



NORTH COUNTRY

COMMUNITY MENTAL HEALTH

MINUTES OF THE BOARD

April 16, 2026 2:30 PM

1420 Plaza Drive, Board Room

Mr. Ginop called the meeting to order at 2:35 PM

ROLL CALL

BOARD MEMBERS ATTENDING: Annemarie Conway, Bob Baldwin, Dale Eschenburg, Dave White, Dana Wingo, Ed Ginop, Jarris Rubingh, Mike Newman, Ron Iseler

BOARD MEMBERS ATTENDING VIRTUALLY: Sarah Bronson, Bob Boyd

BOARD MEMBERS ABSENT: Ed Belitz, Dan CasaSanta, Aimee Bissonette

STAFF: Brian Babbitt, Nancy Rhue, Tim Stapp Jr., Kim Rappleyea, Ann Friend, Nicol Beck, Lauren Myers, Kirstie Brady, Carole Merritt-Doherty, April Johnson, Barb Woodhams, Alyssa King, Danelle Paul, David Hornibrook, Katie Lorence, Katherine Brodie, Suzan Petee-Eubank, Stefanie Miller, Kelly Smith, Tiffany Kiper, Callie Hale, Samantha Kerr, Amanda Skowronek, Sarah Weston, Andrea Rose, Cheyann Stevens, Talor Ales, Kristy Torsky, Julia Perry, Katie Somers, Jennifer Pewinski, Cheryl Melke, Meghan Grebe

GUESTS: Grace Glenny, Carrie Borowiak, Paige J., Ivy Macnicol, KK, Amy Carter, GTI Mancelona, Fran, Liz, Amelia McGeorge, Derek Miller, Phil, Angela Adams, Chris, Jeff Glenny

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST: None

PUBLIC COMMENT: Please See attachments for statements that were written and read by the public during the public comment period.

Angela Miller: I have lived here since 1997; I am from Jamaica. In Jamaica we take care of our own family, take care of our elders, we take care of our children, we do not put people out of sight. God says what you do to the least of these you do unto me. God is

bigger than you, no one is bigger than the flood. Pharaoh lost his baby in the flood. This is evil. Do better. Disabilities are not just grown, It could be you.

Charlene Clark: Community Mental Health is State funded. When they receive state funds for programs that money is expected to be received by these programs to help the clients. When the funds are not going where they are supposed to go and being held onto there are problems. Every one of us who will be there today from the Bergmann Center all have case workers from CMH who are supposed to be advocating for their clients, that is their job description for the state. If none of our case workers are there to support their clients what is the sense of their job? If us as clients lose services that were supposed to be provided by CMH what is the sense of having CMH case workers? If they are not doing their jobs why is the state paying them? If there are no helpful services for their clients who need services what is the point of having Community Mental Health? If service cannot be used or when they make it so hard to access funds that are supposed to be used in certain ways what is the point exactly... Bergmann Center is a needed service for many people; it gives clients a sense of wellbeing to be included in the community and a personal sense of belonging! Without this some could face intense sense of loss of self-esteem and self-worth. We personally have had a HAV VAC waiver (a fund from the state for special needs) for our daughter that we were supposed to be able to access if needed. We needed it several times but CMH makes it so difficult to access especially in emergency situations when we needed it that it could of taken up to a year just to get approval for use when the money is there and just sits but they don't want to let family's access it. It is wrong the way they hold onto funds intended to be used for our loved ones. If they can't provide services we can use and access what is the point of having them? What is the point of our case managers if there is nothing they can offer or won't stand behind their clients when they need support? I don't have time to waste signing more paperwork for things that don't happen or get done, they shouldn't be getting paid either when they are not doing their jobs!

Angela: I love my job, please don't take it away from me. It is my dream, my community, I love it so much.

There was discussion started with multiple persons speaking asking for a meeting with the directors of the four day programs, one board member from each day program, Mr. Babbitt and Mr. Ginop. After much back and forth, Thursday April 30th was agreed upon as the date for the meeting.

Mike Hurchick: It starts on your end, the passthrough. This was to keep staff funding. With the program closure where do they go next? He states that Challenge Mountain battled with funding for a long time. He states that he has been an advocate for children and adults for 25 years. He states that Bergmann Center will not meet the goals if they are not given money like NCCMH gives their internal programs. He states that due diligence is important and that he would be embarrassed as a board member of Bergmann Center if he didn't know dollar for dollar where money was being spent. He

states "If you are given a dollar to buy a lollipop you buy a lollipop". He asks where the money for the DCW pass through is. He states that they will be back to ask what's next.

Amanda: She states that she started with NCEC and is now with Bergmann Center. She states that she has made friends, she likes going. She states that she wants to keep Bergmann Center open, that it is important for CMH to start funding.

Mr. Eschenburg stated that he was a new board member, that today was his very first meeting. He believes that everyone in the room has the same goal. He stated that the programs got a win, they have a meeting scheduled now and it's a win.

Mr. Baldwin stated that he has a physically and mentally disabled son and that he and his wife will have to eventually put him in an adult foster care home as they won't be able to take care of him forever. He stated that he takes offense to the accusations that have been said about the board of directors not caring. He states that they are upset with the wrong people. That NCCMH has restrictions on what it can do with the state and federal funds that it receives, and the legislators keep reducing the amount of money that they earmark for mental health. He stated that contacting their legislators by phone and mail and protesting in Lansing is what needs to be done.

Many people during public comment asked about the DCW passthrough and where the money went. Mr. Babbitt explained that he had documents prepared that would be presented later in the meeting that would show how rates are created and what the day programs received per staff hour for CLS, Skill-Building, etc. He did explain during public comment, please see "old business" for the breakdown of the rate building and discussion.

At 4:13 Mr. Baldwin requested that the first session of public comment be closed so the business portion of the meeting could move forward.

Ms. Laporte-Montero stated that Ms. Evans from GTI should be allowed to speak.

Ms. Rhue asked Ms. Evans if she would mind waiting until public comment at the end of the meeting to speak.

Ms. Evans stated she did not mind waiting for public comment at the end of the meeting.

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 DAVE WHITE TO APPROVE THE CONSENT AGENDA; SUPPORT BY ANNEMARIE CONWAY:

MOTION CARRIES

COMMITTEE RECOMMENDATIONS – BOARD ACTION*

Personnel Committee Report: Mr. Ginop reviewed the minutes of the April 7, 2026 meeting. Items on the agenda included the approval of last month's minutes and the updated Code of Conduct, Code of Ethics, Progressive Discipline, and Conflict of Interest policies. The committee members chose to make one motion for all four updated policies.

MOTION BY ANNEMARIE CONWAY TO APPROVE THE UPDATED CODE OF CONDUCT, CODE OF ETHICS, PROGRESSIVE DISCIPLINE, AND CONFLICT OF INTEREST POLICIES; SUPPORT BY RON ISELER:

MOTION CARRIES

Nominating Committee: The nominating committee met on April 16 to create a slate of officers for the following year. They bring forward Ed Ginop as chair, Jarris Rubingh as vice chair, and Annemarie Conway as Secretary.

No other officers were brought forward by the board

MOTION BY DAVE WHITE TO APPROVE THE SLATE OF OFFICERS AS FOLLOWS ED GINOP AS CHAIR, JARRIS RUBINGH AS VICE CHAIR, ANNEMARIE CONWAY AS SECRETARY; SUPPORT BY BOB BALDWIN:

MOTION CARRIES

Finance Committee Report: Mr. White reviewed the minutes of the April 16, 2026 meeting. Agenda items included Statement of Cash on Deposit and Disbursements through March 31, 2026; Interim Financial Statements as of February 28, 2026 Revenue and Expense by Fund Source; Trending Revenue and Expenses as of February 28, 2026, the NMRE interim financial report, and a proposal for an in-catchment provider rate increase:

MOTION BY DAVID WHITE TO APPROVE THE IN-CATCHMENT PROVIDER RATE INCREASE TOTALING \$743,731.61 (SEVEN HUNDRED FORTY-THREE THOUSAND SEVEN HUNDRED THIRTY-ONE DOLLARS AND SIXTY-ONE CENTS

ANNUALLY; SUPPORT BY MIKE NEWMAN:

Discussion:

Mr. Rubingh stated that he would have liked to have a 4% increase looked at.
Mr. Iseler asked if it would be appropriate to wait and maybe do a larger increase later.
Mr. Rubingh said that we can do this increase now and look at doing another increase later.
Mr. Baldwin stated that he thinks the 3% is bold and that we aren't likely to get any increase in our funding.
Mr. Babbitt stated that the projected budget for FY27 is two billion less than this year for Mental Health funding and there is likely another \$1.25 DCW passthrough coming.
Mr. Eschenburg asked if a larger rate increase would be more likely in 2 months with more information on funding.
Mr. Babbitt stated that NCCMH doesn't set rates out of catchment, but that rates were held steady for out of catchment providers.
Mr. Eschenburg asked if a payment could be given to Bergmann Center for them to remain open.
Mr. Babbitt said that Medicaid regulations state that lump payments cannot just be handed out, any money given to programs must be tied to an approved expense.

ROLL CALL:

AYE: RON ISELER, DANA WINGO, DAVID WHITE, BOB BALDWIN, DALE ESCHENBURG, JARRIS RUBINGH, MIKE NEWMAN, ANNEMARIE CONWAY, ED GINOP

NAY: NONE

NOT VOTING: SARAH BRONSON, BOB BOYD

ABSENT: DAN CASASANTA, ED BELITZ, AIMEE BISSONETTE

MOTION CARRIES

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

PRESENTATION – FY25 Financial Audit – Derek Miller RPC.

Mr. Miller presented the FY25 Financial Audit report. The opinion is the financial statements referred to present fairly in all material aspects, the respective financial position of the business-type activities, and each major fund of the CMHSP. Total assets were \$21,424,145, total liabilities were \$12,736, total net position was \$8,687,400. Total operating revenue was \$64,376,867, total operating expenses were \$63,601,396, change in net position was \$825,282, net position, end of year was

8,867,400. The net position as a percent of operating expenses is 13.7%. Total capital assets not being depreciated were \$625,413, net capital assets being depreciated were \$3,457,254 with net capital assets of \$4,082,667. It is the opinion of Roslund, Prestage & Company that this is a clean audit.

Mr. Rubingh asked if 13.7% was similar to other CMHSPs.

Mr. Miller stated that 12-18% is typical for the CMHSPs that they audit across the state

Mr. Iseler asked if the audit found anything of substance that would cause concern about financial management of organization.

Mr. Miller stated that they did not.

MOTION BY BOB BALDWIN TO ACCEPT THE FY25 FINANCIAL AUDIT; SUPPORT BY RON ISELER:

MOTION CARRIES

Mr. Iseler and Mr. Eschenburg asked for digital copies of the full audit report.

Ms. Rhue will send them via email.

ACTION ITEMS WITHOUT COMMITTEE REVIEW: Resolution to Protect Rural Access to Behavioral Health Services by adopting Proposed FY27 Boilerplate Language.

Mr. Babbitt explained that the boilerplate language, if adopted, would ensure ongoing consultation with rural communities regarding Medicaid and other department programs, and establish a rural consultation caucus. It would also establish a clear definition of what rural means. Currently Wayne County has a rural designation. Emmet and Charlevoix Counties did not receive rural designation. He read the resolution to the board.

Mr. Baldwin stated that the Road commission liaison did same, Wayne Ingham, and Bay counties received rural designation and that takes money away from true rural counties. He also states that another issue is that it is more expensive to provide services in rural areas. He asked that the increased cost of services be added to the resolution.

MOTION BY JARRIS RUBINGH TO ADOPT THE RESOLUTION TO PROTECT RURAL ACCESS TO BEHAVIORAL HEALTH SERVICES BY ADOPTING PROPOSED FY27 BOILERPLATE LANGUAGE AS AMMENDED; SUPPORT BYT DALE ESCHENBURG:

ROLL CALL:

AYE: JARRIS RUBINGH, RON ISELER, MIKE NEWMAN, DALE ESCHENBURG, DAVE WHITE, BOB BALDWIN, DANA WINGO, ED GINOP

NAY: NONE:

NOT VOTING: BOB BOYD, SARAH BRONSON

ABSENT: AIMEE BISSONETTE, ANNEMARIE CONWAY, DAN CASASANTA, ED BELITZ

MOTION CARRIES

Mr. Iseler asked Ms. Rhue to report back to the board at the next meeting which legislators responded to the receipt of the resolution.

CHIEF EXECUTIVE OFFICER'S REPORT/COMMUNICATIONS

Mr. Babbitt referred to several items in his report. On March 24 he attended the Antrim County Advisory Meeting. He states that they applied for rural health transformation funds, and they are looking at Crisis Intervention Training (CIT), braided funding, and to fund a sheriff office employee who is CIT trained. He states that there are a lot of gaps to close and it is harder than just technology in the squad car.

Mr. Eschenburg stated that he is interested in the jail diversion and this is why he wanted to join the board.

Mr. Iseler states that he has a son who is incarcerated. His son asked his cell mate at the Jackson Prison "If you had anything you could change here, what would that be?" He said mental health. They are putting people in jail that have mental health issues but that isn't where they should be.

Mr. Baldwin said that data from the district 10 health department shows that 25-35% of the population struggles with mental health issues.

Mr. Babbitt states that diversion isn't always an option in the community. He states that in Charlevoix County, Sheriff Vondra employs one of NCCMH's former therapists in the jail and that they use PA2 funds for it. He states that it has made a big difference for the staff and the inmates in the jail.

Mr. Eschenburg thinks that more intercept options when pulled over and faster intercept would help outcomes.

Mr. Iseler believes options at sentencing would help as well. He then asked if Otsego County was involved with CIT and he agrees with Mr. Baldwin's statement of the makeup of inmates with mental health issues.

Mr. Babbitt stated that there is a different CIT effort being driven by Emmet County, and jail diversion is happening in Otsego County.

Mr. Baldwin states that he is torn between what makes sense and what doesn't for diversion. He states that he is also worried about repeat offenders.

Mr. Babbitt spoke about the hearing on the state's request to dismiss the lawsuit because the state has pulled back the RFP. He states that Judge Yates is looking at how to do that with the best interest of the parties in order to appeal. The State's attorney said the department is working on a new RFP and that it should be released in May. The roles and responsibilities are affirmed for CMHSPs, however the PIHPs are still unprotected.

Mr. Baldwin stated that this is a typical bureaucratic step, just withdraw so they can just do it again later.

Mr. Babbitt drew attention to the Executive Team Quarterly updates included in his report. He highlighted information on the HATCH program, HAB support waiver information. He stated that the IT department created a new AI policy and that on April 8 he and the data team did a Data Warehouse "walkthrough" with Northern Lakes CMH and that we continue to share our infrastructure with CMHSPs around the state. Mr. Babbitt drew attention to an article that was handed out ahead of the meeting in which Representative Cam Cavitt called out MDHHS for not appropriately representing Northeast Michigan in the newly established Rural Health Transformation Program Advisory Council.

QUALITY IMPROVEMENT UPDATE – None

NORTHERN MICHIGAN REGIONAL ENTITY: Minutes of the February Operations Committee meeting and March Board meeting were included in the packet. The NMRE interim financial report was handed out ahead of the meeting.

OLD BUSINESS – Cross Street Building Update: Mr. Babbitt did meet with Ms. Wingo, Mr. Ventresco – Otsego County Administrator, and Ms. Kwapis – Otsego County Finance Director. They spoke about the potential purchase of the building, and a draft agreement has gone to the attorney for feedback. Ms. Wingo stated that Ms. Kwapis, Mr. Ventresco, herself, and others will be meeting on either the 21st or 22nd to discuss.

Day Programs: Mr. Babbitt shared some factors that are affecting Day programs. Prior to the Public Health Emergency (PHE), day programs had Fee for Service (FFS) contracts. At the beginning of the PHE contracts were converted to 1/12 payments for stabilization. With the PHE unwind that started in April of 2023, NCCMH communicated to the day programs that contracts were going to return to a Fee for Service (FFS) structure. Conversion back to FFS contracts started October 1, 2023, the beginning of FY24. Programs started expressing concerns. A new HCBS waiver was effective January 1, 2025, The Wage Act/ESTA was effective February 21, 2025 and a new HCBS addendum will be in effect July 1, 2026. Day programs are delivering 200,000 fewer service units than they were pre-pandemic, and those service units have yet to

recover. 4 primary factors go into rate development. Wages are the primary expense. For the minimum wage plus the DCW passthrough that wage is \$17.13. There is 30% to cover employee benefits. That number comes to \$22.27 per hour. The difference between the 22.27 and the rates mentioned below is available to cover transportation, facility costs, and other facility costs at the discretion of the programs. for 1:1 CLS current NCCMH rate at \$31.56 per hour, 1:1 Skill Building in Community is \$32.56 per hour. 1:1 in facility skill building out-of-home non-voc is \$30.12 per hour. Weighted unit rates to facilitate change include 1:3 CLS is \$63.00 per staff hour. Currently of the total number of services authorized only 40% of authorized services are being delivered. No program has returned to pre-public health emergency percentage of services delivered in the community. An outside benchmark for rate building is MDHHS's Home Help Agency rate of \$27.00 per hour.

In regards to the grievance, Mr. Babbitt stated that he responded with contract language, as there is no mechanism in the contract to file a grievance with the board, and he felt that there are different points of view on what the contract language means, and differences in recollection of the parties on what has been discussed.

Mr. Newman asked how we got here. He states that Bergmann Center staff and clients were at the last meeting and now the same thing on a larger scale has happened today. He states that he expects a response on record for funding. He states that NCCMH needs to go meet with the people and come to common ground. He states that he has heard so much conversation about lack of communication, emails, and responses.

Mr. Iseler stated that it amazes him that when people have so many ways to communicate with the whole world in their hands and yet there are so many miscommunications and facts get misconstrued.

Mr. Baldwin states that he doesn't believe anything he sees or hears unless he gets it straight from the source. He states that there can be too many innuendos

Mr. Babbitt states that there have been a lot of emails back and forth.

Ms. Laporte-Montero clarified that board members have north country emails and there is also the Executive Assistant email.

NEW BUSINESS – None

PUBLIC COMMENT – Cindy Evans: I am the Executive Director at GTI. We have been here advocating for over a year. I would just like to say there is always two sides to every story, and the truth lies somewhere in between. We are good people. We want to serve people. I would rather not be here; you would probably not want me to be here so we can be creating programs to serve people. There are a lot of battles, and we need to fight them together. I don't want to see Bergmann or Crossroads lose. This isn't about me; this isn't about Keri. We need to get past whatever this is and work together. We should be going to Lansing together instead of fighting in here. I'm not sure if we have

to get back to team building. I don't care if that's what it takes. I want to keep doing what is my life purpose, and it is about the people we serve. We need to put aside our ego so we can serve the people. Some CMHs have chosen not to provide day programs, and you are right, we need to do what our community wants and what our counties want and how they want. A lot of things were said today and there was a lot of fighting. The July rate increase was not enough to cover what I had to increase my staff's wages to. It cost me more and put me back to a deficit. It's not huge, and if we can all sit down, we can work it out. As an agency we have been aggressive in fundraising and creating our own revenue and I know that not all programs can do that. From GTI's perspective I want to help every provider make it and serve folks how they want to be served and I want to fight with Lansing, not CMH. I spent yesterday with the legislators. I want what all of us want. Think if you were a parent, how do we all support parents and people that we serve? It is embarrassing that we can't do it well and it is embarrassing that we are here. 25 years we have worked with CMHs. We have been through change, funding shortages, good relationships, and people were still served in a good, quality way.

Mr. Babbitt asked Ms. Evans if the rate increase approved today would put them back in the black.

Ms. Evans said that it would.

Micah Haven: Mr. Haven invited the board members to come tour the GTI facility and meet the people. He stated that Brian came to the Christmas Party. He stated that meeting the people they serve face to face shows the impact of the programs.

BOARD & STAFF COMMENTS –

Mr. Babbitt gave thanks to the finance team for another clean audit.

ADJOURNMENT

The meeting was adjourned at 5:47 PM by Board Chair Ed Ginop.



Ed Ginop Board Chair

Alayna

AS Statement
Bergmann Center, Inc.

My name is Alayna Smith, and I'm speaking today as a staff member and as a friend.

I show up every day for people who rely on these services. I work alongside individuals who trust us with their routines, their goals, and often their sense of safety in the world. I know them as friends. I know what helps them feel grounded, and I know how quickly uncertainty can unravel that.

When providers bring forward concerns — when we ask for clarity, fairness, or basic accountability — the response from NCCMH has too often been silence, dismissal, or retaliation instead of engagement. That doesn't just affect organizations. It affects consistency. And it affects the people who consider our programs a place to belong.

I've seen how quickly things fall apart when stability is lost. Staff scramble to protect routines. Programs strain to stay consistent. And the people we support feel the impact immediately — through anxiety, disruption, and a loss of trust in systems that are supposed to support them.

For many of the individuals we serve, this is not just a program. This is their community. This is where they feel safe, valued, and seen. When leadership decisions or a lack of response create instability, it sends a message — whether intended or not — that their sense of belonging is secondary.

Inclusion should never be treated as a problem. The visibility of people with disabilities in their own communities is not a liability. It is dignity. It is progress. And it is something we should be protecting, not limiting.

I also want to speak to something that often gets misunderstood. There has been a narrative that Bergmann's leadership is combative or emotional. That is not what I see. I see leadership that refuses to stay silent when silence would hurt the people we support. Leadership that tells the truth, even when it's uncomfortable. Leadership that shows up — not with anger, but with courage, clarity, and commitment.

They don't hide behind paperwork. They don't disappear when things get difficult. They advocate because they care. They speak up because they love the people we serve. That is not rage. That is responsibility. And it is the kind of leadership this Board and this community should want to support.

Bergmann Center is a place where people are known. Where their routines matter, their preferences matter, and their presence matters. The people I support have trusted us — and they have trusted NCCMH — to protect that stability.

CMH Board Members, and Mr. Babbitt — these aren't abstract "services." These are people. My friends. People who deserve consistency, respect, and a system that shows up for them with the same commitment we do.

AS Statement
Bergmann Center, Inc.

I show up for these people every day.

They need you to start showing up too.

Please don't take this from my friends.

April 16, 2026 — NCCMH Board Meeting

Delivered by: Keri Laporte-Montero, CEO, Bergmann Center

Members of the Board,

Today, Bergmann Center is issuing a **firm 30-day notice of termination of services**, effective May 16. This is not symbolic. This is not strategic. This is the direct and unavoidable result of a system that has been allowed to operate without transparency, without accountability, and without meaningful oversight.

Let me be clear:

This moment did not arrive suddenly.

It arrived because **every warning, every concern, and every documented issue providers have raised for years was met with delay, deflection, or silence.**

Across this region, providers have experienced **a sustained pattern of disregard** — a pattern that has pushed organizations to the brink and created conditions **indistinguishable from a system willing to run its own providers out of business.**

And now, you are seeing the consequences of that pattern in real time.

For more than two years, providers have raised concerns about unstable rates, contradictory directives, retaliation, and months-long delays in essential communication. These concerns were not isolated. They were consistent across all four contracted providers. They were documented. They were escalated. They were repeated.

And yet — they never appeared in your Board minutes.

Not once.

That is not an oversight.

That is a **failure of oversight.**

This Board has been making decisions without the full truth because the full truth has not been brought to you. And the result is a system collapsing under the weight of its own unchecked authority.

Leadership has been allowed to operate with **unquestioned, unchallenged power**, shaping the narrative you receive while providers shoulder the

consequences. And while this system was deteriorating, the public was told something very different.

At your last meeting, leadership told providers we could 'sleep soundly' and feel confident in the security of our funding.

So let me ask the question every family in this region deserves to hear answered:

How does NCCMH believe the 71 individuals we serve — and the people who support them — are sleeping now?

Because I can tell you:

They are not sleeping soundly.

They are not confident.

They are not secure.

They are living with the consequences of a system that has failed them at every level.

This is not about one provider.

This is not about one grievance.

This is not about one conflict.

This is about a system that has been allowed to operate without transparency, without accountability, and without the basic checks and balances that protect the people we serve.

Providers are aligned.

Providers are communicating.

Providers are comparing notes.

And we are all seeing the same patterns — the same retaliation, the same instability, the same disregard.

The truth is simple:

This system is not working.

And the responsibility for correcting it now rests with this Board.

Bergmann Center will continue to provide authorized services for the next 30 days. We will cooperate fully in transitions. We will do our part — as we always have.

But we will not continue to absorb the consequences of a system that refuses to correct itself.

Before I close, I want to say one more thing.

BC Statement

Lillian Bergmann built this organization on courage, truth, and the refusal to look away when systems fail. If she were standing here today, she would be standing exactly where I am, saying exactly what I am saying. Her legacy demands that we speak the truth, no matter how uncomfortable it is for those who hold the power.

If Bergmann becomes the martyr of this system, then so be it. We will own that role without hesitation, because we have never been afraid to stand up for the people we serve — even when it meant standing alone.

We are not afraid of NCCMH. We see this system clearly. We see the unchecked authority, the selective reporting, the retaliation, and the failures that have been allowed to shine in plain sight.

And if our fall is what finally forces this Board to confront the truth it has looked away from for far too long, then at least something good will come from the destruction you allowed.

Bergmann may fall — but the truth we exposed will not.

Sleep well.

Debra Niswander

Good afternoon,

When I was the Probate Register for Emmet County I used to tell my ^{newly} appointed guardians/conservators to just breath and I would try to help them as much as I could. I believe I tried my best and certainly wasn't perfect. ^{See Part} of my job, my duty, was to help them navigate and understand their duties and responsibilities in a system that has not always been friendly. I wanted them to be the best guardian/conservator for their person. I understood this more so, because I am a guardian for my sister.

Isn't that what we all want? ^{whether} you are a guardian/conservator, a parent, family, a care provider, a board member, run a facility, work at a facility, agency personnel, a CEO, ^{or} a social worker; isn't that why we are all here? We want each one of these special needs people to flourish and be a part of the community. I mean isn't that why NCCMH and all the other state agencies were established to protect and help those who have been looked down on, minimized, and neglected because of their special needs.

Your vision from your own website says:

“Provide collaborative behavioral health services that inspire hope and promote recovery, resilience and wellness to eligible residents.”

The word collaborate means to work jointly with others or in

a group to achieve a common goal or project.

Your agency (who represents the state), these providers, the family and guardians, the community participants; isn't the common goal again to help our special people to flourish and enjoy life with dignity? Shoot, isn't that one of our own goals as human beings is to flourish and enjoy life with dignity?

Please work with us to provide this goal. Don't hinder us.

Be open and provide concise information and procedures to the providers. And don't put unnecessary roadblocks to impede the payment of all the funds which are mandated by the state to the providers that rightfully should be paid. You know, without these funds, these people will lose a place to learn, grow and be a part of the community. And then who is there to help if these providers close? Haven't there been enough roadblocks?

I think one of the most precious thing about special needs people is they have no egos. We could learn a lot from them, to put away our egos and to collaborate together for them and not for ourselves.

I come before you today not only as the former Contract Manager for NCCMH, but more importantly as a taxpayer deeply concerned that unresolved issues are placing essential services for hundreds of Medicaid recipients—and the future of day programs—at risk.

From an outside perspective, four core problems are driving the current stalemate.

First, four contracted day program providers state they are owed approximately **\$3.6 million** in unpaid claims and direct care wage passthrough funds.

Second, NCCMH contracts clearly state reimbursement within **30 days of a clean claim**, yet some providers are not being paid within that timeframe, creating serious cash-flow problems that threaten program sustainability.

Third, NCCMH has no provider grievance or dispute policy formally issued which outlines how contract or reimbursement conflicts between NCCMH and their Providers can be resolved. Providers involved in this dispute—as well as others—have consistently stated they are unaware of any written grievance process that could have addressed concerns raised over the past two years.

As the former Contract Manager, I know such a policy existed. I wrote a provider grievance policy/procedure during my tenure, and NCCMH was formally cited by at least one audit such a policy in place. That policy was apparently never implemented and none appears in your published policies on your website as of this week. My understanding is that **Section 16 of the Medicaid Provider Manual explicitly requires policies to prevent precisely this type of standoff**. Yet no such policy exists. Why?

Fourth, when concerns reach the Board, they are referred to the CEO or executive team, who default to contract language granting unilateral decision-making authority to the CEO. This approach differs from Section 16 of the Medicaid Provider Manual which describes the need for a specific process that offers providers resolution using UNBIASED mediation services.

After being challenged by NCCMH staff, I reviewed contracts and addendums issued between **2017 and 2026**. I examined billing clarity, inclusion of DCW and premium pay in rates, grievance procedures, service-code consistency, rate adjustments, and compliance with the 30-day payment requirement. As our prior Contract Manager, I was not authorized to create rates. That responsibility rested with executive leadership and with a role created by leadership called Provider Network Manager.

What I found when reviewing the contracts, which I received just yesterday, was troubling . I found poor mathematical methodology and inconsistent interpretation of services—problems that began around the creation of the Provider Network Manager position.

This prolonged stalemate reflects a lack of transparency, ineffective management controls, minimal Board engagement, and an agency operating with broad discretion over whether contracted providers are paid—using standards that differ from all four neighboring CMHs and much of the state.

I am distributing a chart and a challenge. The chart highlights in red only a SAMPLE of where year after year inconsistencies appear in the contract language and clearly shows where DCW wage increases are NOT included in the rates offered to this provider.

So I offer this Board Challenge

1. Ensure the immediate creation of a fair, unbiased provider grievance policy—including access to outside mediation—in full compliance with **Section 16 of the Medicaid Provider Manual**.
2. Follow the money to determine why four contracted providers report being owed approximately **\$3.6 million** in unpaid reimbursements.

As a taxpayer, I should not have to ask whether public funds are being spent as appropriated and approved by the State of Michigan, nor whether providers are paid on time.

But you don't owe an answer to me. Please just answer your providers and your Medicaid recipients—many of whom are here today—because the funding and resultant loss of services to recipients may be directly tied to the response of this Board.

My name is Terese Maillefer and I am the parent of Lynnae Maillefer. I am also speaking on behalf of my husband, Roger Maillefer who unfortunately could not be at this meeting. Lynnae just turned 26 and will be graduating from Char-Em Intermediate School in June. She is supposed to transition to Bergmann Center and is very excited to do so. She is a hard worker and enjoys the camaraderie of her friends and co-workers. Both of these objectives can be accomplished at Bergmann Center and allow her to flourish in life. Attending Bergmann will also allow her to be a productive member of society and have the increased self esteem that naturally flows from it. If Bergman Center closes, we have no plan "B".

The state sent NCCMH wage passthrough money to support Direct Care Workers. Bergmann Center did not receive their full passthrough. NCCMH staff did not receive the full passthrough either, BUT they received far more than any contracted provider. SO I am asking a simple question. How much passthrough money did NCCMH receive from the State, and how much was passed on to Bergmann? We know NCCMH paid passthrough to their own staff for all hours worked — training, documentation, transportation... everything. But Bergmann was only allowed passthrough for face-to-face hours.

That is not equal treatment.

That is not what the State intended.

If Bergmann had received the passthrough funding the State required, we would not be here today!

So again I am asking:

Where is the difference between what the State sent and what Bergmann received?

Please answer with numbers, not explanations.

We deserve transparency with State funds.

My daughter Lynnae deserves transparency. She depends on these services.

NCCMH staff received more passthrough than any other contract provider.

Bergmann received twenty cents per hour.

That is a double standard.

It created a deficit.

AND now has put services at risk.

So lastly, I will ask again...

Where is the passthrough money that was meant for Bergmann Center?

Please show the numbers:

*What the state sent.

*What NCCMH has kept

*What was passed through.

Families deserve transparency.

Our loved ones, my daughter Lynnae, deserve stability.

Good afternoon. Thank you for letting me speak.

My name is Sabrina Collins, and I am someone who receives services through Bergmann Center.

Bergmann Center is very important to me. It gives me a place to go where I feel safe, respected, and included. It gives me a routine I can count on, people I trust, and things to do that help me learn and grow.

Coming here helps me feel calm and happy. I get out of my house. I see my friends. I feel like I belong somewhere. That matters a lot to me.

If Bergmann Center closes, my life will become much harder. I am worried about what I would do every day. I am worried about being alone, about losing my routine, and about losing the people who understand me and support me.

For me, this program is not just an activity. It helps me stay healthy, independent, and connected to my community. It helps me be my best self.

I want you to understand that Bergmann Center changes lives—my life included. When you talk about Bergmann Center, you are talking about real people like me.

Please help keep this program going. I need it. My friends need it. Our families need it.

Thank you for listening to me.

Hello, my name is Dakota Hawkins and I'm a concerned client at Bergmann Center,

"I am here today to speak as someone whose life has been deeply affected by the ongoing uncertainty surrounding the Bergmann Center.

*At the last meeting, **CEO Brian Babbit stated clearly and directly** that the Bergmann Center was not closing and that we could go home and sleep without worrying about losing the place that supports us. I trusted that promise.*

Since then, I have not slept. Many nights have been filled with fear, anxiety, and uncertainty about my future. The possibility of the Bergmann Center closing has caused real emotional distress—not just for me, but for others who rely on this program for stability, routine, and dignity.

I would like to ask the Board: since that meeting, how have you slept? Have you been kept awake by the thought of losing your support system?

As the governing board, it is your responsibility to provide oversight and to ensure that Northern Michigan Community Mental Health is doing its job. I am asking directly—why is the Board not ensuring that this is happening in a way that protects the people who depend on the Bergmann Center?

We are not numbers. We are people. And the uncertainty we are living with every day is taking a very real toll.

I am asking this Board to do its job—to act, to provide clear direction, and to ensure that NCCMH is meeting its responsibility to the individuals it serves. We need more than reassurance. We need action."

I am asking you to please do your job and help us. Make this right.

Hello my name is Anya Woodcock and I'm a concerned client of Bergmann Center.

"I am speaking today as someone who depends on the Bergmann Center and whose wellbeing has been shaken by the uncertainty surrounding its future.

*During the previous meeting, **CEO Brian Babbit said that the Bergmann Center was not going to close** and that we should not be losing sleep over it. I believed what was said and expected that reassurance to match reality.*

Instead, I have experienced ongoing stress, anxiety, and sleepless nights. The fear of losing the services and structure that help me function has been overwhelming. This situation has affected my mental health and sense of stability in a very real way.

I would like to ask the Board to reflect honestly: how has this situation affected you since the last meeting? Are you feeling the same level of worry and uncertainty that I—and others like me—are living with every day?

The role of this Board is to provide oversight and accountability. That includes making sure Northern Michigan Community Mental Health is fulfilling its responsibilities to the people it serves. From where I stand, that responsibility is not being met.

We rely on this Board to protect services that are essential to our lives. When oversight fails, it is the clients who suffer first and the most.

I am asking you to step forward, ensure that NCCMH is being held accountable, and give us clear, dependable answers. We need action, transparency, and follow-through—not continued uncertainty."

I am asking you to please do your job and help us. Make this right.

My name is Madison Priest

I attend Bergmann Center in Charlevoix. Thank you for this chance to tell you my concerns

I attended NCEC in Boyne City before it closed in September 2025. I was there for over 3 years. I was only able to go 2 times a week because of their low staffing. From October to the middle of December 2025 I was unable to receive any CLS services because NCEC closed.

I began at Bergmann Center in the middle of December. Initially Charlevoix County Transit refused to provide transportation because I use a wheelchair for mobility. With the help of Bergmann Center staff we were able to advocate and they started transporting two times a week. The hours I was able to attend were limited by Transit services to 3 hours a day for a total of 6 hours a week.

In March Bergmann Center began providing transportation and I have been able to attend up to 6 hours A DAY.

My family and I have searched for YEARS for self determination staff to provide CLS hours without any luck. Bergmann Center staff is able to provide "after hours" CLS. This has allowed me to do SO many fun activities! I've attended Night to Shine, multiple Challenge Mountain activities and other community events. I am more included in the local community than I ever have been.

I have a microenterprise with my siblings and we create art/craft items. Initially NCEC was able to help me attend a Farmers Market a few times over the summer to sell my items. In the later years NCEC did not have adequate staffing for that opportunity. Bergmann Center already has plans for Farmers Markets, Craft Fairs and other places for me to sell my items. This allows me to make some money and interact with the community as a seller.

I have experienced the challenges of low staffing and not being able to access services or attend programs. At this time Bergmann Center has the staff to meet my needs. As a recipient of CMH services it is my RIGHT to receive needed services. If CMH does not adequately fund Bergmann Center my access to needed services ends.

PLEASE PROVIDE TIMELY AND ADEQUATE FUNDING SO BERGMANN CENTER REMAINS OPEN!

My name is Brian Greene and I am the step father and co-guardian of Dawson Strojny, who was one of 24 clients who moved from NCEC to the Bergman Center. Dawson did not like attending NCEC. Since arriving at Bergman, he now doesn't understand why he can't go to Bergman on weekends and is excited each morning to go to Bergman. Their amazing staff treats him like family and the joy and happiness of staff and clients in that building is palpable.

I concur with everything said before me by fellow parents and staff. A typical board of directors has a fiduciary, strategic, legal and ethical (among others) responsibility over the entity they oversee. The fact that I am speaking today before you shows that those obligations are not being met. All 4 adult day program service providers in the region are standing before you asking you to uphold accountability over CMH. They are asking for a few very simple things:

1. Renew their contracts with CMH that haven't been update in over 4 years.
2. Reimburse the providers for Direct Care Worker pay supplement as outlined by MDHHS Letter L25-78 and based on submitted invoices currently in CMH's hands.

By enabling CMH to continue with this obstruction, you are facilitating the use of my son and other parents/guardian loved ones as a pawn in whatever funding game is being played. Based on your 2024 annual report, 92% of \$64 million in funding to North Country CMH was from Medicaid. Out of that, a staggering 27% of the budget went to salaries/fringes. That equates to \$84k average per employee. Yet if that is the case, why does my son's CMH case worker have to work a second job to make ends meet?

Medicaid is a joint Federal/State program. Recent events around the country have shown just how easy it is to commit Medicaid/Medicare fraud. I am not accusing anybody of fraud, but between the events thrust upon Bergman and the other day program providers, and the massive percentage of budget going toward salaries, it is enough to raise red flags. I have submitted a formal grievance asking for a full budget breakdown, to include compensation rates.

In closing, we should not be here today. Every other region in Michigan has current contracts with their service providers. Every other region in Michigan reimburses providers passthrough wages. I ask the board to execute their oversight function on CMH. If there is no response to my and other guardian's formal grievance within a reasonable time, I will be retaining legal counsel for my son with a firm that specializes in potential Medicaid fraud.

Sara R.

Statement to the NCCMH Board of Directors

From a Direct Care Worker

Members of the Board,

My name doesn't matter as much as my role. I am a Direct Care Worker. I am one of the people who shows up every day to support individuals with disabilities—to keep them safe, help them participate in their communities, and give their families peace of mind that someone they trust is there.

I am here because the system we are working under is breaking, and the people who feel it first are the individuals we serve and the workers who support them.

For months—longer than that, really—providers and staff have been raising the same concerns. Grievances were filed. Questions were asked. Warnings were given. And nothing meaningful changed. Instead, people who spoke up were met with corrective action, silence, or delayed decisions that made it harder to do our jobs.

As DCWs, we are expected to be flexible, calm, and reliable—no matter how unstable the system around us becomes. We are asked to work short-staffed, cover gaps, manage increasingly complex needs, and meet growing documentation demands. We do this because we care about the people we support. But caring does not replace transparency, fairness, or accountability.

We were told that wage passthrough funds were meant to support us—to help retain staff and stabilize services. Yet we still don't know how much money was received, how it was distributed, or why internal programs were treated differently than contracted providers. From where we stand on the floor, that feels like being asked to hold the system together without being respected as part of it.

Even more troubling, we have heard language from leadership that suggested people we serve should be moved “out of public view,” as if disability is something to be hidden. I work with adults who already fight every day to be seen as full members of their community. Hearing that kind of directive is heartbreaking—and it should have been stopped immediately.

Now we are being told that programs may close. People are being told their day programs might disappear. Families are panicking. Staff are burning out. And still, the responsibility to reassure everyone falls on us—the same people who don't have answers.

So I need to ask you this directly Mr. Babbit:

How are you sleeping after promising our friends that their day program won't shut down?

Because we are the ones who have to look them in the eye every day and hope that promise holds.

This Board has the authority to step in, demand transparency, and change course. Oversight is your role. When nothing happens, that silence has consequences—and those consequences land on vulnerable people and the workers who care for them.

We don't want to be here begging. We want to do our jobs well, in a system that values honesty, fairness, and the people at the center of it.

Good afternoon. My name is Jennifer Raymond, and I'm here today because I care deeply — not just about this program, but about the people whose lives depend on it. Every single day, our staff shows up for clients who rely on routine, trust, and stability. These are not abstract services. They are human relationships built over time, and they only work when programs are staffed responsibly and with care. Right now, our program is in danger. Not because of mismanagement, and not because of a lack of effort, but because the rates we receive do not support the staff-to-client ratios required for the number of clients we are asked to serve, and because pass-through wages are not being provided to providers as intended. As our client numbers increased, we did exactly what we were supposed to do. We increased staffing to maintain safe and appropriate ratios. We hired additional staff because quality client care requires it and because people's safety and well-being depend on it. However, the funding never followed. Rates did not increase to support those staffing ratios, and required pass-through wages were not passed through. That gap has directly and significantly impacted our program financially. We accepted additional clients and expanded services in good faith, with the expectation that the funding structure would reflect the true cost of responsible staffing. Instead, providers have been absorbing the cost of staffing and wages, and that financial burden is not sustainable. If this continues, I say this with great care, but we will have to shut down. That would not simply mean the loss of a program. It would mean real people being affected — clients who rely on us for stability, families who trust us with their loved ones, and staff who are deeply committed to this work and to this community. For clarity, this is not an issue unique to our program. The other three providers are experiencing the same challenges with inadequate rates, unsupported staffing ratios, and missing pass-through wages. This is a system-wide issue. At the last board meeting, CEO Brian Babbitt told our clients, told our staff, and told the people in this very room, "You can sleep soundly tonight. Your program will not be shut down." That statement did not come true. And the impact of that broken reassurance has been real. Our clients have not slept soundly. Their families have not slept soundly. Our staff has not slept soundly. They have lived with fear, uncertainty, and questions about whether the services they rely on will still be there. So

today, I ask the board to reflect honestly: How well have you slept since the last board meeting? Did you stay up worrying about whether your support system would disappear? Did you lose sleep the way our clients, their families, and our staff have? We are not asking for anything extra. We are asking for rates and pass-through wages to be provided as intended so that staffing requirements can be met and services can continue safely, ethically, and sustainably. We stepped up. We hired the staff needed to care for our clients. We absorbed the financial hit. Now we are asking for funding practices — and honest communication — that allow providers to keep their doors open and continue serving the people this system exists for.

Charlene Clark: Community Mental Health is State funded. When they receive state funds for programs that money is expected to be received by these programs to help the clients. When the funds are not going where they are supposed to go and being held onto there are problems. Every one of us who will be there today from the Bergmann Center all have case workers from CMH who are supposed to be advocating for their clients, that is their job description for the state. If none of our case workers are there to support their clients what is the sense of their job? If us as clients lose services that were supposed to be provided by CMH what is the sense of having CMH case workers? If they are not doing their jobs why is the state paying them? If there are no helpful services for their clients who need services what is the point of having Community Mental Health? If service cannot be used or when they make it so hard to access funds that are supposed to be used in certain ways what is the point exactly... Bergmann Center is a needed service for many people; it gives clients a sense of wellbeing to be included in the community and a personal sense of belonging! Without this some could face intense sense of loss of self-esteem and self-worth. We personally have had a HAV VAC waiver (a fund from the state for special needs) for our daughter that we were supposed to be able to access if needed. We needed it several times but CMH makes it so difficult to access especially in emergency situations when we needed it that it could of taken up to a year just to get approval for use when the money is there and just sits but they don't want to let family's access it. It is wrong the way they hold onto funds intended to be used for our loved ones. If they can't provide services we can use and access what is the point of having them? What is the point of our case managers if there is nothing they can offer or won't stand behind their clients when they need support? I don't have time to waste signing more paperwork for things that don't happen or get done, they shouldn't be getting paid either when they are not doing their jobs!

Board Statement – Bergmann Center

Good evening. My name is Jake Smith, and I serve as Chief Operating Officer of Bergmann Center.

I am here today because the Board of Directors has failed to carry out its fundamental duty to provide oversight, accountability, and protection—not only for the individuals served in this region, but for the providers entrusted to deliver essential services on the public's behalf.

This Board has received multiple formal grievances, placed on the public record, documenting serious concerns regarding executive conduct, retaliatory practices, inequitable funding decisions, and governance failures within North Country Community Mental Health. Those grievances were submitted on August 15, 2025 and March 19, 2026. To date, neither grievance has received written acknowledgement, investigation, findings, or corrective action from this Board.

The absence of response is not a neutral act. Silence, in this context, functions as approval.

As a result of this failure of oversight, Bergmann Center now faces imminent closure. We are approximately 60 days from forced shutdown, placing 71 individuals with intellectual and developmental disabilities across six counties at risk of losing essential services—with no available provider capacity to absorb them.

The issues that led us here are not isolated disagreements. They include documented retaliation following protected provider advocacy; the absence of a functional, conflict-free grievance process; discriminatory directives affecting individuals with disabilities; inequitable and opaque rate-setting and wage passthrough practices; and prolonged contracting delays and withheld decisions that directly threaten service continuity.

These concerns are not unique to Bergmann Center. All contracted providers in the NCCMH region have raised similar issues, demonstrating a systemic failure, not a single dispute.

The role of this Board is not to protect executive management from scrutiny. Your role is to protect the integrity of the system, safeguard public funds, and ensure the rights, safety, and continuity of services for people with disabilities.

When grievances alleging retaliation and discrimination are ignored, when executive leadership is permitted to route complaints about their own conduct back to themselves, and when providers are destabilized while internal programs are insulated, that is not governance—it is abdication of duty.

The consequences of this inaction are now unavoidable. If Bergmann Center closes, the harm will be immediate, lasting, and entirely preventable. This Board was informed. This Board had authority. And this Board chose not to act.

I am asking this Board—on the record—to acknowledge these failures, to engage independent oversight, and to take immediate steps to halt retaliatory practices and stabilize the provider network before irreversible damage is done.

History will reflect not just the decisions made at this table, but the decisions avoided. The individuals we serve deserve better than silence.

Doing nothing was still a choice—and now people with disabilities, people I love, are paying the price.

To quote [REDACTED]
[REDACTED], “be better”

*redacted for privacy

A world of opportunity that was never anticipated has been offered to my daughter through The Bergmann Center. She is working jobs with parts doing REAL work getting paid for that work. She experiences feelings of accomplishment and success never met before and it is amazing.

She thrills with the thought of awakening to go back to Bergmann and “tolerates” the weekend to be back on schedule with The Bergmann Center.

Bergmann treats everyone like the adults they are or are becoming. You hear intelligent, interesting conversations about their lives or current happenings, laughter — heaps of laughter.

I run the kitchen program and a case worker commented, “she had never heard such laughter yet real life teaching happen before her eyes, I wanted to come join in.”

Kitchen safety is the first thing that we discuss as each group gathers around the island. We bake in groups and I try to work it so that each person is included in some form. Two birthday celebrations have been had at TBC as our clients stated, “I CAN BAKE with Penny.”

Having conversations, it is easy to see how upset clients were as they began to question me about CMH and what that meant, why are they doing this?

I have Bergmann attendees asking me: What do they do if they don't have Bergmann? Does that mean I don't work here now? I have been asked what do I do for money? If I don't work here where else can I work? What are we supposed to do if TBC closes, do we stay home? Will I see my friends anymore? How long will that be for? But I love you, I don't want to be away from you.

Do we get recognition as being PART of the community? Because we are the community. We are Bergmann.