



# MONROE COMMUNITY MENTAL HEALTH AUTHORITY

## BOARD MEETING

April 23, 2025 – 6:00 p.m. / Aspen Room  
Draft Agenda

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### **BOARD GUIDING PRINCIPLES:**

- 1.1 Monroe Community Mental Health Authority (“Authority”) exists to help individuals with mental illnesses and/or intellectual/developmental disabilities so they can live, work, and play in their communities to their fullest potential. As a Certified Community Behavior Clinic (CCBHC), the Authority will provide mental health and/or substance use care/services, regardless of ability to pay, place of residence, or age, including developmentally appropriate care for children and youth.
- 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 service 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; 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.

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	<b><u>Guide</u></b>
<b>I. Call to Order</b>	<b>01 min</b>
<b>II. Roll Call</b>	<b>02 min</b>
<b>III. Pledge of Allegiance</b>	<b>02 min</b>
<b>IV. Motion to Adopt the Agenda as Presented</b>	<b>02 min</b>
<b>V. Motion to Approve the Minutes from the April 16, 2025 Board Meeting and waive the Reading Thereof</b>	<b>02 min</b>
<b>VI. Board Meeting Evaluation Report (<i>handout</i>)</b>	<b>05 min</b>
<b>VII. Public Comments</b> <i>“The Board will listen respectfully to public comments but will not respond directly during the meeting. You can expect a follow up contact from the Chief Executive Officer or representative within 24 hours if your comment is about a specific problem or complaint. Comments shall be limited to 3 minutes”.</i>	<b>03 min/Person</b>
<b>VIII. Presentations, Recognition, and Celebrations</b>	<b>30 min</b>
a. Years of Service Awards – Lisa Graham	
b. Clinical Report – Crystal Palmer	
c. Operations Report – Bridgitte Gates	
d. MDHHS and CCBHC Performance Quality Metrics ( <i>handout</i> )	
<b>IX. Board Committee Reports</b>	<b>05 min</b>
a. <b>Committee Chair Reports</b>	
i. Community Relations	
ii. Executive	

	b. Motion to Place on File All Written Committee Reports	02 min
	c. Appoint Dawn Pratt as Nominating Committee	02 min
X.	<b>Items for Board Action</b>	10 min
	a. Board Action Request: Informacast ( <i>information only</i> )	
	b. Motion to Approve the Consent Agenda Less Item _____	
	i. Service Contracts as Presented	
	ii. Administrative Contracts as Presented	
	c. Motion to Adopt the Amended Board Bylaws as Presented ( <i>2/3 vote</i> )	
	d. Motion to Adopt the Amended Board Governance Policy Manual as Presented ( <i>2/3 vote</i> )	
XI.	<b>Authority and Regional Policy Review/Approval (<i>Executive Summary in packet</i>)</b>	02 min
	a. Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented	
	i. Policy: EOC2013 Fire Prevention and Emergency Plan	
	HR4014 Equal Employment Opportunity Plan	
	ii. Procedure: POC7082-P2 Monitoring Lab Values	
	POC7075-P1 Collection of Consumer/Individual Served Documentation and Updating Demographics	
	iii. Exhibit: EOC2013-E1 Fire and Disaster and Actual Events Form	
	HR4062-E1 Complaint Form	
	POC7069-E13 BPS Re-Assessment Documentation	
	iv. Brochure: N/A	
	v. Rescind: POC7070-P1 Authorization Requests to UM	
	vi. Relocate: N/A	
	b. Motion to Approve the Regional Policies as Presented	02 min
	i. Policy: A1000 Corporate Compliance	
	A1012 Peer Review	
XII.	<b>Relationship with the Region, County, and Others</b>	05 min
	a. Regional PIHP Board Meeting Minutes – April 9, 2025	
	b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko	
XIII.	<b>Items from the Chief Executive Officer</b>	10 min
	a. Chief Executive Officer’s Report – Lisa Graham ( <i>handout</i> )	
XIV.	<b>New Business</b>	00 min
XV.	<b>Public Comments</b>	03 min/person
XVI.	<b>Board Member Announcements</b>	03 min/person
XVII.	<b>Adjournment</b>	01 min

**The next regular scheduled meeting for the Monroe Community Mental Health Authority Board is for Wednesday, May 21, 2025 at 6:00pm.**

LG/dp 2:34pm



**BOARD OF DIRECTORS REGULAR MEETING MINUTES**  
**April 16, 2025**

**Present:** Michael Humphries, Chairperson; Susan Fortney, Vice Chairperson; Deb Staelgraeve (Secretary Pro-Tem); Becca Curley; Reda Biniecki; LaMar Frederick; John Burkardt; Rebecca Pasko; Dawn Asper; Naomi Stoner; and Ken Papenhagen

**Excused:** Joan Canning

**Absent:**

**Staff:** Lisa Graham; Richard Carpenter; and Ken Melvin

**Guests:** 7 guests were present

**I. CALL TO ORDER**

The Board Chair, Mike Humphries, called the meeting to order at 6:00 p.m.

**II. ROLL CALL**

Roll Call confirmed a quorum existed.

**III. PLEDGE OF ALLEGIANCE**

The Pledge of Allegiance was led by Mike Humphries.

Mike Humphries appointed Deb Staelgraeve as Secretary Pro-Tem.

**IV. CONSIDERATION TO ADOPT THE DRAFT AGENDA AS PRESENTED**

Ken Papenhagen moved to adopt the draft agenda as presented. Rebecca Pasko supported. Motion carried unanimously.

**V. CONSIDERATION TO APPROVE THE MINUTES FROM THE MARCH 26, 2025 BOARD MEETING AND WAIVE THE READING THEREOF**

John Burkardt moved to approve the minutes for the March 26, 2025 Board Meeting and waive the reading thereof. Susan Fortney supported. Motion carried unanimously.

**VI. BOARD MEETING EVALUATION REPORT**

The Board Meeting Evaluation Report from the March 26, 2025 Board Meeting was reviewed.

Mike Humphries commented that more evaluations were received for the last meeting and encouraged all board members to complete the evaluation for each meeting.

John Burkardt asked for clarification on what "non acknowledged comments" are. Mike Humphries commented that he was unable to clarify as the evaluation comments are anonymous and would not want to speak for another board member.

Mike Humphries welcomed Rede Biniecki to the MCMHA Board of Directors.

**VII. PUBLIC COMMENTS**

There were no public comments.

**IX. ITEMS FOR BOARD CONSIDERATION**

- a. Board Action Request: Informacast (Emergency Alert Notification System) – Jim Brown presented the Board Action Request for Informacast.
- b. Service Contracts - Alicia Riggs presented the Service Contracts as presented for Board consideration.
- c. Administrative Contracts – Alicia Riggs presented the Administrative Contracts as presented for Board consideration.

**X. FISCAL FINANCE REPORT**

- a. Fiscal Finance Report: Ken Melvin presented the February financials, highlighting:
  - i. Revenue is trending/projected higher than last year, as expected. This is due to budgetary, and rate increases from the PIHP capitation and CCBHC.
  - ii. Spending is largely in line with the prior year with the exception of provider network. We expect to have increased costs as we pushed out DCW increases and targeted specialized residential rates. We also have a conservative IBNR estimate to account for other potential increases and ABA rate changes.
  - iii. Expecting to take out \$135,485 from fund balance. Amount continues to trend down as we try to reduce non-Medicaid spending and increase service delivery to Medicaid individuals.
  - iv. Revenue is trending/projected higher than budget for Medicaid as we see slight increases for waiver payments. CCBHC revenue is lower than expected as we have lags with T-1040 reporting. County appropriation revenue is lower than budgeted due to timing. We expect to receive the full budget. Other revenue is trending high due to a provider refund received.
  - v. Salary and benefit expense are trending lower than budget in total. Mostly due to lower than anticipated benefit costs in addition to vacancies of staff positions.
  - vi. Provider network expense is higher than anticipated as mentioned in the bullet above.
  - vii. The CCBHC Medicaid program is showing a surplus of \$513,249 through this reporting period. However, CCBHC non-Medicaid is trending over budget.
  - viii. Traditional State General Fund spending is lower than budgeted. This is a result of efforts around Medicaid enrollment and tracking of deductibles.
- b. Other Comments:
  - i. Ken Melvin provided an update on 1<sup>st</sup> and 3<sup>rd</sup> party billing. We were able to confirm that Medicaid did receive our information, and it will take up to 30 days to process. Regular phone calls are made to keep this moving. We do have a few Medicare plans that are contingent on that status and can go back and bill retroactively.
  - ii. Richard Carpenter provided a formal recommendation related to CCBHC. We did not receive a formal letter from the state, but have heard that the calculation will be out by the end of April for performance bonus incentive. It could vary from hundreds of thousands of dollars to over a million. For this fiscal year, and likely next fiscal year, the performance bonus incentive payment we get for the Medicaid side, we expect it will fully cover the amount we plan to take out of the fund balance. Richard anticipates that we will put money into the fund balance this year and may cover last year's as well. Richard recommends continuing with the CCBHC program.
  - iii. Related to government funding and state funding, on March 31, 2025, the state of Michigan reached out to all grantees and indicated that on March 28, 2025 that the federal government gave a stop work order on any COVID grants. Richard brings this information up as Monroe lost out on \$50,000, but there are other programs that completely shut down or lost funding in the county. Funding in the future is definitely an uncertainty. We do have a couple of things that are important, such as, getting the billing function up and running and considering what other counties are doing, a millage. If the Board began talking about this today, it may be two years before seeing funding as it is a long process. Richard

recommends that the Board begin having the discussion.

Lamar commented on ARPA Funds. Lisa Graham responded that the PIHP agreed to provide funding for the grantees through June 15th. The two grants Monroe had were not through the PIHP. There is the temporary restraining order, and it is possible the funds may still be allocated. For us as an agency, this will not have a big impact on us. There were eight programs identified in our community that are losing funding. The top three programs identified were St. Joe's Center of Hope, Women's Specialty Services, and Ty's House. Monroe CMH relies on these three programs. We are hopeful that we can save these programs for this fiscal year. The concern is what will happen as of October 1, 2025. As an example: St. Joe's Center for Hope and the Women's Specialty Services (both Catholic Charities), were impacted by \$800,000 in cuts across both programs. Ty's House, a transitional space for men, their grant was cut. A couple others impacted were Paula's House and the United Way. The Community Coalition is talking about other funding sources and the Monroe County Board of Commissioners have been helpful.

Dawn Asper commented on St. Joe's Center of Hope expenses and operating plan.

Naomi Stoner commented that she was not comfortable having conversation without those impacted being present to represent themselves. As a CMH, we are to make sure we have good relationships with others in the county.

Lisa Graham commented that our role is to advocate and be a good community partner to help in securing funding for their programs. Our organization will be impacted, the people we service will be impacted if they are not funded.

Reda Biniiecki commented that at the Monroe County Commissioners meeting last night, that they thought they had enough funding to get through June 15, 2025 but for the rest of the year. Lisa Graham commented that she did not know what their funding services were or who they spoke to, however, as of October 1, 2025, we need to be aware.

Mike Humphries asked if we were talking with St. Joe's Center of Hope about a Behavioral Health Urgent Care. Lisa Graham commented that we are working with them, and they are interested as well as we are interested. We do not have anything solid to make any decisions or recommendations.

Mike Humphries asked if other CMHs or PIHPs have talked about approaching the state to look at other funding methods? The Mental Health Code does not mention Medicaid. The state is mandated to provide services for consumers. Are we prepared to approach the state? Mike suggested that this question needs to be asked before discussing a millage.

Richard Carpenter responded that Mike's question is a good one to ask. Richard commented that the state currently puts five million in a pot for non-Medicaid CCBHC. That is split 30 different ways right now. The amount we got last year was around \$65,000. There continues to be advocacy between all CMHs to the state that 5 million is not enough. The CCBHC services do include services that are not required by the Mental Health Code. The only services the state is required to pay for is Crisis and Inpatient Stabilization Services. There are other county's that do have millages to support the non-Medicaid services and suggest the Board consider it.

## **XV. NEW BUSINESS**

There was no new business.

**XVI. PUBLIC COMMENTS**

There were no public comments.

**XVII. BOARD MEMBER ANNOUNCEMENTS**

All board members wished everyone a Happy Easter, a blessed Easter, and Happy Resurrection Day.

John Burkardt welcomed Reda Biniecki to the Board. John will have a new email address that will be shared with the Board.

LaMar Frederick wished everyone a Happy Good Friday.

Reda Biniecki thanked the Board for having her, glad to be here.

Mike Humphries welcomed Reda Biniecki to the Board.

**XVIII. ADJOURNMENT**

Mike Humphries adjourned the meeting at 7:31pm.

Submitted by,

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Deb Staelgraeve, Secretary Pro-Tem

LG/dp  
4/17/25

## BOARD CLINICAL REPORT EXECUTIVE SUMMARY

April 2025

### QUALITY WORKFORCE

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

- The Frontline Crisis Academy provided a full day of training to our Crisis Mobile Team and other clinical staff along with community partners.
- MCMHA continues to recruit and hire staff for current vacancies, which is seven (7) at this time.

### TRUSTED COMMUNITY PARTNER

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

- There were 23 universal referrals made in March. 83% received some type of follow-up, services authorized, etc. 0% declined any further intervention, and 17% MCMHA didn't have enough information for follow-up or received no response.
- Certified Peer Support Specialists (CPSS) continue to provide support at the ALCC. The CPSS did engage in six (6) programs/activities and four (4) 1:1 meeting during the month of March.

### ACCOUNTABLE STEWARDS OF PUBLIC DOLLARS

*Strategic Plan Goal 4: Develop and Implement a Stable yet Agile Financial Strategy that Supports MCMHA's Mission and Operates in Accordance with Federal and State Regulations.*

- This goal is addressed by the Finance Department.

### SERVICES PROMOTE RECOVERY

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

- Crisis Mobile was deployed 32 times in March, which averaged 1.02 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 13.55 minutes, which is likely due to 74% of the calls from the 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 79% were from the Monroe County Sheriff's Department and Monroe City Police; 9% were from Access Dept/CMH, and 12% were self-referral.
- There were 346 appointments scheduled for the Benesh Building in FY25 with 81% occurring in the office.
- Enrollment for the CCBHC has increased by 118 members over the last month. This is a 5.7% increase in enrollment.
- MCMHA currently has 63 enrollees in the Behavioral Health Home program.

### CONSUMER VOICE INFORMS DECISION MAKING

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

- This goal is being addressed by the Operations Department re: on consumer voice re: satisfaction, etc.

### MISCELLANEOUS

- The data for incoming calls being answered is 96% for FY25, which meets MCMHA's goal of 95%.
- The Michigan Department of Health and Human Services will be conducting our Certified Community Behavioral Health Clinic site visit on April 30, 2025.

Updated 4/23/25

## QUALITY WORKFORCE

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

**Objective #1: MCMHA's workforce meets the needs of the agency.**

- MCMHA's staff receive all training necessary for their respective positions, annually.

The Clinical Department attends monthly clinical training. The most recent training focused on increasing knowledge on interviewing, assessment, diversion and admission. Staff were able to participate in interactive training with our corporate trainer engaging in examples of consumer interactions that may or may not indicate a higher level of care or crisis. Staff then wrote a reflection on their confidence level and/or questions for furthering communication on this topic. All levels of clinical staff participated.

Crisis Mobile along with other community-based teams such as ACT along with some representatives from law enforcement and the Youth Center were able to participate in a training hosted by MCMHA on March 20<sup>th</sup>. The founder of The Frontline Crisis Academy was brought in to teach a full day of training entitled "In the Trenches, A Course in Mental Health Mobile Crisis." This was an excellent training course covering an array of interactive topics such as de-escalation, building quick rapport in a crisis, safety planning, assessment, as well as situational and environmental awareness and safety. There was much great feedback received from this training including feedback from law enforcement stating, "Thanks for the opportunity, the class was awesome. Michelle did an amazing job."

**Objective #2: Provider panel is adequate to meet the needs of the agency.**

- Assess South County service options and make recommendations.

The Intellectual/Developmental Disabilities Department continues to seek community living support and/or group home settings for several individuals seeking more supportive living arrangements. We have identified at least six (6) individuals desiring to return to Monroe County and/or have a barrier free living condition need (i.e. wheelchair, lift, etc.). We meet monthly as a team to continue to identify individuals with current needs, urgency, and provider capacity.

Additionally, we do not have a waitlist for adult services re: therapy.

The Clinical Department still has vacancies and continues to work with the Human Resources Department to fill these positions. We have the following vacancies as of April 15<sup>th</sup>:

- Case Service Manager – Child and Family
- Case Service Manager – I/DD
- Case Service Manager – Adult
- Peer Support Specialist (PT – 2 positions)
- Evaluation and Admission Specialist
- Wraparound Facilitator

Updated 4/23/25



## TRUSTED COMMUNITY PARTNER

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

**Objective #1: Critical Incident Stress Management Team responds to community incidents as requested.**

### **Critical Incident Stress Management (CISM)**

During this reporting period, we have not had any deployments. When MCMHA is made aware of events/incidents that occur in the community, we do reach out to offer this service. At times, it is utilized, and other times other community resources have been utilized.

**Objective #2: MCMHA provides education and awareness of mental health resources in the community.**

### **Education and Awareness**

MCMHA's Clinical Team represented the agency at the Bedford Business Fair. Staff reported the event was very positive indicating she "couldn't even count the number of people" she interacted with at the display table due to the large turnout. She did, however, report she received positive feedback from at least four to five people who were satisfied with their past or current experiences with MCMHA services. Staff were able to assist at least six people with information about how to access services as well as provide brochures and pamphlets about MCMHA services to 25 or more. Staff also reported assisting half a dozen people from other counties or Ohio, helping them understand how to get in touch with their local community's mental health.

The River Raisin Clubhouse will be hosting a staff open house at the new facility on Thursday, May 8, 2025. This internal open house will offer MCMHA staff an opportunity to tour the new Clubhouse, meet staff and members, and learn about the program model and mission. The event will include a casual taco bar lunch, information tables, and guided tours. A second open house is scheduled for the public on Thursday, June 5, 2025. This event will welcome local officials, community leaders, and partner organizations to visit the River Raisin Clubhouse. Our goal is to promote awareness, build partnerships, and highlight the importance of social inclusion for adults living with mental illness.

MCMHA's Access/Crisis/Diversion Director is currently working with the Monroe City Director of Community Safety and Sheriff to explore implementing a form for a more seamless process when a pickup order gets issued through Monroe Probate Court.

In order to promote our crisis mobile services, the Crisis Mobile Supervisor has connected with Dundee schools to introduce herself and educate on what the Crisis Mobile unit can be used for. She continues to provide outreach to the community.

### **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 of referring to individuals they encounter that they believe to be in need. MCMHA has now has 12 agencies plus law enforcement utilizing the universal referral form. A list of the agencies is as follows:

- Opportunity Center at the ALCC
- Salvation Army

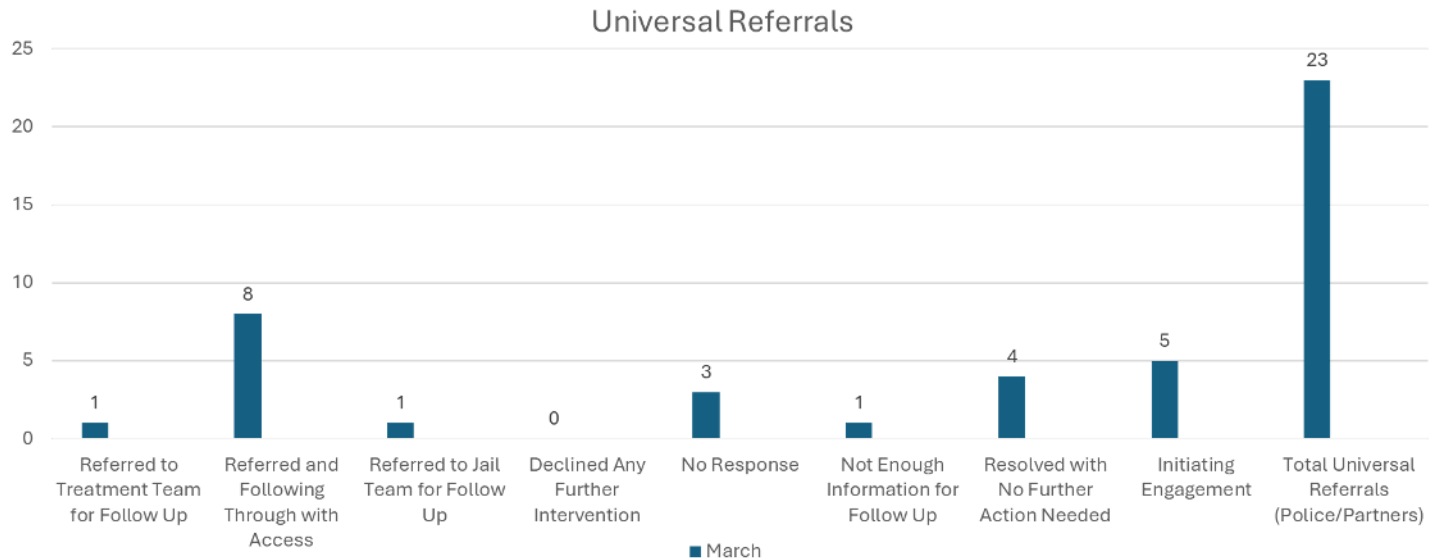
Updated 4/23/25

## BOARD CLINICAL REPORT

April 2025

- Disabilities Network
- Paula's House
- Fairview
- Saleh Center
- Health Department's Maternal and Child Health Services
- Monroe Housing Commission
- YMCA
- Michigan Works!
- Oaks of Righteousness
- ProMedica Physicians Monroe Pediatrics – Dr. Gandert

During the month of March, there have been 23 universal mental health referrals, including law enforcement and community referrals. The outcomes of these cases are as follows:



### **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 and Thursdays from 12-4pm for anyone interested. These days have the highest volume of contacts and services. Appointments will be continuously monitored, and availability will be increased if the need changes.

Peers continue to help link and coordinate services, including engaging those who need community mental health services or those involved in them. In the month of March, MCMHA Peer Support Staff provided four (4) 1:1 meetings/appointments and the peers did engage in six (6) programs/activities within the Opportunity Center.

It should be noted that the youth peer support specialist has not been in the rotation at the ALCC due to only working two (2) days a week and needing the time to work with identified consumers. This is currently being re-evaluated.

Updated 4/23/25

# BOARD CLINICAL REPORT

April 2025

## Crisis Mobile Response Team

Please see the attached report (Attachment #1) regarding data from the Crisis Mobile Response Team for the months of March.

## ACCOUNTABLE STEWARDS OF PUBLIC DOLLARS

*Strategic Plan Goal 4: Develop and Implement a Stable yet Agile Financial Strategy that Supports MCMHA's Mission and Operates in Accordance with Federal and State Regulations.*

This goal is addressed by the Finance Department.

## SERVICES PROMOTE RECOVERY

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

### Objective #1: Individuals access services timely.

- All services are delivered timely
- Services are delivered at a location that is convenient for the consumer

### Benesh Expansion

The data below identifies the individuals' zip codes scheduled at the Benesh building during FY25. Note that the information includes all appointments, whether held in-person or virtually.

Zip Code	Location	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total
48101	Ann Arbor	0	0	0	0	0	0	0
48103	Ann Arbor	0	0	0	0	0	0	0
48104	Ann Arbor	1	0	0	0	0	0	1
48105	Ann Arbor	0	0	0	0	0	0	0
48111	Belleville	0	0	0	0	0	0	0
48117	Carleton	5	2	0	2	2	5	16
48131	Dundee	0	0	1	1	1	3	6
48133	Erie	6	3	1	0	1	0	11
48134	Flat Rock	0	0	0	0	0	1	1
48135	Garden City	0	0	0	0	0	0	0
48140	Ida	0	0	1	0	0	1	2
48144	Lambertville	0	0	2	1	2	0	5
48145	LaSalle	0	0	0	1	0	1	2
48153	Maybee	0	0	0	0	0	0	0
48157	Luna Pier	1	0	1	1	2	0	5
48159	Maybee	1	3	4	0	1	2	11
48160	Milan	1	0	0	3	2	2	8
48161	Monroe	20	22	13	30	25	32	142
48162	Monroe	17	11	10	9	16	13	76
48164	New Boston	0	0	0	0	0	0	0
48166	Newport	2	10	5	8	2	5	32
48177	Samaria	0	0	0	0	0	0	0
48179	South Rockwood	0	0	0	0	0	0	0
48182	Temperance	8	2	0	2	3	2	17
48191	Willis	0	0	0	0	0	2	2
48197	Ypsilanti	0	0	0	0	0	1	1
48198	Ypsilanti	0	0	0	0	0	0	0
48214	Detroit	0	0	0	0	0	0	0
48336	Fowlerville	0	0	0	0	0	0	0
48817	Corunna	0	0	0	0	0	0	0
49221	Adrian	0	0	0	1	0	0	1
49267	Ottawa Lake	0	1	0	1	1	1	4
49270	Petersburg	1	0	0	1	0	1	3
49276	Riga	0	0	0	0	0	0	0
<b>Total</b>		<b>63</b>	<b>54</b>	<b>38</b>	<b>61</b>	<b>58</b>	<b>72</b>	<b>346</b>

Updated 4/23/25

## BOARD CLINICAL REPORT

April 2025

Below the table provided indicates out of the total number of appointments scheduled each month for FY25, 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 2024	91%	47%
November 2024	78%	45%
December 2024	87%	53%
January 2025	89%	49%
February 2025	79%	50%
March 2025	60%	63%

### **Substance Use Disorder (SUD) Screening and Referral Data**

This data will be reported quarterly (January, April, July, and October). During the 2<sup>nd</sup> quarter, the following occurred:

- Total SUD Screenings = 248
- Total SUD call activity = 593
- Total SUD Requests = 300

### **Certified Community Behavioral Health Clinic (CCBHC)**

As of last month, there were 2,176 members currently enrolled in CCBHC through the WSA, which is an increase of 118 enrollees or 5.7% since last reported in March. This number will continue to fluctuate as consumers enroll and disenroll in services. This remains to be around 80% of our consumers.

The CCBHC Implementation Meeting was held March 27<sup>th</sup>. The focus of this meeting was focused on the upcoming MDHHS Site Visit and reviewing updates on currently implemented Evidence Based Practices. The Zero Suicide Organizational Self-Assessment will be conducted in April to enhance our Zero Suicide model fidelity.

MCMHA continues to monitor Psych Resolutions, which is our only Designated Collaborating Organization (DCO). MCMHA staff met internally and with Psych Resolutions staff throughout the month of March to solve problems and bust barriers regarding service delivery and billing protocol.

### **Objective #2: MCMHA delivers Evidenced-Based services**

- Transition Age Youth Services
- Dialectical Behavioral Therapy Skills Group

### **Transition Age Youth Services**

The Transition Age Youth program is informed by the TIP (Transition to Independence Process) Model which emphasizes youth voice and choice and supports youth and young adults with their transition to adulthood. The TIP Model is a strength-based, youth-driven framework that was developed for working with youth and young adults (14-29 years old) with emotional/behavioral difficulties. The clinical team is currently transitioning cases and inviting consumers whose needs might be best met by this model. The Children's Supervisor and the

Updated 4/23/25

## BOARD CLINICAL REPORT

April 2025

Transition Facilitator are working with the Program Director, community stakeholders, and the state coordinator and contractor to support our growth in this program.

The Transition Facilitator is in the process of transferring his cases to their new primary case holder, while beginning to use the TIP Model with identified youth/young adults. The Transition Facilitator and Supervisor will be meeting with case managers and their youth/young adults that may be appropriate for the program to discuss the opportunity further. If these youth/young adults are interested in this, they will transfer to the Transition Facilitator to begin participating in the process.

### **Dialectical Behavioral Therapy (DBT) Skills Group**

The Chief Clinical Officer (CCO), Certified Community Behavioral Health Clinic (CCBHC) Program Director, and Adult Program Director met on March 21 to review DBT Implementation strategies. This is a required evidence-based practice (EBP) for CCBHCs. Potential consumers meeting criteria for DBT were reviewed with an agreement to expand the pool. Additionally, Adult Program Director identified staff who are either trained in DBT or will be trained in DBT. DBT groups will begin in the upcoming year with the goal of achieving full model fidelity as soon as possible. A dedicated DBT Team would require a minimum of three (3) staff and one peer support to run as designed.

### **Objective #3: Integrated healthcare is provided to all consumers.**

- Behavioral Health Home
- Peer-Run Wellness Groups

### **Behavioral Health Home (BHH)**

The Behavioral Health Home (BHH) provides comprehensive care management and coordination services to Medicaid recipient with a select serious mental illness/serious emotional disturbance (SMI/SED) diagnosis. Participation is voluntary and enrolled recipient may opt-out at any time.

The program has three goals: 1) improve care management; 2) improve care coordination between physical and behavioral health care services; and 3) improve care transitions between primary, specialty, and inpatient settings of care.

MCMHA currently has 63 individuals enrolled in the BHH program. Enrollment is dependent upon an individual's Medicaid status. Nursing continues to explore individuals that meet the medical criteria for the added support of the BHH program.

### **Peer-Run Wellness Groups**

MCMHA has one (1) group in development with a planned start date in May. The group will focus on the physical and mental health wellness of the individual. The ACT Team has started a group focused on the management of anxiety. The group started April 2<sup>nd</sup> and will run for a 3-month period.

### **Objective #4: Behavioral Health Urgent Care opens on 10/1/25.**

### **Behavioral Health Urgent Care**

A space has been secured for Behavioral Health Urgent Care, 222 Colonial Court, Monroe 48162 (Building C 223-226). The Operations Department is ensuring everything is set up at the property to ensure implementation will occur as of 10/1/25.

Updated 4/23/25

## BOARD CLINICAL REPORT

April 2025

In order to ensure the proper staffing for a 10/1/25 start date, the Clinical Department will be working with the Human Resources Department to post the appropriate positions in May 2025.

### **Objective #5: Open two (2) Group Homes in Monroe County (5-6 beds).**

The Chief Operations Officer (COO) will be reporting on this objective.

### **Crisis Mobile Response Team**

As previously stated above, please see the attached report (Attachment #1) regarding data from the Crisis Mobile Response Team for the months of March.

## **CONSUMER VOICE INFORMS DECISION MAKING**

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

This goal is being addressed by the Operations Department re: on consumer voice re: satisfaction, etc.

## **MISCELLANEOUS**

### **Call Volume Data**

Below is the call volume data for Fiscal Year 25.

	October-24	November-24	December-24	January-25	February-25	March-25
Incoming Calls	5027	3943	2340	3791	2831	3067
Incoming calls minus abandon calls	4906	3808	2224	3534	2757	2982
Calls Answered	4557	3487	2057	2498	2486	2778
Missed/Abandoned Calls	121	135	116	257	345	285
Abandoned Calls	462	430	274	280	74	85
% incoming calls answered	91%	88%	88%	66%	88%	91%
% incoming calls answered minus abandon calls	98%	97%	95%	93%	97%	97%

**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. As you can see, for the first five months of Fiscal Year 2025, we **average 96%**, which is meeting our goal.

### **Caseload Report**

This report will be provided quarterly (December, March, June, and September).

### **Site Visit**

MDHHS will be conducting a site visit on April 30, 2025, for our CCBHC. Preparations are underway to gather policies, procedures, and cases for review to meet the site visit requirements.

Updated 4/23/25



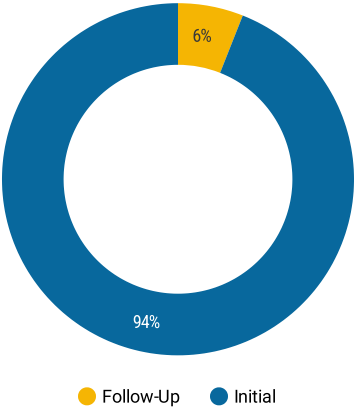
# Monroe County CMH Crisis Mobile Utilization Report

**Deployments - Number of encounters, Number of Follow Ups:**

Total Crisis Mobile Deployments

32

Mo... 1 ▴	Init... 2 ▴	#	%
2025 - 03	Follow-Up	2	6%
2025 - 03	Initial	30	94%



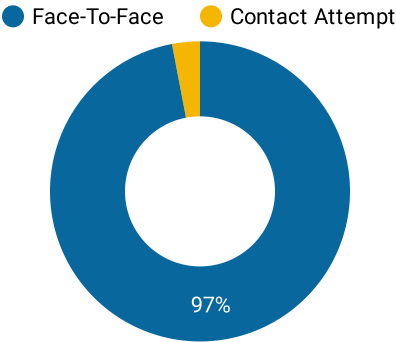
1 - 2 / 2 < >

Month ▴	Contact Type	Hours
2025 - 03	Indirect Contact (Phone/Email/Other)	0
2025 - 03	Contact Attempt	0.01
2025 - 03	Face-To-Face	144.35

Average Face-to-Face Interaction Time (Hours)

1.02

Month	Avg F2F Contact ▾
2025 - 03	1.02



Select Month:: 2025 - 03

(1) ▾

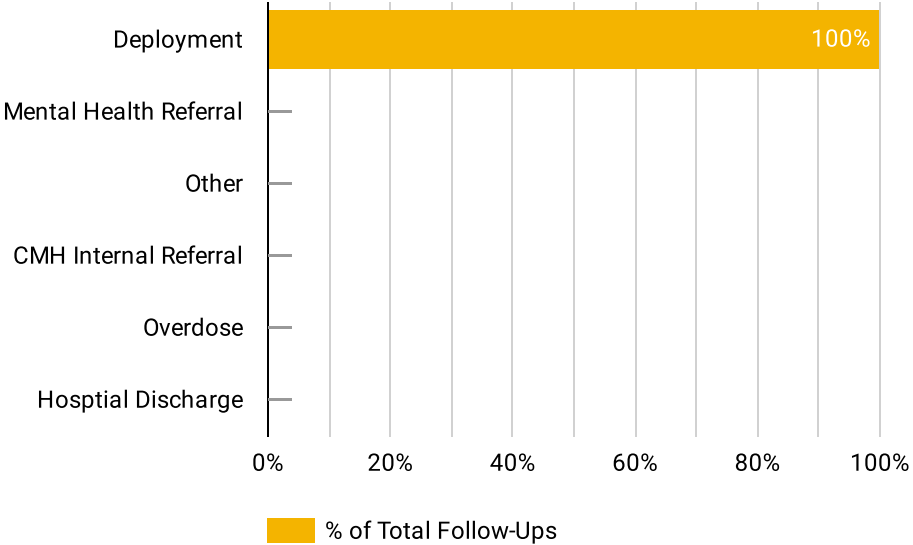


# Monroe County CMH Crisis Mobile Utilization Report

**Follow-Ups - Number of Follow Ups, Follow-Ups by Type:**

*Note: Tracking for follow-ups started October 2024*

Month ① ▴	Type ② ▴	#	%
2025 - 03	CMH Internal Referral	0	0%
2025 - 03	Deployment	2	100%
2025 - 03	Hospital Discharge	0	0%
2025 - 03	Mental Health Referral	0	0%
2025 - 03	Other	0	0%
2025 - 03	Overdose	0	0%



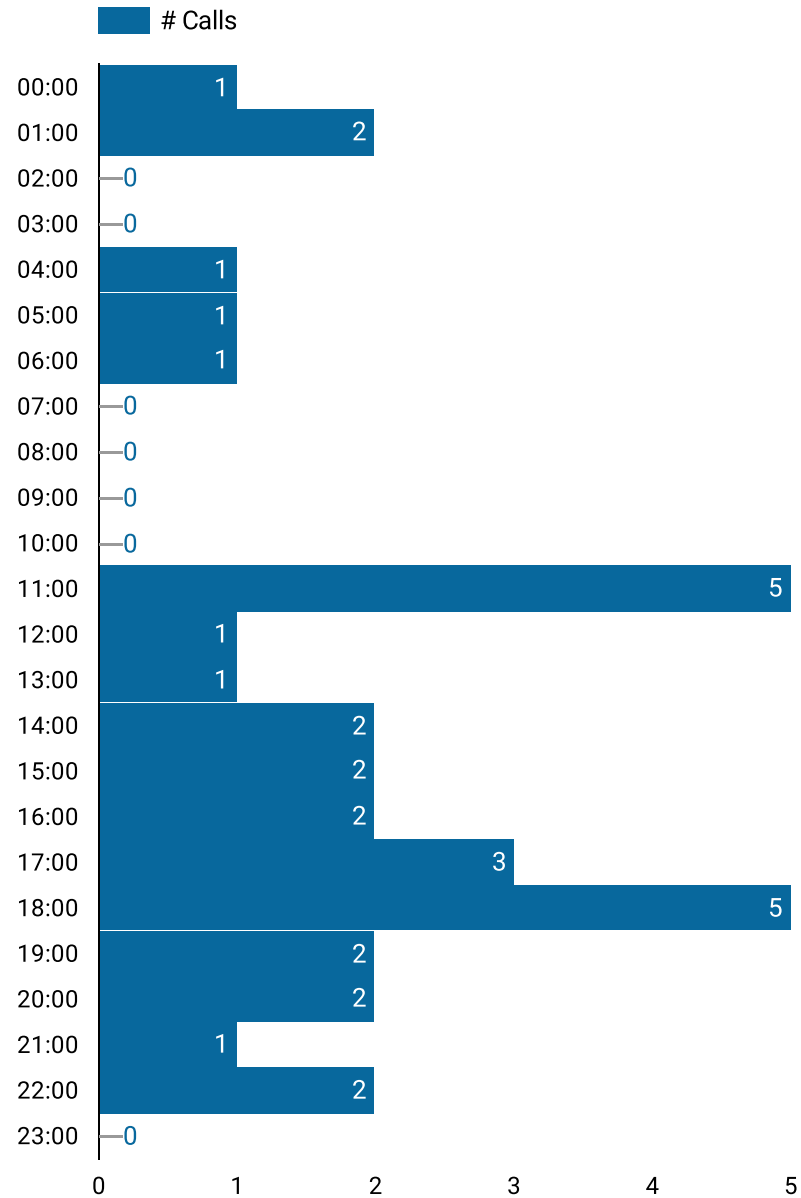


Select Month:: 2025 - 03

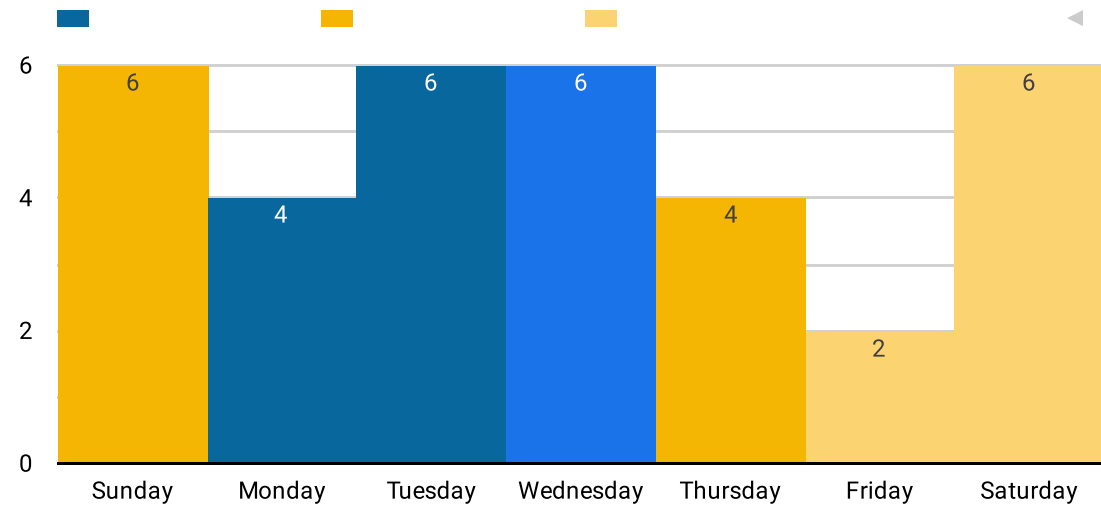
(1) ▾

## Time of Calls

### Calls, by hour:



### Calls, by Weekday:



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

Average Response Time (Minutes)

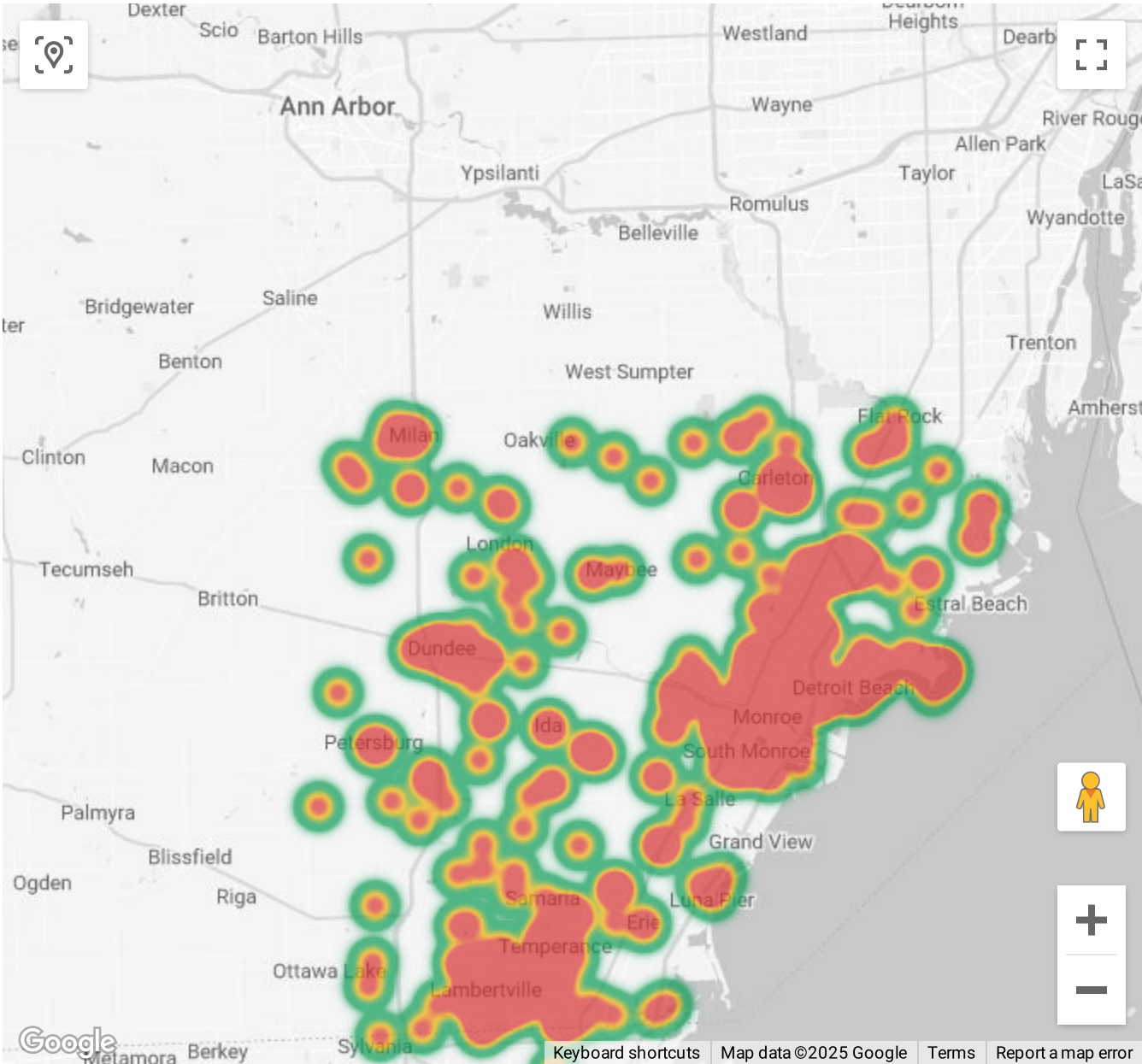
13.55

Month	Avg. Response Time ▾
2025 - 03	13.55

Select Month:: 2025 - 03 (1) ▾

# Location

Mapping of locations deployed to:

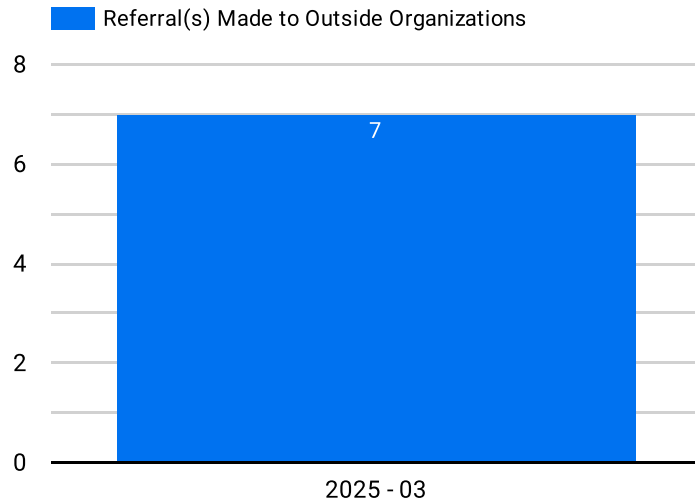


Month ▴	Zipcode	#	%
2025 - 03	48182	1	4%
2025 - 03	48160	0	0%
2025 - 03	48173	0	0%
2025 - 03	48166	2	7%
2025 - 03	48117	3	11%
2025 - 03	48134	0	0%
2025 - 03	48161	11	41%
2025 - 03	48162	9	33%

Select Month:: 2025 - 03

(1) ▾

## Number of referrals made and where they were referred to:



Mo...	Referred To:	#	%
2025 - 03	Arrowhead Behavioral Health	0	0%
2025 - 03	Behavioral Health Treatment	0	0%
2025 - 03	CMH	5	45%
2025 - 03	Family Counseling and Shelter Services of Monroe	0	0%
2025 - 03	Fire Station	0	0%
2025 - 03	Gabby's Ladder	1	9%
2025 - 03	Harbor Light	0	0%
2025 - 03	Henry Ford Wyandotte	0	0%
2025 - 03	Holistic Wellness	0	0%
2025 - 03	Lemon Tree	0	0%
2025 - 03	MCOP	1	9%
2025 - 03	Michigan Works	1	9%
2025 - 03	Monroe County Animal Control	0	0%
2025 - 03	Paula's House	0	0%
2025 - 03	ProMedica ER	3	27%
2025 - 03	Pure Psych	0	0%
2025 - 03	RAW	0	0%
2025 - 03	Resource Flyer	0	0%
2025 - 03	SUD Treatment	0	0%
2025 - 03	Salvation Army Harbor Light	0	0%
2025 - 03	St. Joe's	0	0%

Select Month:: 2025 - 03

(1) ▾

## **Where Referrals are Coming From:**

Month / # Calls	
Deployed by:	2025 - 03
Monroe County Sheriff's Dept.	21
Monroe City Police	6
Self	4
ACCESS	3
Police Mental Health Referral	0
CMH	0
Mobile Crisis Follow Up	0

## **Primary Issue or Diagnosis:**

([New question starting 12/2023](#)).

Month / #	
Issue/Diagnosis	2025 - 03
Thought Disorder	7
Suicidal Ideation	15
Substance Abuse	2
Neurocognitive	3
Homicidal Ideation	0
Environmental	7
Domestic Violence	1

Select Month:: 2025 - 03(1) ▾

**Consumers, New and Repeats:**

	Month ❶ ▲	New or Repeat Cons... ❷ ▲	#
1.	2025 - 03	New	24
2.	2025 - 03	Repeat	11

Number of Narcan Kits Distributed:

# Narcan Kits Distributed  
0

Number of calls per population - Race

Month / # / %		
2025 - 03		
Race	#	%
White	28	85%
Not Collected	1	3%
Black or African American	4	12%

Select Month:: 2025 - 03

(1) ▼

## Number of calls per population - Age

Month / # / %			
2025 - 03			
Age		#	%
0 to 9		0	0%
10 to 17		9	27%
18 to 28		6	18%
29 to 39		5	15%
40 to 50		5	15%
51 to 61		2	6%
62 to 72		4	12%
73 to 83		1	3%
84 to 94		0	0%
95 +		0	0%
Not Collected		1	3%

# OPERATIONS REPORT

April 23, 2025

## TRUSTED COMMUNITY PARTNER

**Strategic Plan Goal 2:** *Serve as a Responsive and Reliable Community Partner*

### Revel Marketing

- Attached is the project/campaign report that was shared with the Community Relations Committee on April 17, 2025.

### Mental Health Fun Day

- Scheduled for May 17<sup>th</sup> from 11:00 a.m. to 3:00 p.m. at 2/42 Church.

Continue to have a presence in the community.

## SERVICES PROMOTE RECOVERY

**Strategic Plan Goal 4:** *At All Levels of the Organization, Services Provided Meet the Needs of the Customer*

### Customer Services

#### **Quarter 2 Grievances: FY2025 (March)**

8 grievances received

- 5 – requests for new prescribers. Granted. 3 on same prescriber due to her direct approach
- 1 – Network Benefit Specialist
- 1 – Scheduling
- 1 – Request for new therapist - granted

#### **Kiosks:**

- March data provided – 22 responses from the lobby and 5 responses from the Prescriber hallway.
- Comments from consumers/guardians –
  - Bathroom dirty
  - Pharmacy staff not friendly
  - Late appointments not available

Pulse for Good kiosk data attached for review.

#### **Windemere Home:**

- Secured ADA compliant home – 3 bedrooms, 2 bath
- Located in the beaches – Windemere Street
- In process of two ramps being installed
- Progressive Residential Services (PRS) is the provider
- Will be a 6-bedroom home once licensed

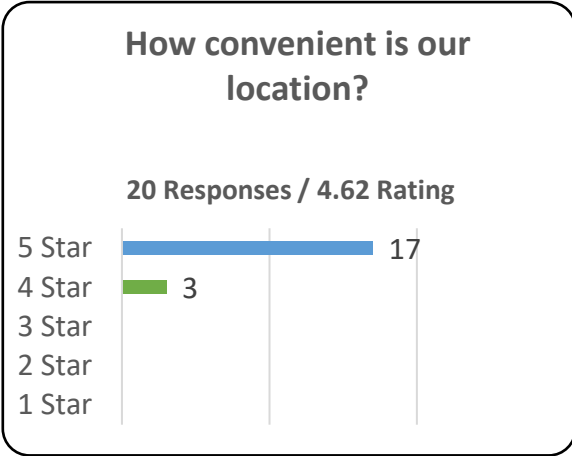
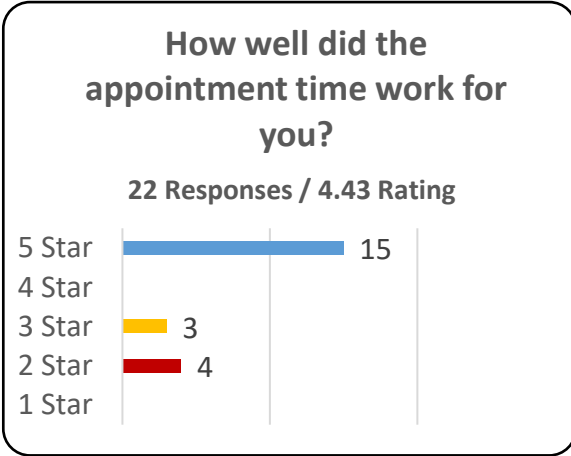
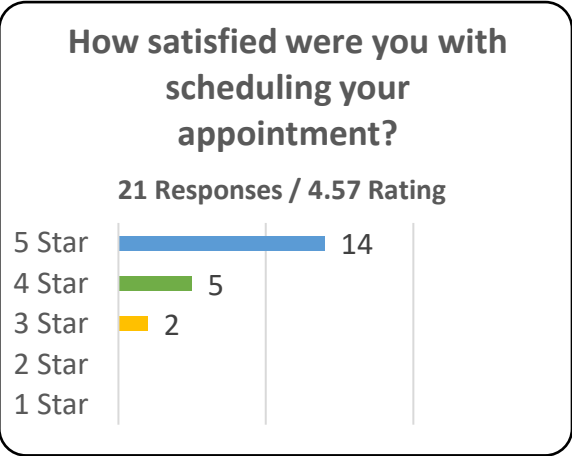
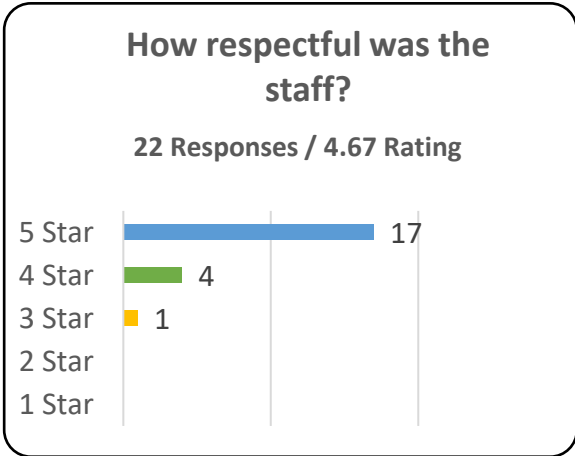
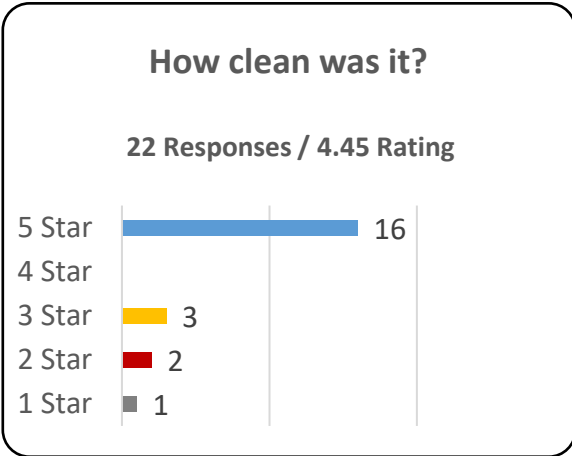
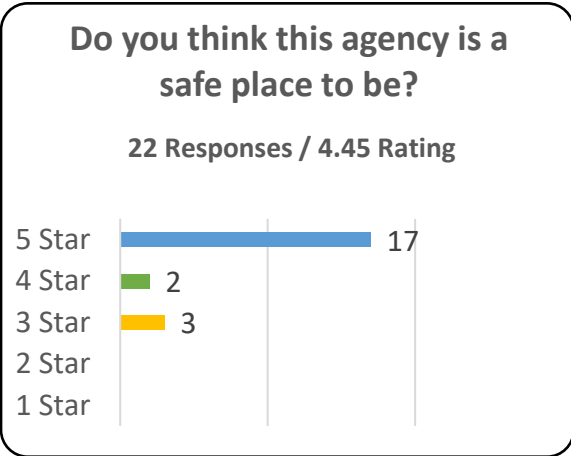
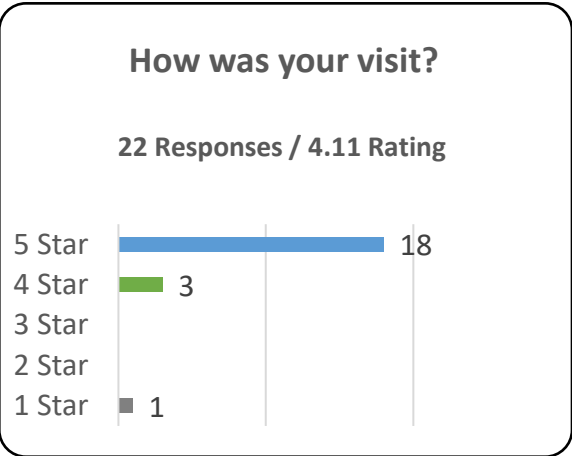


# PULSE FOR GOOD DATA

March 2025 / Location – Lobby Kiosk



Overall Rating: 4.42



# PULSE FOR GOOD DATA

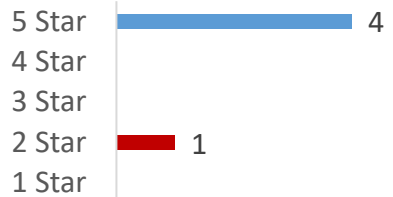
March 2025 / Location – Prescriber Kiosk



Overall Rating: 4.65

## How was your visit?

5 Responses / 4.20 Rating



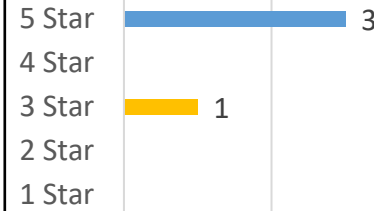
## Do you think this agency is a safe place to be?

4 Responses / 5.00 Rating



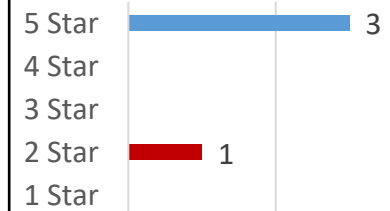
## How clean was it?

4 Responses / 4.50 Rating



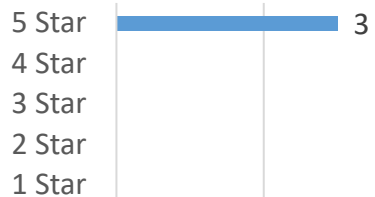
## How respectful was the staff?

4 Responses / 4.25 Rating



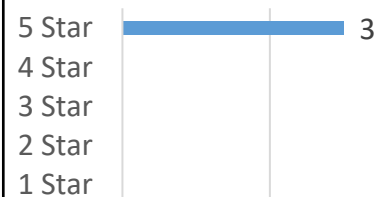
## How satisfied were you with scheduling your appointment?

3 Responses / 5.00 Rating



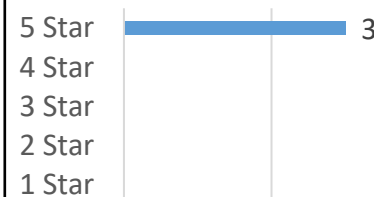
## How well did the appointment time work for you?

3 Responses / 5.00 Rating



## How convenient is our location?

3 Responses / 5.00 Rating





## BOARD COMMUNITY RELATIONS AD-HOC COMMITTEE

Thursday, April 17, 2025

4:00pm

### MAJOR COMMITTEE RESPONSIBILITIES

1. To foster a trusting relationship between MCMHA and the community it serves.

### COMMITTEE MEMBERS

Rebecca Pasko, Chair; Dawn Asper; Rebecca Curley; Susan Fortney; Naomi Stoner; and Michael Humphries (Ex-Officio)

### DRAFT MINUTES

#### I. CALL TO ORDER

Rebecca Pasko called the meeting to order at 4:00pm. Rebecca Pasko, Rebecca Curley, Susan Fortney, Lisa Graham, and Bridgitte Gates were present. Naomi Stoner, Dawn Asper, and Mike Humphries were excused.

#### II. RIVER RAISIN CLUBHOUSE – OPEN HOUSE

- a. Rebecca Pasko updated committee members on sponsorships and fundraising for the Clubhouse Open House. Rebecca and Stephan Pietszak met with the Community Foundation. Discussion included having flyers with a QR code that would lead community members to a webpage where they could donate and could also tell the community about upcoming events. We currently do not have information on what specific thing the fundraiser would be for but discussed how fundraising could be done. Lisa Graham commented that we will also need to get clarification from Finance on what can be done before moving forward.

Lisa Graham mentioned that the most concrete thing we have for the open house is to begin thinking about who to invite. Getting those commitments for a grand open house. Susan Fortney suggested to include an RSVP.

Becca Curley commented on fundraising through the Fairground Association and suggested to go to their website and provide information on what the fundraising or event would be for and to see if they could assist. Becca mentioned that they may be able to do a raffle basket for the open house event.

Lisa will keep the committee informed on fundraising options and information from the Community Foundation as it is received.

#### III. MENTAL HEALTH FUN DAY

- a. The Mental Health Fun Day is schedule for May 17 2025 from 11:00am to 3pm at 2/42 Church. There will be several organizations with tables and people donating raffle baskets. Games will be available and can win a ticket for the raffles. Lisa asked if the committee would like to volunteer their time to serve food or run a game, or to encourage fellow board members to donate their time or donate items for a raffle basket. Any way that board members could volunteer their time it would be helpful. It is not an obligation but an opportunity to be involved.

#### IV. REVEL MARKETING UPDATE / FOLLOW-UP

- a. Kayla Slager presented on projects that are in progress, completed, website analytics, website recommendations, Awareness Campaign results, and future recommendations.
  - i. Future Recommendations included Content Calendar & Social Media Management; Like Campaign; E-Newsletters; Blog Posts; Annual Website Update; Digital Signage; and Consumer/Program Testimonial Video. For phase two of the website, recommendations: Resources – Glossary, and Careers.
  - ii. Recommended Future Community Campaigns included a Recruitment Campaign, Youth (Middle/High School) Anti-Stigma Campaign, Senior Mental Health Awareness Campaign, and Veteran Mental Health Awareness Campaign.
    - o Lisa Graham commented that these are examples of campaigns but is really interested in the Youth (Middle/High School) Anti-Stigma Campaign. Another to consider would be awareness around the Behavior Health Urgent Care.
  - iii. The Revel presentation presented to committee members is included in the Board Packet for your review.
- b. Bridgitte Gates presented follow up information to committee questions from the last meeting and are included in the packet for review.
  - i. Susan Fortney suggested contacting the Ellis Library for room space in case the ISD does not have availability. Susan mentioned that they have a big room available and are very accommodating.

#### V. NEXT AGENDA

- a. Clubhouse Open House
- b. Mental Health Fun Day
- c. Monroe County Fair Booth

**VI. PARKING LOT**

- a. Mental Health Fun Day – May 17, 2025
- b. Town Hall – October 22, 2025
- c. Revel Marketing

**VII. AJOURNMENT**

The meeting adjourned at 5:09pm.

**VIII. NEXT MEETING**

The Next Meeting of the Board Community Relations Committee is scheduled for **Thursday, May 15, 2025** at 4:00pm in the Aspen Room.

Respectfully submitted,

*Rebecca Pasko (dp)*

Rebecca Pasko  
Committee Chair

4/17/25



# Monroe CMHA Marketing Updates

March 27, 2025

MONROE  
COMMUNITY  
MENTAL  
HEALTH  
AUTHORITY

revel 

# In Progress

Annual/Ongoing Content & Design Projects		
Board Member Updates?	Retainer?	Waiting to hear if updates are needed to the Board Member page in April
Clubhouse Video Edits	Retainer	Complete
Powerpoint Template	Retainer	Complete
Internal Newsletters (12 months)	\$7,000	Continuing on with internal newsletters from May 2025 - April 2026

**Hours Status as of 3/27/25:**

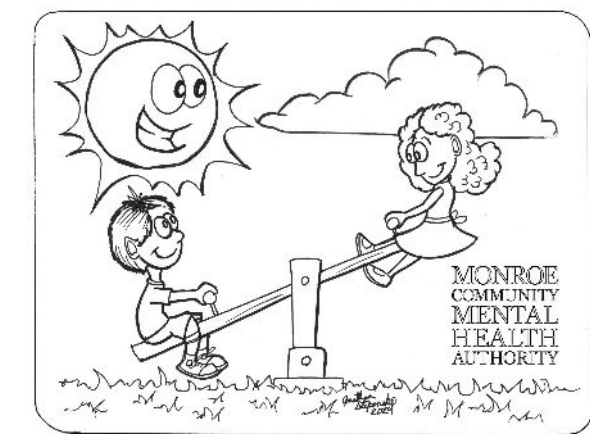
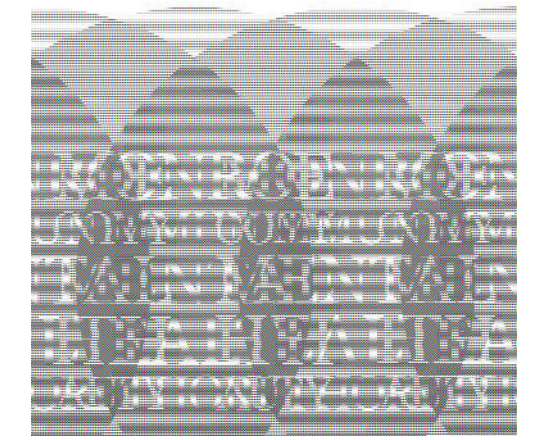
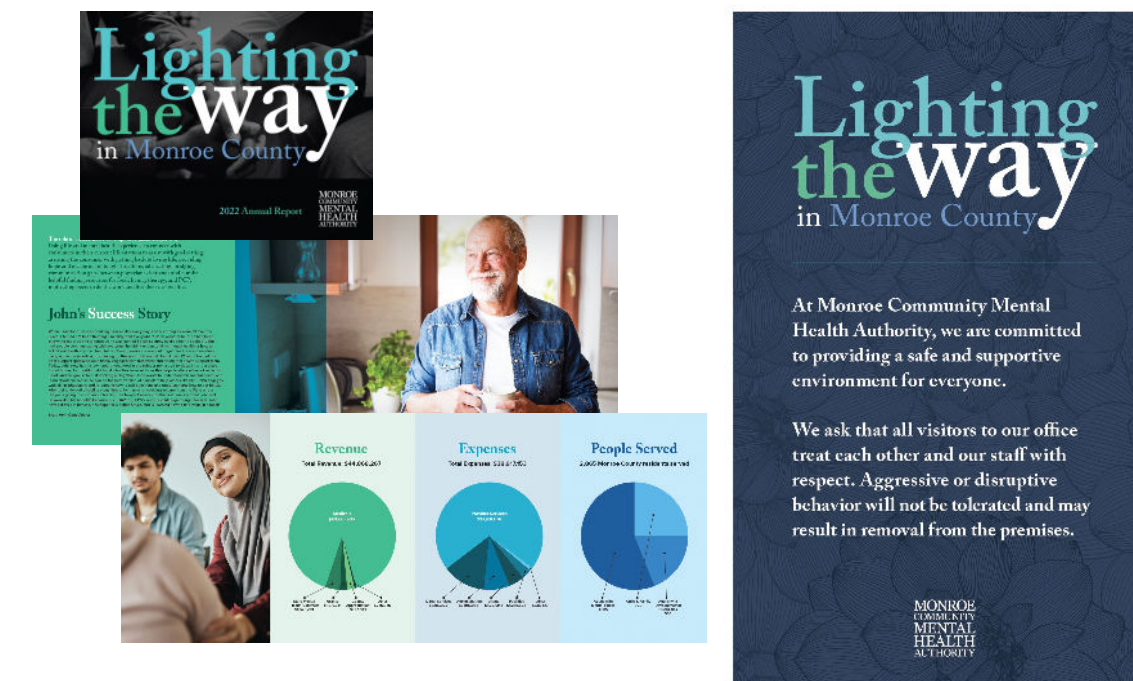
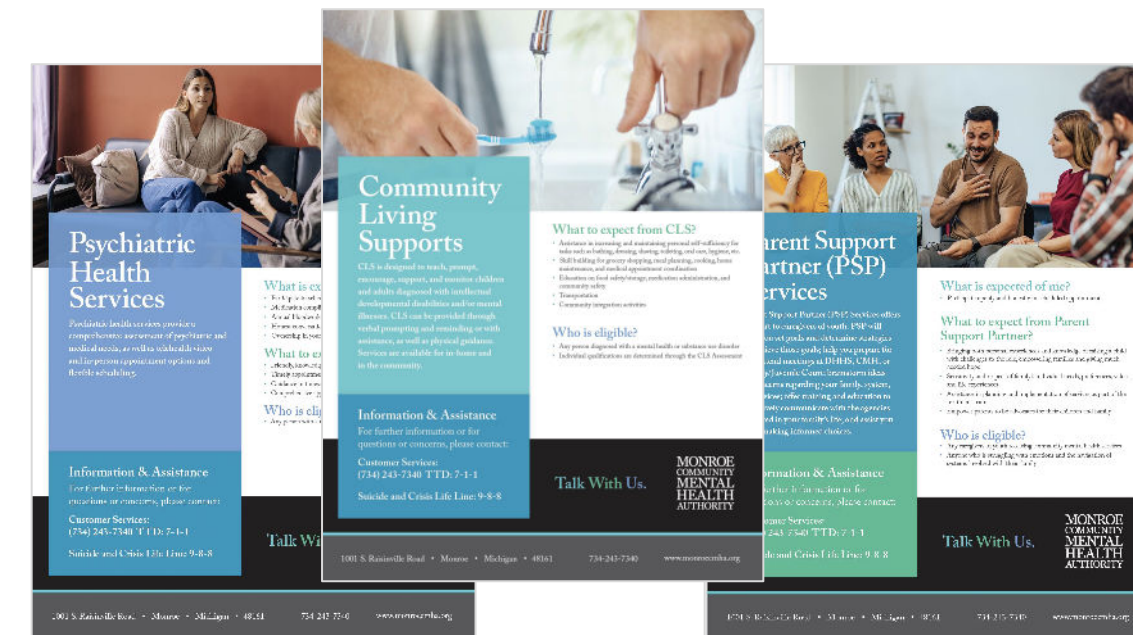
- Web retainer = 11 hours left
- Designer retainer = 25 hours left



# Completed Projects

- Logo Refresh
- Website
- Display Booth Materials
- 2 Annual Reports (2022 & 2023)
- Car Magnets for Crisis Mobile Unit
- Print/Program Ads
- CCBHC Certification PR & Newsletter
- Survey Cards
- Board & Leadership Team Headshots
- Community (Rack Card Info) Posters
- Coloring Pages
- Press Release
- Internal behavior Lobby Sign
- Facebook Like Campaign
- Vet Flyer Brand
- CCBHC Flyer Brand
- Clubhouse Flyer Edits & Website Updates
- PowerPoint Template
- Brand/Logo Updates
- Business Cards/Stationery Updates & Brand Guide
- Monthly Internal Newsletter
- Community Poster
- Website Popup maker installed
- Videos:
  - Culture/Who We Are Video
  - Crisis Mobile Program Video
  - Crossroads Clubhouse Program Video
  - Find Your Why/Partnership Video
  - Board Recruitment Video

- 40+ Pieces of Program Literature:
  - Monroe Services Guide Brochure
  - When Someone You Know Refuses Mental Health Care Rack Card
  - Getting Help Before A Crisis Rack Card
  - Guardianship, Conservatorship, and Decision-Making Options to Help Your Loved One Rack Card
  - Overall Crisis Rack Card
  - Crossroads Clubhouse Services Flyer
  - Crossroads Overview Brochure
  - Crossroads Transitional Employment Brochure
  - Parenting Through Change Flyer
  - Respite Flyer
  - Crisis Mobile Flyer
  - Critical Incident Stress Management Flyer
  - Trauma-Focused Cognitive Behavior Therapy Flyer
  - Wraparound Services Flyer
  - Youth Peer Support Services Flyers
  - Youth Diversion Services Flyers
  - Access Services Flyer
  - Assertive Community Treatment Flyer
  - Adult Outpatient Services Flyer
  - After-Hours Crisis Services Flyers
  - Applied Behavior Analysis Flyers
  - Case management Flyers
  - Children's Waiver Program Flyer
  - Community Living Supports Flyers
  - Crossroads Clubhouse Flyer
  - Medical Assistants & RNs Flyer
  - Mental Health Recovery Court Flyer
  - Intensive Crisis Flyer
  - Habilitation Supports Waiver Flyer
  - Home-based Services Flyer
  - Early Childhood Services Flyer
  - Intensive Crisis for Teens & Children Flyer
  - Jail & MATS Program Flyer
  - Jail Diversion Program Flyer
  - Jail Re-entry Flyer
  - Parent Management Training Oregon Flyer
  - Parent Support Services Flyer
  - Pre-admission Screening Resident Review Flyer
  - Psychiatric Health Services
  - Youth Outpatient Therapy Flyer





# Website Analytics



Oct 1, 2024 - Mar 31, 2025

Total Users

12,900

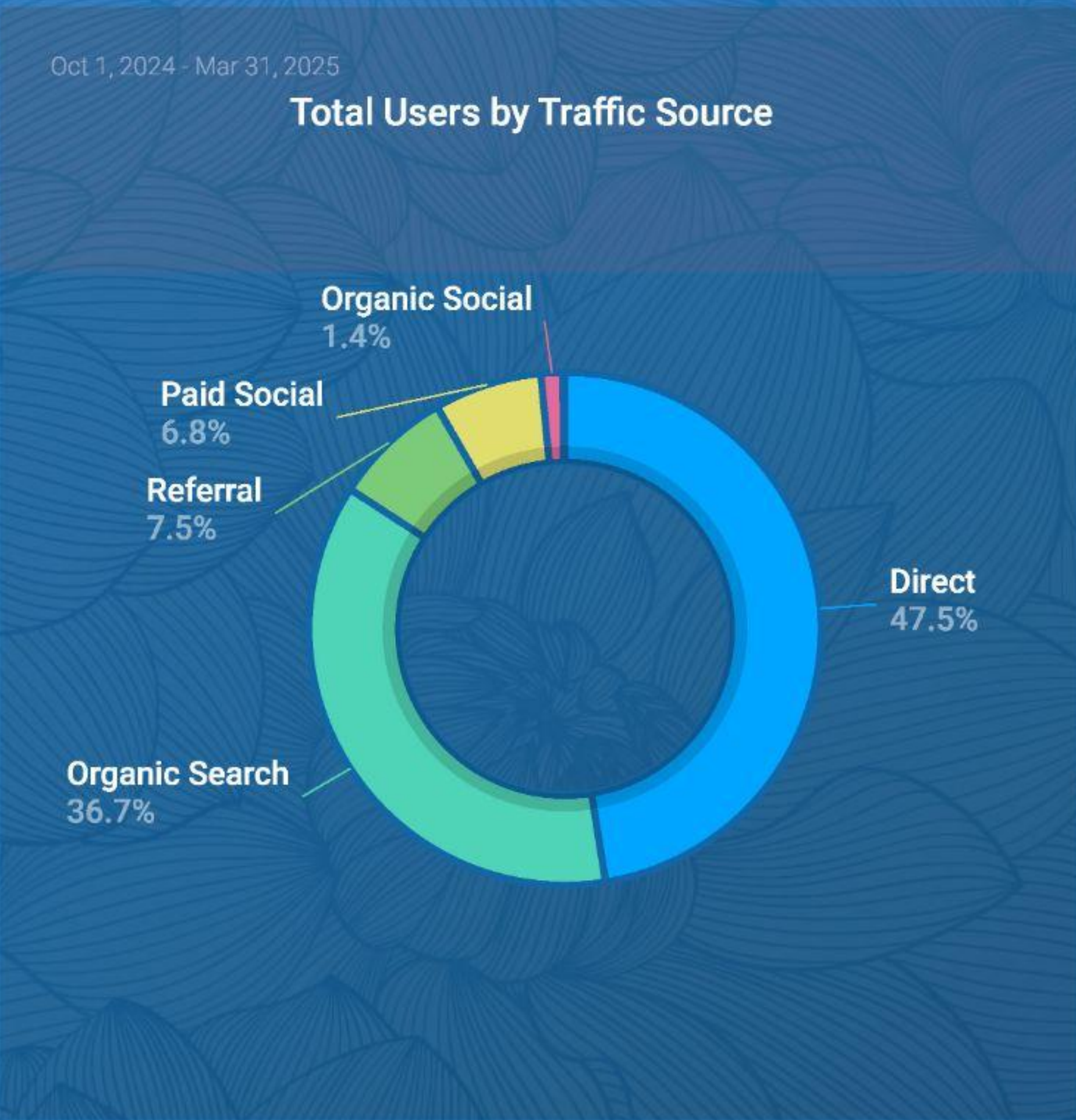
▲ 84% vs 12 months ago (7,019)

Oct 1, 2024 - Mar 31, 2025

Page Views

37,835

▼ 9% vs 12 months ago (41,527)



Oct 1, 2024 - Mar 31, 2025

Page Views by URL	
Page URL	Page Views
/	12,478
/staff-login/	5,631
/contact/	3,195
/careers/career-opportunities/	1,546
/careers/	866
/services/	814
---	---

Oct 1, 2024 - Mar 31, 2025

Views by Video	
Video Name	Value
Monroe Community Mental Health 2024 Culture Video - WHO WE ARE	1,881
Monroe Community Mental Health Board Recruitment Video 2024	129
Monroe Community Mental Health 2024 Partnerships Video	103
Monroe Community Mental Health 2024 Crisis Mobile Program Video	17
Monroe Community Mental Health 2024 Program Highlight Video - Crossroads Clubhouse	10

Oct 1, 2024 - Mar 31, 2025

Downloads	
File Name	Downloads
/wp-content/uploads/2024/05/Medication-Hybrid-Training-Packet.pdf	123
/wp-content/uploads/2024/06/Revised-CMHPSM-MH-Provider-Network-Application-4-19-2022.docx	89
/wp-content/uploads/2024/02/23-MonroeCMH-00480-Services-Fliers-Accessv1.pdf	78
/wp-content/uploads/2024/08/MonroeCMH-AnnualReport-2023-V5.2.pdf	47
/wp-content/uploads/2024/06/Medication-Refresher-Hybrid-Training-Packet.pdf	46
/wp-content/uploads/2024/02/23-MonroeCMH-00480-Services-Fliers-Psych-Health-Services.pdf	40
/wp-content/uploads/2024/02/23-MonroeCMH-00480-	22



Oct 1, 2024 - Mar 31, 2025

Clicks by Telephone #	
Phone #	Clicks by Telephone #
tel:7342437340	52
tel:18002738255	14
tel:7343840226	3
tel:18008867340	2
tel:7343848311	1
tel:7343848877	1
tel:8008867640	1



# Website Recommendations

Looking at the website statistics from the last 6 months compared to the same period last year, we can see considerable growth in website traffic (+84%) and strong search across both direct and organic traffic.

We do see some additional areas for improvement outlined below.

## 1. Enhance SEO & Content

Two of your top visited pages are careers pages. This indicates there is a strong interest in the career opportunities at MCMHA, and investing in more robust content on these pages could help you further qualify quality applicants by making it easier for them to understand your culture and positions.

- Expand **career-related content** (blogs, testimonials, videos) to further leverage interest.
- Consider **FAQs**, service highlights, or success stories to enrich underperforming pages.

## 2. Optimize Low-Performing Traffic Channels

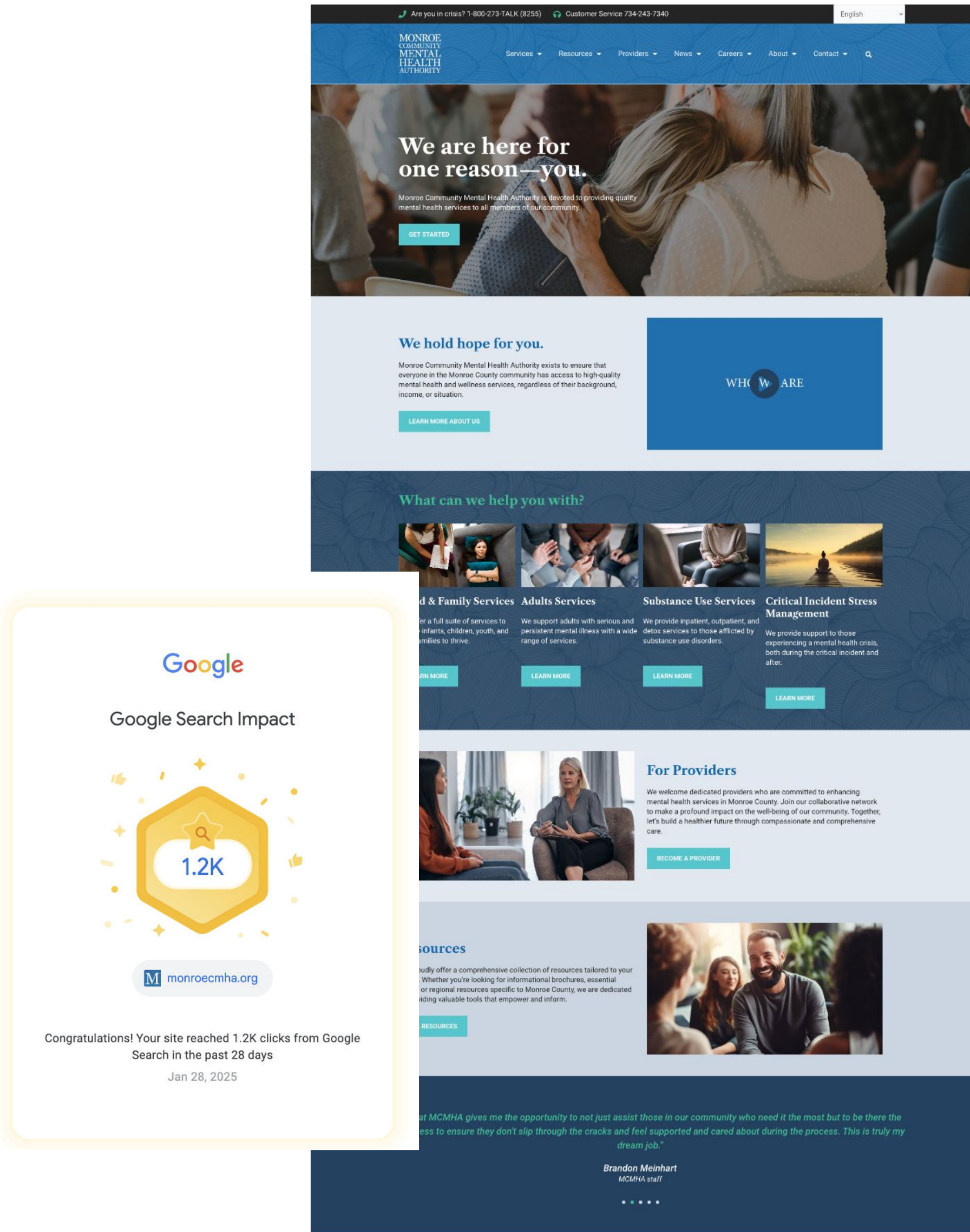
While your direct traffic and organic traffic are performing well, there is a lot of missed opportunity with organic social traffic that could be improved by consistent posting on social media with links directing people back to your website to learn more.

- Boost **Organic Social** visibility via consistent posting and content promotion.
- Test A/B versions of Paid Social ads to improve CTR and conversion.

## 3. Video Strategy

Your “Who We Are” video has gotten 1,881 views so far, which is great! There is more we could be doing to promote the other videos (as well as future videos) to help people find them easier. Video is an important medium to share information (especially complex info) in a way that your audience can understand easier.

- Promote underperforming videos through **newsletters** and social media to gain more traffic.



# Awareness Campaign Results



# Facebook Like Campaign

While the goal of the other campaign materials was to raise awareness of your organization and services, this Like campaign was specifically set up to encourage more Monroe County residents to follow your Facebook page. This is because the more people that follow your page, the more they see the content you post. It is important to continually try to increase your followers to maximize reach of your everyday social content.

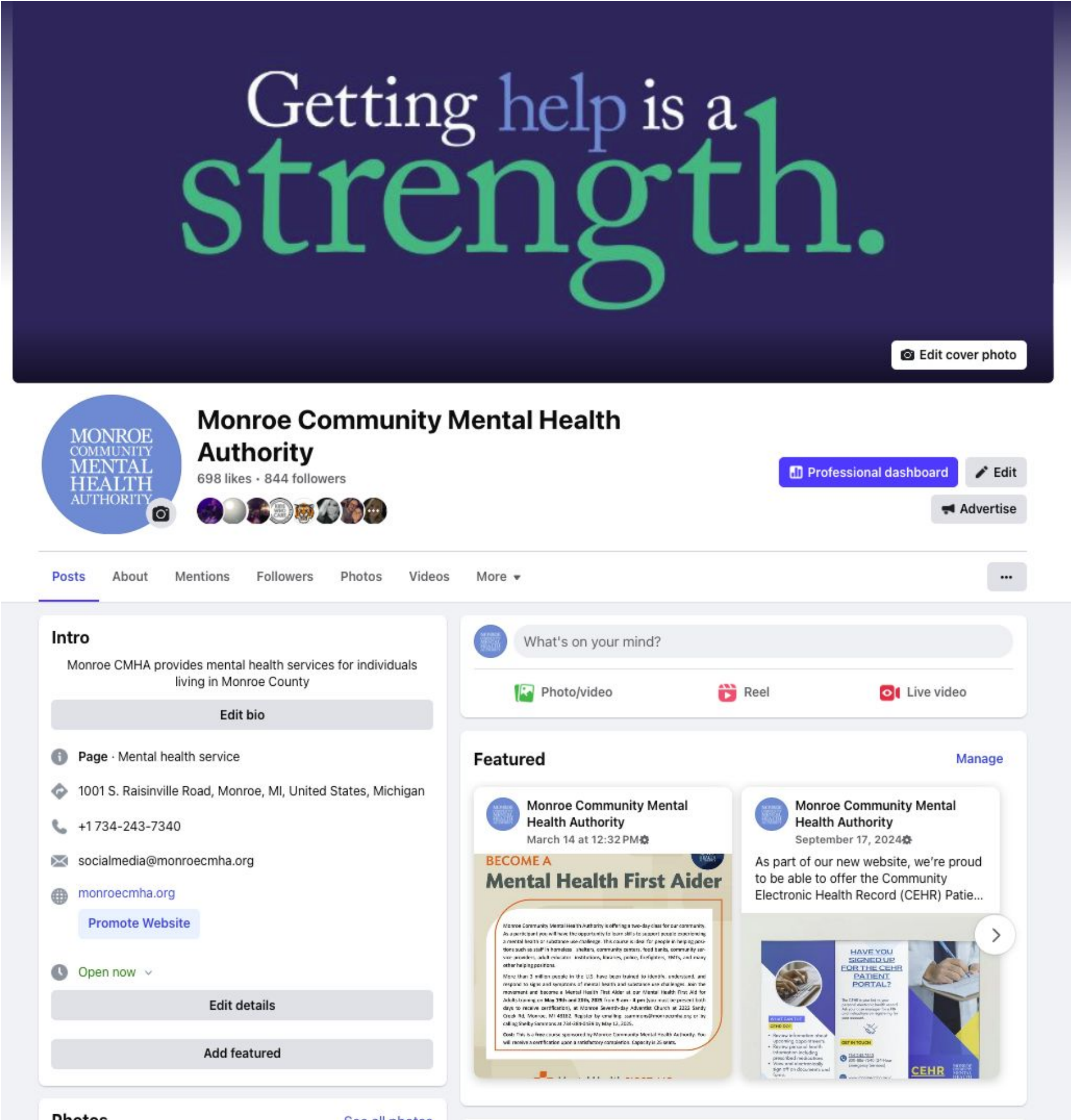
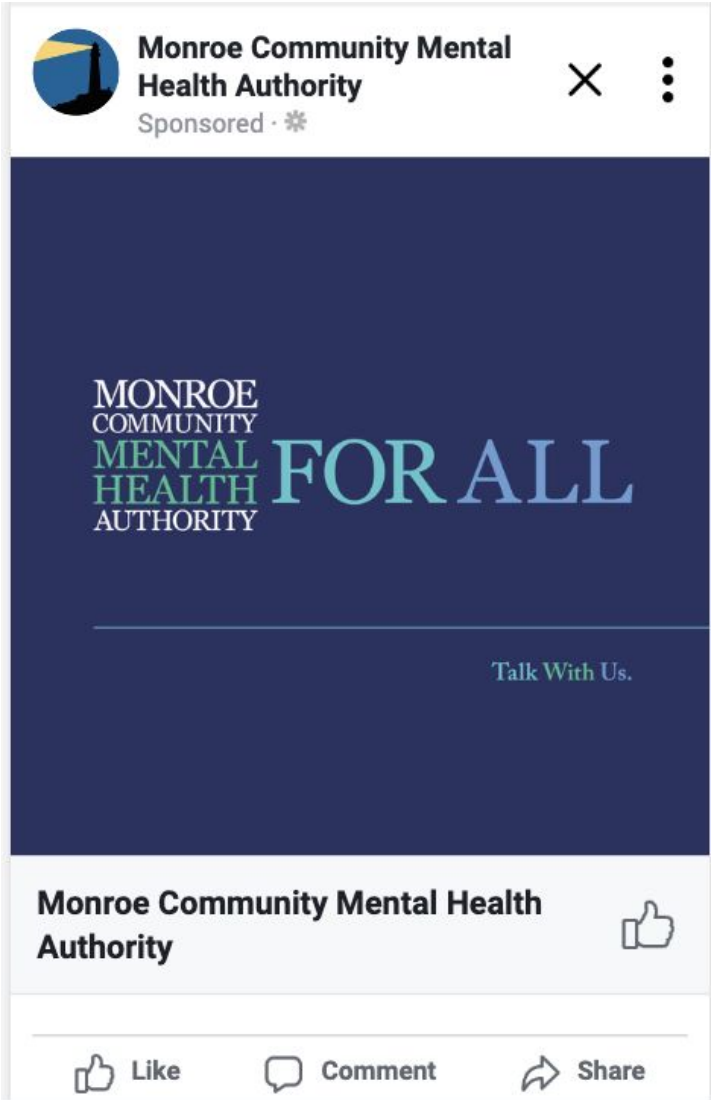
At the start of the campaign, you had:  
545 Likes and 741 Followers

Currently (as of March 27, 2025) you have:  
698 Likes and 844 Followers

**That’s 256 more community members now following your content on social media.**

## Additional Ad Results:

Views: 16,013  
Reach: 4,395  
Impressions: 15,924  
Link Clicks: 56





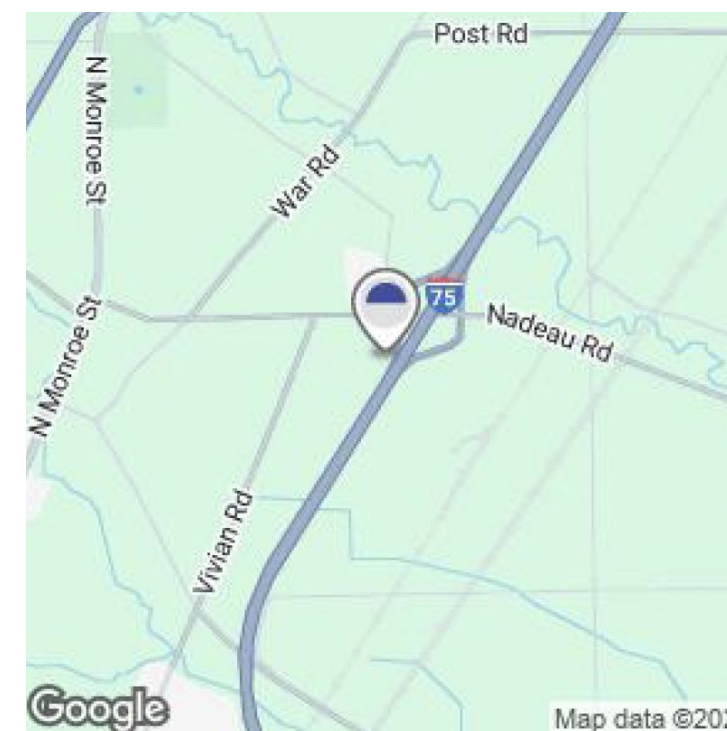
# Local Billboard

We posted a billboard along a popular route in Monroe County to increase visibility within the community about MCMHA and share the message that it is okay to seek help when needed.

Posted January 2025

Located on I-75 just south of Nadeau Rd.

**Total Impressions: 881,665**





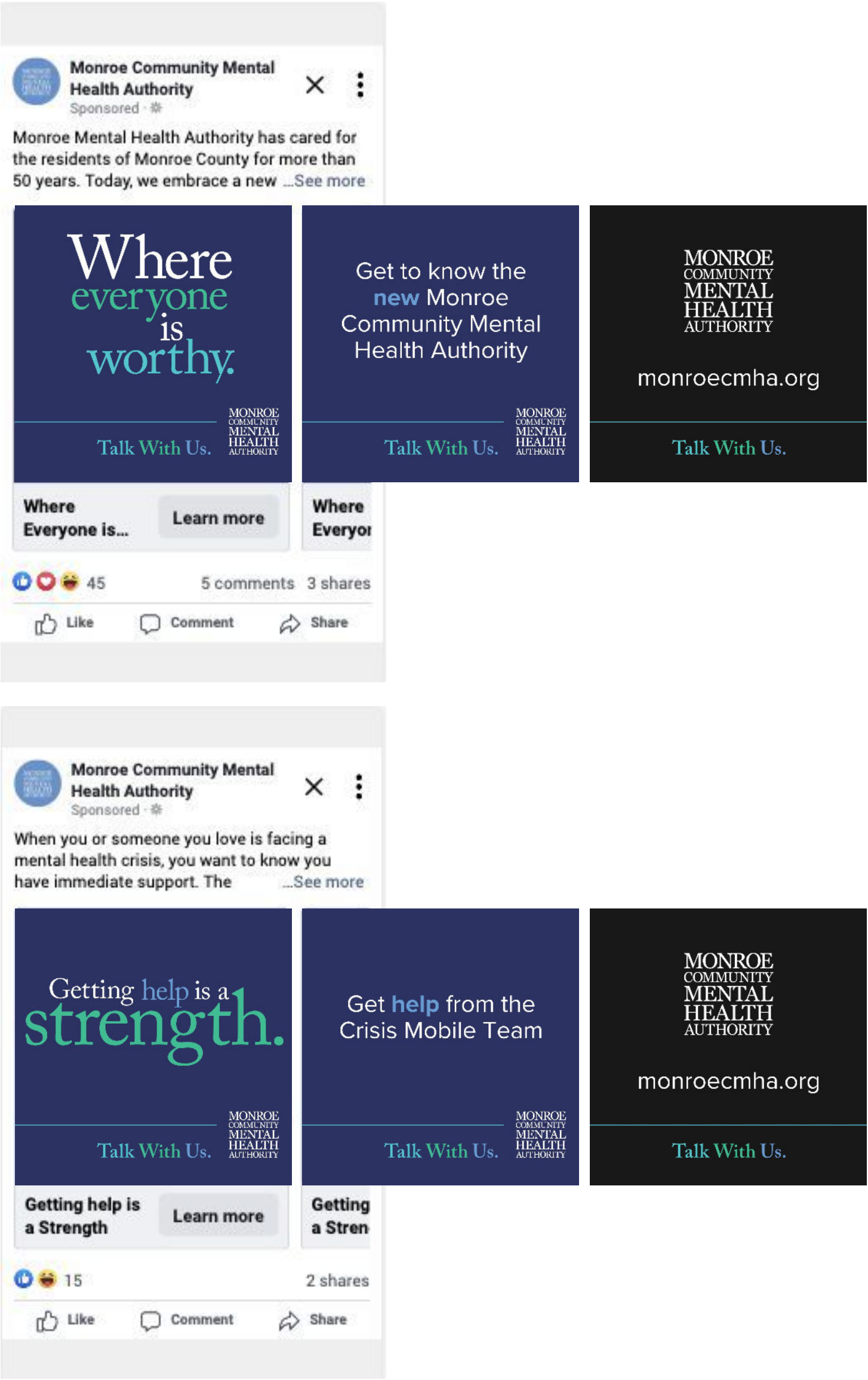
# Social Media Ads

We served targeted ads to adults of all ages in Monroe County across Facebook and Instagram. These ads appeared in the viewers news feed, and encouraged them to visit the MCMHA website to learn about your services.

**Total Results (Clicks to Website): 3,198**

Total Impressions: 168,656

Total Reach: 47,957



# Streaming Audio & Display Ads

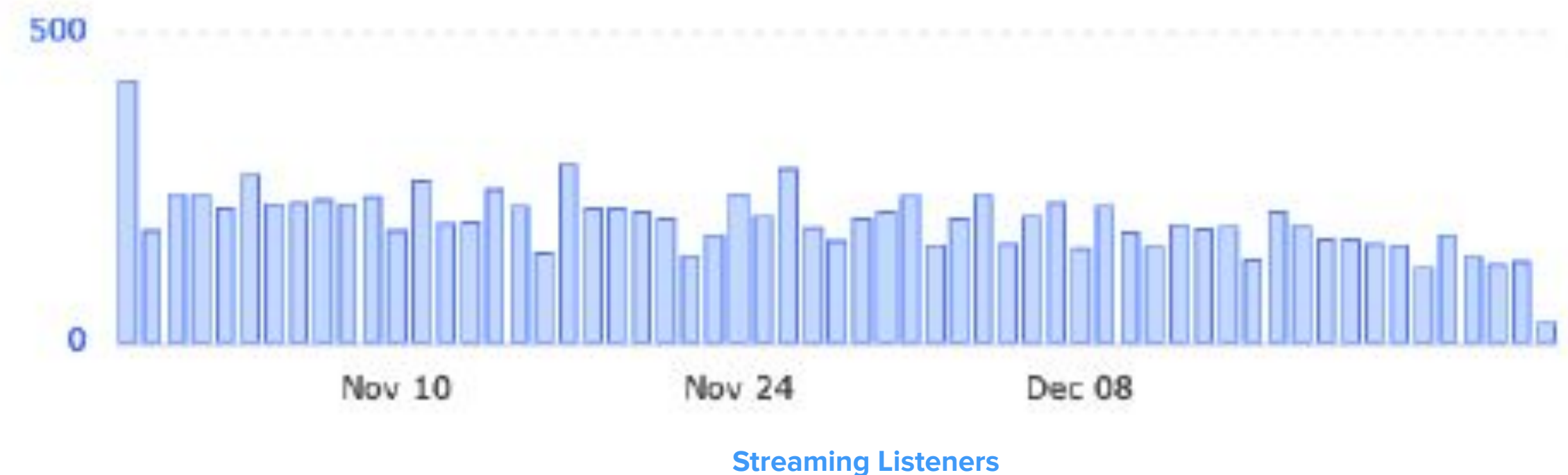
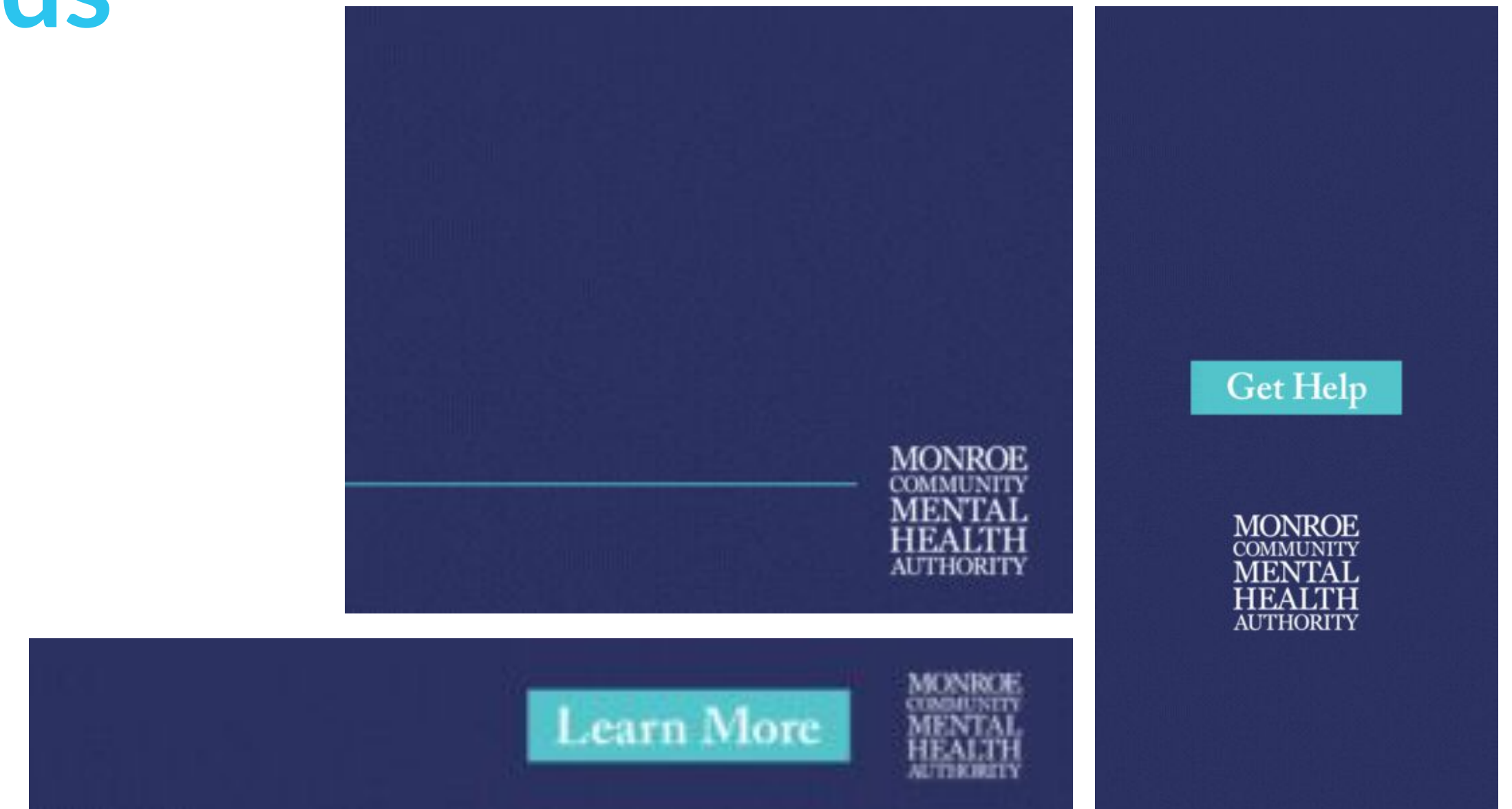
We ran audio and digital ads across dozens of streaming radio platforms such as pandora to Monroe County residents. Depending on which streaming service they were using, and what type of device (smart phone vs. alexa, etc) listeners would also be served digital ads along side the audio ads in order to directly visit the website.

Ran October - December 2024

**Total Impressions: 23,177**

Individual Listeners: 10,129

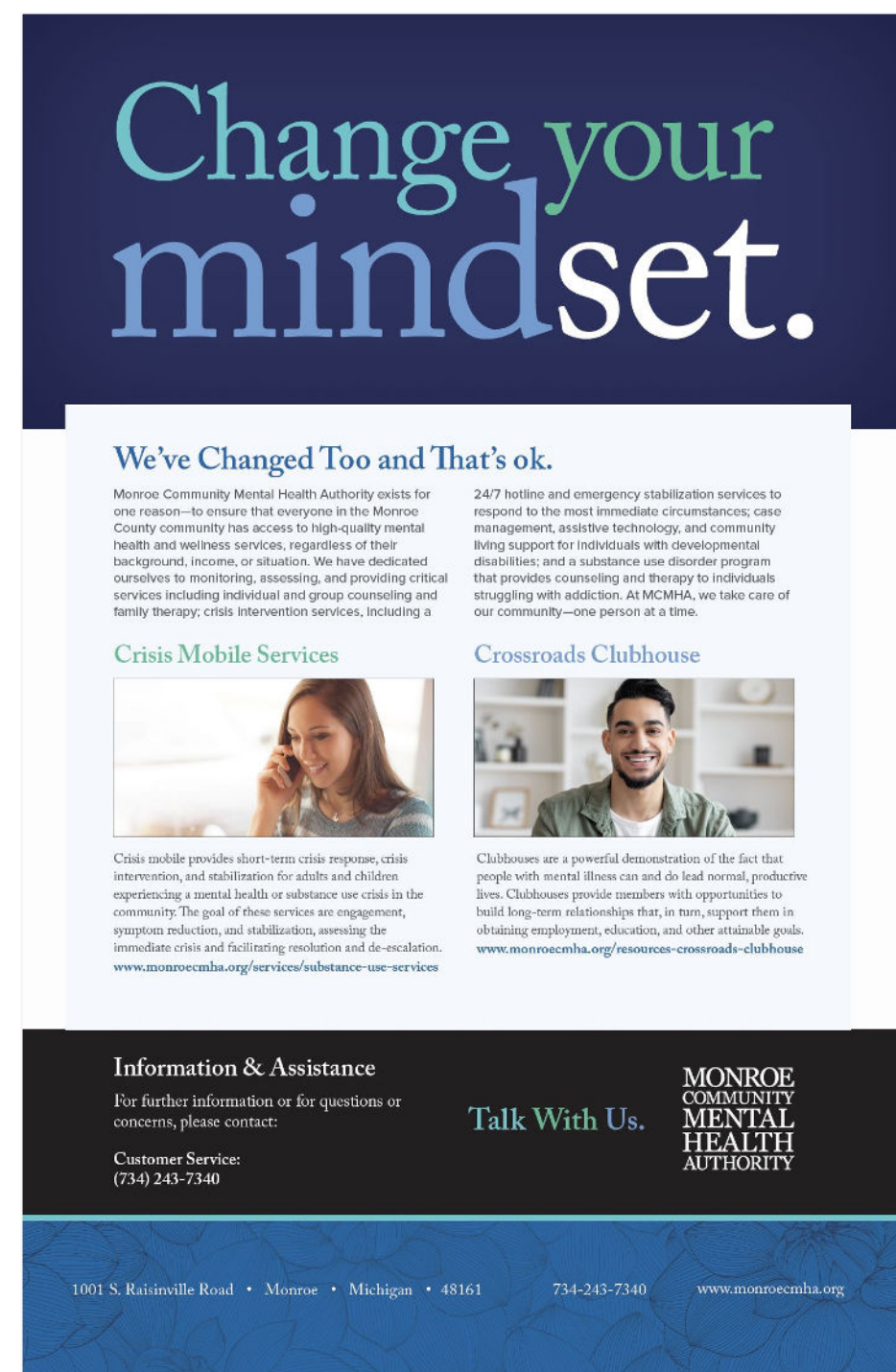
Clicks to Website: 139





# Additional Campaign Materials

## Poster



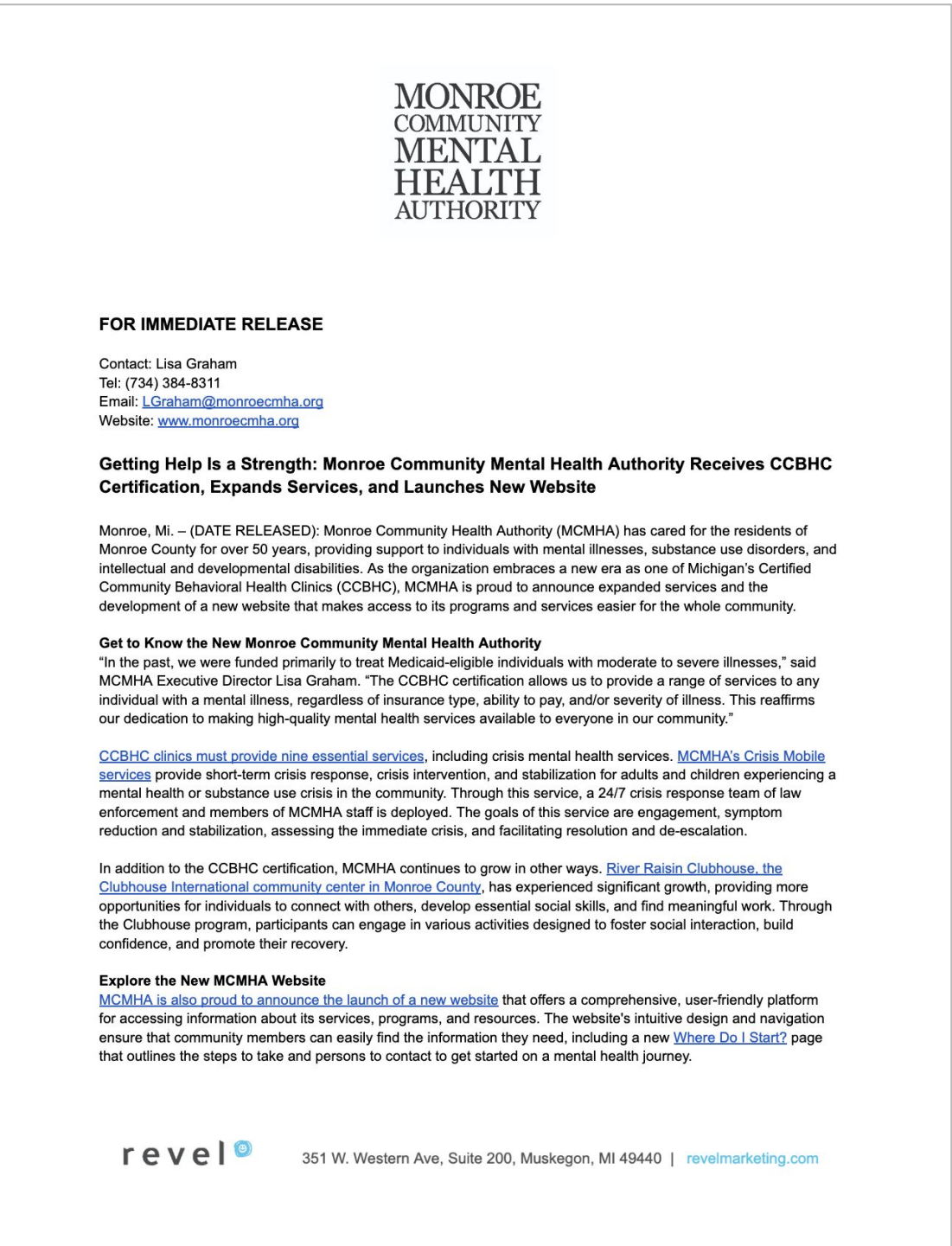
Placed around the community and given to community partners.

## Yard Signs



Placed around the community at businesses and homes that agree to post them.

## Press Release



Sent out to local media outlets to raise awareness of your services.



# Campaign Overview

In total, your awareness campaign was successful in delivering 1,089,422 (trackable) impressions throughout Monroe County in a 4 month period. From these impressions, 3,393 people clicked directly on an ad to visit your website. This does not include the number of people we cannot track who may have seen your billboards or signs and searched for the website later on.

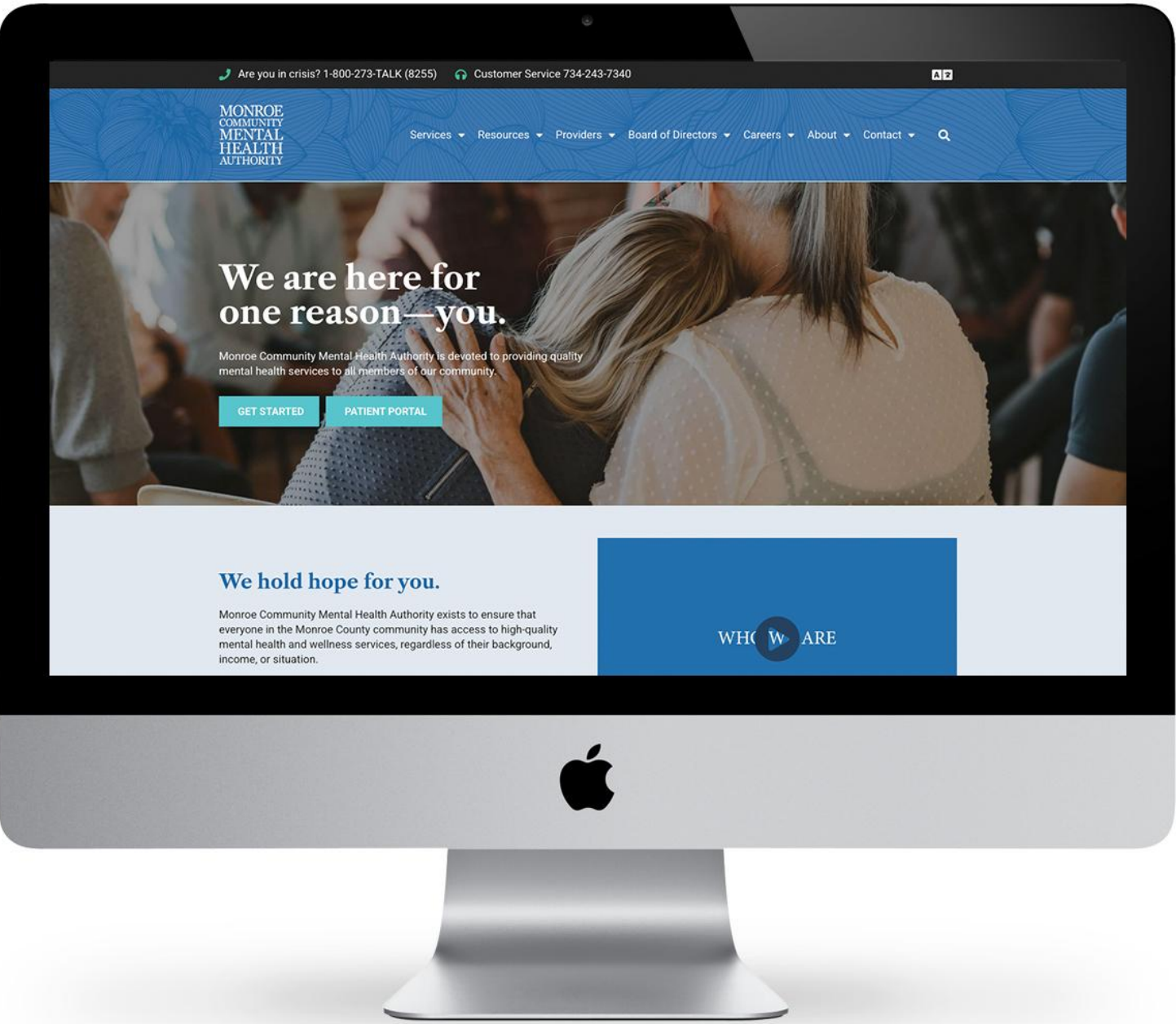
You also gained 256 more followers on social media who will now continue to see the organic posts you regularly put out on Facebook.

**Stats:**

Total Campaign Impressions (trackable): 1,089,422

Total Website Visits: 3,393

Total Social Media Follower Increase: 256



Active users ?

9.7K

↑ 111.4%

New users ?

9.4K

↑ 114.6%

From the run of your campaign (October 2024 - January 2025), we see the traffic on your website was up **111.4%** compared to the same period last year, and the number of new users *(haven't visited your site before)* was up **114%**.

# Future Recommendations

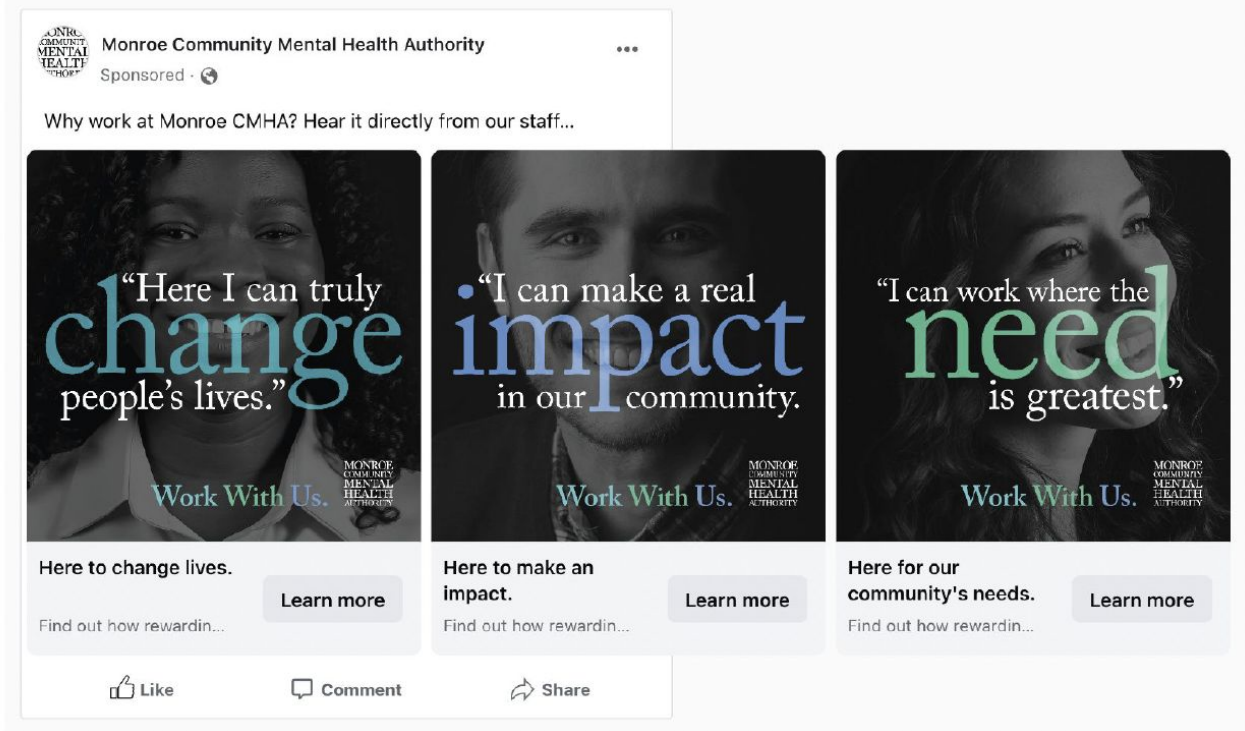
# Recommended Future Projects

Annual/Ongoing Content & Design Projects		
Content Calendar & Social Media Management (12 months)	\$4,600	1x posting per week to continue with a presence (Revised from \$7,000 quote for 2-3x per week)
Like Campaign budget	\$200-400	Topics such as community events you will have a booth at, major news and changes such as the clubhouse's name and location change, and even board meeting dates would all be examples of posts that would be beneficial to put some media dollars towards boosting so that more people in the community see them. I'd recommend setting aside \$200-\$400 to plan on boosting 5-10 posts throughout 2025 as needed and appropriate.
Bi-monthly (6 annual) External Enewsletters	\$4,600	Send out an external monthly newsletter to keep your audience informed of what's happening at Monroe CMHA. 3x per year: \$3,500 / 4x per year (quarterly): \$4,600
Blog + 4 Posts + 4 Categories	\$5,950	Blog + 4 Posts + 4 Categories
Blog Writing and Posting (8)	\$4,000	Additional 8 blogs to fill out a calendar year of posting once monthly
Annual Website Update Retainer	\$3,150	Based on the average amount of time clients request ongoing updates to their website to ensure content stays up to date from month to month, we recommend an 18 hour annual retainer that can be used for any requested changes. Hours never expire, so they can roll over from year to year if not used.
Digital Signage - Messaging Design	\$2,100	If MCMHA were able to install a digital sign outside of their building, Revel could provide a series of digital messages that could be displayed on the sign to promote awareness of various programs, open positions, and general mental health awareness alerts/reminders.
Consumer/Program Testimonial Video	\$5,250	On Hold. We recommend to continue to roll out new videos highlighting the impact of your individual programs and services as budget allows each year, to increase awareness and reduce unease of consumers who may be considering reaching out for help.
FROM PHASE 2 WEB REC'S:		
Resources – Glossary	\$1,840	Will define up to 50 clinical abbreviations and terms in consumer-accessible language and help with organic search and SEO for your site.
Careers – up to 15 Individual Position pages	\$4,900	Create landing pages of up to 15 job descriptions that are commonly open to give potential employees better insight into the expectation and experience of each job.



# Recommended Future Community Campaigns

Campaign Projects		
Recruitment Campaign	\$10,000	Launch your Recruitment Campaign to attract ideal candidates to apply for jobs. This is important because research has shown that Companies with strong employer brands received more than twice as many applicants as companies with poor employer reputations.
Youth (Middle/High School) Anti-Stigma Campaign	\$20,000-\$25,000	Estimated budget for Revel creative and media spend to launch a 6-month compelling anti-stigma mental health campaign targeted at middle and high school students in Monroe County, Michigan in order to build awareness, shift perceptions, and empower youth to seek help without fear or shame. Tactics would include School Toolkits (posters, flyers, mirror clings and conversation guides for educators) social media ads, billboards and streaming music ads.
Senior Mental Health Awareness Campaign	\$15,000-\$20,000	Estimated budget for Revel creative and media spend to launch a 6-month campaign raising awareness of mental health challenges faced by older adults (65+), in order to reduce stigma, and connect Monroe County seniors—and their caregivers—to MCMHA's available support services through compassionate, accessible messaging. Tactics would include Community Toolkits (posters, bathroom ads and rack cards for churches, senior centers, libraries and pharmacies), radio ads, newspaper ads, and social media ads.
Veteren Mental Health Awareness Campaign	\$20,000 - \$30,000	Estimated budget for Revel creative and media spend to launch a 6-month campaign raising awareness among Monroe County veterans about the mental health resources available through MCMHA, while reducing stigma and encouraging help-seeking behavior—especially among populations facing isolation, trauma, or transition-related stress. Veterans respond best to messaging that is respectful, direct, peer-validated, and tied to action. We'll build this campaign on the foundation of trust, with representation from Monroe County's veteran community. Tactics would include a veteran video series (authentic peer-to-peer narratives), Community Toolkits (posters, bathroom flyers, rack cards, and coasters for veteran hubs, clinics, coffee shops, bars, VA clinics, and county offices), radio ads, social media ads, and billboards.





# Community Awareness Campaign Examples

For the last four years Revel has run Awareness Campaigns to combat mental health stigma in teens and young adults through CMHOC System of Care Grant. Over each 5 month run, these campaigns generate millions of impressions in the community and hundreds of visitors to their website where teens and families can access additional resources to get help managing mental health issues.

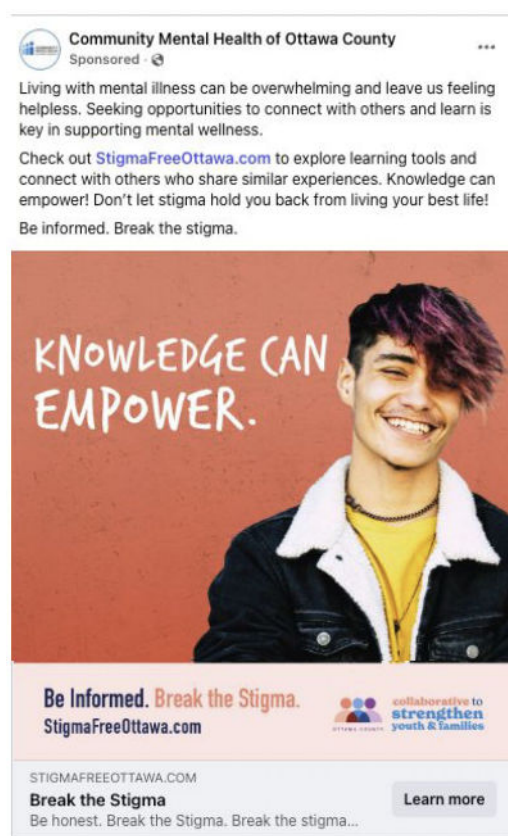
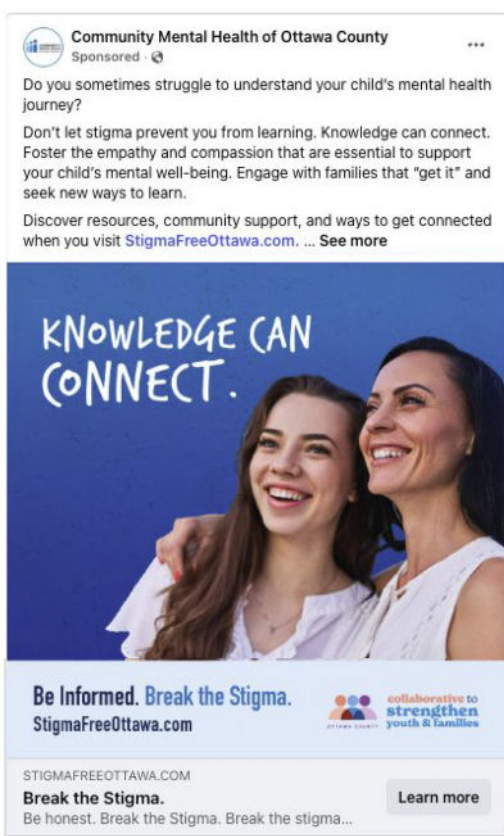
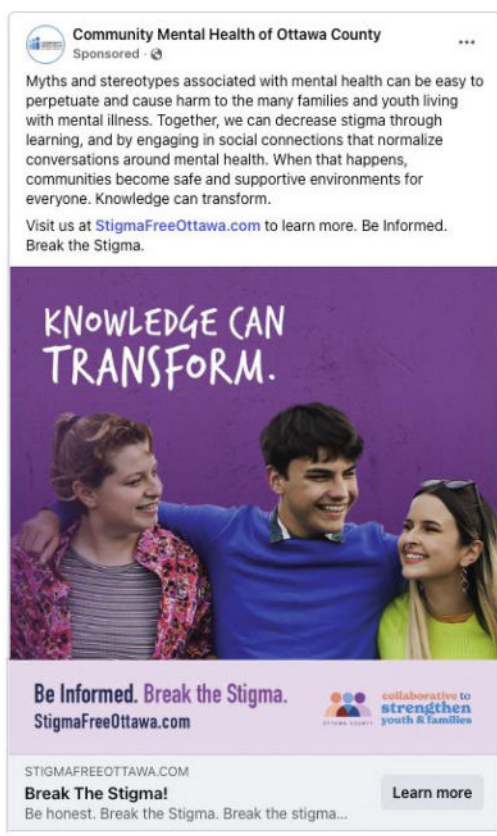
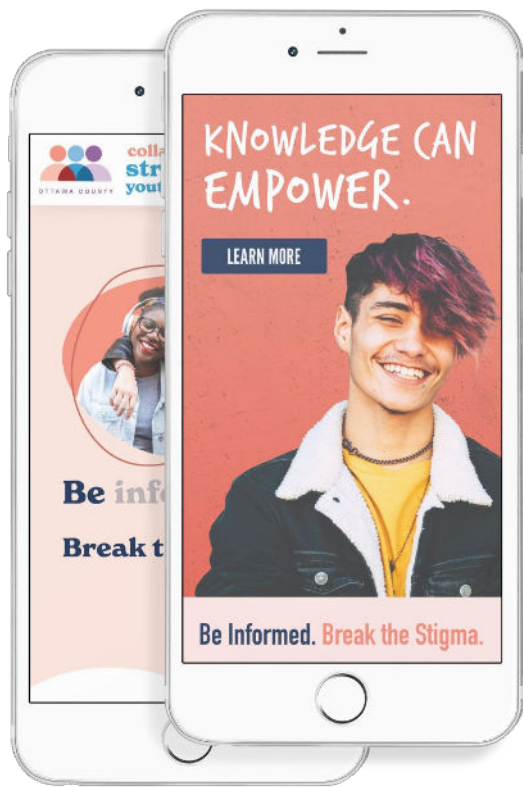
This campaign utilized the following media to spread awareness and drive traffic to the [stigmafreeottawa.com](http://stigmafreeottawa.com) website:

1. Streaming Music Ads with digital ad component
2. Social Media Ads
3. Billboards
4. Johnny (bathroom) Ads
5. Flyers/Posters
6. James St. Digital Sign outside of CMHOC building





# Community Awareness Campaign Examples

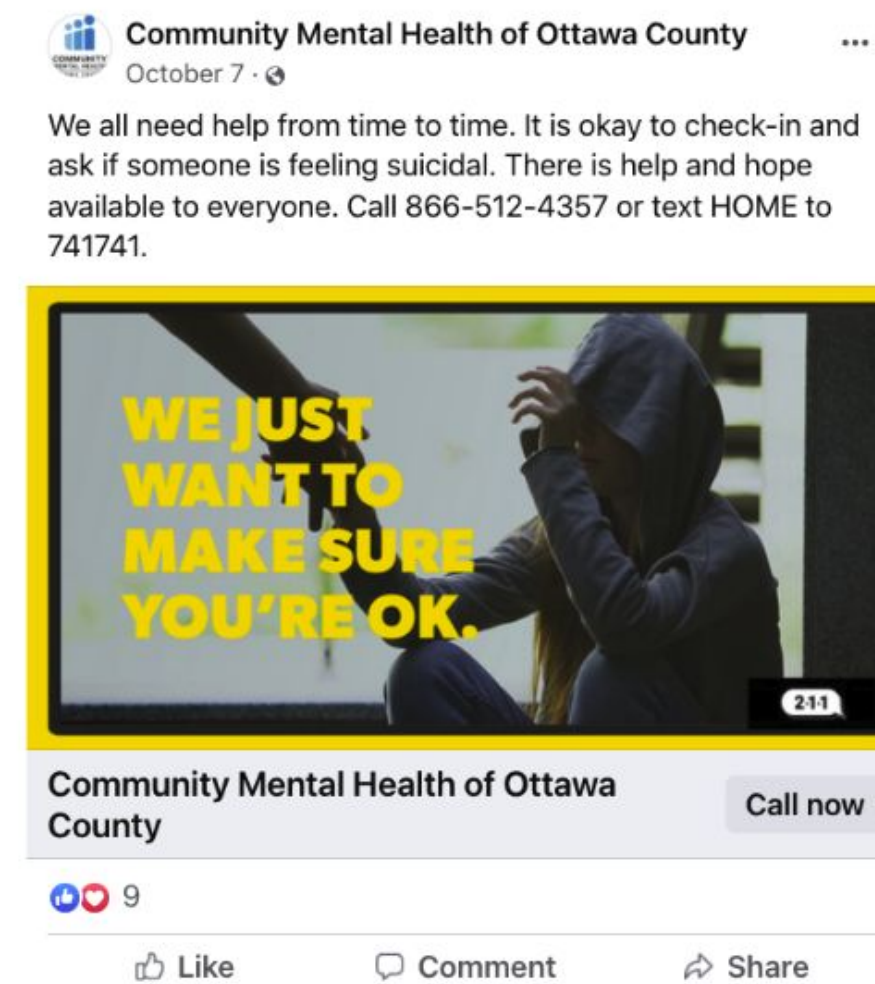
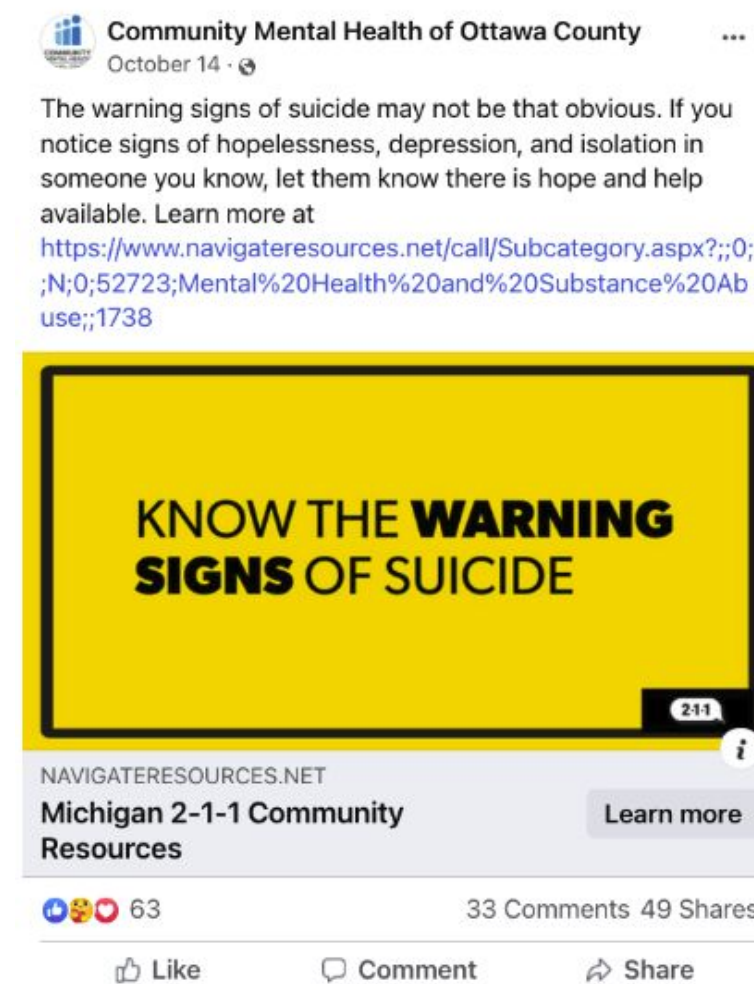




# Community Awareness Campaign Examples

Create dual social media ad campaigns and sent out a community wide mailer to raise awareness of the warning signs of suicide. One ad set focused on sharing helpful resources for family of loved ones who may be suffering, and the other offered a direct crisis line for those needing immediate help with a mental health crisis.

In 3 months, this campaign received 454 webiste visits, and 151 direct clicks to call their crisis line.



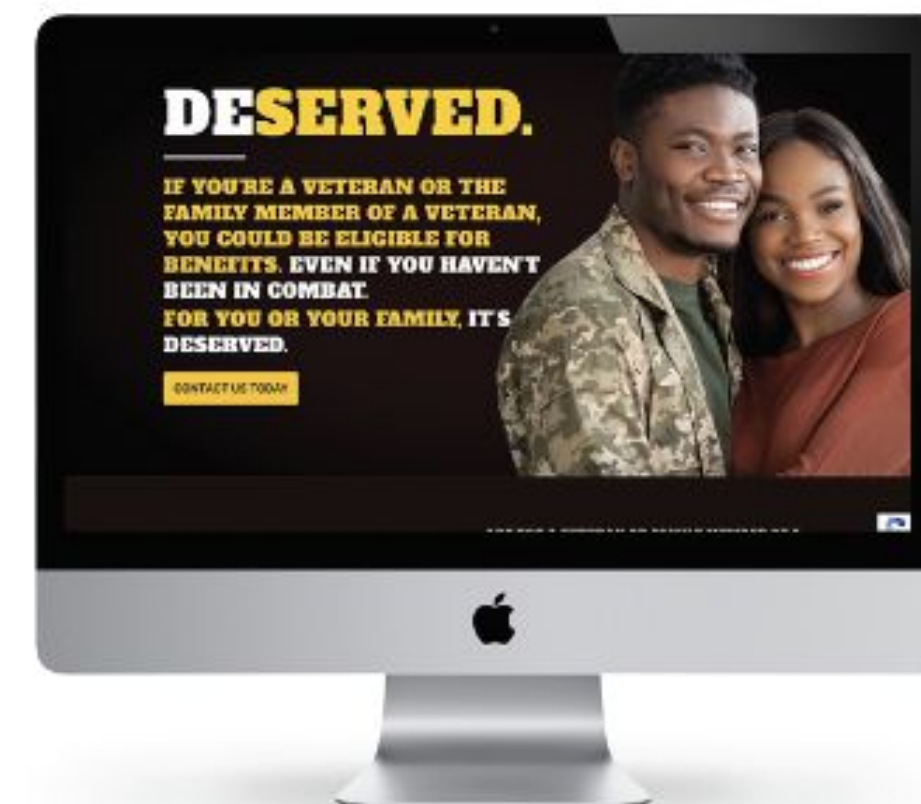


# Community Awareness Campaign Examples

The Muskegon County Department of Veterans Affairs contacted Revel to raise awareness of the availability of millions of dollars of benefits. The campaign resulted in 42 website form fill inquiries and 80 phone calls translating to 100+ new recipients of veterans affairs' benefits in the County.

This campaign utilized the following media to spread awareness

- Billboards
- Social media and print ads
- Coasters in local bars and restaurants
- Yard Signs
- Videos

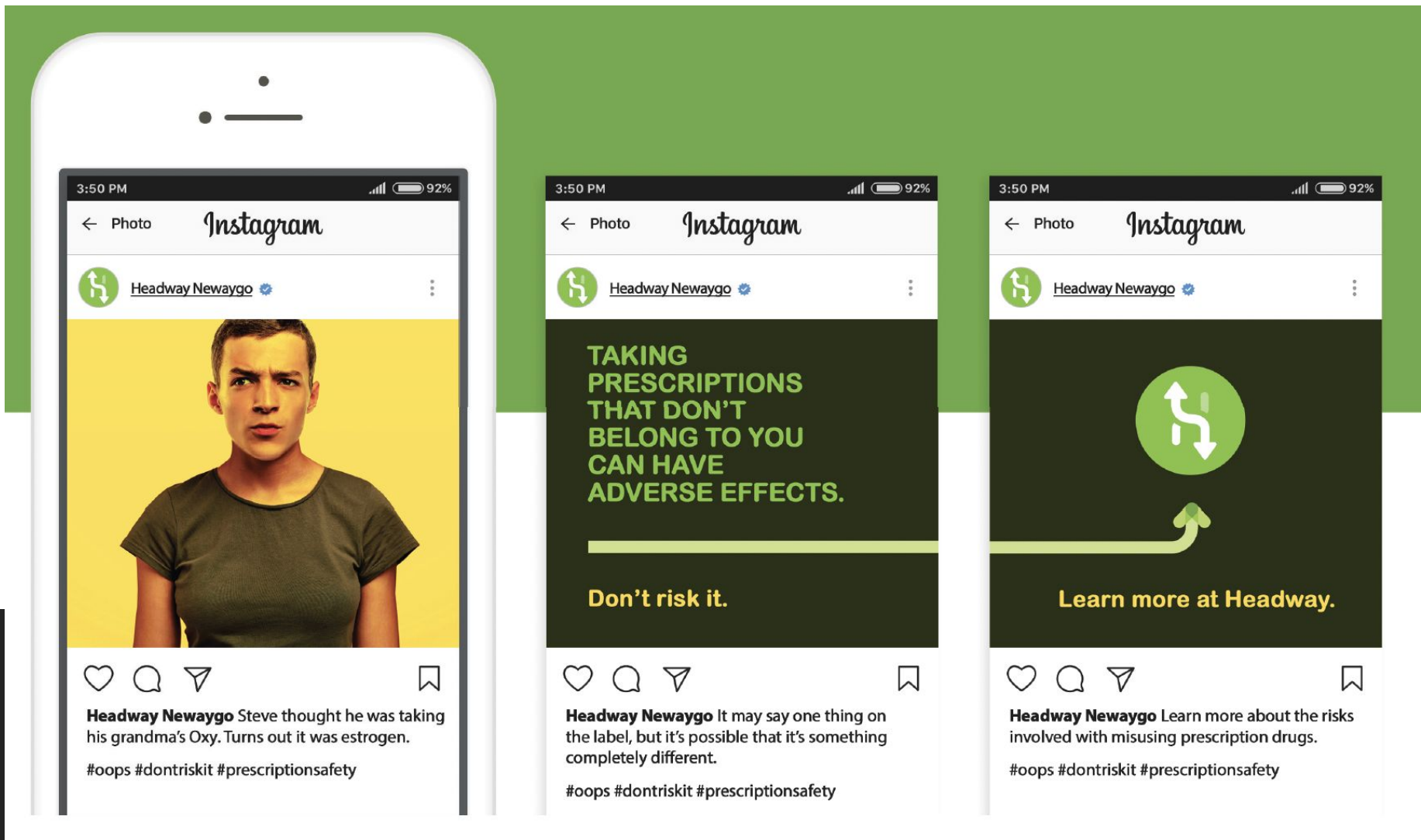
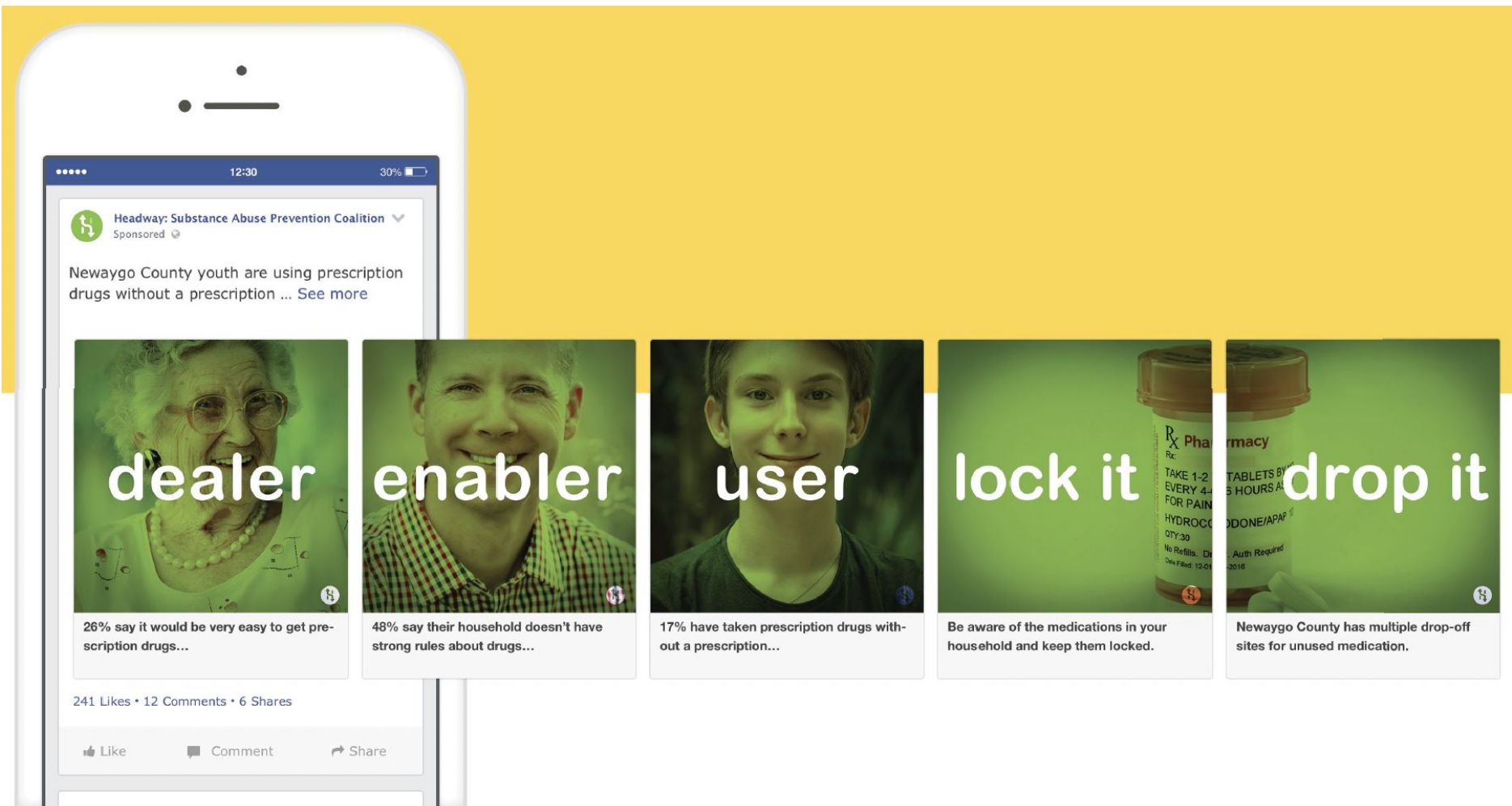
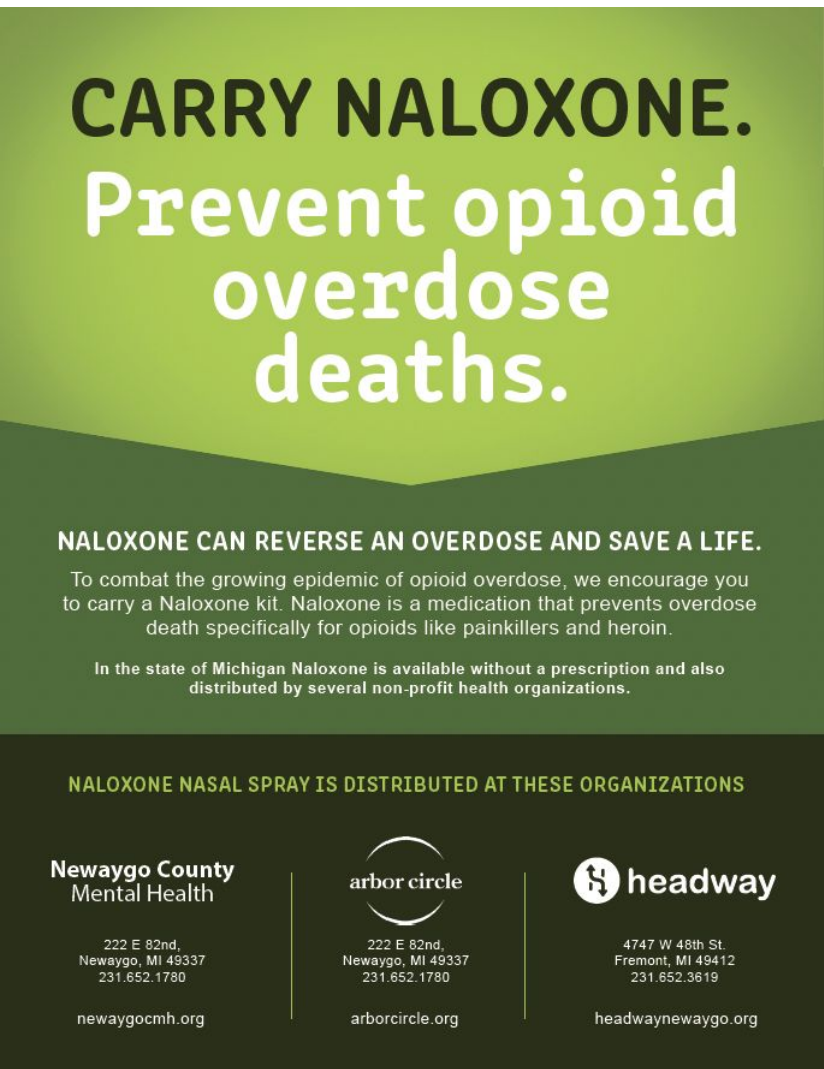




# Community Awareness Campaign Examples

Headway, a Newaygo County coalition, in partnership with Newaygo County Mental Health worked with Revel to develop a campaign to increase awareness of the dangers of substance abuse among teens and parents.

We utilized digital and social ads, print flyers, and guerilla marketing tactics to drive awareness throughout Newaygo County.





# Community Awareness Campaign Examples

We've developed several video series on behalf of CMHOC's SUD services to help provide both insight into what different treatments look like, as well as provide hope and inspiration for those who may be struggling with addiction to help them feel less alone in their recovery journey.



Finding Gratitude in Recovery Video:  
<https://vimeo.com/893125076>



Reach For Recovery - Penny Video:  
<https://vimeo.com/914874327>



Finding Community in Recovery Video:  
<https://vimeo.com/893123140>



Reach For Recovery - Program Highlight:  
<https://vimeo.com/914852792>

**BUILD**  
SOMETHING GREATER.®

- **Revel Marketing** - Committee Questions / Follow-Up
  - River Raisin Clubhouse Video Costs
    - There is no cost for the River Raisin Clubhouse video as the previous video was updated and is now available on the agency website.
  - Is Revel posting for Ottawa?
    - Revel creates Facebook content for Ottawa. The process is for Revel to send content to Ottawa and then Ottawa needs to get approval from the county before Ottawa can post content on Facebook.
  - Revel Funds
    - Everything that Revel provides their services for, funds come out of CCBHC, Medicaid, Healthy Michigan Plan, and General Fund.
  - Bedford
    - Posters and QR Codes were either hand delivered or emailed to the following Townships: Bedford, Ash, Berlin Charter, City of Luna Pier, City of Milan, and City of Monroe.
    - Continuing to work with other Townships.
  - Town Hall
    - The date of the next Town Hall is October 22, 2025 and the location is to be determined. Waiting to hear back from the ISD.
  - River Raisin Clubhouse Swag
    - An Open House is scheduled for June 5, 2025 and flyers have been sent out.
    - Stephan Pietszak is working on getting swag for the open house.





## BOARD EXECUTIVE COMMITTEE

Wednesday, April 16, 2025  
(Following Board Meeting)

### 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  
Vacant, Secretary

#### I. CALL TO ORDER

Mike Humphries called the meeting to order at 7:41pm. Mike Humphries, Susan Fortney, and Lisa Graham were present.

#### II. REVIEW OF THIS MONTH'S BOARD MEETING

- a. Board Agenda – Reviewed
- b. Presentation – Years of Service, Clinical Report, Operations Report, and MDHHS and CCBHC Performance Quality Metrics

#### III. ITEMS FOR DISCUSSION

- a. The committee reviewed the agenda for the April 23, 2025 Board Meeting.

#### IV. ACTION ITEMS FOR FUTURE BOARD MEETING AGENDA

- a. Jan – Annual Recipient Rights Report
- b. Feb – CMHSP Annual Submission
- c. Apr – Appoint Nominating Committee
- d. May – Election of Officers and PIHP Board Representative
- e. Jun – Board Committee Sign Up
- f. Jul – Appoint Committee Members and Chairs
- g. Aug – Bylaws and Governance Policy Manual
- h. Sep – FY2026 Proposed Board Budget
- i. Nov – CMHAM Conferences and NATCON26 Conference, and 2026 Board Meeting Calendar
- j. Dec – Board and Executive Leadership Holiday Dinner Event – December 5, 2025

#### V. AJOURNMENT

The meeting adjourned at 7:47pm.

#### VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for May 21, 2025 following the Board Meeting.

Respectfully submitted,

*Mike Humphries (dp)*

Mike Humphries  
Board Chairperson

4/17/25

# **MCMHA BOARD ACTION REQUEST**

**Wednesday, April 16, 2025**

## **REQUEST:**

To replace current AlertMedia with INFORMACAST (Emergency Alert Notification System).

## **BACKGROUND:**

The Authority currently uses AlertMedia to communicate with staff in emergency situations. The app is used primarily to send notifications to staff for situations where there is a building closure due to weather or other types of emergencies where immediate and confirmed notifications are required as the app sends messages via voice, email, and text to both agency and personal contact information while confirming receipt. The other function that AlertMedia provides is an emergency alert notification in “lone worker” safety situations where a staff find themselves in an unsafe situation and needing assistance from law enforcement or emergency medical services. The AlertMedia app, which is loaded onto agency cell phones, provides a means in which staff can quickly and discreetly notify alert agency staff in an emergency as well summon 911 to their location out in the community. Because the app is tethered to GPS, AlertMedia is able to notify 911 of the staff’s exact location during an emergency.

The Environment of Care/Safety committee began monitoring the use of the app by staff working out in the community. It identified that staff were not always using / activating the app in the field even though it is required to be used whenever staff are working in the community. A survey was conducted which identified staff’s primary resistance to using the app in the community. Primary reasons given for not using the app in the community included, 1) the complexity of setting the “session timer” prior to meeting with a consumer in the community 2) a fear of accidentally triggering a false alarm, 3) general forgetfulness to activate the app and 4) a perception to only activate/use the app when the staff perceives a heightened safety risk. The committee worked on educating staff on how to properly use the app and the requirement to use the app every time you are out in the community. While at the same time, explored other vendors in hopes of finding one that may be simpler to use.

In exploring other alert notification apps, the committee evaluated the INFORMACAST app. This app has all of the same functionality as the AlertMedia app while providing additional features that AlertMedia does not offer. Most importantly, it utilizes a simple SOS button stationed on the phone that staff have immediate access to (without setting a session timer) while working out in the community. The additional features INFORMACAST

provides also allow the agency to use the app to respond to active shooter and/or workplace violence situations within the outpatient facility. It accomplishes this because of its ability to turn laptops/desktops as well as the agency's desktop phones into "panic buttons", alerting staff and 911 of any emergency situations occurring inside our clinic.

Lastly, there is significant cost savings in selecting INFORMACAST over AlertMedia as its total cost for three years of service is \$20,053.75 versus a three-year renewal cost of \$33,990.00 for AlertMedia. The AlertMedia contract renews in May. We are requesting to replace AlertMedia with INFORMACAST.

### **COMPARITIVE ANALYSIS**

<b>FEATURES</b>	<b>INFORMACAST</b>	<b>ALERTMEDIA</b>
VOICE MESSAGING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EMAIL MESSAGING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TEXT MESSAGE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GPS TRACKING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
911 ALERT NOTIFICATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
POLYCOM PHONE SYSTEM INTEGRATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
INTRUSIVE COMPUTER SCREEN INTEGRATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MICROSOFT TEAMS INTEGRATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ACTIVE SHOOTER SITUATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### **PRICING**

INFORMACAST Licensing up to 250 users 3 Yr term	\$20,053.75
ALERTMEDIA 3Yr term	\$33, 990.00

### **ACTION:**

Recommendation for the MCMHA Board to approve the purchase of INFORMACAST (Emergency Alert Notification System) for a three-year contract at the cost of \$20,053.75.



**MCMHA Finance Board Action Request**  
Service Contract(s) and Amendments

Wednesday, April 16, 2025

**Action Requested :** Consideration to approve Mental Health Service Contract(s) / Amendments as presented:

PROVIDER	CONTRACT TERM	SERVICE DESCRIPTION	FY2022-2024 RATE / UNIT	FY2024-2026 RATE / UNIT	ADDITIONAL INFORMATION
<b>Hospitals</b>					
N/A					
<b>Community Living Supports (CLS) / Supported Employment / Respite</b>					
Guiding Light AFC	4/24/25-9/30/27	Licensed Residential		<div>Tier 2 Tier 2 + transition  Tier 3 Tier 3 + transition  Tier 4 Tier 4 + transition  Base Base + transition  Intensive Intensive + transition  Enhanced staffing (1:1) Enhanced staffing (2:1)</div> <div><div>\$100.00/day</div><div>\$132.32/day</div><div></div><div>\$128.90/day</div><div>\$175.66/day</div><div></div><div>\$172.19/day</div><div>\$240.61/day</div><div></div><div>\$247.74/day</div><div>\$353.93/day</div><div></div><div>\$311.56/day</div><div>\$449.66/day</div><div></div><div>\$40.00/hour</div><div>\$80.00/hour</div></div>	This contract is new. The provider was referred by a state advocate and is for a consumer placement that we have had difficulty finding placement for.
<b>Autism / Waiver Services</b>					
Illuminate ABA Services	10/1/24-9/30/26	Behavioral Identification Assessment		<div>\$750.00</div> <div>Encounter</div>	MDHHS Code Change





## MCMHA Finance Board Action Request

Administrative Contract(s)

Wednesday, April 16, 2025

**Action Requested :** Consideration to approve Mental Health Administrative Contract(s) / Amendments as presented:

CONTRACTOR	CONTRACT TERM	DEPARTMENT	REQUEST	BUDGET	SERVICE DESCRIPTION
Wolverine Investment Properties LLC	4/24/25-9/30/27		Lease for 6 bed licensed residential home	\$2,500.00 per month	Lease for Windemere St property. This will be a 6 bed home and ADA compliant.
Informacast	5/1/25-4/30/28			\$20,053.75 for 3 year period	Emergency alert notification system
Consilium Staffing, LLC	Immediately upon completed credentialing	PHS		\$290 per hour for 40 hours per week Mileage reimbursement for in office days at current IRS reimbursement rate (3 days/week) \$50/day operational service charge  \$35,000 placement fee	Placement of a Medical Director. Dr. Sadah will work through Consilium Staffing for a 3 month period or minimum of 480 hours. At that time we will pay a \$35,000 placement fee in order to move forward with a permanent hire.
Locumtenens	Immediately upon completed credentialing	PHS		\$280 per hour for 24 hours per week	Six month temporary placement of Dr. Halgrimson to help relieve the need in PHS due to Dr. Prasad leaving.



# **MCMHA Board of Directors Bylaws**

## **ARTICLE I: NAME OF ORGANIZATION**

Section A The name of the organization shall be the “Monroe Community Mental Health Authority (“MCMHA”).

## **ARTICLE II: PURPOSE OF ORGANIZATION**

Section A The purpose of the Authority shall be to provide a comprehensive array of integrated health services (behavioral and physical) appropriate to conditions of individuals who are located in Monroe County.

Section B Services shall promote the best interests of the individual and shall be designed to increase independence, improve quality of life, and support community integration and inclusion. The Authority shall advocate for consumers to ensure adequate funding for the public mental health system, provide quality services and supports, and eliminate stigma.

Section C Mental health services are defined in the Michigan Medicaid Manual and include, but are not limited to, behavioral health, substance use disorder, jail diversion, and developmental disabilities.

## **ARTICLE III: BOARD POWERS AND DUTIES**

Section A The MCMHA Board of Directors (the “Board”) derives its authority and is created pursuant to Act 258 of the Public Acts of 1974, as amended (the “Mental Health Code”), and shall fulfill the responsibilities and duties required by the Mental Health Code.

## **ARTICLE IV: BOARD MEMBER DUTIES**

Section A Each Board Member shall comply with these Bylaws, the Board Governance Policy Manual, Board orientation materials, applicable law, and Board member personal development.

Section B The members of the Board shall be indemnified to the extent allowed by law.

## **ARTICLE V: BOARD OFFICERS**

Section A The officers of this Board shall be the Board Chairperson, Board Vice-Chairperson, and Board Secretary.

Section B Officers are elected for terms of one (1) year, or until such time as their successors are duly elected. An officer may be removed by a two-thirds (2/3) vote of the serving Board.

Section C The officers shall be elected by a majority vote of the serving members at the May board meeting. Nominations for such positions shall be received from the Nominations Committee and the floor. The officers shall take office upon the next regular board meeting. A board member shall have served one (1) year on the Board and shall have completed the required board member training before being eligible for election as an officer.

- Section D The Chairperson shall preside at all meetings of the Board. The Chairperson shall appoint members of all committees, their chairpersons, and representatives to organizations. The Chairperson shall be an ex-officio member of all committees. The Chairperson ensures the integrity of the Board and that the Board acts in compliance with its written policies. The Chairperson shall perform such other duties as defined in the MCMHA Board Governance Policy Manual.
- Section E The Vice-Chairperson shall assume the responsibilities and duties of the Chairperson in his/her absence.
- Section F The Secretary shall ensure accurate and complete minutes of board meetings. Minutes shall include the names of the members absent and present. The Secretary shall assume the responsibilities and duties of the Chairperson in the absence of the Chairperson and Vice-Chairperson. The Secretary shall review and submit monthly board reimbursements to the Authority.
- Section G In the event of a vacancy in the position of Chairperson, Vice-Chairperson, or Secretary, nominations and elections shall be held at the next regularly scheduled board meeting. Any board member elected to a vacancy shall serve the remainder of the term.

#### **ARTICLE VI: MEETINGS**

- Section A All regular, special, and committee meetings of the Board shall be posted and conducted in accordance with the Open Meetings Act and comply with the Americans with Disabilities Act.
- Section B Board members shall be notified of all regular, special, and committee meetings.
- Section C Agendas and supporting documentation for regular board meetings shall be provided within five (5) days prior to the meeting.
- Section D Special meetings of the Board may be called by the Chairperson or upon the request of four (4) members of the Board. Notice of special meetings shall be provided to all Board Members.
- Section E A quorum shall consist of a majority of the members serving on the Board. Approval of an item before the Board shall require a majority of the members present.
- Section F Meetings shall be conducted, as closely as practicable, in accordance with the latest edition of Robert's Rules of Order Newly Revised unless otherwise specified in these Bylaws.

#### **ARTICLE VII: BOARD COMMITTEES**

- Section A Standing or ad-hoc committees may be authorized by resolution passed by a majority of the Board. The powers conferred upon any committee shall be as determined by the Board.
- Section B ~~Standing~~ eCommittee membership shall be appointed by the Board Chair annually at ~~the a-regular~~ July Board Meeting.
- Section C The Chairperson may from time to time authorize the establishment of ad-hoc committees subject to ratification by the Board.
- Section D Committee minutes shall be maintained and distributed to the rest of the Board. Each committee shall review and recommend to the full Board such actions or undertakings as are appropriate.
- Section E The composition of the Executive Committee shall be the officers of the Board. This committee is responsible for the preparation and distribution of an agenda prior to board meetings in consultation with the Chief Executive Officer.
- Section F Committee meetings shall be held at the call of the committee chair and at the availability and convenience of the majority of committee members.

**ARTICLE VIII: COST OF GOVERNANCE**

Section A Board Members are eligible to receive compensation for attendance at meetings and other agency functions in accordance with Board Governance Policy Manual and MCMHA's standards.

**ARTICLE IX: APPOINTMENT OF A BOARD MEMBER**

Section A Board members are appointed to the MCMHA Board by the Monroe County Board of Commissioners in accordance with the Mental Health Code, including MCL 330.1212 and MCL 330.1222.

Section B Upon vacancy of a Board Term, the Monroe County Board of Commissioners shall be notified.

Section C Consistent with MCL 330.1222(3), all Board members must maintain residency in the County of Monroe, Michigan.

**ARTICLE X: REMOVAL OF A BOARD MEMBER**

Section A Consistent with MCL 330.1224 or other applicable law, a Board Member may be removed from office by the Monroe County Board of Commissioners for neglect of official duty or misconduct in office after being given a written statement of reasons and an opportunity to be heard on the removal.

Section B The Board may recommend to the Monroe County Board of Commissioners that a member be removed from the Board as provided by law, including for the following reasons:

- 1) Neglect of official duty; or
- 2) Misconduct in office

**ARTICLE XI: CHIEF EXECUTIVE OFFICER**

Section A The Board shall appoint and employ a Chief Executive Officer in accordance with the provisions of the Mental Health Code. The duties of the Chief Executive Officer shall be specified by the Mental Health Code and such other duties as may be set forth in the job description, MCMHA Board Policy Manual, and contract for Chief Executive Officer services.

**ARTICLE XII: AMENDMENTS TO BYLAWS**

Section A These Bylaws may be suspended, rescinded, or amended by a vote of two-thirds (2/3) of the serving Board members and will be amended consistent with applicable changes to federal or state law.

Section B These Bylaws shall be reviewed annually and revised as necessary. The Bylaws shall be signed to indicate the date of review and/or revision.

Adopted the sixteenth day of May 2001.

Revised:

\_\_\_\_\_  
Board Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Secretary

\_\_\_\_\_  
Date



# **Monroe Community Mental Health Authority**

## **Board Governance Policy Manual**

# POLICY TABLE OF CONTENTS

<b>1.</b>	<b>Guiding Principles</b>	
1.0	Guiding Principles	
<b>2.</b>	<b>Chief Executive Officer Responsibilities</b>	
2.0	Chief Executive Officer Responsibilities	
2.1	Treatment of Consumers	
2.2	Treatment of Staff	
2.3	Compensation and Benefits	
2.4	Financial Planning/Budgeting	
2.5	Financial Conditions & Activities	
2.6	Authority Policy Review and Approval Process	
2.7	Emergency Chief Executive Officer Succession	
2.8	Communication and Support to the Board	
2.9	Community Resources	
<b>3.</b>	<b>Governance Process</b>	
3.0	Governing Style	
3.1	Board Responsibilities/Duties	
3.2	Board Member Responsibilities	
3.3	Board Member Ethics	
3.4	Board Chair's Role	
3.5	Policy Review and Amendment	
3.6	Cost of Governance	
3.7	Appointment of Representatives to the Community Mental Health Partnership of Southeast Michigan (CMHSPM) Board of Directors	
<b>4.</b>	<b>Board-Chief Executive Officer Linkage</b>	
4.0	Governance-Management Connection	
4.1	Chief Executive Officer Responsibilities	
4.2	Collective Bargaining and Contract Administration	
4.3	Monitoring Chief Executive Officer Performance	
4.4	Monitoring Board of Directors	
<b>Table of Revisions.....</b>		<b>page 14</b>

## **Section 1: GUIDING PRINCIPLES**

### **1.0 GUIDING PRINCIPLES**

The Guiding Principles of the Board are:

- 1.1 Monroe Community Mental Health Authority (“Authority”) exists to help individuals with mental illnesses and/or intellectual/developmental disabilities so they can live, work, and play in their communities to their fullest potential. As a Certified Community Behavior Clinic (CCBHC), the Authority will provide mental health and/or substance use care/services, regardless of ability to pay, place of residence, or age, including developmentally appropriate care for children and youth.
- 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 service rates in partnership 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, 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.

Proposed 08/28/24	/Adopted 08/28/24
Proposed 09/18/18	/Adopted 02/27/19
Proposed 06/20/17	/Adopted 09/27/17
Proposed 07/22/15	/Adopted 07/22/15
Proposed 05/26/10	/Adopted 05/26/10
Proposed 04/24/06	/Adopted 06/26/06
Proposed 08/21/02	/Adopted 09/18/02

## **Section 2: CHIEF EXECUTIVE OFFICER RESPONSIBILITIES**

### **2.0 CHIEF EXECUTIVE OFFICER RESPONSIBILITIES**

The Chief Executive Officer shall ensure that all practices, activities, decisions, and/or organizational circumstances shall be lawful, prudent, and in compliance with commonly accepted business practices and professional ethics. The Chief Executive Officer will recommend either new or revised policies to address areas of non-compliance. Legally required due process will be provided to consumers and family, staff, and volunteers.

Revised 11/01/22  
Revised 03/13/08

### **2.1 TREATMENT OF CONSUMERS**

With respect to interactions with and services provided to consumers or those applying to be consumers, the Chief Executive Officer shall ensure conditions, procedures, and decisions that are dignified, respectful, appropriate, and safe for all affected individuals.

Non-exhaustive examples of the above include:

1. Establishing with consumers a clear understanding of what can be expected and what cannot be expected from the service offered.
2. Systems being in place to ensure consumers are informed of their rights to express satisfaction and/or dissatisfaction with treatment, decisions, and services provided.
3. Ensuring that the Person Centered/ Family Centered Planning process is fully implemented.

Revised 11/16/23  
Revised 11/01/22  
Revised 03/13/08

### **2.2 TREATMENT OF STAFF**

The Chief Executive Officer shall lead staff by example and promote conditions for the staff that are fair, dignified, respectful, organized, and clear.

Non-exhaustive examples of the above include:

1. Operating with written personnel guidelines which: (a) clarify rules for staff, (b) provide for effective handling of grievances, and (c) protect against wrongful conditions, such as preferential treatment for personal reasons.
2. Prohibiting discrimination or retaliation against any staff member for non-disruptive expression of dissent.
3. Facilitating compliance with internal and collectively bargained employee grievance procedures.
4. Ensuring that each employee of the Authority shall receive lawful due process in the event of an adverse disciplinary action.



5. Developing a process for independent, exit interviews and external staff satisfaction surveys.
6. Within fiscal constraints, providing necessary resources to staff for the performance of their job duties.
7. Ensuring the staff shall have annual performance evaluations.

Revised 11/15/22

Revised 08/11/20

Revised 03/13/08

## ***2.3 COMPENSATION AND BENEFITS***

The Chief Executive Officer shall administer Board approved competitive compensation and benefits including the Retiree Health Care Plan.

Revised 11/15/22

Revised 09/17/08

## ***2.4 FINANCIAL PLANNING/BUDGETING***

Financial planning for any fiscal year or the remaining part of any fiscal year shall not deviate materially from the Board's guiding principles, risk fiscal jeopardy, or depart from a Board approved multi-year plan.

Further, without limiting the scope of the foregoing by this enumeration, the Chief Executive Officer shall not:

1. Fail to include credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions in proposed budgets or periodic financial reports to the Board.
2. Plan the expenditure in any fiscal year of more funds than are conservatively projected to be received in that period.
3. Discretionarily reduce the Authority's current assets to less than twice current liabilities or allow cash and cash equivalents to exceed a safety reserve of 6 months operating funds at any time.
4. Provide fewer resources for Board prerogatives during the year than is set forth in Board approved resolutions concerning cost of governance.

Revised 11/15/22

## ***2.5 FINANCIAL CONDITIONS AND ACTIVITIES***

With respect to the actual, ongoing financial condition and activities, the Chief Executive Officer shall adhere to principals of fiscal responsibility and not cause or allow the development of fiscal jeopardy or the material deviation of actual expenditures from Board priorities established in guiding principal policies or a Board approved budget.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

1. Expend more funds than have been received in the fiscal year to date unless the debt guideline (below) is met.
2. Except for actions specifically approved by the Board such as the purchase of real estate or the issuance of debt, bind the organization to a liability amount greater than what can be repaid by certain, otherwise unencumbered revenues within 60 days.
3. Use any long-term reserves, absent direction to do so by the Board.
4. Conduct interfund shifting in amounts greater than can be restored to a condition of discrete fund balances by certain, otherwise unencumbered revenues within 30 days.
5. Fail to settle payroll consistent with internal policy and debts when due.
6. Allow tax payments or other government ordered payments or filings to be overdue or inaccurately filed.
7. Absent Board direction to do so, make a single purchase or commitment of greater than \$25,000. Splitting orders to avoid this limit is not acceptable.
8. Absent Board direction to do so, acquire, encumber, or dispose of real property.
9. Fail to appropriately pursue receivables after 60 days.
10. Violate or permit the continued violation of any applicable provision of the Uniform Budgeting and Accounting Act, MCL 141.421 *et seq.*

Revised 12/06/22

## **2.6 AUTHORITY POLICY REVIEW AND APPROVAL PROCESS**

Following the Authority policy guidelines, all Policies, Procedures, and Exhibits shall be reviewed and/or approved every three years from the last approval date or more frequently as needed.

### **Authority Policies:**

The Board shall review and approve Authority Policies, Procedures, and Exhibits at a regular Board of Directors Meeting.

1. New and/or existing Policies, Procedures, and Exhibits are to be reviewed by the Board Bylaws and Policy Committee. The Board Bylaws and Policy Committee shall make recommendations to the full Board.

### **Regional Policies:**

The Board shall review and approve Regional Policies at a regular Board of Directors Meeting.

Revised 12/06/22  
Revised 06/21/22  
Revised 09/07/21  
Revised 06/01/21  
Revised 08/11/20  
Revised 08/26/14  
Created 09/17/08

## ***2.7 EMERGENCY CHIEF EXECUTIVE OFFICER SUCCESSION***

To protect the authority from sudden loss of Chief Executive Officer services, the Chief Executive Officer shall have no fewer than two named executives familiar with Board and Chief Executive Officer issues and processes.

Revised 12/06/22  
Revised 08/11/20  
Revised 03/13/08

## ***2.8 COMMUNICATION AND SUPPORT TO THE BOARD***

The Chief Executive Officer shall keep the Board informed and supported in its work.

The following are non-exhaustive examples of such responsibility:

1. Submit monitoring data required to the Board (see Policy 4.3 Monitoring Chief Executive Officer Performance) in a timely, accurate, and understandable fashion, directly addressing provisions of Board Policies being monitored.
2. Keep the Board informed of relevant trends, anticipated adverse media coverage, threatened or pending lawsuits and material external and internal changes, particularly changes in the assumptions upon which any Board Policy has previously been established.
3. Advise the Board through the Board Executive Committee if, in the Chief Executive Officer's opinion, the Board is not in compliance with its own policies on Governance Process and Board – Chief Executive Officer Linkage, particularly in the case of Board behavior that is detrimental to the working relationship between the Board and the Chief Executive Officer.
4. Gather and present information for the Board from as many staff and external perspectives on the issues and options as necessary to communicate fully informed options and choices to the Board.
5. Provide a mechanism for official Board, officer, and committee communications.
6. Report in a timely manner all actual or anticipated noncompliance with any Board policy.

Revised 08/15/24  
Revised 12/06/22  
Revised 05/04/10

## ***2.9 COMMUNITY RESOURCES***

The Chief Executive Officer shall be informed of, develop, and nurture, collaborative partnerships and innovative relationships at the local, regional, and state levels.

Revised 12/06/22  
Revised 03/13/08

## **Section 3: GOVERNANCE PROCESS**

### **3.0 GOVERNING STYLE**

The Board's governance will emphasize an outward vision, diversity of viewpoints, strategic leadership, clear bifurcation between Board and Chief Executive Officer roles, collective rather than individual decisions, and proactivity of Board actions.

The Board will listen to and consider all divergent views in its decision-making process, and will strive to resolve through deliberation such differing views into a unified Board position. Once a decision is made the Board must speak in one consistent voice publicly.

Accordingly:

1. The Board will establish written policies reflecting the Board's values and perspectives. The Board's major policy focus will be the intended long-term impacts outside the organization, not on the administrative or programmatic means of attaining those effects.
2. The Board will enforce discipline whenever needed. Discipline will apply to matters such as attendance, preparation for meetings, violation of policies, disrespect, or disregard for roles, and will be enforced as follows:
  - a. A verbal or written and signed complaint about Board Member conduct may be referred to the Board Executive Committee. The Executive Committee will review the complaint and determine the most appropriate action. This could include verbal resolution or result in the recommendation from the Board for removal from office. Such discipline shall be documented in writing where practicable.
3. Continual Board development will include orientation of new Board Members and periodic Board discussion of process improvement.

Public comment during Board meetings is not the appropriate time for discussion and engagement from the Board with the public. The Board will listen respectfully to public comments but will not respond directly during the public comment period. The public, upon request, may receive a follow-up contact from the Chief Executive Officer or his/her representative within one business day if the public comment is about a specific problem or addressable complaint. During public comment time, each speaker's comment will be limited to 3 minutes.

Revised 08/15/24  
Revised 04/18/24  
Revised 03/21/24  
Revised 01/03/23  
Revised 05/06/08

### **3.1 BOARD RESPONSIBILITIES/DUTIES**

The Board will ensure appropriate Board organizational performance, Chief Executive Officer's performance, and promote a link between the community and the Authority which serves it.

Revised 02/21/23  
Revised 05/04/10

## **3.2 BOARD MEMBER RESPONSIBILITIES**

### **1. Board Meeting Expectations:**

- (a) Attend Board and appointed committee meetings;
- (b) If unable to attend Board or committee meetings provide advance notice to the Chief Executive Officer's Assistant and Board Committee Chair;
- (c) Be prepared and on time;
- (d) Listen with an open mind;
- (e) Participate in discussion and encourage dialogue;
- (f) Make decisions in the best interest of those we serve in the community; and
- (g) Speak with one consistent voice after a decision has been made

### **2. Board Member Education and Training:**

- (a) Complete Board Orientation; and
- (b) Complete and maintain compliance with required Relias trainings

### **3. Board Meeting Evaluation:**

- (a) Complete ~~a monthly~~ Board meeting evaluations; and
- (b) Complete an annual Board Performance and Self-Evaluation Questionnaire

Revised 03/20/25

Revised 08/15/24

Revised 11/16/23

Revised 08/15/23

Revised 06/20/17

Revised 07/08/14

## **3.3 BOARD MEMBER ETHICS**

The Board commits itself and its members to ethical, businesslike, and lawful conduct, including proper use of authority and appropriate decorum when acting as Board Members. Board members shall:

1. Operate with the best interest of those we serve in our community.
2. Recuse from matters presenting a conflict of interest.
3. Board Members will not use their Board position to obtain employment in the organization for themselves, family members, or close associates. Should a Board Member apply for employment with the organization, he or she must first resign from the Board.
4. Board Members shall not attempt to exercise individual authority over the organization.
5. Board Members shall not evaluate, either formally or informally, any staff other than the Chief Executive Officer.
6. Individual Board Member concerns should be directed to the Chief Executive Officer outside of committee or Board Meetings. The Chief Executive Officer will be responsible to address concerns and follow up with the individual Board Member.
7. Board Members will respect confidentiality.

### **3.4 BOARD CHAIR'S ROLE**

The primary responsibility of the Board Chair is to lead the Board by engaging individual Board Members to work as one cohesive public body. This involves Board Meeting facilitation and enforcing Board rules of conduct, showing strong leadership, supporting the Chief Executive Officer while observing the Board Governance Policy Manual and Board Bylaws.

The Board Chair will:

1. Ensure the integrity of the Board and that the Board acts in compliance with its Board Governance Policies and Board Bylaws;
2. Serve as a point of contact for Board issues by establishing availability and means of communication with Board Members;
3. Act as a knowledgeable strategist concerning the organization and Board practices;
4. Appoint members of all committees, their Chairpersons, and representatives to organizations;
5. Be an ex-officio member of all committees ;
6. Create a purposeful agenda in collaboration with the Chief Executive Officer and the Board Executive Committee;
7. Represent the Board to outside parties;
8. Perform other duties as defined within the Board Governance Policy Manual; and
9. Work in collaboration with the Chief Executive Officer to ensure the mission of the organization is achieved.

The Board Chair has no unilateral authority to make decisions about policies created by the Board nor unilateral authority to supervise or direct the Chief Executive Officer.

Revised 08/15/24  
Revised 01/18/24  
Revised 07/11/23  
Revised 05/06/08

### **3.5 POLICY REVIEW AND AMENDMENT**

1. The Board Bylaws and Board Policies shall be reviewed and approved annually by the Board.
2. Policies may be suspended, rescinded, or amended by a 2/3 vote of the serving Board membership and will be superseded by any change in federal or state law.

Revised 04/04/22  
Revised 08/11/20  
Revised 07/07/15  
Revised 05/13/09

### **3.6 COST OF GOVERNANCE**

The Board will invest appropriate resources into its governance capacity.

Accordingly:

1. Board members shall be compensated at the rate of \$30 per meeting for attendance at all Board meetings, appointed committee meetings, workshops, required training, affiliation meetings, and other Board approved functions. Board members are entitled to one meeting allowance per day.
2. Travel expenses shall be reimbursed according to agency standards.
3. Exception requests can be taken to the Board Executive Committee.
4. The Board shall be informed of its budget and expenses.

Revised 06/20/17  
Revised 09/29/11

### ***3.7 APPOINTMENT OF REPRESENTATIVES TO THE COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN (CMHPSM) BOARD OF DIRECTORS.***

1. The MCMHA Board of Directors shall annually appoint a Board Member each May to the CMHPSM Board of Directors according to the Bylaws of the Community Mental Health Partnership of Southeast Michigan.

The following criteria shall be required of all candidates for appointments to the CMHPSM Board of Directors:

- i. All documentation required by the CMHPSM shall be completed ten days prior to the MCMHA Board Meeting at which the candidate shall be considered;
  - ii. If the position requires a primary or secondary consumer only such eligible candidates shall be considered;
  - iii. All candidates must have served at least one year on the MCMHA Board of Directors; and,
  - iv. All candidates shall have completed the required Board Member Training before being eligible for appointment.
2. The MCMHA Board of Directors shall recommend appointments to the CMHPSM Substance Use Disorders Oversight Policy Board (SUD OPB).

Revised 06/20/17  
Revised 09/06/16  
Revised 07/07/15  
Created 07/08/14



## **Section 4: BOARD-CHIEF EXECUTIVE OFFICER LINKAGE**

### **4.0 GOVERNANCE-MANAGEMENT CONNECTION**

The Board shall appoint a Chief Executive Officer of the Community Mental Health Services Program (CMHSP) who meets the standards of training and experience established by the Michigan Mental Health Code. The Board shall establish general policy guidelines within which the Chief Executive Officer shall execute the Community Mental Health Services Program. The Board's sole official connection to the operational organization, its achievements and conduct will be through a Chief Executive Officer, titled CEO.

1. The Board will never give instructions to persons who report directly or indirectly to the Chief Executive Officer.
2. The Board will not evaluate, either formally or informally, any staff other than the Chief Executive Officer.
3. The Board will view the Chief Executive Officer as accountable for the organization's performance.

Revised 11/16/23  
Revised 10/19/23  
Revised 04/25/23  
Revised 05/04/10

### **4.1 CHIEF EXECUTIVE OFFICER'S RESPONSIBILITIES**

The Chief Executive Officer of Authority shall function as the organization's chief executive and administrative officer, and shall execute and administer the organization's program in accordance with the approved strategic plan, operating budget, the general policy guidelines established by the Board, the applicable governmental policies and procedures, and the provisions of the Mental Health Code. The Chief Executive Officer has the authority and responsibility for supervising all Authority employees. The Chief Executive Officer may delegate someone within the organization to act as his/her stead who shall assume responsibility for the organization. The terms and conditions of the Chief Executive Officer's employment, including tenure of service, shall be as mutually agreed to by the Board and the Chief Executive Officer and shall be specified in a written contract.

Only lawfully enacted motions, policies, directives, or resolutions of the Board are binding on the Chief Executive Officer.

Revised 04/25/23  
Revised 08/11/20  
Revised 06/20/17  
Revised 09/17/08

### **4.2 COLLECTIVE BARGAINING AND CONTRACT ADMINISTRATION**

The Chief Executive Officer is the agent of the Board of Directors in the negotiation process and administration of the collective bargaining agreement between MCMHA and the bargaining unit.

The Chief Executive Officer shall:

1. Consult with the Board in establishing the parameters for contract negotiations.

2. Bargain in “good faith” as that term is understood within Michigan labor law.
3. As the Board’s Agent, enter into Tentative Agreements during negotiations when the agreements fall within the parameters specified by the Board.
4. Either decline proposals that exceed the Board’s parameters or request the Board Chair call a Special Board meeting for the Board to discuss progress in negotiations and consider any revisions to the original parameters.
5. Obtain Board approval of any alterations to the collective bargaining agreement resulting from the triennial contract negotiation cycle or labor contract re-openers.
6. Administer the collective bargaining agreement, including changes that impact bargaining unit members, as specified in the Management Rights section of the contract and any other areas allowed by contract language.

Memoranda of Understanding are within the scope of the Chief Executive Officer’s administration of the collective bargaining agreement.

Letters of Agreement, ratified by the bargaining unit, require Board approval to be effective.

Revised 05/09/23  
Created 05/13/09

### **4.3 MONITORING CHIEF EXECUTIVE OFFICER PERFORMANCE**

There shall be systematic and objective monitoring of the Chief Executive Officer’s job performance and achievement of organizational goals according to the Chief Executive Officer’s job description, the Michigan Mental Health Code, a Board approved Strategic Plan, and prior Board recommendations.

1. The Board’s Performance Evaluation Committee is to be comprised of the Board Executive Committee Chairperson, Board Vice Chairperson, and standing Committee Chairs of the Business Operations and Clinical Operations Committees.
2. The Board Performance Evaluation Committee’s role is to meet at least quarterly to review progress towards identified outcomes and to conduct an annual Chief Executive Officer performance evaluation.
3. An overall Performance Evaluation Summary will be presented to the full Board for a vote.
  - a. The vote is based on the recommendation by the Performance Evaluation Committee to the full Board of “Exceptional”, “Satisfactory”, “Needs Improvement”, or “Unsatisfactory” performance.
  - b. In the event that the rating of the Chief Executive Officer’s performance is “Needs Improvement” or “Unsatisfactory”, a specific written corrective action plan shall be provided. The corrective action plan shall include the time frame within which the Chief Executive Officer shall be expected to take the appropriate corrective action. The terms of a Chief Executive Officer contract shall not be restricted or amended by this Policy.

Revised 03/20/25  
Revised 06/20/23  
Revised 05/13/09

#### **4.4 MONITORING BOARD OF DIRECTORS' PERFORMANCE**

The Board will engage in a Board Performance and Self-Evaluation Questionnaire on an annual basis using a Board approved rubric.

1. Board Members will complete a Board Performance and Self-Evaluation Questionnaire annually in January.
2. Results of the annual Board Performance and Self-Evaluation Questionnaire will be reviewed annually at a Board Workshop in February.

Revised 01/18/24

Revised 12/14/23

Created 08/15/23

**Adopted the ninth day of March 2002.**

**Revised:**

\_\_\_\_\_  
Board Chairperson

August 28, 2024  
Date

\_\_\_\_\_  
Board Secretary

August 28, 2024  
Date

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  
REGULAR BOARD MEETING MINUTES  
December 11, 2024**

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

**Members Not Present For In-Person Quorum:** Patrick Bridge, Molly Welch Marahar, Mary Pizzimenti, Annie Somerville, Ralph Tillotson

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

**Guests Present:** Attorneys Greg Moore (phone) and Chris Ryan from Taft Law

- I. Call to Order  
Meeting called to order a 6:02 p.m. by Board Chair Bob King.
- II. Roll Call
  - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented  
**Motion by R. Curley, supported by A. Rooks, to approve the agenda**  
**Motion passed unanimously**
  - Agenda addition: new item VII – Closed Session Action Request
- IV. Consideration to Approve the Minutes of the October 9, 2024 Meeting and Waive the Reading Thereof  
**Motion by J. Ackley, supported by R. Pasko, to approve the minutes of the 10/9/2024 meeting and waive the reading thereof**  
**Motion passed unanimously**
- V. Consideration to Approve the Minutes of the October 30, 2024 Meeting and Waive the Reading Thereof  
**Motion by M. Serio, supported by H. Terrill, to approve the minutes of the 10/30/2024 meeting and waive the reading thereof**  
**Motion passed unanimously**
- VI. Audience Participation  
None
- VII. Revised: Closed Session  
**Motion by R. Pasko, supported by H. Terrill, to move the CMHPSM Board meet in closed session under section 8(1)(e) of the Open Meetings Act, to consult with our attorneys related to the following legal actions:**
  - The Northcare Network Mental Health Care Entity, Northern Michigan Regional Entity and Region 10 PIHP v. State of Michigan, 24- -MZ, Michigan Court of Claims
  - The Waskul et al v. Washtenaw County Community Mental Health et al, Case Number 2:16-cv-10936-PDB-EAS, Eastern District of Michigan**Motion passed unanimously**

**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.*

Roll Call Vote

Yes: J. Ackley, R. Curley, L. Frederick, B. King, R. Pasko, A. Rooks, M. Serio, H. Terrill

No:

Not present for in-person vote: P. Bridge, M. Welch Marahar, M. Pizzimenti, A. Somerville, R. Tillotson

- The meeting entered into closed session at 6:06 p.m.
- After returning to open session at 6:53 p.m.:

**Motion by M. Serio, supported by A. Rooks, for the CMHPSM to join the Northcare Network Mental Health Care Entity, Northern Michigan Regional Entity and Region 10 PIHP lawsuit v. State of Michigan, 24- -MZ, Michigan Court of Claims**

**Motion passed unanimously**

Roll Call Vote

Yes: J. Ackley, R. Curley, L. Frederick, B. King, R. Pasko, A. Rooks, M. Serio, H. Terrill

No:

Not present for in-person vote: P. Bridge, M. Welch Marahar, M. Pizzimenti, A. Somerville, R. Tillotson

VIII. Old Business

a. Information: FY2024 Finance Report September 2024  
M. Berg presented.

b. Information: CEO Contract Committee Update

- The committee met this evening and would like the board to treat the CEO with the same consideration as the rest of the staff regarding the cost of living adjustment (COLA).
- The committee recommended a 3% COLA increase effective 1/1/25, and a 3% COLA effective 1/1/26, to be amended in the CEO contract.

**Motion by J. Ackley, supported by A. Rooks, to authorize Board Chair B. King to sign an amended CEO contract to include a 3% COLA effective 1/1/25 and another 3% COLA effective 1/1/26, with legal review prior to signing**

**Motion passed unanimously**

Roll Call Vote

Yes: J. Ackley, R. Curley, L. Frederick, B. King, R. Pasko, A. Rooks, M. Serio, H. Terrill

No:

Not present for in-person vote: P. Bridge, M. Welch Marahar, M. Pizzimenti, A. Somerville, R. Tillotson

IX. New Business

a. Board Action: FY2025 QAPIP Plan

**Motion by R. Curley, supported by H. Terrill, to approve the annual plan for quality assessment and improvement plan activities during FY2025**  
**Motion passed unanimously**

b. Board Action: Proclamations for Joelen Kersten (10-yr) and James Colaianne

**Motion by L. Frederick, supported by R. Curley, to approve the Issuance of the formal proclamation acknowledging the 10 years of service by Joelen Kersten to the PIHP region as a CMHPSM employee, signed by all CMHPSM Board members.**  
**Motion passed unanimously**

**Motion by L. Frederick, supported by R. Curley, to approve the Issuance of the formal proclamation acknowledging the 10 years of service by James Colaianne to the PIHP region as a CMHPSM employee, signed by all CMHPSM Board members.**  
**Motion passed unanimously**

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.*

c. Board Action: Contracts

**Motion by L. Frederick, supported by H. Terrill, to authorize the CEO to execute the contracts/amendments as presented**  
**Motion passed unanimously**

X. Reports to the CMHPSM Board

a. Information: CEO Report to the Board

For FY18-19, all payments between the PIHP and the CMHs are complete. FY18-22 are now closed.

FY25 contract: Region 6 will join the other 3 PIHPs in the lawsuit versus the state.

The 2025 benefits enrollment period for staff is this week.

The PIHP Directors met with the state this month. There was no update on conflict free access and planning; the state says a plan is coming.

J. Colaianne will continue to send out the lame duck notifications to the board.

XI. Adjournment

**Motion by A. Rooks, supported by J. Ackley, to adjourn the meeting**  
**Motion carried**

- The meeting was adjourned at 7:39 p.m.

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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.***



## REVIEW AND APPROVAL / April 23, 2025

### Local (MCMHA) and Regional (CMHPSM) Policy, Procedure, and Exhibits

#### Executive Summary:

- There are two local policies, two procedures, three exhibits, and one procedure to be rescinded. There are two regional policies.
- This document serves as an Executive Summary of the policies for review and approval at the April 23, 2025 Board Meeting.

LOCAL: Policy, Procedure, and Exhibits	Reason for Revision	Summary
EOC2013 Fire Prevention and Emergency Plan	3-Year Review	<p><b><u>Purpose:</u></b> To provide an on-going program designed to establish and maintain fire safety.</p> <p>To provide direction to staff in order to enhance fire safety knowledge and responsibilities.</p> <p><b><u>Policy:</u></b> Procedures are established to identify and maintain all applicable required features of fire protection and National Fire Protection Association (NFPA) Life Safety Code standards.</p> <p>Procedures are established for inspecting, testing, and maintaining all related fire-alarm, fire detection, and fire extinguishing systems.</p> <p>Plans are established that address appropriate staff education, training, and response to a fire emergency.</p> <p><b><u>Significant Changes:</u></b> There were no significant changes.</p>
HR4014 Equal Employment Opportunity Plan	3-Year Review	<p><b><u>Purpose:</u></b> Monroe Community Mental Health Authority (MCMHA) complies with all federal, state, and local equal employment opportunity laws. In all hiring and employment practices, MCMHA makes every effort to ensure that it doesn't discriminate against employees and applicants. This policy addresses MCMHA's commitment to providing equal opportunity employment for all employees and applicants.</p> <p><b><u>Significant Changes:</u></b> Amended policy based on current law.</p>
POC7082-P2 Monitoring Lab Values	3-Year Review	<p><b><u>Purpose:</u></b> Review, link and send lab results to the electronic health record (EHR), and notify the individual served/guardian of any critical lab result(s).</p>



		<b><u>Significant Changes:</u></b> Amended based on current process.
POC7075-P1 Collection of Consumer / Individual Served Documentation and Updating Demographics	New	<b><u>Purpose:</u></b> Clinical, Receptionist/Scheduler, and medical assistants will ensure that all identifying information is correct and up to date in the Confidential Record of Consumer Treatment (CRCT). This will provide accurate information in the consumer/individual served chart. Access, Reception/Scheduler and Primary Case Holders are responsible for the upkeep of consumer/individual served information.  <b><u>Significant Changes:</u></b> New procedure.
EOC2013-E1 Fire and Disaster and Actual Events Form	3-Year Review	<b><u>Significant Changes:</u></b> There were no significant changes.
HR4062-E1 Complaint Form	3-Year Review	<b><u>Significant Changes:</u></b> There were no significant changes.
POC7069-E13 BPS Re-Assessment Documentation	3-Year Review	<b><u>Significant Changes:</u></b> There were no significant changes.

REGIONAL: Policy and Exhibits	Reason for Revision	Summary
A1000 Corporate Compliance	3-Year Review	<b><u>Purpose:</u></b> To establish policy that ensures the Community Mental Health Partnership of Southeast Michigan (CMHPSM) complies with all relevant federal, state, and local laws, rules, and regulations and other standards set forth by accrediting organizations and professional licensure requirements.  <b><u>Policy:</u></b> All staff, board members, students, volunteers, and providers with the CMHPSM network shall comply with all federal, state, and local laws, rules, and regulations applicable to the region's business lines, as well as other standards set forth by accrediting organizations and professional licensure requirements. Due to the collaborative nature amongst the CMHPSM members, including integrated elements of the data systems, all members of the region shall coordinate efforts to ensure the security and privacy of protected health information, and to ensure compliance with all other applicable regulations, laws, and standards.  <b><u>Significant Changes:</u></b> No significant changes.

A1012 Peer Review	3-Year Review	<p><b><u>Purpose:</u></b> This policy is to define peer review functions as it relates to practice of care of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).</p> <p><b><u>Policy:</u></b> The CMHPSM will identify and correct processes or variations in care/services that may lead to undesirable or unanticipated events affecting consumers/individuals served or their care. Peer review will be utilized to establish evaluation mechanisms for clinical care and service delivery that identify opportunities for improving care.</p> <p><b><u>Significant Changes:</u></b> No significant changes.</p>
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RESCIND: Policy and Exhibits	Reason for Rescind
POC7070-P1 Authorization Requests to UM	The UM Department no longer exists.