with guardians and natural supports to ensure people were being taken care of.

Mother Nature certainly tested our organization and although this is one disaster plan our safety committee had not practiced, in the end our training, structure, and, most importantly, our staff and their generous hearts brought us through this challenge with flying colors.

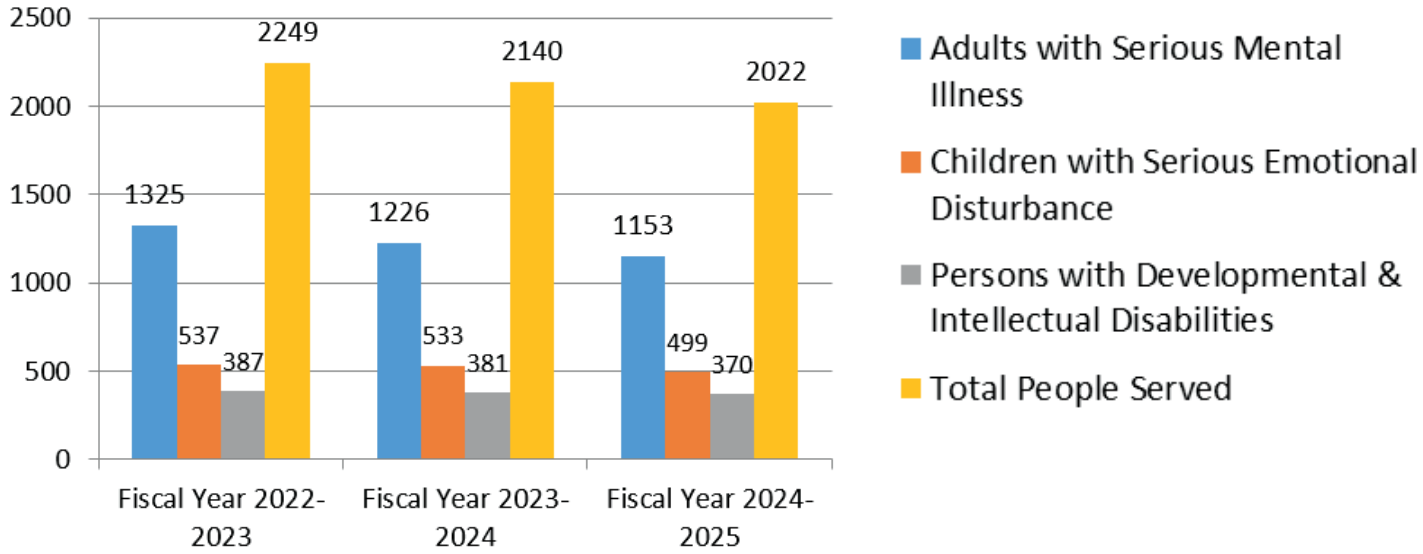
NeMCMHA SOURCES & USE OF FUNDS

FISCAL YEAR 2025: OCTOBER 1, 2024 - SEPTEMBER 30, 2025

TOTAL REVENUE: $40,883,788



Total Persons Served 2,022



Number of People Served

Post-retirement benefits are not offered at NeMCMHA. Employee Pensions are 401 Plans, which are fully funded.

THREE-YEAR CARF ACCREDITATION

NeMCMHA was awarded a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) International in October of 2025. CARF is an independent, non-profit organization that sets internationally recognized standards for health and human services. This accreditation represents the highest level of accreditation that can be awarded to an organization. Organizations that earn CARF accreditation have demonstrated that they meet internationally recognized standards and are focused on delivering services that are measurable, accountable, and of the highest quality. NeMCMHA is now accredited in 17 programs, having added Behavioral Health Home (BHH). Our full list of accredited programs can be found below.

Achieving this milestone came after a rigorous peer review process. CARF surveyors were on site in July and thoroughly reviewed the entire organization. They visited offices and group homes and observed how staff interacted with individuals receiving services. They reviewed policies, case records, leadership, financial planning, Recipient Rights, human resources, quality improvement, and technology, among others. They interviewed staff, individuals served, guardians, board members, contractors, and community partners.

Out of the 2,500 CARF standards used to evaluate the organization, the Agency met 2,495 of those standards. The five recommendations requiring corrective action involved a need for a written policy or wording being added to an existing policy. There were no recommendations in any clinical programs.

The survey team highlighted the Agency's dedication to person-centered care, trauma-informed practices, and community-based support for individuals with mental health needs and developmental disabilities. The surveyors were especially impressed with NeMCMHA's Supported Employment Program and its Supported Independence Program (SIP) monitoring system. They noted they had never seen programs as well run and stated that NeMCMHA should serve as a model for programs everywhere.

From Executive Director Nena Sork, "This achievement reflects the hard work and dedication of our staff, leadership, and community partners. We are honored to be recognized for our commitment to providing high-quality, compassionate care to the people of Northeast Michigan."

CARF ACCREDITED PROGRAMS

- Case Management/Services Coordination: Integrated IDD/Mental Health (Adults)
- Case Management/Services Coordination: Integrated IDD/Mental Health (Children and Adolescents)
- Case Management/Services Coordination: Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Community Housing: Integrated IDD/Mental Health (Adults)
- Crisis Intervention: Integrated IDD/Mental Health (Adults)
- Crisis Intervention: Integrated IDD/Mental Health (Children and Adolescents)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Intensive Family-Based Services: Mental Health (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Supported Living: Integrated IDD/Mental Health (Adults)
- Community Employment Services: Employment Supports
- Community Employment Services: Job Development
- Assertive Community Treatment: Mental Health (Adults)
- Behavioral Health Home (BHH)

Northeast Michigan Community Mental Health Authority is funded, in part, by the Michigan Department of Health and Human Services.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Rebekah Duhaime
SUBJECT: Executive Director's Evaluation
DATE: July 1, 2026

The Executive Director's evaluation will be completed at the August 13, 2026, NeMCMHA Board meeting. According to the Monitoring Executive Performance Policy #03-004, the Executive Director's evaluation is based on progress toward Ends and the monitoring reports provided to the Board over the course of the year. These monitoring reports were distributed in your monthly Board packets and as handouts at meetings.

Please contact Rebekah if you need copies of any monitoring reports prior to the August Board meeting at rduhaime@nemcmh.org or (989) 358-7787.

AUGUST AGENDA ITEMS

Policy Review & Self-Evaluation
Chairperson's Role 02-004
Board Member Per Diem 02-009
Board Self-Evaluation 02-012

Monitoring Reports
Treatment of Consumers 01-002
Staff Treatment 01-003
Budgeting 01-004
Financial Condition 01-005

Activity
Executive Director Evaluation