



NORTH COUNTRY

COMMUNITY MENTAL HEALTH

MINUTES OF THE BOARD

March 19, 2026 2:30 PM

**North Country Community Mental Health
1420 Plaza Drive, Petoskey, Board Room**

Mr. Ginop called the meeting to order at 2:30 PM

ROLL CALL:

BOARD MEMBERS ATTENDING:

Michael Newman, Ron Iseler, Jarris Rubingh, David White, Caroline Loper, Aimee Bissonette, Bob Baldwin, Ed Ginop, Sarah Bronson, Daniel CasaSanta

MEMBERS ATTENDING VIRTUALLY: Annemarie Conway, Bob Boyd

BOARD MEMBERS ABSENT: Dana Wingo, Ed Belitz

STAFF: Brian Babbitt, Nancy Rhue, Tim Stapp Jr., Joe Balberde, Ann Friend, Amy Christie, Dominique Cook, Stefanie Miller, Brandy Marvin, April Johnson, Suzan Petee-Eubank, Nicol Beck, Laurie Griffee, Samantha Kerr, Andrea Rose, David Hornibrook, Katie Lorence.

GUESTS: Micah Haven, Kari LaPorte-Montero, Jake Smith, Jen Raymond, Carrie Borowiak, Cindy Evans, Amy Carter, Manuel Cordova, Katelyn Kloss, Fran, Dakota Hawkins, Penny Hawkins, Robin Long, Chris Fox, Jack Felton, Anya Woodcock, Marylynn.

Mr. Ginop welcomed board members and staff to the meeting. There is a quorum present.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST: No board members expressed a conflict with any agenda item.

PUBLIC COMMENT: Micah Haven read the following statement: Good Afternoon. I trust this board is aware that the Michigan Department of Health and Human Services has mandated that Direct Care workers earn at least \$17.13 per hour starting January 1st of this year. At Grand Traverse Industries, we have already complied with this requirement. However, the funding has not followed. We've been informed that North Country Community Mental Health is still reviewing the current rate structure and potential adjustments. In the meantime, providers like GTI are being required to absorb these increased costs without resources to sustain them. We want to pay our staff more; they absolutely deserve it. But without proper funding, that becomes increasingly difficult. This mandate is costing GTI approximately \$16,000 annually and this is only the beginning, with another increase already scheduled for January 1st of next year. Today, I am respectfully requesting that the transition funds already set aside for providers be made available to cover these mandated wage increases. This would provide immediate relief while longer-term funding solutions are addressed at the state level. I also strongly encourage members of this board to reach out to your state legislators to ensure that both this and future wage mandates are fully funded. I also want to address ongoing confusion regarding GTI's compliance with HCBS standards. As previously reported to this board, on September 29th, 2025, an audit was conducted by the Northern Michigan Regional Entity at the request of this organization. At that time, our Mancelona facility was found to be 96.67% compliant. Since then we have implemented all of NMRE's recommended improvements including; increasing opportunities for access to the greater community,

restructuring our workforce to ensure clients with disabilities work alongside non-disabled staff, and expanding community-based programming and interactions. GTI has worked tirelessly to ensure we are providing the highest level of care, and any characterization of our services as not meeting Home and Community-Based Services standards is factually inaccurate. This board must understand this. I believe we all share the same goal: supporting individuals with disabilities to live full, independent lives in their chosen communities. We look forward to continuing to work together to make that possible. Thank you.

Keri Laporte-Montero read the following statement: Members of the board, I am here today because the situation within NCCMH has reached a point where the provider network can no longer absorb the consequences of leadership decisions, communication failures, and the absence of meaningful oversight. What is happening is not a misunderstanding, it is a systemic failure, and it is unfolding under your watch. Before I say anything else, I need to remind this board of who Bergmann is. For more than half a century, The Bergmann Center has been a cornerstone of services for adults with developmental disabilities in Charlevoix and Emmet Counties. We are not a new provider. We are not a temporary solution. We are part of the fabric of this community. And today we serve 71 individuals, the largest number of any contracted provider in this region. Our history, our stability, and our deep community roots are the reason NCCMH has been able to rely on us during a time of crisis. And yet, despite that history and that contribution, we are now in a position where, if nothing changes, Bergmann has only months left before the financial and operational strain becomes unsustainable. That is the reality. The information provided to you does not reflect the reality providers are living. Across this region, providers are navigating; unstable, unexplained rate changes, months-long delays in responses to essential operational questions, contradictory directives from different NCCMH departments, and a culture of dismissiveness, labeling, and control. This is not one provider's experience. It is the experience of every contracted provider in this region. Providers have been openly sharing information with one another, and informing NCCMH that we are doing so, since 2024. We have been transparent about our challenges, our data, and our concerns. GRI has been raising these issues publicly for more than a year, and Bergmann has been raiding the dame issues privately with NCCMH leadership. The consistency across providers, across counties, and across two full years should have made it impossible for leadership to dismiss these concerns as isolated or provider-specific. The only place this information has not been acknowledged is in this boardroom.

Jen Raymond continued to read the statement written by Ms. Laporte-Montero: A formal grievance was submitted to his board. It received no response. No acknowledgement. No timeline. Now follow-up. A grievance process that produces silence is not a process, it is a breach of your duty to provide oversight. It signals to providers that even when they follow the formal channels you require, their concerns will not be heard. And because the issues raised in that grievance were never acknowledged or addressed, and because the same patterns of retaliation, instability, and non-responsiveness have continued, we have now been forced to file a second grievance. The fact that providers must repeatedly resort to formal grievances simply to be heard is itself evidence of a system that is not functioning. The need for a second grievance is not a sign of provider conflict, it is a sign of leadership failure. And every day the board remains silent, that failure becomes yours as well. When providers raise legitimate concerns, retaliation follows. This is not speculation, it is a documented pattern. Retaliation has taken the form of punitive interpretations of policy, escalations that bypass provider leadership, sudden shifts in tone and cooperation, and directives that appear designed to intimidate rather than collaborate. Even NMRE's own HCBS auditor publicly confirmed that GTI was 96.67% compliant and that the issue was not compliance, it was the relationship. That finding did not apply to GTI alone. It reflects the broader pattern providers have been experiencing across this region, and it should have been a turning point for leadership and this board. One of the most alarming examples was the directive that individuals with developmental disabilities be moved "out of public view" in our thrift store. This violates the ADA, the

Olmstead decision, and the principles of community integration. It is also a clear act of retaliation following a provider raising concerns. NCCMH cannot contract with itself. This is a fundamental truth that must be stated plainly: NCCMH is a payer and administrative authority. It cannot contract with itself. When NCCMH could not meet its obligations, it was the provider network, Bergmann included, that stepped in to prevent a service crisis. When NCCMH needed support, Bergmann took on the lion's share of individuals served ensuring continuity of care for dozens of vulnerable adults. If we had not stepped in, I ask you directly: who would have provided care for those individuals, because it would not have been NCCMH. This is not a hypothetical, it is a fact. And it underscores the reality that NCCMH's stability depends on the very providers who are now being dismissed, ignored, and retaliated against.

Jake Smith continued to read the statement prepared by Ms. Laporte-Montero: This is bigger than Bergmann. What we are seeing is a system that is not working. NCCMH's leadership structure, communication practices, and contracting processes are not functioning in a way that supports stability, transparency, or the long-term viability of services in this region. Providers are not the problem. The system itself is failing, and the consequences are landing on the individuals we serve. At this point the provider network has done everything within its power to raise concerns, offer solutions, and maintain partnership. We have documented, communicated, escalated, and followed every formal process available to us. And still, the same patterns continue. This leaves only one conclusion: the board must intervene. Not symbolically. Not eventually. But decisively, and now. Without immediate oversight and corrective action from this board, the system will continue to deteriorate, and the people we collectively serve will be the ones harmed. This is the question NCCMH leadership has never answered, and the question this board must now confront: What is NCCMH's plan if the four contracted providers can no longer operate under these conditions? Bergmann has only months left before the strain becomes unsustainable, and every other contracted provider is facing the same trajectory. This is not a warning about the future, it is a description of the present. Without immediate intervention and adequate funding, this network will fail. That is the reality this board has run out of time to ignore. Providers are being pushed to the brink by unstable funding, inconsistent communication, and a culture that treats them as subordinate departments rather than contracted partners. And I want that to be clear: this is not one provider's experience. It is the shared reality of all four contracted providers in this region. For years, it has appeared that NCCMH's approach has relied on keeping providers siloed, addressing concerns privately, offering inconsistent information to each organization, and creating the impression that each provider's challenges were isolated or unique. That strategy no longer works, because providers are now aligned, communicating, and comparing notes. We are seeing the same patterns. We are experiencing the same barriers. We are facing the same unsustainable conditions. If providers collapse, NCCMH does not have the internal capacity to absorb these services. The individuals we serve will be left without the supports they rely on. And that responsibility will fall squarely on leadership and on this board. The individuals we serve do not get to choose their funding structure. They do not get to choose their contracting authority. They do not get to choose who holds power over their services, their opportunities, and their quality of life. But you do. And with that authority comes responsibility. Responsibility that has not been met. The decisions, delays, and failures of this system directly determine the quality of life for vulnerable individuals in our community. That is the weight of your role and that is the weight of your inaction.

Kari Laport Montero finished reading the statement she prepared: We remain committed to our mission, to the individuals we serve, and to the values of dignity, inclusion, and community integration. We want a strong partnership with NCCMH. But a partnership cannot exist where there is retaliation. It cannot exist where there is silence. And it cannot exist where providers are treated as obstacles rather than allies. Here is the truth providers are aligned on: for years, concerns were handled privately and inconsistently, in ways that kept providers isolated and unaware that we were all experiencing the same barriers. That approach no longer works. Providers are aligned, communicating, and standing together.

We are united in what we are seeing, and united in what must change. The board has the authority, and the responsibility to correct this course. We are asking you to use it. Because providers are united now and this system will not survive if you continue to treat us as if we are not.

Robin Long, Founder and Owner of Let them Learn which focuses on equity and inclusion is the guardian of 3 disabled men that have been attending Bergmann. She has volunteered, spoken to parents, evaluates schools and helps them find what doing well and help improve. She has been at Bergmann there is a lot of need for systems and structures to help and funding would help with that. She states that they are not there for the money but are there to help. Through Bergmann Center they have been able to make friends, and people who are a part of their lives. She states that through experience in classroom they do everyone else the favor. Kids who share classrooms with persons with disabilities become more compassionate, empathetic, and better humans. She thanked the board for looking those who have spoken today in the eye. She stated that she has applied to be on the NCCMH board and has been waiting to hear if there is an opening.

Lani Laporte read a statement from the Priest family: Disabled adults are an overlooked, marginalized group with inequitable access to resources. When they were younger, my kids with disabilities did not get to participate in many of the same opportunities their peers did. Sleep overs, birthday parties or just hanging out with friends at houses that aren't accessible was a challenge. Opportunities to join a sports team were limited. Extracurricular activities were difficult to access and support by someone other than a parent were negligible. The education system talks about inclusion but it's not a reality for many students. Day programs exist to make sure people of all abilities are treated with dignity and respect. By providing opportunities for real belonging they create communities where everyone has a place and a purpose. Bergmann Center's program has opened up so many opportunities! Charlevoix County Transit was only able to provide transportation for 2 three-hour sessions per week at Bergmann Center. With Bergmann Center providing transportation, attendance is now able to be 5 days a week for longer sessions, with plans to increase session time in the future depending on funding for additional accessible vehicles. Activities that promote physical activity, social interaction, and skill building are just a few available options. The Uno games are epic! The Developmental Disabilities Assistance and Bill of Rights Act (DD Act) is the fundamental law supporting and enhancing the lives of people with developmental disabilities and their families. The goal of the act is to assure that individuals with developmental disabilities and their families participate in the design and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. Michigan day programs for adults with disabilities face significant funding challenges. Funding, often managed by community mental health services programs frequently fails to cover rising costs of comprehensive community-based support. Programs rely heavily on Medicaid waivers. While Michigan generates funding through provider taxes, administrative burdens for accessing these funds can restrict program capacity. Prompt payment to programs is essential. Many day programs don't have extra resources for payroll and activity costs when payments are delayed. Recently, the Michigan Department of Health and Human Services required that direct care workers earn \$17.13 per hour starting January 1, 2026. The state mandated the wage increase without providing enough funding to cover these increased costs. Because of this, they cannot increase the rates paid to providers. That means the organizations are being asked to absorb these costs on their own. Community-Based programs, which aim to provide community integration, struggle with funding that doesn't adequately support competitive staff wages. The ability to pay competitive wages enables recruitment, training and retention of support staff. Please be diligent in securing and distributing funding for important programs like Bergmann Center. Inclusion doesn't just lift up individuals with a disability; it lifts all of us. The Priest Family.

Penny Hawkins is here with her daughter who is 34 years old and has been with her for her entire life. She stated that her daughter's communication and drive to be in the community has increased during her time at the Bergmann Center. Not only her drive to be in the community and her communication, but her language skills around her feelings and events has quadrupled. Her daughter has told her it is empowering to her when they are in the community. She will often go in to detail about the people they see in the community, who they are and what they mean to Bergmann. She recently saw a funder and her daughter said "He's my knight" and that he helped provide for her and her friends. She states that they have been at other programs and have seen people not be paid what they deserve and leave for financial need. She states that changes are bigger than the community realizes. She states that she now has 3 disabled persons in her house. After the recent snowstorm they shoveled the ramp at her house, an incident with some remaining snow pulled a wheelchair left and pulled her door off the hinges. A neighbor who was 3 hours away at the time came back and helped her put her door back on. She states that community is not a want anymore, it is a need for her and those in her household. She again stated that the changes she has seen in her daughter even are remarkable.

Dakota Hawkins states "I work at Bergmann center this is my opportunity. If anybody has a question, this would be me." She is worried that the center won't stay open and it keeps her up at night. Her mother interjected that Dakota is terrified of that possibility.

Anya Woodcock states that she has been at Bergmann for a long time. She states "I just hope we don't lose our funding and our shop does not close. I have been with a lot of my friends there. I communicate and help them. We don't want to lose the center, cooking classes, art classes, work for industrial magnetics, fun things, communication with everybody. The biggest thing is I really hope our center stays open because I don't want to lose being there with staff who have been there, especially Penny who has been helping me with a lot of hard stuff and Dakota who is my very very best friend. I do not want to lose our place; I want us to stay open so we can all be together and not spread apart.

Chis Fox states that she works in SD (Self-Determination) homes and is seeing the crunches, the fear in eyes of not having staff. She states that pay is so minimal that people are going to subway and getting \$20.00 per hour for throwing meat on a piece of bread. She states they get "no PTO, no Sick days, nothing in SD homes as well."

Jack Felton spoke on behalf of his sister-in-law Ann who goes to Bergmann Center and has been for 15 years. Ann is 72 and the center has made a big difference in her life. Stability and routine are important to her. Socialization is important to her, and she has made friends there who have spoken today. She works in the retail shop, and opportunities to work for pay has been a big part for her. He states that like the NCAA March Madness tournament where people choose their team to identify with, Bergmann is who she identifies with. She recognizes people from the center out in the community. He states that he doesn't know about internal, but from a family perspective, Bergmann and Ann have meant a lot to them as well.

Penny Hawkins stated that she has concerns after watching NCEC close. She saw her daughter have panic and devastation wondering "where do I go, what do I do" she states that Bergmann welcomed them. She states that she didn't want to leave and has since been hired by the Bergmann center. She wonders what is the distance they will have to travel for services. She states what is left if Bergmann shuts down and with Mancelona closing. When she is home she has concerns what are the dominoes that will also fall.

Marylynn states that she wants to stay at Bergmann.

Mr. Ginop said that he hopes that no one thinks that the board does not want to help the center. He said “We seem to be able to find all kinds of money for war — but not for this”.

Mr. Babbitt said that he does not plan on closing programs and he hopes that hearing that can help people sleep better at night.

CONSENT AGENDA

The consent agenda includes the agenda overview, minutes of the previous meeting, privileging recommendations and contracts signed in the past month. Items requiring approval will be placed on the meeting agenda.

MOTION BY DAVID WHITE TO APPROVE THE CONSENT AGENDA; SUPPORT BY RON ISELER:

MOTION CARRIED

COMMITTEE RECOMMENDATIONS – BOARD ACTION*:

Personnel Committee: Mr. CasaSanta reviewed the minutes of the March 8, 2026 meeting. Agenda items included the approval of January minutes and the updated Cultural Competency Plan.

MOTION BY DAN CASASANTA TO APPROVE THE UPDATED CULTURAL COMPETENCY PLAN; SUPPORT BY CAROLINE LOPER:

MOTION CARRIES

Program Committee Report: Mr. Iseler reviewed the minutes of the March 12, 2026 meeting. Agenda items included approval of January’s minutes, the updated Services Suited to Condition Policy, and the Administrative Services Annual Report.

MOTION BY RON ISELER TO APPROVE THE UPDATED SERVICES SUITED TO CONDITION POLICY; SUPPORT BY DAVID WHITE:

MOTION CARRIES

Finance Committee Report: Mr. White reviewed the Statement of Cash on Deposit and Disbursements through February 28, 2026, Interim Financial Statements as of January 31, 2026, Revenue and Expense by Fund Source; Trending Revenue and Expenses as of January 31, 2026, the NMRE interim financial report, and a proposal to purchase 39 Microsoft Surface Laptops.

MOTION BY DAVE WHITE TO APPROVE THE PURCHASE OF 39 (THIRTY-NINE) MICROSOFT SURGACE LAPTOPS IN THE AMOUNT OF \$59,931.48. (FIFTY-NINE THOUSAND NINE HUNDRED THIRTY-ONE DOLLARS AND FORTY-EIGHT CENTS); SUPPORT BY BOB BALDWIN:

MOTION CARRIED

Mr. Ginop requested the financial reports be placed on file for audit.

PRESENTATION – Strategic Plan -Executive Team - Mr. Babbitt started the presentation with a review of the Mission and Vision, no needed changes were identified. He then reviewed the strategic plan with the board of directors. NCCMH's mission is to provide collaborative behavioral health services that inspire hope and promote recovery, resilience, and wellness to eligible residents. The vision is High-quality integrated healthcare leading to a fulfilled life for all community members. The 4 objectives that are being focused on are: 1) Develop programs that meet regulatory criteria including a robust referral system that create the sustainable capacity to serve everyone that requests services regardless of severity of illness, insurance, or ability to pay. 2) Work with Rural & Frontier Caucus and CMHAM to advance rural legislative initiatives. 3) Build the reputation of the organization on the value it adds to the community it serves. Demonstrating value based on outcomes that highlight tangible, positive results. 4) Develop a culture of operational excellence emphasizing a collective commitment to the people we serve through continuous improvement, streamlined processes, and a focus on eliminating waste. Mr. Balberde explained that Hoshin Kanri is a LEAN system for developing the direction of the organization and managing to achieve the identified objectives and move in that direction. He then explained the cyclical planning process that includes establishing the vision, developing breakthrough objectives, develop annual objectives, deploy the objectives, implement the objectives, monthly review, and annual review. Ms. Christie explained objective 1 and the plan to obtain the objective. She states that NCCMH is planning on conducting Gap Analyses on the programmatic areas of HCSB, CFAP, and ICSS. All of these are areas that MDHHS has directed CMH providers to begin program development in and NCCMH will need to identify what services we currently provide and what would need to be developed in order to meet the technical requirements of these service areas. Referral and resource tracking is another area that the team is going to begin developing so we are better able to track what services are followed up on so we are better able to ensure the community is receiving or participating in services they ask for. We are also working with recruiting and retention goals for our staffing capacity within the agency. Mr. Babbitt explained that he is continuing to work with the Rural and Frontier Caucus to get ahead of legislative and department decisions that clearly don't work in rural areas. The caucus's goal is to make sure that decisions affecting service delivery are viewed through a rural lens to make sure that they are attainable or there is a rural exemption in place for those directives. Ms. Rappleyea explained that North Country is shifting from building transparency tools to strengthening how the organization communicates its value. The emphasis is no longer just on having data available, but on ensuring every staff member can clearly explain who North Country is, what it does, and why its work matters. The organization wants to create clear, evidence-based value messaging that reflects its impact across northern Michigan. This means turning outcomes, mission, and community role into language that is consistent, accessible, and compelling for all audiences. This positions North Country to tell its story more effectively and strengthen its reputation across the region. Mr. Balberde explained how NCCMH will continue to use LEAN principles to streamline processes, eliminate waste, and continually improve service delivery and administrative methods.

ACTION ITEMS WITHOUT COMMITTEE REVIEW: Resolution of Appreciation for Caroline Loper

Mr. Babbitt read the Resolution of Appreciation for Caroline Loper.

MOTION BY JARRIS RUBINGH TO APPROVE THE RESOLUTION OF APPRECIATION FOR CAROLINE LOPER; SUPPORT BY BOB BALDWIN:

ROLL CALL:

AYE: MICHAEL NEWMAN, CAROLINE LOPER, DAN CASASANTA, JARRIS RUBINGH, RON ISELER, BOB BALDWIN, AIMEE BISSONETTE, ED GINOP

NAY: NONE

NOT VOTING: BOB BOYD, ANNEMARIE CONWAY

ABSENT: DAVID WHITE, SARAH BRONSON, ED BELITZ, DANA WINGO

MOTION CARRIES

CHIEF EXECUTIVE OFFICER’S REPORT/COMMUNICATIONS: Mr. Babbitt referred to several items in his report. On February 26th and 27th he participated in Sequential Intercept Model mapping with Emmet County. He states that this was a different viewpoint taking place over a day and a half with focus on Critical Incident training and continuing to work on pre-trial diversion. On March 3rd he participated in a listening session with MDHHS. He states that the effort on their part was to find out what were the objections to certain parts of the RFP. This allowed the CMHSPs to answer why things like The Office of Recipient Rights are important. On March 10th and 18th Mr. Babbitt spent time with Board Association discussing what system change should look like. On March 18th he also virtually attended the CMHA Legislation and Policy Committee. There is not a lot of new legislation going through that will affect the agency. The revenue estimating committee shows that there is likely to be 2 billion dollars less than last year that the state has to work with. The Governor’s budget has included another direct care worker pass through of \$1.25 more per hour. The amount allocated to fund this pass-through was 69.5 million dollars. The cost associated with the previous 2 DCW pass throughs totaling only \$1.05 was 148 million dollars making the math unclear. Mr. Babbitt drew attention to a request for special assessment from the CMHAM. This is similar to the special assessment request that the CMHA sent ahead of their lawsuit. NCCMH did not participate in the previous special assessment as we filed our own lawsuit as a region. Included in your packet are legal opinions on whether we can use our funding toward special assessments. Mr. Babbitt stated that he thinks NCCMH should wait and not decide on the special assessment at this time as no future action has been identified. Mr. Babbitt drew attention to correspondence from MDHHS regarding the direct care worker wage increase. Mr. Babbitt drew attention to an analysis of Medicaid revenue and DCW (direct care worker) related costs from the CMHAM. For FY26 there is a predicted decrease in funding of between 167 and 200 million less than FY25. Mr. Babbitt then drew attention to an article from Bridge Michigan. The article states that MDHHS paid 2.9 million to consultants McKinsey & Co. to write the RFP. The money was paid through the nonprofit Michigan Public Health Institute. Mr. Babbitt included the board members of the Michigan Public Health Institute in the packet. Mr. Babbitt then drew attention to an article handed out ahead of the board meeting stating that Challenge Mountain had purchased the former NCEC site.

QUALITY IMPROVEMENT UPDATE – None

NORTHERN MICHIGAN REGIONAL ENTITY- The minutes of the January Operations meeting and interim financial statements were included in the packet. Draft minutes of the February board meeting were handed out ahead of the meeting.

OLD BUSINESS – None

NEW BUSINESS – Mr. Ginop will have Ms. Rhue send an email to the nominating committee.

PUBLIC COMMENT – Micah Haven asked if Mr. Babbitt could clarify if they can use the transitional funding for the direct care worker wage pass through.

Brian said if there is a cash flow issue NCCMH would forward funds and settle when rates come in. Transitional funds may not be used for wage pass through.

Keri LaPorte Montero asked about rates and supplements and asked if the contracted program rates would be the same as internal programs.

Mr. Babbitt stated increases in rates for contracted programs were higher than internal programs.

BOARD & STAFF COMMENTS –

Ms. Conway stated that this was a beautiful and hard meeting. She states that everyone in the room wants to help people, that our hearts are here and what we are dealing with is a funding issue. She states that the lawsuit that we dealt with, the bridge Michigan article spelled it out. She states that you cannot tear things apart when it comes to mental health. The heart is in it for the community. She states that she is thankful that the goals and mission were spelled out in the presentation. She states we are not enemies in this room. She states that she needs to sit down with the Bergmann center and that maybe they need to do fundraisers. She states that our government does not prioritize the needs of people. "We are dealing with really hard times, and I wish for us to come together. I applaud all of you, everyone who spoke today, we love the clients we serve. Thank you."

Mr. Iseler stated that he has 2 grandchildren and 1 great grandchild on the way.

Mr. Rubingh thanked Ms. Loper for her services, time and effort on the NCCMH board and New Horizons Clubhouse board.

Mr. Babbitt thanked Ms. Loper for her service on the board, her thoughts, and opinions.

ADJOURNMENT

The meeting was adjourned at 4:25 PM by Board Chair Edward Ginop


Ed Ginop, Board Chair