



MONROE COMMUNITY MENTAL HEALTH AUTHORITY

BOARD MEETING

March 27, 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 February 28, 2024 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	15 min
a. FY2023 CMHPSM Annual Submission (<i>handout</i>)	
IX. Board Committee Reports	10 min
a. Committee Chair Reports	
i. Business Operations	
ii. Bylaws & Policy	
iii. Clinical Operations	

- iv. Executive
 - v. Performance Evaluation
 - b. **Motion to Place on File All Written Committee Reports**

- X. **Items for Board Action** **10 min**
 - a. **Motion to Approve the Consent Agenda Less Item _____**
 - i. Service Contracts as Presented
 - b. **Motion to Accept the FY2023 CMHPSM Annual Submission**

- XI. **Authority and Regional Policy Review/Approval** **05 min**
 - a. **Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented**
 - i. **Policy:**
 - HR4026 Leave Sharing Donation Policy
 - HR4053 Professional Development Reimbursement Policy
 - FCM3038 Issuance and Use of Credit Card Policy
 - ii. **Procedure:**
 - HR4026-P1 Leave Sharing Donation Procedure
 - HR4053-P1 Professional Development Reimbursement Procedure
 - POC7052-P26 Assisted Outpatient Therapy Process Procedure
 - POC7074-P4 Internal Delay of Service Procedure
 - POC7069-P7 SBIRT Procedure
 - iii. **Exhibit:**
 - HR4026-E1 Emergency Vacation PTO Donation Request Form Exhibit
 - HR4026-E2 Personal Tragedy Vacation Donation Form Exhibit
 - HR4053-E1 Professional Development Expense Reimbursement Exhibit
 - POC7069-E15 M-SASQ Exhibit
 - POC7069-E16 MAST Exhibit
 - POC7069-E17 ASSIST V3 English Exhibit
 - POC7069-E18 AUDIT Exhibit
 - POC7069-E19 Combined CRAFFT 2.1 Exhibit
 - POC7069-E20 Drug Abuse Screening Test Exhibit
 - POC7069-E21 SBIRT Screening Cheat Sheet Exhibit
 - FCM3038-E1 Credit Card Agreement Exhibit
 - FCM3038-E2 Receipt Exception Form Exhibit
 - iv. **Rescind:** N/A
 - v. **Relocate:** N/A
 - b. **Motion to Approve the Regional Policies as Presented**
 - i. **Policy:** N/A

- XII. **Relationship with the Region, County, and Others** **10 min**
 - a. Regional Reports
 - i. Regional PIHP Board Meeting Minutes - Did Not Meet
 - b. CMHAM Policy and Legislation Committee Report

- XIII. **Items from the Chief Executive Officer** **15 min**
 - a. Financial Report
 - b. Chief Executive Officer's Report (*handout*)

- 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, April 24, 2024 beginning at 5:00pm in the Aspen Room.

LG/dp 4:25 p.m.



**BOARD OF DIRECTORS REGULAR MEETING MINUTES
February 28, 2024**

Present: Michael Humphries, Chairperson; Susan Fortney, Vice Chairperson; Catherine Bernhold, Secretary; Rebecca Pasko; LaMar Frederick; John Burkardt; Rebecca Curley; Ken Papenhagen; Deb Staelgraeve; and Chantele Steffens

Excused: Pam Ray and Dawn Asper

Absent:

Staff: Lisa Graham

Guests: 11 guests attended

I. CALL TO ORDER

The Board Chairperson, Mike Humphries, called the meeting to order at 5:03 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

Rebecca Curley moved to adopt the draft agenda as presented. Rebecca Pasko supported. Discussion followed. Motion carried unanimously.

V. CONSIDERATION TO APPROVE THE MINUTES FROM THE January 24, 2024 BOARD MEETING AND WAIVE THE READING THEREOF

Ken Papenhagen moved to approve the minutes for the January 24, 2024 Board Meeting and waive the reading thereof. Rebecca Pasko supported. Motion carried unanimously.

VI. FEEDBACK SUMMARY

Mike Humphries reviewed feedback from the January 24, 2024 Board Meeting. Catherine Bernhold commented that the Board Bylaws and Policy Committee updated the monthly Board Meeting feedback tool and submitted to the Board for review.

VII. CITIZEN COMMENTS

There were no citizen comments.

VIII. PRESENTATIONS, RECOGNITIONS, AND CELEBRATIONS

- a. **Substance Use Disorder (SUD), Access and Resources** – The Community Relations Committee requested Lisa Graham to provide educational presentations each month to help the Board and community understand the roles of Monroe CMH Authority. The first presentation is on Substance Use Disorder (SUD), Access and Resources. MCMHA has four primary roles related to SUD treatment: screening and referral; outpatient therapy; jail-based medication assisted treatment (MAT); and community partnerships. Lisa provided a brief overview of each of the four primary roles. A video presentation will be added to the agency’s website for community review.

IX. BOARD COMMITTEE REPORTS

- a. **Motion to Place on File All Written Reports**

Bylaws & Policy – Catherine Bernhold commented that Section 3 and 4 of the Governance Policy Manual have been submitted to the Board for review and feedback. The committee is currently reviewing the Board Bylaws and will be sending that to the Board for review upon completion.

Clinical Operations – Susan Fortney commented that she is proud of this committee. Crystal Palmer and Bridgitte Gates provide the committee with great reports. There is a comfortable setting to ask questions and pleased with the work this committee is doing.

Community Relations – Rebecca Pasko commented that the committee recommended a training presentation each month for Board Members and the community. The committee is hopeful that the Board will learn about the 9 core areas of CCBHC. The committee recommended the training presentations to be recorded and placed on the agency website for the community.

John Burkardt requested to amend the Business Operations minutes as Lisa Grahams first name is missing an a.

LaMar Frederick moved to place on file all written reports with requested amendment. Ken Papenhagen supported. Motion carried unanimously.

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

X. ITEMS FOR BOARD ACTION

- a. **Motion to Approve a Board Stipend for any Board Member Participating in the St. Joe’s Center for Hope Tour on February 29, 2024**

LaMar Frederick moved to approve a Board Stipend for any Board Member participating in the St. Joe’s Center for Hope Tour on February 29, 2024. John Burkardt supported. Roll call: In favor: Pasko, Steffens, Frederick, Burkardt, Humphries, Fortney, Bernhold, Curley, Papenhagen, and Staelgraeve; opposed: none; motion carried unanimously.

- b. **Motion to Approve a Board Stipend for any Board Member Participating at the Bedford Business Fair on March 9, 2024**

LaMar Frederick moved to approve a Board Stipend for any Board Member participating at the Bedford Business Fair on March 9, 2024. Chantele Steffens supported. Roll call: In favor: Pasko, Steffens, Frederick, Burkardt, Humphries, Fortney, Bernhold, Curley, Papenhagen, and Staelgraeve; opposed: none; motion carried unanimously.

- c. **Motion to Accept the Performance Evaluation Committee’s Recommendation for the Chief Executive Officer’s Performance Evaluation**

LaMar Frederick moved to accept the Performance Evaluation Committee’s recommendation to the full Board for a rating of in excess of satisfactory for the Chief Executive Officer’s 2023 Performance Evaluation. John Burkardt supported. Discussion followed. Roll call: In favor: Pasko, Steffens, Frederick, Burkardt, Humphries, Fortney, Bernhold, Curley, Papenhagen, and

Staelgraeve; opposed: none; motion carried unanimously.

Lamar Frederick thanked Ken Papenhagen for creating the comparison tool. It helped the Performance Evaluation Committee to focus on the issues, decisions, and conclusions.

Lisa Graham commented that this year the Performance Evaluation Committee reviewed more information than they have since she has been the Chief Executive Officer. Every area of the tool was an extensive review but did not feel overdone. Lisa is pleased with the process, the thorough review, and was happy that the committee provide all of the information to the full Board.

Chantele Steffens requested that the list of 2023 accomplishments be made public.

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: POC7057-P10 Blood Pressure Readings and Response Procedure
POC7067-P4 Autism Testing Referral Procedure
POC7067-P3 CCBHC Targeted Service Catchment Area Procedure
- iii. Exhibit: POC7067-E7 CCBHC Access Flowchart Exhibit
POC7067-E8 CCBHC Eligibility Chart Exhibit
POC7067-E9 Autism Evaluation Internal Referral Exhibit
- iv. Rescind: POC7063 Nursing Process Procedure
POC7057-P8 Taking a Manual Blood Pressure Procedure
POC7057-P9 Taking a Blood Pressure with Digital Monitor Procedure
POC7080-P1 Fall Risk Procedure
- v. Relocate: POC7063-P1 Fall Risk Procedure Relocate to POC7082-P3

Catherine Bernhold moved to approve the Authority Policy, Procedure, and Exhibits as presented. Rebecca Curley supported. Motion carried unanimously.

b. Motion to Approve the Regional Policies as Presented

- i. Policy: POC7052 Clinical Practices Guidelines Policy

Catherine Bernhold moved to approve the Regional Policy as presented. Susan Fortney supported. Motion carried unanimously.

XII. RELATIONSHIP WITH REGION, COUNTY, AND OTHERS

a. Regional Reports

- i. Regional PIHP Board Meeting Minutes – LaMar Frederick commented that the difference in eligibles and what was projected for when the budget was put together that there may need to be a budget amendment.
- ii. State Legislation and Policy Committee Report – Rebecca Pasko commented that this committee does not meet every month. The last meeting attended, there was a lot of talk about nursing and education primarily about mental health services throughout the state. The big thing, this year, is that Medicaid was requiring \$2 copays and not how that may affect Monroe CMH. Bob Sheehan mentioned that one of the Medicaid plans were already doing this.

Richard Carpenter commented that there have not been any discussions at the PIHP level. PIHPs are not required to have a copay for Medicaid. This may be limited to the physical health care side.

XIII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER

- a. Financial Report – Richard Carpenter presented the financial report.

- i. The financials were reviewed in depth at the Business Operations Committee this month. Trends, Comparative Charts, Fiscal Revenues and Expenses by Fund Source, and Basic Financial Statements were presented. The highlights were revenue dropping due to eligibles decreasing. Even though we anticipated the drop it is happening quicker than

we anticipated. We are having conversation with the state on adjusting rates; and doing an analysis for consumers hitting the general fund that should be on Medicaid. Through the pandemic there were no spend downs, they were able to save it which may be over the asset limit after the pandemic and do not qualify for Medicaid. The other thing we are seeing is that previous individuals have been re-enrolled in plan first for Medicaid. Plan first does not have payable mental health services. We are working with MDHHS to get these consumers into the correct Medicaid plan. It looks good on paper; we are working with the state and will let the Board know how we are progressing in the next month.

Lisa Graham commented that every CMH in the state of Michigan is experiencing this problem for overspending the general fund.

Chantele Steffens commented that she loved the new financial format and suggested that any typos be fixed before publishing for the Board and community to review.

- b. Chief Executive Officer's Report included an update on: CCBHC, State Recipient Rights Audit, Opioid Settlement Funds/Year 2 implementation plan, Governors FY2025 Budget, FY2023 final financial status report, Lenawee CMHA, Youth Summit, Community Coalition, and Monroe County Community College presentation overview of CMH services.

XIII. NEW BUSINESS

XIV. CITIZEN COMMENTS

There were no citizen comments.

XV. BOARD ANNOUNCEMENTS

Rebecca Pasko thanked the Performance Evaluation Committee for their hard work on the CEO Performance Evaluation.

Lamar Frederick commented that the Bedford Business Fair is on March 9th and Monroe CMH will have presence there.

Susan Fortney commented that herself and Chantele Steffens will be representing Monroe CMH at the Bedford Business Fair.

Mike Humphries thanked the Board for accepting the Performance Evaluation Committee's recommendations. The committee worked hard on this. Mike is proud of this and proud of the agency as well.

XVII. ADJOURNMENT

Mike Humphries adjourned the meeting at 6:27pm.

Submitted by,

Catherine Bernhold
Board Secretary

LG/dp
3/7/24



BOARD BUSINESS OPERATIONS COMMITTEE
Wednesday, March 20, 2024
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; Susan Fortney (Nov-Apr); Ken Papenhagen; Pam Ray (May-Oct); 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, Rebecca Curley, Chantele Steffens, Susan Fortney, Lisa Graham, Richard Carpenter, Ken Melvin, Jim Brown, Bridgitte Gates, and Alicia Riggs were present. Pam Ray and Mike Humphries were excused.

II. BUSINESS OPERATIONS

- a. Facilities – There were no updates for facilities.
- b. Technology – There were no updates for technology.

III. FINANCE

a. **Items for Board Action (Consent Agenda)**

- i. Service Contracts – Beaumont Behavioral Health; Eagle Village Inc.; and Illuminate ABA Services were presented by LaMar Frederick (recommend board approval).

LaMar Frederick requested to have the providers location added to the contracts.

b. **Financial Reports**

- i. The Fiscal Finance Report for Trends, Comparative Charts, Fiscal Revenues and Expenses by Fund Source, and Basic Financial Statements were provided in the packet for review (recommend Board approval).

Richard Carpenter introduced Ken Melvin, Deputy CFO. For the last four years, Ken has been focused on Macomb County as their CFO and is also overseeing the day-to-day functions at Monroe CMH Authority as Deputy CFO. On a personal note, Ken three children, 5, 3, and 5 months. Ken is looking forward to working with everyone.

Richard Carpenter added a monthly highlight page to the Financial Report which will be both positive for committee members and the community.

Richard Carpenter presented the January financials highlighting:

1. Revenue and eligibility continue to decline faster than anticipated. PIHP CFOs are meeting with MDHHS on Thursday March 21st to discuss a mid-year rate adjustment.
2. Cash and Investments are up from prior year primarily from collection of receivables from the PIHP.
3. Liabilities are also up from prior year primarily related to estimated claims incurred but not reported.
4. Net income is projected to be down compared to prior year primarily due to GASB 68 & 75 adjustments that are currently unknown and will be available in early 2025 from the actuaries.
5. Revenue received from the PIHP exceeds expenses by \$723,090 as of January 31, 2024. Part of the Medicaid and HMP surpluses are due to allowable costs being covered by GF as individuals continue to fall off Medicaid.
6. The CCBHC program is showing a surplus of \$177,477 through January. We continue to work with the PIHP to accelerate the reporting of T1040s which will bring in more revenue.
7. State General Fund is showing a deficit of \$630,783, primarily related to spenddowns and individuals falling off Medicaid. This deficit is covered to the extent possible by local funds with a reported use of fund balance through January of \$67,504.

Lisa Graham commented that there will likely be a budget amendment at the April PIHP Board Meeting and a discussion about how Monroe CMH Authority came in FY2023 3.5 million overspent in Medicaid. We can show the utilization increase for hospitalization and specialized residential as it was a matter of delivering services and consumers needing higher cost services. Lisa commented that we have budget challenges this year and have consumers with high needs and will do our best to monitor all of these items.

V. INFORMATIONAL ITEMS

VI. PARKING LOT

- a. May 2024: Review Needs for Agency Growth (Leadership Changes, Staffing Needs, Agency Space) – Chantele Steffens
- b. May 2024: Review of Surplus Funds and How it Can be Utilized – LaMar Frederick
- c. Union Contract Negotiations: Year End Bonus – Chantele Steffens

VII. ADJOURNMENT

The meeting adjourned at 5:46pm. The Business Operations Committee's next meeting is scheduled for **Wednesday, April 17, 2024** at 5pm in the Aspen Room.

Respectfully submitted,

LaMar Frederick (4)

LaMar Frederick
Business Operations Chair

3/22/24



BOARD BYLAWS & POLICY COMMITTEE
Thursday, March 21, 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 5:00pm. Catherine Bernhold, Susan Fortney, John Burkardt, and Rebecca Pasko were present. Pam Ray, Mike Humphries and Lisa Graham were excused.

II. COMMITTEE BUSINESS

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

Policies:	HR4026 Leave Sharing Donation Policy HR4053 Professional Development Reimbursement Policy FCM3038 Issuance and Use of Credit Card Policy
Procedures:	HR4026-P1 Leave Sharing Donation Procedure HR4053-P1 Professional Development Reimbursement Procedure POC7052-P26 Assisted Outpatient Therapy Process Procedure POC7074-P4 Internal Delay of Service Procedure POC7069-P7 SBIRT Procedure
Exhibits:	HR4026-E1 Emergency Vacation PTO Donation Request Form Exhibit HR4026-E2 Personal Tragedy Vacation Donation Form Exhibit HR4053-E1 Professional Development Expense Reimbursement Exhibit POC7069-E15 M-SASQ Exhibit POC7069-E16 MAST Exhibit POC7069-E17 ASSIST V3 English Exhibit POC7069-E18 AUDIT Exhibit POC7069-E19 Combined CRAFFT 2.1 Exhibit POC7069-E20 Drug Abuse Screening Test Exhibit POC7069-E21 SBIRT Screening Cheat Sheet Exhibit FCM3038-E1 Credit Card Agreement Exhibit FCM3038-E2 Receipt Exception Form Exhibit
Rescind:	n/a
Relocate:	n/a

The committee has reviewed the Authority Policy, Procedures, and Exhibits and recommends that the Board approve at their March 27, 2024 meeting.

- b. Regional Policies

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

- a. Review Board feedback for Section 3 and 4 of the Governance Policy Manual
 - i. The committee reviewed board member feedback and amended section 3 and 4 of the Governance Policy.
 - ii. The committee would like to review Policy 3.0 Governing Process at their next meeting.
- b. Review Board feedback for monthly Board Meeting Feedback tool and annual Board Performance and Self-Evaluation Questionnaire tool
 - i. No feedback was received on the monthly Board Meeting tool or the annual Board Performance and Self-Evaluation Questionnaire tool.
 - ii. Catherine Bernhold suggested to include the review of these tools at the next Board Workshop.

IV. REVIEW OF BOARD BYLAWS

- a. The committee would like to review the Board Bylaws starting with Article X at their next meeting.

V. **PARKING LOT**

VI. **AJOURNMENT**

The meeting adjourned at 6:57pm.

VII. **NEXT MEETING**

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Thursday, April 18, 2024** at 5:00pm.

Respectfully submitted,

Catherine Bernhold (dp)

Catherine Bernhold
Committee Chair

3/22/24



BOARD CLINICAL OPERATIONS COMMITTEE

Wednesday, March 6, 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, Becca Curley, Rebecca Pasko, Lisa Graham, Crystal Palmer, and Bridgitte Gates were present. Chantele Steffens, 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 information under the sections of Staff, Leadership, Community Outreach, and Services from the Strategic Plan.
 1. Staff: MCMHA continues to recruit and hire staff for current vacancies, which remains to be 15 at this time. We have had several internal transfers, which in turn leave vacancies in other areas.
 2. Leadership: MCMHA continues to provide training to the clinical leadership teams which will continue throughout the Fiscal Year.
 3. Community Outreach: MCMHA leadership and clinicians participated in the annual Youth Summit sponsored by the Monroe County Substance Abuse Coalition with more than 400 students in attendance. The event focused on learning the dangers of using drugs and alcohol along with the legal repercussions; there were 32 referrals made in January. 47% received some type of follow-up, services authorized, etc. 25% declined any further intervention, 25% did not respond to follow up, and 3% were not engaged but MCMHA continues to follow-up; and Certified Peer Support Specialists (CPSS) continue to provide support at the ALCC. The CPSS did engage in 9 programs/activities during the month of January.
 4. Finance: Updates on this strategy will be provided at the Business Operations Meeting.
 5. Services: The Crisis Mobile Response Team is no longer fully staffed due to a member of staff moving out of the area; however, the team is still able to fully operate the mobile unit 24/7/365; Crisis Mobile responded to 25 initial calls and provided 3 follow-up calls in January, which were all face to face and averaged 1.12 hours; the average response time for Crisis Mobile was approximately 17.42 minutes which is likely due to 75% of the calls being in 48161 and 48162 zip codes; enrollment for the CCBHC has increased from 1381 members to 1574. This is a 14% increase in enrollment from the previous month; the data for incoming calls being answered is at 99%, which meets MCMHA's goal of 95%; and the caseload report was added this month. Overall, each position is within range with the exception of case management for both children and adults; however, this is being addressed as long as staffing stabilizes.

III. OPERATIONS DIRECTOR UPDATE

1. Bridgitte Gates presented the Operations Report highlighting the topics: Customer Services, Kiosks, Revel Marketing, and 2nd Quarter Grievances.
2. Looking at efficiencies, Bridgitte had an open position in her department and will be hiring a scheduler. They will be scheduling all prescriber appointments and do a quick review of the chart for anything that needs updated when scheduling an appointment.

IV. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)

- a. There are no updates for CCBHC.

V. INFORMATIONAL ITEMS

- a. The FY2023 Annual Submission – Lisa Graham presented the FY2023 CMHPSM Annual Submission. The Annual Submission is required by the Michigan Mental Health Code, assesses community health data – physical and behavioral, and is an opportunity for community members to provide feedback on needs and gaps. The reporting requirements consist of a waiting list, request for service and disposition of requests, community data set worksheet, stakeholder survey, and a needs assessment – priority needs and planned activities. MCMHA received 38 stakeholder surveys (plus community coalition members) both in electronic and paper form. The top priorities, based on survey results were transportation; affordable housing; stigma; employment opportunities; teen wellness; and vaping/tobacco & marijuana. The FY2023 CMHPSM Annual Submission will be presented at the March 27, 2023 Board Meeting and submitted to the state before or by the deadline of March 29, 2024.

Susan Fortney asked what the definition is for urgent/emergent criteria. Lisa will provide the definition from the state at the March Board Meeting.

VI. PARKING LOT

VII. ADJOURNMENT

The meeting adjourned at 5:49pm. The Board Clinical Operations Committee's next meeting is scheduled for Wednesday, April 3, 2024 at 5pm in the Aspen Room.

Respectfully submitted,

Susan Fortney (dp)

Susan Fortney
Clinical Operations Chairperson

Clinical Operations – Executive Summary

March 6, 2024

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 remains to be 15 at this time. We have had several internal transfers, which in turn leave vacancies in other areas.

LEADERSHIP

Strategic Plan Goal 2: Assure Competent and Accountable Leadership

- MCMHA continues to provide training to the clinical leadership teams which will continue throughout the Fiscal Year.

COMMUNITY OUTREACH

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

- MCMHA leadership and clinicians participated in the annual Youth Summit sponsored by the Monroe County Substance Abuse Coalition with more than 400 students in attendance. The event focused on learning the dangers of using drugs and alcohol along with the legal repercussions.
- There were 32 referrals made in January. 47% received some type of follow-up, services authorized, etc. 25% declined any further intervention, 25% did not respond to follow up, and 3% were not engaged but MCMHA continues to follow-up.
- Certified Peer Support Specialists (CPSS) continue to provide support at the ALCC. The CPSS did engage in 9 programs/activities during the month of January.

FINANCE

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

Updates on this strategy will be provided at the Business Operations Meeting.

SERVICES

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

- The Crisis Mobile Response Team is no longer fully staffed due to a member of staff moving out of the area; however, the team is still able to fully operate the mobile unit 24/7/365.
- Crisis Mobile responded to 25 initial calls and provided 3 follow-up calls in January, which were all face to face and averaged 1.12 hours.
- The average response time for Crisis Mobile was approximately 17.42 minutes which is likely due to 75% of the calls being in 48161 and 48162 zip codes.
- Enrollment for the CCBHC has increased from 1381 members to 1574. This is a 14% increase in enrollment from the previous month.
- The data for incoming calls being answered is at 99%, which meets MCMHA's goal of 95%.
- The caseload report was added this month. Overall, each position is within range with the exception of case management for both children and adults; however, this is being addressed as long as staffing stabilizes.

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 February 26th

- Case Service Manager – Adult
- Case Service Manager – Intellectual/Developmental Disability
- Case Service Manager – Mental Health Court/Jail Diversion
- Children's Therapist/Case Manager (2 positions)
- Evaluation & Admission Specialist (2 positions)
- Home Based Clinician
- Hospital and Court Liaison
- Infant Mental Health Specialist- Internal transfer
- OBRA Assessor – Internal transfer
- Outpatient Therapist
- Peer Support Specialist (FT)
- Peer Support Specialist (PT)
- Youth Peer Support Specialist

The Clinical Department continues to have vacancies and is recruiting for open positions. We continue to work with the Human Resources Department and make efforts to attract and promote the opportunities at MCMHA to colleagues and colleges in the area.

LEADERSHIP

Strategic Plan Goal 2: Assure Competent and Accountable Leadership

The CCBHC Implementation meeting has been reconvened under the CCBHC Director's leadership. The group reviewed the CCBHC workplan and discussed action steps to complete program goals. CCBHC Implementation team meetings will be held monthly to ensure communication between departments and accountability for deliverables.

Also, during the month of February 2024, the Chief Clinical Officer met with supervisors to discuss their training needs. Several areas were identified and will be addressed throughout the rest of the Fiscal Year.

This meets objective #3 Leadership will provide consistent and accurate communication under "Develop and Implement a Strategic Communication Plan with Input from Staff."

BOARD CLINICAL OPERATIONS COMMITTEE MEETING

Clinical Updates – March 6, 2024

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

During the month of January 2024, there have been a total of 32 mental health referrals which includes both law enforcement and community referrals. The outcomes of these cases are as follows:

- 3 were sent to their treatment teams for follow up
- 8 were referred and following through with Access
- 1 were authorized for inpatient psychiatric
- 8 declined any further intervention
- 3 did not have enough information to follow up with
- 5 were no response
- 1 sent to the Jail Team for follow up
- 2 were connected with Crisis Mobile on the phone
- 1 was not engaged yet but continued follow up is occurring

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.

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. January, we did not provide any 1:1 meetings. However, the peers did engage in nine (9) programs/activities within the Opportunity Center.

Updated as of 2/28/24

BOARD CLINICAL OPERATIONS COMMITTEE MEETING

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Outreach

During the month of January, the Director of Access, Crisis, and Diversion presented an overview on Jail Diversion Services at the Monroe County Chaplains meeting in order educate on the program services offered.

Youth Summit

On February 6, 2024, CMH leadership and clinicians supported the youth of Monroe County by participating in the Youth Summit. Sponsored by the Monroe County Substance Abuse Coalition, the #IMatter Youth Summit was held at the La-Z-Boy Center at the Monroe County Community College. The Student Prevention Leadership Teams (SPLT) from high schools across the county participated in the all-day event learning about the dangers of using drugs and alcohol, as well as legal repercussions surrounding sexting and cyber bullying. With more than 400 students in attendance, CMH staff were available to any student that may have felt particularly triggered or needed immediate support, as well as interacting with the students and teachers from across the county to promote participation in the event.

Monroe County Community College

The Chief Clinical Officer and the Director of Access, Crisis and Diversion attended the Monroe County Community College Board of Director's meeting to present on MCMHA's services and the partnership with MCCC. The Board was provided with a brief presentation and MCMHA's service flyers.

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

Updates on this strategy will be provided at the Business Operations Meeting.

SERVICES

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

Crisis Mobile Response Team

At this time, MCMHA has only nine (9) out of ten (10) Crisis Mobile Response positions filled due to an employee resignation as she moved several hours from Monroe County. Now our focus is providing outreach to the community to ensure they are aware of the Crisis Mobile Response Team and 24/7 availability. Please see the attached report (Attachment #1) regarding January 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."

Updated as of 2/28/24

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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	Dec-23	Jan-24	Total
48101	Ann Arbor	0	1	0	0	1
48103	Ann Arbor	0	0	0	0	0
48105	Ann Arbor	0	0	0	0	0
48117	Carleton	2	3	2	0	7
48131	Dundee	3	2	1	0	6
48133	Erie	4	2	4	1	11
48135	Garden City	0	0	0	0	0
48140	Ida	0	0	0	0	0
48144	Lambertville	0	1	0	0	1
48145	LaSalle	1	1	2	0	4
48157	Luna Pier	3	0	0	0	3
48159	Maybee	0	0	0	0	0
48160	Milan	6	3	2	1	12
48161	Monroe	49	27	22	14	112
48162	Monroe	15	16	11	7	49
48164	New Boston	0	0	0	0	0
48166	Newport	9	2	7	3	21
48177	Samaria	0	0	0	0	0
48179	South Rockwood	0	0	0	0	0
48182	Temperance	3	9	2	0	14
48191	Willis	1	0	0	0	1
48336	Fowlerville	1	0	0	0	1
49221	Adrian	0	0	1	0	1
49267	Ottawa Lake	1	0	0	0	1
49270	Petersburg	0	2	1	1	4
49276	Riga	0	0	0	1	1
Total		98	69	55	28	250

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%
December	70%	59%
January	79%	43%

It should be noted that there was an unusually high number of no-show appointments/cancellations in the month of January for a total of 14 out of 28 appointments scheduled at Benesh.)

Jail Misdemeanor IOP Program

The Jail Misdemeanor IOP program continues to increase the number of enrollees and services provided. Below is data provided for January 2024:

- # assessed and enrolled: 64
- # of discharges: 11
- # currently in the jail IOP portion: 8

Updated as of 2/28/24

BOARD CLINICAL OPERATIONS COMMITTEE MEETING

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- # currently in the aftercare portion: 34
- # denied due to not interested: 2
- # denied due to not being in jail: 2
- # denied out of county: 0
- # wait list: 8

Training

In FY2023, the Michigan Department of Health and Human Services (MDHHS) offered a funding opportunity for Assertive Community Treatment (ACT) Teams via APRA funding. MCMHA applied for the funds and was granted the funding. Some of the funds are to be used for training. As previously stated, an ACT trainer has been contracted to help the team focus on model fidelity. Trainings have occurred on 30th and February 15th.

Groups

Parenting Through Change is a group-based parenting and family functioning intervention. The group session for enrolled consumers in the Fall has now ended and the team is reviewing feedback in order to improve service delay for future sessions. The upcoming cohort will start in late January and will last 10 weeks. Sessions are planned to be in person unless feedback indicates otherwise. Preparations have been made to offer both virtual and in-person sessions. The sessions will focus on teaching parents 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)

As of mid-February, we have enrolled 1,574 members into CCBHC. This is approximately 80% of all MCMHA consumers served. The CCBHC Director, Data Analyst and Client Accounts Officer continue to ensure members are identified, have the correct insurance policy in the electronic health record, and are entered into the WSA system.

MCMHA submitted FY24 Quarter 1 CCBHC Quality Metrics data to the PIHP this month. This was MCMHA's first opportunity to view the data. In order to ensure MCMHA is able to meet all of the benchmarks, the CCBHC Program Director is verifying that the data collection is accurate and completing a plan for improvement for all required CCBHC quality metrics.

MDHHS has requested all CCBHCs participate in a survey/interview with TBD Solutions to learn more about how CCBHCs utilize DCOs (or why they do not). MCMHA met with TBD Solutions on January 30th for our interview. MCMHA does not currently utilize any DCO arrangements.

MiCAL/988 hosted a technical assistance session that MCMHA attended on January 29th. MiCAL/988 is a key part of implementing the Zero Suicide and "Air Traffic Control" Models required as a CCBHC.

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."**

Updated as of 2/28/24

BOARD CLINICAL OPERATIONS COMMITTEE MEETING

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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 (13 Enrolled – 1 person “aged out”) – 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.

Serious Emotional Disturbances Waiver (9 Enrolled – **no change this month**) – 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.

Habilitation Supports Waiver (HAB Waiver/124 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. **We have three (3) applications pending at this time.** ***It should be noted that MCMHA has 126 assigned slots for the HAB Waiver.

Certification

Strengths & Strategies is the model of implementation for assessing and providing an informed practice to support the treatment of fetal alcohol spectrum disorders (FASD). Sessions are focused to identify the strengths and stress within the family and support the parent to implement strategies that reduce or reframe the challenging behaviors causing stress. MCMHA currently has one (1) implementation supervisor, one (1) clinical supervisor, and one (1) clinician working under the training and supervision of the Michigan Department of Health and Human Services (MDHHS) with three (3) families. The screening of FASD continues for all children during the intake assessments. New Access staff are added to the FASD screening roster continually and all Child & Family staff attend FASD 101 training to increase our ability to identify children and youth in our county.

Groups

The winter session of Parenting Through Change (PTC) started on 1/17/2024. Participants are in week 4 of 10. This group is being held by telehealth due to accommodating consumers. PTC is an evidence-based practice designed to give parents and caregivers hope and build skills to address challenging behaviors.

Crossroads Clubhouse

The site visit for reaccreditation has been tentatively scheduled for April 22-24th. As of February 28th, the Clubhouse Director has uploaded the completed self-study into Clubhouse Internationals Portal for faculty review. The next steps are accreditation faculty to contact Crossroads Clubhouse when they complete the accreditation schedule.

Updated as of 2/28/24

BOARD CLINICAL OPERATIONS COMMITTEE MEETING

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MISCELLANEOUS

Call Volume Data

Below is the call volume data for Fiscal Year 24.

	October-23	November-23	December-23	January-24
Incoming Calls	3929	3967	3418	4124
Incoming calls minus abandon calls	3863	3905	3345	4063
Calls Answered	3653	3680	3135	3815
Missed/Abandoned Calls	66	62	73	61
Abandoned Calls	265	276	280	287
% incoming calls answered	93%	93%	92%	93%
% incoming calls answered minus abandon calls	98%	98%	98%	99%

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 Fiscal Year 2024 in the first four months, we are at 98.25%, which is over our goal of 95%.

Caseload Report

<u>Service</u>	<u>Desired Caseload Size</u>	<u>Current Average Caseload</u>	<u>Notes</u>
Case Management (Child SED)	45	60	Hired a new Case Manager – anticipated caseloads to decrease in February once trained*
Wraparound Services	8-10	9	Caseload assignment cannot exceed a ratio of one (1) facilitator to ten (10) child/youth and family teams* SED Waiver = 9
Home Based Services (SED & I/EMH)	12 to 15	13.5	The intensive home-based services worker-to-family ratio is 1:12. This can be adjusted to accommodate families exceeding the one to two hours weekly and for those transitioning out of home-based care services. The maximum worker-to-family ratio in any circumstances is fifteen (15) (no more than twelve (12) active and three (3) transitioning to a lower level of care or discharge). The same case limit rules apply to the Infant and Early Childhood (0-6year olds) ‘Home-based’ team. *
Case Management (Adult I/DD)	45	57	In the process of hiring for an open position. *

Updated as of 2/28/24

BOARD CLINICAL OPERATIONS COMMITTEE MEETING

Clinical Updates – March 6, 2024

Case Management (I/DD Waiver Teams)	45	49	Maintaining caseloads for HABs and Children’s Waiver
Outpatient Therapy (Child MI)	20-25	23	Targeted case management/outpatient therapy caseloads are managed depending on the frequency of sessions per week/month. (This does not include Juvenile Sexual Offender or TF-CBT cases held on other caseloads.
Parent Support Partners (PSP)	25	15	1 of 2 parent support partner positions is still building capacity while attending certification classes.
Case Management (Adult MI)	55	56	The average caseload size is 56, however we have some CSMs that are in the 60’s with max caseload at 63. PHS Case Managers are holding 167 additional cases (low or no CSM needs) January opened 35 new cases to CSM, 12 of which were PHS cases. 2 additional cases of a therapy delay were placed with PHS for medications. Total new cases for dept. 51 cases for the month of January.
Outpatient Therapy (Adult MI)	FT 45 PT 25	0 27	We had one part time therapist working in January with 27 cases total. Of the 27 cases, 11 have CSM services as well. One intern held 11 cases, 8 of the 11 had CSM services. We have one therapist on a medical leave and are actively hiring for two additional full-time therapists.
Assertive Community Treatment (ACT) Team	40	33	Hired a new therapist that will start with the ACT team in the month of February making the team fully staffed.
Certified Peers (Adult MI)	FT 45 PT 30	TBD	Peer support is assigned at the start of a case to explore needs for services. A peer caseload will ebb and flow depending on the need. Some that work with individuals are not directly assigned to the individual and are utilized on an as needed basis.
Certified Peers (Jail Diversion)	30	39	A majority are on Kira’s caseload with no engagement (MAT program)
Case Management (Jail Diversion)	40-50	25.5	Currently 1 vacant CSM position and one CSM on medical
Case Management (MH Court)	25	27	2 in transition (SCAO only allows 25 at a time)

Select Month:: 2024 - 01 (1) ▾



Monroe County CMH Crisis Mobile Utilization Report

Number of encounters, Number of Follow Ups:

Month	Initial or Follow Up...	#	%
2024 - 01	Follow-Up	3	11%
2024 - 01	Initial	25	89%

Month	Contact Type	Hours
2024 - 01	Indirect Contact (Phone/Email/Other)	0
2024 - 01	Contact Attempt	0
2024 - 01	Face-To-Face	31.4

Total Crisis Mobile Deployments

28

Month...	Contact Type	#	%
2024 - 01	Indirect Contact (Phone/Email/Other)	0	0%
2024 - 01	Contact Attempt	0	0%
2024 - 01	Face-To-Face	28	100%

1 - 3 / 3

Average Face-to-Face Interaction Time

1.12

Month	Avg F2F Contact
2024 - 01	1.12

Select Month:: 2024 - 01

(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	1
08:00	0
09:00	2
10:00	1
11:00	1
12:00	4
13:00	3
14:00	2
15:00	3
16:00	0
17:00	0
18:00	0
19:00	1
20:00	0
21:00	3
22:00	2
23:00	0

Day #

No data

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

Average Response Time (Minutes)

17.42

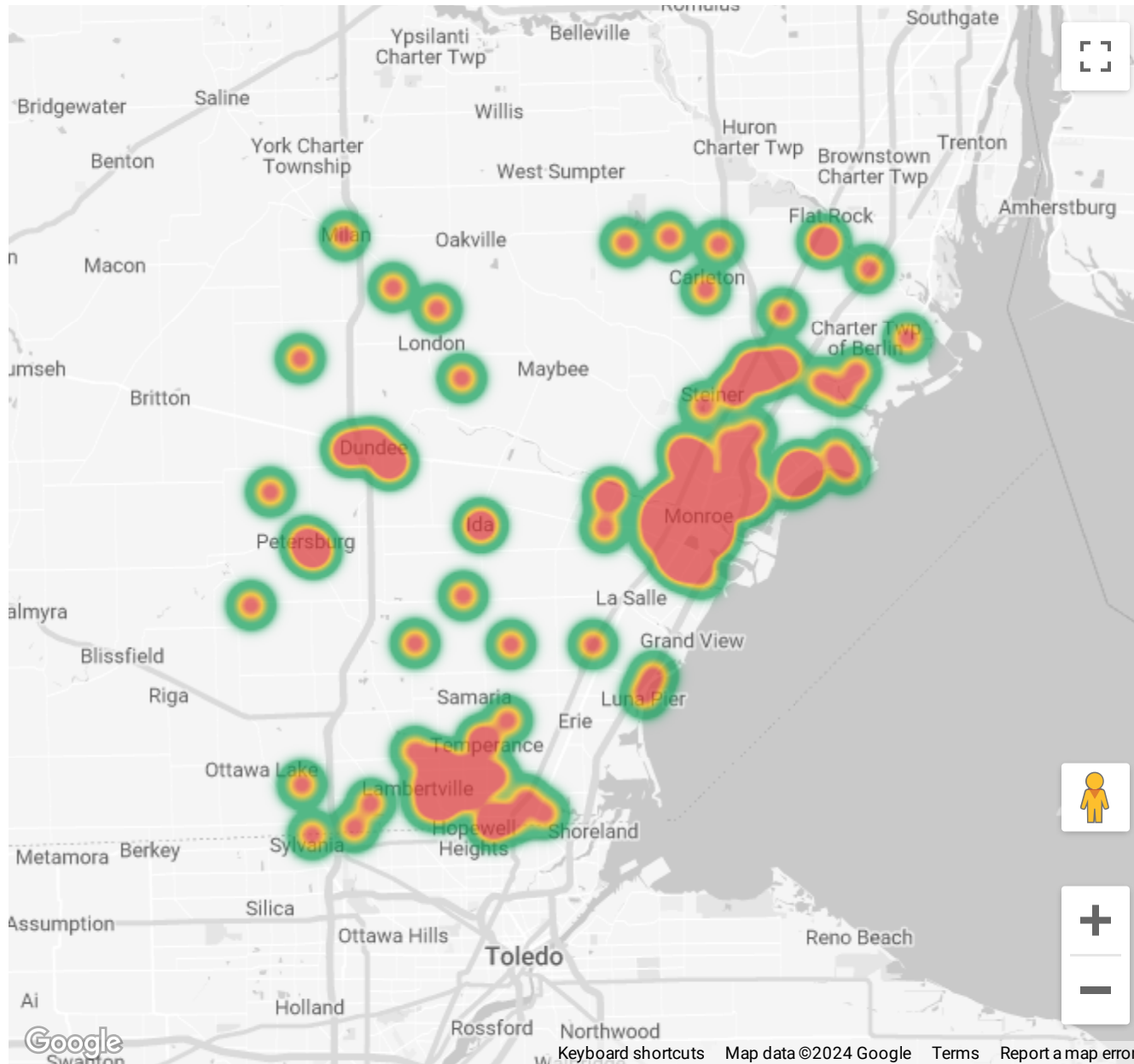
Month	Avg. Response Time ▾
2024 - 01	17.42

Select Month:: 2024 - 01

(1) ▾

Location

Mapping of locations deployed to:



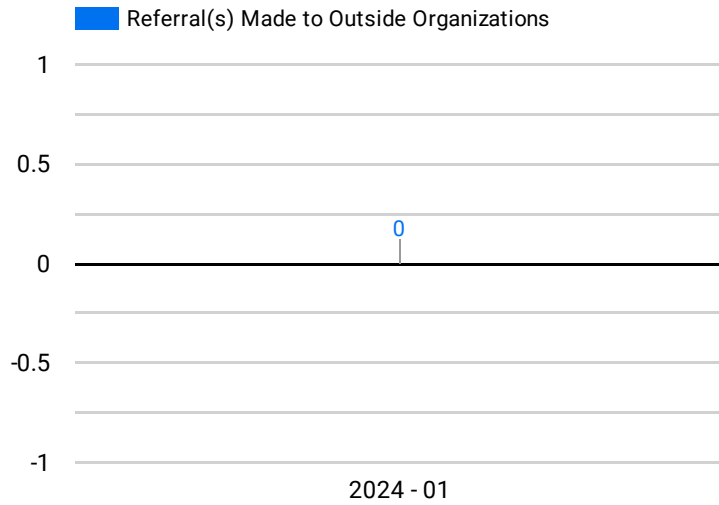
Month	Zipcode	#	%
2024 - 01	48182	2	8%
2024 - 01	48160	0	0%
2024 - 01	48173	0	0%
2024 - 01	48166	4	17%
2024 - 01	48117	0	0%
2024 - 01	48134	0	0%
2024 - 01	48161	10	42%
2024 - 01	48162	8	33%

call_Address 0  1

Select Month:: 2024 - 01

(1) ▾

Number of referrals made and where they were referred to:



Month	Referred To:	#	%
2024 - 01	Arrowhead Behavioral Health	0	0%
2024 - 01	Behavioral Health Treatment	0	0%
2024 - 01	CMH	0	0%
2024 - 01	Family Counseling and Shelter Services of Monroe	0	0%
2024 - 01	Fire Station	0	0%
2024 - 01	Gabby's Ladder	0	0%
2024 - 01	Harbor Light	0	0%
2024 - 01	Henry Ford Wyandotte	0	0%
2024 - 01	Holistic Wellness	0	0%
2024 - 01	Lemon Tree	0	0%
2024 - 01	MCOP	0	0%
2024 - 01	Michigan Works	0	0%
2024 - 01	Monroe County Animal Control	0	0%
2024 - 01	Paula's House	0	0%
2024 - 01	ProMedica ER	0	0%
2024 - 01	Pure Psych	0	0%
2024 - 01	RAW	0	0%
2024 - 01	Resource Flyer	0	0%
2024 - 01	SUD Treatment	0	0%
2024 - 01	Salvation Army Harbor Light	0	0%
2024 - 01	St. Joe's	0	0%

Select Month:: 2024 - 01

(1) ▾

Where Referrals are Coming From:

		Month / # Calls
Deployed by:		2024 - 01
Monroe County Sheriff's Dept.		14
Monroe City Police		7
Police Mental Health Referral		2
ACCESS		1
Mobile Crisis Follow Up		1
CMH		0
Self		0

Primary Issue or Diagnosis:

(New question starting 12/2023)

		Month / #
Issue/Diagnosis		2024 - 01
Thought Disorder		6
Suicidal Ideation		8
Substance Abuse		2
Neurocognitive		0
Homicidal Ideation		0
Environmental		4
Domestic Violence		0

Select Month:: 2024 - 01

(1) ▾

Consumers, New and Repeats:

	Month ① ▲	New or Repeat Consumer...	#
1.	2024 - 01	New	20
2.	2024 - 01	Repeat	8

Select Month:: 2024 - 01

(1) ▾

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

			Month / # / %
			2024 - 01
Race		#	%
White		15	63%
Other Race		1	4%
Multiracial		2	8%
Black or African American		5	21%
American Indian (non-Alaskan)		1	4%

Select Month:: 2024 - 01

(1) ▾

Number of calls per population - Age

			Month / # / %
			2024 - 01
Age		#	%
0 to 9		0	0%
10 to 17		3	13%
18 to 28		2	9%
29 to 39		7	30%
40 to 50		2	9%
51 to 61		3	13%
62 to 72		3	13%
73 to 83		2	9%
84 to 94		0	0%
95 +		0	0%
Not Collected		1	4%



Director of Operations report – March 6, 2024

Customer Services:

- Consumer Newsletter – in process
- Registered for Bedford Business Fair
- Community Event/Townhall scheduled for 5/23/2024 from 2 to 7 at 2 42 Church
- Scheduler position

Kiosks

- Responses for February from Prescriber kiosk:
 - Great services and experience
 - Navigators need proper training
 - ATM
- Response for February from Benesh kiosk:
 - Fidgets

Revel

- Completed flyers and Rack cards for handouts at community events
- Website coming along – interviews and photos completed
- Annual Report 2023

Quarter 2 Grievances FY23/24 (February)

3 Grievances

2 – resolved

- 2 - Request for new case manager – resolved – both in favor of consumer

1 – pending

- 1 – request for new case manager – team meeting scheduled with consumer/CSM/Supervisor

PULSE FOR GOOD DATA

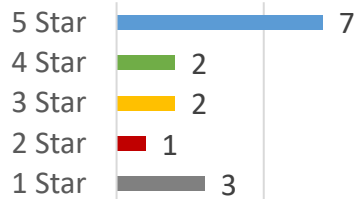


February 2024/ Location - Lobby Kiosk

Overall Rating: 4.46

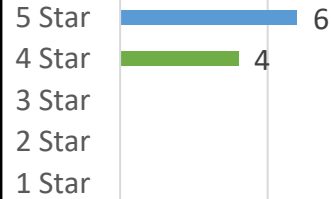
How was your visit?

15 Responses / 3.60 Rating



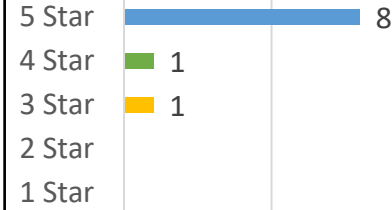
Do you think this agency is a safe place to be?

10 Responses / 4.60 Rating



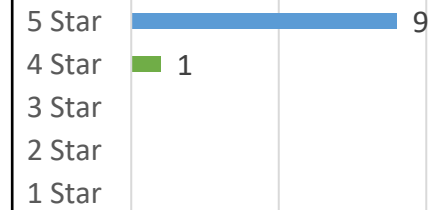
How clean was it?

10 Responses / 4.70 Rating



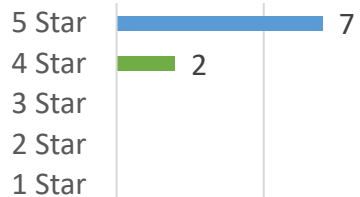
How respectful was the staff?

10 Responses / 4.90 Rating



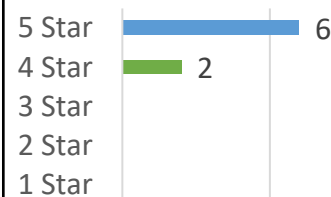
How satisfied were you with scheduling your appointment?

9 Responses / 4.78 Rating



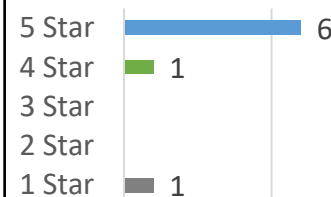
How well did the appointment time work for you?

8 Responses / 4.75 Rating



How convenient is our location?

7 Responses / 4.38 Rating



PULSE FOR GOOD DATA

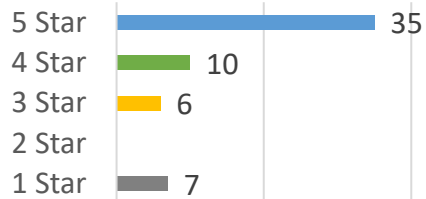


February 2024/ Location – Prescriber Kiosk

Overall Rating: 4.37

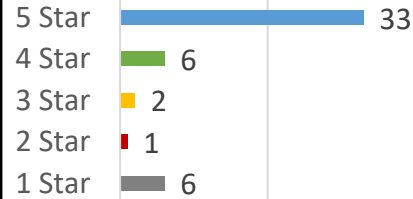
How was your visit?

58 Responses / 4.14 Rating



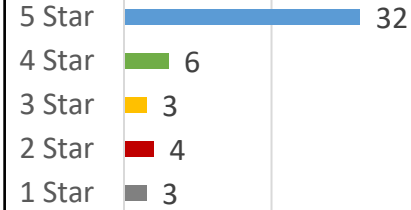
Do you think this agency is a safe place to be?

48 Responses / 4.23 Rating



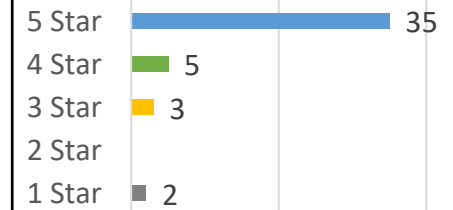
How clean was it?

48 Responses / 4.23 Rating



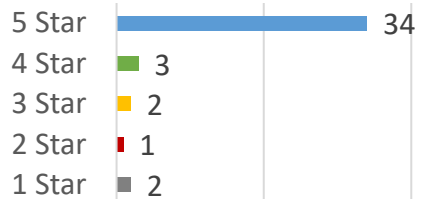
How respectful was the staff?

45 Responses / 4.56 Rating



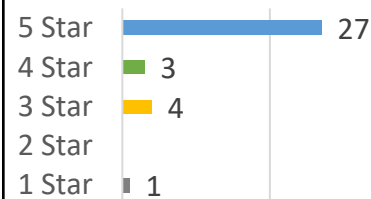
How satisfied were you with scheduling your appointment?

42 Responses / 4.57 Rating



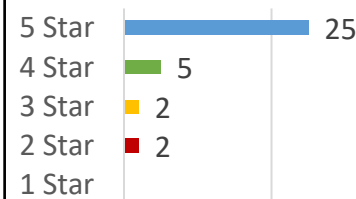
How well did the appointment time work for you?

35 Responses / 4.51 Rating



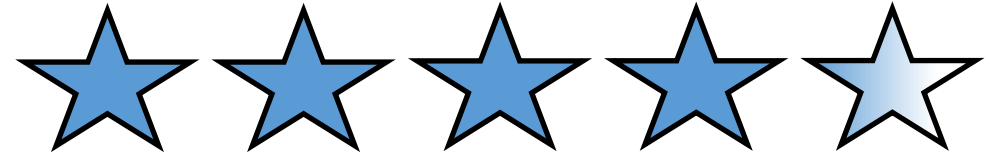
How convenient is our location?

34 Responses / 4.56 Rating



PULSE FOR GOOD DATA

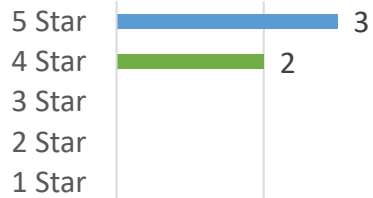
February 2024/ Location - Benesh Kiosk



Overall Rating: 4.49

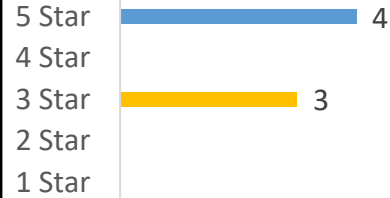
How was your visit?

5 Responses / 4.60 Rating



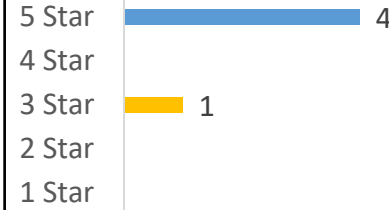
Do you think this agency is a safe place to be?

7 Responses / 4.14 Rating



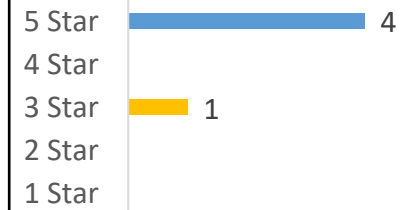
How clean was it?

5 Responses / 4.60 Rating



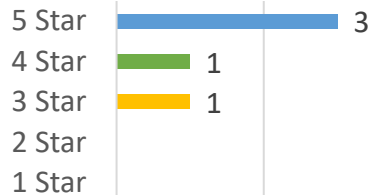
How respectful was the staff?

5 Responses / 4.60 Rating



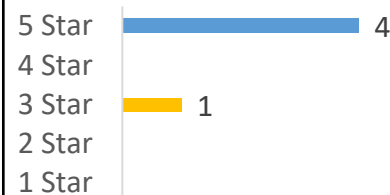
How satisfied were you with scheduling your appointment?

5 Responses / 4.40 Rating



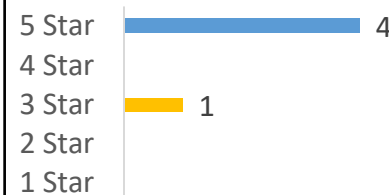
How well did the appointment time work for you?

5 Responses / 4.60 Rating



How convenient is our location?

5 Responses / 4.60 Rating





- MONROE COMMUNITY MENTAL HEALTH AUTHORITY
- BOARD CLINICAL OPERATIONS COMMITTEE
- MARCH 6, 2024

FY23 ANNUAL SUBMISSION EXECUTIVE SUMMARY

1

ANNUAL SUBMISSION

Required by the Michigan Mental Health Code

Assesses community health data - physical and behavioral

Opportunity for community members to provide feedback on needs and gaps

2

REPORTING REQUIREMENTS



Waiting List



Request for Service and Disposition of Requests



Community Data Set Worksheet



Stakeholder Survey

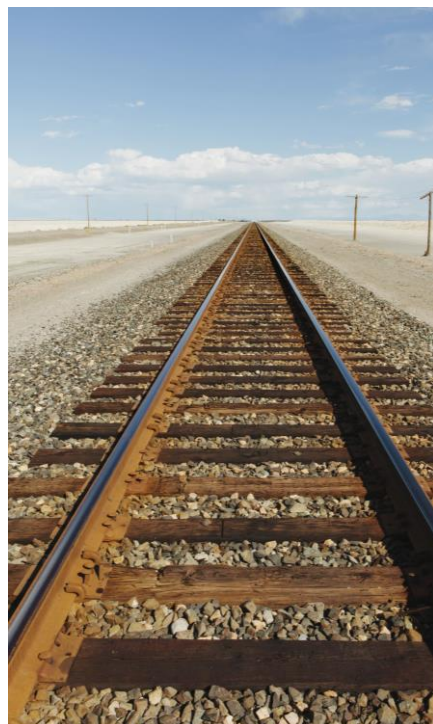


Needs Assessment - Priority Needs & Planned Activities

3

WAITING LIST

- The Michigan Mental Health Code, Section 330.1124 requires that CMHSPs establish and maintain waiting lists if all service needs are not met.
- As part of MCMHA's Annual Submission, the waiting list compiles information about the use of waiting lists by CMHSPs.
- The waiting list informs the Board, MDHHS, and our community of how many people are waiting to receive services AND which services they are waiting to receive.
- This information informs MCMHA's strategic plan and give MDHHS a picture of overall needs within the State.



4

REQUESTS FOR SERVICES & DISPOSITION OF REQUESTS

Total Number of individuals who telephoned or walked in with any request	Total number referred out for various reasons	Total number who met eligibility and were scheduled for intake assessments
Total number who dropped out/no-showed for scheduled intake	Total number who were not served for various other reasons	Requires narratives describing how MCMHA collects and maintains data, determines eligibility, and a report on any noticeable trends

5

COMMUNITY DATA SETS

- Census
- Medicaid Enrollment
- Children in Out of Home Care
- Number of Licensed Foster Care Beds in Monroe
- Children at risk for Serious Emotional Disturbances 100% Below Poverty
- Persons with Developmental Disabilities
- Homelessness Data
- Employment Data
- Justice Related Data
- Education Data
- Primary Health Data
- SUD Provider Data

6

STAKEHOLDER SURVEY

Required every two years

MDHHS provides the template

- Most significant mental health needs that are not currently being adequately addressed in our community?
- What trends have you identified that CMH should be aware of?
- Based on what you have shared, please identify the top three concerns/priorities.

7

NEEDS ASSESSMENT: PRIORITY NEEDS & PLANNED ACTIONS



Based on feedback received from the stakeholder surveys and as well as all other data collected, the CMHSP must identify the five (5) priority needs.



Of these five, the CMHSP must identify the areas where it intends to address and what action is being planned in that area.



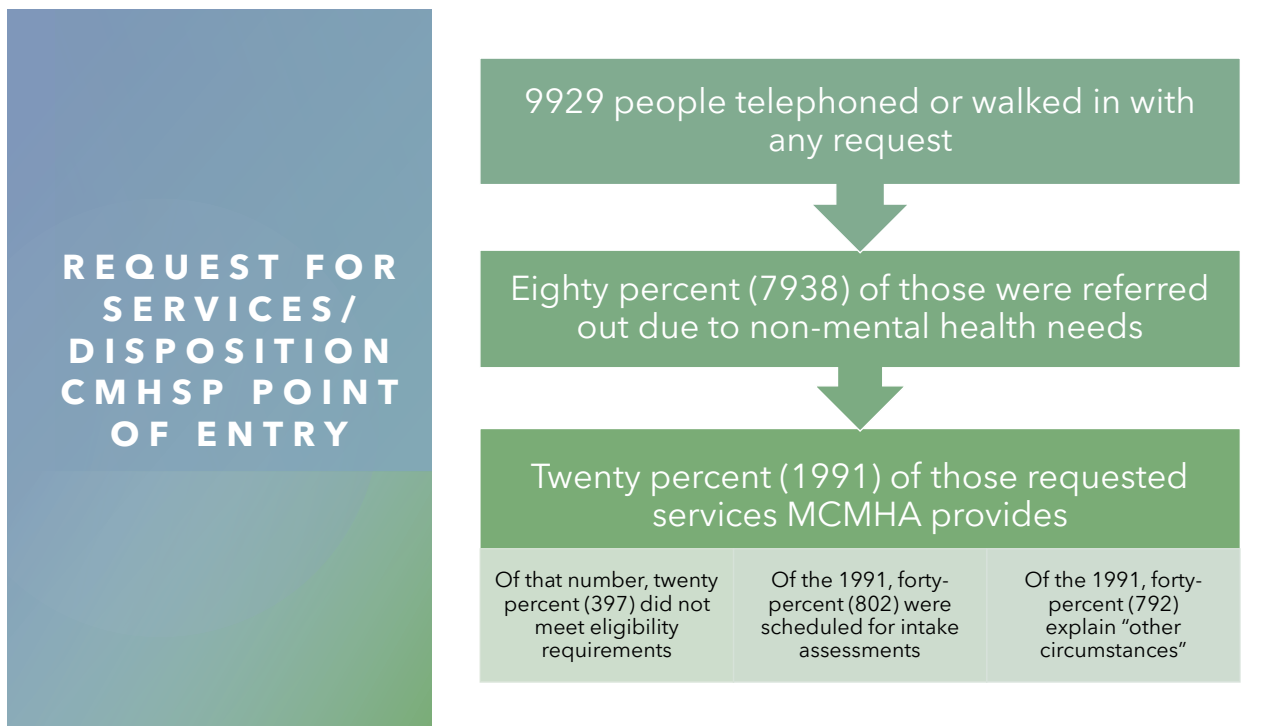
CMHSPs are required to complete the Stakeholder Surveys and Priority Needs & Planned Action on odd numbered years.

8

WAITING LIST DATA

- MCMHA had some consumers waiting for specific services
- All consumers identified on the waiting list were enrolled in at least one service while waiting for another service
- Targeted Case Management: 4 total - 4 received services; 0 remain waiting
- Intensive Interventions: 7 total - 4 received services; 3 were removed for other reasons; 0 remain waiting
- **Clinic Services:** 64 total - 47 received services; 7 removed for other reasons; 10 remain waiting
- Supports for Residential Living: 1 total - 1 received services; 0 remain
- **Supports for Community Living:** 22 total - 12 received services; 4 removed for other reasons, 6 remain waiting

9



10

REQUEST FOR SERVICES/ DISPOSITION CMHSP ASSESSMENT

Of those scheduled for intake assessment, 14 percent (110) did not show/dropped out

Of those scheduled for intake assessment, 86 percent (687) met intake criteria.

7 of 687 met
emergency/urgent/
priority criteria

680 met
regular/routine/
usual criteria

11

COMMUNITY DATA SETS

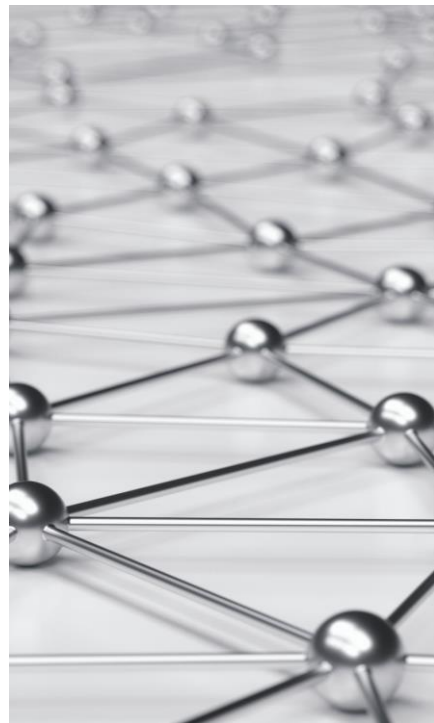
- Monroe's census and Medicaid enrollment is relatively unchanged from last FY22:
 - 155,572 residents
 - 26,514 Medicaid enrollees
 - Individuals with I/DD diagnosis consistent in 760/770s since 2011
 - Individuals with an identified Primary Care Physician is at an all time low at 57%, down from a high of 89% in 2018



12

STAKEHOLDER SURVEY

- MCMHA offered surveys to various groups/ organizations:
 - Community Coalition
 - Human Services Collaborative Network
 - Crossroads Clubhouse
 - Provider Network
 - Consumer Advisory Council
- Survey was offered electronically in traditional survey format, as an email, and in person.



13

STAKEHOLDER SURVEY

MCMHA received 38 (plus community coalition members) responses both electronically and in paper form.

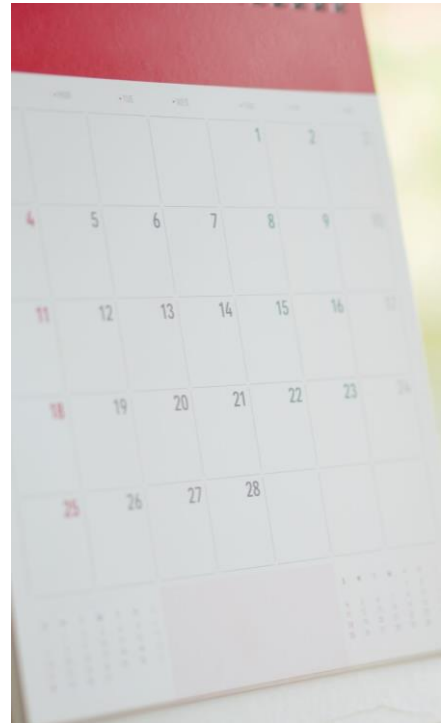
Top priorities, based on survey results:

- Transportation
- Affordable Housing
- Stigma
- Employment Opportunities
- Teen Wellness
- Vaping/Tobacco & Marijuana

14

**PRIORITY
NEEDS &
PLANNED
ACTIONS**

- In draft form
- Will present at March board meeting





BOARD EXECUTIVE COMMITTEE
Wednesday, March 20, 2024
6:00pm

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 6:04pm. 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 – FY2023 CMHPSM Annual Submission

III. ITEMS FOR DISCUSSION

- a. Amended the Committee Reports section of the Board Meeting Agenda to reflect Committee Chair Reports.
- b. There is no Board Workshop following the March 27, 2024 Board Meeting.
- c. The Executive Committee recommends a Board Workshop following the April 24, 2023 Board Meeting to welcome and orient our newest Board Member, Naomi Stoner, and review the Board Performance Tools recommended by the Board Bylaws and Policy Committee.

IV. ACTION ITEMS FOR FUTURE BOARD MEETING AGENDA

- a. Apr – Appoint Nominating Committee
- b. May – Election of Officers; Recommendation for Representative to PIHP Board
- c. Jun – n/a

V. AJOURNMENT

The meeting adjourned at 6:22pm.

VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for **Wednesday, April 17, 2024** at 6:00pm.

Respectfully submitted,

Mike Humphries (dp)

Mike Humphries
Board Chairperson

3/21/24



BOARD PERFORMANCE EVALUATION COMMITTEE

Tuesday, March 19, 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 5:04pm. Mike Humphries, Susan Fortney, LaMar Frederick, and Catherine Bernhold were present. Lisa Graham was excused.

II. REVIEW PERFORMANCE EVALUATION TOOLS

- a. The committee requested to have the same 1-5 Likert scale across all three tools for consistency. The CEO Self-Evaluation Tool and Performance Evaluation Comparison Tool will be amended with the new Likert scale.
- b. The committee requested to add the overall ratings from the CEO Self-Evaluation and 360 Surveys to the Performance Evaluation Comparison Tool above the comments for each section.
- c. Mike Humphries suggested to consolidate all of the yes/ no questions on the Performance Evaluation Comparison Tool to the end as the last page for review.
- d. Mike Humphries requested to change the Finances and Budget section from a yes/no to the 1-5 Likert Scale. LaMar Frederick commented that in changing this section to the Likert scale the committee will want to discuss what question(s) will be appropriate for this section.
- e. The committee requested to remove Section III C. SAMHSA FY2023 CCBHC Grant Process and Section III D. Mobile Crisis Unit, as both have been completed.
- f. Susan Fortney commented on reviewing tools other organizations have used for performance to see how we are doing in comparison. Susan suggested to add information about board relationship and ethics to the Performance Evaluation Comparison Tool.

III. 1ST QUARTER PERFORMANCE FEEDBACK

- a. The Performance Evaluation Committee provided feedback on the Chief Executive Officers Performance for the 1st Quarter of FY2024, that they are pleased with Lisa providing presentations out in the community advocating for MCMHA's new CCBHC Certification and available services and that she has been transparent to keep the Board informed about issues that affect the agency and the community. The Committee encourages Lisa to continue establishing the communication link between CEO and CFO and to alert the Board of any significant details.

IV. NEXT STEPS

- a. The Performance Evaluation Committee will begin reviewing the questions across all three performance evaluation tools to make sure that the tools correspond with each other.

V. ADJOURNMENT

The meeting adjourned at 5:50pm. The next meeting is scheduled for Tuesday, June 18, 2024 beginning at 5:00pm.

Respectfully submitted,

Michael Humphries (dp)

Mike Humphries
Performance Evaluation Committee Chair

3/20/24

MCMHA Board Action Request Mental Health Service Contract(s) / Amendments	FY 2023-2024	March 20, 2024
--	---------------------	-----------------------

Action Requested: Approval Requested for the Mental Health Service Contracts Listed Below:

Provider Name	Contract Term	Service Description(s) include	CPT code	FY 22-23 Rate/Unit	FY23-24 Rate/Unit	Additional Information/ Background
Hospitals:						
Beaumont Behavioral Health	4/1/24-9/30/24	Community Psychiatric Inpatient	0100		\$1,025.00 per diem	
		Community Psychiatric Inpatient Geriatric Unit	0100 CD		\$1,075.00 per diem	
		Partial Hospitalization	0912		\$350.00 per diem	
Community Living Supports/Supported Empl/Respite						
Eagle Village, Inc.	4/1/24-9/30/24	Respite Care Respite care services, day, in and out-of-home setting Respite Care Camp overnight waiver/session:SEDW only	H0045 T2036		Youth challenge weekends(Fri-Sat): \$150 per session Summer camp: Base camp, coed, ages 9-11, 5 days: \$750 per session Frontier Camp, boys, ages 11-14, 5 days: \$750 per session Frontier camp, girls, ages 11-14, 5 days: \$750 per session Project survive, boys and girls separate, ages 14-17, 9 days: \$1,500 per session For 1:1 staffing support: For 5 day camps, requiring full time 1:1 staffing, additional \$500 For 5 day camps, requiring partial-day 1:1 staffing, up to 8 hours per day, additional \$300 For 9-day camps, requiring full time 1:1 staffing, additional \$1,500 For 9-day camps, requiring partial day 1:1 staffing, up to 8 hours per day, additional \$600	
Autism/Waiver Services						
Illuminate ABA Services	4/1/24-9/30/24	Treatment Planning Mental health service plan development by non-physician	H0032/H0032 TS		\$125.00 per encounter	

RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on March 20, 2024 approval of the contract(s) listed on MCMHA Board Action Mental Health Service Contract(s) / Amendments on or before March 27, 2024.



MONROE
COMMUNITY
MENTAL
HEALTH

January 2024

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

Monthly Highlights

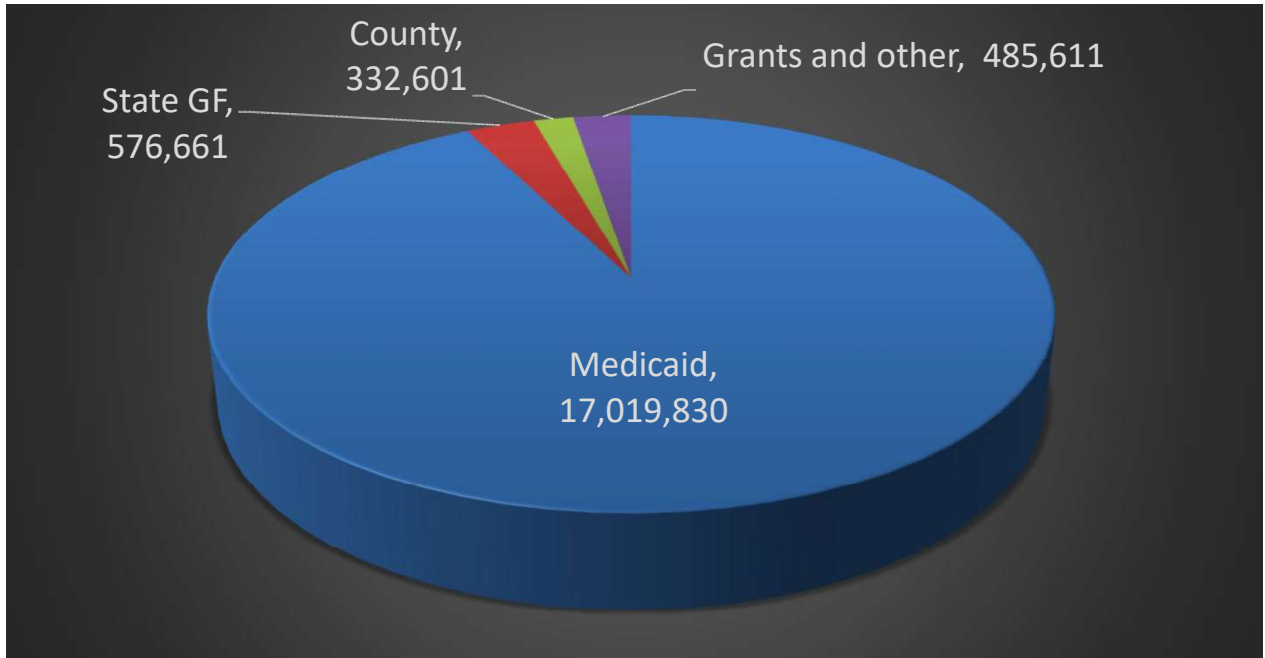
- Page 4 - Revenue and eligibility continues to decline faster than anticipated. PIHP CFOs are meeting with MDHHS on Thursday March 21st to discuss a mid year rate adjustment.
- Page 5 - Cash and Investments are up from prior year primarily from collection of receivables from the PIHP.
- Page 5 - Liabilities are also up from prior year primarily related to estimated claims incurred but not reported.
- Page 6 - Net income is projected to be down compared to prior year primarily due to GASB 68 & 75 adjustments that are currently unknown and will be available in early 2025 from the actuaries.
- Page 8 - Revenue received from the PIHP exceeds expenses by \$723,090 as of January 31, 2024. Part of the Medicaid and HMP surpluses are due to allowable costs being covered by GF as individuals continue to fall off Medicaid.
- Page 9 - The CCBHC program is showing a surplus of \$177,477 through January. We continue to work with the PIHP to accelerate the reporting of T1040s which will bring in more revenue.
- Page 10 - State General Fund is showing a deficit of \$630,783, primarily related to spenddowns and individuals falling off Medicaid. This deficit is covered to the extent possible by local funds with a reported use of fund balance through January of \$67,504.

MONROE CMH

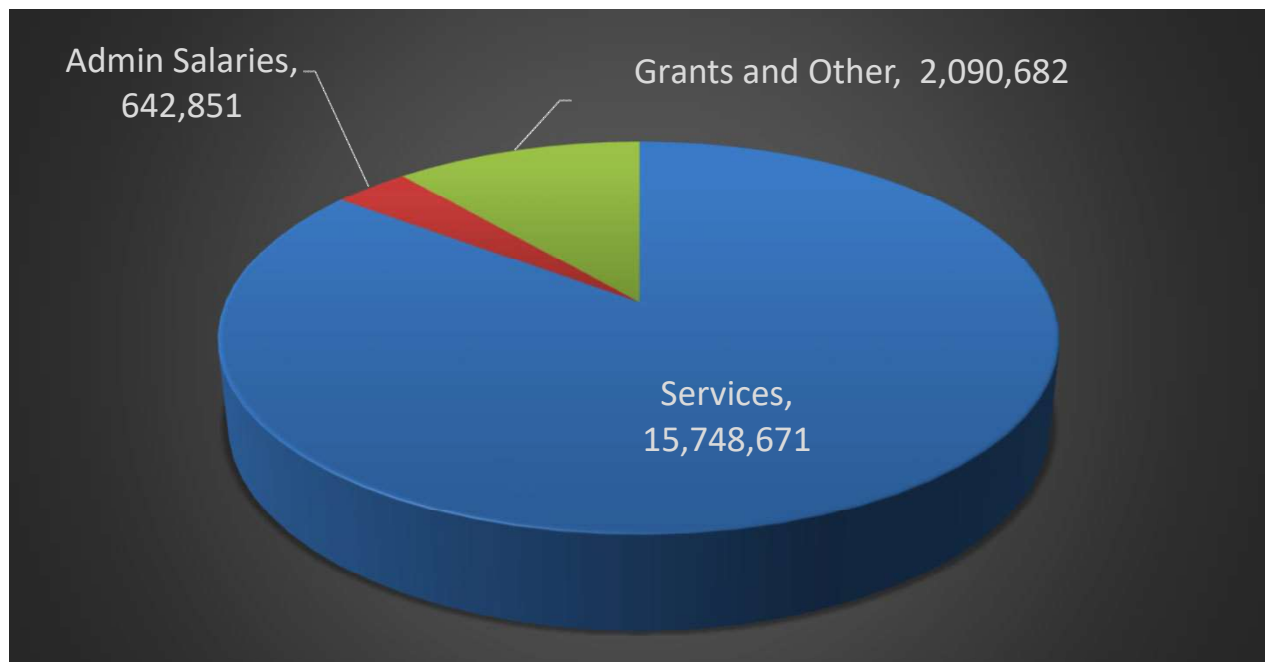
January 2024 Trends

Sources and Uses

Revenues by Source



Expenditures by Category

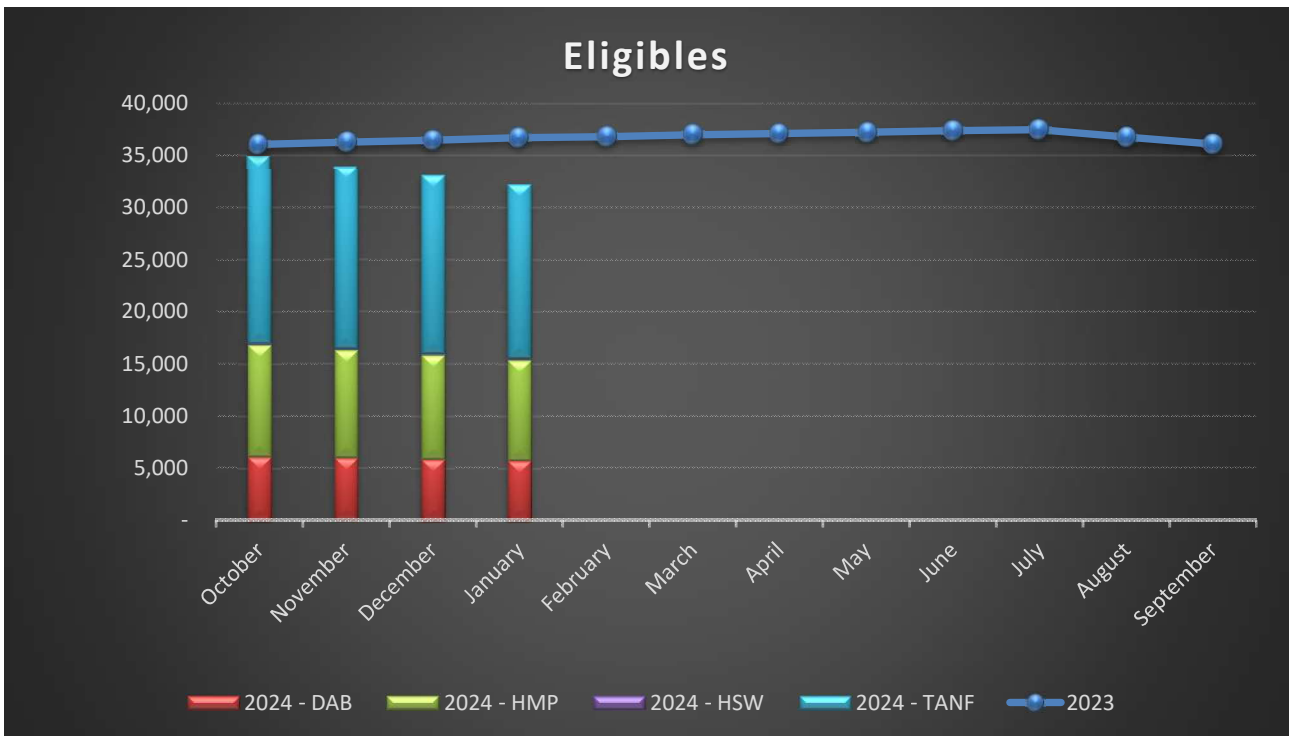
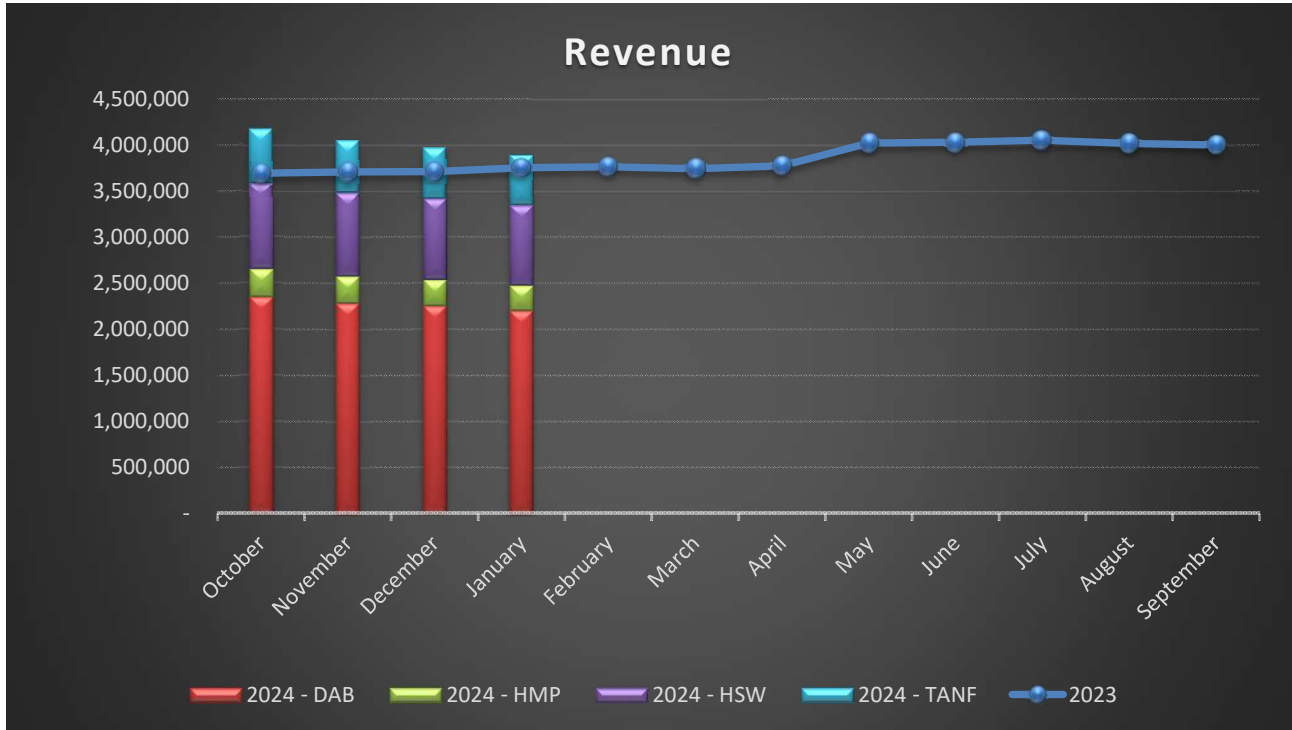


For internal use only. These financial statements have not been audited, and no assurance is provided.

MONROE CMH

January 2024 Trends

MDHHS Payments



For internal use only. These financial statements have not been audited, and no assurance is provided.

MONROE CMH

Comparative Charts September 2023 & January 2024

Assets



Liabilities



Net Position



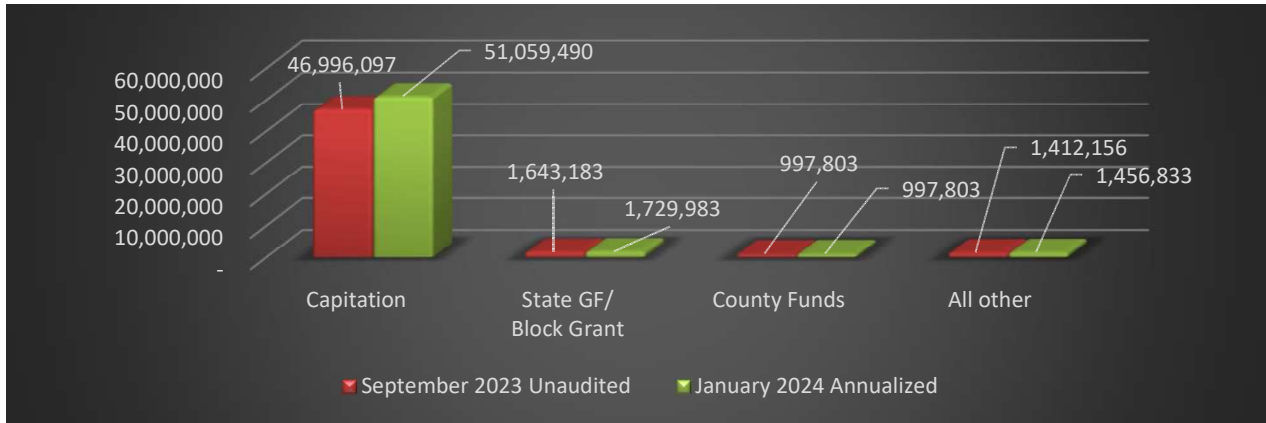
For internal use only. These financial statements have not been audited, and no assurance is provided.

MONROE CMH

Comparative Charts

September 2023 Unaudited & January 2024 Annualized

Revenues



Expenses



Net Income



For internal use only. These financial statements have not been audited, and no assurance is provided.

INCOME STATEMENT BY FUND SOURCE

MONROE CMH

Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through January 2024

	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Medicaid				
PIHP Revenue	\$ 35,116,485	\$ 11,705,495	\$ 13,947,654	\$ 2,242,159
PIHP Redirect to CCBHC	-	-	(780,143)	(780,143)
1st/3rd Party Revenue	-	-	-	-
Expense	34,577,285	11,525,762	12,737,530	1,211,768
Revenue over/(under) expenses	\$ 539,200	\$ 179,733	\$ 429,981	\$ 250,247
Healthy Michigan				
PIHP Revenue	\$ 2,860,301	\$ 953,434	\$ 953,434	\$ 0
PIHP Redirect to CCBHC	-	-	(145,025)	(145,025)
1st/3rd Party Revenue	-	-	-	-
Expense	2,789,701	929,900	764,227	(165,673)
Revenue over/(under) expenses	\$ 70,600	\$ 23,533	\$ 44,182	\$ 20,649
CCBHC Medicaid				
PIHP Cap Revenue	\$ 6,000,000	\$ 2,000,000	\$ 780,143	\$ (1,219,857)
PIHP Supp Receipts (Cash Basis)	6,000,000	2,000,000	2,704,631	704,631
1st/3rd Party Revenue	-	-	9,662	9,662
Expense	12,000,000	4,000,000	2,703,077	(1,296,923)
Retain as local	-	-	124,233	124,233
Revenue over/(under) expenses	\$ -	\$ -	\$ 667,127	\$ 667,127
CCBHC Healthy Michigan				
PIHP Cap Revenue	\$ -	\$ -	\$ 145,025	\$ 145,025
PIHP Supp Receipts (Cash Basis)	-	-	-	-
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	509,980	509,980
Retain as local	-	-	53,244	53,244
Revenue over/(under) expenses	\$ -	\$ -	\$ (418,199)	\$ (418,199)
Total PIHP Sources				
PIHP Revenue	\$ 49,976,786	\$ 16,658,929	\$ 17,605,719	\$ 946,790
1st/3rd Party Revenue	-	-	9,662	9,662
Expense	49,366,986	16,455,662	16,714,814	259,152
Retain as local in FY 23	-	-	177,477	177,477
Revenue over/(under) expenses	\$ 609,800	\$ 203,267	\$ 723,090	\$ 519,824

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MONROE CMH

Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through January 2024

CCBHC Medicaid	2024 Budget	YTD Budget	2024 Actual	Over (Under)
PIHP Cap Revenue	\$ 6,000,000	\$ 2,000,000	\$ 780,143	\$ (1,219,857)
PIHP Supp Revenue (Earned)	6,000,000	2,000,000	2,037,505	37,505
1st/3rd Party Revenue	-	-	9,662	9,662
Expense	12,000,000	4,000,000	2,703,077	(1,296,923)
Revenue over/(under) expenses	\$ -	\$ -	\$ 124,233	\$ 124,233

CCBHC Healthy Michigan	2024 Budget	YTD Budget	2024 Actual	Over (Under)
PIHP Cap Revenue	\$ -	\$ -	\$ 145,025	\$ 145,025
PIHP Supp Revenue (Earned)	-	-	418,199	418,199
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	509,980	509,980
Revenue over/(under) expenses	\$ -	\$ -	\$ 53,244	\$ 53,244

CCBHC NonMedicaid	2024 Budget	YTD Budget	2024 Actual	Over (Under)
State CCBHC Revenue	\$ -	\$ -	\$ -	\$ -
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	288,377	288,377
Redirect from GF	-	-	288,377	288,377
Revenue over/(under) expenses	\$ -	\$ -	\$ -	\$ -

ALL CCBHC Combined	2024 Budget	YTD Budget	2024 Actual	Over (Under)
All CCBHC Revenue	\$ 12,000,000	\$ 4,000,000	\$ 3,380,872	\$ (619,128)
1st/3rd Party Revenue	-	-	9,662	9,662
Expense	12,000,000	4,000,000	3,501,434	(498,566)
Redirect from GF	-	-	288,377	288,377
Revenue over/(under) expenses	\$ -	\$ -	\$ 177,477	\$ 177,477

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MONROE CMH

Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through January 2024

State General Fund	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 1,729,980	\$ 576,660	\$ 576,661	\$ 1
Expense	1,644,960	548,320	919,067	370,747
Redirect to Other Programs	-	-	(288,377)	(288,377)
Redirect from Other Programs	-	-	630,783	630,783
Revenue over/(under) expenses	\$ 85,020	\$ 28,340	\$ -	\$ (28,340)
All Other Grants/Local	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 2,785,336	\$ 928,445	\$ 940,452	12,007
Expense	2,785,336	928,445	554,650	(373,795)
Redirects	-	-	(630,783)	(630,783)
Revenue over/(under) expenses	\$ -	\$ -	\$ (244,981)	\$ (244,981)
Total Non PIHP Sources	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 4,515,316	\$ 1,505,105	\$ 1,517,113	\$ 12,008
Expense	4,430,296	1,476,765	1,762,094	285,329
CCBHC Retain as local	-	-	177,477	177,477
Revenue over/(under) expenses	\$ 85,020	\$ 28,340	\$ (67,504)	\$ (95,844)

BASIC FINANCIAL STATEMENTS

MONROE CMH

Statement of Position

October 1, 2023 through January 31, 2024

	January 31 Balance	Balance September 30 2023	Over (Under)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 9,717,318	\$ 1,380,993	\$ 8,336,325
Accounts receivable, net	95,889	248,633	(152,744)
Due from PIHP	5,800,605	9,954,592	(4,153,987)
Due from State of Michigan	49,783	61,136	(11,353)
Due from other governmental units	10,459	47,628	(37,169)
Prepaid items	281,298	533,184	(251,886)
Total current	15,955,352	12,226,165	3,729,187
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,400,494	2,331,649	68,845
Deferred outflows - Pension & OPEB	4,949,561	4,949,561	-
Total noncurrent	7,397,055	7,328,210	68,845
Total assets and deferred outflows	23,352,407	19,554,375	3,798,032
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	7,991,978	4,499,510	3,492,468
Accrued liabilities	1,331,932	1,681,957	(350,025)
Due to State of Michigan	1,592,197	869,107	723,090
Unearned revenue	86,499	86,499	-
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
Total current liabilities	11,052,064	7,186,531	3,865,533
Noncurrent			
Long-term debt, due beyond one year	1,096,535	1,096,535	0
Compensated absences, due beyond one year	322,163	322,163	(0)
Lease liability	456,473	456,473	(0)
Net pension liability	6,754,198	6,754,198	-
Net OPEB liability	6,308,718	6,308,718	-
Deferred inflows - leases	7,997	7,997	0
Deferred inflows - Pension/OPEB	2,957,224	2,957,224	-
Total noncurrent liabilities	17,903,308	17,903,308	(0)
Total liabilities and deferred inflows	28,955,372	25,089,840	3,865,532
NET POSITION			
Net investment in capital assets	1,983,024	1,914,179	(68,845)
Unrestricted	(7,585,989)	(7,449,585)	136,404
Total net position	\$ (5,602,965)	\$ (5,535,407)	\$ (67,558)

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MONROE CMH

Statement of Activities

October 1, 2023 through January 31, 2024

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Over (Under)
Operating revenue				
Capitation:				
Medicaid	\$ 13,947,654	\$ 41,842,962	\$ 40,219,271	\$ 1,623,691
Medicaid - Settlement	(429,981)	(1,289,943)	3,239,791	(4,529,734)
Healthy Michigan	953,434	2,860,302	3,008,142	(147,840)
Healthy Michigan - Settlement	(44,182)	(132,546)	375,265	(507,811)
CCBHC	2,704,631	8,113,893	-	8,113,893
CCBHC - Settlement	(248,928)	(746,784)	-	(746,784)
Behavior Health Home	137,202	411,606	153,628	257,978
State General Funds	576,661	1,729,983	1,813,773	(83,790)
State General Funds - Carryover	-	-	(170,590)	170,590
County appropriations	332,601	997,803	997,803	-
Charges for services	10,409	31,227	178,711	(147,484)
Other grants	452,531	1,357,593	1,157,291	200,302
Other revenue	22,671	68,013	76,154	(8,141)
Total operating revenue	18,414,703	55,244,109	51,049,239	4,194,870
Operating expenses				
Administration				
Salaries	642,851	1,928,553	2,081,999	(153,446)
Benefits	482,012	1,446,036	1,503,538	(57,502)
Other	805,229	2,415,687	2,806,047	(390,360)
Internal Services				
Salaries	1,794,242	5,382,726	5,614,573	(231,847)
Benefits	1,443,025	4,329,075	4,094,150	234,925
Other	425,994	1,277,982	2,439,443	(1,161,461)
Provider Network Services	11,943,414	35,830,242	29,468,610	6,361,632
Facility costs	201,323	603,969	917,802	(313,833)
Vehicle costs	8,969	26,907	38,488	(11,581)
Grant expenses	593,149	1,779,447	1,454,666	324,781
Room & Board	141,996	425,988	111,186	314,802
GASB 68 & 75 Adjustment	-	-	(5,802,125)	5,802,125
Total operating expenses	18,482,204	55,446,612	44,728,378	10,718,234
Change in net position	(67,501)	(202,503)	6,320,860	\$ (6,523,363)
Net position, beginning of year	(5,535,464)	(5,535,464)	(11,856,267)	
Net position, end of year	\$ (5,602,965)	\$ (5,737,967)	\$ (5,535,407)	

For internal use only. These financial statements have not been audited, and no assurance is provided.

MONROE CMH

Statement of Activities

Mental Health - Budget to Actual

October 1, 2023 through January 31, 2024

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
Operating revenue				
Capitation:				
Medicaid	\$ 35,116,485	\$ 11,705,495	\$ 13,947,654	\$ 2,242,159
Medicaid - Settlement	(635,700)	(211,900)	(429,981)	(218,081)
Healthy Michigan	2,860,301	953,434	953,434	0
Healthy Michigan - Settlement	(70,600)	(23,533)	(44,182)	(20,649)
CCBHC	12,000,000	4,000,000	2,704,631	(1,295,369)
CCBHC - Settlement	-	-	(248,928)	(248,928)
Behavior Health Home	96,500	32,167	137,202	105,035
State General Funds	1,729,980	576,660	576,661	1
State General Funds - Carryover	(85,020)	(28,340)	-	28,340
County appropriations	997,803	332,601	332,601	-
Charges for services	217,870	72,623	10,409	(62,214)
Other grants	1,484,505	494,835	452,531	(42,304)
Other revenue	85,158	28,386	22,671	(5,715)
Total operating revenue	53,797,282	17,932,427	18,414,703	482,276
Operating expenses				
Administration				
Salaries	2,777,641	925,880	642,851	(283,029)
Benefits	1,387,182	462,394	482,012	19,618
Other	2,029,359	676,453	805,229	128,776
Internal Services				
Salaries	7,489,941	2,496,647	1,794,242	(702,405)
Benefits	4,775,202	1,591,734	1,443,025	(148,709)
Other	2,034,208	678,069	425,994	(252,075)
Provider Network Services	30,363,290	10,121,097	11,943,414	1,822,317
Facility costs	795,455	265,152	201,323	(63,829)
Vehicle costs	88,775	29,592	8,969	(20,623)
Grant expenses	1,488,493	496,164	593,149	96,985
Other expenses	20,288	6,763	-	(6,763)
Room & Board	547,448	182,483	141,996	(40,487)
Total operating expenses	53,797,282	17,932,427	18,482,204	549,777
Change in net position	-	-	(67,501)	(67,501)
Net position, beginning of year	(5,535,464)	(5,535,464)	(5,535,464)	-
Net position, end of year	<u>\$ (5,535,464)</u>	<u>\$ (5,535,464)</u>	<u>\$ (5,602,965)</u>	<u>\$ (67,501)</u>

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