



MONROE COMMUNITY MENTAL HEALTH AUTHORITY

BOARD MEETING

September 27, 2023 – 5:00 p.m. / Aspen Room

Draft Agenda

PUBLIC ACCESS: <https://us06web.zoom.us/j/82017690680> / 1-206-337-9723 / Meeting ID: 820 1769 0680

BOARD VALUES:

- 1.1 Monroe Community Mental Health Authority exists so that individuals with severe and persistent mental illness and intellectual/development disabilities can live, work, and play in their communities to their fullest potential.
- 1.2 Monroe Community Mental Health Authority strives to be the provider of choice for Monroe County by offering the highest quality of treatment with positive measurable outcomes, while maintaining competitive rates with the State.
- 1.3 Monroe Community Mental Health Authority establishes and sustains a culture that values each staff member; holds staff to high standards; is fair and respectful; and values creativity and promotes collaborative thinking.
- 1.4 Monroe Community Mental Health Authority continues to establish collaborative community relationships that enable MCMHA to provide quality service to consumers.

BOARD RULES OF CONDUCT:

- a. Speak only after being acknowledged by the Chair and only to the Chair.
- b. Keep deliberation focused on the issue and don't make it personal.
- c. Divulge all pertinent information related to agenda items before action is taken.
- d. Seek to understand before becoming understood.
- e. Seek to do no harm.

MISSION STATEMENT:

Enrich lives and promote wellness.

VISION STATEMENT:

To be a valued/active partner in an integrated System of Care that improves the health and wellness of our community.

CORE VALUES:

Compassion, Authenticity, Trust, and Accountability.

	<u>Guide</u>
I. Call to Order	01 min
II. Roll Call	02 min
III. Pledge of Allegiance	02 min
IV. Motion to Adopt the Agenda as Presented	02 min
V. Motion to Approve the Minutes from the August 23, 2023 Board Meeting and waive the Reading Thereof	02 min
VI. Feedback Summary	02 min
VII. Citizen Comments	03 min/person
<i>“The Board will listen respectfully to any comments you would like to make but will not respond directly tonight. You can expect a follow up contact from the Executive Director or her representative within 24 hours if your comment is about a specific problem or complaint. Comments shall be limited to 3 minutes”.</i>	
VIII. Presentations Recognitions, and Celebrations	25 min
a. FY2024 Proposed Budget	
b. Finance Presentation	
IX. Board Committee Reports	10 min
a. Motion to Place on File All Written Committee Reports	
i. Business Operations	
ii. Bylaws & Policy	
iii. Clinical Operations	
iv. Executive	

- b. **Motion to Create a Community Relations Ad-hoc Committee**
 - i. Create Committee
 - ii. Appoint Rebecca Pasko, Chantele Steffens, Deb Staelgraeve, and Susan Fortney
 - iii. Appoint Rebecca Pasko as Chair of the Community Relations Committee
- c. Appoint Pam Ray (May-Oct) and Susan Fortney (Nov-Apr) to the Business Operations Committee
- d. Audience Presence at Committee Meetings

X. Items for Board Action 05 min

- a. **Motion to Approve the Consent Agenda Less Item _____**
 - i. Administrative Contracts as Presented
 - ii. Service Contracts as Presented
- b. **Motion to Approve the FY2024 Proposed Budget**
- c. **Motion to Approve up to Three Board Members to Attend the CMHAM Fall Conference Beginning October 23, 2024 in Traverse City, Michigan**

XI. Authority and Regional Policy Review/Approval 10 min

- a. **Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented**
 - i. **Policy:** Treatment Planning for Veterans Policy
Health and Wellness of MCMHA Consumers Policy
Lab Tests, Vital Signs, and Medication Reconciliation Policy
 - ii. **Procedure:** MCMHA Crisis Mobile Procedure
IPOS Planning Procedure
PHQ-9 Procedure
Death Event Reporting Procedure
Discharge Procedure
Vital Sign Measurement, Medication Reconciliation, Coordination of Care, and Ordering Laboratory Tests
 - iii. **Exhibit:** Crisis Mobile Intervention Guidance Exhibit
Access Follow-Up Process After Referral from Community Exhibit
 - iv. **Rescind:** N/A
- b. **Motion to Approve the Regional Policies as Presented**
 - i. **Policy:** Abuse and Neglect Policy
Communication by Mail, Telephone, and Visits Policy
Consent to Treatment and Services Policy
Dignity and Respect Policy
Family Planning Policy
Fingerprints, Photographs, Recordings, or use of 1-way Glass Policy
Freedom of Movement Policy
Limitation of Rights Policy
Non-Discrimination in Provision of Service Policy
Office of Recipient Rights Policy
Personal Property and Funds Policy
Physical Management and Restraint Policy
Recipient Payment for Damage to Property Policy
Religious Freedom and Treatment by Spiritual Means Policy
Report and Review of Recipient Death Policy
Rights to Entertainment Materials, Information, and News Policy
Services Suited to Condition Policy
Work Performed by Recipients Policy
Conflict Free Case Management Policy
Employee Competency and Credentialing Policy
Training Policy

XII.	Relationship with the Region, County, and Others	05 min
	a. Regional Reports	
	i. Regional PIHP Board Meeting Minutes	
XIII.	Items from the Chief Executive Officer	10 min
	a. Financial Report	
	b. Chief Executive Officer's Report (<i>handout</i>)	
XIV.	New Business	15 min
	a. Expectations of Board Members	
	b. Community Relationships	
XV.	Citizen Comments	03 min/person
XVI.	Announcements by Board Members	03 min/person
XVII.	Adjournment	01 min

The next regular scheduled meeting for the Monroe Community Mental Health Authority Board of Directors is on Wednesday, October 25, 2023 beginning at 5:00pm in the Aspen Room.

LG/dp 3:34 p.m.



**BOARD OF DIRECTORS REGULAR MEETING MINUTES
August 23, 2023**

- Present:** Michael Humphries, Chairperson (arrived 5:19pm); Catherine Bernhold, Secretary; John Burkardt (arrived 5:19pm); Deb Staelgraeve; Rebecca Curley; Chantele Steffens; Dawn Asper; Rebecca Pasko; Ken Papenhagen; Pam Ray; and LaMar Frederick
- Excused:** Susan Fortney, Vice Chairperson
- Absent:**
- Staff:** Lisa Graham
- Guests:** 14 guests attended

I. CALL TO ORDER

The Board Secretary, Catherine Bernhold, called the meeting to order at 5:00 p.m.

II. ROLL CALL

Roll Call confirmed a quorum existed.

III. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Catherin Bernhold.

IV. CONSIDERATION TO ADOPT THE DRAFT AGENDA AS PRESENTED

LaMar Frederick moved to adopt the draft agenda as presented. Ken Papenhagen supported. Motion carried unanimously.

V. CONSIDERATION TO APPROVE THE MINUTES FROM THE JULY 26, 2023 BOARD MEETING AND WAIVE THE READING THEREOF

Rebecca Pasko moved to approve the minutes from the July 26, 2023 Board Meeting and waive the reading thereof. Dawn Asper supported. Motion carried unanimously.

VI. FEEDBACK SUMMARY

Catherine Bernhold reviewed feedback from the July 26, 2023 Board Meeting.

VII. CITIZEN COMMENTS

Ted, a service provider in Monroe County, commented on the Board agenda item, provider stabilization pass through. Ted emphasized that it has been difficult with staffing shortages, unprecedented levels of overtime to sustain clients, and have stretched resources beyond the breaking point. Ted provides services for 60 clients in Monroe County and that takes 100 staff. Ted urged the Board to approve the provider stabilization pass through to ensure providers can use it to the best of their ability to sustain clients and programs.

Sandy Libstorff commented on a Recipient Rights report.

Tara Bijarro, Oaks of Righteousness, commented on being licensed and certified through the state and has been doing this for 7 years and is a person of recovery herself. Tara commented on how difficult it is to serve people in this county. There is a huge and urgent need for a live person and immediate access.

Pastor Heather Boone, Oaks of Righteousness, commented that she's been asking for support for years. Mike Humphries, Board Chairperson, asked Pastor Boone what is the ask? Oaks wants a case manager stationed at Oaks. Pastor Boone read an email as to why it was not recommended. Pastor Boone commented on an agreement with the Monroe County Community College. Pastor Boone commented on the Regional QAPIP racial disparities project and not having same day service.

VIII. PRESENTATIONS, RECOGNITIONS, AND CELEBRATIONS

- a. Revel Marketing Priorities – Lisa Graham presented the Revel Marketing Priorities as requested by the Business Operations Committee. 1st priority is the agency website and is not expected to be completed until July of next year 2024. The strategies that will mostly be completed will be on updating our program literature, creating a newsletter, and working on our internal communication and then recruitment efforts. A number of those items would be happening at the same time. Branding, recruitment, and retention. It is not until we have a lot of those things accomplished that we would come to the board for a community awareness campaign. The strategy is listed and the timeline of when it may be completed.
- b. Years of Service Awards – Lisa Graham commented that at the last Board Meeting we talked about employee retention. Employees are recognized in 5-year increments at the internal All Staff Meetings and Lisa wanted to recognize employees at the Board level as well.

Lisa is happy to recognize the dedication and commitment for the following staff on their years of service:

Five Years: Lori Beeler, Andrew Earl, Beth Aimone, Rob Kiger, Joel McCrea, and Kathy Moore

Ten Years: Alicia Riggs and Meagan Schinella

Fifteen Years: Yolanda Dunsmore, Renae Flack, Dr. Paul Gutterman, and Arwada Keck

Catherine Bernhold passed the gavel to Mike Humphries, Board Chairperson at 5:19pm.

IX. BOARD COMMITTEE REPORTS

a. Motion to Place on File All Written Reports

Catherin Bernhold moved to place on file all written reports. LaMar Frederick supported. Motion carried unanimously.

Written reports on file: Business Operations, Bylaws & Policy, Clinical Operations, Executive, and Performance Evaluation.

Board Bylaws & Policy – Catherine Bernhold commented that the committee has reviewed and amended the Board Governance Policy Manual. Sections 1 and 2 will be sent to the full Board for review and feedback. In the meantime, the committee will review the Board Bylaws.

Clinical Operations – Lisa Graham commented that two detailed reports were provided at Clinical operations. Chantele Steffens asked about the Strategic Plan and Lisa commented that the Strategic Plan is provided within committee meetings and be presented quarterly at a Board Meeting.

Performance Evaluation – Mike Humphries commented that the committee met to review tools. We are set to stay on schedule this year.

X. ITEMS FOR BOARD ACTION

- a. **Motion to Approve the Consent Agenda Less Item _____**
 - i. Administrative Contracts as Presented
 - ii. Service Contracts as Presented

LaMar Frederick moved to approve Administrative Contracts as Presented. Rebecca Curley supported. Discussion followed. Roll call: In favor: Ray, Pasko, Asper, Burkhardt, Bernhold, Humphries, Frederick, Curley, Steffens, Papenhagen, and Staelgraeve: opposed: none; motion carried.

LaMar Frederick moved to approve Service Contracts as Presented. Ken Papenhagen supported. Discussion followed. Roll call: In favor: Ray, Pasko, Asper, Burkhardt, Bernhold, Humphries, Frederick, Curley, Steffens, Papenhagen, and Staelgraeve: opposed: none; motion carried.

- b. **Motion to Accept the FY2023 Provider Stabilization Funds Allocated by the CMHPSM for MCMHA to Pass Through to the Provider Network**

LaMar Frederick moved to accept the FY2023 provider stabilization funds allocated by the CMHPSM for MCMHA to pass through to the provider network. Pam Ray supported. Discussion followed. Roll call: In favor: Ray, Pasko, Asper, Burkhardt, Bernhold, Humphries, Frederick, Curley, Steffens, Papenhagen, and Staelgraeve: opposed: none; motion carried.

- c. **Motion to Accept the FY2022 Finance Audit, Single Audit, and Compliance Audit as Presented to the Board of Directors on July 26, 2023**

John Burkhardt moved to accept the FY2022 Finance Audit, Single Audit, and Compliance Audit as presented to the Board of Directors on July 2023. Rebecca Curley supported. Roll call: In favor: Ray, Pasko, Asper, Burkhardt, Bernhold, Humphries, Frederick, Curley, Steffens, Papenhagen, and Staelgraeve: opposed: none; motion carried.

- d. **Motion to Approve the Purchase of Windows Server 2022 Datacenter Licensing for 3 VMWare Host Servers along with Required User Client Access Licenses (CALs) for the Total Purchase Price of \$39,675.28**

Pam Ray move to approve the purchase of Windows Server 2022 Datacenter Licensing for 3 VMWare Host Servers along with required User Client Access Licenses (CALs) for the total purchase price of \$39,675.28. Deb Staelgraeve supported. Discussion followed. Roll call: In favor: Ray, Pasko, Asper, Burkhardt, Bernhold, Humphries, Frederick, Curley, Steffens, Papenhagen, and Staelgraeve: opposed: none; motion carried.

XI. AUTHORITY AND REGIONAL POLICY REVIEW/APPROVAL

- a. **Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented**

- i. Policy: N/A
- ii. Procedure: N/A
- iii. Exhibit: N/A
- iv. Rescind: N/A

- b. **Motion to Approve the Regional Policies as Presented**

- i. Policy: N/A

XII. RELATIONSHIP WITH REGION, COUNTY, AND OTHERS

- a. Regional Reports
 - i. Regional PIHP Board Meeting Minutes – Minutes were included in the packet.

XIII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER

- c. Financial Report – The state has not yet reconciled years FY2018 and FY2019. The state is saying the PIHP cannot use their funds to pay locals. The PIHP is committed to getting an answer by the end of this fiscal year and if favorable will look into every option to get this settled. Lisa Graham commented that it is important for our PIHP Representatives to stay on top of this.
- d. Chief Executive Officer’s Report included: CCBHC; Crisis Mobile Unit; Benesh Expansion; Employee Satisfaction; Employee Retention; All Staff Meeting/Training; HSAG Review; Access Team Highlights; FY2024 Regional Budget; FY2018 and FY2019 Regional Close-Out; Regional QAPIP; Suicide Prevention Awareness; NAMI Walks Michigan; Recovery Advocacy Warriors; Community Coalition; Deb’s Flowers Party in the Park; Back to School Fair; Gabby’s Grief Center; and Mental Health Matters.

Mike Humphries was approached by Rebecca Pasko to consider a Community Relations Ad-hoc Committee. Rebecca is aware of several Board Members that want to be involved with partners in the community. Mike will consider an ad-hoc committee.

Mike Humphries announced that the Board is going to make a change to the monthly agenda for citizen comments. Two citizen comments will remain on the agenda. The first citizen comment will be limited to topics that are on the agenda and the second citizen comment will be dedicated for anything.

XIV. CITIZEN COMMENTS

Sandy Libstorff commented on utilizing FOIA to obtain documents that support anything on a public campaign with Revel Marketing. Sandy commented on details from previously resolved FOIA requests and the universal referral form and iPad.

Pastor Heather Boone, Oaks of Righteousness, commented on being completely disgusted about Revel Marketing. A 30-45 minute presentation on marketing but there has never been a discussion for 30-45 minutes for consumer help. If I have to make a video every single day I would do so until the \$150000 was wasted. I used to be a nice person but now not so much. Pastor Boone also commented on the Opportunity Center.

XV. NEW BUSINESS

XVI. MOTION TO GO INTO CLOSED SESSION FOR THE PURPOSE OF LEGAL WRITTEN OPINION PURSUANT TO SECTION 8(h) OF THE OPEN MEETINGS ACT WITH ATTORNEY CLIENT PRIVILEGE

Deb Staelgraeve moved to go into Closed Session for the Purpose of Legal Written Opinion pursuant to Section 8(h) of the Open Meetings Act with Attorney Client Privilege. Ken Papenhagen supported. Roll call: In favor: Ray, Pasko, Asper, Burkhardt, Bernhold, Humphries, Frederick, Curley, Steffens, Papenhagen, and Staelgraeve: opposed: none; motion carried.

The Board went into Closed Session at 6:13pm.

The Board went into Open Session at 7:57pm.

XVII. BOARD ANNOUNCEMENTS

Deb Staelgraeve mentioned there is a “Party in the Park” this Sunday at St. Mary’s Park. Bring non-perishable food items.

XVII. ADJOURNMENT

Mike Humphries adjourned the meeting at 7:59pm.

Submitted by,

Catherine Bernhold
Board Secretary

LG/dp 8/31/23



MONROE
COMMUNITY
MENTAL
HEALTH

Fiscal Year 2024

Proposed
Budgets

MONROE CMH

2024 Proposed Budget

Significant Assumptions and Key Points

I. Medicaid and Healthy Michigan (HMP) - revenue based on projections from CMPSM.

MDHHS has indicated that revenue for 2024 should approximate revenue for 2023. Increase in rate per eligible has increased to offset the expected reduction in eligibles. To the extent eligibles decrease more than anticipated the budget will need to be adjusted.

II. Medicaid and Healthy Michigan (HMP) - Expenses

Expanded expenditures are expected for service expansion in the Certified Community Behavioral Healthcare Clinic (CCBHC) related to the demonstration.

III. MDHHS CMHSP Contract Revenue and Expenses

General Fund budgeted at a flat \$1,729,980, based on FY23.

Use of State general fund dollars will shift from provider stability, improvements and increased service proposals to Medicaid spenddown services and services for those that do not have Medicaid including those who are part of the CCBHC Demonstration.

IV. Provider Network

Provider Network services are expected to continue to grow. We have assumed a 4% increase in demand with an average rate increase of 3%, for an overall budget increase of approximately 7%.

V. General expense assumptions

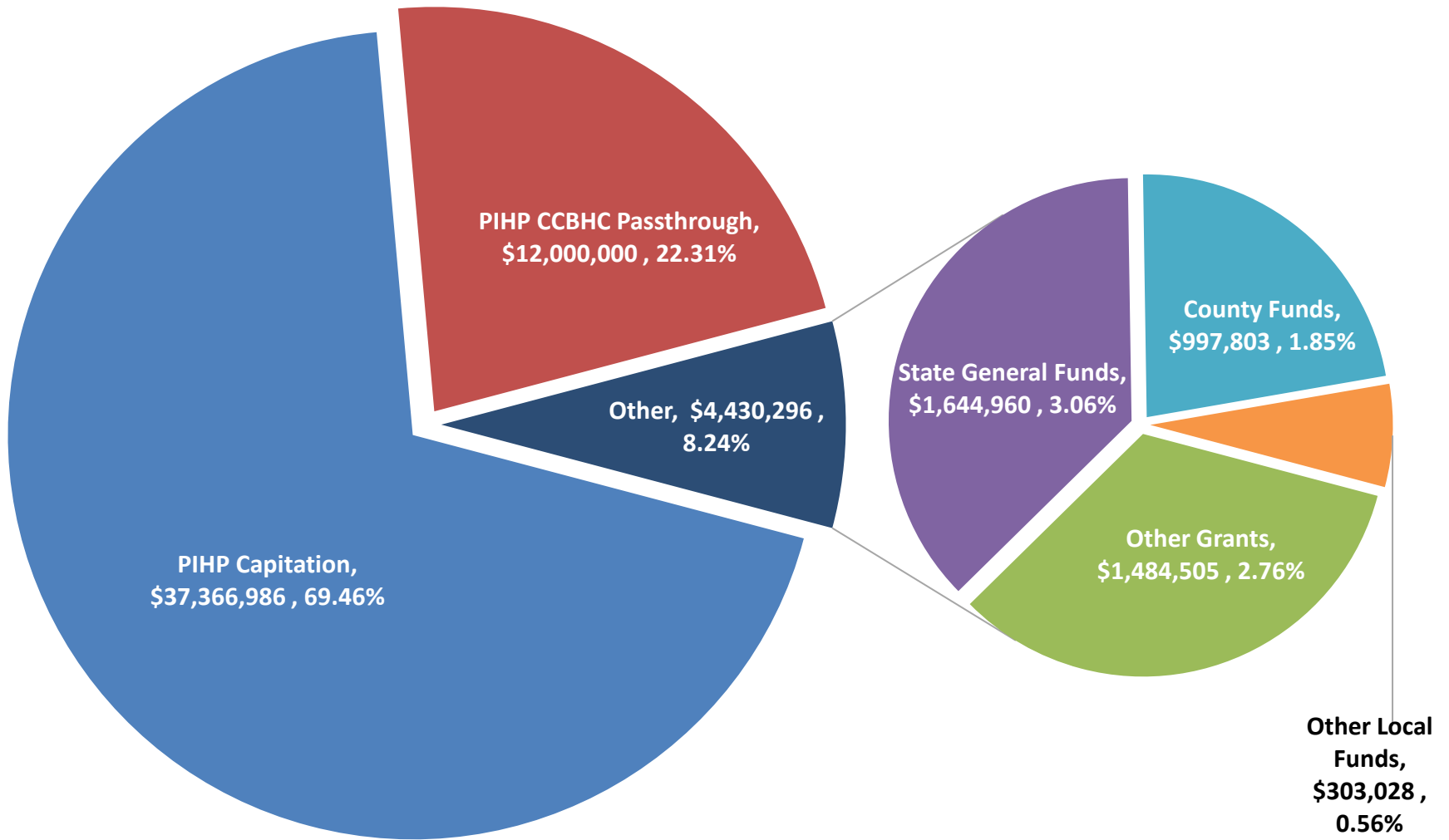
Payroll related costs are included based on currently filled positions plus vacant positions at the midpoint pay of the position range. In addition, the budget includes a 3% increase with step increases. FY24 budget has added an additional 29 positions compared to FY23 annualized, primarily to meet CCBHC Demonstration program requirements. Health insurance is expected at a 2% increase beginning January 2024.

General expenses assumed a 3% increase.

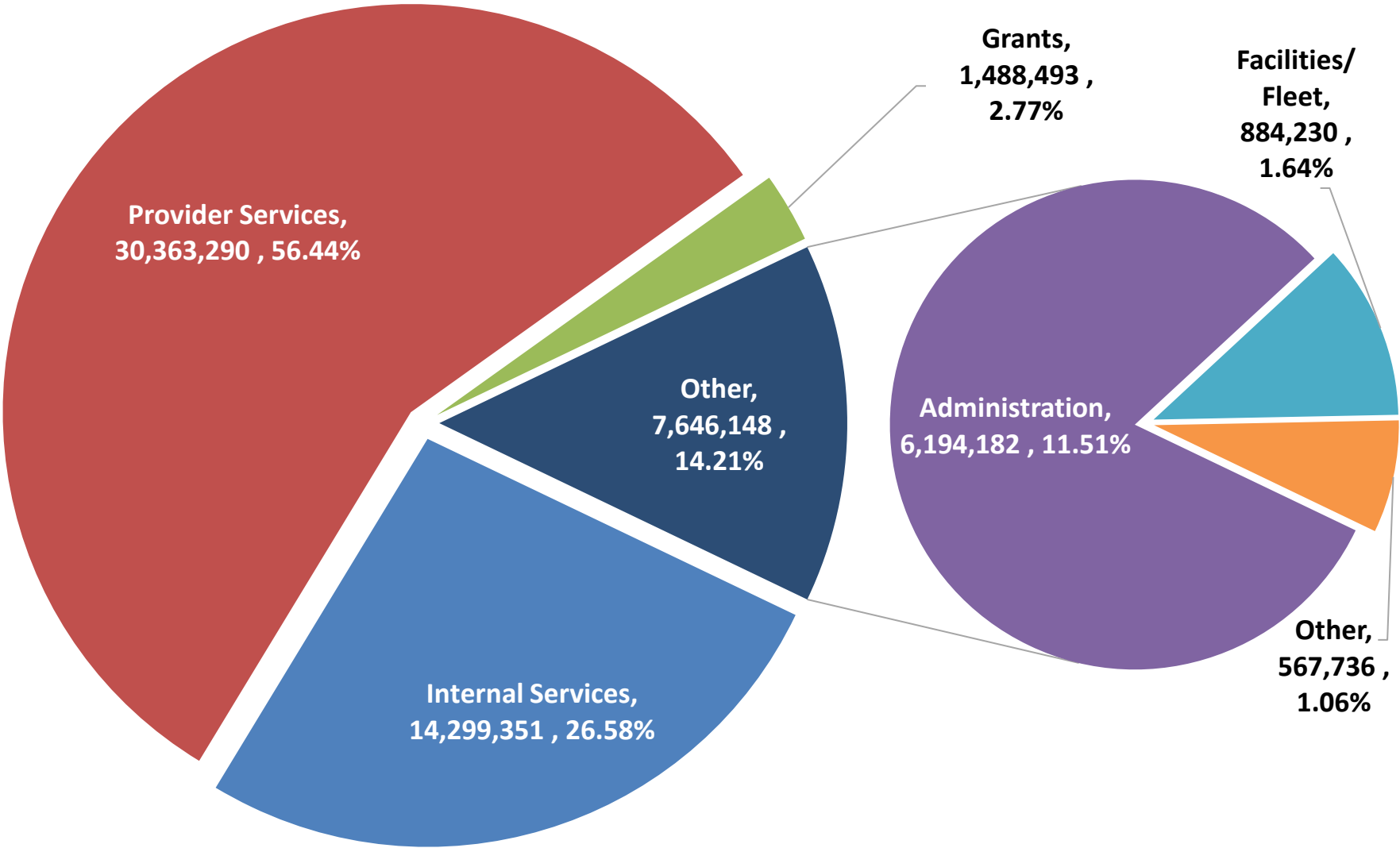
Table of Acronyms

<u>Acronym</u>	<u>Full Description</u>
DAB	Disabled, Aged, & Blind
HMP	Healthy Michigan Plan
HSW	Habilitation Supports Waiver
TANF	Temporary Assistance for Needy Families
CWP	Child Waiver Program
SEDW	Severe Emotional Disturbance Waiver
HHBH	Health Home - Behavioral Health
CMHSP	Community Mental Health Services Program
PIHP	Prepaid Inpatient Health Plan
CCBHC	Certified Community Behavioral Health Clinic

Revenue by Category
\$53,797,282



Expenditures by Category
\$53,797,282



MONROE CMH

2024 Proposed Budget by Fund Source

Medicaid/Autism Combined	2023 Projected	2024 Proposed	Favorable (Unfavorable)
Revenue	\$ 41,155,000	\$ 35,116,485	\$ (6,038,515)
Expense	40,014,905	34,577,285	5,437,620
Revenue over/(under) expenses	\$ 1,140,095	\$ 539,200	\$ (600,895)
Healthy Michigan	2023 Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 3,323,772	\$ 2,860,301	\$ (463,471)
Expense	3,013,495	2,789,701	223,794
Revenue over/(under) expenses	\$ 310,277	\$ 70,600	\$ (239,677)
CCBHC	2023 Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ -	\$ 12,000,000	\$ 12,000,000
Expense	-	12,000,000	(12,000,000)
Revenue over/(under) expenses	\$ -	\$ -	\$ -
Total CMHPSM	2023 Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 44,478,772	\$ 49,976,786	\$ 895,338
Expense	43,028,400	49,366,986	(1,310,442)
Revenue over/(under) expenses	\$ 1,450,372	\$ 609,800	\$ (415,104)
State General Fund	2023 Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 1,777,445	\$ 1,729,980	\$ (47,465)
Expense	1,709,388	1,644,960	64,428
Redirects	-	-	-
Revenue over/(under) expenses	\$ 68,057	\$ 85,020	\$ 16,963
All Other Grants/Local	2023 Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 3,001,878	\$ 2,785,336	\$ (216,542)
Expense	3,001,878	2,785,336	216,542
Redirects	-	-	-
Revenue over/(under) expenses	\$ -	\$ -	\$ -

MONROE CMH

2024 Proposed Budget

All Funds

	2023 Actuals Projected	2024 Proposed Budget	Increase (Decrease)
Operating revenue			
Capitation:			
Medicaid	\$ 41,155,000	\$ 35,116,485	\$ (6,038,515)
CCBHC	-	12,000,000	12,000,000
Medicaid - Settlement	(1,140,095)	(635,700)	504,395
Healthy Michigan	3,013,495	2,860,301	(153,194)
Healthy Michigan - Settlement	-	(70,600)	(70,600)
Behavior Health Home	94,964	96,500	1,536
State General Funds	1,729,984	1,729,980	(4)
State General Funds - Carryover	(600,811)	(85,020)	515,791
County appropriations	997,803	997,803	-
Charges for services	186,991	217,870	30,879
Other grants	1,688,691	1,484,505	(204,186)
Other revenue	96,477	85,158	(11,319)
Total operating revenue	47,222,499	53,797,282	6,574,783
Operating expenses			
Administration			
Salaries	2,129,387	2,777,641	648,254
Benefits	883,521	1,387,182	503,661
Other	1,468,017	2,029,359	561,342
Internal Services			
Salaries	4,950,163	7,489,941	2,539,778
Benefits	4,324,808	4,775,202	450,394
Other	1,915,791	2,034,208	118,417
Provider Network Services	28,186,253	30,363,290	2,177,037
Facility costs	1,047,000	795,455	(251,545)
Vehicle costs	83,100	88,775	5,675
Grant expenses	1,688,691	1,488,493	(200,198)
Other expenses	15,051	20,288	5,237
Room & Board	530,717	547,448	16,731
Total operating expenses	47,222,499	53,797,282	6,574,783
Net Income/Surplus	\$ -	\$ -	\$ -

MONROE CMH

Fiscal Year 2024 Budget

Summary of Budgeted FTEs by Department

Department	Full Time Equivalents	Salary	SS Tax	Allocated Benefits	Total
Mental Health Operations					
Customer Service	1.00	\$ 63,469	\$ 4,855	\$ 30,614	\$ 98,938
Utilization Management	2.00	142,142	10,874	68,561	221,577
Provider Network Management	1.00	85,289	6,525	41,139	132,952
General Admin	13.00	1,243,190	95,104	599,648	1,937,942
Finance	8.00	534,230	40,869	257,684	832,783
Human Resources	2.00	212,740	16,275	102,615	331,629
Information Technology	3.00	250,768	19,184	120,957	390,909
Trainers net expense	1.00	66,779	5,109	32,210	104,098
Direct Run Support Staff	9.00	414,980	31,746	200,164	646,890
Clinical Supervisors	12.00	1,034,896	79,170	499,178	1,613,243
Assertive Community Treatment	6.00	350,945	26,847	169,277	547,070
Case Management	34.00	1,999,341	152,950	964,375	3,116,666
Clubhouse	6.00	295,999	22,644	142,774	461,417
Mobile Crisis	7.00	905,922	69,303	436,968	1,412,193
Homebased	4.00	267,768	20,484	129,157	417,410
Outpatient	14.00	1,161,502	88,855	560,246	1,810,603
Peer Services	9.00	325,692	24,915	157,096	507,703
Prevention - Direct	3.00	208,141	15,923	100,396	324,460
Wraparound	3.00	167,891	12,844	80,981	261,716
Supported Employment	1.00	56,117	4,293	27,068	87,479
Psychiatric Services - Med Clinic	11.00	1,100,465	84,186	530,805	1,715,455
PT/OT/ST	1.00	58,500	4,475	28,217	91,193
OBRA/PASARR	4.00	274,140	20,972	132,230	427,342
Mental Health Juvenile Justice	1.00	62,846	4,808	30,314	97,967
ARPA-Mobile Crisis	5.00	300,532	22,991	144,960	468,483
Jail Diversion	1.00	71,081	5,438	34,286	110,804
MAT	1.00	63,469	4,855	30,614	98,938
MCCC	1.00	65,999	5,049	31,835	102,883
Opioid	1.00	65,276	4,994	31,486	101,756
MH Court	1.00	62,846	4,808	30,314	97,967
General Facilities	4.00	155,442	11,891	74,977	242,310
Total Staffing	170.00	\$12,068,395	\$ 923,232	\$ 3,886,845	\$ 18,812,774

Finance Presentation

MCMHA Business Operations Committee

September 20, 2023

Lisa Graham, CEO

1

MCMHA Board Priorities



Diversify revenue streams



Implement Crisis Mobile



Improve Integrated Health









Become a Certified Community Behavioral Health Center (CCBHC)



Retain Staff

2

SUCCESS

-  Revenue streams now include MDHHS Capitation, Behavioral Health Home revenue, Grant Revenue, and CCBHC Revenue
-  Crisis Mobile deployed part-time on July 1, 2023
-  Crisis Mobile will deploy 24/7 on October 1, 2023
-  Integrated Health improvements include certification as Behavioral Health Home, hiring Medical Assistants, and expanding nursing services.
-  MDHHS certified MCMHA as a CCBHC, effective 10/1/23
-  87.8% Staff Retention

3

Accountability for Increased Revenue



4



Optimal Finance Team

- Chief Financial Officer
- Finance Supervisor
- General Ledger Accountant
- Grant Accountant
- Accounts Payable
- Accounts Receivable (2)
- Ability to Pay Specialist

5



Current Reality

- Chief Financial Officer – vacant
(Rehmann contracted through March 2024).
- General Ledger Accountant – part-time,
temporary employee
- Accounts Payable
- Accounts Receivable - .5 FTE
(.50 FTE Credentialing Specialist)
- Ability to Pay Specialist

6


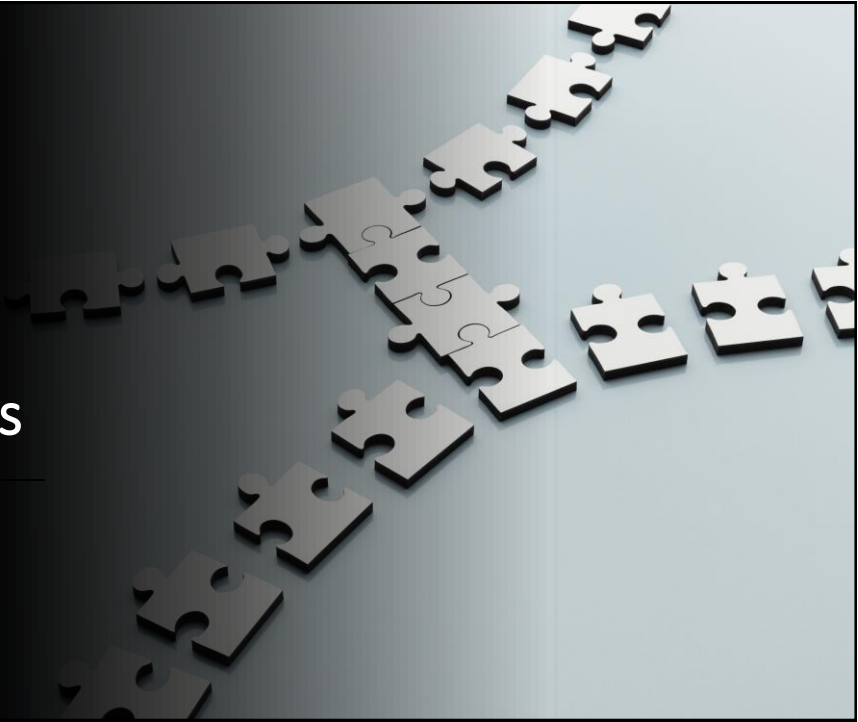


Gaps

- Chief Finance Officer
- Finance Supervisor
- General Ledger Accountant – permanent, full time
- Grant Accountant
- Accounts Receivable (1)



7



Filling the Gaps

8

MCMHA Hires Directly

Pros

- Costs Less

Challenges



Time is of the Essence



Difficult Job Market



Learning Curve



MCMHA Holds the Risk

9

MCMHA Contracts for Financial Services

Pros

Ready-to-Go Staffing

Proven CMH Expertise

Rehmann holds the risk

Challenges

- Costs more
- Limited Onsite Presence

10

Human Resource Priorities in FY24

Recruiting new
Clinical Positions to
implement CCBHC

Retaining
Current Staff

New
Labor/Management
contract to be
negotiated in FY24

11

Rehmann Proposal

Rehmann will Provide

- Chief Financial Officer
- Finance Supervisor
- General Ledger Accountant
- Grant Accounting

Annual Cost

- \$894,000 – 5-year contract*
- \$1,134,000 – 3-year contract*
- MCMHA cost to hire:
\$526,868.78 (salary/benefits)

- *these costs represent up to 75% discount over single year contract

12



13



BOARD BUSINESS OPERATIONS COMMITTEE
Wednesday, September 20, 2023
5:00pm

MAJOR COMMITTEE RESPONSIBILITIES

- Review and monitor the Strategic Plan of the Authority as it relates to Business Operations and Administrative Support including Finances, Contracts, Facilities, Technology Infrastructure, and Customer Service.
- Review and make recommendations to the full Board regarding changes in Services, Contracts, and Budget.
- Monitor the organization's finances and strategies for managing overages and shortfalls.

COMMITTEE MEMBERS

LaMar Frederick, Chair; Rebecca Curley; Ken Papenhagen; Chantele Steffens; and Michael Humphries (Ex-Officio)

DRAFT MINUTES

I. CALL TO ORDER

LaMar Frederick called the meeting to order at 5:00pm. LaMar Frederick, Ken Papenhagen, Chantele Steffens, Rebecca Curley, Lisa Graham, Richard Carpenter, Jim Brown, and Alicia Riggs were present. Mike Humphries was excused. Board Members, Pam Ray, Susan Fortney, and Catherine Bernhold attended as guests. 2 guests were present.

II. BUSINESS OPERATIONS

- a. Facilities – went in with the County to receive bids for resurfacing the parking lot. The next step is to reach out to the best bid and get the parking lot resurfaced before or by mid-November. This is included in the budget.
- b. Technology – no updates for September. Chantele Steffens is concerned how low the IT Department is staffed when preparing for becoming a CCBHC. Lisa Graham commented that the FY2024 budget contains an additional IT staff and will continue to monitor the need as CMH grows. Chantele asked if we need more protection and if there is a need to hire a consultant to talk to the Board about it. How do we know if three staff are enough? Lisa proposed pulling together a presentation regarding technological needs and gaps. Chantele would like to have a wish list and see what we have and what we need.

III. FINANCE

a. Items for Board Action (Consent Agenda)

- i. FY2024 Proposed Budget: Richard Carpenter presented the FY2024 Proposed Budget with significant assumptions and key points (recommend Board approval).

Chantele Steffens is concerned about the lay of the land at the Benesh Building now that we are becoming a CCBHC. We are running out of workspace. Chantele asked if we could hire an Interior Designer to review and reconfigure our workspace so staff can be in the building. Chantele would like to add this to the Board Agenda to frame a request for an RFI.

- ii. Administrative Contracts: Locum Tenens and MCOP Transportation were presented by Alicia Riggs. After much discussion on the MCOP Transportation contract, the Committee recommends Board approval.
- iii. Service Contracts: Illuminate ABA Services and Hope Network Behavioral Health were presented by Alicia Riggs (recommend Board approval).

b. Financial Reports

- i. The Fiscal Finance Report for Trends and Comparative Charts, Fiscal Revenues and Expenses by Fund Source, and Basic Financial Statements were provided in the packet for review (recommend Board approval).
 1. Lisa Graham commented on the July financial reports. There is nothing as far as trends, changes, and we are operating in a bit of a surplus. The end of the fiscal year is September 30, 2023. With the time it takes to close out the fiscal year, we typically will not have total numbers until a few months later.

c. Finance Presentation

- i. Lisa Graham presented a proposal for finance staffing needs that included successes, accountability for increased revenue, what an optimal finance team is and the current reality, gaps and how to fill those gaps. MCMHA can either hire directly or contract for financial services. The proposal is to contract with Rehmann, who is already established with Monroe CMH and is recognized by the state as an expert company. Lisa reached out to other CMHs across Michigan and has received feedback and letters of recommendation for Rehmann. Rehmann is the place CMHs go to when they have financial questions. Lisa commented that this is a big decision, a decision the Board will have to make. Lisa provided the committee membership with all the information they would need to make a recommendation. Lisa stated that if more information was needed, she could assist. The committee is in consensus to recommend Board approval with the request for Lisa to provide a brief company history for Rehmann and the Procurement of Services and Goods to be provided to Board Members before the Board Meeting.

LaMar Frederick commented that Pam Ray and Susan Fortney would like to share a seat on the Business Operations Committee. While Pam is out of the State, May through October, Susan Fortney would attend, November through April. LaMar recommends appointment to be considered by the Board Chairperson.

Chantele Steffens requested information from Jim Brown on the percentage of staff that opt into the Union and how many other CMHs in Michigan have Unions.

V. INFORMATIONAL ITEMS

VI. PARKING LOT

- a. Technology Needs and Gaps
- b. May 2024: Review of surplus funds and how it can be utilized

VII. ADJOURNMENT

The meeting adjourned at 6:38pm. The Business Operations Committee's next meeting is scheduled for **Wednesday, September 20, 2023** at 5pm in the Aspen Room.

Respectfully submitted,

LaMar Frederick (lf)

LaMar Frederick
Business Operations Chair

9/22/23



BOARD BYLAWS & POLICY COMMITTEE
Thursday, September 21, 2023
5:00pm

MAJOR COMMITTEE RESPONSIBILITIES

1. Monitor and maintain the Board Bylaws and Board Governance Policy Manual
2. Review Authority and Regional Policy, Procedures, and Exhibits
3. Make recommendations to the full Board

COMMITTEE MEMBERS

Catherine Bernhold, Chair; John Burkardt; Susan Fortney; Rebecca Pasko; Pam Ray; and Michael Humphries (Ex-Officio).

DRAFT MINUTES

I. CALL TO ORDER

Catherine Bernhold called the meeting to order at 5:08pm. Catherine Bernhold, John Burkardt, Susan Fortney, Pam Ray, and Rebecca Pasko were present. Lisa Graham and Mike Humphries were excused.

II. COMMITTEE BUSINESS

- a. Authority Policy, Procedures, and Exhibits (Review/Recommend Approval)

Policies:	Treatment Planning for Veterans Policy Health and Wellness of MCMHA Consumers Policy Lab Tests, Vital Signs, and Medication Reconciliation Policy
Procedures:	MCMHA Crisis Mobile Procedure IPOS Planning Procedure PHQ-9 Procedure Death Event Reporting Procedure Discharge Procedure Vital Sign Measurement, Medication Reconciliation, Coordination of Care, and Ordering Laboratory Tests
Exhibits:	Crisis Mobile Intervention Guidance Exhibit Access Follow-Up Process After Referral from Community Exhibit
Rescind:	n/a

The committee has reviewed the Authority Policy, Procedure and Exhibits and recommend approval at the September 27, 2023 Board Meeting.

- b. Regional Policies

Policies:	Abuse and Neglect Policy Communication by Mail, Telephone, and Visits Policy Consent to Treatment and Services Policy Dignity and Respect Policy Family Planning Policy Fingerprints, Photographs, Recordings, or use of 1-way Glass Policy Freedom of Movement Policy Limitation of Rights Policy Non-Discrimination in Provision of Service Policy Office of Recipient Rights Policy Personal Property and Funds Policy Physical Management and Restraint Policy Recipient Payment for Damage to Property Policy Religious Freedom and Treatment by Spiritual Means Policy Report and Review of Recipient Death Policy Rights to Entertainment Materials, Information, and News Policy Services Suited to Condition Policy Work Performed by Recipients Policy Conflict Free Case Management Policy Employee Competency and Credentialing Policy Training Policy
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The committee has reviewed the Regional Policies and recommend approval at the September 27, 2023 Board Meeting.

III. REVIEW BOARD GOVERNANCE POLICY MANUAL

- a. The committee has completed amending the Board Governance Policy Manual. The committee recommended sending Section 1 and Section 2 of the Board Governance Policy Manual to the full Board and solicit feedback. Feedback will be compiled and reviewed at the next committee meeting.
- b. The committee reviewed the Board Feedback Survey. The committee requested Lisa Graham to contact affiliate partners to see what their Board's have in place for Board performance evaluation. Add to next agenda.
 - i. Susan Fortney suggested that having the feedback summaries reviewed by the Executive Committee would be beneficial.
 - ii. Rebecca Pasko suggested the Board Feedback Summary have two separate parts for self-evaluation and Board performance evaluation.

IV. REVIEW OF BOARD BYLAWS

- a. The committee is in the process of reviewing the Board Bylaws and upon completion will send them to the full Board for review and feedback.
 - i. The committee will start review of Article V at their next meeting.

V. PARKING LOT

- a. Monthly Board Performance Evaluation Tool

VI. AJOURNMENT

The meeting adjourned at 6:50pm.

VII. NEXT MEETING

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Thursday, October 19, 2023** at 5:00pm.

Respectfully submitted,

Catherine Bernhold (dp)

Catherine Bernhold
Committee Chair

9/23/23



BOARD CLINICAL OPERATIONS COMMITTEE
Wednesday, September 6, 2023
5:00pm

MAJOR COMMITTEE RESPONSIBILITIES

- Review and monitor the Strategic Plan of the Authority as it relates to Clinical Programs and Psychological Services.
- Review and make recommendations to the full Board regarding Clinical Programs and Psychological Services.

COMMITTEE MEMBERS

Susan Fortney, Chair; Rebecca Curley; Rebecca Pasko; Deb Staelgraeve; Chantele Steffens; and Michael Humphries (Ex-Officio).

DRAFT MINUTES

I. CALL TO ORDER

Susan Fortney called the meeting to order at 5:01pm. Susan Fortney, Rebecca Curley, Rebecca Pasko, Chantele Steffens, Lisa Graham, Crystal Palmer, and Bridgitte Gates were present. Deb Staelgraeve and Mike Humphries were excused. 3 guests attended.

II. CHIEF CLINICAL OFFICER UPDATE

- a. Clinical Updates - Attachment A
 1. Crystal Palmer presented the clinical report highlighting the topics: staffing, universal referral form, SUD priority population, Mobile Crisis response. Clubhouse Report Card, Benesh data, and Call Volume data.
 - a. Staffing - it is ever changing and changing for the good. We are hiring more mobile crisis positions.
 - b. Universal Referrals – had a total of 29 for the month of July. Those include law enforcement and community partners.
 - c. SUD Priority Population – Crystal noted that our Access Team has been working hard, training new staff, and focusing on having 100% compliance with our priority population.
 - d. Mobile Crisis Response – we have reworked shifts to have 5 through the week. This allows us to hire 10 staff compared to the 12. This is less staff to meet our needs. The Crisis Supervisor position is being added and they are the team's back up. By reworking our shifts, we don't have to have as many and we have more overlap which is nice. As of August 23, 2023, three of the shifts have coverage. We have someone starting next week and are planning transitions for those interested internally. Our intent is to be up and running 24/7 by October 1, 2023.
 - e. Clubhouse Report Card - this month there is not a report card as there are no new updates. Staff are training during the month of September. An updated report card will be provided in October.
 - f. Benesh Data – had 77 appointments, whether virtual or in person. Most of the people we see are in the zip codes of 48161 and 48162.
 - g. Call Volume Data – Crystal presented the data. The receptionists have been following up on calls for doctor appointments. They call twice and if they cannot connect, they send the information back the Doctors assistant to follow up. They are looking for further ways to improve this process.
 - i. Rebecca Pasko asked if there was a way to schedule virtual appointments? Lisa Graham commented that we are looking at building this into our agency website during phase 2 of the website update.
 - b. Customer Service Update
 1. Bridgitte Gates presented external provider, grievance, and customer satisfaction kiosk data.
 - a. 2nd and 3rd Quarter External Provider Data - Retention remains around 85.7% with 99.1% in training compliance. Reviewed improvements over last quarter and suggestions.
 - b. 4th Quarter Grievances (Jul-Sep) – there were 12 grievances in August.
 - c. Customer Satisfaction Kiosk Data – as requested at the last meeting, the kiosk at the Benesh building has been moved from the Clubhouse to Suite 104. It is directly in the front door for Access. Bridgitte presented the data for all three kiosks. If anyone answers a question with a 2 or below, they can now type a response. At this time we have not received any ratings of 2 or less. There have been some concerns about the lobby being kept neatly. Maintenance is assisting to keep things picked up.

III. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBCH)

- a. Monroe CMHA has been accepted in the MDHHS CCBHC Expansion Demonstration. SAMHSA has not yet issued award letters for anyone. We will begin enrolling consumers on October 1, 2023.

IV. CHIEF EXECUTIVE OFFICER REPORT

- a. Lisa Graham provided an update on the items in the parking lot: Transportation with MCOP, Salvation Army – Crisis Services; Community Coalition Data; Evaluating Effectiveness of Clinical Operations; and data the CEO currently provides. Updates are attached to these minutes.
 1. The committee discussed how to evaluate effectiveness of clinical operations and the development of the agency data dashboard.
 2. Rebecca Pasko commented on the consideration of having an ad hoc Community Relations Committee.
 3. Chantele Steffens commented on the scope of the committee and reviewing the Strategic Plan. Lisa Graham commented that as of October 1, 2023, that begins our FY2024 and a new Strategic Plan. The last Strategic Plan was for 2 years, and the committee can review the strategic initiatives to see what has been met and what still needs to be met. This is a good time to review the Strategic Plan now that we are becoming a CCBHC.
 4. Chantele Steffens requested Lisa and the Executive Leadership Team to recast their vision now that we are becoming a CCBHC.
 5. Chantele Steffens suggested a tour of the Benesh Building be scheduled for Board Members. Dawn Pratt commented that an email will be sent to the full Board once a few details are confirmed. Chantele asked if the tour could be extended to Cherry Street Mission or to another comparable CMH to see what they may be doing differently.
 6. Chantele Steffens requested to add Engagement Strategy to the parking lot.

IV. INFORMATIONAL ITEMS

V. PARKING LOT

- a. FY2022 CMHPSM Annual Submission
- b. Engagement Strategy – Chantele Steffens

VI. ADJOURNMENT

The meeting adjourned at 6:12pm. The Board Clinical Operations Committee's next meeting is scheduled for **Wednesday, October 4, 2023** at 5pm in the Aspen Room.

Respectfully submitted,

Susan Fortney (dp)

Susan Fortney
Clinical Operations Chairperson

9/18/23

BOARD CLINICAL OPERATIONS COMMITTEE MEETING / ATTACHMENT A

Clinical Updates – 9/6/23

STAFF

Strategic Plan Goal 1: Recruit and Retain Qualified Staff and Competent Provider Staffing that Meets the Needs of our Community.

The Clinical Department still has vacancies and continues to recruit vacant positions. We have the following vacancies as of August 23rd:

- Crisis Mobile Response Clinician/Peer (7) *NEW
- Evaluation & Admission Specialist (2 positions – these positions are filled with temps; attempting to hire permanently)
- Jail Diversion Evaluation & Admission Specialist (Tentative start date August 28th)
- Adult Outpatient Therapist
- Children’s Therapist/Intensive Case Manager
- Home Based Therapist
- Parent Support Partner
- Youth Peer Support Specialist (part-time position)

Last month it was noted that the Adult Case Management Team is fully staffed, which is the first time in over two (2) years. It should also be noted that the Access Team, Assertive Community Treatment (ACT) Team and Intellectual/Developmental Disability (I/DD) Team are all fully staffed.

The Clinical Department has seven (7) Interns starting in Fall and Winter semesters. These candidates are both internal and external. This is one of the many ways that MCMHA supports continued education for our employees and continues to build our master's level workforce. In the past, MCMHA has been able to secure many of the individuals as employees once their education has been completed. These learning agreements range from 3 – 9 months and our staff enjoy sharing knowledge and are imperative for the learning clinician. Stages of learning and providing care under the supervision of licensed professionals/supervisors ensure a rich experience and growth for our teams.

LEADERSHIP

Strategic Plan Goal 2: Assure Competent and Accountable Leadership

No Clinical Updates.

COMMUNITY OUTREACH

Strategic Plan Goal 3: Serve as a Responsive and Reliable Community Partner

Universal Referral

As of August 23rd, we received one (1) referral from the community. The person being referred was called the same day and had an appointment scheduled with the Access Department for follow-up. Also, during the month of July, we received 28 mental health referrals from Law Enforcement.

Opportunity Center at the ALCC

Monroe Community Mental Health Authority (MCMHA) continues to partner with the Opportunity Center at the ALCC by placing peers’ services within the center on a consistent schedule. Certified Peer

BOARD CLINICAL OPERATIONS COMMITTEE MEETING / ATTACHMENT A

Clinical Updates – 9/6/23

Support Specialists/Parent Support Partners meet individuals at the Center on Mondays, Wednesdays, and Thursdays from 12-4pm for anyone interested.

The peers continue to assist in linking and coordinating services which includes engaging those who need community mental health services. In July, we offered 7 1:1 meetings. The peers also engaged in 25 programs within the Opportunity Center.

MCOP End of Summer Bash

On Friday, 25th, 2023, MCOP will be hosting an End of Summer Bash. This event will be a touch the truck event along with providing a mental health wellness check-up in the teddy bear tent. MCMHA will be participating in the event in two ways; (1) Representation from our Crisis Mobile Response Team and the vehicle, and (2) Two staff from the Child and Family Department will be providing teddy bear check-ups. In addition, MCMHA will be providing resources at vendor tables.

Salvation Army Backpacks for Kids Program

On August 19, 2023, a Child and Family Outpatient Therapist provided community outreach during the Salvation Army's 7th Annual Community Carnival/Backpack for Kids event. Several parents and children were provided information about services and offered contact information. The event was only a couple of hours long but reached approximately 100 people.

FINANCE

Strategic Plan Goal 4: Develop and Implement a Stable yet Agile Financial Strategy that Supports MCMHA's Mission

No Updates.

SERVICES

Strategic Plan Goal 5: At All Levels of the Organization, Services Provided Meet the Needs of the Customer

Substance Use Disorder (SUD) Priority Population

It should be noted that the Access Department achieved 100% compliance with having the SUD priority population assessed within 24 hours for the month of July. The standard set by the Prepaid Inpatient Health Plan (PIHP) for this data point is 70%.

Crisis Mobile Response Team

MCMHA currently has three (3) Crisis Mobile Clinicians. One (1) more clinician is in the onboarding process. After a review of other models, the job descriptions were recently amended to allow for bachelor's level clinicians who have a license to apply and within the first day of the position being posted, two (2) internal candidates bid on spots with the Crisis Mobile Response Team.

Additionally, in order to ensure MCMHA has 24/7 coverage for the Crisis Mobile Response Team, the shift schedule has been modified. MCMHA now is able to cover more hours throughout the day having 3 of 5 shifts filled. The shifts are as follows:

BOARD CLINICAL OPERATIONS COMMITTEE MEETING / ATTACHMENT A

Clinical Updates – 9/6/23

	# Of Staff	Shift	Work Days
A-shift	1 Clinician; 1 Peer	Shift 7am - 8:30pm	Sat, Sun, Mon
B-Shift	1 Clinician; 1 Peer	Shift 7pm - 8:30am	Sat, Sun, Mon
C-Shift	1 Clinician; 1 Peer	Shift 8am- 6:30pm (Tuesday till 6pm)	Tue, Wed, Thu, Fri
D-Shift	1 Clinician; 1 Peer	Shift 2pm- 11:30pm (Tuesday till 11pm)	Tue, Wed, Thu, Fri
E-shift	1 Clinician; 1 Peer	Shift 11pm- 9:30am (Tuesday till 9am)	Tue, Wed, Thu, Fri

The current shift coverage is A, C, and E. Law enforcement has been updated on the schedule.

Please see the data below as of August 23rd, 2023:

Mobile Crisis	Initial Deployment	Follow-up	Total Deployments
<u>Deployments</u>	60	82	142
<u>Contact Type</u>			
<i>Face-to-Face</i>	68	62.39%	
<i>Contact Attempt</i>	37	33.94%	
<i>Indirect Contact (Phone/Email/Other)</i>	4	3.67%	
<u>Police Present</u>			
Yes	17	15.74%	
No	91	84.26%	
<u>Contact Hours</u>			
<i>Face-to-Face</i>	94.4	91.08%	
<i>Contact Attempt</i>	6.25	6.03%	
<i>Indirect Contact (Phone/Email/Other)</i>	3	2.89%	
<i>Average Face-to-Face Interaction Time</i>	1.39	hours	
<u>Referral Source</u>			
<i>Monroe County Sheriff's Dept.</i>	61	55.96%	
<i>Mobile Crisis Follow Up</i>	22	20.18%	
<i>MH Referral</i>	1	0.92%	
<i>CMH</i>	23	21.10%	
Monroe City Police Department	2	1.83%	

BOARD CLINICAL OPERATIONS COMMITTEE MEETING / ATTACHMENT A

Clinical Updates – 9/6/23

Waiver Program Services

The Michigan Department of Health and Human Services (MDHHS) offers several waiver programs. These programs provide a pathway to Medicaid for individuals with the highest medical need for Developmental Disabilities and Serious Emotional Disturbance.

- *Children’s Waiver Program (14 Enrolled)* – This waiver makes it possible for children, under the age of 18, have a documented developmental disability, meet requirement for Intermediate Care Facility (IFC) and need for habitative medical and/or behavioral care in the home, to receive Medicaid. There are a limited number of accepted cases per state and region and 14 is one of the highest numbers of these cases MCMHA has ever held.
- *Serious Emotional Disturbances Waiver (9 Enrolled)* – Another Michigan pathway to Medicaid for children and youth with a Serious Emotional Disturbance (SED) diagnosis and intensive treatment need that meets criteria for inpatient hospitalization or without added behavioral services they would require hospitalization. Again, this is the highest number of these cases MCMHA has held, and before 2021 we had zero SED waiver cases.
- *Habilitation Supports Waiver (HAB Waiver/126 Enrolled)* - This is a cooperative Federal and State agreement allowing for a waiver on certain requirements to allow us to provide services in a community setting rather than in an institution. Enrolled consumers on the HAB waiver must meet specific guidelines to be eligible including a documented developmental disability, living in the community, active Medicaid, need for Intermediate Care Facility, active and ongoing treatment, and assistance to support functioning, and at least one HAB waiver service per month in addition to supports coordination.

Peer Groups

The Peer WRAP group concluded on August 9th and will be offered again at the conclusion of the Whole Health Action Management (WHAM) group.

The WHAM group began on August 23rd for a 10-week session and has 10 consumers registered to participate. This is a peer led group that focuses more on physical health and how it impacts your mental health. These groups will be held at the Benesh Building for those that wish to attend.

Crossroad Clubhouse – There have not been any updates to the Clubhouse Report Card during the month of August. Training will take place in September; therefore, a more detailed update will be provided in the October Clinical Operations Meeting.

Benesh Expansion

The data provided below identifies the individuals zip codes who were scheduled at the Benesh building. It should be noted that the information includes all appointments whether they were held in-person or virtually.

BOARD CLINICAL OPERATIONS COMMITTEE MEETING / ATTACHMENT A

Clinical Updates – 9/6/23

Zip Code	Location	April	May	June	July	August	September	Total
48103	Ann Arbor	0	0	1	0			1
48105	Ann Arbor	0	1	0	0			1
48117	Carleton	1	4	2	3			10
48131	Dundee	4	3	2	0			9
48133	Erie	5	1	1	0			7
48135	Garden City	1	0	0	0			1
48140	Ida	0	0	0	1			1
48144	Lambertville	2	0	0	0			2
48145	LaSalle	1	1	0	0			2
48157	Luna Pier	0	1	1	0			2
48159	Maybee	0	3	2	0			5
48160	Milan	5	2	1	0			8
48161	Monroe	23	44	42	40			149
48162	Monroe	11	34	28	20			93
48164	New Boston	0	0	1	0			1
48166	Newport	7	18	12	9			46
48177	Samaria	1	0	0	0			1
48179	South Rockwood	1	1	0	0			2
48182	Temperance	6	8	6	1			21
49267	Ottawa Lake	1	0	0	0			1
49270	Petersburg	8	1	1	3			13
Total		77	122	100	77	0	0	375

Below a table is provided indicating out of the total number appointments scheduled each month, how many of those appointments were in-person at the Benesh Building; and out of all appointments scheduled, whether in-person or virtual, how many were kept.

	% Appointments in Office	% Kept Appointments (in-person/virtual)
April	45%	58%
May	55%	67%
June	58%	56%
July	66%	58%

Behavioral Health Home

There have been an additional 14 consumers enrolled in the BHH program, increasing enrollment to 68 consumers that are actively enrolled. The Adult MI Case Management Team are all working to identify individuals that would benefit from this program and are starting the enrollment process with these individuals. It is expected that we will meet our goal of 100 enrolled individuals by September 30th.

Jail Misdemeanor IOP Program

As previously stated, the Jail Misdemeanor IOP program has been launched, and the Boundary Spanner position has been hired. Data collection has started as of August 8th. Below is data provided from 8/8/23-8/18/23:

- # assessed and enrolled: 3
- # of discharges: 2 successful
- # currently in the program: 5
- # denied due to ICE/Marshall: 0
- # denied due to not interested: 0
- # denied due to not being in jail: 12
- # denied out of county: 0

BOARD CLINICAL OPERATIONS COMMITTEE MEETING / ATTACHMENT A

Clinical Updates – 9/6/23

Training

MCMHA’s Wraparound Team and one (1) Parent Support Partner (PSP) attended the Annual MDHHS Wraparound Conference July 26-28, 2023, in Grand Rapids. They were able to obtain 13 of the required 16 wraparound specific training hours. These trainings included early onset schizophrenia, co-morbid diagnosis, waiver program and wraparound specific trainings.

Additionally, two (2) Parent Management Training - Oregon Model (PMTO) clinicians attended the Annual MDHHS PMTO Conference in Kalamazoo, August 14-16th. Staff were able to participate in the 20th Anniversary of Michigan PMTO and attend breakout sessions including engaging caregivers in the learning process, managing adult relationships in sessions, integration of Diversity, Equity, and Inclusion (DEI) within Michigan PMTO, and interrupting coercion.

On August 16th, MCMHA offered a training to all staff on Understanding the Biology of Stress and Vicarious Trauma with a Focus on Proactive and Reactive Opportunities for Wellness Trauma Training by Dr. Dana Bridges. The training description is as follows: Burnout and Vicarious Trauma are recognized as occupational hazards for those in helping professions. This is especially relevant to those who often work in crisis and with vulnerable populations. Managing stress and prioritizing wellness is an ethical responsibility and has the potential to improve personal wellbeing and improve outcomes for clients and organizations. In this workshop participants will gain an increased understanding of the biology of stress with a focus on proactive and reactive opportunities for wellness. The learning objectives were to increase understanding of the biology of stress and vicarious trauma, recognize indicators of emotional pain/stress and signs of impairment (ethics), recognize the unique risk for human service professionals, and develop skills in addressing wellness and promote resilience.

MISCELLANEOUS

Call Volume Data

Below is the call volume data through July 2023.

	December-22	January-23	February-23	March-23	April-23	May-23	June-23	July-23
Incoming Calls	3522	4136	3948	4256	3594	4195	4195	3859
Incoming calls minus abandon calls	3177	3789	3639	3932	3346	3900	3914	3615
Calls Answered	3100	3761	3575	3911	3279	3904	3915	3609
Missed/Abandoned Calls	434	386	380	353	322	297	283	258
Abandoned Calls	345	347	309	324	248	295	281	244
% incoming calls answered	88%	91%	91%	92%	91%	93%	93%	94%
% incoming calls answered minus abandon calls	90%	92%	92%	92%	93%	93%	93%	94%

Key: Abandoned means that no one was on the other line when the call was answered.

Missed is someone calls in and the call wasn’t answered as staff could have been on their phones taking care of others. Duplication of missed and abandoned.

As stated previously, MCMHA is setting an internal goal of 95% of calls answered. An initial hypothesis was made that reception may be missing calls due to the amount of follow up calls for the prescribers when scheduling appointments. After a review, a change was made in the process. Reception will continue to try to schedule follow up calls; however, they will only make two (2) attempts. If they are not successful in scheduling the appointment, the case is referred to the prescriber program assistant

BOARD CLINICAL OPERATIONS COMMITTEE MEETING / ATTACHMENT A

Clinical Updates – 9/6/23

for continued follow-up. This process began on July 19th. In addition to this change, the Customer Service Manager is looking into other areas that may impact answering calls, such as busier times of the day, staffing levels, and availability of extra assistance.

MCMHA Performance Indicator Survey: External Providers

FY 2023 Q2: 1/1/2023-3/31/2023

Surveyed Providers		Retention	Training Compliance
# Sent Out	# Responses	Average Staff Retention	Average Training Compliance
39	35	82%	98%

Greatest Challenges

Category	# of Providers
Staffing and Retention	22
Competitive Pay Rates	4
Consumer Cancellations	2
Training Compliance	2
COVID Process Changes	1
Schedule Changes	1
Preparation to move to new location	1

Greatest Successes

Category	# of Providers
Staffing and Retention	13
Consumer Successes	12
Opening new location	2
Training compliance	2
Successful review	1
Streamlining Processes	1
Maintaining Community Partnerships	1

Supported Employment

Number of Providers	Number of Supported Employment Consumers	Consumers at Least 6 Months Employed
5	25	20

Drop-In Center

Number of Providers	Average Daily Attendance	Average Meals Per Day
3	31	30

MCMHA Performance Indicator Survey: External Providers

FY 2023 Q3: 4/1/2023-6/30/2023

Surveyed Providers		Retention	Training Compliance
# Sent Out	# Responses	Average Staff Retention	Average Training Compliance
40	34	85.7%	99.1%

Greatest Challenges

Category	# of Providers
Staffing and Retention	14
Competitive Pay Rates	5
Receiving AP claims in a timely manner	4
Training Availability	1
COVID Process Changes	1
Cost of upkeep	1
Caregiver Scheduling	1
Referral Process	1
Increased consumer acuity	1
Loss of funding	1

Greatest Successes

Category	# of Providers
Staffing and Retention	6
Consumer Successes	6
Serving a greater number of consumers	4
Training compliance	3
Streamlining Processes	2
Retention	2
Successful Review	2
Opening new location	1
Established electronic Medical Records	1
Maintaining Community	1
Established a referral process	1

Supported Employment

Number of Providers	Number of Supported Employment Consumers	Consumers at Least 6 Months Employed
2	10	10

Drop-In Center

Number of Providers	Average Daily Attendance	Average Meals Per Month
2	28	120

Two of the supported employment providers that responded last quarter no longer handle those services. One of the drop-in center providers did not respond.

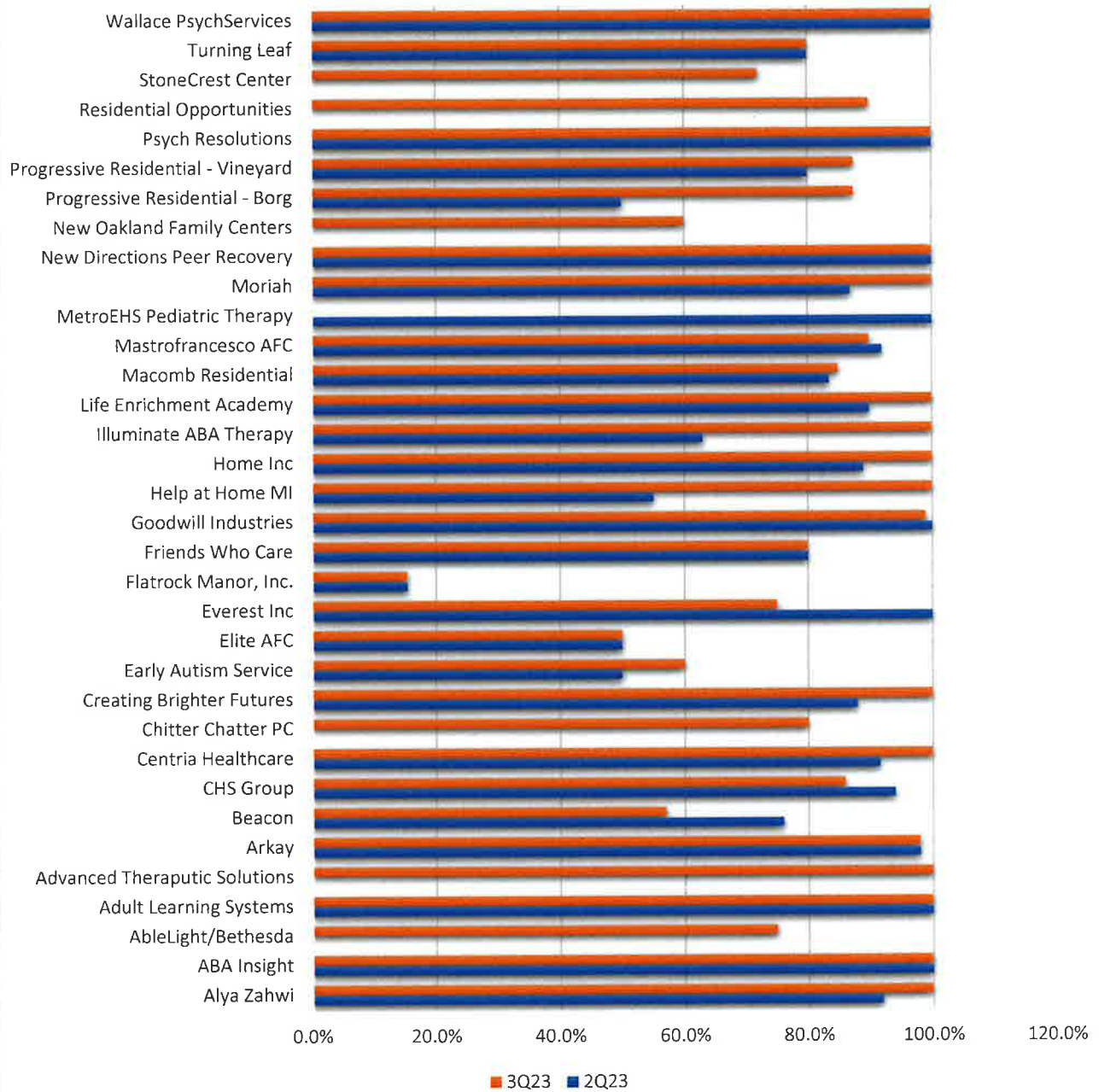
Improvements Over Last Quarter

Category	# of Providers
Staffing and Retention	9
Consumer Successes	5
Staff Performance	3
Consumer attendance	2
Expanded Services	2
Training Compliance	1
Taking on additional consumers	1
Better communication with CMH throughout referral process	1

Suggestions

Category	# of Providers
Would like to be able to pay enough to provide benefits to caregivers	8
Better communication with Case Managers	5
Less strict hiring requirements	1
The ability to upload AP claims for faster processing	1
<p>Totals do not necessarily add up to the number of responses received, as not all providers answered every question.</p>	

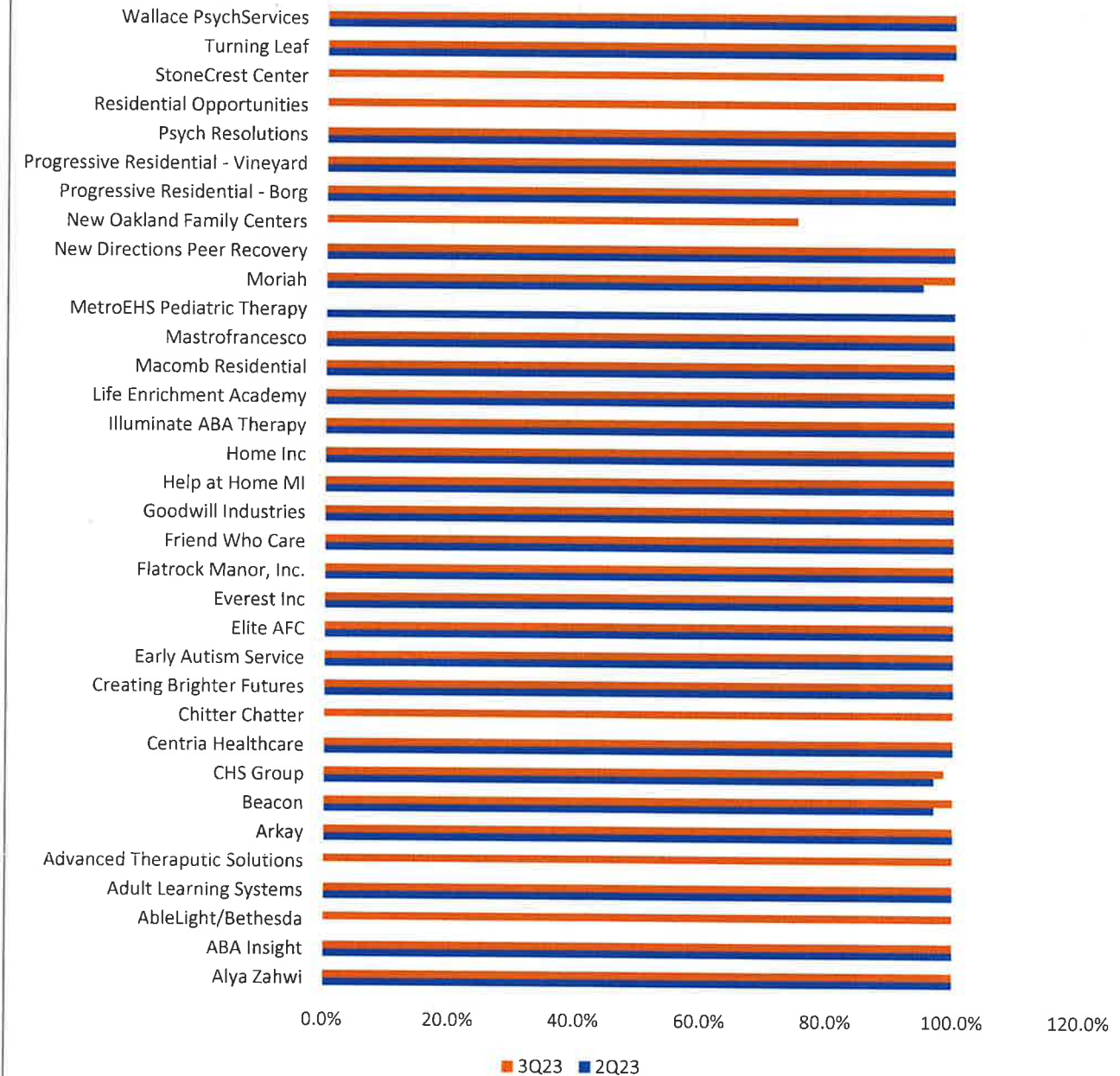
Staff Retention



Advanced Therapeutic Solutions, StoneCrest, Residential Opportunities, Chitter Chatter, AbleLight and New Oakland did not respond in Q2, so only Q3 data is available.

MetroEHS did not respond in Q3, so only Q2 data is available.

Training Compliance



Advanced Therapeutic Solutions, StoneCrest, Residential Opportunities, Chitter Chatter, AbleLight, respond in Q2, so only Q3 data is available.

MetroEHS did not respond in Q3, so only Q2 data is available.



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Benesh

Data Between 08/01/2023 and 08/31/2023



4.77 Overall Rating



How was your visit? 4.57



How respectful was the staff? 5.00



How satisfied were you with scheduling your appointment? 5.00



How clean was it? 4.25



How safe did you feel? 4.94



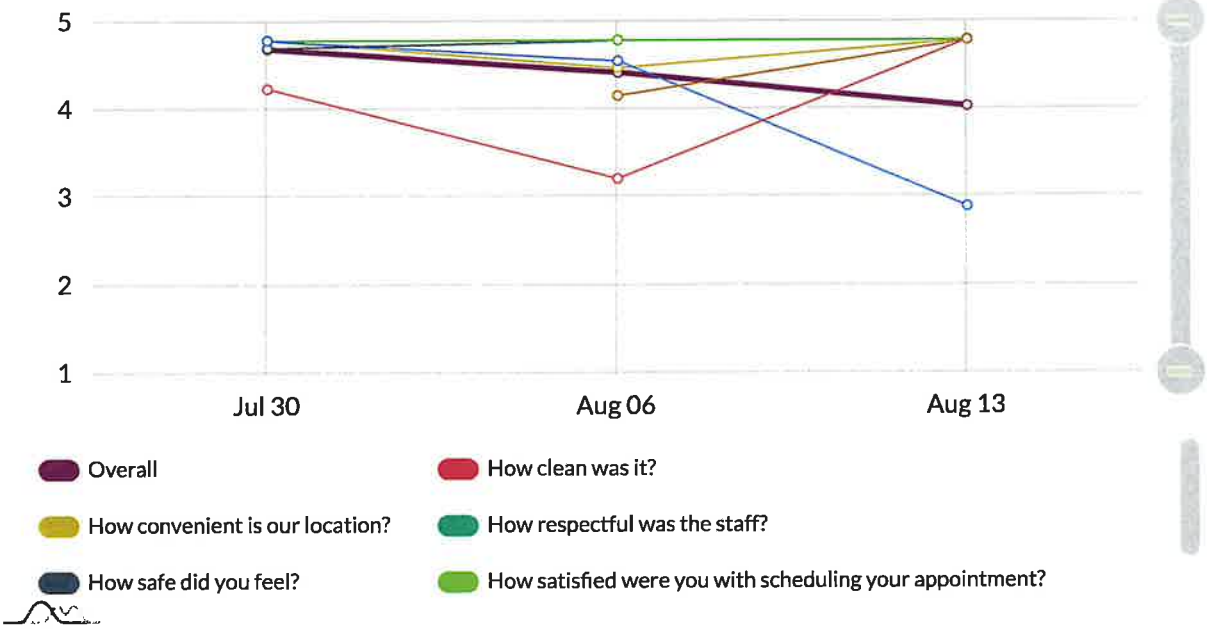
How convenient is our location? 4.93



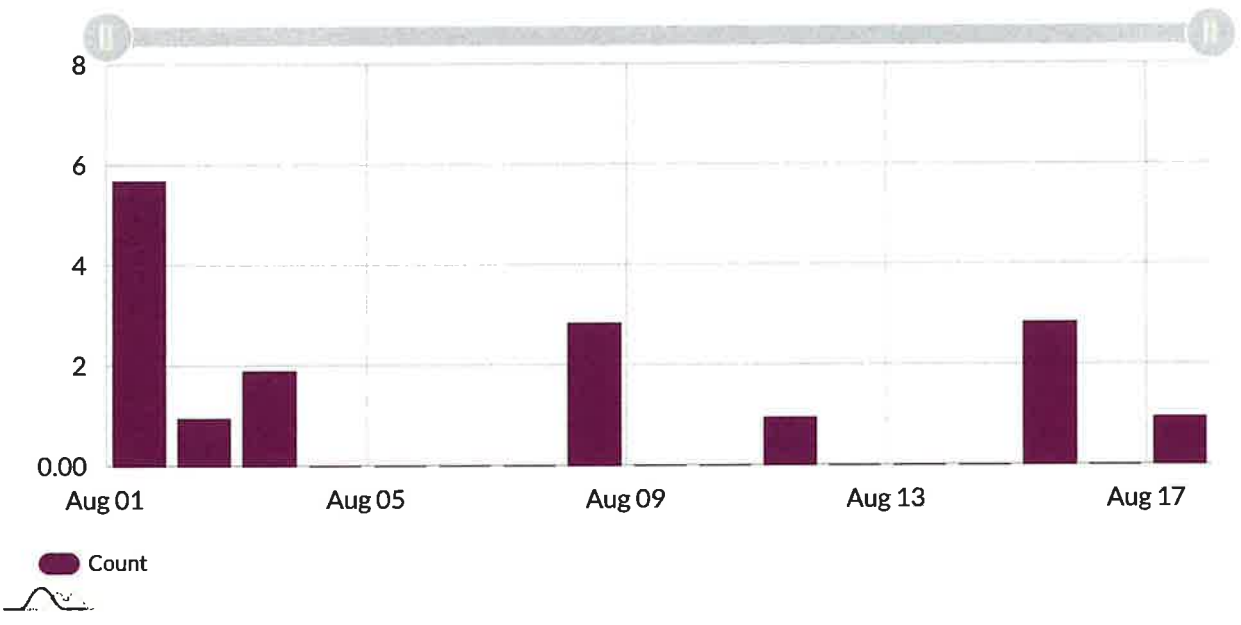
How well did the appointment time work for you? 4.71

Total Responses: 39

Trends Between 08/01/2023 and 08/31/2023



Responses Between 08/01/2023 and 08/31/2023



How was your visit?

21 answers to this question.



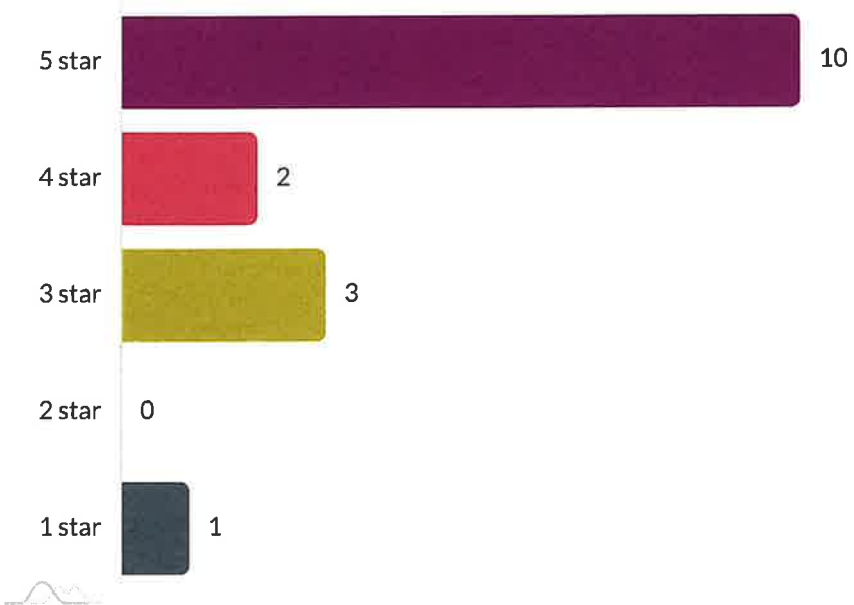
How safe did you feel?

16 answers to this question.



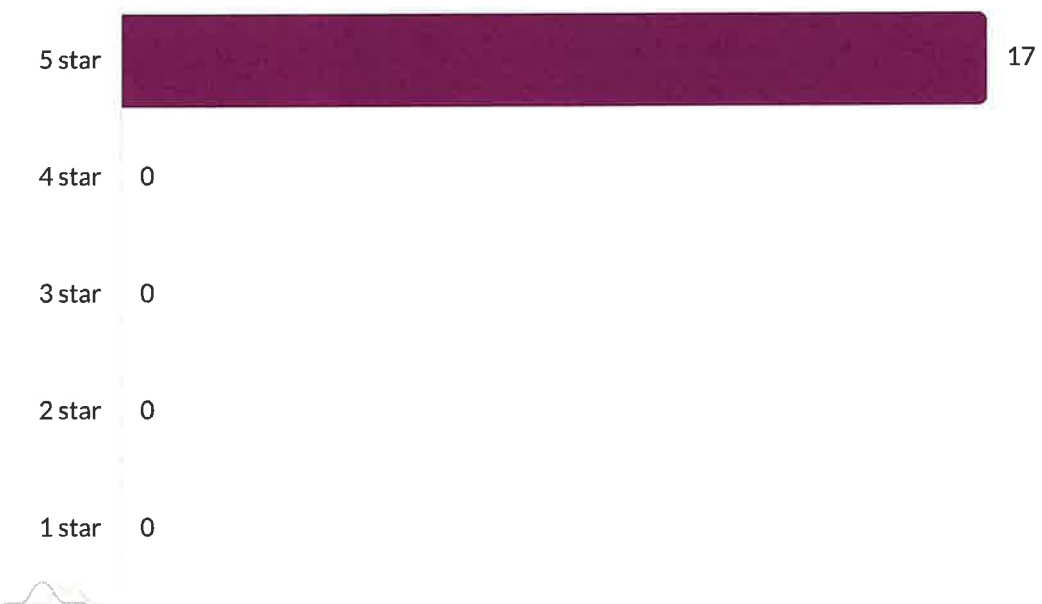
How clean was it?

16 answers to this question.



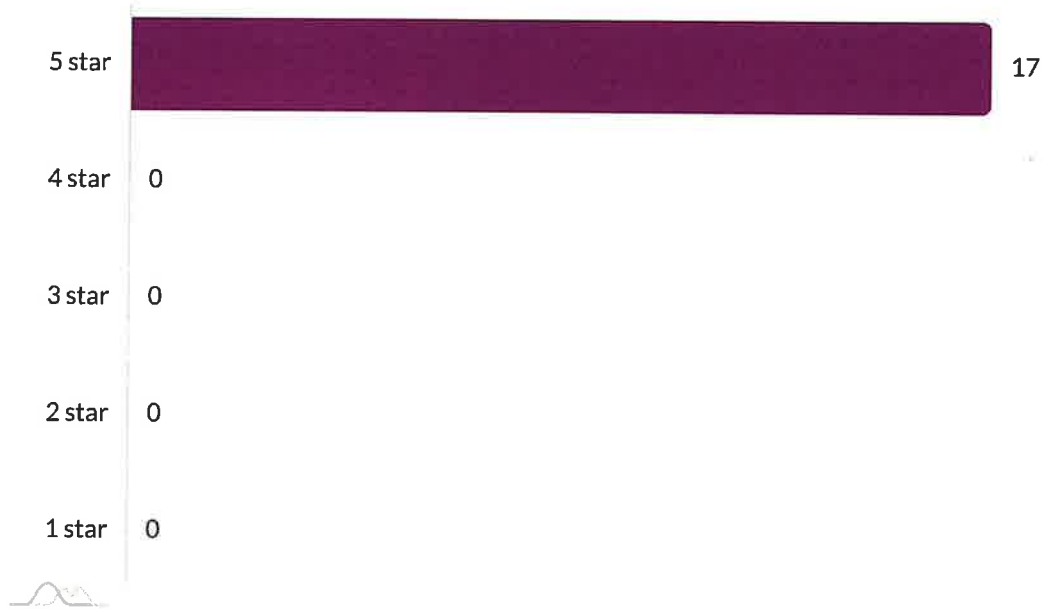
How respectful was the staff?

17 answers to this question.



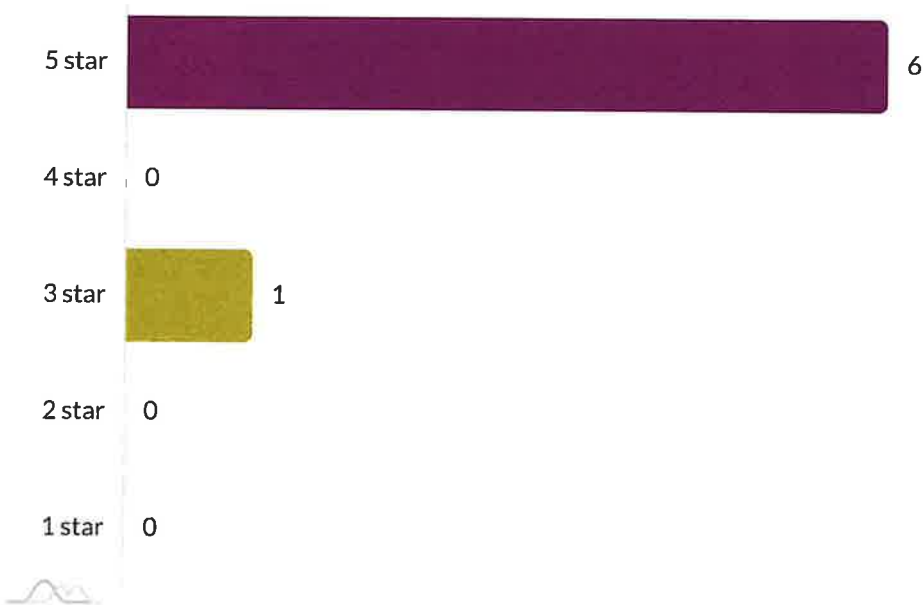
How satisfied were you with scheduling your appointment?

17 answers to this question.



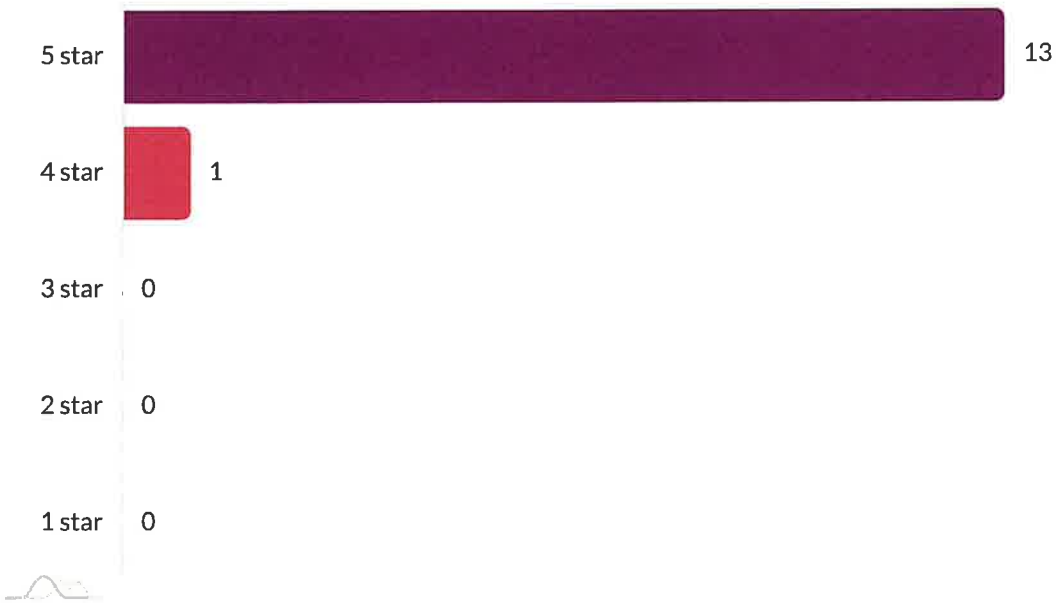
How well did the appointment time work for you?

7 answers to this question.



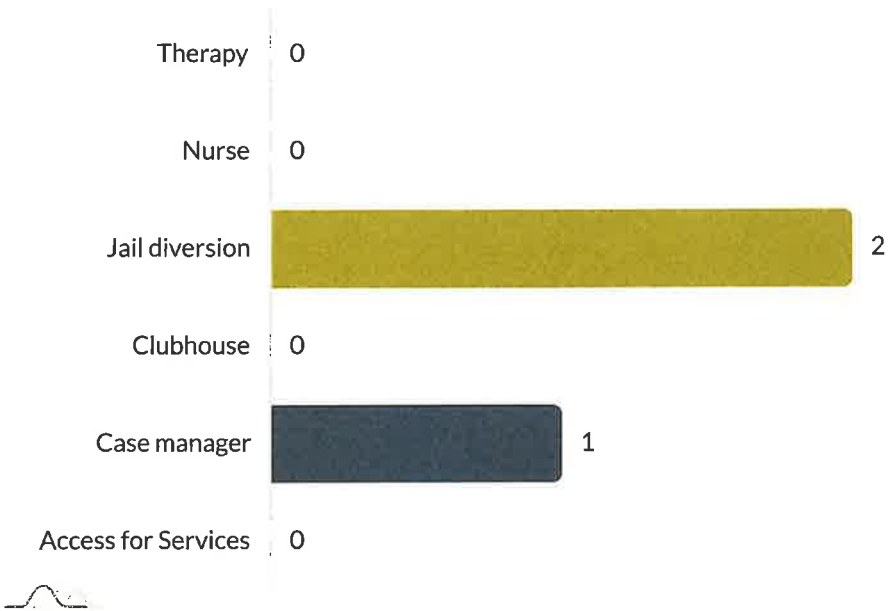
How convenient is our location?

14 answers to this question.



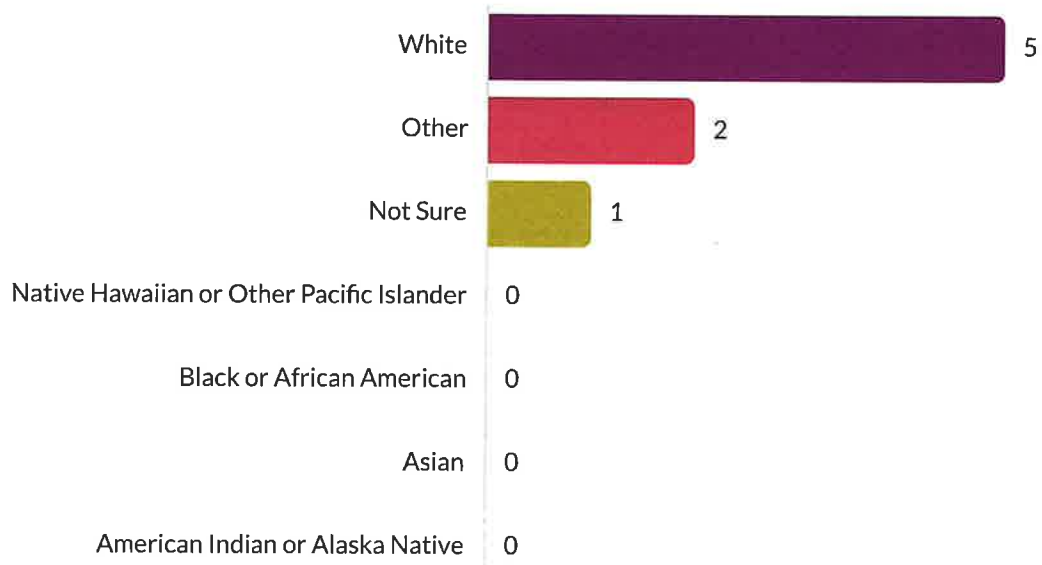
What service did you receive today?

3 answers to this question.



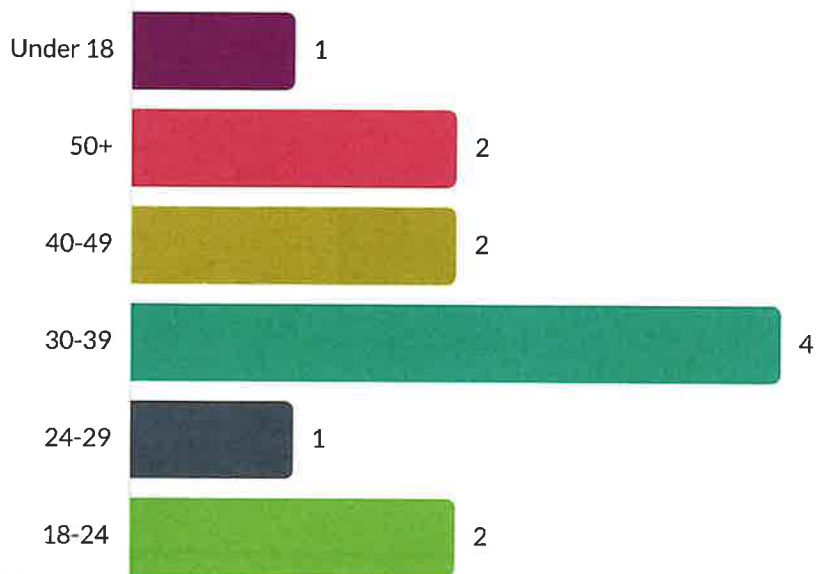
What is your race?

8 answers to this question.



How old are you?

12 answers to this question.



What is your gender?

14 answers to this question.





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Lobby - Monroe

Data Between 08/01/2023 and 08/31/2023



4.11 Overall Rating



How was your visit? 3.92



How safe did you feel? 4.29



How clean was it? 4.17



How respectful was the staff? 4.03



How satisfied were you with scheduling your appointment? 4.19



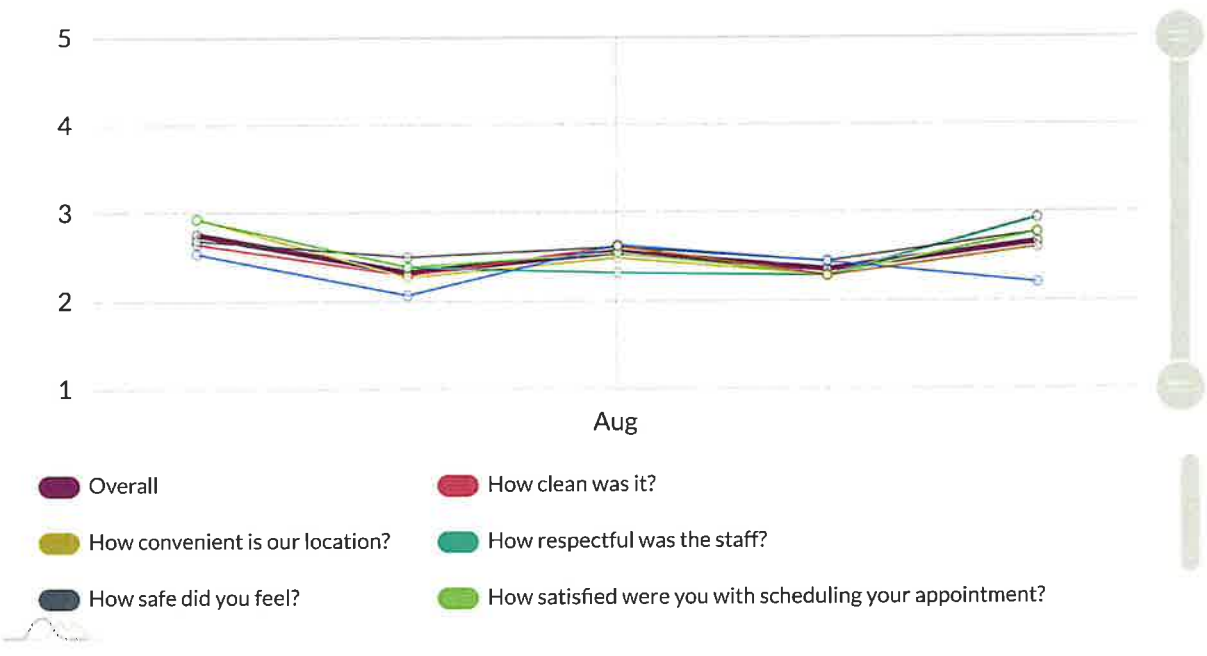
How convenient is our location? 4.06



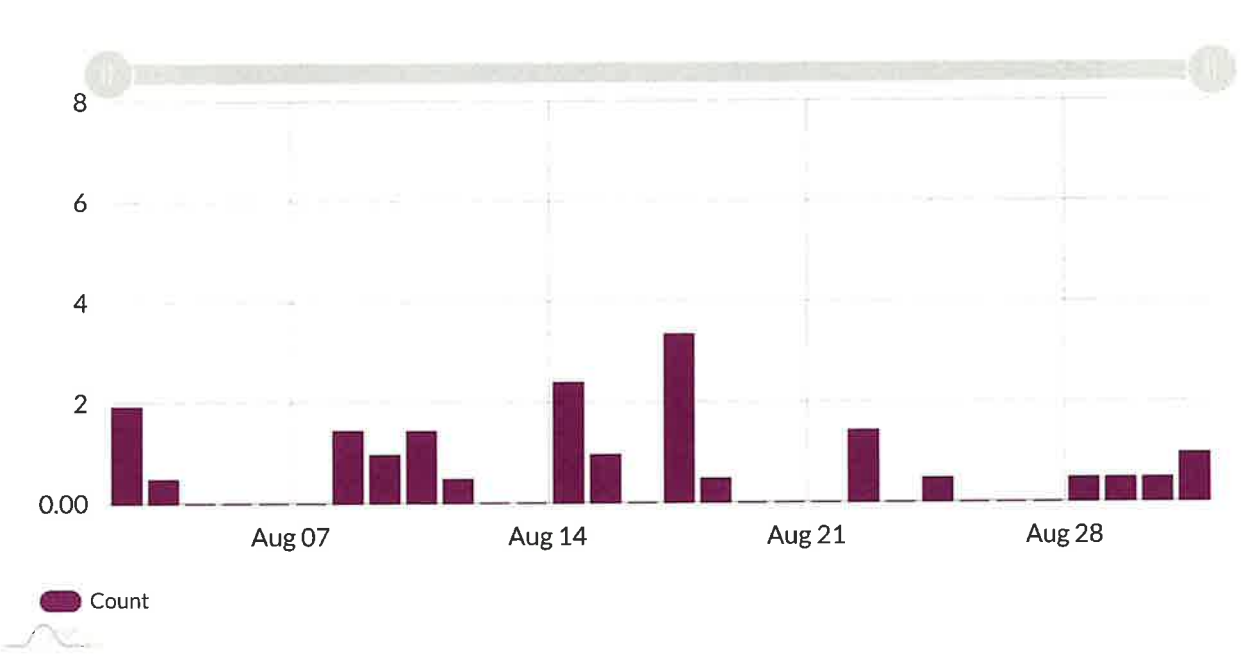
How well did the appointment time work for you? 4.21

Total Responses: 53

Trends Between 08/01/2023 and 08/31/2023

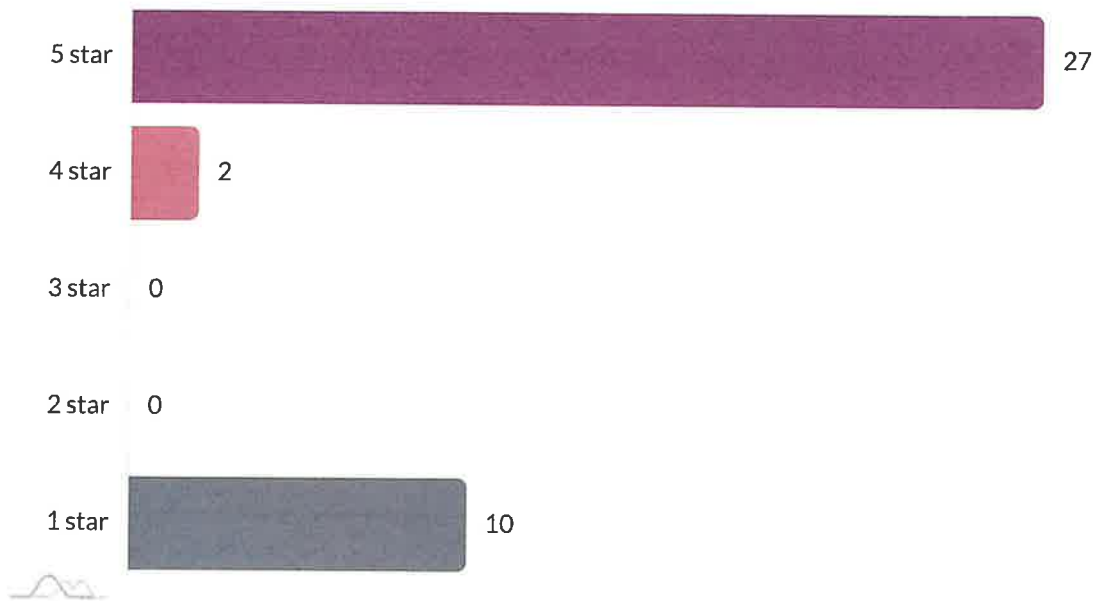


Responses Between 08/01/2023 and 08/31/2023



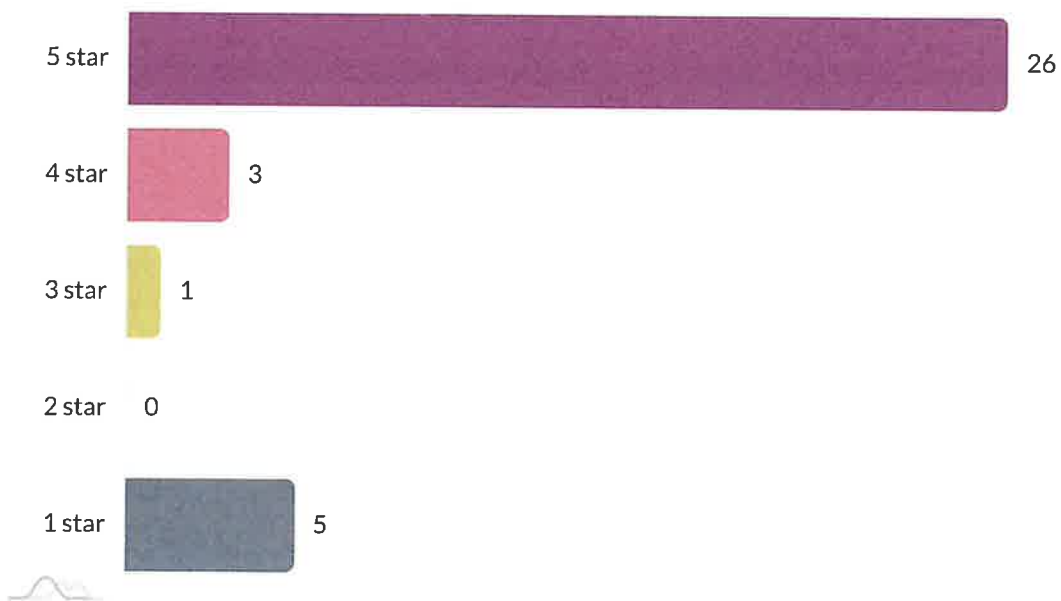
How was your visit?

39 answers to this question.



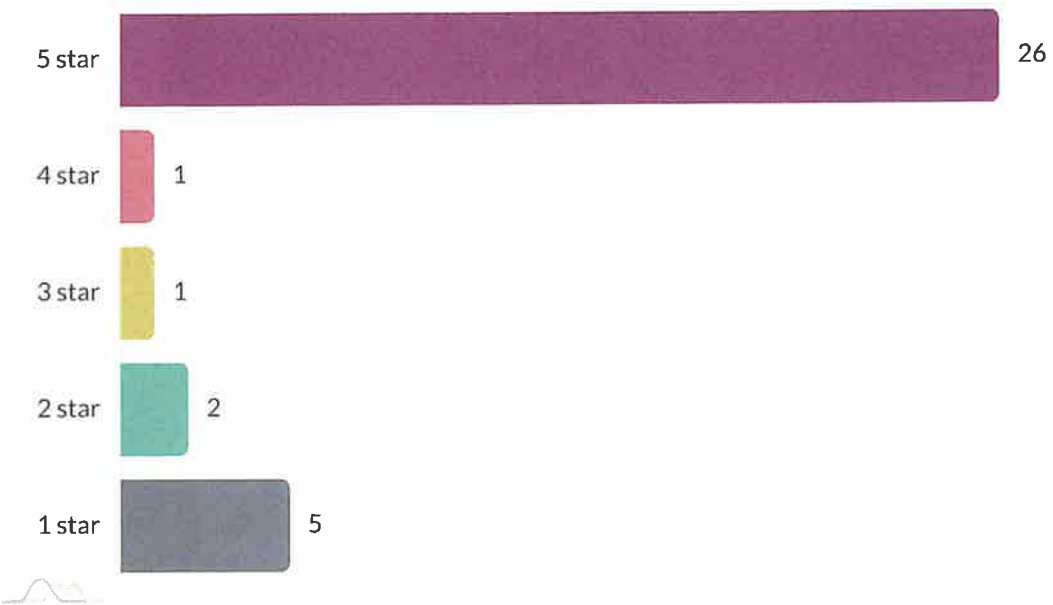
How safe did you feel?

35 answers to this question.



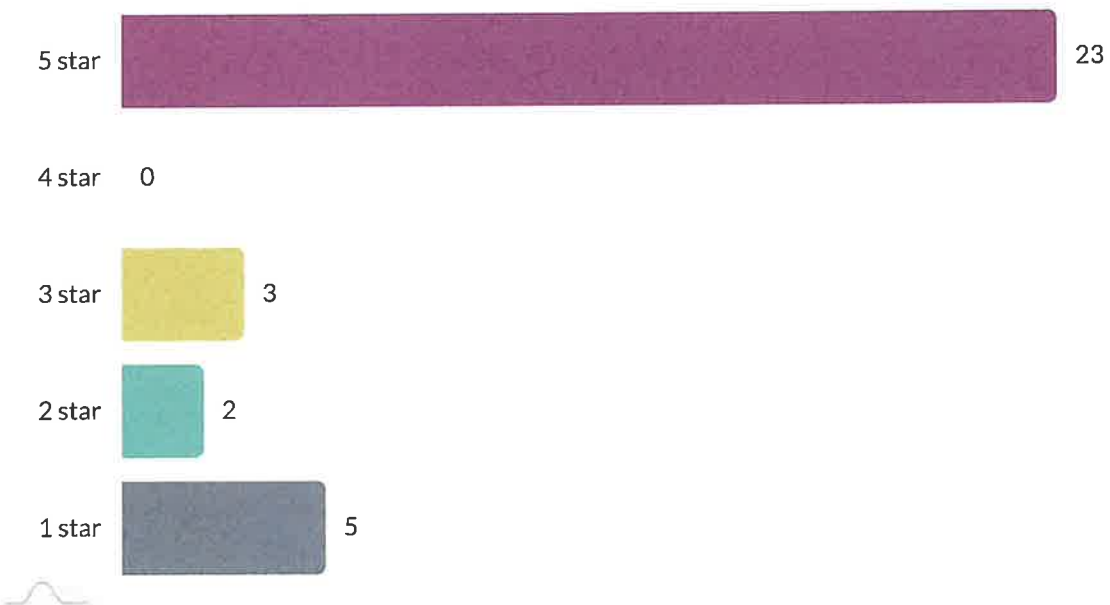
How clean was it?

35 answers to this question.



How respectful was the staff?

33 answers to this question.



How satisfied were you with scheduling your appointment?

32 answers to this question.



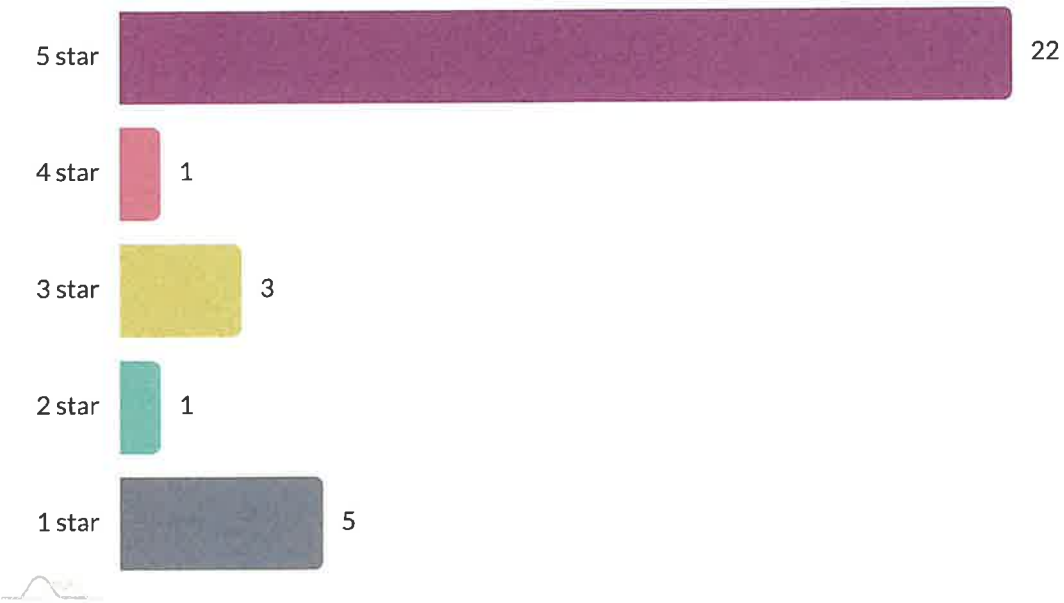
How well did the appointment time work for you?

14 answers to this question.



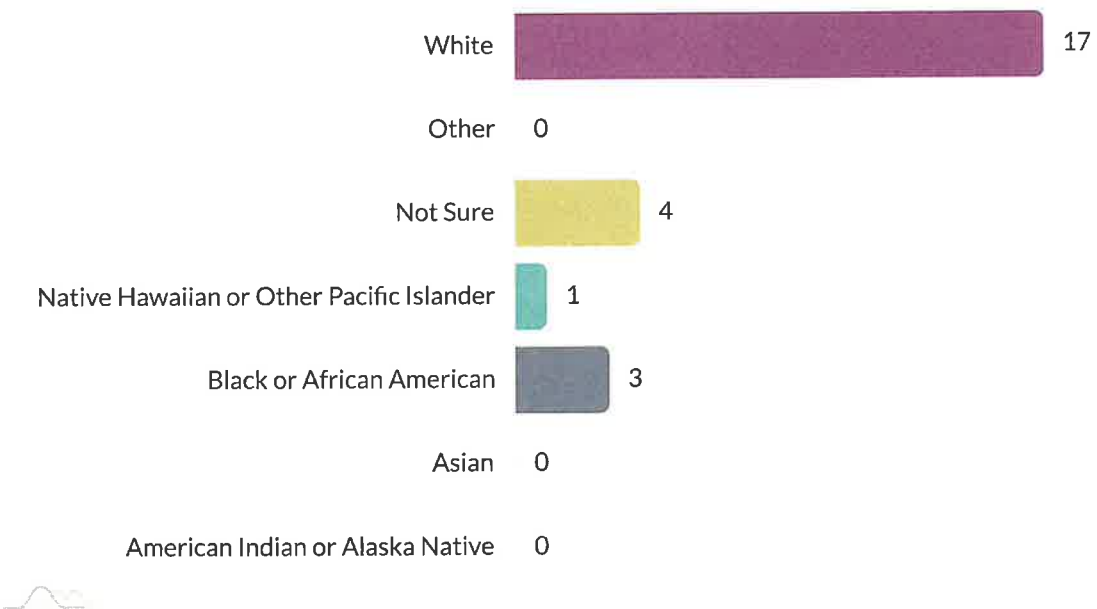
How convenient is our location?

32 answers to this question.



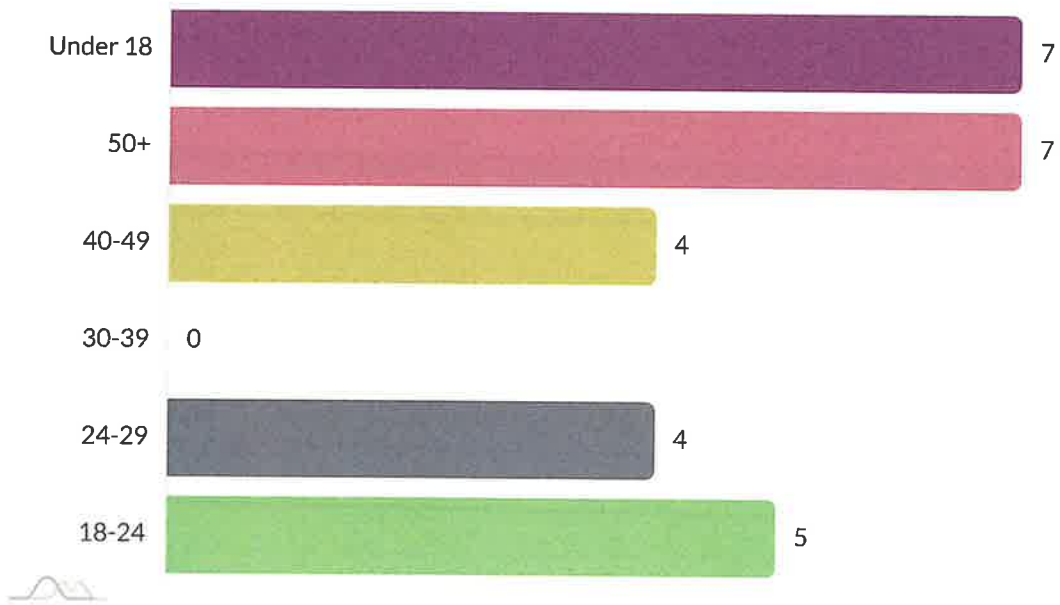
What is your race?

25 answers to this question.



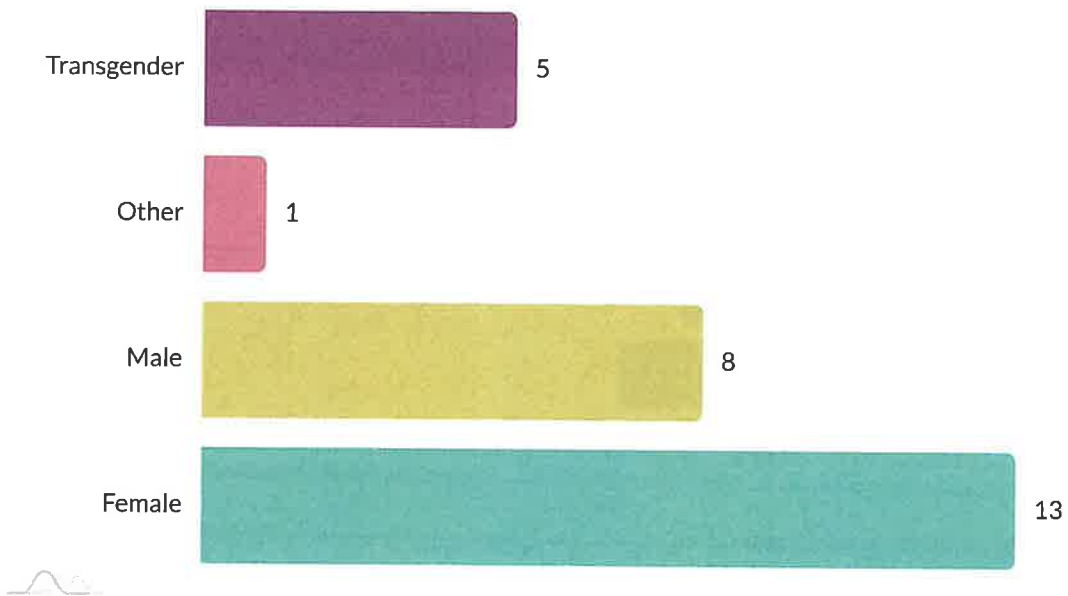
How old are you?

27 answers to this question.



What is your gender?

27 answers to this question.





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Prescriber

Data Between 08/01/2023 and 08/31/2023



4.96 Overall Rating



How was your visit? 5.00



How safe did you feel? 5.00



How clean was it? 4.67



How respectful was the staff? 5.00



How satisfied were you with scheduling your appointment? 5.00



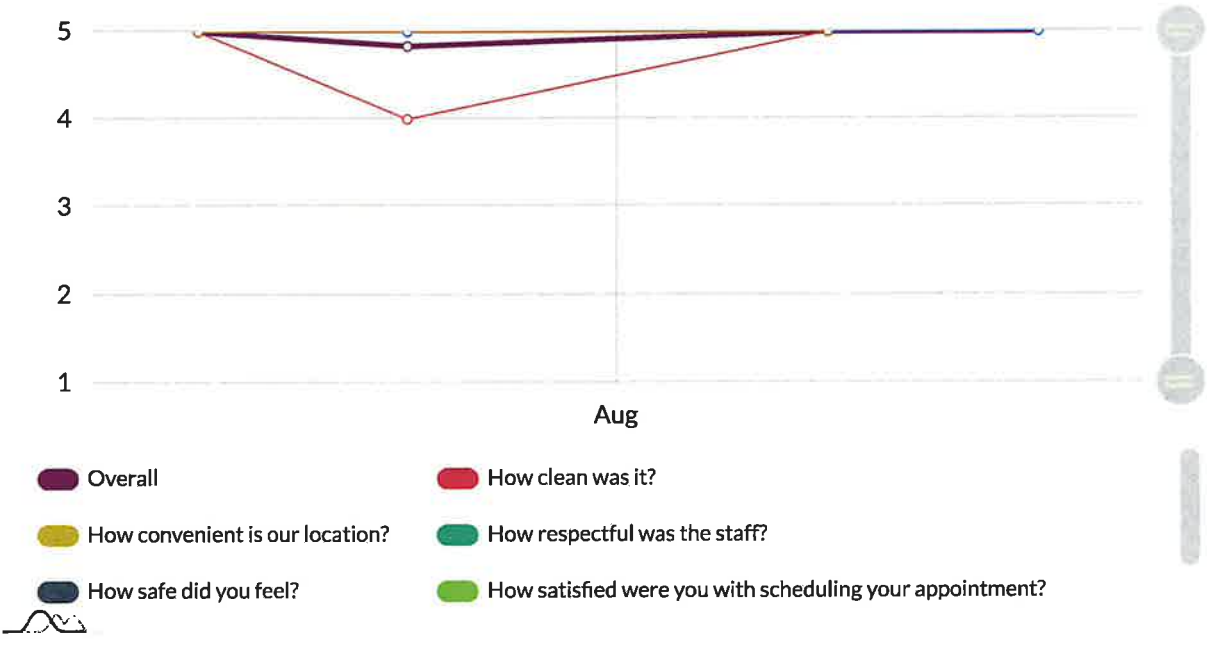
How convenient is our location? 5.00



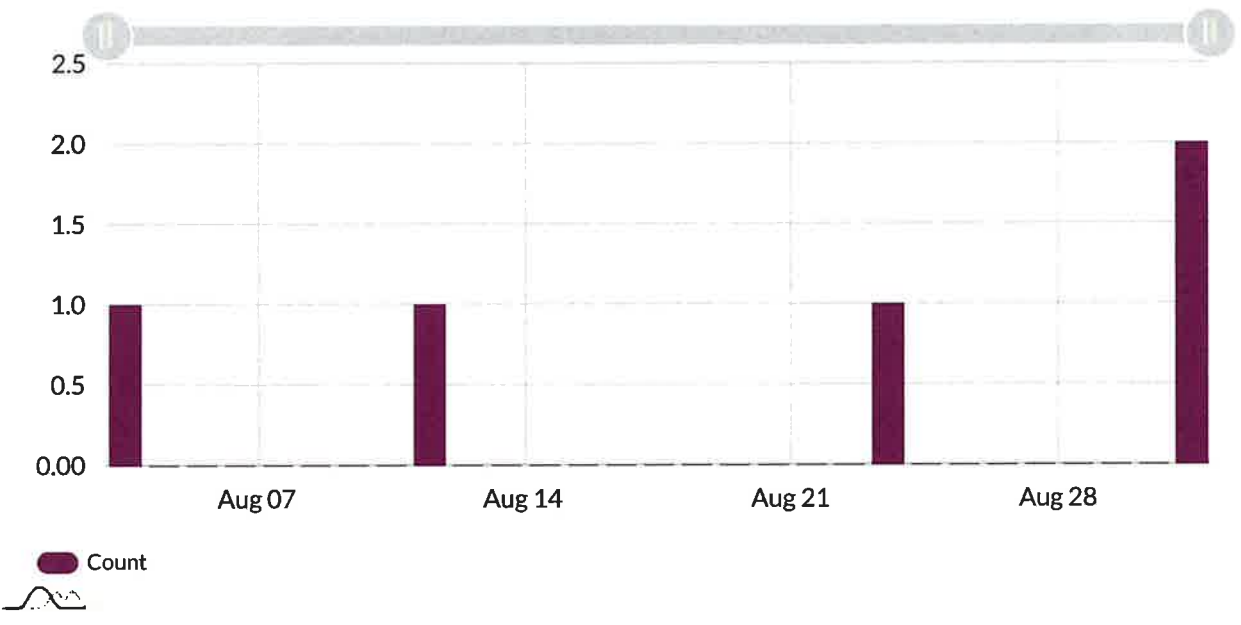
How well did the appointment time work for you? 5.00

Total Responses: 11

Trends Between 08/01/2023 and 08/31/2023

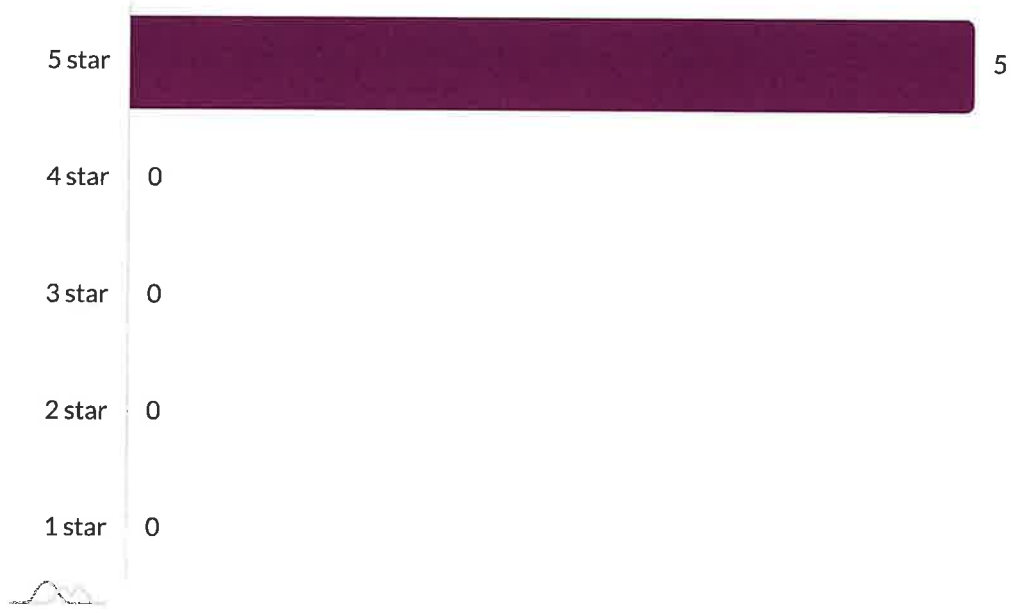


Responses Between 08/01/2023 and 08/31/2023



How was your visit?

5 answers to this question.



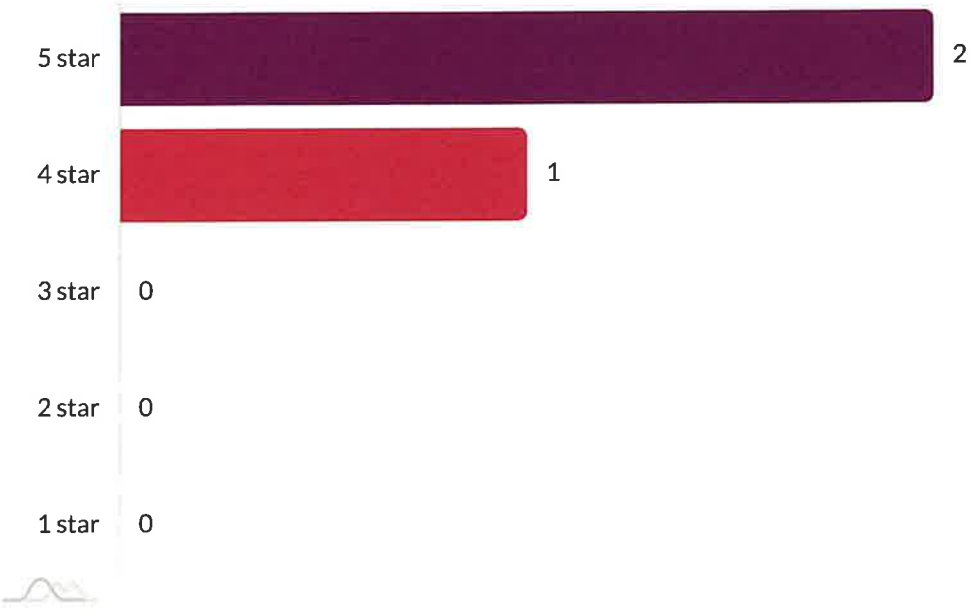
How safe did you feel?

4 answers to this question.



How clean was it?

3 answers to this question.



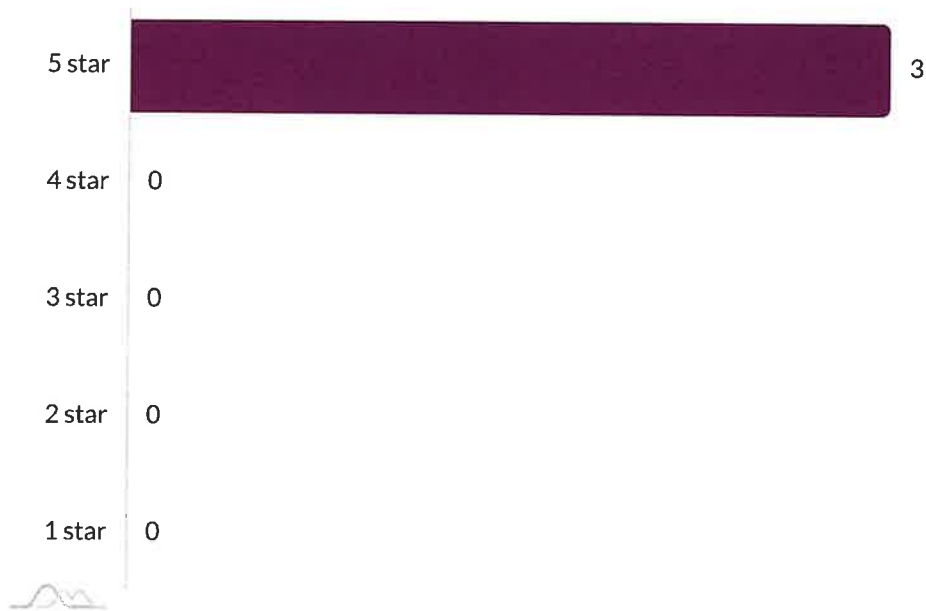
How respectful was the staff?

3 answers to this question.



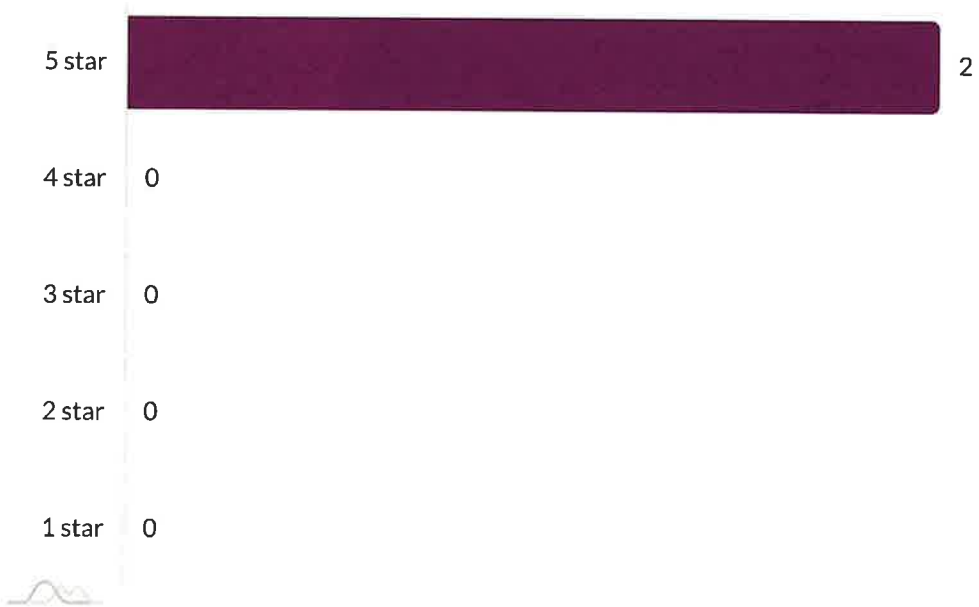
How satisfied were you with scheduling your appointment?

3 answers to this question.



How well did the appointment time work for you?

2 answers to this question.



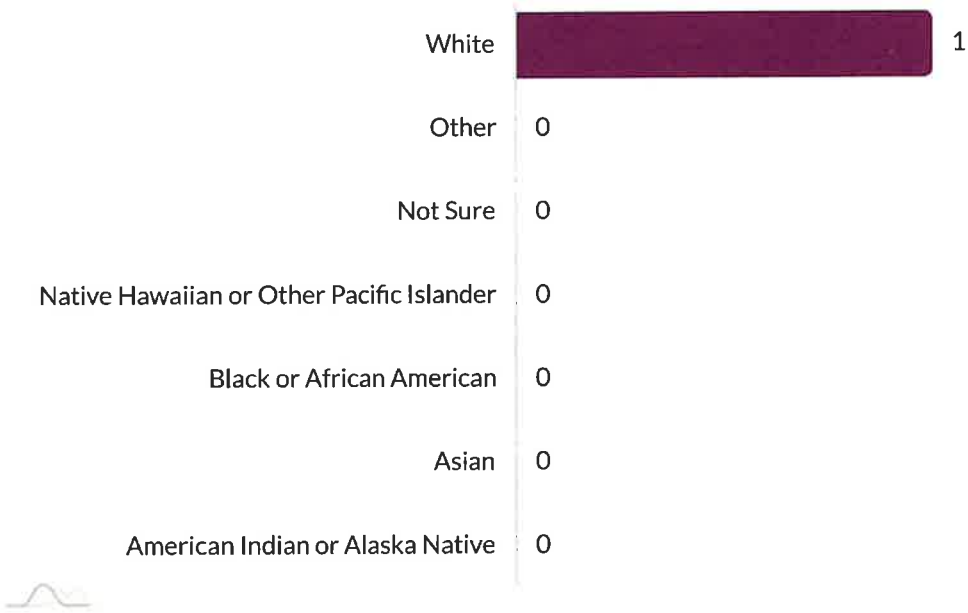
How convenient is our location?

3 answers to this question.



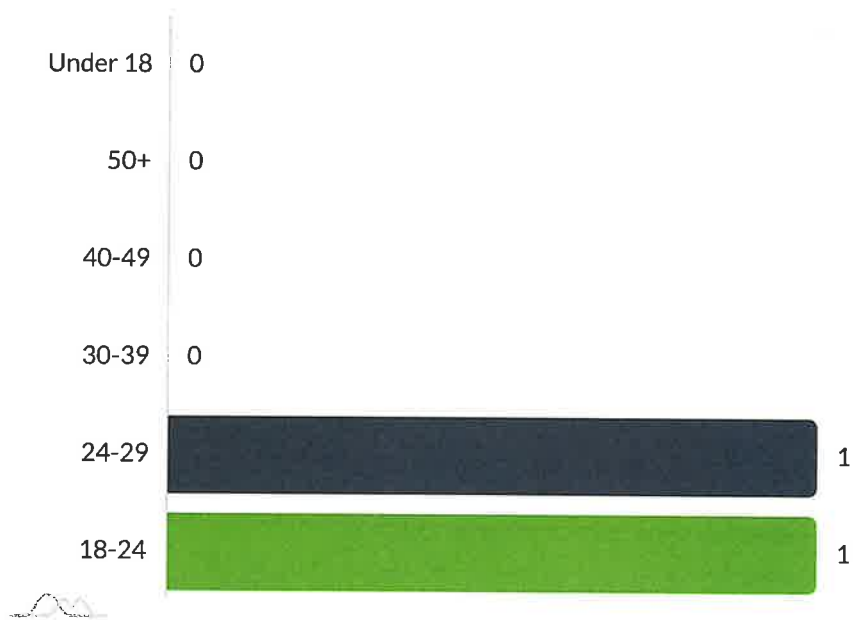
What is your race?

1 answers to this question.



How old are you?

2 answers to this question.



What is your gender?

2 answers to this question.



Clinical Operations Committee

Director's Update

September 6, 2023

CCBHC: Monroe CMHA has been accepted into the MDHHS CCBHC Expansion Demonstration. SAMHSA has not yet issued award letters for anyone. We will begin enrolling consumers on 10/1.

Updates from the Parking Lot:

- **Transportation MCOP:** MCOP is sending the contract for transportation services for MCMHA review. We will review and bring the contract to the Board when it has been appropriately reviewed.
- **Salvation Army – Crisis Services:** Monroe CMHA and Salvation Army have had brainstorming meetings about space in their building that could be used as a Mental Health Crisis Center. This is only at the idea phase of planning and was put on hold as we developed and implemented Crisis Mobile and our CCBHC applications.
- **Community Coalition Data:** The Community Coalition is made up of representatives from more than a dozen community organizations:
 - MCMHA
 - MCOP
 - I See Grey
 - City of Monroe, Department of Public Safety
 - Deb's Flower Designs
 - Orchard High School
 - Monroe Public Schools Board of Education
 - St. Joe's Center for Hope
 - Salvation Army Harbor Light
 - ProMedica
 - Gabby's Grief Center
 - Disability Network
 - Salvation Army Family Shelter
 - Life Enrichment Academy
- **Current Projects (recent activity highlighted in CCO Report)**
 - Mental Health First Aid training: MCMHA partnered with City of Monroe to have staff certified as MHFA trainers. We have held one training. We are training MCCC staff in September; MCOP in October.
 - Universal Referral Form

- Wellness Dunn Right app – grant proposal under review
- Workgroups to address three priority areas: (1) Addressing psychiatric shortages (2) Addressing service needs for the mild-moderate population (3) Addressing length of time to service.

Evaluating Effectiveness of Clinical Operations – Committee Discussion

- How do you define your role of “evaluating effectiveness”?
- What data do you need?

CEO currently provides the following data:

- Audit Results – Joint Commission, MDHHS, PIHP, HSAG, Clubhouse International
- Grievance Data
- MDHHS Indicators, quarterly
- Consumer satisfaction
- Call Volume
- Utilization of services at Benesh
- Universal Referral Form Data
- Crisis Mobile
- Annual Submission
- Quality Assurance Performance Improvement Plan
- Behavioral Health Home
- Screening and Referral
- COMING NOVEMBER – MCMHA SCORECARD



BOARD EXECUTIVE COMMITTEE
Thursday, September 21, 2023
3:00pm

MAJOR COMMITTEE RESPONSIBILITIES

1. Form agenda for monthly meetings.
2. Monitor long term effectiveness of the Board and Board Committees.

COMMITTEE MEMBERS

Mike Humphries, Chair
Susan Fortney, Vice Chair
Catherine Bernhold, Secretary

I. CALL TO ORDER

Mike Humphries called the meeting to order at 3:00pm. Susan Fortney, Catherine Bernhold, Mike Humphries, and Lisa Graham were present.

II. REVIEW OF THIS MONTH'S BOARD MEETING

- a. Board Agenda – Reviewed
- b. Presentation – FY2024 Proposed Budget and Finance Presentation

III. ITEMS FOR DISCUSSION

- a. **Town Hall** – The Town Hall is scheduled for October 26, 2023 at the MCISD. Evans Panton will be facilitating and will be an opportunity for people to ask questions. More information will be provided in the Director's Report.
- b. **CCBHC Presentation** – Lisa Graham suggested providing a CCBH Presentation for the Board in October.
- c. **Draft Policies** – Lisa Graham commented on draft policies for citizen comment and committee participation. The Board has decided to update their Board agenda to reflect two citizen comments. The first citizen comment will focus on topics on the agenda and the second citizen comment will be available for any comments. Mike Humphries addressed the Board on the change to citizen comment and committee participation guidelines at the July Board Meeting. Policies were drafted with Legal Counsel advisement in order to adhere to the Open Meetings Act. Policies were provided to the Executive Committee for review and will be sent through the approval process. Mike will address at the September Board Meeting.
- d. **Oaks of Righteousness** - Lisa Graham commented on a request from the Executive Director of Oaks. There will be further discussion at the September Board Meeting.

IV. ACTION ITEMS FOR FUTURE BOARD MEETING AGENDA

- a. Sep – FY2024 Budget Proposal; and CMHAM Fall Conference
- b. Oct – Save the date – Board Holiday Dinner
- c. Nov – N/A
- d. Dec – NATCON24

V. AJOURNMENT

The meeting adjourned at 3:54pm.

VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for **Wednesday, October 18, 2023** at 6:00pm.

Respectfully submitted,

Mike Humphries (dp)

Mike Humphries
Board Chairperson

9/22/23

MCMHA Board Action Request Mental Health Administrative Contract(s) / Amendments	FY 2022-23	September 20, 2023
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Action Requested: Approval Requested for the Mental Health Administrative Contracts Listed Below:

Contractor name	Department	Request	Budget	Contract Term	Service Description
LocumTenens	PHS	Contractual nurse practitioner Pasha Streeter	\$165.37 per hour for 32 hours a week	Increase to start 10/9/2023	A 5% increase
MCOP Transportation	Agency		\$37.80 per one-way transportation trip	10/1/2023	A contract with MCOP to provide transportation to and from MCMHA appointments

RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on September 20, 2023 approval of the contract(s) listed on MCMHA Board Action Mental Health Administrative Contract(s) / Amendments on or before September 27, 2023.

MCMHA Board Action Request Mental Health Service Contract(s) / Amendments				FY 2022-23	September 20, 2023
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Action Requested: Approval Requested for the Mental Health Service Contracts Listed Below:

Provider Name	Contract Term	Service Description(s) include	CPT code	FY 20-22 Rate/Unit	FY 22-24 Rate/Unit	Additional Information/Background
Hospitals:						
Community Living Supports/Supported Empl/Respite						
Illuminate ABA Services	10/1/23-9/30/24	Comprehensive Community Support/Overnight Health and Safety	H2015/T2027 H2015/T2027 UN H2015/T2027 UP H2025/T2027 UQ H2015/T2027 UR H2015/T2027 US		\$4.59 per 15 minute unit \$2.30 per 15 minute unit \$1.61 per 15 minute unit \$1.21 per 15 minute unit \$.97 per 15 minute unit \$.80 per 15 minute unit	Addition of CLS service and behavior treatment planning to their current contract
Hope Network Behavioral Health	10/1/23-9/30/24	Licensed Residential	H2016/T1020		\$469.48 per diem	Add a new location -Habor Point Lapeer Premium pay \$498.86
		Crisis Residential	H0018		\$567.79 per diem	Add Robert Brown Crisis Center (adult) Premium pay \$599.84
		Crisis Residential	H0018		\$736.58 per diem	Add Samuel's House (child)
Autism/Waiver Services						

RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on September 20, 2023 approval of the contract(s) listed on MCMHA Board Action Mental Health Service Contract(s) / Amendments on or before September 27, 2023.



Annual Fall Conference ***Beyond Boundaries***

October 23 & 24, 2023
Grand Traverse Resort
Traverse City, Michigan

**This conference will be in-person only.
There will be no virtual option.**

Continuing Education

Social Workers: The Fall Conference (10/23/23-10/24/23) qualifies for a maximum of **6** Continuing Education Hours. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818. Qualifies as **“face-to-face (in-person) education.”**

Substance Use Disorder Professionals: CMHA is approved by Michigan Certification Board for Addiction Professionals (MCBAP). CMHA maintains the responsibility for the program and content. Substance Use Disorder Professionals participating in the Annual Fall Conference (10/23/23-10/24/23) may receive a maximum of **10** contact hours. It is important that attendees keep a copy of the conference program brochure containing the workshop descriptions along with their attendance record form.

Continuing Education Requirement: National Accreditation Rules: National Accreditation rules indicate that if you are over five (5) minutes late or depart early, you forfeit your continuing education hours for that session. Please note that this is a National rule that CMHA must enforce or we could lose our provider status to provide continuing education hours in the future. This rule will be strictly followed.

Certificate Awarded: At the conclusion of this conference, turn in your Certificate of Attendance form to the CMHA Staff to be approved. You will turn in the top sheet & retain the bottom sheet which serves as your certificate. No other certificate will be given.

Certificate Issued by: Christina Ward, Director of Education & Training, cward@cmham.org; 517-374-6848

Grievance: If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation or you may contact CMHA at 517-374-6848 or through our webpage at www.cmham.org for resolution.

Educational Sessions

Sunday, October 22, 2023	
11:30am	CMH Golf Outing: Wolverine Golf Course, Grand Traverse Resort \$50 per person (9 holes and a cart) <ul style="list-style-type: none"> • Call 231-534-6470 for tee times to reserve your spot. • Deadline for pre-registration: Sunday, October 15, 2023 • Credit card is required to hold a tee time. • 48-hour cancellation & No shows will be billed
2:00pm – 6:15pm	Conference Registration Open
3:00pm – 3:40pm	CMHSP/PIHP Board Chairperson Roundtable & Networking This roundtable will be an informal gathering of chairpersons to discuss the latest issues affecting board members. Hear solutions used by chairpersons to overcome challenges in their board. Compare notes and learn what works and what doesn't. Bring your questions and be ready to be an active participant in this lively discussion! If the board chairperson is unable to attend, a board member may come in their place.
4:00pm – 5:30pm	CMHA Members: Board of Directors Meeting

Monday, October 23, 2023	
7:00am – 5:00pm	Conference Registration & Exhibits Open
7:15am – 8:00am	Group Networking Breakfast
8:00am – 8:30am	Conference Welcome <ul style="list-style-type: none"> – <i>Dr. Carl Rice, Jr., CMHA President; LifeWays Board Member</i> – <i>Grand Traverse Band of Ottawa and Chippewa Indians</i>
8:30am – 9:30am	State Legislative Panel - Key Policy Issues Facing Michigan <ul style="list-style-type: none"> ■ Does NOT Qualify for Continuing Education – <i>Senator Kevin Hertel (D-St. Clair Shores)</i> – <i>(Invited) Senator Michael Webber (R-Rochester Hills)</i> – <i>Representative Julie Rogers (D-Kalamazoo)</i> – <i>Representative Felicia Brabec (D-Ann Arbor)</i> – <i>Moderator: Alan Bolter, Associate Director, Community Mental Health Association of Michigan</i> <p>A great opportunity to hear directly from state lawmakers on the key policy issues facing the State of Michigan. What impact has the shift in political control had on the legislative process? What are the key legislative efforts impacting the public mental health system and what are the other hot button issues the Legislature will address in the coming months?</p>
9:30am – 10:00am	Exhibitor-Sponsored Refreshment Break
	Concurrent Workshops
10:00am – 11:30am	1. Connecting With the Best in the Healthcare Workforce <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – <i>Menachem Hojda, LMSW, Recipient Rights Trainer, Oakland Community Health Network</i> <p>This workshop will examine how leadership styles, organizational culture, and internal communication strategies uniquely impact workforce engagement in the healthcare industry. Moral injury in the workplace is emerging as a leading indicator of employee burnout and negative retention trends. Employees who are focused on commitment to a shared vision will be more responsive to the needs of individuals than those feeling stuck in a compliance-oriented system. The workshop will provide evidence-based strategies for organizational leadership to be responsive to the needs of their workforce so that they can earn loyalty and inspire efficacy. Objectives: 1. Describe the impact of moral injury on the healthcare workforce. 2. Name three strategies that employers can implement to shift from a compliance-oriented culture to one of commitment. 3. Identify five unique factors that relate to employee retention in the healthcare workforce.</p>
10:00am – 11:30am	2. Readmission Reduction Strategies <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – <i>Samantha Nolan, LMSW, CCM, Director of Social Work and Activity Therapy, Henry Ford Kingswood Hospital</i> – <i>Emily Sexton, RN, MSN, NE-BC, Director of Hospital Operations, Henry Ford Kingswood Hospital</i> – <i>Promita Roychoudhury, MD, Medical Director of Family Medicine, Henry Ford Kingswood Hospital</i> <p>Within inpatient behavioral health care, readmissions pose a significant problem. With a stretch goal of all patients achieving remission of their disease, at Henry Ford Kingswood Hospital we have put special attention towards reducing readmissions. This presentation will examine our patient population, their needs, and readmission reduction strategies. Objectives: 1. Understand several factors that contribute to psychiatric readmissions. 2. Describe interventions that may assist in reducing readmissions. 3. Discuss barriers to implementing readmission reduction strategies.</p>

10:00am – 11:30am	<p>3. Creative Partnering Strategies to Serve Youth and Families Involved with Child Welfare with Behavioral Health Needs Health Services</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – <i>Michelle Houtrow, MA, LLP, Program Manager, Services for Youth and Families, Project Director, Kalamazoo Wraps SOC, Integrated Services of Kalamazoo</i> – <i>Becca Sanders, PhD, Lead Evaluator, Kalamazoo Wraps SOC & Owner, Iteration Evaluation, LLC</i> – <i>Matt Kuzma, MSW, Director, Kalamazoo County, MDHHS</i> <p>This workshop will discuss how the current Kalamazoo Wraps System of Care Expansion Grant is focused on developing, implementing, and modifying creative partnerships between child welfare and mental health. These partnerships are taking place at multiple levels to better serve the youth who have been identified as potentially having behavioral health needs and are involved with foster care and/or children's protective services. The presenters will share both the successes and challenges they have experienced in the first two years. This will include how they are attempting to utilize data to assist in making improvements within the system of care (SOC) at both the clinical level, as well as at the systemic level. There will also be discussion around efforts to identify areas of improvement in assuring shared understanding of language, expectations, rules, and regulations while effectively addressing the identified needs of the youth and families that are jointly serving within the SOC. Addressing ongoing workforce development needs will also be covered. Objectives: 1. Identify three strategies for creative partnerships. 2. Identify two areas to potentially utilize data for clinical improvements and two areas for systemic improvements. 3. Identify two areas to potentially address workforce development needs of both child welfare and mental health staff.</p>
10:00am – 11:30am	<p>4. Beyond the Call: Empowering Crisis & Warm Line Interventions with Digital Mental Health Tools</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – <i>Sara Forist, MSW, LMSW, Director of Self-Help and Wellness Services, Protocall Services</i> – <i>Gabrielle Bickersteth, Partner Services Manager, Protocall Services</i> <p>This presentation is a case study of Protocall Services' experience integrating their digital mental health app (Welltrack Boost) within the call center services of the New Mexico Crisis and Access Line and Warmline. The presenters will explore the evidence base for CBT style interventions, homework and the role digital mental health solutions can have to help reduce barriers to access and treatment. The presenters will share their experiences in preparing call takers for this integration, the call taker's experience, the caller's experience and their initial findings. They will make recommendations for others considering this approach and identify additional areas for research. Objectives: 1. Recognize the value of post-call support in crisis line and warmline interventions, including strategies to promote risk reduction and client improvement during the waiting period for services. 2. Explore the potential benefits of integrating digital mental health apps in crisis line and warmline services to address barriers to access and treatment. 3. Gain practical insights from a case study of the New Mexico Crisis and Access Line about implementing a digital mental health app into crisis line and warmline services.</p>
10:00am – 11:30am	<p>5. Building Sustainable Communities of Care through Systemwide Process Improvement</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 Specific MCBAP Education Contact Hours – <i>Don Novo, BA, Principal, Health Management Associates</i> – <i>Dave Schneider, MPA, Managing Principal, Health Management Associates</i> <p>Health Management Associates will review a Systems of Care initiative that will engage stakeholders in a given area (county) in a process to support that area in developing community-defined goals and the "ideal future state" treatment and recovery ecosystem. The future state is accomplished through collaboration with a local leadership team and local SUD treatment ecosystem leaders tasked to co-design and conduct a virtual two-day area-wide process improvement event, which may be followed by 12 months of ongoing coaching and technical assistance. Objectives: 1. Describe an inclusive, systemwide approach to identifying and addressing gaps in care. 2. Identify the array of appropriate stakeholders integral to an effective SUD treatment system. 3. Understand the need for a systemwide approach to effective SUD treatment and recovery programs.</p>
10:00am – 11:30am	<p>6. Domestic Violence: What You Need to Know and the Best Therapeutic Practices for Those with PTSD</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – <i>Angela Riley, LLMSW, ACT Specialist, Northern Lakes CMH</i> <p>This domestic violence workshop is to help educate social workers, therapists and case managers on the signs and symptoms of domestic violence; as well as the life long affects, the best therapeutic practices for treatment for adults and children and how Family Court handles domestic violence. Objectives: 1. Recognize the signs of domestic violence in families. 2. Understand how domestic violence and family court work. 3. Learn the long term affects of domestic violence and the best treatment practices.</p>

10:00am – 11:30am	<p>7. Creating a Value-Added Role through Board Governance</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – Susan Radwan, MEd, GSP Fellow, Governance Consultant, Leading Edge Mentoring <p>How can the board play a value-added role in a CMH? How does a board demonstrate leadership in a CMH environment? How does the board partner with the Executive Officer to assure clear role delineation? Exactly what should an effective board do in its governing role to add value? This session will provide a foundation for effective and efficient governing practices that could benefit every CMH, PIHP or Provider board. Objectives: 1. Delineate what is included in a value-added governing role. 2. Learn tools to shift the role beyond oversight into strategic governance. 3. Create a board agenda that adds value to the CMH.</p>
11:30am – 12:20pm	Group Networking Lunch
12:20pm – 1:20pm	<p>Connections...Communities that Care</p> <ul style="list-style-type: none"> – Lois Shulman, Editor, Connections <p>Keynote: Michigan Department of Health and Human Services Key Issues Update</p> <ul style="list-style-type: none"> ■ Qualifies for 1 Related MCBAP Education Contact Hour <ul style="list-style-type: none"> – Meghan E. Groen, Senior Deputy Director, Behavioral and Physical Health & Aging Services Administration, MDHHS <p>During this conference, the Key Issues Update (a longstanding tradition at the Association's conferences) will feature Meghan Groen, Senior Deputy Director, Behavioral and Physical Health & Aging Services Administration for Health of the Michigan Department of Health and Human Services, the opportunity to discuss a wide range of work being performed in BPHASA and her vision for what is on the horizon.</p>
	Concurrent Workshops
1:30pm – 3:00pm	<p>8. Crisis Intervention Team (CIT): Changing the Crisis Response Culture</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – Heather L. Wiegand, LPC, CIT Coordinator & Cross System Director, HealthWest – Christy LaDronka, LMSW, CAADC, Access Services Manager, HealthWest <p>The intention of this presentation is to help others who may be considering a CIT model or those experiencing barriers as they build their CIT. The presenters will offer hints and tips on the experience from building and maintaining collaborative partnerships to the tough conversations around limited resources. Additional topics to be covered range from developing a robust mobile response/co-response to follow up to referral process and building training to address volunteer and voluntold participants. Consistently building goals for the future and addressing continuous quality improvement. Objectives: 1. Create a plan for building a Multidisciplinary Group. 2. Build a training that effectively supports volunteers and voluntold participants. 3. Build a continuous quality improvement process that addresses partnerships and resources; building goals.</p>
1:30pm – 3:00pm	<p>9. Connection as the Intervention: Group Therapy as the Antidote for Combating Mental Health Symptoms in Children, Adolescents, and Families</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – Colleen Reveley, LMSW, Clinical Supervisor, Easterseals MORC – Jennifer Korenchuk, PhD, Clinical Supervisor, Easterseals MORC – Stacey Vatter, LPC, CAADC, Clinical Supervisor, Easterseals MORC <p>The well-being and mental health of the world's children and youth has been rapidly declining since the spread of Covid-19. One third of children and youth reported being lonely due to social isolation during Covid-19. Social isolation and loneliness significantly increase the risk for depression and anxiety, as well as exacerbated and intensified already present mental health symptoms. The antidote for this byproduct of Covid-19 is connection. Group therapy and its ability to access and treat more than one individual at a time can mitigate the lack of equality and accessibility seen in mental health services. Group treatment is as effective as individual therapy while being far more accessible to people across cultures and socio-economic status. Because of group treatment's ability to combat social isolation, improve mental health symptoms, and create a more equitable and accessible system of treatment, it is an ethical responsibility of practitioners and agencies to explore the utilization of group therapy in practice to enhance treatment and clinical outcomes for those being served. During this presentation, presenters will share practical strategies that led to their team facilitating over 32 unique child and multifamily groups in the past 18 months with over a 40% successful discharge rate upon completion of group therapy. Objectives: 1. Apply practical, culturally responsive, and empirically supported strategies to enhance access to high quality, evidenced-based</p>

	<p>treatment for children and families in CMH through group therapy. 2. Identify and advocate for systemic and organizational support needed to successfully build a group therapy program. 3. Understand the theoretical framework that supports the usage of group therapy for the treatment of children and families who are at-risk for dying by suicide.</p>
1:30pm – 3:00pm	<p>10. Decolonizing Mental Health</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Lydia Lamba, LLMSW, Suicide Preventin Clinician, CNS Healthcare</i> <p>Mental health has a history of excluding various populations of color and is not inclusionary of cultures outside of a western world. This workshop intends to explore how mental health furthers colonist ideals and how clinicians and mental health providers can adapt their practice to better support individuals from different cultures. Objectives: 1. Define colonization and decolonization. 2. Identify practices that are rooted in colonist values. 3. Understand theories that further DEI and social justice efforts.</p>
1:30pm – 3:00pm	<p>11. Overdose Education and Naloxone Distribution (OEND) at Multiple Points in the CMH Service Provision System</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Pamela Lynch, LMSW, Director, Harm Reduction Michigan</i> – <i>Anonymous Client</i> – <i>Anonymous Client's Mother</i> <p>This workshop tells the true story of a CMH crisis response worker, on-call at a hospital emergency room, to assess an opiate overdose client and the importance of the availability and understanding of naloxone, along with the trajectory of what continued support looks like for long-term success with opioid use disorder. Objectives: 1. Understand the evidence base behind Naloxone availability and distribution. 2. Understand the importance, safety and efficacy of Naloxone. 3. List critical points along the continuum of care of people with opioid use disorder.</p>
1:30pm – 3:00pm	<p>12. Integrated Health Dashboards</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Amy Christie, MSMHC, LBSW, MBA, QMHP, QIDP, Chief Clinical Officer, North Country Community Mental Health</i> – <i>Joseph Balberde, Chief Information Officer, North Country Community Mental Health</i> – <i>Chanda Harwood, MSN-Ed, RN, Director of Health Services, North Country Community Mental Health</i> <p>This workshop will provide an overview of the Integrated Health Dashboard developed by North Country CMH with funding from the Michigan Health Endowment Fund. The Dashboard is designed to gather information from the PCE electronic health record into a single Dashboard to facilitate integrated health activities of the Behavioral Health Home (BHH). Objectives: 1. Understand the components of the Integrated Health Dashboard. 2. Learn how the Dashboard is used by the NCCMH BHH (HATCH) team in delivering integrated health services. 3. Understand how to request the Integrated Health Dashboard code if they wish to implement the Dashboard at their own organization.</p>
1:30pm – 3:00pm	<p>13. Self-Care for Mental Health (MH) and Substance Use Disorder (SUD) Professionals: Preventing Burnout and Compassion Fatigue in a Post Covid Environment</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Chris O'Droski, MA, CPRM, CPRC, Services Coordinator/Peer Recovery Coach, Hegira Health, Inc.</i> – <i>Angela Fay, BS, CPRM, CPRC, Peer Recovery Coach Coordinator, Hegira Health, Inc.</i> <p>The impact of Covid 19 on all behavioral health care providers continues to increase professional burnout, compassion fatigue and secondary trauma. This is always accompanied by the sometimes overwhelming general stressors of working as a MH or SUD professional. It is imperative that the culture and infrastructure continue to change to support MH and SUD professionals just as the culture needed to adapt to help the individuals we serve. Peers, case managers, social workers and clinicians from all professions need to sharpen their own self-care tools and continue to build resource capital in order to reduce stress, enhance personal wellness, allow professional development and reduce their chance of relapse. The presenters will present a framework that participants can use to create their own individualized self-care plan. Objectives: 1. Understand how burnout and compassion fatigue impacts an individual's professional development, as well as, their personal recovery (from MH and/or SUD if applicable), and personal wellness. 2. Identify various tools and methods for reducing stress, creating balance and developing an individualized self-care plan. 3. Utilize the provided resources for assessing their own self-care plan when working with consumers.</p>

1:30pm – 3:00pm	<p>14. Boardworks 2.0: Fundamentals</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Irene O’Boyle, PhD, CHES, Board Member, Gratiot County CMH Services; Professor, School of Health Sciences, Central Michigan University</i> <p>This workshop will focus on the functional, operational, organizational, and relational aspects of the board member. Participants will be able to: 1. Examine and explore the role, responsibilities and authority of the board as individual members, as elected officers and as a collective body; 2. Consider the relationship between the CEO and the board as individual members, as elected officers and as a collective body and learn at least two skills to improve that relationship; 3. Consider implications of the accountability of a public board as related to areas such as the Mental Health Code, parliamentary procedures, open meetings and freedom of information; 4. Explore board by-laws and governance policies; and 5. Develop at least two relationships within the board with a team orientation.</p>
3:00pm – 3:30pm	Exhibitor-Sponsored Refreshment Break
	Concurrent Workshops
3:30pm – 5:00pm	<p>15. What’s Going on in Lansing</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Alan Bolter, Associate Director, Community Mental Health Association of Michigan</i> <p>Hear about the latest goings-on in the Michigan Legislature. What was included in the FY24 budget? What are the major policy items impacting the public mental health system? How has the political shift in Lansing impacted the legislative process and what big issues will the legislature tackle in the future? This workshop will provide an update on the latest legislation and budget issues impacting the CMH system and how members can convey our advocacy message moving forward.</p>
3:30pm – 5:00pm	<p>16. The Implications of the Michigan Healthcare Workforce Index for Behavioral Health</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Michelle Wein, MPP, BS, Director of Research, Michigan Health Council</i> <p>The Michigan Healthcare Workforce Index (MHWI) is a first of its kind, comprehensive index that assesses the “health” of 36 healthcare occupations in Michigan. By systematically ranking each healthcare occupation on a variety of inputs, comparisons can be made across occupations, and conclusions can be drawn about the overall state of the healthcare workforce in Michigan. The results indicate that mental health occupations – ranging from community health workers to psychologists – face immense shortages and competitive wage challenges that raise concerns about the health of these occupations over the next decade. Objectives: 1. Understand the current state of individual occupations and the healthcare workforce system. 2. Use the Index to best invest limited workforce resources for maximum impact. 3. Emphasize the need for a more robust behavioral health workforce.</p>
3:30pm – 5:00pm	<p>17. Achieving Health Equity in Suicide Prevention Within a Behavioral Health Care Setting</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Kasie Pickart, MPH, Zero Suicide Initiative Project Director, Hope Network</i> – <i>Floyd Booker, MM, Senior Director of Diversity, Equity and Inclusion, Hope Network</i> <p>While anyone can experience suicide risk, research demonstrates that historically underserved communities experience additional negative social conditions and adverse factors that can lead to higher rates of suicide or suicide attempts, than the general population. In this presentation, two leaders of Hope Network’s Suicide Prevention Leadership Team and Diversity, Equity and Inclusion Council highlight the health disparities that exist in suicide deaths and how implementing the evidence-based Zero Suicide Model supports an equitable and just culture. Time is reserved for meaningful discussion throughout this session to discuss opportunities and challenges around approaching this work in a behavioral health care setting with the overarching goal of reducing suicide death disparities to achieve health equity. Objectives: 1. Define health equity considerations as it pertains to health and behavioral health care settings. 2. Describe levels of suicide disparities that exist by race, gender identity, sexual orientation, disability, age, income & education, and geography that contribute to deaths by suicide. 3. Describe the Social-Ecological Model of Health as it pertains to the evidence-based Zero Suicide Model; 4. Describe how the seven components of the Zero Suicide Model support an equitable and just culture around suicide.</p>

3:30pm – 5:00pm	<p>18. Connecting Veterans to Care</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Michael Christy, MBA, Associate Director, Customer and Community Success, Unite Us</i> – <i>Robert Near, MPA, Deputy Director, Michigan Veterans Affairs Agency</i> – <i>Brian Webb, M.Div., Veteran Liaison, Behavioral and Physical Health and Aging Services Administration, MDHHS</i> <p>The Michigan Veteran Affairs Agency (MVAA) has partnered with Unite Us, a cross sector collaboration software company, to develop a closed loop referral network for veterans and their families. The project began with its initial implementation in Macomb, Oakland, and Wayne counties with plans to expand the network statewide. The Unite Us platform will enable MVAA to address the whole-person needs of veterans looking for assistance through 1-800-MICH-VET. With Unite Us, MVAA is able to connect a veteran to a resource and see related service outcomes. In addition to referral management, MVAA will also be able to access aggregate data from the program in order to identify trends within demographic groups or across co-occurring needs. Objectives: 1. Define a closed-loop referral system. 2. Describe how the drivers of health (or SDOH) impact health and wellness. 3. Describe the import of community collaboration for whole-person care health and wellness.</p>
3:30pm – 5:00pm	<p>19. Office of the Advocate for Children, Youth, and Families: From Clinical Support, Navigation to Family and Community Partnerships</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Patricia Neitman, MS, LLP, Division Director, Office of the Advocate for Children, Youth, and Families; Bureau of Children's Coordinated Health, Policy and Supports, MDHHS</i> – <i>Justin Tate, LMSW, Manager, Family and Community Partnership Section, Bureau of Children's Coordinated Health, Policy and Supports, MDHHS</i> – <i>Stacy Farrell, LMSW, Manager, Clinical Support and Service Navigation Manager, Bureau of Children's Coordinated Health, Policy, and Supports, MDHHS</i> <p>This workshop will provide an in-depth look at the clinical support and partnership work in the Office of the Advocate for Children, Youth and Families; in the Bureau of Children's Coordinated Health, Policy, and Supports at MDHHS. The workshop will discuss situation-specific examples and leave time for questions and open discussion. Objectives: 1. Identify the primary functions of the OACYF. 2. Understand the clinical support and service navigation provided in the OACYF and how to request a referral for assistance. 3. Identify proactive ways to engage in partnership building within their own systems, with cross systems partners.</p>
3:30pm – 5:00pm	<p>20. How to Succeed and Communicate Effectively with the Most Challenging Personalities - How to Get Along When You Don't Get Along</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Cheryl Levine, BA, Certified Mediator/Facilitator, Project Coordinator, Special Education Mediation Services</i> – <i>Bern Dempsey, JD, Certified Mediator/Facilitator, Training Specialist, Special Education Mediation Services</i> <p>True family and agency/school collaboration is what we all strive to accomplish, but sometimes personalities and disagreements over how best to educate children create roadblocks to our success. How do you rebuild a trusting relationship when that trust has been broken? What are the most common barriers to collaboration? What is our role, and how do we move forward successfully? Objectives: 1. Learn how to overcome the top five barriers to collaboration. 2. Understand what role we each play in disagreements. 3. Acquire building blocks to moving forward successfully.</p>
3:30pm – 5:00pm	<p>21. Boardworks 2.0: Management – System</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Christopher Pinter, MSW, Chief Executive Officer, Bay-Arenac Behavioral Health Authority</i> <p>In this workshop you will focus on the public policy oriented and defined management and organizational structures. Objectives: 1. Identify two management functions of public policy systems; 2. Explore two structural foundations of organizations as related to both managers and implementers of public policy; 3. Examine organizational infrastructure as related to both managers and implementers of public policy; 4. Learn three qualities of provider and manager types of public organizations, including “mixed” organizations and the cost and benefits of such an arrangement; and 5. Explore community systems as an ultimate unified community system.</p>

Tuesday, October 24, 2023

7:15am – 12:00pm	Conference Registration and Exhibits Open
7:30am – 8:45am	<p>Breakfast Activities (full breakfast buffet will be served until 8:45am) Regional Breakfast Meetings Provider Alliance Breakfast Meeting (Provider Alliance Members Only) Non-Members, Staff and Exhibitors Networking Breakfast</p>
9:00am – 10:00am	<p>Keynote: A Dual Opportunity for Both CMH/PIHP and Tribal Health Systems to Provide Services to Michigan’s Tribal (Dual) Citizens: A Discussion about Native American Health Systems, Sovereignty and Treaty Rights within a Cultural and Historical Context and the Impacts on the System and Those it’s Meant to Serve</p> <ul style="list-style-type: none"> ■ Qualifies for 1 Related MCBAP Education Contact Hour <ul style="list-style-type: none"> – <i>Jonathan Rinehart, LMSW, Behavioral Health Clinician, Nottawaseppi Huron Band of the Potawatomi</i> – <i>The Honorable JoAnne Cook, JD, Tribal Court Judge, Grand Traverse Bay Band of Ottawa Indians</i> – <i>Shannon Martin, Tribal Elder, Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians (Gun Lake Tribe)</i> <p>Experts from within the Native American community share information and insight into successes and challenges related to providing services for dual citizens of Michigan and also one of the 12 Federally Recognized Tribes in Michigan. This overview will include important information regarding Tribal sovereignty, treaty rights and cultural aspects of care. Objectives: 1. Gain understanding about the presence of Tribal members. 2. Learn about the services available to Tribal members. 3. Gain an understanding of the historical and cultural context in which Tribal members live.</p>
10:00am – 10:30am	Exhibitor-Sponsored Refreshment Break
	Concurrent Workshops
10:30am – 12:00pm	<p>22. Assisted Outpatient Treatment - A Toolkit and a Quest for the Bigger Picture</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Julia Stewart, BA, MA, MSW Candidate, Project Coordinator, Center for Behavioral Health and Justice</i> <p>An engaging and informative workshop designed exclusively for CMH workers! The presenters will introduce you to the AOT (Assisted Outpatient Treatment) Toolkit, a comprehensive resource managed by the Center for Behavioral Health and Justice (CBHJ), aimed at improving outcomes for individuals with severe mental illness. The workshop will cover the key components of the AOT Toolkit, providing valuable insights into evidence-based practice, legal considerations, and community collaborations. You will gain a deep understanding of how AOT can work, who is best suited for AOT, the AOT process, the various roles and responsibilities across the system of care, and more. Moreover, this workshop will introduce our evaluation project designed to learn what is happening with AOT around the state of Michigan. CMH plays a huge role in AOT and we want to understand what people’s experiences are with AOT including what works, and what does not, where the challenges are, and the successes. The presenters will present the scope of the project, the process, and how you can have your voice heard. Objectives: 1. Introduce CMH staff to the AOT Toolkit, an online resource about AOT. 2. Demystify the AOT Court process and share best practices. 3. Introduce the Michigan-wide landscape evaluation that the CBHJ is conducting on AOT and opportunities for involvement.</p>
10:30am – 12:00pm	<p>23. Crisis Care Centers – Developing the Detroit Wayne Integrated Health Network Way</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours <ul style="list-style-type: none"> – <i>Grace Wolf, LCMHC, CRC, VP of Crisis Services, Detroit Wayne Integrated Health Network</i> – <i>Rebecca Markonni, LMSW, Site Director, Detroit Wayne Integrated Health Network</i> <p>Detroit Wayne Integrated Health Network (DWIHN), alongside Michigan Department of Health and Human Services (MDHHS), is developing a new way to provide crisis services to adults in Wayne County. With a newly renovated building at 707 W. Milwaukee Ave. in downtown Detroit, DWIHN will be opening a 39-bed multi service facility in the Winter of 2023. Focusing on the integration of the SAMHSA National Guidelines for Behavioral Health Crisis Care, the Crisis Now Model, and MDHHS Emerging CSU Guidelines, the 707 Crisis Care Center will provide crisis stabilization and residential services to adults living in Wayne County. Objectives: 1. Describe a general overview of the SAMHSA National Guidelines on Behavioral Health Care. 2. Understand the general direction of crisis stabilization services in the state of Michigan. 3. Understand a general overview of staffing a multidisciplinary team for crisis stabilization and residential services.</p>

10:30am – 12:00pm	<p>24. MI Kids Now: Planning and Implementation</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 Related MCBAP Education Contact Hours – <i>Lindsay McLaughlin, JD/MPH, Bureau Director, Children's Coordinated Health Policy and Supports, Michigan Department of Health and Human Services</i> <p>This workshop will provide an update on the MI Kids Now initiative in Michigan, including status of relevant litigation, associated projects, and implementation planning. Objectives: 1. Understand components of new children's behavioral health initiatives in Michigan. 2. Understand their role in supporting implementation of these initiatives. 3. Identify key partners and contacts for various initiatives associated with MI Kids Now.</p>
10:30am – 12:00pm	<p>25. Opioid Settlement Funds: State and Local Perspectives</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 Specific MCBAP Education Contact Hours – <i>Amy Dolinky, MPPA, Technical Advisor - Opioid Settlement Funds Planning and Capacity Building, Michigan Association of Counties</i> – <i>Brandon Hool, MPH, Technical Advisor - Opioid Settlement Funds, Michigan Department of Health and Human Services</i> <p>This session will provide an overview of the opioid settlements funds that are coming to Michigan. The session will focus on both the state and local perspective on utilization of funds. It will outline resources for assisting with planning for and utilization of funds, including the Michigan Opioid Settlement Funds Toolkit: A Guide for Local Spending, developed by the Michigan Association of Counties in partnership with Vital Strategies. Objectives: 1. Gain greater understanding of the opioid settlement process. 2. Understand resources for local governments in planning for settlement funds. 3. Understand how the state plans to utilize opioid settlement funds.</p>
10:30am – 12:00pm	<p>26. Peer Recovery Coach with the Indigenous People</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours – <i>Scott Scholten, NA, Peer Recovery Coach, Grand Traverse Band of Ottawa and Chippewa Indians</i> <p>The goal of Peer Recovery Coach in the Indigenous Community is to recognize the racial disparity in regard to socioeconomic status, trust in providers, discrimination and being diverted to the criminal justice system instead of treatment, co-occurring mental health and suicide rate among Indigenous People, risk factors, historical trauma, lack of health care, and access to treatment. Objectives: 1. Recognize the racial disparity. 2. Understand and list examples of discrimination of Indigenous People in recovery. 3. Have awareness of the disproportionate mental health and suicide statistics of Indigenous People.</p>
10:30am – 12:00pm	<p>27. "I Learned Things I Really Could Use:" Training and Supporting the Peer Recovery Workforce to Deliver Evidence-based SUD Interventions</p> <ul style="list-style-type: none"> ■ Qualifies for 1.5 CE Hours for Social Work + Specific MCBAP Education Contact Hours – <i>Julie Felton, PhD., Associate Scientist, Henry Ford Health</i> – <i>Eddie Killing, BA, Peer Recovery Specialist, Henry Ford Health</i> <p>This workshop, co-led by an academic researcher and certified peer recovery coach, will describe results from a grant from the Foundation for Opioid Response Efforts that focused on developing and training peer recovery specialists in an evidence-based intervention to improve engagement in treatment for substance use disorders. Content will focus on the co-development of training materials and approaches, as well as lessons learned regarding training the peer recovery workforce. The presentation will begin with an overview of current training practices and perceived gaps in preparing peers to be successful in their field. Additionally, information from a state-wide training initiative and outcomes from these trainings, including the satisfaction and acceptability of this approach will be discussed. Objectives: 1. Identify areas peer recovery specialists' report wanting additional training. 2. Identify specific approaches to training peer recovery specialists. 3. Discuss opportunities for future initiatives to improve training of the peer recovery workforce.</p>
12:00pm – 1:30pm	<p>Group Lunch and Keynote: Miss USA - Turning her Mess into her Mission</p> <ul style="list-style-type: none"> ■ Qualifies for 1 Specific MCBAP Education Contact Hour – <i>Tara Conner is a former Miss USA, TV Host, TEDx Speaker, and Recovery Advocate</i> <p>Tara Conner made headlines in December of 2006 when she tested positive for cocaine during her reign as Miss USA. As scandal engulfed her life, Tara was publicly vilified and spent years living with the stigma of her addiction, acquiring the moniker Mess USA in the press. As she began her journey in recovery, she soon became a voice for long-term recovery and today has almost 17 years of sobriety. As Tara's substance use disorder and mental health challenges played out in the press, she decided to turn her personal mess into her life's mission by sharing her experience, strength, and hope with others around the world. She is known for her brutal truth telling and transparency, and proudly wears her past on her sleeve.</p>
1:30pm	Conference Adjourns

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
September 13, 2023**

Members Present for In-Person Quorum: Rebecca Curley, LaMar Frederick, Bob King, Mary Pizzimenti, Alfreda Rooks, Mary Serio, Holly Terrill

Members Not Present For In-Person Quorum: Judy Ackley, Patrick Bridge, Molly Welch Marahar, Rebecca Pasko (remote), Annie Somerville (remote), Ralph Tillotson

Staff Present: Kathryn Szewczuk, Stephannie Weary, James Colaianne, Matt Berg, Nicole Adelman, Connie Conklin, Stacy Pijanowski, CJ Witherow, Lisa Graham, Trish Cortes, Michelle Sucharski

Guests Present:

- I. Call to Order
Meeting called to order at 6:00 p.m. by Board Chair B. King.
- II. Roll Call
 - In-person quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented
**Motion by L. Frederick, supported by A. Rooks, to approve the agenda
Motion carried**
- IV. Consideration to Approve the Minutes of the 8-9-2023 Meeting and Waive the Reading Thereof
**Motion by M. Serio, supported by A. Rooks, to approve the minutes of the 8-9-2023 meeting and waive the reading thereof
Motion carried**
- V. Audience Participation
None
- VI. Old Business
 - a. Board Information: FY2023 Finance Report through July 30, 2023
 - M. Berg presented. Discussion followed.
- VII. New Business
 - a. Board Action: FY2023 Contracts
**Motion by L. Frederick, supported by M. Pizzimenti, to authorize the CEO to execute the contracts/amendments as presented, not to exceed the amounts presented
Motion carried**
 - b. Board Action: FY2024 Budget
**Motion by A. Rooks, supported by H. Terrill, to approve the FY2024 budget and allocations as presented
Motion carried**

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

- The Board would like to consider an increase to the approved 3% cost of living adjustment (COLA) for CMHPSM staff. J. Colaianne and M. Berg will present the board with options for an additional COLA increase at the October 2023 meeting.
- c. Board Action: FY2024 Contracts
Motion by M. Serio, supported by M. Pizzimenti, to execute the contracts/amendments as presented
Motion carried
- d. Board Action: FY2024 Regional Board Meeting Schedule
Motion by R. Curley, supported by H. Terrill, to approve the FY2024 Regional Board meeting schedule as presented
Motion carried
- e. Board Action: FY2024 Employee Handbook
Motion by A. Rooks, supported by R. Curley, to approve the CMHPSM employee handbook with the included revisions
Motion carried
 - J. Colaianne provided an overview of the updates to the handbook, including:
 - The Regional Coordinator position has been reclassified as Human Resources and Regional Coordinator.
 - Removal of Domestic Partner benefit language.
 - Updated PTO to hourly increments for hourly employees.
- f. Board Action: Five Year Acknowledgement – Nicole Adelman
Motion by M. Serio, supported by H. Terrill, to authorize the CMHPSM Board Chair to sign the formal proclamation acknowledging the five years of service by Nicole Adelman to the PIHP region as a CMHPSM employee
Motion carried
- g. Board Action: Position Reclassification
Motion by H. Terrill, supported by R. Curley, to approve the re-classification of position #105 Regional Coordinator (Tier C) to Human Resources and Regional Coordinator (Tier D) effective October 1, 2023
Motion carried

VIII. Reports to the CMHPSM Board

- a. SUD Oversight Policy Board (OPB)
 - At the August meeting, the OPB approved FY2024 PA2 funding and discussed strategic planning and services for the region.
- b. Board Information: CEO Report to the Board
 - J. Colaianne’s written report includes updates from staff, regional and state levels. Please see the report in the board packet for details.
- c. Board Information: CEO Authority Contract – Dickinson Wright
 - Dickinson Wright is a law firm that specializes in behavioral health work. They have been retained by the PIHP and will assist, if necessary, in the deficit repayment discussions with the state.

IX. Closed session

- A closed session was not required.

X. Adjournment

Motion by A. Rooks, supported by M. Serio, to adjourn the meeting
Motion carried

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

- The meeting was adjourned at 7:01 p.m.

Rebecca Pasko, CMHPSM Board Secretary

DRAFT



MONROE
COMMUNITY
MENTAL
HEALTH

July 2023

Board Report

Table of Acronyms

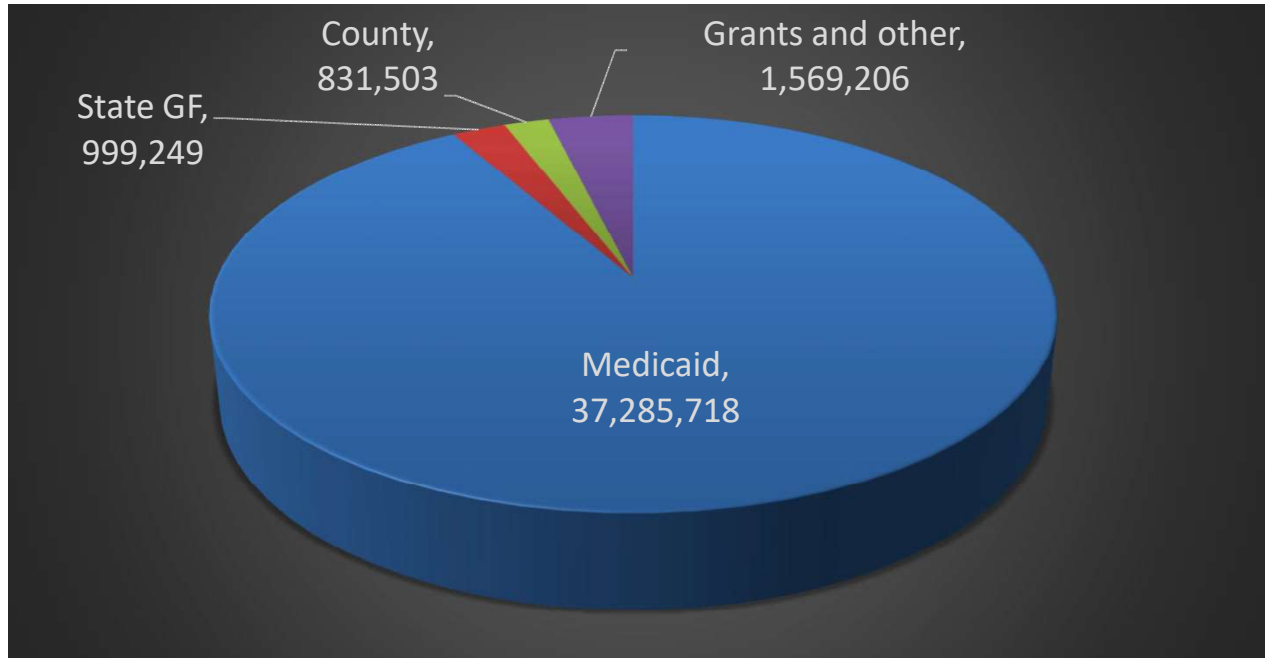
<u>Acronym</u>	<u>Full Description</u>
DAB	Disabled, Aged, & Blind
HMP	Healthy Michigan Plan
HSW	Habilitation Supports Waiver
TANF	Temporary Assistance for Needy Families
CWP	Child Waiver Program
SEDW	Severe Emotional Disturbance Waiver
HHBH	Health Home - Behavioral Health
CMHSP	Community Mental Health Services Program
PIHP	Prepaid Inpatient Health Plan
CCBHC	Certified Community Behavioral Health Clinic

MONROE CMH

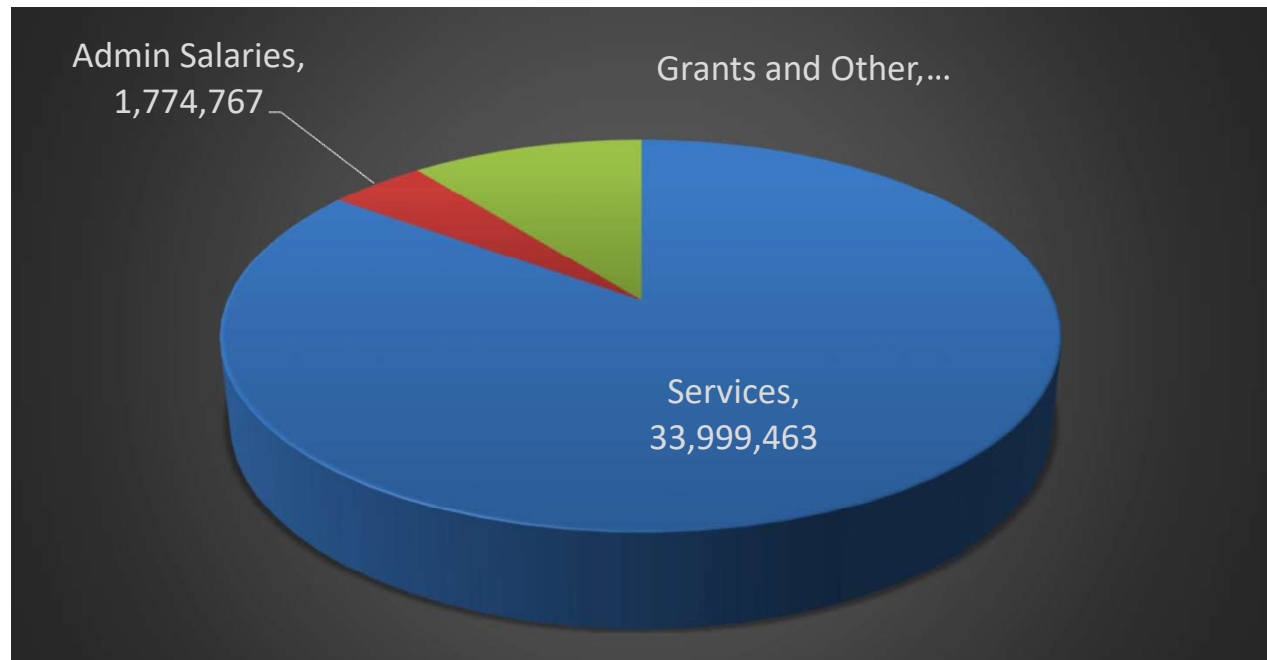
July 2023 Trends

Sources and Uses

Revenues by Source



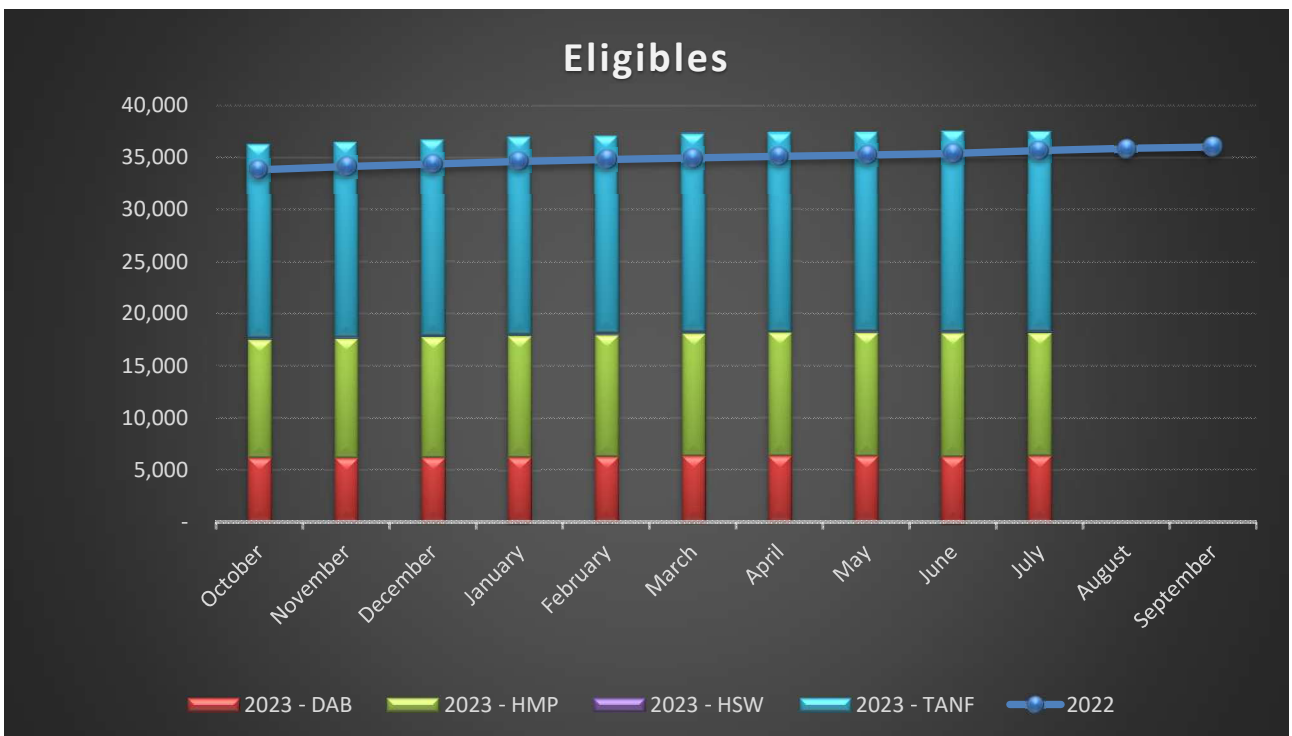
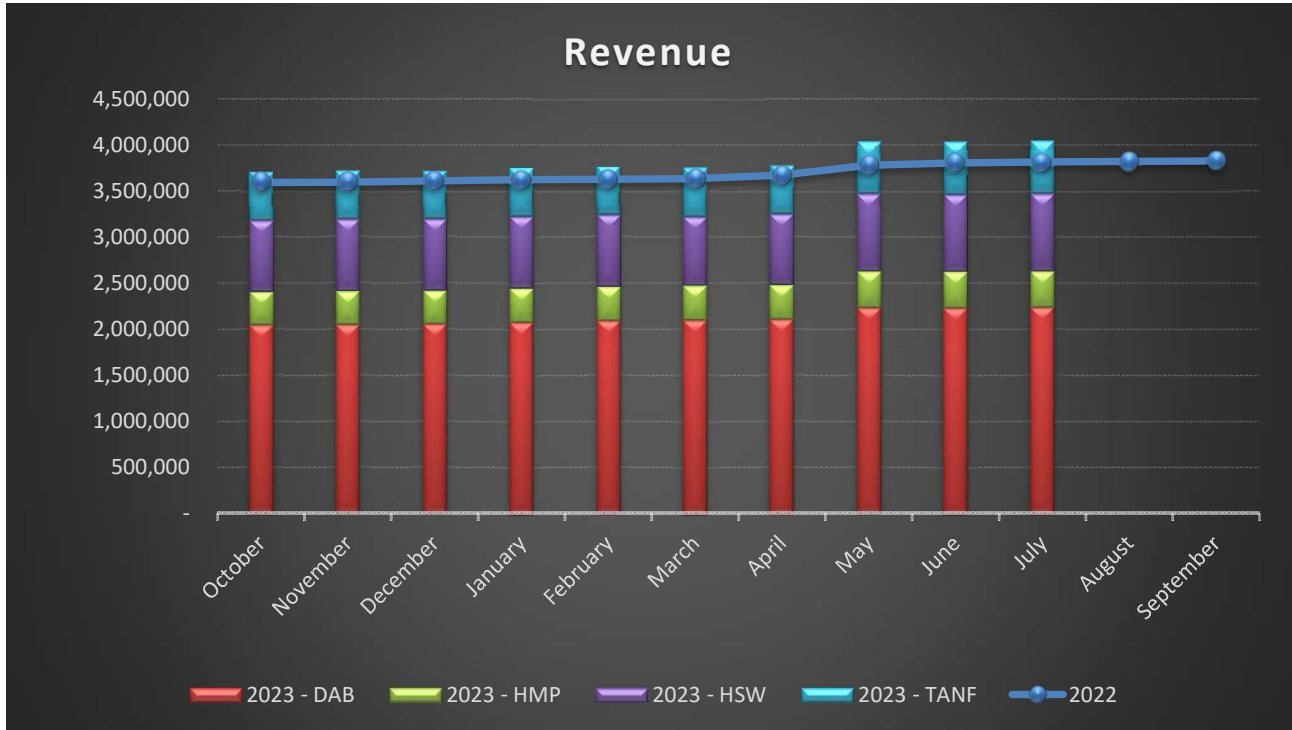
Expenditures by Category



MONROE CMH

July 2023 Trends

MDHHS Payments



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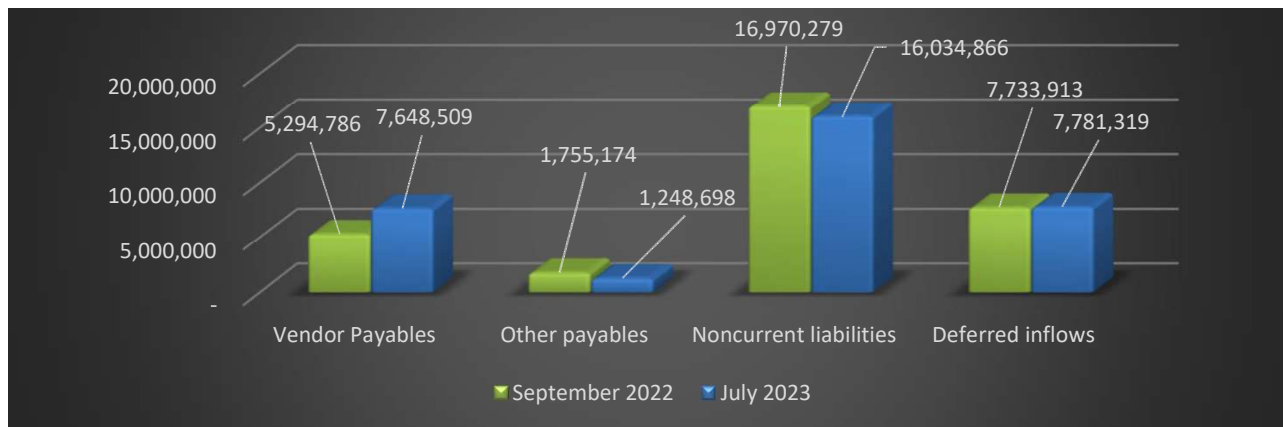
MONROE CMH

Comparative Charts September 2022 & July 2023

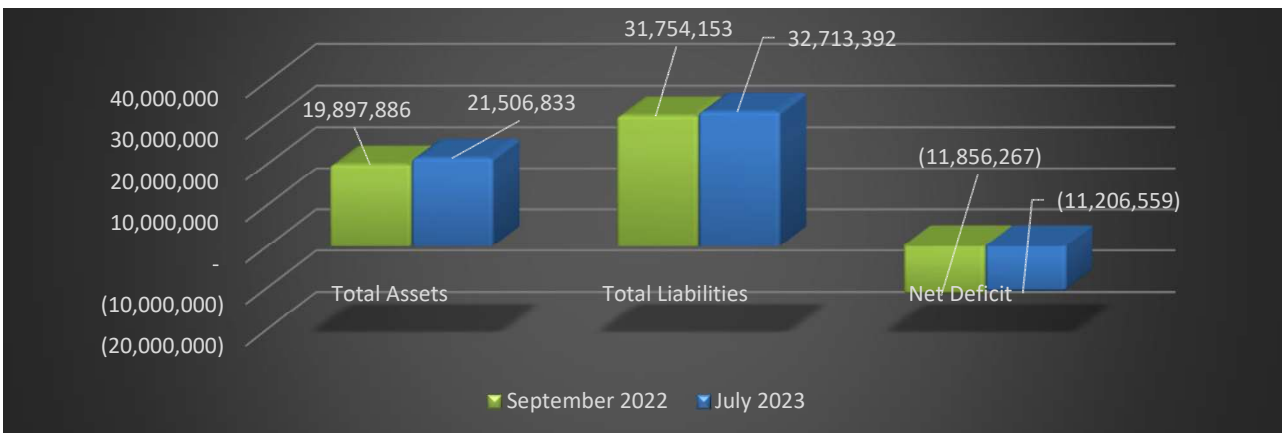
Assets



Liabilities



Net Position



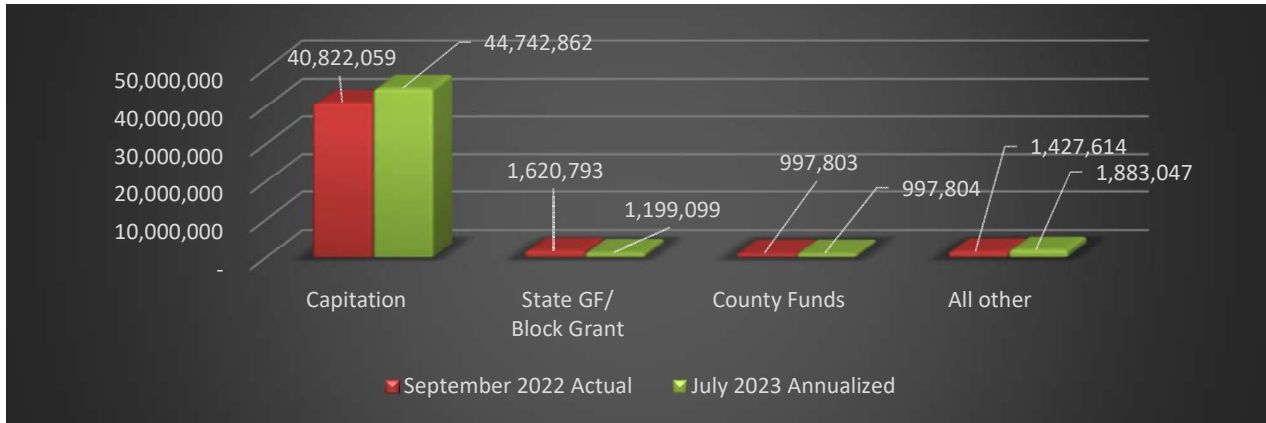
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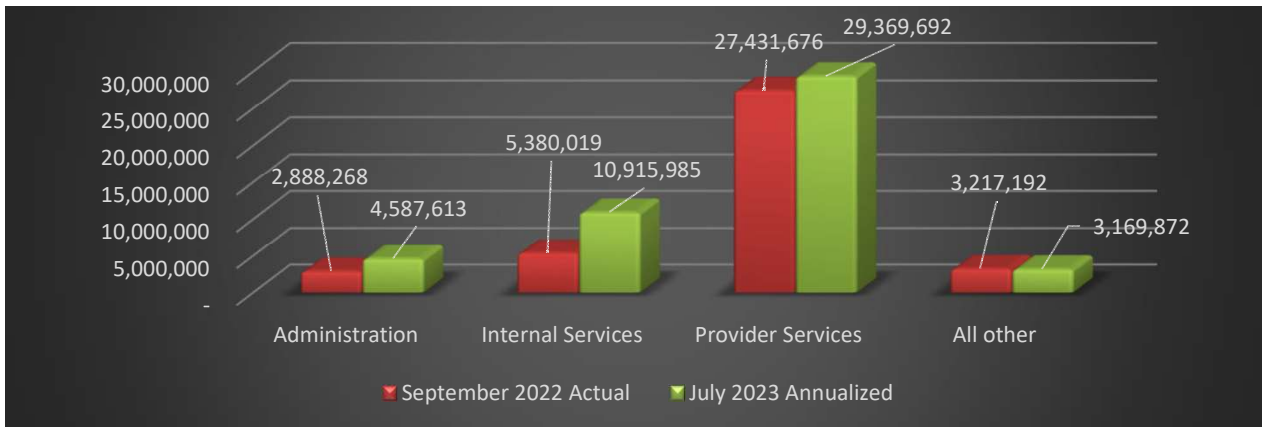
Comparative Charts

September 2022 Actual & July 2023 Annualized

Revenues



Expenses



Net Income



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INCOME STATEMENT BY FUND SOURCE

MONROE CMH

Fiscal 2023 Revenues and Expenses by Fund Source

October 1, 2022 through July 31, 2023

Medicaid/Autism Combined	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 39,991,864	\$ 33,326,553	\$ 34,270,676	\$ 944,123
Expense	39,991,864	33,326,553	34,345,538	(1,018,985)
Revenue over/(under) expenses	\$ -	\$ -	\$ (74,862)	\$ (74,862)
Healthy Michigan	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 3,071,966	\$ 2,559,972	\$ 2,511,187	\$ (48,785)
Expense	3,071,966	2,559,972	2,851,429	(291,457)
Revenue over/(under) expenses	\$ -	\$ -	\$ (340,242)	\$ (340,242)
Total CMHPSM	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 43,063,830	\$ 35,886,525	\$ 36,781,863	\$ 895,338
Expense	43,063,830	35,886,525	37,196,967	(1,310,442)
Revenue over/(under) expenses	\$ -	\$ -	\$ (415,104)	\$ (415,104)
State General Fund	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 1,729,985	\$ 1,441,654	\$ 1,441,654	\$ (0)
Expense	1,729,985	1,441,654	999,249	442,405
Redirects	-	-	-	-
Revenue over/(under) expenses	\$ -	\$ -	\$ 442,405	\$ 442,405
All Other Grants/Local	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 3,001,878	\$ 2,501,565	\$ 2,464,907	\$ (36,658)
Expense	3,001,878	2,501,565	1,796,088	705,477
Redirects	-	-	-	-
Revenue over/(under) expenses	\$ -	\$ -	\$ 668,819	\$ 668,819

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BASIC FINANCIAL STATEMENTS

MONROE CMH

Statement of Position

July 31, 2023

	(Unaudited) September 30 Balance	Balance September 30 2022	Favorable (Unfavorable)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 5,145,060	\$ 4,973,206	\$ 171,854
Accounts receivable, net	188,931	181,010	7,921
Due from other funds	298,715	-	298,715
Due from PIHP	7,692,738	6,464,550	1,228,188
Due from State of Michigan	163,699	29,938	133,761
Due from other governmental units	459,928	477,916	(17,988)
Prepaid items	228,580	222,167	6,413
Total current	14,177,651	12,348,787	1,828,864
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,550,835	2,770,752	(219,917)
Deferred outflows - Pension & OPEB	4,731,347	4,731,347	-
Total noncurrent	7,329,182	7,549,099	(219,917)
Total assets and deferred outflows	21,506,833	19,897,886	1,608,947
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	7,648,509	5,294,786	(2,353,723)
Accrued liabilities	58,408	1,007,289	948,881
Due to State of Michigan	1,106,501	664,096	(442,405)
Unearned revenue	83,789	83,789	-
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
Total current liabilities	8,946,665	7,099,418	(1,847,247)
Noncurrent			
Long-term debt, due beyond one year	1,386,290	1,366,492	(19,798)
Compensated absences, due beyond one year	249,770	249,770	(0)
Lease liability	516,079	817,511	301,432
Net pension liability	4,273,142	4,273,142	-
Net OPEB liability	9,560,127	10,213,906	653,779
Deferred inflows - leases	10,537	23,259	12,722
Deferred inflows - Pension/OPEB	7,770,782	7,710,654	(60,128)
Total noncurrent liabilities	23,766,727	24,654,734	907,805
Total liabilities and deferred inflows	32,713,392	31,754,153	(939,442)
NET POSITION			
Net investment in capital assets	2,071,219	1,976,981	(94,238)
Unrestricted	(13,277,778)	(13,833,248)	(555,470)
Total net position	\$ (11,206,559)	\$ (11,856,267)	\$ 649,708

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MONROE CMH

Statement of Activities

October 1, 2022 through July 31, 2023

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Favorable (Unfavorable)
Operating revenue				
Capitation:				
Medicaid	\$ 34,270,675	\$ 41,124,810	\$ 37,739,923	\$ 3,384,887
Medicaid - Settlement	74,862	89,834	105,849	(16,015)
Healthy Michigan	2,511,187	3,013,424	2,751,508	261,917
Healthy Michigan - Settlement	340,242	408,290	216,356	191,935
Behavior Health Home	88,752	106,502	8,423	98,079
State General Funds	1,441,654	1,729,985	1,756,848	(26,863)
State General Funds - Carryover	(442,405)	(530,886)	(136,055)	(394,831)
County appropriations	831,503	997,804	997,803	1
Charges for services	156,043	187,252	195,659	(8,407)
Other grants	1,334,199	1,601,039	1,182,266	418,773
Other revenue	78,964	94,757	49,689	45,068
Total operating revenue	40,685,676	48,822,811	44,868,270	3,954,542
Operating expenses				
Administration				
Salaries	1,774,767	2,129,720	1,767,941	361,779
Benefits	754,380	905,256	(38,457)	943,713
Other	1,293,864	1,552,637	1,158,784	393,853
Internal Services				
Salaries	4,107,852	4,929,422	3,990,650	938,773
Benefits	3,623,470	4,348,164	324,925	4,023,239
Other	1,365,332	1,638,398	1,064,445	573,953
Provider Network Services	24,474,743	29,369,692	27,431,676	1,938,016
Facility costs	873,410	1,048,092	1,010,753	37,339
Vehicle costs	66,458	79,750	59,978	19,772
Grant expenses	1,034,104	1,240,925	1,250,103	(9,179)
Other expenses	239,522	287,426	5,175	282,251
Room & Board	428,066	513,679	891,182	(377,503)
Total operating expenses	40,035,968	48,043,162	38,917,155	9,126,007
Change in net position	649,708	779,650	5,951,115	\$ (5,171,465)
Net position, beginning of year	(11,856,267)	(11,856,267)	(17,807,381)	
Net position, end of year	\$ (11,206,559)	\$ (11,076,617)	\$ (11,856,267)	

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MONROE CMH

Statement of Activities

Mental Health - Budget to Actual

October 1, 2022 through July 31, 2023

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
Operating revenue				
Capitation:				
Medicaid	\$ 21,531,915	\$ 17,943,263	\$ 34,270,675	\$ 16,327,413
Medicaid - Settlement	-	-	74,862	74,862
Healthy Michigan	-	-	2,511,187	2,511,187
Healthy Michigan - Settlement	-	-	340,242	340,242
Behavior Health Home	-	-	88,752	88,752
State General Funds	864,992	720,827	1,441,654	720,827
State General Funds - Carryover	-	-	(442,405)	(442,405)
County appropriations	498,902	415,751	831,503	415,752
Charges for services	66,526	55,438	156,043	100,605
Other grants	912,419	760,349	1,334,199	573,850
Other revenue	23,092	19,244	78,964	59,720
Total operating revenue	23,897,846	19,914,872	40,685,676	20,770,804
Operating expenses				
Administration				
Salaries	1,170,633	975,527	1,774,767	799,240
Benefits	422,466	352,055	754,380	402,325
Other	818,913	682,428	1,293,864	611,436
Internal Services				
Salaries	2,712,442	2,260,368	4,107,852	1,847,484
Benefits	1,074,693	895,578	3,623,470	2,727,892
Other	590,702	492,252	1,365,332	873,080
Provider Network Services	15,038,844	12,532,370	24,474,743	11,942,373
Facility costs	607,777	506,481	873,410	366,929
Vehicle costs	45,330	37,775	66,458	28,683
Grant expenses	959,980	799,983	1,034,104	234,121
Other expenses	3,597	2,998	239,522	236,524
Room & Board	452,434	377,029	428,066	51,037
Total operating expenses	23,897,811	19,914,843	40,035,968	20,121,125
Change in net position	35	29	649,708	649,679
Net position, beginning of year	(11,856,267)	(11,856,267)	(11,856,267)	-
Net position, end of year	(11,856,232)	(11,856,238)	(11,206,559)	649,679

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