



MONROE COMMUNITY MENTAL HEALTH AUTHORITY

BOARD MEETING

June 25, 2025 – 6:00 p.m. / Aspen Room

Draft Agenda

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.

| | <u>Guide</u> |
|---|----------------------|
| I. Call to Order | 01 min |
| II. Roll Call | 02 min |
| III. Pledge of Allegiance | 02 min |
| IV. Motion to Adopt the Agenda as Presented | 02 min |
| V. Motion to Approve the Minutes from the June 18, 2025 Board Meeting and waive the Reading Thereof | 02 min |
| VI. Board Meeting Evaluation Report (<i>handout</i>) | 05 min |
| VII. Public Comments <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> | 03 min/Person |
| VIII. Presentations, Recognition, and Celebrations a. Clinical Report – Crystal Palmer b. MDHHS and CCBHC Performance Quality Metrics – Lisa Graham c. Mental Health Fun Day Donations – Lisa Graham | 20 min |
| IX. Board Committee Reports a. Committee Chair Reports i. No reports for June. b. Committee List and Scope - Sign Up | 05 min |

- X. Items for Board Action** **15 min**
- a. **Motion to Approve the Consent Agenda Less Item _____**
 - i. Service Contracts as Presented
 - b. **Motion to Change the Legal Name of Monroe County Community Mental Health Authority to Monroe Community Mental Health Authority**
- XI. Authority and Regional Policy Review/Approval** (*Executive Summary in Packet*) **02 min**
- a. **Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented**
 - i. **Policy:**

| | |
|---------|---------------------------|
| HR4032 | Violence in the Workplace |
| HR4037 | Weapons in the Workplace |
| FCM3000 | Cash Receipting |
 - ii. **Procedure:**

| | |
|------------|---------------------------|
| POC7062-P1 | Timely Access to Services |
| FCM3000-P1 | Cash Receipting |
| POC7074-P2 | CAFAS Use |
| POC7074-P5 | MichiCANS Use |
 - iii. **Exhibit:**

| | |
|------------|-------------------------------------|
| RR8028-E1 | Non-Discrimination Policy Statement |
| FCM3000-E1 | Payment Log |
 - iv. **Brochure:** N/A
 - v. **Rescind:**

| | |
|------------|--|
| POC7067-P1 | Clinical Assignment for Ongoing Care – Front Door Access |
| POC7067-P2 | Open Access to Care – Clinical Coverage |
| POC7083-P2 | Physical Intervention |
| POC7067-E2 | Clinical Coverage Open Consumer Flow Chart |
| POC7067-E4 | Community Referral Form |
| POC7067-E5 | Hospital ER Process |
| POC7074-P4 | Internal Delay of Service |
 - vi. **Relocate:** N/A
 - b. **Motion to Approve the Regional Policies as Presented** **02 min**
 - i. **Policy:**

| | |
|---------|--|
| POC7084 | Crisis Prevention Planning and Safety Planning |
|---------|--|
- XII. Relationship with the Region, County, and Others** **05 min**
- a. Regional PIHP Board Meeting Minutes – June 11, 2025
 - b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko
- XIII. Items from the Chief Executive Officer** **10 min**
- a. Chief Executive Officer’s Report – Lisa Graham
- XIV. New Business** **00 min**
- XV. Public Comments** **03 min/person**
- XVI. Board Member Announcements** **03 min/person**
- XVII. Adjournment** **01 min**

The next regular scheduled meeting for the Monroe Community Mental Health Authority Board is for Wednesday, July 16, 2025 at 6:00pm.

LG/dp 2:34pm



BOARD OF DIRECTORS REGULAR MEETING MINUTES
June 18, 2025

Present: Michael Humphries, Chairperson; Susan Fortney, Vice Chairperson; Deb Staelgraeve; Ken Papenhagen; Dawn Asper; Rebecca Pasko; John Burkardt; LaMar Frederick; Reda Biniecki; Becca Curley; and Joan Canning

Excused: Naomi Stoner

Absent:

Staff: Lisa Graham; Richard Carpenter; and Ken Melvin

Guests: Jim Greene, Dykema; Dr. Frances Jackson, Parliamentarian; and 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 Susan Fortney as Secretary Pro-Tem.

Lisa Graham introduced Dr. Frances Jackson. Dr. Jackson is a Professional Registered Parliamentarian who Rebecca Pasko and Lisa Graham talked with in the past week about offering her parliamentarian services to our Board to better understand Robert's Rules of Order and to have better written Board Bylaws. The intent is for Dr. Jackson to observe our meeting this evening and a formal agreement for services will be brought to the Board for consideration.

IV. ELECTION OF OFFICERS

The Nominating Committee began the elections.

Election of Board Chairperson:

There were two board members showing interest in the Board Chairperson position. Board members showing interest were Mike Humphries and Rebecca Pasko.

Recommendation for Mike Humphries as Board Chairperson. Mike Humphries requested to ask Rebecca Pasko first.

Mike Humphries was informed by the Parliamentarian that it is the duty of the Chairperson to conduct the officer elections. Mike Humphries took over and continued with the elections.

Recommendation for Rebecca Pasko as Board Chairperson. Rebecca Pasko accepted.

Recommendation for Mike Humphries as Board Chairperson. Mike Humphries made an announcement that he does not believe that there was ever any ill intent with the way the vote took place. Mike has no desire to attempt to overturn that result and will decline the nomination today. Doing so, knowing there is a gentleman's' agreement, and hoping that comes to fruition.

Nominations were opened to the floor for Board Chairperson. Hearing no further nominations, nominations were closed.

All in favor of accepting Rebecca Pasko of the Board Chairperson. The Board cast a unanimous vote, none opposed.

Rebecca Pasko has been elected as the Board Chairperson for 2025-2026.

Election of Board Vice Chairperson:

There were two board members showing interest in the Board Vice Chairperson position. Board Members showing interest were John Burkardt and Becca Curley.

Recommendation for John Burkardt as Board Vice Chairperson. John Burkardt accepted.

Recommendation for Becca Curley as Board Vice Chairperson. Becca Curley accepted.

Nominations were opened to the floor for Board Vice Chairperson. Hearing no further nominations, nominations were closed.

Votes for John Burkardt (6): Joan Canning, LaMar Frederick, John Burkardt, Dawn Asper, Ken Papenhagen, and Deb Staelgraeve.

Votes for Becca Curley (5): Susan Fortney, Rebecca Pasko, Reda Biniecki, Becca Curley, and Mike Humphries.

John Burkardt has been elected as Board Vice Chairperson for 2025-2026.

Election of Board Secretary:

There were two board members showing interest in the Board Secretary position. Board members showing interest were Susan Fortney and Ken Papenhagen.

Recommendation for Susan Fortney as Board Secretary. Susan Fortney accepted.

Recommended for Ken Papenhagen as Board Secretary. Ken Papenhagen declined.

Nominations were opened to the floor for Board Secretary. Hearing no further nominations, nominations were closed.

Votes for Susan Fortney (9): Dawn Asper, Rebecca Pasko, Susan Fortney, Mike Humphries, John Burkardt, LaMar Frederick, Reda Biniecki, Becca Curley, and Joan Canning. Abstain: Ken Papenhagen.

Susan Fortney has been elected as Board Secretary for 2025-2026.

Mike Humphries congratulated the new officers.

V. CONSIDERATION TO ADOPT THE DRAFT AGENDA AS PRESENTED

Susan Fortney moved to adopt the draft agenda as presented. Becca Curley supported. Motion carried unanimously.

VI. CONSIDERATION TO APPROVE THE MINUTES FROM THE MAY 21, 2025 BOARD MEETING AND MAY 28, 2025 BOARD MEETING AND WAIVE THE READING THEREOF

John Burkardt moved to approve the minutes for the May 21, 2025 Board Meeting and the May 28, 2025 Board Meeting and waive the reading thereof. Ken Papenhagen supported. Motion carried unanimously.

VII. BOARD MEETING EVALUATION REPORT

The Board Meeting Evaluation Report from the May 28, 2025 Board Meeting was reviewed.

VIII. PUBLIC COMMENTS

Dr. Frances Jackson, a lifelong resident of Detroit, shared her credentials and a little about herself with the Board of Directors. Dr. Jackson holds a Bachelor's in Nursing and a PHD in Counseling from Wayne State University, a Master's in Guidance Counseling, and a second Master's in Nursing from the University of Michigan, Go Blue! Dr. Jackson touched base on several areas that has formed her career. In 1996, Dr. Jackson joined the Detroit unit of the National Association of Parliamentarian, passed the exams, and became a member of the national association. Dr. Jackson earned the highest credential one can earn, a Professional Registered Parliamentarian. There are few that 400 in the whole country. Dr. Jackson recently finished a term as President of Michigan State Association of Parliamentarians. She was also President of the Michigan Unit of Registered Parliamentarians. Dr. Jackson is currently the Parliamentarian for the Board of Police Commissioners which is an eclectic body for the City of Detroit that provides civilian oversight for the Detroit Policy Department. Dr. Jackson is also the Parliamentarian for the Community District, and both these groups are subject to the Open Meetings Act. Dr. Jackson is a Methodist and the Parliamentarian for her Church. She has been married almost 53 years and her husband is an Attorney. They have two children, a daughter and a son.

Dr. Jackson is looking forward to providing training for the Board of Directors.

IX. PRESENTATIONS

- a. Operations Report – Bridgitte Gates presented the Operations Report, highlighting updates from Revel Marketing, FY2024 Annual Report, 2nd Quarter Grievances, Kiosk data, and an update on the Windemere Home.
 - i. Working with Revel on the next steps for rolling out our Behavioral Health Urgent Care (BHUC) with a press release and campaign.
 - ii. The Board was provided with a copy of the FY2024 Annual Report.
 - iii. Grievances: Data from May was presented.
 - iv. Pulse for Good: Kiosk data from May provided 38 total responses from the lobby and prescriber kiosks only.
 1. Comments from consumers/guardians were as follows:
 - a. Food
 - b. Two requests for a traveling nurse
 - c. Coffee
 2. Comments made where low stars were received:
 - a. Office appointments are not available when I am available
 - b. After school appointments are not available
 - c. My appointment was cancelled/rescheduled, and I wasn't notified
 - d. Bathroom was dirty
 - e. Lobby was dirty
 - f. Person I was meeting with wasn't listening to me.
 - g. Person I was meeting with was late.
 - h. My worker was working from home.
 - v. The Windemere home passed inspections from the Township. Provider in process of obtaining furniture for the home. Consumers/Guardians are in process of next steps for a move in date and visiting the home.

X. ITEMS FOR BOARD CONSIDERATION

- a. Board Action Request: Claims & Billing Specialist Position – Lisa Graham presented the Board Action Request along with a PowerPoint presentation at the May 21st Board Meeting. Lisa provided a brief overview of the Board Action Request and answered questions.

LaMar Frederick moved to approve an amendment to the current Rehmann Contract in order to add Claims and Billing tasks to their statement of work for an additional flat monthly fee of \$16,500 for a period not to exceed the current contract. Ken Papenhagen supported. Roll call: In favor: Canning, Curley, Biniecki, Frederick, Burkardt, Humphries, Fortney, Pasko, Asper, Papenhagen and Staelgraeve; Opposed: none. Motion adopted unanimously.

- b. Board Action Request: Change Legal Name of Monroe County Community Mental Health Authority – Lisa Graham commented that in our re-credentialing process with CMS, we have found that one of the items that is holding up the application process is that our legal name is still Monroe County Community Mental Health Authority but yet we have gone by Monroe Community Mental Health Authority for quite some time. At some point, around 20 years or so ago, this Agency dropped the word “County” from our business name, however, there are still some agencies that we are listed with our legal name (includes the word “County”). In order to complete our CMS application, the Board would need to vote to drop the word “County” from our business name so that the proper documentation can be filed. Legal Counsel will assist in filing the proper documentation. Lisa requested for the Board to approve the change to our business name so that we are legally Monroe Community Mental Health Authority.
- c. Service Contracts - Alicia Riggs presented the Service Contracts as presented for Board consideration.
- d. Administrative Contracts – the Administrative Contract was already addressed under section X. a.

XI. ITEMS FOR BOARD ACTION

- a. MOTION TO CHANGE THE LEGAL NAME OF MONROE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY TO MONROE COMMUNITY MENTAL HEALTH AUTHORITY

Dawn Asper moved to postpone to the next Board Meeting. Reda Biniecki supported. Discussion followed. Roll call: In favor: Canning, Curley, Biniecki, Frederick, Burkardt, Humphries, Fortney, Pasko, Asper, Papenhagen and Staelgraeve; Opposed: none. Motion adopted unanimously.

XII. FISCAL FINANCE REPORT

- a. Fiscal Finance Report: Ken Melvin presented the April financials, highlighting:
- i. Statement of Activities:
 1. Revenue is trending/projected higher than last year, as expected. This is due to budgetary, and rate increases from the PIHP capitation and CCBHC.
 2. 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.
 3. Expecting to contribute \$304,083 to the fund balance primarily driven by ongoing efforts to reduce non-Medicaid spending and increase service delivery to Medicaid individuals.
 - ii. Statement of Activities – Mental Health Budget-to-Actual:
 1. 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.
 2. 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.

3. Provider network expense is higher than anticipated as mentioned in the bullet above.
- iii. FY2025 Revenue and Expenses by Fund Source:
 1. The CCBHC Medicaid program is showing a surplus of \$844,752 through this reporting period. However, CCBHC non-Medicaid is trending over budget.
 2. 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. Mid-Year Rate Adjustment: Ken Melvin commented that the State of Michigan has come through with a mid-year rate adjustment. More dollars should be flowing into the system. We will see that directly when Children's SED waiver goes up and when we push out an Autism increase. The State pushed funding into the system and those dollars will come from the PIHP.
 - ii. Direct Payment for CCBHC: Richard Carpenter commented that there is a general sense that direct payments for CCBHC's is a good thing. A direct payment cuts out the middleman, which is the PIHP. Implementation of direct payments is October 1, 2025. Richard Carpenter has not yet received information or a plan on how this will work with the State to make sure the money flows appropriately. There have been quite a lot of questions, and the general feedback is that the State is looking to the CCBHC's to figure this out. We may have to push all CCBHC claims through CHAMPS. When the PIHP did the process, there was a cost for coding, like 1%, and was insignificant. If the State does this, we will have to be like a "fee for service" and batch the claims, wait for the State, and if the claims are not good then they will send them back for us to fix. There is a potential delay for direct payment. The state has verbally committed to this until it is ready to run smoothly. But, if there is not a good plan in place and the money does not flow, we will need to figure out how to address this. We will need to have cash in the bank. Richard wanted to alert the Board as more information will be provided as received. This process may not be as rosy as some of our counterparts thinking this is a great thing. There are risks.
 - iii. PIHP Procurement: Richard Carpenter commented that the State is planning to do a procurement of the PIHP System. They gave us specifications of what this would look like. They rescinded the document that it must be a 501C3 entity. Now there is a placeholder for not for profit with a definition to be explained in the RFP process. It means the current PIHPs as they exist are not qualified to respond. There is not a current PHIP that does not meet the criteria. Do we give up? No. There is still a desire for a public health system. There is a view from some that a public entity is best. What can we do? There is only one option that is viable. The 3 new regions that are defined on the map, if we are interested in a public system, the CMHs in that region would have to create a government entity to respond to the PIHP. Richard is hearing that there may be interest in creating a government entity to respond to the RFP. If this this an option, it will need to happen quick. We may have to come to this Board with a solution. Richard wanted the Board to know we may have to take action very soon. We are planning for the worst-case scenario and it could be a month from now. Richard would rather be prepared and plan for the worst and hope for the best.

LaMar Frederick commented that the PIHP in Ann Arbor is setting up exit strategies for their employees. If we are going to go to the 3-region system, then we don't know who we are going to be working with. LaMar's concern is that we could be left out in the cold. The transition is never good when dealing with government agencies. The transition of authority, accountability and responsibility is going to be questionable, and we don't know what the new entity will be.

XIII. NEW BUSINESS

There was no new business.

XIV. PUBLIC COMMENTS

There were no public comments.

XV. BOARD MEMBER ANNOUNCEMENTS

Joan Canning commented that we are about to get hit by a storm.

Reda Biniecki attended the CMHAM Summer Conference in early June and thanked board members for letting her attend. It was a great learning opportunity and money well spent.

John Burkardt commented that this is his 85-month serving on this Board. Unlike the rest of you, I come here at 4:30pm. What the big hold up was in May was handled in 5 minutes. I know we want to all do the work, but I have to come here early. I was pleased with what happened tonight and hopeful to move forward.

Susan Fortney commented that it makes her proud to come together and able move forward. Thank you for your vote of confidence.

Dawn Asper thanked Dr. Jackson for standing by the Board's side as we muddle through this.

Ken Papenhagen wished all a blessed week.

XVI. ADJOURNMENT

Mike Humphries adjourned the meeting at 7:32pm.

Submitted by,

Susan Fortney, Secretary Pro-Tem

LG/dp
6/20/25

QUALITY WORKFORCE

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

- The Crisis Mobile Team is completing the online “Behavioral Health Crisis Provider Training” curriculum through Wayne State University.
- MCMHA continues to recruit and hire staff for current vacancies, which is nine (9) at this time.

TRUSTED COMMUNITY PARTNER

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

- There were 24 universal referrals made in April. 75% received some type of follow-up, services authorized, etc. 8% 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 five (5) programs/activities and one (1) 1:1 meeting during the month of April.

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 54 times in April, which averaged 1.15 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 21.54 minutes, which is likely due to 66% of the calls from the 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 74% were from the Monroe County Sheriff’s Department and Monroe City Police; 24% were from Access Dept/CMH, and 2% were self-referral.
- There were 385 appointments scheduled for the Benesh Building in FY25 with 79% occurring in the office.
- Enrollment for the CCBHC has decreased by 17 members over the last month. This is a 0.7% decrease in enrollment.
- MCMHA currently has 61 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 conducted our Certified Community Behavioral Health Clinic site visit on April 30, 2025, which was successful with only four recommendations.

BOARD CLINICAL REPORT EXECUTIVE SUMMARY

June 2025

QUALITY WORKFORCE

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

- The Clinical Department attended a monthly training focused on assessments and compliance.
- MCMHA continues to recruit and hire staff for current vacancies, which is 10 at this time. Two (2) positions are new for the Behavioral Health Urgent Care.

TRUSTED COMMUNITY PARTNER

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

- There were 23 universal referrals made in May. 87% received some type of follow-up, services authorized, etc. 0% declined any further intervention, and 13% 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 seven (7) programs/activities and one (1) 1:1 meeting during the month of May.

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 108 times in May, which averaged 1.12 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 18.77 minutes, which is likely due to 56% of the calls from the 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 63% were from the Monroe County Sheriff's Department and Monroe City Police; 26% were from Access Dept/CMH, and 11% were self-referral.
- There were 432 appointments scheduled for the Benesh Building in FY25 with 79% occurring in the office.
- Enrollment for the CCBHC has decreased by 14 members over the last month. This is a 0.6% decrease in enrollment.
- MCMHA currently has 55 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%.

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 assessments and compliance, emphasizing the need to review and monitor our work to prepare for our upcoming audits and The Joint Commission site visit. This has been a great opportunity to identify areas of strengths and growth. All levels of clinical staff participated.

The CCBHC Program Director attended the National Council for Mental Wellbeing's National Conference May 4th – 7th, including the CCBHC Pre-Conference event. Many informative keynote speakers and workshops were attended with a focus on implementing CCBHC, crisis services, and improving efficiencies.

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

- Assess South County service options and make recommendations.

No updates as of this month re: South County services.

Additionally, we do not have a delay of service for adult services re: therapy but do currently have a delay of service for Child and Family therapy for approximately 20 individuals. The Child and Family team is providing case management services to 10 of these individuals and the other 10 have requested therapy only. We are currently exploring options in order to ensure delivery of services.

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 June 17th:

- 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
- Outpatient Therapist
- Access Screener
- Crisis Care Clinician (2 – NEW POSITIONS)

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

On Thursday, June 5th, the River Raisin Clubhouse held their community open house which was a big success. There were approximately 250 community members that attended along with several board members and staff. Our goal is to promote awareness, build partnerships, and highlight the importance of social inclusion for adults living with mental illness. Community partnership awards were distributed to recognize those groups that have helped the clubhouse along the way. Basket raffles and a 50/50 drawing along with a food truck, local police and the fire department came to support. Community attendance exceeded expectations.

May was Mental Health Awareness month! We celebrated by hosting our 4th Annual Mental Health Fun Day at 2/42 church. The event featured a live DJ, games, vendors, and lunch. Attendees were able to play carnival-type games, socialize with family and friends, learn more about community resources and even enter to win a raffle basket! The event was a huge success with consumers, families, and community members attending. A big thank you to Amber Ellerman for all her behind-the-scenes work putting this event together. Another big thank you to the staff and their families that volunteered their time to make the day successful. Many thanks to our community and staff for their kind donations of baskets and gift cards toward our silent auction raffle for attendees. We appreciate and thank our community partners for hosting a table and sharing their information. We will soon have the date for next year's event and hope more staff can attend and bring their families. Your assistance helps make this event successful.

Universal Referral

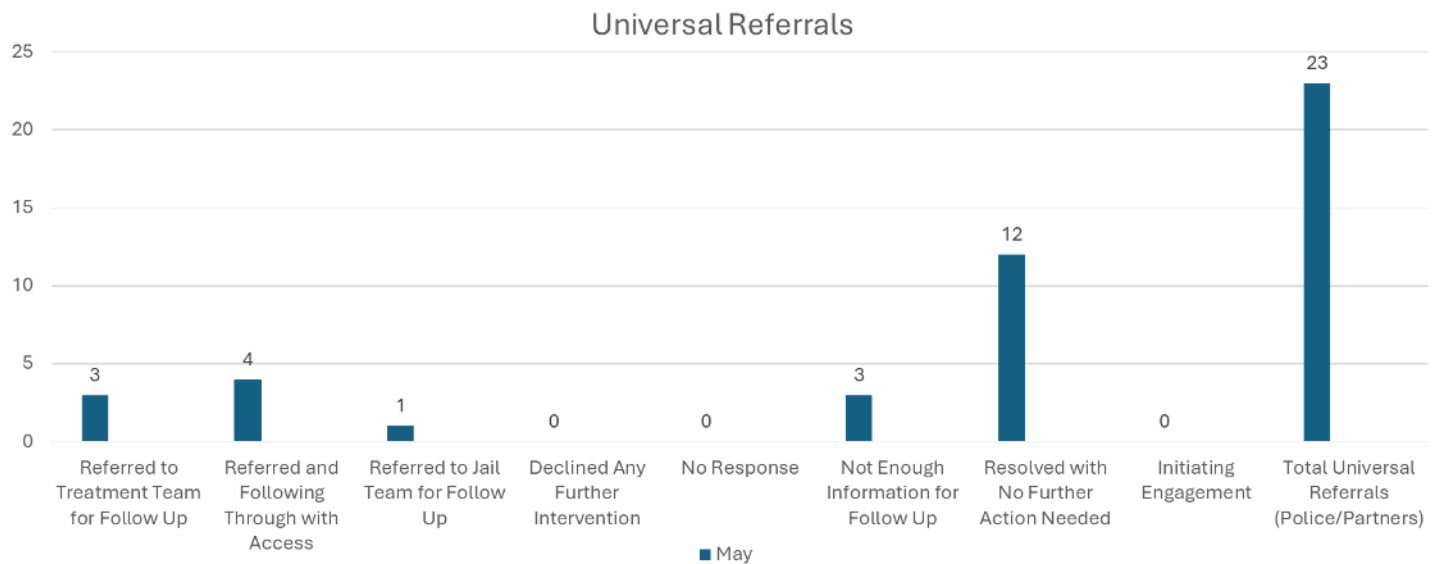
MCMHA continues to utilize the Universal Referral Form program which allows some of our community partners the opportunity to have a quick and easy way of referring to individuals they encounter that they believe to be in need. MCMHA has now has 12 agencies plus law enforcement utilizing the universal referral form. A list of the agencies is as follows:

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

BOARD CLINICAL REPORT
June 2025

- YMCA
- Michigan Works!
- Oaks of Righteousness
- ProMedica Physicians Monroe Pediatrics – Dr. Gandert

During the month of May, 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 May, MCMHA Peer Support Staff provided one (1) 1:1 meetings/appointments and the peers did engage in seven (7) programs/activities within the Opportunity Center.

The supervisor for the YPSS is still trying to coordinate with the ALCC supervisor to schedule a meeting to discuss opportunities to expand the service for youth.

Crisis Mobile Response Team

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

BOARD CLINICAL REPORT

June 2025

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 | Apr-25 | May-25 | Total |
|--------------|----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| 48101 | Ann Arbor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48103 | Ann Arbor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48104 | Ann Arbor | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 48105 | Ann Arbor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48111 | Belleville | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48117 | Carleton | 5 | 2 | 0 | 2 | 2 | 5 | 3 | 0 | 19 |
| 48131 | Dundee | 0 | 0 | 1 | 1 | 1 | 3 | 4 | 1 | 11 |
| 48133 | Erie | 6 | 3 | 1 | 0 | 1 | 0 | 0 | 0 | 11 |
| 48134 | Flat Rock | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| 48135 | Garden City | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48140 | Ida | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 2 |
| 48144 | Lambertville | 0 | 0 | 2 | 1 | 2 | 0 | 1 | 1 | 7 |
| 48145 | LaSalle | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 3 |
| 48153 | Maybee | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48157 | Luna Pier | 1 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 5 |
| 48159 | Maybee | 1 | 3 | 4 | 0 | 1 | 2 | 0 | 0 | 11 |
| 48160 | Milan | 1 | 0 | 0 | 3 | 2 | 2 | 1 | 0 | 9 |
| 48161 | Monroe | 20 | 22 | 13 | 30 | 25 | 32 | 13 | 20 | 175 |
| 48162 | Monroe | 17 | 11 | 10 | 9 | 16 | 13 | 12 | 14 | 102 |
| 48164 | New Boston | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48166 | Newport | 2 | 10 | 5 | 8 | 2 | 5 | 1 | 5 | 38 |
| 48177 | Samaria | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48179 | South Rockwood | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48180 | Taylor | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| 48182 | Temperance | 8 | 2 | 0 | 2 | 3 | 2 | 0 | 2 | 19 |
| 48191 | Willis | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 2 |
| 48192 | Wyandotte | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| 48197 | Ypsilanti | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| 48198 | Ypsilanti | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48214 | Detroit | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48336 | Fowlerville | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48817 | Corunna | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 49221 | Adrian | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| 49267 | Ottawa Lake | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 4 |
| 49270 | Petersburg | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 2 | 6 |
| 49276 | Riga | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | | 63 | 54 | 38 | 61 | 58 | 72 | 39 | 47 | 432 |

BOARD CLINICAL REPORT

June 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% |
| April 2025 | 72% | 51% |
| May 2025 | 79% | 53% |

It should be noted that in the three (3) years that MCMHA has had walk-in availability at the Benesh offices, 13 community members have utilized the service.

Substance Use Disorder (SUD) Screening and Referral Data

This data will be reported quarterly (January, April, July, and October). 2nd Quarter data was provided during the April 2025 Board Meeting. 3rd Quarter data will be provided in July.

Certified Community Behavioral Health Clinic (CCBHC)

As of last month, there were 2,145 members currently enrolled in CCBHC through the WSA, which is a decrease of 14 enrollees or less than 1% since last reported in May. This number will continue to fluctuate as consumers enroll and disenroll in services. This remains to be around 80% of our consumers.

Collection of the Annual Patient Experience of Care (PEC) Surveys (youth and adult) began in May. 300 youth and 300 adult consumers were sent letters inviting them to complete the survey on paper or online. Surveys were also collected onsite at Monroe's Mental Health Fun Day, and a survey invitation was posted on Facebook. Participants are entered to win a \$25 gift card. Survey collection will continue with reminder post cards being sent out in future months. This is a CCBHC required survey with data submitted to MDHHS annually.

On May 16th, the CEO, CCO, and CCBHC Program Director met with PIHP to discuss expanding SUD services. Monroe CMHA expressed interest in expanding our in-house SUD services (co-occurring) and potentially contracting SUD providers in our region. The PIHP and MCMHA will continue to meet to discuss SUD services in Monroe.

Monroe CMHA continues to provide extensive technical assistance and oversight of Psych Resolutions. Psych Resolutions is Monroe CMHA's only Designated Collaborating Organization (DCO) at this time.

In May, MDHHS released a memo indicated CCBHC funding would come directly from MDHHS beginning October 2025. Various workgroups are being created to inform next steps and problem solve for achieving this goal. The CCBHC Director is participating in several of these work groups.

BOARD CLINICAL REPORT

June 2025

The CCBHC Implementation Meeting was held May 22nd. This meeting focused on identifying the next steps for enhancing Monroe CMHA's Zero Suicide Implementation strategy, results of the CCBHC Site Visit, reviewing the updating CCBHC Handbook, and the roll out of this year's Patient Experience of Care (PEC) surveys.

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

No other updates at this time for TAY.

Dialectical Behavioral Therapy (DBT) Skills Group

The DBT team has been established, and each member has completed training. MCMHA submitted the DBT application to the PIHP on April 29th for review, and the PIHP submitted the application to MDHHS on May 1st. We are still awaiting approval to utilize the modifier. The DBT Team has successfully started their first group as of June 5th. This is a CCBHC required service.

Social Skills Group

The Early Childhood Clinical Team is just wrapping up on a Social Skills Group for children with early childhood social-emotional disorders. This group was offered to children who receive services within our Infant and early childhood mental health team (IMH). Two clinicians, with support from one of our interns, worked with a small group of young children on personal boundaries, classroom and home transitions, and emotional regulation. The team would like to thank Runyons for donating some carpet squares which helped the group to understand personal space as well. The group was attended by up to 8 children under the age of six with five completing.

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.

BOARD CLINICAL REPORT

June 2025

MCMHA currently has 55 individuals enrolled in the BHH program which is a reduction from 61 in April. A program change occurred at the state level which negatively impacts enrollment opportunities. MCMHA is no longer allowed to enroll consumers with Medicaid spenddown plans into the BHH program. This led to a disenrollment of 11 consumers in the past two months. The nurse continues to explore these services with individuals that meet the medical criteria for the added support of the BHH program and who have active Medicaid each month.

Peer-Run Wellness Groups

MCMHA had intended to start a peer group in May. Unfortunately, there was a lack of consumer interest. Two (2) peers are enrolled for WHAM training in June which will allow the peers to address co-occurring needs. The ACT Team has continued their group focused on the management of anxiety. The group started April 2nd and is at their 6-week mark. It continues to be a success.

Objective #4: Behavioral Health Urgent

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 (BHUC), 222 Colonial Court, Monroe 48162 (Building C 223-226). The Operations Department is ensuring everything is set up on the property.

The Human Resources Department has posted two (2) new positions for the BHUC. Also, in preparation for the design and implementation of our BHUC, leadership has been touring other BHUC's including Harbor's BHUC in Toledo, Hegira Health in Wayne County, and a virtual touch base with Genesee Health Systems. These meetings have been informative and insightful as Monroe CMHA continues to plan for the implementation of the BHUC. As a reminder, the BHUC will tentatively open September 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 May.

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.

BOARD CLINICAL REPORT

June 2025

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 | April-25 | May-25 |
|---|------------|-------------|-------------|------------|-------------|----------|----------|--------|
| Incoming Calls | 5027 | 3943 | 2340 | 3791 | 2831 | 3067 | 4513 | 4580 |
| Incoming calls minus abandon calls | 4906 | 3808 | 2224 | 3534 | 2757 | 2982 | 4409 | 4466 |
| Calls Answered | 4557 | 3487 | 2057 | 2498 | 2486 | 2778 | 4099 | 4134 |
| Missed/Abandoned Calls | 121 | 135 | 116 | 257 | 345 | 285 | 414 | 445 |
| Abandoned Calls | 462 | 430 | 274 | 280 | 74 | 85 | 104 | 114 |
| % incoming calls answered | 91% | 88% | 88% | 66% | 88% | 91% | 91% | 90% |
| % incoming calls answered minus abandon calls | 98% | 97% | 95% | 93% | 97% | 97% | 98% | 98% |

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

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

As stated previously, MCMHA is setting an internal goal of 95% of calls answered. As you can see, for the first eight 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).

| <u>Service</u> | <u>Desired Caseload Size</u> | <u>Current Average Caseload</u> | <u>Notes</u> |
|-----------------------------------|------------------------------|---------------------------------|---|
| Case Management (Child SED) | 45 | 63 | Currently 323 youth with SED or IDD diagnosis receiving case management. |
| Wraparound Services | 10-12 | 16 | Caseload assignment cannot exceed a ratio of one (1) facilitator to twelve (12) child/youth and family teams or no more than 15 with 3 in transition to close. A new staff is currently onboarding. |
| Home Based Services (SED & I/EMH) | 12 to 15 | 15 HB 13 IMH | The intensive home-based services worker-to-family ratio is 1:12. Face-to-face time is adjusted to accommodate the level of care needs for each family. The maximum worker-to-family ratio is fifteen (15) (no more than twelve (12) active and three (3) transitioning to a lower level of care or discharge). The same case limit rules apply to the Infant and Early Childhood (0-6year olds) 'Home-based' team. |
| Case Management (Adult I/DD) | 45 | 68 | Overtime is being utilized to meet the needs of consumers as needed. The team and supervisor are sharing management of the overage due to being down a team member. 365 cases are held on this team. * |
| Case Management | 45 | 48 | Both children and adults who are diagnosed with an I/DD and on a waiver are monitored by this team. |

BOARD CLINICAL REPORT

June 2025

| | | | |
|---|-------------|-------|---|
| (BHT/HAB/CWP-I/DD Waiver Teams) | | | 240 cases are held on this team. |
| Outpatient Therapy (Child MI) | 20-25 | 25 | Targeted case management/outpatient caseloads are managed depending on the frequency of sessions per week/month. The team currently has one therapist out on medical. |
| Parent Support Partners (PSP) | 31 | 20 | This is a peer delivered service for parents whose child is diagnosed with an SED or I/DD. |
| Youth Peer Support Services (PT) | 10 | 4 | This is a youth peer delivered service for parents whose child is diagnosed with an SED or I/DD. |
| Certified Peers | 35 | 15 | This team provides peer support services to consumers who are in the medication-assisted treatment (MAT) program. 46 cases |
| Jail Diversion Case Management | 30-40 | 46 | This team provides case management services to those who are incarcerated. One CSM is out on medical leave so the supervisor is assisting with cases. |
| MH Court Case Management | 25 | 29 | Persons served in this program are part of the mental health court. (State Court Administrative Office, known as SCAO only allows 25 at a time.) |
| Monthly Case Management (Adult MI) | 55 | 58.25 | This team provides monthly case management to consumers, which is a total of 858. |
| Bi-Monthly Case Management (Adult MI) | 80 | 76 | This team provides case management services to consumers who only require it every other month. |
| Meds Only Case Management (Adult MI) | 100 | 93.5 | This team provides case management services to consumers whose goal is only medication management; therefore, the frequency is decreased based on the need. |
| Therapist (Adult MI) | 40/50 | 36.5 | This team provides outpatient therapy to adults who are diagnosed with an SMI. |
| Certified Peer Support Specialist (FT) | 40 | 21.5 | This team provides peer support services to consumers diagnosed with SMI. |
| Certified Peer Support Specialist (PT) | 30 | 24 | This team provides peer support services to consumers diagnosed with SMI. |
| ACT | 50 for Team | 31 | Assertive Community Treatment team provides services to those diagnosed with an SMI in a team model. |

Select Month: 2025 - 05

(1) ▾



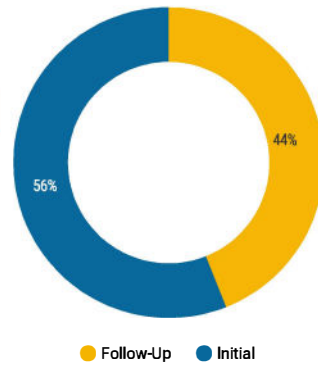
Monroe County CMH Crisis Mobile Utilization Report

Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

108

| Mo... | Init... | # | % |
|-----------|-----------|----|-----|
| 2025 - 05 | Follow-Up | 48 | 44% |
| 2025 - 05 | Initial | 60 | 56% |



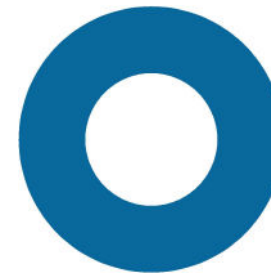
| Month ▴ | Contact Type | Hours |
|-----------|--------------------------------------|-------|
| 2025 - 05 | Indirect Contact (Phone/Email/Other) | 0.3 |
| 2025 - 05 | Contact Attempt | 0 |
| 2025 - 05 | Face-To-Face | 71.5 |

Average Face-to-Face Interaction Time (Hours)

1.12

| Month | Avg F2F Contact ▾ |
|-----------|-------------------|
| 2025 - 05 | 1.12 |

● Face-To-Face ● Contact Attempt



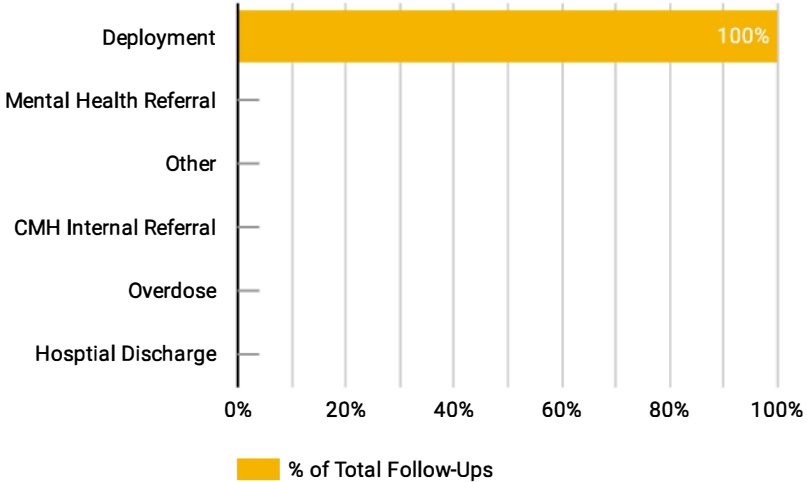


Monroe County CMH Crisis Mobile Utilization Report

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

Note: Tracking for follow-ups started October 2024

| Month ⓘ ▲ | Type ⓘ ▲ | # | % |
|-----------|------------------------|----|------|
| 2025 - 05 | CMH Internal Referral | 0 | 0% |
| 2025 - 05 | Deployment | 48 | 100% |
| 2025 - 05 | Hospital Discharge | 0 | 0% |
| 2025 - 05 | Mental Health Referral | 0 | 0% |
| 2025 - 05 | Other | 0 | 0% |
| 2025 - 05 | Overdose | 0 | 0% |

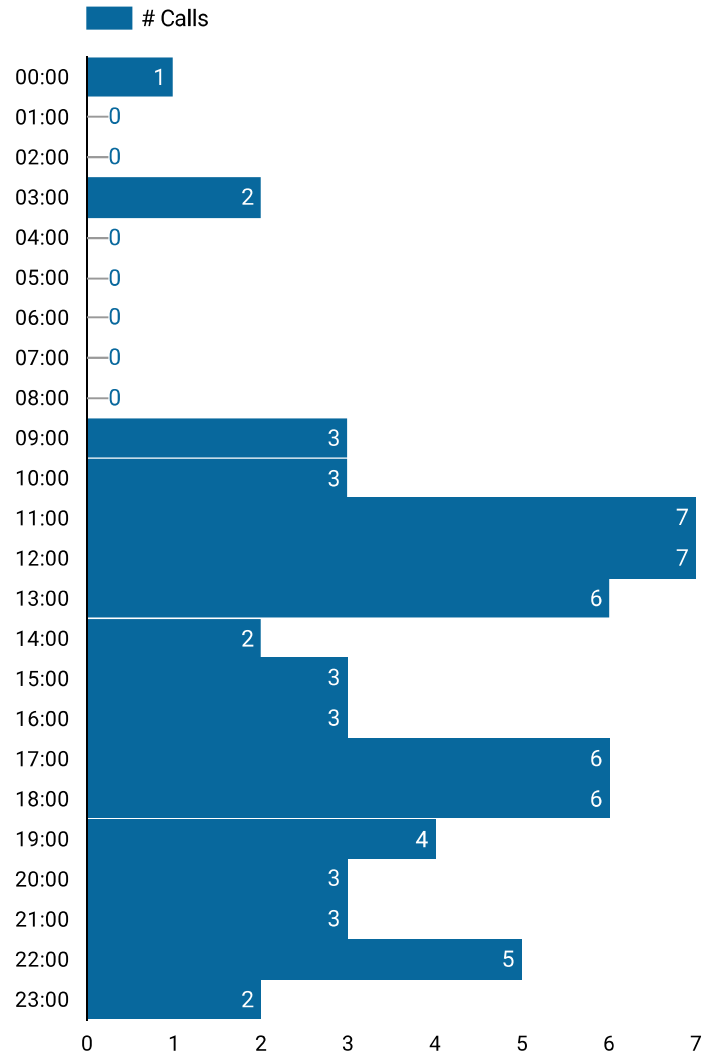


Select Month:: 2025 - 05

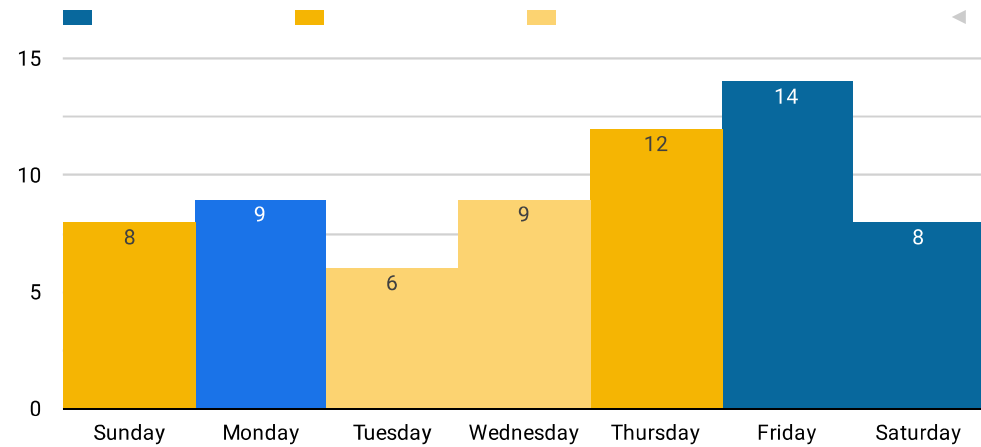
(1) ▾

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)

18.77

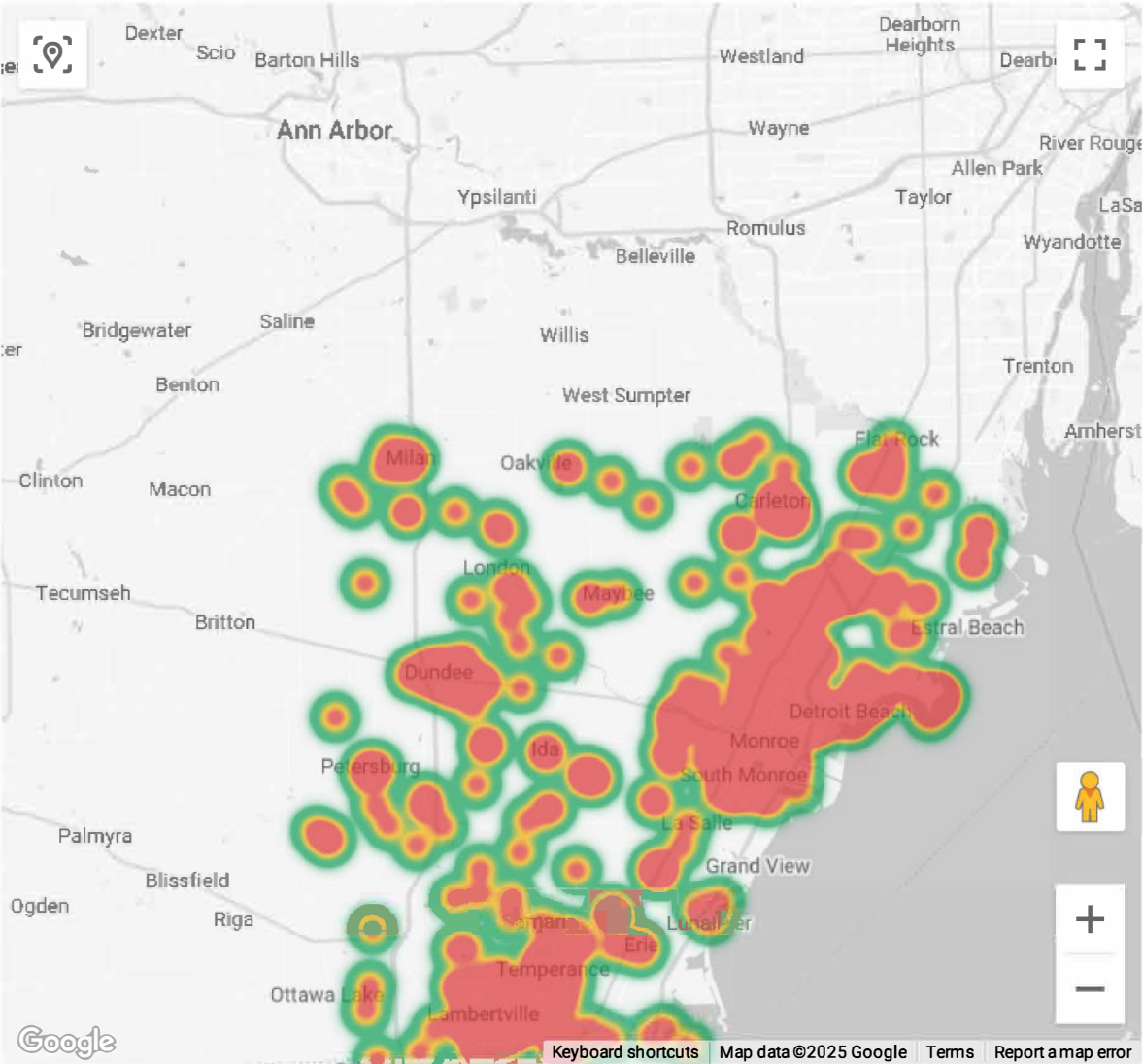
| Month | Avg. Response Time ▾ |
|-----------|----------------------|
| 2025 - 05 | 18.77 |

Select Month:: 2025 - 05

(1) ▾

Location

Mapping of locations deployed to:

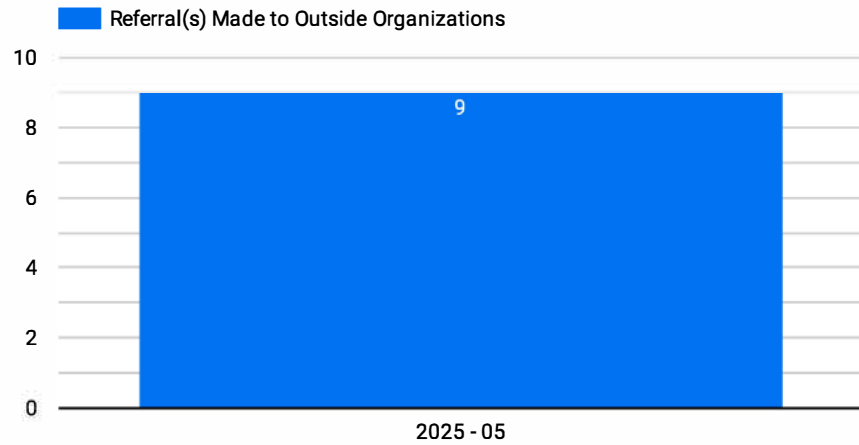


| Month ▴ | Zipcode | # | % |
|-----------|---------|----|-----|
| 2025 - 05 | 48182 | 10 | 20% |
| 2025 - 05 | 48160 | 0 | 0% |
| 2025 - 05 | 48173 | 0 | 0% |
| 2025 - 05 | 48166 | 5 | 10% |
| 2025 - 05 | 48117 | 7 | 14% |
| 2025 - 05 | 48134 | 0 | 0% |
| 2025 - 05 | 48161 | 16 | 31% |
| 2025 - 05 | 48162 | 13 | 25% |

Select Month:: 2025 - 05

(1) ▾

Number of referrals made and where they were referred to:



| Mo... | 1 | Referred To: 2 | # | % |
|-----------|---|--|----|-----|
| 2025 - 05 | | Arrowhead Behavioral Health | 0 | 0% |
| 2025 - 05 | | Behavioral Health Treatment | 0 | 0% |
| 2025 - 05 | | CMH | 16 | 70% |
| 2025 - 05 | | Family Counseling and Shelter Services of Monroe | 0 | 0% |
| 2025 - 05 | | Fire Station | 0 | 0% |
| 2025 - 05 | | Gabby's Ladder | 0 | 0% |
| 2025 - 05 | | Harbor Light | 1 | 4% |
| 2025 - 05 | | Henry Ford Wyandotte | 0 | 0% |
| 2025 - 05 | | Holistic Wellness | 0 | 0% |
| 2025 - 05 | | Lemon Tree | 0 | 0% |
| 2025 - 05 | | MCOP | 1 | 4% |
| 2025 - 05 | | Michigan Works | 0 | 0% |
| 2025 - 05 | | Monroe County Animal Control | 0 | 0% |
| 2025 - 05 | | Paula's House | 0 | 0% |
| 2025 - 05 | | ProMedica ER | 3 | 13% |
| 2025 - 05 | | Pure Psych | 0 | 0% |
| 2025 - 05 | | RAW | 0 | 0% |
| 2025 - 05 | | Resource Flyer | 0 | 0% |
| 2025 - 05 | | SUD Treatment | 0 | 0% |
| 2025 - 05 | | Salvation Army Harbor Light | 1 | 4% |
| 2025 - 05 | | St. Joe's | 0 | 0% |

Select Month:: 2025 - 05

(1) ▾

Where Referrals are Coming From:

| Month / # Calls | |
|-------------------------------|-----------|
| Deployed by: | 2025 - 05 |
| Monroe County Sheriff's Dept. | 36 |
| CMH | 11 |
| Self | 7 |
| ACCESS | 6 |
| Monroe City Police | 4 |
| Police Mental Health Referral | 0 |
| Mobile Crisis Follow Up | 0 |

Primary Issue or Diagnosis:

(New question starting 12/2023).

| Month / # | |
|--------------------|-----------|
| Issue/Diagnosis | 2025 - 05 |
| Thought Disorder | 18 |
| Suicidal Ideation | 17 |
| Substance Abuse | 4 |
| Neurocognitive | 1 |
| Homicidal Ideation | 0 |
| Environmental | 8 |
| Domestic Violence | 1 |

Consumers, New and Rep

| | Month ❶ ▲ | New or Repeat Cons... ❷ ▲ | # |
|----|-----------|---------------------------|----|
| 1. | 2025 - 05 | New | 45 |
| 2. | 2025 - 05 | Repeat | 21 |

Select Month:: 2025 - 05

(1) ▾

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

| Month / # / % | | | |
|---------------------------|----|--|-----|
| 2025 - 05 | | | |
| Race | # | | % |
| White | 49 | | 80% |
| Unknown | 1 | | 2% |
| Not Collected | 2 | | 3% |
| Multiracial | 1 | | 2% |
| Black or African American | 7 | | 11% |
| Asian | 1 | | 2% |

Select Month:: 2025 - 05

(1) ▾

Number of calls per population - Age

| Month / # / % | | | |
|---------------|--|----|-----|
| 2025 - 05 | | | |
| Age | | # | % |
| 0 to 9 | | 3 | 5% |
| 10 to 17 | | 8 | 13% |
| 18 to 28 | | 12 | 20% |
| 29 to 39 | | 7 | 12% |
| 40 to 50 | | 13 | 22% |
| 51 to 61 | | 6 | 10% |
| 62 to 72 | | 8 | 13% |
| 73 to 83 | | 1 | 2% |
| 84 to 94 | | 0 | 0% |
| 95 + | | 0 | 0% |
| Not Collected | | 2 | 3% |

MEMORANDUM



TO: MCMHA Board of Directors
FROM: Lisa Graham, CEO
RE: FY25, Q1 CCBHC Quality Metrics
DATE: June 25, 2025

The following are CCBHC Quality Metrics for which Performance Bonus dollars are attached.

| QUALITY INDICATOR | BENCHMARK | MCMHA SCORE |
|--|-----------------------------|--|
| ASC: Percentage of adult consumers who were screened at least once within 12 months for unhealthy alcohol use using a systematic screening AND who received brief counseling if identified as an unhealthy alcohol user. | 25 th percentile | All clients screened: 35.1% Sub-measure: Those who received brief counseling after a positive screen: 27.8% |
| CDF-AD: Percentage of adult consumers who were screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and, if positive, a follow-up plan is documented on the date of the eligible encounter. | 25 th percentile | 43.8% |
| CDF-CH: Percentage of consumers ages 12-17 who were screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and, if positive, a follow-up plan is documented on the date of the eligible encounter. | 25 th percentile | 9.6% |
| DEP-REM-6: Percentage of consumers (12 years of age or older) with Major Depression or Dysthymia who reach Remission six months (+/- 60 days) after an Index Event Date. | 25 th percentile | Insufficient data at this point |

| | | |
|---|-----------------------------|--|
| SDOH: Percentage of adults screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. | 25 th percentile | 21.3% |
| SRA-A: Percentage of all client visits for those clients that turn 18 or older during the Measurement Period in which a new or recurrent diagnosis of Major Depressive Disorder was identified AND a suicide risk assessment (SRA) was completed during the visit. | 73% | 95.9% |
| SRA-C: Percentage of client visits for those clients aged 6-17 years with a diagnosis of Major Depressive Disorder (MDD) with an assessment for suicide risk. | 57% | 29.5% |
| TSC: Percentage of adult consumers who were screened for tobacco use one or more times within the measurement year AND who received a tobacco cessation intervention during the measurement year or in the six months prior to the measurement year if identified as a tobacco user. | 25 th percentile | <p>Adults screened for tobacco use: 41.3%</p> <p>Those who screened positive and received tobacco cessation intervention: 96.2%</p> <p>Of those screened positive AND provided intervention, identified as a non-tobacco user in six months: 40.9%</p> |
| I-SERV: Average time for consumers to access three different types of services at BHCs reporting the measure. | 25 th percentile | <p>Average time to initial evaluation: 18.2 days</p> <p>Average time to initial clinical services: 24.2</p> <p>Average time to crisis services: 48 minutes (all crisis services)</p> |



MCMHA Finance Board Action Request

Service Contract(s) and Amendments

Wednesday, June 18, 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 |
|---|------------------|--|--------------------------|----------------------|--------------------------|----------------------|--|
| Hospitals | | | | | | | |
| N/A | | | | | | | |
| Community Living Supports (CLS) / Supported Employment / Respite | | | | | | | |
| Livingston County Community Mental Health Authority | 4/1/25-3/31/26 | One time setup fee Monthly monitoring service | \$1,336.69 \$3,186.09 | Encounter Monthly | \$1,924.30 \$4,058.58 | Encounter Monthly | Personal Emergency Response System (PERS) - Used to replace 24 hour CLS when appropriate for a consumer. |
| Autism / Waiver Services | | | | | | | |
| Psych Resolutions | 04/01/25-9/30/26 | Behavior Treatment Plan Monitoring | \$15.45 | Encounter | \$100.43 | Encounter | This is a current code that we utilize. The rate is being increased due to the clinicians credentials required for this service. |
| Psych Resolutions - DCO | 04/01/25-9/30/25 | Behavior Treatment Plan Monitoring | \$15.75 | Encounter | \$102.38 | Encounter | |

BOARD ACTION REQUEST

06/18/2025

ACTION REQUESTED:

To change the legal name of Monroe County Community Mental Health Authority.

Background:

MCMHA has been working to obtain credentialing with Center for Medicaid Services (CMS). Credentialing has stalled as a result of our Agency name (Monroe Community Mental Health Authority) not matching our legal name (Monroe County Community Mental Health Authority) as recorded with the IRS, and various state agencies.

The Agency's official name when it became an Authority in 1997 and separated from the county of Monroe was "Monroe County Community Mental Health Authority." Over the years the Agency unofficially stopped using "County" in its name as it became universally known as Monroe Community Mental Health Authority. However, there is no historical record of the Agency or its Board taking action to drop "County" from its legal name.

In order for MCMHA to complete the credentialing process with CMS it is necessary to change our legal name from Monroe County Community Mental Authority to Monroe Community Mental Health Authority.

RECOMMENDATION:

To change the legal name of Monroe County Community Mental Health Authority to Monroe Community Mental Health Authority.



REVIEW AND APPROVAL / June 25, 2025

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

Executive Summary:

- There are three local policies, three procedures, two exhibits, and seven to be rescinded. There is one regional policy.
- This document serves as an Executive Summary of the policies for review and approval at the June 25, 2025 Board Meeting.

| LOCAL: Policy, Procedure, and Exhibits | Reason for Revision | Summary |
|--|---------------------------------|---|
| HR4032 Violence in the Workplace Policy | 3-Year Review | <p><u>Purpose:</u> To promote a workplace that is safe, secure and free of harassment, threats, intimidation and violence for all employees.</p> <p><u>Significant Changes:</u> There were no significant changes. Title changes only.</p> |
| HR4037 Weapons in the Workplace Policy | 3-Year Review | <p><u>Purpose:</u> To provide for the safety and security of all employees and visitors. To establish a clear policy that specifically addresses and prohibits weapons in the workplace.</p> <p><u>Significant Changes:</u> There were no significant changes. Title changes only.</p> |
| FCM3000 Cash Receipting Policy | Amend to Current Practice | <p><u>Purpose:</u> To establish a policy for receipting of cash, check, money order, and credit card payments received from Consumer/Individuals served</p> <p><u>Significant Changes:</u> Amended policy to meet the current practice.</p> |
| POC7062-P1 Timely Access to Services Procedure | New | <p><u>Purpose:</u> To establish standards of timeliness for the provision of care, treatment, and services, and the documentation of those services, to ensure the continuity of care for all Monroe CMHA individuals served.</p> <p><u>Significant Changes:</u> This is a new procedure.</p> |

| | | |
|---|-----------------------------|---|
| FCM3000-P1 Cash Receipting Procedure | Amended to Current Practice | <u>Significant Changes:</u> Amended procedure to meet the current practice. |
| POC7074-P2 CAFAS Use Procedure | Amended to Current Practice | <u>Significant Changes:</u> CAFAS is only used by the Waiver Programs now. There were minimal language updates. |
| POC7074-P5 MichiCANS Use Procedure | NEW | <u>Significant Changes:</u> New procedure for how to use MichiCANS. |
| FCM3000-E1 Payment Log Exhibit | 3-Year Review | <u>Significant Changes:</u> Updated payment log to coincide with current process. |
| RR8028-E1 Non-Discrimination Policy Statement | NEW | <u>Purpose:</u> The local exhibit will be attached to the RR8028 Non-Discrimination in Provision of Service Policy (REGIONAL) and placed in Monroe CMH lobbies. |

| REGIONAL: Policy and Exhibits | Reason for Revision | Summary |
|---|---------------------|---|
| POC7084 Crisis Prevention Planning and Safety Planning Policy | 3-Year Review | <p><u>Purpose:</u> To ensure a crisis prevention plan and/or a safety plan is developed in accordance with the preferences and needs of consumers/individuals served/families, and that meets relevant requirements.</p> <p><u>Policy:</u> Crisis prevention planning and safety planning shall be offered to all consumers/individuals served/families receiving services from their local Community Mental Health Service Provider (CMHSP).</p> <p><u>Significant Changes:</u> Due for Review; additional clarification between safety plans and crisis prevention plans, additional documentation and clinical follow-up standards.</p> |

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
June 11, 2025**

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

Members Not Present For In-Person Quorum: Patrick Bridge, Bob King, Annie Somerville, Ralph Tillotson

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

Guests Present: Derek Miller of Roslund Prestage & Company

- I. Call to Order
Meeting called to order a 6:07 p.m. by Board Vice-Chair J. Ackley.
- II. Roll Call
 - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented
Motion by M. Welch Marahar, supported by H. Terrill, to approve the agenda Motion carried unanimously
- IV. Consideration to Approve the Minutes of the April 9, 2025 Meeting and Waive the Reading Thereof
Motion by M. Welch Marahar, supported by H. Terrill, to approve the minutes of the April 9, 2025 meeting and waive the reading thereof Motion carried unanimously
- V. Audience Participation
None
- VI. Old Business
 - a. Board Information: FY2024 Audit Report Presentation
 - D. Miller, Roslund Prestage & Company, presented the FY2024 audit report.
 - The auditing firm offered a clean opinion with the highest level of assurance.
 - b. Board Information: CMHPSM Finance Reports
 - M. Berg presented. Discussion followed.
- VII. New Business
 - a. Board Information: FY2025 Rate Amendment #3
 - J. Colaianne provided an update on the FY2025 rate amendment #3.
 - While the regional entity specific factors will go down slightly, it's projected that the region will receive approximately \$7 million in additional revenue during FY2025.

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.

b. Board Action: FY2025 Budget Revision

- If the revenue projected in agenda item VII(a) is received in July, the region will move forward with the proposed budget revision if approved by the board.

Motion by M. Welch Marahar, supported by R. Curley, to approve the CMHPSM FY2025 budget amended to include additional autism revenue and increased autism expenses by the CMHSPs for regional 97153 services

Motion carried unanimously

Roll Call Vote

Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill

No:

Not present for in-person vote: P. Bridge, B. King, A. Somerville, R. Tillotson

c. Board Action: Contracts

- N. Adelman provided an overview of the requested contracts for the Healing and Recovering funds. Recommendations for allocations are related to infrastructure, vehicles, and technology.
- The Board previously approved the use of some of the Healing and Recovery funds as temporary funding for ARPA programming through today, 6/11/25, but the bulk of the funds are being spent on the requested projects.

Motion by M. Welch Marahar, supported by L. Frederick, to authorize the CMHPSM CEO to execute the contracts as presented

Motion carried unanimously

Roll Call Vote

Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill

No:

Not present for in-person vote: P. Bridge, B. King, A. Somerville, R. Tillotson

d. Board Action: ARPA and Healing and Recovery Funds

- In April, the Board approved use of some of the Healing and Recovery funds as temporary funding for ARPA programming through today, 6/11/25. Today's request is to extend the approval through 6/30/25. The approved extension would provide time to notify programs and give them time to shut down the projects. Several of the programs have other funds that can be used, but approximately one-half of the programs will probably have to end as of 6/30/25.
- The Board approved \$250,000 in April, which probably won't be fully utilized.
- There was a preliminary injunction to counter the stop work order that was effective on 4/12/25 for ARPA-funded programs. Per the injunction, ARPA funding was to be continued for the states that sued (including Michigan) but as of now the funds haven't been released. The stop work order is still in place.

Motion by M. Serio, supported by M. Pizzimenti, to authorize the CMHPSM CEO to execute the contracts as presented

Motion carried unanimously

Roll Call Vote

Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill

No:

Not present for in-person vote: P. Bridge, B. King, A. Somerville, R. Tillotson

e. Board Action: FY2025 Compliance Plan

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. Witherow advised that the Office of Inspector General (OIG) has a new requirement indicating that a board member may need to be a member of the Compliance Committee. Staff will bring more detailed compliance information to the board in regular reports to meet the requirement.
- J. Colaianne will have a discussion with the Regional Operations Committee (ROC) about how the QAPIP information is shared and disseminated to the Regional Board and the CMH boards.

Motion by M. Serio, supported by M. Welch Marahar, to approve CMHPSM Compliance Plan for FY2025/2026

Motion carried unanimously

- f. Board Information: FY2025 Q1 & Q2 QAPIP Status Report
- C. Witherow presented. Discussion followed.

VIII. Reports to the CMHPSM Board

a. Information: SUD Oversight Policy Board

- Discussion at the May OPB meeting centered on funding.
- There was also discussion regarding a change to the OPB bylaws, which will come to the Regional Board in August for approval of the amendment.

b. Information: CEO Report to the Board

- The annual employee engagement survey will be released in July 2025.
- All required materials were submitted for the recent CMS-directed audit.
- CMHPSM is now fully staffed with the addition of Operations Assistant Mary Alyateem.
- The PIHP received notice that Hospital Rate Adjuster payments will increase substantially in FY2025.

c. Information: Proposed PIHP Procurement Information

- The state released a notification on 5/23/25 regarding the proposed PIHP procurement plan.
- The PIHP procurement RFP is scheduled to be released later this summer.
- Regarding the multi-party PIHP lawsuit against MDHHS on the FY2025 MDHHS-PIHP contract (related to ISF maximum, Waskul settlement and CCBHC language) the attorneys think there should be an update soon.

IX. Adjournment

Motion by M. Welch Marahar, supported by A. Rooks, to adjourn the meeting

Motion carried unanimously

- The meeting was adjourned at 7:53 p.m.

Rebecca Pasko, CMHPSM Board Secretary

CEO REPORT

May 28, 2025 – June 25, 2025

QUALITY WORKFORCE

Employee Satisfaction/Engagement Survey: The MCMHA Employee Satisfaction Survey is ongoing through June 13. As a reminder, the survey is conducted by an independent agency (HSD Metrics). Results will be available later this summer.

SERVICES PROMOTE RECOVERY

Substance Use Disorder (SUD) Services: MCMHA met with Region 6 Leadership to discuss expanding SUD services so that MCMHA is either directly providing the services, holding SUD contracts directly, and/or providing SUD services through a Designated Collaborative Organization (DCO).

STATE/REGIONAL

PIHP Procurement: Last week, MDHHS formally announced their plans to engage in a competitive procurement process for three PIHP regions: Northern, Central, and Metro. The Department intends to issue a request for proposals (RFP) for PIHPs in the summer 2025, with the goal of a service start date of 10/1/26. The Central Region will consist of over 40 counties (see attached map).

CCBHC Direct Payments: Last week, MDHHS announced that, beginning 10/1/25, they will transition to a direct payment methodology for CCBHC Demonstration sites. Under this new model, payments will be made directly from MDHHS to CCBHC sites, and all oversight responsibilities will shift to MDHHS.

COMMUNITY PARTNERS/COMMUNITY AWARENESS

Michigan NAMI Conference: Last week, CEO Lisa Graham partnered with Director Chad Tolstedt (city of Monroe, Public Safety) and Community Organizer/Advocate, Aaron Lavender for a presentation: *Safe Communities through Community Collaboration*.

Monroe Pride: MCMHA will host a table at the 5th Annual Monroe Pride event, Saturday, June 28, 1-7 at St. Mary's Park.

Awareness: I have engaged Revel to manage our social media by creating and posting weekly content for the next one year.

Donations: In the past few months, MCMHA has been fortunate to receive donations from our generous community. With the donor's permission, I would like to recognize these donations at our board meetings.

Respectfully Submitted,



Lisa Graham, LMSW