



MONROE COMMUNITY MENTAL HEALTH AUTHORITY

BOARD MEETING

January 24, 2024 – 5:00 p.m. / Aspen Room

Draft Agenda

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.

CITIZEN RULES OF CONDUCT:

- a. In order for our Board to move efficiently through the meeting agenda, we ask that everyone present conduct themselves respectfully and with decorum. Anyone who chooses not to comply with this will be asked to leave the building.

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 December 12, 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	40 min
a. Recipient Rights Annual Report	
b. Employee Engagement Survey Results (<i>handout</i>)	
c. Financial Report (<i>handout</i>) and Contracts	

IX.	Board Committee Reports	05 min
	<ul style="list-style-type: none"> a. Motion to Place on File All Written Committee Reports <ul style="list-style-type: none"> i. Bylaws & Policy ii. Clinical Operations iii. Executive iv. Performance Evaluation v. Recipient Rights Advisory Committee 	
X.	Items for Board Action	10 min
	<ul style="list-style-type: none"> a. Motion to Approve the Consent Agenda Less Item _____ <ul style="list-style-type: none"> i. Administrative Contracts as Presented ii. Service Contracts as Presented b. Motion to Accept the Recommendations from the Recipient Rights Advisory Committee for FY2023-2024 	
XI.	Authority and Regional Policy Review/Approval	00 min
	<ul style="list-style-type: none"> a. Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> i. Policy: N/A 	
XII.	Relationship with the Region, County, and Others	05 min
	<ul style="list-style-type: none"> a. Regional Reports <ul style="list-style-type: none"> i. Regional PIHP Board Meeting Minutes – Included in Packet b. CMHAM Policy and Legislation Committee Report – N/A 	
XIII.	Items from the Chief Executive Officer	15 min
	<ul style="list-style-type: none"> a. Financial Report b. Chief Executive Officer’s Report (<i>handout</i>) 	
XIV.	New Business	00 min
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, February 28, 2024 beginning at 5:00pm in the Aspen Room.



**BOARD OF DIRECTORS REGULAR MEETING MINUTES
December 12, 2023**

- Present:** Michael Humphries, Chairperson; Susan Fortney, Vice Chairperson; Catherine Bernhold, Secretary; John Burkardt; Deb Staelgraeve; Ken Papenhagen; Rebecca Curley; and LaMar Frederick
- Excused:** Pam Ray; Dawn Asper; Chantele Steffens; and Rebecca Pasko
- Absent:**
- Staff:** Lisa Graham
- Guests:** 6 guests attended

I. CALL TO ORDER

The Board Chairperson, Mike Humphries, called the meeting to order at 5:02 p.m.

II. ROLL CALL

Roll Call confirmed a quorum existed.

III. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Mike Humphries.

IV. CONSIDERATION TO ADOPT THE DRAFT AGENDA AS PRESENTED

Ken Papenhagen moved to adopt the draft agenda as presented. Deb Staelgraeve supported. Motion carried unanimously.

V. CONSIDERATION TO APPROVE THE MINUTES FROM THE NOVEMBER 15, 2023 BOARD MEETING AND WAIVE THE READING THEREOF

Catherine Bernhold commented that under Board Member Announcements that the Tree Lighting Downtown Monroe was scheduled for November 17th not December 17th.

Deb Staelgraeve moved to approve the minutes with amendment from the November 15, 2023 Board Meeting and waive the reading thereof. John Burkardt supported. Motion carried unanimously.

VI. FEEDBACK SUMMARY

Mike Humphries reviewed feedback from the November 15, 2023 Board Meeting.

VII. CITIZEN COMMENTS

There was no citizen comment.

VIII. PRESENTATIONS, RECOGNITIONS, AND CELEBRATIONS

- a. **Certificates of Appreciation** – Lisa Graham recognized Years of Service Awards that were presented to the following staff at a recent All Staff Meeting in December: Nicole Scharf, Joan Parker, Linda Rousselo, Shelby Sammons, and Amber Kreichbaum for 5 Years of Service; Monique Lombardi and Jennifer Reeves for 10 Years of Service; Devon Cunningham and Jim Brown for 15 Years of Service; Danielle Kowalczyk for 20 Years of Service; and Joy Baltrip for 25 Years of Service. Lisa thanked the staff for their dedication.

IX. BOARD COMMITTEE REPORTS

a. Motion to Place on File All Written Reports

Catherine Bernhold moved to place on file all written reports. Rebecca Curley supported. Motion carried unanimously.

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

b. Motion to Appoint Rebecca Curley to the Community Relations Ad-hoc Committee

Mike Humphries appointed Rebecca Curley to the Community Relations Ad-hoc Committee.

X. ITEMS FOR BOARD ACTION

a. Motion to Approve the Consent Agenda Less Item _____

LaMar Frederick moved to approve the Consent Agenda with an amended contract term of 12/15/23 to 9/30/24 for Dimensions of Wellness. Deb Staelgraeve supported. Roll call: In favor: Staelgraeve, Papenhagen, Curley, Bernhold, Fortney, Humphries, Burkardt, and Frederick; opposed: none; motion carried unanimously.

XI. AUTHORITY AND REGIONAL POLICY REVIEW/APPROVAL

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

- i. Policy: Rescheduling Consumer Psychiatric Appointment Policy
- ii. Procedure: Rescheduling Late Arrivals Procedure
Bridge Script Procedure
Contracts Notification to the Board Procedure
- iii. Exhibit: Site Visit Checklist Exhibit
- i. Rescind: N/A

b. Motion to Approve the Regional Policies as Presented

- i. Policy: N/A

Rebecca Curley moved to approve the Authority and Regional Policy, Procedure, and Exhibits as presented. Ken Papenhagen supported. Motion carried unanimously.

XII. RELATIONSHIP WITH REGION, COUNTY, AND OTHERS

a. Regional Reports

- i. Regional PIHP Board Meeting Minutes – N/A
- ii. State Legislation and Policy Committee Report – N/A

XIII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER

- a. Financial Report – Richard Carpenter explained at the last meeting, that financial reports will not be available until January 2024. At the next meeting we will have a full quarter to review.
- b. Chief Executive Officer's Report included an update on: MCMHA Holiday Events; Staff Recruitment/Revel; Clinical Services; Giving Tree; Intensive Outpatient Program/Opioid Settlement Funds; and Bedford Township Board Presentation on Services.

XIV. NEW BUSINESS

XV. CITIZEN COMMENTS

Stephanie Kasprzak, Director of the Monroe Community Opportunity Program (MCOP), and member of the Community Coalition commented on having great partnerships with the Monroe CMH Authority. MCOP was one of the pilot agencies for the universal referral form and as a result, a peer support was placed at the Opportunity Center. During 1st quarter there were 76 interactions. In addition, we had Mental Health First Aid Training with Chaplain Edwards and Monroe CMH. Stephanie commented on looking forward to implementing a transportation contract in 2024 and Monroe CMH being a long-standing partner in homelessness.

Mike Humphries commented on a Thank You letter received from Gabby's Grief Center for Monroe CMH participating in the 1st Goblins Trunk or Treat.

XVI. BOARD ANNOUNCEMENTS

LaMar Frederick commented on a presentation that Lisa Graham will be provided on services offered by Monroe CMH to the Bedford Township. LaMar plans to be present. The broadcast will be on U-tube TV. It is important for Bedford to know what services are available.

Mike Humphries thanked everyone for sticking with us in 2023. We have overcome a lot of challenges and have made great strides. Looking forward to 2024.

Board Members wished each other a Merry Christmas and a Happy New Year.

XVII. ADJOURNMENT

Mike Humphries adjourned the meeting at 5:32pm.

Submitted by,

Catherine Bernhold
Board Secretary

LG/dp 12/14/23

MCMHA Recipient Rights Executive Summary for FY 23

COMPLAINT DATA

	FY 23	FY 22	FY 21
Allegations Received	85	73	81
Allegations Substantiated	51	49	49

OBSERVATIONS:

- Complaints received involved multiple allegations.
- Consistent with previous years and the normal ebb and flow of complaint activity.
- Monitoring, education, consults and proactive activities by the Rights Office continue.
- Keeping perspective: Consider data in light how many consumers we serve (2,418 individuals in FY 23) and how many minutes every day they receive services and things could go wrong.

SERIOUS HARM ALLEGATIONS

Category	Received	Substantiated
Abuse Class I	1	0
Neglect Class I	0	0

OBSERVATIONS:

- No substantiations involving serious harm (death, serious injury, sexual abuse).

TOP VIOLATIONS

Category	Received	Substantiated
Neglect Class III	16	10
Mental Health Services Suited to Condition	13	9
Safe, Sanitary, Humane Treatment Environment	10	9

OBSERVATIONS:

- Top violations in prior years and consistent with trends across the region and state.
- **Neglect III:** Involves staff failure to follow a written standard (such as IPOS, behavior plan, doctor's order, etc) and which poses a risk of harm.
- **Services Suited to Condition:** Involves staff failure to follow a written standard but there's no risk of harm.
- **Safe, Sanitary, Humane:** Involves staff misbehaving in presence of consumers or staff failure to address environmental health and safety issues.

TOP PROVIDER VIOLATIONS

Provider	Received	Substantiated
MCMHA	23	15
Macomb Residential (MRO)	21	13
CHS	12	8

OBSERVATIONS:

- MRO/CHS deliver services in multiple settings: CLS apartments, Group Homes and/or Day Program/Skill Bldg
- All are bigger providers, have challenging cases & are good self-reporters, which likely leads to more substantiations.
- No other clear trends observed.

****Report reviewed in-depth by Recipient Rights Advisory Committee on 12-14-23****

**COMPLAINT DATA FOR:
RIGHTS OFFICE DIRECTOR:**

Monroe County
Coy Hernandez/Shelley Koyl

Reporting Period:

FY23

October 1, 2022 - September 30, 2023

CMH

of Consumers Served
(unduplicated count)

2418

Rights Office
FTEs

2

LPH

Hours/40 Spent
on Rights

ALLEGATION TOTALS

Total Allegations Received	85	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Allegations	81	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Investigations	81	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Investigations Substantiated	51	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Interventions	0	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Interventions Substantiated	0	← DO NOT TYPE HERE - CELL WILL AUTO FILL

ALLEGATIONS BY CATEGORY

Code	Category	Received
0000	No Right Involved	2

Code	Category	Received
0001	Outside Provider Jurisdiction	2

Code	Category	Received	Investigations	Investigations Substantiated
7221	Abuse class I	0	0	0
72221	Abuse class II - Nonaccidental act	2	2	0
72222	Abuse class II - unreasonable force	4	4	2
72223	Abuse class II - emotional harm	1	1	1
72224	Abuse class II - treating as incompetent	0	0	0
72225	Abuse class II - exploitation	3	3	1
7223	Abuse - class III	7	7	3
7224	Abuse class I - sexual abuse	1	1	0

Code	Category	Received	Investigations	Investigations Substantiated
72251	Neglect class I	0	0	0
72252	Neglect class I - failure to report	1	1	1
72261	Neglect class II	0	0	0
72262	Neglect class II - failure to report	3	3	3
72271	Neglect class III	16	16	10
72272	Neglect class III - failure to report	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7550	Right Protection System	1	1	1	0	0

7555	Retaliation/harassment toward recipients	0	0	0		
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Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7040	Civil rights: Discrimination, Accessibility, Accommodation, etc.	0	0	0	0	0
7044	Religious practice	0	0	0	0	0
7045	Voting	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7081	Mental Health Services Suited to Condition (includes chapter 4 violations)	13	13	9	0	0
7082	Safe, Sanitary Humane Treatment Environment	10	10	9	0	0
7083	Least restrictive setting	0	0	0	0	0
7084	Dignity and Respect	11	11	5	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7100	Physical and Mental Exams	0	0	0	0	0
7110	Family Rights	0	0	0	0	0
7120	Individual Written Plan of Service (Person-Centered Process)	0	0	0	0	0
7130	Choice of Physician/Mental Health Professional	0	0	0	0	0
7140	Notice of Clinical Status/Progress	0	0	0	0	0
7150	Services of a Mental Health Professional (External to the Agency/Hospital)	0	0	0	0	0
7160	Surgery	0	0	0	0	0
7170	Electroconvulsive Therapy	0	0	0	0	0
7180	Psychotropic drugs (AR 7158)	0	0	0	0	0
7190	Medication Side Effects	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7240	Fingerprints, Photographs, Audiorecordings, Use of One-Way Glass	0	0	0	0	0
7249	Video Surveillance	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7261	Communications-Visits	0	0	0	0	0
7262	Communications-Telephone	0	0	0	0	0
7263	Communications-Mail	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7281	Property-Possession and use	0	0	0	0	0
7286	Personal Property -- Limitations	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7360	Labor and Compensation	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated

7440	Freedom of Movement	1	1	0	0	0
7400	Restraint	0	0	0	0	0
7420	Seclusion	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7460	Complete Record	0	0	0	0	0
7480	Disclosure of Confidential Information	7	7	6	0	0
7481	Withhold of Confidential Information (Includes Denying Recipient Access to Records)	0	0	0	0	0
7490	Correction of Record	0	0	0	0	0
7500	Privileged communication	0	0	0	0	0
TOTALS		81	81	51	0	0

Section II: Intervention and Investigation remediation data for:				Monroe County				
Provider	Category (from Complaint Data)	Provider Type	Specific Remedial Action	Specific Remedial Action	SED	SED-W	DD-CWP	HSW
CHS Group LLC.	Neglect, Class III	SIP	Written Reprimand	Suspension				1
CHS Group LLC.	Safe, Sanitary Humane Treatment Environment	SIP	Suspension	Employment Termination				
CHS Group LLC.	Dignity and Respect	SIP	Written Reprimand	Training				1
CHS Group LLC.	Abuse, Class III	SIP	Suspension	Employment Termination				3
CHS Group LLC.	Safe, Sanitary Humane Treatment Environment	SIP	Suspension	Employment Termination				3
CHS Group LLC.-The Farm	Safe, Sanitary Humane Treatment Environment	Day Program DD	Written Reprimand	Verbal Counseling				1
CHS-Vineyard	Abuse, Class III	Residential MI & DD	Employment Termination					2
CHS-Vineyard	Neglect, Class III	Residential MI & DD	Employment Termination					2
Eisenhower Center- Congreg	Abuse, Class II – Emotional harm	Residential MI & DD	Written Reprimand	Training				
Elite AFC, LLC.	Neglect, Class III	Residential MI & DD	Employment Termination					
Everest- Huron	Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Written Reprimand	Employee left the agency, but substantiated				
Everest- Huron	Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Written Reprimand	Employee left the agency, but substantiated				
Everest- Huron	Abuse, Class III	Residential MI & DD	Written Reprimand	Staff Transfer				
Everest- Huron	Dignity and Respect	Residential MI & DD	Written Reprimand	Staff Transfer				
Home, Inc.	Neglect, Class III	SIP	Policy Revision/Development	Training				
MRO	Safe, Sanitary Humane Treatment Environment	SIP	Suspension	Training				2
MRO	Abuse, Class II - Exploitation	SIP	Written Reprimand	Suspension				1
MRO	Dignity and Respect	SIP	Verbal Counseling	Staff Transfer				1
MRO	Neglect, Class III	SIP	Written Reprimand	Staff Transfer				2
MRO	Mental Health Services Suited to Condition (Includes	SIP	Staff Transfer	Written Reprimand				1
MRO- Detroit Beach	Abuse, Class II – Unreasonable force	Residential DD	Written Reprimand	Training				2
MRO- Detroit Beach	Neglect, Class II (Failure to Report)	Residential DD	Employee left the agency, but substantiated					2
MRO- Granby	Abuse, Class II – Unreasonable force	Residential DD	Suspension	Written Reprimand				1
MRO- Granby	Neglect, Class II (Failure to Report)	Residential DD	Suspension	Written Reprimand				1
MRO- Granby	Dignity and Respect	Residential DD	Suspension	Written Reprimand				1
MRO- Granby	Rights Protection System	Residential DD	Employee left the agency, but substantiated					1
MRO-John L/Hendricks	Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Employee left the agency, but substantiated	Other				4
MRO-John L/Hendricks	Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Written Reprimand	Suspension				2
Mastrofrancesco - Binkley	Neglect, Class III	Residential DD	Written Reprimand	Training				1
Mastrofrancesco - Binkley	Neglect, Class III	Residential DD	Written Reprimand	Training				1

Mastrofrancesco - Binkley	Mental Health Services Suited to Condition (Includes	Residential DD	Written Reprimand	Training				
Mastrofrancesco, Inc.	Neglect, Class III	SIP	Written Reprimand	Training				1
MCMHA	Disclosure of Confidential Information	Other	Training					
MCMHA	Disclosure of Confidential Information	ACT	Training					
MCMHA	Mental Health Services Suited to Condition (Includes	Case Management	Written Reprimand	Training	1			
MCMHA	Mental Health Services Suited to Condition (Includes	Case Management	Written Reprimand	Training	1			
MCMHA	Mental Health Services Suited to Condition (Includes	Case Management	Other					
MCMHA	Disclosure of Confidential Information	Clubhouse/Drop-in Center	Training					
MCMHA	Mental Health Services Suited to Condition (Includes	Case Management	Training	Recipient Transfer to another Provider/Site				
MCMHA	Disclosure of Confidential Information	Case Management	Policy Revision/Development					1
MCMHA	Disclosure of Confidential Information	Other	Training		1			
MCMHA	Disclosure of Confidential Information	Other	Training		1			
MCMHA	Neglect, Class I (Failure to Report)	Other	Written Reprimand	Training				
MCMHA	Neglect, Class II (Failure to Report)	Other	Written Reprimand	Training				
MCMHA	Safe, Sanitary Humane Treatment Environment	Other	Employee left the agency, but substantiated					
MCMHA	Mental Health Services Suited to Condition (Includes	Case Management	Written Counseling	Training	1			
MCMHA	Mental Health Services Suited to Condition (Includes	Case Management	Written Counseling	Training	1			
PRS, Inc.	Neglect, Class III	SIP	Written Reprimand	Training				1
PRS, Inc.	Mental Health Services Suited to Condition (Includes	SIP	Written Reprimand	Training				1
PRS, Inc.	Dignity and Respect	SIP	Employment Termination					
PRS, Inc.	Neglect, Class III	SIP	Employment Termination					1

DO NOT ENTER DATA HERE. THESE COLUMNS WILL AUTO FILL

REMEDATION TOTALS	
Verbal Counseling	2
Written Counseling	2
Verbal Reprimand	0
Written Reprimand	26
Suspension	10
Demotion	0
Staff Transfer	5
Training	23
Employment Termination	8
Employee left the agency, but substantiated	6
Contract Action	0
Policy Revision/Development	2
Environmental Repair/Enhancement	0
Plan of Service Revision	0
Recipient Transfer to Another Provider/Site	1
Other	2
Pending	0
None	0

POPULATION TOTALS	
SED	6
SED-W	0
DD-CWP	0
HSW	41

PROVIDER TOTALS	
ACT	1
Case Management	7
Children's Foster Care	0
Clubhouse/Drop-in Center	1
Crisis Center	0
Day Program DD	1
Day Program MI	0
Inpatient	0
Other	6
Out Patient	0
Psychosocial Rehabilitation	0
Residential DD	9
Residential MI	0
Residential MI & DD	10
Respite Homes	0
SIP	16
Supported Employment	0
Workshop (prevocational)	0

APPEALS INFORMATION

Appeals Type	Number
Appeal Requests Regarding the Rights Office Investigation Received	0
Appeal Requests Regarding the Rights Office Investigation Accepted	0
Number Upheld	0
Number Sent Back for Reinvestigation	0
Number Where External Investigation by MDHHS-ORR Was Requested	0
Appeal Requests Regarding the Action Taken Received	0
Appeal Requests Received Regarding the Action Taken Accepted	0
Number Upheld	0
Number Sent Back for Further Action	0

Monroe County

ANNUAL TRAINING ACTIVITY

Training Received by Office Staff

(Please only list trainings related to rights protection)

LIST THE NAMES OF ALL RIGHTS STAFF HERE	Staff Name (drop down: you have to scroll up to see the names)	MDHHS Course Number	Topic of Training Received	Category (drop down)	# Hours
Coy Hernandez	Coy Hernandez	RCA23-GSI	The Power of Advocacy	IV - Augmented Training	1.50
Shelley Koyl	Coy Hernandez	RCA23-03	Understanding Michigan's Forensic Interviewing Protocol	I - Operations	1.50
	Coy Hernandez	RCA23-GSII	MDHHS Director Elizabeth Hertel	I - Operations	0.75
	Coy Hernandez	RCA23-04	CMH Roundtable	I - Operations	1.50
	Coy Hernandez	RCA23-07	Comparing ORR and CMS Complaint Systems	II - Legal Foundations	1.50
	Coy Hernandez	RCA23-11	Office of the Advocate for Children	I - Operations	1.50
	Coy Hernandez	RCA23-14	Michigan Behavioral Health Mediation Services	II - Legal Foundations	1.50
	Coy Hernandez	RCA22-17	Identifying and Interviewing Individuals with Complex Communication Needs	I - Operations	1.50
	Coy Hernandez	RC23-GSIII	The Final Frontier: What we have Learned and Where do we go from Here	IV - Augmented Training	1.50
	Coy Hernandez	RC23-19	Mental Health Basics	I - Operations	1.50
	Shelley Koyl	RCA23-GSI	The Power of Advocacy	IV - Augmented Training	1.50
	Shelley Koyl	RC23-01	Discovering Wisdom Through Tough Times	IV - Augmented Training	1.50
	Shelley Koyl	RCA23-GSII	MDHHS Director Elizabeth Hertel	I - Operations	0.75
	Shelley Koyl	RCA23-04	CMH Roundtable	I - Operations	1.50
	Shelley Koyl	RC23-08	Locus/MichiCANS & How to Use in Investigations	I - Operations	1.50
	Shelley Koyl	RC23-12	Keeping Safe while using Evidenced Based Techniques	IV - Augmented Training	1.50
	Shelley Koyl	RC23-14	Michigan Behavioral Health Mediation Services	II - Legal Foundations	1.50
	Shelley Koyl	RCA22-17	Identifying and Interviewing Individuals with Complex Communication Needs	I - Operations	1.50
	Shelley Koyl	RC23-GSIII	The Final Frontier: What we have Learned and Where do we go from Here	IV - Augmented Training	1.50

Link to MDHHS-ORR C

<https://www.michigan.gov/mdhhs/ke>

CATEGORY TOTALS

I - Operations	15.00
II - Legal Foundations	4.50
III - Leadership	0.00
IV - Augmented Training	9.00
Non-CEU	0.00

THESE NUMBERS WILL AUTO-FILL

Type of Training Totals		Agency Staff	Contractual Staff	Consumers	Other Staff
Face-to-Face	0	0	0	0	0
Video	0	0	0	0	0
Computer	1	37	394	0	0
Paper	0	0	0	0	0
Video & Face-to-Face	0	0	0	0	0
Computer & Face-to-Face	0	0	0	0	0
Paper & Face-to-Face	0	0	0	0	0
Teams/Zoom, etc	0	0	0	0	0
Other (please describe)	0	0	0	0	0
These Numbers will self-fill					

SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES

Progress on Outcomes established by the office for FY 23. Pick from the drop-down in the STATUS column and indicate if goal was accomplished, was discontinued, or remains ongoing. Checking ongoing will result in that outcome being self-populated in the FY 24 goal section below.

Outcomes		Status
1	ORR will review and update ORR training materials as needed to ensure compliance with State training requirements.	Ongoing
2	ORR will partner with Network Management Department to review ORR training records for all contractual providers to ensure compliance with ORR training requirements.	Ongoing
3		
4		
5		

Outcomes established by the office for FY24	
1	ORR will review and update ORR training materials as needed to ensure compliance with State training requirements.
2	ORR will partner with Network Management Department to review ORR training records for all contractual providers to ensure compliance with ORR training requirements.
3	ORR will pursue educational/outreach opportunities with recipients and/or community entities to increase awareness of the rights of individuals served by MCMHA.
4	
5	

SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The ORR and Advisory Committee recommends the following:

Recommendations

1	When considering service and program changes, be mindful and vigilant about protecting rights and ensuring consumer safety.
2	Ensure that recipients of services are aware of and receive the services to which they are entitled. This includes the sufficient staffing of mental health professionals as overall service needs continue to increase.
3	Ensure quality of services is considered when awarding or renewing contracts.
4	Continue to fund the Rights Office at it's current level & contract with Washtenaw County for the provision of rights protection.
5	

I attest that I have reviewed this annual report and I am submitting it as required by law.

NAME

Lisa Graham

DATE

12/20/2023

RECIPIENT RIGHTS DATA REPORT—NEW CATEGORY DESCRIPTIONS

ABUSE:

A non-accidental act, or provocation of another to act, which causes or contributes to:

- **Class I:** death; serious injury; sexual abuse
- **Class II:** non-serious injury; emotional harm; unreasonable force; financial harm due to treating as incompetent; exploitation of property/funds.
- **Class III:** verbal abuse or other means of communication that is degrading, threatening, or sexually harassing.

NEGLECT

An act, or lack of acting, which deprived a consumer of care or treatment required by a written standard or the plan of service, and which:

- **Class I:** caused/contributed to death, serious injury, sexual abuse; OR Failure to Report Abuse/Neglect I.
- **Class II:** caused/contributed to non-serious injury, emotional harm; OR Failure to Report Abuse/Neglect II.
- **Class III:** placed, or could have placed, consumer at risk of physical harm; OR Failure to Report Abuse/Neglect III.

RIGHTS PROTECTION SYSTEM

- **Notice/explanation of rights:** the right to be given info re: the rights of recipients of public mental health services.
- **Failure to Report:** the right to have apparent or suspected violations reported by staff to the Rights Office immediately.
- **Access to Rights System:** the right to have unimpeded access the Rights Office and Rights protection system.
- **Complaint Investigation Process:** the right that Recipient Rights Investigations be handled as required by law (ie. completion within 90 days, thorough consideration of facts, conclusions based on preponderance of evidence, etc).
- **Appeals Process:** the right to be informed & upon request assisted to appeal a completed Rights Investigation on the following grounds: findings inconsistent with facts/law; action taken doesn't provide an adequate remedy; or investigation not initiated/completed in a timely manner.

RETALIATION/HARASSMENT: The right to be free of retaliation and harassment when reporting a potential Rights violation or participating in the investigation process.

CIVIL RIGHTS

- **Discrimination/Accessibility/Accommodation:** the right not to be discriminated against (ie. age, gender, race, etc) and be provided reasonable accessibility/accommodation for a disability.
- **Presumption of Competency:** the right to be presumed competent until or unless a court determines otherwise.
- **Search/Seizure:** the right to privacy and not be subjected to unreasonable search/seizure of person, home, or personal property.

RELIGIOUS PRACTICE: The right to practice, or not practice, a religion of one's choice, and not be discriminated against due to religious beliefs.

VOTING: The right to vote as desired and to receive assistance when requested.

MENTAL HEALTH SERVICES SUITED TO CONDITION (includes Chapter 4 violations for hospitals)

- **Informed Consent:** the right to make *voluntary* decisions based on the *knowledge and understanding* of the risks, benefits, and available alternatives.
- **Information on Family Planning:** the right to be informed of the availability of family planning referral services.
- **Treatment by spiritual means:** the right to receive treatment by spiritual means, unless harmful or illegal.
- **Mental Health Services Suited to Condition:** the right to receive mental health treatment suited to one's condition, based on a comprehensive needs assessment, and in compliance with written standards (ie. consumer's treatment plan, doctor's orders, guidelines/policies, etc).
- **Second Opinion-Denial of Hospitalization:** the right to have a second opinion if denied inpatient hospitalization.

- **Independent Clinical Evaluation:** the right to secure an independent evaluation to determine if one requires treatment, hospitalization or other services, and whether one is of legal capacity.
- **Second Opinion-Denial of Services:** the right to have a second opinion if denied mental health services.

SAFE, SANITARY, HUMANE TREATMENT ENVIRONMENT

- **Safe:** The right to receive services in a setting that is free from hazards to health/safety.
- **Sanitary:** the right to receive services in a setting that is clean and sanitary.
- **Humane:** the right to receive services in a setting that is professional, considerate and free from unnecessary disruptions (ie. arguing/fighting/profanity between staff in a consumer's presence)

LEAST RESTRICTIVE SETTING: The right to receive services that are clinically appropriate in the least restrictive setting possible.

DIGNITY/RESPECT: The right to be treated with politeness, esteem and consideration.

PHYSICAL and MENTAL EXAMS: *only applies to inpatient hospitals.*

FAMILY RIGHTS

- **Family Dignity and Respect:** families' right to be treated with dignity and respect.
- **Receipt of General Education Information:** families' right to be given general info about the array of mental health conditions, treatment, and community resources.
- **Opportunity to Provide Information:** families' right to be given the chance to provide info to the treating professionals.

INDIVIDUAL PLAN OF SERVICE / PERSON CENTERED PROCESS

- **Person Centered Process:** the right to be engaged in planning one's own treatment; having one's strengths and preferences honored; and a treatment plan devised that clearly identifies the amount, scope and duration of treatment to be provided and by whom.
- **Timely Development:** the right to have the person-centered plan completed in a timely manner, as required by law or a agency policy.
- **Request for review:** the right to request a review of the treatment plan at any time, and for the review to be completed within 30 days.
- **Participation by individual(s) of choice:** the right to choose who participates in the planning process (exclusions permitted only if the treatment team determines a person poses a safety risk or would greatly disrupt the planning process).
- **Assessment of needs:** the right to receive a comprehensive needs assessment, which is then incorporated into the treatment plan (includes food, shelter, clothing, health care, employment & educational opportunities, legal services, transportation, recreation and health/safety needs).

CHOICE OF PHYSICIAN/MENTAL HEALTH PROFESSIONAL: the right to a choice of physician or other mental health professional within the limits of available resources.

NOTICE OF CLINICAL STATUS/PROGRESS: the right to be informed of one's progress at reasonable intervals and in a manner that is appropriate to one's condition.

SERVICES OF MENTAL HEALTH PROFESSIONAL: the right to obtain services from a mental health professional and to see that professional at reasonable intervals.

SURGERY: *only applies to inpatient hospitals.*

ELECTROCONVULSIVE THERAPY (ECT): *only applies to inpatient hospitals.*

PSYCHOTROPIC DRUGS: *only applies to inpatient hospitals.*

MEDICATION SIDE EFFECTS: the right to be given an explanation and written summary of the specific risks and most common side effects before initiating drug therapy.

FINGERPRINTS, PHOTOGRAPHS, AUDIO-RECORDINGS, ONE-WAY GLASS

- **Prior Consent:** the right to give written permission prior to being photographed, fingerprinted, taped, or viewed through a one-way glass for educational, informational, social or treatment purposes.
- **Identification:** the right to have photographs or audio/videotapes sent to an individual or another agency only when necessary to help identify a consumer, as permitted by law or agency policy.

- **Objection:** the right to refuse to be photographed, fingerprinted, taped, or viewed through one-way glass.
- **Release to others/return:** the right for any photograph or audio/videotape to be returned, along with any copies, after its use for identification purposes.
- **Storage/Destruction:** the right to have photographs and audio/videotapes secured in a confidential manner and returned/destroyed upon discharge or as required by a agency policy.

VIDEO SURVEILLANCE: *only applies to inpatient hospitals.*

COMMUNICATION-VISITS

- **Access to visitors:** the right to see or have visitors.
- **Contact with Attorneys about legal matters:** the right to communicate privately with one's attorney.

COMMUNICATION-TELEPHONE

- **Access to telephone:** the right to use the telephone to communicate with others.
- **Funds for telephone usage:** the right to be provided with a reasonable amount of funds for telephone use.

COMMUNICATION-MAIL

- **Access to mail:** the right to use the mail to communicate with others.
- **Funds for mail usage:** the right to be provided with a reasonable amount of stamps and stationery.
- **Written and posted limitations:** the right for limits to communication to be in writing and clearly posted.
- **Uncensored Mail:** the right to send and receive mail privately and without interference/censorship.

PERSONAL PROPERTY – POSSESSION & USE

- **Access to entertainment materials, information, news:** the right to watch TV, go to the movies, read newspapers, magazines/books, etc as desired.
- **Possession and Use:** the right to have and use one's personal belongings as desired.
- **Storage Space:** the right to a reasonable amount of storage space for personal property, inc. clothes.
- **Inspection at Reasonable Times:** the right to access one's personal property at reasonable times.
- **Exclusions:** the right to have any exclusions of personal property clearly listed and publicly posted at a Program or Group Home (including weapons, drugs, etc)
- **Receipt to Recipient and Designated Individual:** the right to be given a receipt for any personal property held for safekeeping and have property returned when leaving the program.
- **Waiver:** the right to waive safekeeping of one's own personal property by a licensed home/facility.
- **Protection:** the right for one's personal property to be protected from theft or loss.

PERSONAL PROPERTY-LIMITATIONS: the right to have any limitation of personal property addressed in the treatment plan and based only on preventing harm, theft, loss or destruction.

SAFEGUARDING MONEY: *only applies to a state facility.*

LABOR and COMPENSATION: the right to be compensated for work that the program/facility would normally pay someone to perform. (Not include personal housekeeping tasks/chores related to living in a small group setting.)

FREEDOM OF MOVEMENT: the right to move freely without restriction/limitation, unless approved in the treatment plan or necessary to ensure immediate health/safety.

RESTRAINT: the right not to have physical restraints used to restrict one's movement (*permitted only in inpatient hospitals*).

SECLUSION: the right not to be placed in a room alone where one's ability to leave is prevented (*permitted only in inpatient hospitals*).

COMPLETE RECORD: the right to have a complete and current record of services.

DISCLOSURE OF CONFIDENTIAL INFORMATION: the right to have all mental health treatment info, including one's consumer status, kept private, unless disclosure permitted or required by signed consent, court order or law.

WITHHOLDING INFORMATION:

- **Withholding:** the right not to be withheld access to one's treatment record, including viewing or obtaining a copy, or authorizing others to view/receive a copy.
- **Access by DRM to record:** the right of Disability Rights Michigan (previously called Michigan Protection & Advocacy/MP&A) to have unimpeded access to consumer info/records, under specific circumstances specified in a agency policy.

CORRECTION OF RECORD: the right to place a statement in the treatment record to correct/amend info perceived to be inaccurate/incorrect.

PRIVILEGED COMMUNICATION: the right for info obtained by a psychiatrist/psychologist, in connection to examination/diagnosis/treatment, to be kept private unless disclosure permitted by signed consent, court order or law.

NO RIGHT INVOLVED: a problem or issue that does not involve a right protected under the Mental Health Code.

OUTSIDE PROVIDER JURISDICTION: a problem or issue that falls outside the jurisdiction of the Rights Office (ie. conduct of friends, family, or agencies/providers not under contract.)



BOARD BYLAWS & POLICY COMMITTEE
Thursday, January 18, 2024
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 3:27pm. Catherine Bernhold, Susan Fortney, and Lisa Graham were present. Rebecca Pasko, Pam Ray, Mike Humphries, and John Burkardt were excused.

II. COMMITTEE BUSINESS

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

Policies:	n/a
Procedures:	n/a
Exhibits:	n/a
Rescind:	n/a

- b. Regional Policies

Policies:	n/a
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III. REVIEW BOARD GOVERNANCE POLICY MANUAL

- a. The committee completed the review of a Board Performance and Self-Evaluation Questionnaire.
- b. The committee created Policy 4.4 Monitoring Board of Directors' Performance.
- c. The committee amended Policy 3.4 Board Chair's Role.
- d. Section 3 and 4 of the Board Governance Policy Manual will be sent to the full Board for feedback. Feedback will be compiled and reviewed at an upcoming Bylaws and Policy Committee.

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.

V. PARKING LOT

VI. AJOURNMENT

The meeting adjourned at 4:22pm.

VII. NEXT MEETING

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Thursday, February 15, 2024** at 5:00pm.

Respectfully submitted,
Catherine Bernhold (dp)

Catherine Bernhold
Committee Chair

1/18/24



BOARD CLINICAL OPERATIONS COMMITTEE
Wednesday, January 10, 2024
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 5:00pm. Susan Fortney, Chantele Steffens, Rebecca Curley, Lisa Graham, Crystal Palmer, and Bridgitte Gates were present. Rebecca Pasko, Deb Staelgraeve, and Mike Humphries were excused.

II. CHIEF CLINICAL OFFICER UPDATE

- a. Crystal Palmer pulled out the highlights from the Clinical Updates Report and created an Executive Summary for the committee. Crystal presented the Executive Summary highlighting staff vacancies, Michigan Certification Board for Addiction Professionals (MCBAP) credentialing, leadership training, community outreach, and services.
 - i. Clinical Updates Report – Attachment A
 - ii. Crisis Mobile Utilization Report – Attachment A1
 1. Lisa Graham commented that as a Board, to be aware of and thinking about, this is not an inexpensive program to run. We want to make sure the community is aware we have this program and are using it. The cost to keep a 24/7 crisis team for the number of deployments, we want to make sure that Law Enforcement and the community his utilizing the service. Providing a 24/7 Crisis Molie is a requirement for CCBHC.
 - i. Chantele Steffens suggested asking Revel to help flood the community with knowledge of the Crisis Mobile program. Lisa Graham commented that a card with crisis services information could be developed and shared in the community, at schools, churches, etc.
 2. Susan Fortney suggested to add the number of people referred against categories for the Number of Referrals Made and Where They Were Referred to graphs.
 3. Susan Fortney suggested to track numbers for mental illness, substance abuse, or both against demographics for a deeper breakdown.
- b. Operations Update
 1. Bridgitte Gates presented the Operations Report highlighting the topics: Customer Services; Revel projects; Kiosks; and 1st Quarter Grievances.
 - i. Chantele Steffens asked Bridgitte to clarify the process for when a consumer is running out of medication.
 - ii. MCMHA will be hosting a table at the Bedford Business Fair on March 9th from 10am-5pm. An email will be sent to staff and the Board to volunteer for one of the 2 available shifts (10am-1pm and 1pm-5pm).
 - iii. Susan Fortney commented on a low rating when you search Monroe Community Mental Health on the internet. This could be a Google, Yelp, or other third-party rating service that cannot be removed. Chantele suggested to work with Revel to do a push for 90 days to increase the rating and consider a prize drawing for completing a survey and rating.
 - iv. Chantele asked how we can support New Directions in getting their information into the community on a card as the font is hard to read. Rebecca Curley suggested this was a good place to start and to consider advertising in Monroe News. Lisa Graham commented that flyers with the same information will be provided in the community and can provide an article for the Monroe News.

III. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBCH)

- a. Lisa Graham commented we are continuing to implement and get consumers enrolled into CCBHC.

IV. INFORMATIONAL ITEMS

V. PARKING LOT

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

VI. ADJOURNMENT

The meeting adjourned at 6:11pm. The Board Clinical Operations Committee's next meeting is scheduled for **Wednesday, February 7, 2024** at 5pm in the Aspen Room.

Respectfully submitted,

Susan Fortney (dp)

Susan Fortney
Clinical Operations Chairperson

1/17/24

STAFF

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

- MCMHA continues to recruit and hire staff for current vacancies, which is 16 at this time. One (1) position remains a Maxim position we are backfilling and one (1) is new due to additional grant funding. We have seven (7) positions in the hiring process; six (6) external and one (1) internal.
- MCMHA continues to provide training to ensure qualified and competent staff through additional support for Michigan Certification Board for Addiction Professionals (MCBAP) credentialing.

LEADERSHIP

Strategic Plan Goal 2: Assure Competent and Accountable Leadership

- MCMHA continues to provide training to leadership in both group settings and individually as needed to build competent and accountable leadership.

COMMUNITY OUTREACH

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

- MCMHA continues to be an active partner in the community and working with many community partners, such as but not limited to, Law Enforcement, Opportunity Center at the ALCC, Salvation Army, Disabilities Network, Paula's House, Fairview, Saleh Center, Health Department's Maternal and Child Health Services, Monroe Housing Commission, YMCA, Monroe County, and the Monroe Intermediate School District.

FINANCE

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

- No updates at this time.

SERVICES

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

- The Crisis Mobile Response Team continues to receive positive feedback upon deployment.
- Expansion of services at the Benesh Building continue to be utilized even though there was a decrease in appointments from October to November. However, utilization remains close to the same.
- In the month of December, 155 additional eligible members were identified for CCBHC services for a total of 946 members enrolled.
- The data for incoming calls being answered is at 98%, which meets MCMHA's goal of 95%.

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 January 3rd:

- ACT Therapist – Internal transfer
- Case Service Manager – Adult
- Case Service Manager – Child and Family
- Case Service Manager – Intellectual/Developmental Disability
- Case Service Manager – Jail Diversion
- Children's Therapist/Case Manager
- Crisis Mobile Response Team
- Evaluation & Admission Specialist (backfilling Maxim position)
- Home Based Clinician
- Infant Mental Health Specialist
- OBRA Assessor (New position due to grant funding)
- Outpatient Therapist
- Peer Support Specialist (FT)
- Peer Support Specialist (PT)
- Peer Support Specialist (FT) - SUD Jail Diversion
- Youth Peer Support Specialist

Currently there are six (6) external and one (1) internal transfer in process.

In order to have qualified staff, an MCBAP (Michigan Certification Board for Addiction Professionals) credentialing meeting was hosted by the CCBHC Program on December 6th. It was open to all staff interested in learning more about obtaining a credential through MCBAP, in order to support the process. Approximately six (6) staff attended this meeting with the goal of continuing to support MCBAP candidates to obtain their credentials. This will continue to be a focus in the new year.

Additionally, in order to ensure our clinical workforce is able to properly serve the veteran population, the CMHPSM hosted a Veteran's Navigator training in collaboration with Monroe CMHA and Washtenaw CMHA exploring veterans' culture and partnering with veteran navigators on December 12th. This is a key component of the CCBHC model.

LEADERSHIP

Strategic Plan Goal 2: Assure Competent and Accountable Leadership

As a learning organization, also dedicated to building leaders, we will be providing additional leadership training for all clinical leadership along with other new leaders within the organization. We look forward to this opportunity to support leadership development as we continue to grow our leader regarding communication, building relationships, accountability, etc.

Training sessions have been provided in November and December and the last session will occur in January 2024. Trainings have focused on “improving communication,” and “leadership skills – developing trust.”

Additionally, we have two (2) new supervisors who have/will be receiving 1:1 leadership training with a coach in order to ensure optimal performance in developing and leading their teams. ***This meets objective #3 Leadership will provide consistent and accurate communication under “Develop and Implement a Strategic Communication Plan with Input from Staff.”***

COMMUNITY OUTREACH

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

Universal Referral

MCMHA continues to utilize the Universal Referral Form program which allows some of our community partners the opportunity to have a quick and easy way to refer individuals they encounter that they believe to be in need.

We did extend the Universal Referral program to the YMCA. Therefore, we now have 9 agencies plus law enforcement utilizing the universal referral form. A list of the agencies are as followed:

- Opportunity Center at the ALCC
- Salvation Army
- Disabilities Network
- Paula’s House
- Fairview
- Saleh Center
- Health Department’s Maternal and Child Health Services
- Monroe Housing Commission
- YMCA

There have been 33 referrals which include both law enforcement and community partners. The outcomes of these cases are as follows:

- 4 were sent to their treatment teams for follow up
- 6 were referred and following through with Access
- 2 were given referrals
- 4 were authorized for inpatient psychiatric
- 3 declined any further intervention
- 2 were followed up with in person
- 2 was sent to Youth Diversion for follow up
- 10 were no response

Collaborations/Partnerships

1. Monroe Community Mental Health Authority (MCMHA) continues to meet and play a role in the development of Monroe's Drug Court in collaboration with the Circuit Court, Prosecutors, Salvation Army Harbor Light (SAHL), probation, and many more partners.
2. Leadership from MCMHA met with Wayne State University's Center for Behavioral Health and Justice along with other communities across the state for a quarterly Post Overdose Rapid Response Convening to work on ensuring continued development of our overdose response to be as optimal as possible.
3. In the spirit of continuous improvement, Salvation Army Harbor Light provided a presentation for MCMHA's Jail Diversion team to ensure there was a full understanding of their scope of practice to ensure utilization of their services.
4. The Children's Department provided a "Trauma Informed Care training for the Monroe County Youth Center (MCYC) staff in early November. MCMHA received a gracious email from Brian, stating:

"I just wanted to say thank you for planning the Trauma training for our staff at the MCYC. I have heard so many great comments and compliments about the training from our staff the past almost 2 weeks. Please pass on our gratitude to the rest of your staff as they did an amazing job!! We will do our very best to use what we learned to help the youth in our community. Thank you, Brian Faunce, and the rest of the MCYC staff"

MCMHA is proud to offer this to the Monroe County Youth Center and value this collaborative working relationship.

5. MCMHA (Monroe Community Mental Health Authority) is partnering with the ISD Transition Council through the month of December to provide education and resources through a district "Roadshow" to our I/DD high school community and their families. This month we will continue the Roadshow through the Bedford and Monroe High Schools.

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 Support Specialists/Parent Support Partners meet individuals at the Center on Mondays, Wednesdays, and Thursdays from 12-4pm for anyone interested. These days had the highest volume of contacts and services. Appointments will be continuously monitored, and availability will be increased if the need changes.

The peers continue to assist in linking and coordinating services which includes engaging those who need community mental health services or those involved in community mental health services. In November, we provided 3 1:1 meetings. The peers also engaged in 10 programs/activities within the Opportunity Center.

These items meet objective #3 Increase/Improve Community Presence under “create and implement a strategic community presence plan for each event.”

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

Crisis Mobile Response Team

As of 1/3/24, MCMHA has nine (9) out of ten (10) Crisis Mobile Response Team Staff. The main focus will be training these staff as we are committed to quality 24/7 coverage.

Please see the attached report (Attachment #1) regarding November data from the Crisis Mobile Response Team.

Developing and implementing a crisis mobile response team meets objective #1 Enhance Programs for Highly Vulnerable Populations under “mobile crisis unit.”

MCMHA Crisis Mobile Response Team received high praise for a response for a community member orchestrated by Sheriff Goodnough whose home was condemned. The Sheriff called to report that the team was prompt, professional, and extremely helpful. He reported that they went above and beyond to offer assistance and coordinate appropriate referrals and ensure all needs were met.

Benesh Expansion

The data provided below identifies the individuals zip codes who were scheduled at the Benesh building during FY24. It should be noted that the information includes all appointments whether they were held in-person or virtually.

Zip Code	Location	23-Oct	Nov-23	Total
48101	Ann Arbor	0	1	1
48103	Ann Arbor	0	0	0
48105	Ann Arbor	0	0	0
48117	Carleton	2	3	5
48131	Dundee	3	2	5
48133	Erie	4	2	6
48135	Garden City	0	0	0
48140	Ida	0	0	0
48144	Lambertville	0	1	1
48145	LaSalle	1	1	2
48157	Luna Pier	3	0	3
48159	Maybee	0	0	0
48160	Milan	6	3	9
48161	Monroe	49	27	76
48162	Monroe	15	16	31
48164	New Boston	0	0	0
48166	Newport	9	2	11
48177	Samaria	0	0	0
48179	South Rockwood	0	0	0
48182	Temperance	3	9	12
48191	Willis	1	0	1
48336	Fowlerville	1	0	1
49267	Ottawa Lake	1	0	1
49270	Petersburg	0	2	2
Total		98	69	167

Below a table is provided indicating out of the total number appointments scheduled each month for FY24, 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)
October	76%	52%
November	75%	48%

Jail Misdemeanor IOP Program

The Jail Misdemeanor IOP program continues to increase the number of enrollees and services provided. Below is data provided for November 2023:

- # assessed and enrolled: 12
- # of discharges: 4
- # currently in the jail IOP portion: 8
- # currently in the aftercare portion: 18
- # denied due to not interested: 2
- # denied due to not being in jail: 34
- # denied out of county: 0

MCMHA, Salvation Army Harbor Light, Monroe County Sheriff's Office, and Monroe County Financial Office met with Wayne State University, Center for Behavioral Health, and Justice to begin discussion about data collection and overall program evaluation assistance. This will be an ongoing partnership through arrangements made by the State of Michigan in utilization of the Opioid Settlement Funds.

Training

MCMHA's Intellectual/Developmental Disabilities and Waiver Teams attended the Home and Community Based Waiver Conference, "Taking Charge of Change...Challenges, and Opportunities," in Lansing Michigan on November 14th and 15th, 2023. Staff were able to attend multiple training courses on: (1) MDHHS Waiver Application Training, (2) Applied Behavior Analysis 101, (3) Self-Determination, (4) Parent Perspectives of Care, (5) Guide to IPOS Writing, (6) Working with and Across Delivery Systems, (7) Priority Weighing List Criteria, and (8) Resilience During Times of Change. Social work training hours, Michigan Certification Board for Addiction Professionals (MCBAP) credits and certificate of attendance were offered.

Groups

Parenting Through Change is a group-based parenting and family functioning intervention. The group session for enrolled consumers will continue for three (3) more weeks. Parents will graduate at the end of the group and leave with several methods for emotional regulation during times of stress as well as child specific tools for encouraging children towards compliance and offering praise.

Certified Community Behavioral Health Clinic (CCBHC)

In the month of December, 155 additional eligible members were identified for a total of 946 CCBHC-enrolled members in the WSA. IT provided an eligibility report and eligibility checks will be run weekly moving forward.

CCBHC Program Director and MCMHA clinical staff have continued to work to enhance existing processes and procedures related to CCBHC program goals. Flow charts and infographics previously reported were finalized and will be presented at the January Care, Treatment, and Services (CTS) meeting for approval.

As previously stated, MCMHA will be a part of the Michigan Department of Health and Human Services (MDHHS) CCBHC Demonstration Project beginning October 1, 2023. This status will allow MCMHA to expand the population served. **Therefore, this allows us to meet/exceed objective #3 for Improve Integration of Physical and Behavioral Health Care and Overall Wellness Services under "access benefits of certified community behavioral health clinic (CCBHC) vs. health home certification and make recommendation."**

MISCELLANEOUS

Call Volume Data

Below is the call volume data for Fiscal Year 24.

	23-Oct	23-Nov
Incoming Calls	3929	3967
Incoming calls minus abandon calls	3863	3905
Calls Answered	3653	3680
Missed/Abandoned Calls	66	62
Abandoned Calls	265	276
% incoming calls answered	93%	93%
% incoming calls answered minus abandon calls	98%	98%

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. MCMHA has been working with 8x8 to clean up the data. There are calls that are "zero" seconds long which are still being considered abandoned or missed due to calls even though these could be cell phone calls dropped, etc. Therefore, with some assistance, MCMHA's IT department is able to look at the calls a little more in depth and more accurately report the numbers. As you can see, during the months of October and November 2023, we are at 98% which is over our goal of 95%.

Select Month:: 2023 - 11

(1) ▾



Monroe County CMH Mobile Crisis Utilization Report

Number of encounters, Number of Follow Ups:

Month	Initial or Follow Up...	#	%
2023 - 11	Follow-Up	1	4.76%
2023 - 11	Initial	20	95.24%

1 - 2 / 2 < >

Month	Contact Type	Hours
2023 - 11	Indirect Contact (Phone/Email/Other)	0.5
2023 - 11	Contact Attempt	1.75
2023 - 11	Face-To-Face	17

1 - 3 / 3 < >

Total Mobile Crisis Deployments

21

Month...	Contact Type	#	%
2023 - 11	Indirect Contact (Phone/Email/Other)	1	4.76%
2023 - 11	Contact Attempt	1	4.76%
2023 - 11	Face-To-Face	19	90.48%

1 - 3 / 3 < >

Average Face-to-Face Interaction Time

1.31

Month	Avg F2F Contact
2023 - 11	1.31

1 - 1 / 1 < >

Select Month:: 2023 - 11

(1) ▾

Time of Calls from Law Enforcement

Time of day of calls:

Hour ▾	# Calls from Law Enforcement
00:00	0
01:00	0
02:00	0
03:00	0
04:00	0
05:00	0
06:00	0
07:00	0
08:00	0
09:00	1
10:00	2
11:00	0
12:00	0
13:00	2
14:00	2
15:00	2
16:00	5
17:00	2
18:00	1
19:00	3
20:00	0
21:00	0
22:00	0
23:00	0

Day	#
Sunday	2
Monday	3
Tuesday	2
Wednesday	1
Thursday	4
Friday	3
Saturday	2

Length of time to respond from time of call to arriving on scene:

Average Response Time (Minutes)

17.43

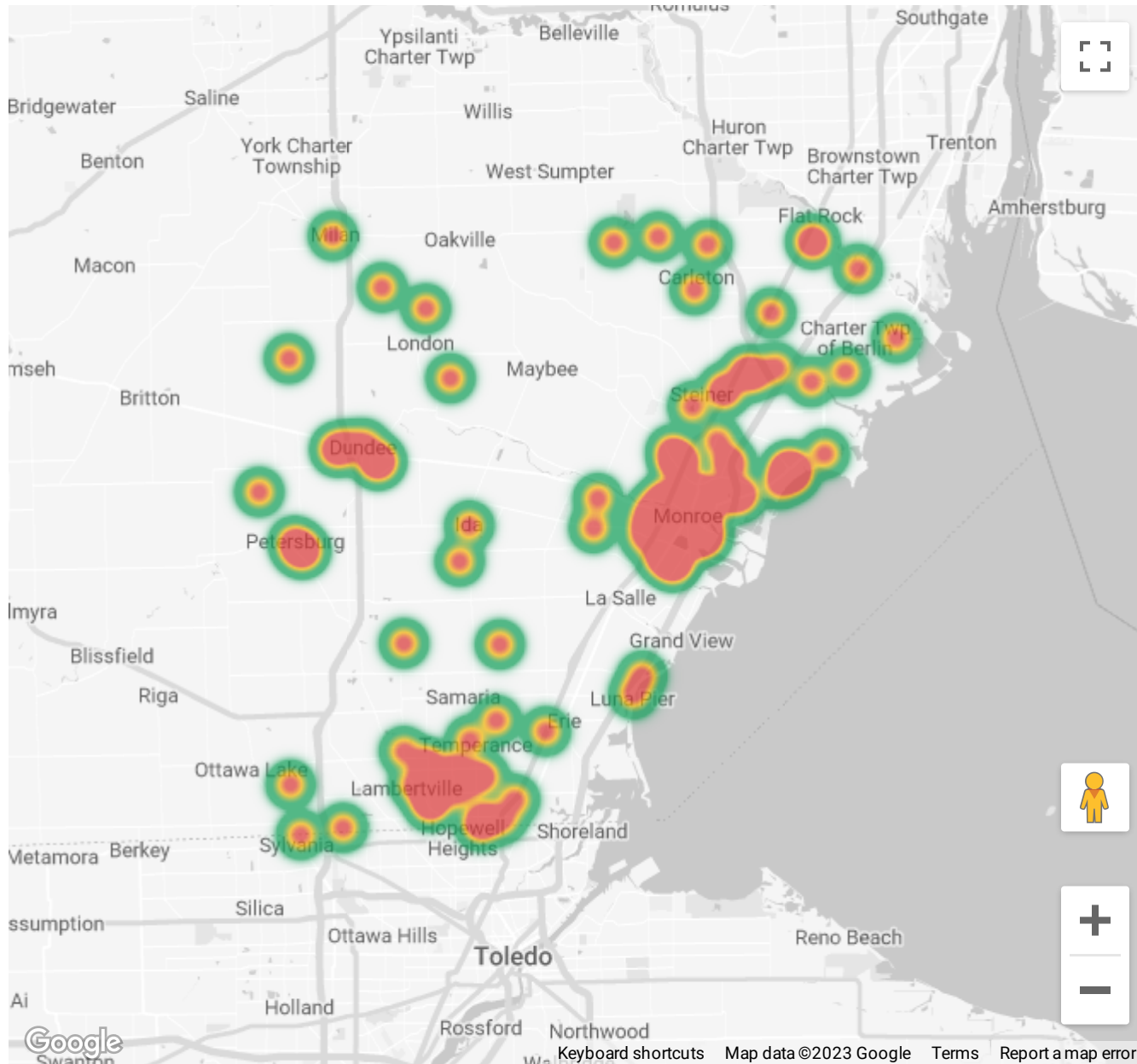
Month	Avg. Response Time ▾
2023 - 11	17.43

Select Month:: 2023 - 11

(1) ▾

Location

Mapping of locations deployed to:



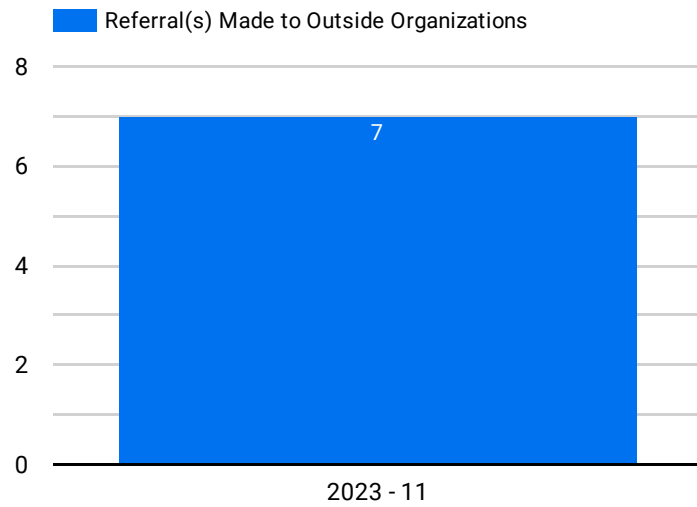
Month	Zipcode	#	%
2023 - 11	48182	4	22.22%
2023 - 11	48160	0	0%
2023 - 11	48173	0	0%
2023 - 11	48166	1	5.56%
2023 - 11	48117	0	0%
2023 - 11	48134	1	5.56%
2023 - 11	48161	8	44.44%
2023 - 11	48162	2	11.11%

call_Address 0 1

Select Month:: 2023 - 11

(1) ▾

Number of referrals made and where they were referred to:



Month ① ▲	Referred to: ② ▲
2023 - 11	Dropped off at St.Joe
2023 - 11	N/A
2023 - 11	Paula's House and Sunrise Shelter
2023 - 11	RAW
2023 - 11	consumer refused

Select Month:: 2023 - 11

(1) ▾

Where Referrals are Coming From:

Month / # Calls	
Deployed by:	2023 - 11
Monroe County Sheriff's Dept.	13
Monroe City Police	6
CMH	1
Police Mental Health Referral	0
ACCESS	0
Mobile Crisis Follow Up	0
Self	0

Select Month:: 2023 - 11

(1) ▾

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

			Month / # / %
			2023 - 11
Race		#	%
White		15	78.95%
Other Race		1	5.26%
Not Collected		3	15.79%

Select Month:: 2023 - 11

(1) ▾

Number of calls per population - Age

			Month / # / %
			2023 - 11
Age		#	%
0 to 9		0	0%
10 to 17		0	0%
18 to 28		5	29.41%
29 to 39		2	11.76%
40 to 50		2	11.76%
51 to 61		3	17.65%
62 to 72		1	5.88%
73 to 83		2	11.76%
84 to 94		0	0%
95 +		0	0%
Not Collected		2	11.76%



Director of Operations Report January 10, 2024

Customer Services:

- Customer Service Satisfaction Survey 2023 – increase in consumers/families knowing how to file a grievance. Went from 47.78% (2022) not knowing to 21% (2023). Since the surveys were completed, we have added kiosks, ongoing education in our consumer newsletter.
- Mystery Shopper to begin this year. Monroe will be shopped by each CMH in our region 3 times each between January and March.

Working with landlord at Benesh to see if we can get bigger signage on the side of the building for MCMHA, Clubhouse and New Directions.

Cards have been created to share in the community and with staff regarding New Directions. (Handout)

Revel Projects – see attached.

Kiosks

- For month of December comment, “How was your visit?” at the Benesh building. 1 star received. Individual stated that the person they met with that they didn’t feel they were being listened too.

External Providers – will have a report in February. Survey information is being gathered currently.

Quarter 1 Grievances FY23/24 (December)

4 Grievances

2 – resolved

- Communication with CMH staff - understanding of ATO (favor of CMH)
 - Consumer was educated on the ATO (Alternative Treatment Order) guidelines and given option to work with department supervisor for future communications.
- Request for a new CSM - communication lacking between consumer and CSM (favor of consumer)
 - Consumer assigned a new CSM.

2 – pending

- Request for new prescriber
 - Reconciliation meeting scheduled for 1/18/2024 with Dr. Bagga, pending until meeting outcome.
- Request for new case manager – consumer would like more support than what is being provided.
 - Pending new case management assignment from Supervisor

Project	Completed
Content Calendar & Social Media Management (12 months)	April
Marketing Communications Plan	May
Display Booth Materials	June
Guide to Services Brochure	July
eDiscover	Presented in July
Clubhouse Collaboration Handout & Clubhouse Flyers/Rack cards	August
MARKETING COMMUNICATIONS PLAN APPROVAL	Board Approval on August 24
New Website	Kicked off in September
Bi-monthly Newsletter / Employee Feedback Process / Star of the Month Program / Encourage Communication Ambassadors	September
Find Your 'Why' Partnership Video	Shot in October
Board Recruitment Video	Shot in October
Annual Report	October
Car Magnets	October
Print/Program Ads	October
CCBHC Certification PR & Newsletter	October
Survey Cards	October
Program Literature (23 service flyers)	November
Getting Help Before There's a Crisis - Rack card	November
How to Help Someone Who Doesn't Want Help/Kevin's Law - Rackcard	November
Guardianship, Conservatorship, and Decision-Making Options to Help Your Loved One - Rack card	November
Overall crisis brochure with options on how to get help - Rack card	In Progress to be completed in December

PULSE FOR GOOD DATA

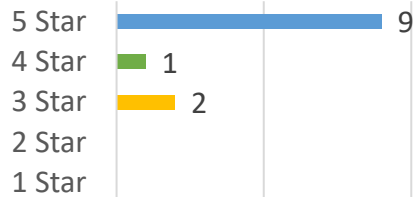


Overall Rating: 4.47

December 2023 / Location - Lobby Kiosk

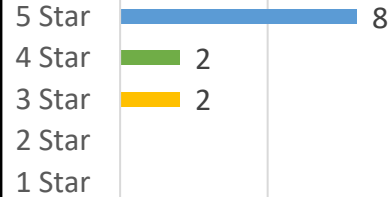
How was your visit?

12 Responses / 4.58 Rating



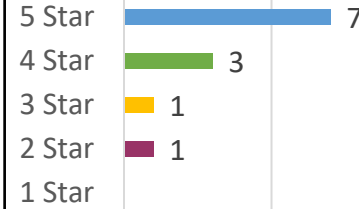
Do you think this agency is a safe place to be?

12 Responses / 4.50 Rating



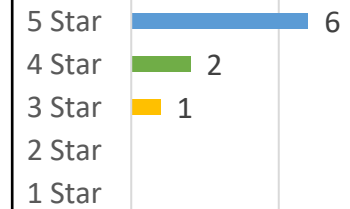
How clean was it?

12 Responses / 4.33 Rating



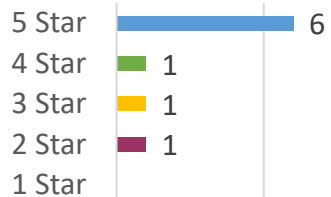
How respectful was the staff?

9 Responses / 4.56 Rating



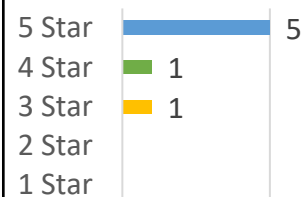
How satisfied were you with scheduling your appointment?

9 Responses / 4.33 Rating



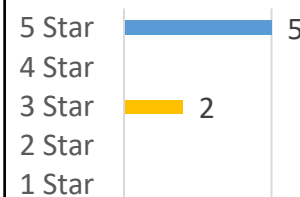
How well did the appointment time work for you?

7 Responses / 4.57 Rating



How convenient is our location?

7 Responses / 4.43 Rating

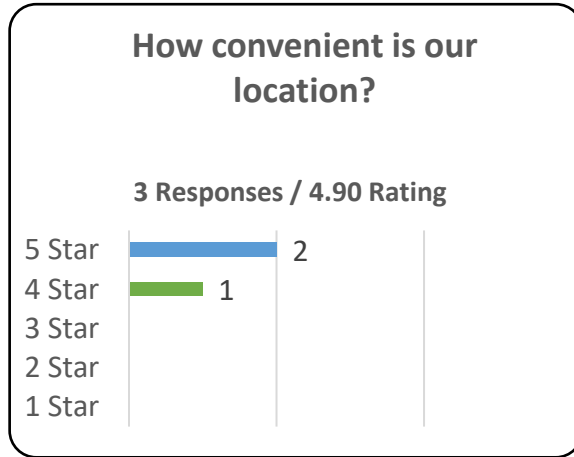
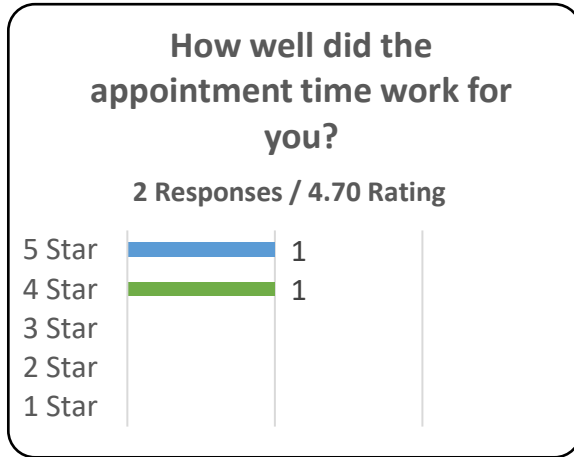
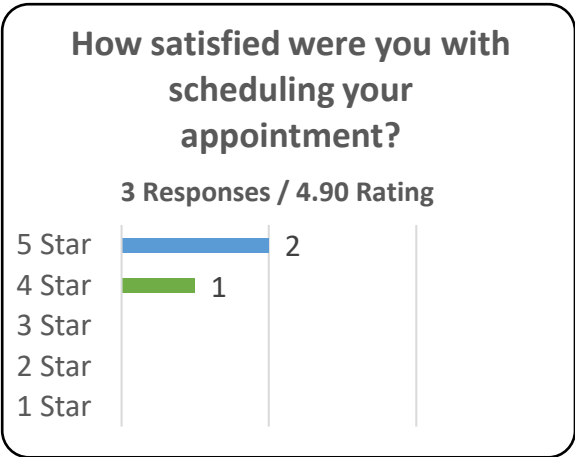
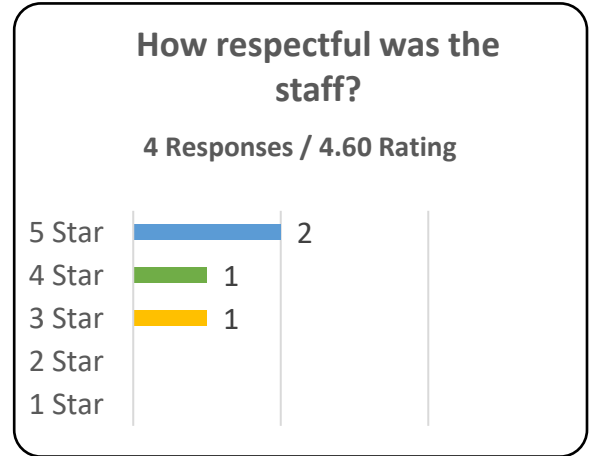
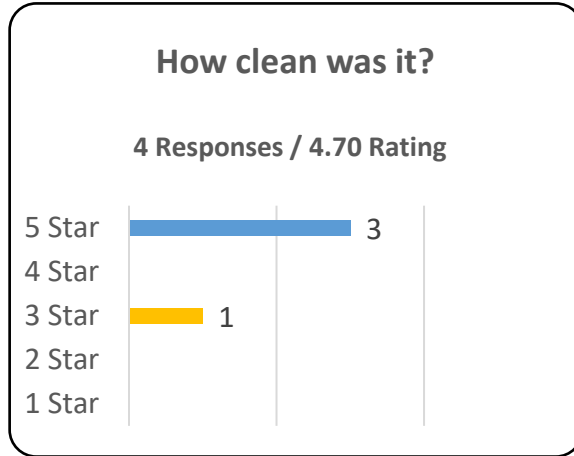
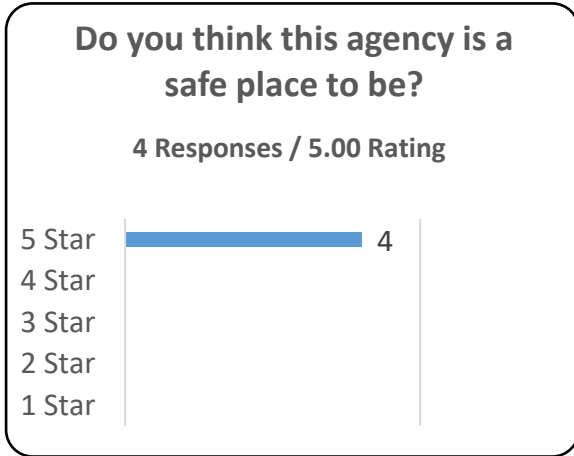
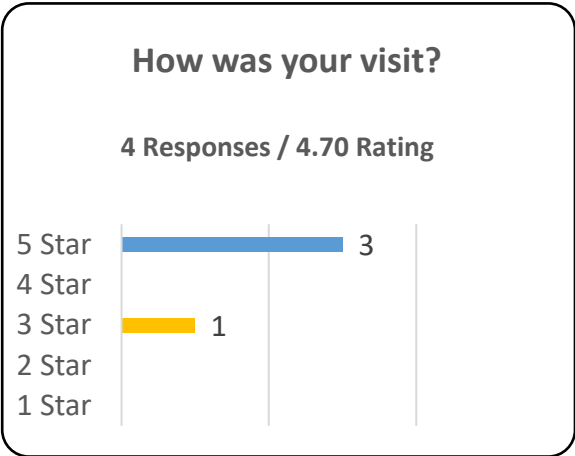


PULSE FOR GOOD DATA



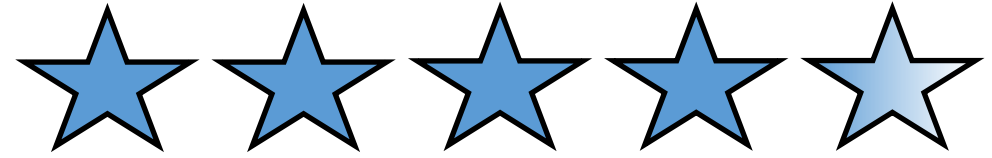
December 2023 / Location – Prescriber Kiosk

Overall Rating: 4.80



PULSE FOR GOOD DATA

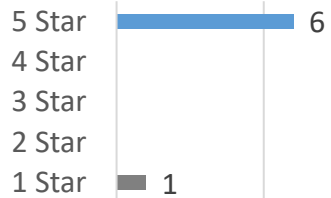
December 2023 / Location - Benesh Kiosk



Overall Rating: 4.84

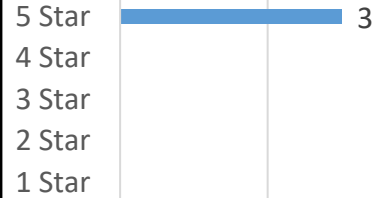
How was your visit?

7 Responses / 4.43 Rating



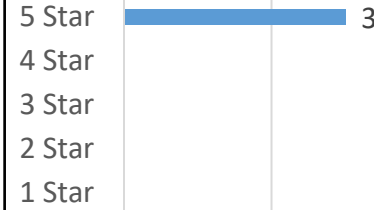
Do you think this agency is a safe place to be?

3 Responses / 5.00 Rating



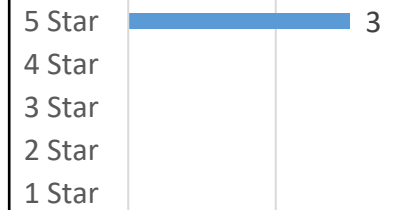
How clean was it?

3 Responses / 5.0 Rating



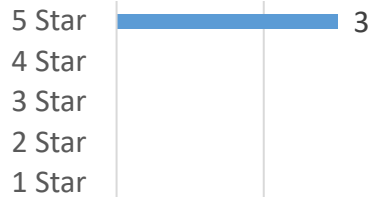
How respectful was the staff?

3 Responses / 5.00 Rating



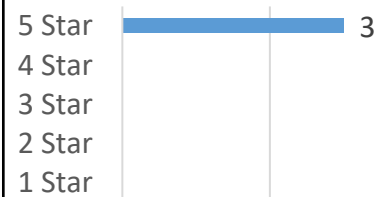
How satisfied were you with scheduling your appointment?

3 Responses / 5.00 Rating



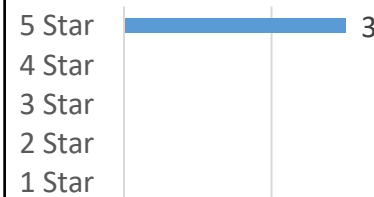
How well did the appointment time work for you?

3 Responses / 5.00 Rating



How convenient is our location?

3 Responses / 5.00 Rating





BOARD EXECUTIVE COMMITTEE
Wednesday, January 17, 2024
5:00pm

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 5:00pm. Susan Fortney, Mike Humphries, Catherine Bernhold, and Lisa Graham were present.

II. REVIEW OF THIS MONTH'S BOARD MEETING

- a. Board Agenda – Reviewed
- b. Presentation – Recipient Rights Advisory Committee Annual Report; Employee Engagement Survey Results; and Financial Report and Contracts

III. ITEMS FOR DISCUSSION

IV. ACTION ITEMS FOR FUTURE BOARD MEETING AGENDA

- a. Jan – Recipient Rights Annual Report
- b. Feb
- c. Mar

V. AJOURNMENT

The meeting adjourned at 5:23pm.

VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for **Wednesday, February 21, 2024** at 6:00pm.

Respectfully submitted,

Mike Humphries (dp)

Mike Humphries
Board Chairperson

1/17/24



BOARD PERFORMANCE EVALUATION COMMITTEE

Tuesday, January 16, 2024

5:00pm

MAJOR COMMITTEE RESPONSIBILITIES

1. Compile quarterly performance measures for Chief Executive Officer.
2. Compile quarterly performance measures for the Board.

COMMITTEE MEMBERS

Board Chair
Business Operations Chair
Bylaws & Policy Chair
Clinical Operations Chair

DRAFT MINUTES

I. CALL TO ORDER

The meeting was called to order by Mike Humphries at 5:00pm. Mike Humphries, Susan Fortney, LaMar Frederick, and Catherine Bernhold were present. Lisa Graham was excused.

II. REVIEW CEO SELF-EVALUATION AND FY2023 OUTCOMES REPORT

- a. The committee reviewed the CEO Self-Evaluation and FY2023 Outcomes Report.

III. REVIEW CEO 360 FEEDBACK SURVEY RESULTS AND WRITTEN RESPONSES

- a. The committee reviewed the CEO 360 feedback survey results and written responses from Direct Reports, Board Members, the PIHP, and Community Partners.
- b. Committee membership began completing the comparison tool.

IV. NEXT STEPS

- a. Committee to meet January 24, 2024 to review the CEO Self-Evaluation, 360 Survey feedback and written responses, and results of the Performance Evaluation Committee Comparison Tool with the Chief Executive Officer.
- b. Committee to meet February 13, 2024 to review the CEO Overall Summary recommended by the Performance Evaluation Committee. Sign documentation and submit to the Executive Administrative Assistant.
- c. The Performance Evaluation Committee will present the CEO Performance Evaluation Overall Summary to the full Board at the February 28, 2024 Board Meeting. A motion to accept the committee's recommendation for the CEO's Performance Evaluation Overall Summary will be added to the February 28, 2024 Board Meeting Agenda.
- d. The Executive Administrative Assistant will provide the CEO Performance Evaluation Overall Summary to the full Board for review at the February 28, 2024 Board Meeting.

V. ADJOURNMENT

The meeting adjourned at 6:30pm. The next meeting is scheduled for Wednesday, January 24, 2024 beginning at 4:00pm.

Respectfully submitted,

Michael Humphries (dp)

Mike Humphries
Performance Evaluation Committee Chair

1/17/24



**RECIPIENT RIGHTS ADVISORY COMMITTEE
MEETING MINUTES**

December 14, 2023 3p.m. – 4:30 p.m.

Present: Pam Ray (Chair), Ilene Dussia, Susan Fortney, Sondra Thorn, Mary Ball, Coy Hernandez, and Shelley Koyl

I. CALL TO ORDER

The meeting was called to order at 3:11 pm by Pam Ray. Roll call complete. Pam welcomed everybody to the meeting. There were no audience comments.

II. REVIEW AND APPROVE

Meeting Minutes: Susan made a motion to accept the meeting minutes from August 17, 2023. Sondra seconded. All in favor.

Funding of the Rights Office: Shelley reviewed the current funding of the Rights Office with the committee. The committee determined that the Rights Office is currently adequately funded and staffed to perform its mandated functions with 2 Full-Time staff.

Annual ORR Data Report & Recommendations to the Board: Coy and Shelley reviewed the report and the Executive Summary (handouts). Of note for FY 22/23, ORR investigated 85 allegations. This was a slight increase from last fiscal year, but represents a normal ebb and flow of complaint activity. Of the 85 allegations investigated, 51 violations were substantiated with no violations of serious Abuse or Neglect. The top violations during the Fiscal Year review period were Neglect Class III, Mental Health Services Suited to Condition, and Safe, Sanitary, Humane Treatment Environment. The top providers with violations were MCMHA, Macomb Residential, and CHS. In depth discussion occurred about overall observations, examples of violations, mandated reporting practices, and how the potential for staff “job hopping” between providers is addressed. No significant trends were noted. Pam also noted the importance of considering the data in light of the number of persons served (2,418) and explained how it can be a common misconception and/or not realistic to think that there should be no rights violations. The Committee reviewed the Recommendations to the Executive Board from the previous year and the Committee agreed all were important. The group agreed all recommendations should remain the same with the exception of amending #2 to say, “Ensure that recipients of services are aware of and receive the services to which they are entitled. This includes the sufficient staffing of mental health professionals as overall service needs continue to increase.” Sondra made a motion to accept the ORR Data Report & Recommendations to the Board. Ilene seconded. All in favor.

III. RIGHTS OFFICE UPDATES

Coy noted that Lenawee CMH went through their triennial Rights System Assessment by the State in September, 2023. Lenawee received a score of Full Compliance with minor findings that have since been addressed/adopted by the Regional Rights Group to close any potential gaps in practices. The auditors were very complimentary of Lenawee’s rights protection system and all of the support that is provided by the Regional Rights Group.

Coy shared that MCMHA’s triennial Rights System Assessment is likely to occur in March (2024). The Regional Rights Director recently conducted a review of Monroe ORR’s office in preparation for the audit. A mock audit by the Regional Rights Group has also been scheduled for January (2024). Washtenaw CMH will be assessed in late 2024.

Coy noted that Washtenaw ORR had a vacancy open in September which has since been filled. Sarah Starkey, previously a Washtenaw CMH staff for many years, is set to transition over to the Washtenaw ORR Team on 1/2/24.

Shelley provided an update on MCMHA’s designation of being a Certified Community Behavioral Health Clinic (CCBHC) as of 10/1/23. The CCBHC designation is a great opportunity for MCMHA to provide services to anybody in the community that applies for services, and also includes the Crisis Mobile Unit being fully operational. The Agency has seen an increase in service provision within the community and continues to hire staff to meet programing needs.

Pam reviewed the 2024 RRAC Meeting Schedule. The meetings will be held from 3pm-4:30pm in Sycamore on: 5/9/24, 8/15/24, and 12/12/24.

IV. PARKING LOT

None

V. ADJOURNMENT / Next Meeting – Pam adjourned the meeting at 4:44p.m. The next meeting is scheduled for May 9, 2024 at 3pm in Sycamore.

Respectfully submitted,

Pam Ray, Chairperson
Recipient Rights Advisory Committee

MCMHA Board Action Request Mental Health Administrative Contract(s) / Amendments	FY 2022-23	January 17, 2024
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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
Relias	Agency	Increase user count in our training platform.	\$19,447.83 annually	1/1/2024	With the increase in employees we needed to add additional capacity for training. Our user count will increase from 165 to 200. This will result in a \$2,951.01 annual increase.
Michelle Nerkowski	ACT		\$140/hour for a maximum of 80 hours Mileage reimbursement at the IRS rate		In person training specific to the ACT team.

RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on January 17, 2024 approval of the contract(s) listed on MCMHA Board Action Mental Health Administrative Contract(s) / Amendments on or before January 24, 2024.

MCMHA Board Action Request Mental Health Service Contract(s) / Amendments	FY 2022-23	January 17, 2024
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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						
Community Living Network	2/1/24-9/30/24	Targeted Case Management and Supports Coordination (supports broker)	T1017		\$26.00 per 15 minute unit	
CABB Community Supports LLC	2/1/24-9/30/24	Comprehensive Community Supports/Overnight Health and Safety	H2015/T2027 H2015/T2027 UN H2015/T2027 UP H2015/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	
Beacon Specialized Living Services	2/1/24-9/30/24	Behavior Treatment Plan Monitoring	H2000 TS		\$90.00 per encounter	
Guardian Trac	2/1/24-9/30/24	Behavior Treatment Plan Monitoring	H2000 TS		\$90.00 per encounter	
Autism/Waiver Services						

RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on January 17, 2024 approval of the contract(s) listed on MCMHA Board Action Mental Health Service Contract(s) / Amendments on or before January 24, 2024.

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

Members Present for In-Person Quorum: Judy Ackley, Patrick Bridge, Rebecca Curley, LaMar Frederick, Molly Welch Marahar, Mary Pizzimenti, Alfreda Rooks, Mary Serio, Holly Terrill, Ralph Tillotson

Members Not Present For In-Person Quorum: Bob King, Rebecca Pasko, Annie Somerville

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

Guests Present: Andrew Brege

- I. Call to Order
Meeting called to order at 6:00 p.m. by Board Vice-Chair Judy Ackley.
- II. Roll Call
 - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented
Motion by M. Welch Marahar, supported by H. Terrill, to approve the agenda
Motion carried
- IV. Consideration to Approve the Minutes of the 10-11-2023 Meeting and Waive the Reading Thereof
Motion by M. Welch Marahar, supported by H. Terrill, to approve the minutes of the 10-11-2023 meeting and waive the reading thereof
Motion carried
- V. Consideration to Approve the Minutes of the 10-25-2023 Meeting and Waive the Reading Thereof
Motion by M. Serio, supported by M. Pizzimenti, to approve the minutes of the 10-25-2023 meeting and waive the reading thereof
Motion carried
- VI. Audience Participation
None
- VII. Old Business
 - a. Board Information: Finance Report through October 31, 2023
 - M. Berg presented. Discussion followed.
- VIII. New Business
 - a. Contracts
Motion by L. Frederick, supported by R. Tillotson, to authorize the CEO to execute the contracts/amendments as presented

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.

Motion carried

Roll Call Vote

Yes: Ackley, Bridge, Curley, Frederick, Welch Marahar, Pizzimenti, Rooks, Serio, Terrill, Tillotson

No:

Absent: King, Pasko, Somerville

- b. FY2024 Quality Assessment and Performance Improvement (QAPIP) Plan
Motion by M. Welch Marahar, supported by M. Serio, to approve the annual plan for quality assessment and improvement plan activities during FY2024, pending date corrections: references to 2023 should be corrected to 2024
Motion carried

IX. Reports to the CMHPSM Board

- a. Board Information: SUD Oversight Policy Board – No update
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.

X. Closed Session

- a. Consultation with CMHPSM Attorney on Lawsuit
Motion by R. Tillotson, supported by M. Welch Marahar, to Enter closed session pursuant to MCL 15.268(1)(e) to discuss settlement and trial strategy in the pending litigation of Waskul et al v. Washtenaw County Community Mental Health et al, Case Number 2:16-cv-10936-PDB-EAS, Eastern District of Michigan, because discussion in the open session will be detrimental to our position
Ralph, Molly to go into closed session
Motion carried

Roll Call Vote

Yes: Ackley, Bridge, Curley, Frederick, Welch Marahar, Pizzimenti, Rooks, Serio, Terrill, Tillotson

No:

Absent: King, Pasko, Somerville

- The board entered into closed session at 6:40 p.m.

Motion by R. Tillotson, supported by M. Welch Marahar, to re-enter into open session

Motion carried

- The board re-entered into open session at 7:31 p.m.

XI. Adjournment

Motion by M. Welch Marahar, supported by R. Curley, to adjourn the meeting

Motion carried

- The meeting was adjourned at 7:32 p.m.

Rebecca Pasko, CMHPSM Board Secretary

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.