

NorthCare Network

Copper Country CMH

Gogebic CMH

Hiawatha Behavioral Health

Northpointe Behavioral Health

Pathways CMH

May 21, 2026

Dear Upper Peninsula County Board of Commissioners,

The purpose of this communication is to share the collective perspective of the Upper Peninsula CMH/PIHP Executives on Senator McBroom’s proposal to transition the current Upper Peninsula CMH system to a single specialized regional mental health authority.

Senator McBroom’s commitment to improving behavioral health outcomes for Michiganders in the Upper Peninsula is clear and commendable, however, there are significant concerns with his proposed legislation. Chief among them are the erosion of local responsiveness and community control, along with a framework that effectively removes limits on county liability while requiring the assumption of high-cost services without defined limits.

An additional concern is the bill’s inconsistency with the Michigan Mental Health Code, which serves as Michigan’s foundational policy framework for mental health services. The Mental Health Code reflects decades of established policy favoring decentralized, community driven CMH systems over centralized, institutional models.

Here is a breakdown of our specific concerns:

A. Loss of Local Responsiveness and Community Control

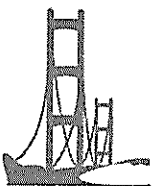
The proposal:

- Mandates the dissolution and forced absorption of all five U.P. CMHs into a single regional entity within three years of enactment, terminating the legal existence of each program regardless of community preference or local board determination.
- Transfers all authority to a single regional entity
- Centralizes governance at the regional level

Residing within the Upper Peninsula is not the same as being accountable to a specific community within it. The U.P. spans over 16,000 square miles and encompasses counties with dramatically different population sizes, geographic isolation, service infrastructures, and local needs. A single governing board making decisions across all 15 counties cannot replicate the localized knowledge, relationships, and responsiveness that five embedded CMH programs have developed over decades. What works in Marquette County does not necessarily work in Gogebic or Mackinac. A one-size-fits-all regional structure does not eliminate these differences — it simply removes the local decision-making capacity needed to address them.

B. Functional Uncapping of County Liability

This issue is critical to county fiscal health. While not explicit, the uncapping of liability is structural.



Currently:

- Each CMH operates within defined budgets
- County exposure is known, limited, and defined by statute. Under MCL 330.1308, county financial responsibility is structured as a 10% match on approved net costs of CMH services, with explicit protections against match escalation. This formula-based structure gives counties predictable, bounded financial exposure — a protection the proposed regional authority entirely replaces with open-ended joint liability across all 15 counties
- Risk is managed at the CMH or PIHP level.

Under the proposal:

- All CMH duties are assumed by a single regional entity
- All counties are jointly tied to that entity's performance
- There is no statutory cap on deficits, extraordinary costs, capital obligations, or long-term psychiatric inpatient liabilities

Once CMHs cease to exist, counties lose the buffer that previously limited their exposure.

C. Assumption of High Cost Services Without Funding Limits

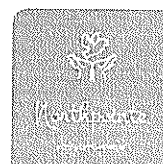
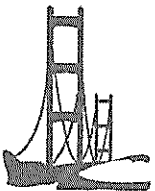
The specialized regional entity would be required to:

- Own or lease facilities to provide long-term psychiatric inpatient care
- Directly staff those facilities
- Bear financial risk tied to inpatient utilization

Psychiatric inpatient services are capital intensive, high risk, and historically underfunded by Medicaid. If Medicaid, Medicare, or private insurance fail to fully cover costs, the proposal provides no mechanism to limit county exposure—the textbook definition of uncapped liability.

The intent to create more inpatient capacity that is threaded through Senator McBroom's proposal is a noble one, and he isn't wrong. There is no question that the Upper Peninsula needs more locally available inpatient beds, however, Senator McBroom's proposal as written will not result in more capacity, more beds, or more providers to staff those beds. Establishing a new psychiatric unit is among the most difficult and resource intensive initiatives a hospital or health system can pursue. Unlike many other clinical service lines, psychiatric inpatient care requires extensive upfront investment, specialized infrastructure, and ongoing operational support, often with limited financial margin. When layered with the existing Certificate of Need requirements, it appears unlikely that this could be a successful undertaking for a regional mental health authority of any kind.

In a letter sent to stakeholders throughout the Upper Peninsula, Senator McBroom stated, "*Funding for the new Authority is certainly the most serious hurdle to cross. It is not possible to fully know just what this would cost in either the transition or continued operations until the bill is introduced and begins evaluations and discussions. However, I believe there are multiple sources that can be counted on to begin and sustain this change. I have spoken with many of our county officials about their current expenses for mental health services including how much is spent on administrative costs of running NorthCare and five separate CMH, law enforcement, jails, transportation, and other expenses. These dollars, along with some of the recent opioid settlement, could be a good*

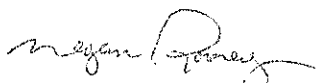


beginning for the local government investment". The vast majority of pooled funding associated with the 5 CMHs and NorthCare is from Medicaid, not county contributions. Importantly, Medicaid funding cannot be utilized for the payment of inpatient stays that are not associated with a Certificate of Need bed. Facilities must also undergo a rigorous certification process through the Centers for Medicare & Medicaid Services before they are eligible to receive federal reimbursement for services provided. Given these requirements, it will likely take well over a year for the "stars to align" for these inpatient facilities described in Senator McBroom's legislation to obtain the necessary approvals and begin receiving funding. Additionally, opioid dollars are restrictive in its use. They must be allocated towards substance use treatment, prevention, harm reduction, or services for incarcerated individuals who are needing treatment, and recovery support, not toward the development or operation of psychiatric inpatient beds.

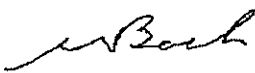
This proposal does not address the core challenges facing our rural landscape. As a collective, we should be focused on solutions that meaningfully target the problems at hand. Expanding psychiatric inpatient capacity without the workforce to staff it will only deepen the challenges we face in the Upper Peninsula. This approach risks leaving facilities underutilized, unfunded, and shifting liability onto counties. Any effort to address community needs must not occur in a vacuum, it requires thoughtful collaboration with subject matter experts and those with direct experience in the field.

We stand ready to work collaboratively with legislators and partners to advance solutions that strengthen behavioral health care in the Upper Peninsula without undermining the foundational principles of Michigan's mental health system and ensure long term sustainability for the citizens of the U.P.

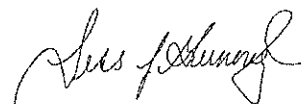
Sincerely,



Megan Rooney, CEO
NorthCare Network



Mike Bach, Executive Director
Copper County CMH



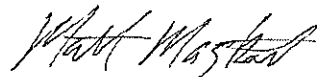
Tess Greenough, CEO
Gogebic CMH



Courtney Grant, CEO
Hiawatha Behavioral Health

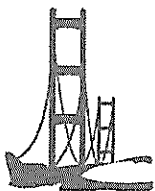



Mandy Padgett, CEO
Northpointe Behavioral Health



Matt Maskart, CEO
Pathways CMH

cc: Senator Ed McBroom
Senator John Damoose
Representative David Prestin
Representative Karl Bohnak
Representative Greg Markkanen
Representative Parker Fairbairn



 Outlook

Fw: Resolutions - HB5249

From Jennifer Kelly <countyclerk@houghtoncounty.gov>
Date Tue 5/26/2026 8:52 AM
To Chelsea Rheault <chelsea@houghtoncounty.gov>; Tom Tikkanen <tom.tikkanen@houghtoncounty.gov>

2 attachments (1 MB)
UPCAP Resolution HB5249.pdf; UPACC Resolution HB5249.pdf;

FYI.

If you have any questions, or need further assistance, please let me know.

Sincerely,

Jennifer Kelly
Houghton County Clerk/Register of Deeds
401 E. Houghton Avenue
Houghton, MI 49931
(906)482-1150

From: Tracy Lektzian <lektzian@upcap.org>
Sent: Friday, May 22, 2026 11:55 AM
To: Marquette County Clerk <countyclerk@mqtc.org>; Clerk - Deeds - Gogebic <clerk@gogebic.gov>; Deeds - Alger <jvandelde@algercounty.gov>; Cady Bauers <cbauers@chippewacountyymi.gov>; Clerk - Deeds - Keweenaw <clerk@keweenawcountyymi.gov>; Mary Dalpra (Iron County) <mdalpra@ironmi.org>; Kelly Church <kchurch@chippewacountyymi.gov>; Hiliary Vowell <macclerk@lighthouse.net>; Deeds - Luce <spruce@lucecountymi.gov>; Sherry DuPont <SDuPont@menomineecountyymi.gov>; Nancy Przewrocki <clerk@deltacountyymi.gov>; Lynette Lorenz <llorenz@ironmi.org>; Steve Woodgate <swoodgate@chippewacountyymi.gov>; Deeds - Baraga <goodreauw@baragacounty.org>; Brian Bousley <bbousley@dickinsoncountyymi.gov>; Haley Rasmussen <hrasmussen@ontonagoncounty.org>; Emily DeSalvo <edesalvo@deltacountyymi.gov>; Deeds - Iron <adonati@ironmi.org>; Jason Carviou <JCarviou@menomineecountyymi.gov>; Deeds - Menominee <mkleiman@menomineecountyymi.gov>; Deeds - Dickinson <clerkcarol@dickinsoncountyymi.gov>; Jennifer Kelly <countyclerk@houghtoncounty.gov>; Juliane Giackino <jgiackino@gogebic.org>; Clerk - Deeds - Schoolcraft <clerk@schoolcraftcounty.us>; Brett Hubbard-Stade <BHubbard@mqtc.org>; Duane DuRay <dduray@mqtc.org>; Tracy Lantagne <tracy@deltacountyymi.org>; Jay Gage (Stabenow) <jay_gage@slotkin.senate.gov>; Dave Prestin <DavePrestin@house.mi.gov>; Rich Rossway <rich.rossway@mail.house.gov>; Ed McBroom <OFCEMcBroom@senate.michigan.gov>; Katherine Olivera <kolivera@house.mi.gov>; Marie Repovz <mrepovz@house.mi.gov>; Julianna Jackson <jwoolford@senate.michigan.gov>; Parker Fairbairn <parkerfairbairn@house.mi.gov>; Gregory Markkanen <GregMarkkanen@house.mi.gov>; Jeremy Hosking <hoskingj@michigan.gov>; Karl Bohnak <karlbohnak@house.mi.gov>; Steven Salyers <ssalyers@house.mi.gov>; Paul Burns <pburns@senate.michigan.gov>; Aubrey Moore <aubrey_moore@peters.senate.gov>; SenKHertel@senate.michigan.gov <SenKHertel@senate.michigan.gov>; SenWBrinks@senate.michigan.gov <SenWBrinks@senate.michigan.gov>; Jonathan Mead <meadj@upcap.org>
Subject: Resolutions - HB5249

CAUTION: This email originated from outside the organization of Houghton County. Exercise EXTREME caution when opening external attachments or links from unknown senders.

Good afternoon,

Attached please find the resolution recently passed by the UPCAP Board of Commissioners and the UP Association of County Commissioners on HB5249.

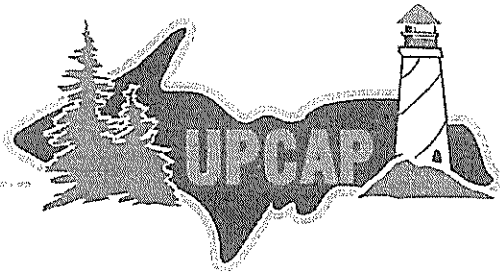
Sincerely,

Jonathan Mead
President & CEO
Upper Peninsula Commission for Area Progress (UPCAP)
P.O. Box 606
Escanaba, MI 49829

--

Tracy Lektzian
Employee Relations
Office Manager
Upper Peninsula Commission for Area Progress (UPCAP)
P.O. Box 606
Escanaba, MI 49829
(906) 786-4701 ~ FAX (906) 786-5853
For more information, Dial 2-1-1 or visit: www.upcap.org





Upper Peninsula Commission for Area Progress

P.O. Box 606 • Escanaba, Michigan 49829

(906) 786-4701 • Fax (906) 786-5853

www.upcap.org

Resolution Supporting Michigan House Bill 5249 (2025-2026) to expand Rural Emergency Medical Service Capacity

WHEREAS, the Upper Peninsula Commission for Area Progress (UPCAP) is committed to supporting the health, safety, and well-being of residents throughout Michigan's Upper Peninsula; and

WHEREAS, access to timely and effective emergency medical services (EMS) is essential in rural regions such as the Upper Peninsula, where long transport distances and limited staffing resources create unique challenges; and

WHEREAS, current Michigan licensing requirements can restrict the level of pre-hospital care provided by ambulance services, even in instances where appropriately trained paramedics are present and capable of delivering higher levels of care; and

WHEREAS, Michigan House Bill 5249 (2025–2026), sponsored by Representative Dave Prestin, would amend the Public Health Code to establish an "ambulance operation adaptive care license," allowing certain Basic Life Support (BLS) ambulance services to provide limited Advanced Life Support (ALS) care when properly staffed, equipped, and operating under medical oversight; and

WHEREAS, this legislation would give rural EMS providers greater flexibility to utilize the full scope of training of available personnel, improving response capabilities and enabling earlier, potentially lifesaving interventions for patients; and

WHEREAS, House Bill 5249 is designed to strengthen rural EMS systems while maintaining appropriate safeguards, including licensing standards, oversight of medical control authority, and quality assurance measures.

NOW, THEREFORE, BE IT RESOLVED that the Upper Peninsula Commission for Area Progress (UPCAP) hereby expresses its strong support for Michigan House Bill 5249 (2025–2026) and its efforts to enhance the delivery of emergency medical services in rural communities.

The Upper Peninsula Commission for Area Progress (UPCAP) is a regional 501 (c) (3) charitable organization, responsible for development, coordination, and provision of human, social, and community resources within the Upper Peninsula of Michigan. In 1974, UPCAP was designated as the Region XI (U.P.) Area Agency on Aging whose purpose is to advocate for and provide services to older adults residing in the 15 counties of the Upper Peninsula.

BE IT FURTHER RESOLVED that UPCAP encourages the Michigan Legislature to advance and enact this legislation to ensure rural EMS providers have the flexibility and tools necessary to deliver timely and appropriate care to residents across the Upper Peninsula and throughout the state.

BE IT FURTHER RESOLVED that copies of this resolution shall be transmitted to: Members of the Michigan Legislature representing the Upper Peninsula, the Michigan Senate and House Committees on Health Policy, Bill sponsor Representative Dave Prestin, and other relevant stakeholders, as determined appropriate by UPCAP leadership.

Adopted on the 6th of March, 2026.


Jonathan Mead, President