



# MONROE COMMUNITY MENTAL HEALTH AUTHORITY

## BOARD MEETING

August 27, 2025 – 6:00 p.m. / Aspen Room  
Draft Amended 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 Amended Agenda as Presented</b>	<b>02 min</b>
<b>V. Motion to Approve the Minutes from the July 23, 2025 Board Meeting and waive the Reading Thereof</b>	<b>02 min</b>
<b>VI. Public Comments</b>	<b>03 min/Person</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>VII. Presentations, Recognition, and Celebrations</b>	<b>40 min</b>
<ol style="list-style-type: none"><li>a. Years of Service – Lisa Graham</li><li>b. Clinical Report (<i>Information Only</i>)</li><li>c. HR Report – Jim Brown</li><li>d. Operations Report – Bridgitte Gates</li><li>e. Finance Report – Lisa Graham</li><li>f. Behavioral Health Urgent Care (BHUC) – Lisa Graham</li></ol>	
<b>VIII. Board Committee Reports</b>	<b>05 min</b>
<ol style="list-style-type: none"><li>a. Committee Chair Reports<ol style="list-style-type: none"><li>i. Bylaws &amp; Policy</li><li>ii. Performance Evaluation</li></ol></li></ol>	

**b. Board Workshop scheduled for Saturday, August 30, 2025 from 10am-2pm**

- IX. Items for Board Consideration 15 min**
- a. Service Contracts as Presented
  - b. Administrative Contracts as Presented
  - c. FY2025 Provider Stabilization Funding
  - d. Resolution to Oppose PIHP Procurement
  - e. Governance Policy 4.3: Monitoring Chief Executive Officer Performance
  - f. CMHPSM Oversight Policy Board – Re-Appointment for Dave O’Dell
- X. Items for Board Action 10 min**
- a. **Motion to Approve the Consent Agenda Less Item \_\_\_\_\_**
    - i. Service Contracts as Presented
    - ii. Administrative Contracts as Presented
  - b. **Motion to Approve the Provider Stabilization Funding Pass-Through from the PIHP to MCMHA for FY2025**
  - c. **Motion to Adopt the Resolution to Oppose PIHP Procurement**
  - d. **Motion to Recommend the Monroe County Board of Commissioners to Consider Adopting the Resolution to Oppose PIHP Procurement**
  - e. **Motion to Approve the Amended Governance Policy 4.3 Monitoring Chief Executive Officer Performance (2/3 vote)**
  - f. **Motion to Recommend Re-Appointment for Dave O’Dell to the CMHPSM Oversight Policy Board for the Term 10/1/25 Through 9/30/28**
  - g. **Motion to Accept the Resignation Letter of Board Member Deb Staelgraeve Submitted on August 7, 2025**
- 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:** EOC2009 Renovation and Project Management at MCMHA
    - ii. **Procedure:** EOC2009-P1 Renovation and Project Management at MCMHA
    - iii. **Exhibit:** EOC2009-E1 Renovation and Project Management Forms
    - iv. **Rescind:** POC7064-E4 Nutrition Screen
    - v. **Relocate:** N/A
  - b. **Motion to Approve the Regional Policies as Presented 02 min**
    - i. **Policy:** N/A
- XII. Relationship with the Region, County, and Others 05 min**
- a. Regional PIHP Board Meeting Minutes – August 13, 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**
- XVIII. The next regular scheduled meeting for the Monroe Community Mental Health Authority Board is for Wednesday, September 17, 2025 at 6:00pm.**



**BOARD OF DIRECTORS REGULAR MEETING MINUTES  
July 23, 2025**

**Present:** Rebecca Pasko, Chairperson; John Burkardt, Vice Chairperson; Susan Fortney, Secretary; Mike Humphries; Dawn Asper; LaMar Frederick; Reda Biniecki; Becca Curley; and Joan Canning

**Excused:** Ken Papenhagen, Deb Staelgraeve, and Naomi Stoner

**Absent:**

**Staff:** Lisa Graham and Richard Carpenter

**Guests:** Dr. Frances Jackson, Parliamentarian; and 5 guests were present

**I. CALL TO ORDER**

The Board Chair, Rebecca Pasko, 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 Rebecca Pasko.

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

The items in the Board Packet are as presented on the agenda. Rebecca Pasko asked if there were any changes to the agenda. Hearing no changes, the agenda is approved by consensus.

**VI. CONSIDERATION TO APPROVE THE MINUTES FROM THE JULY 16, 2025 BOARD MEETING AND WAIVE THE READING THEREOF**

Susan Fortney moved to approve the minutes for the July 16, 2025 Board Meeting and waive the reading thereof. John Burkardt supported. Motion carried unanimously.

**VII. PUBLIC COMMENTS**

There were no public comments.

**IX. PRESENTATIONS, RECOGNITIONS, AND CELEBRATIONS**

a. **Clinical Report** – Crystal Palmer presented the Clinical Report Executive Summaries with data from July.

i. **Executive Summary**

1. MCMHA continues to recruit and hire staff for current vacancies, which is nine (9) at this time. Two (2) positions are new for the Behavioral Health Urgent Care.
2. There were 17 universal referrals made in June. 82% received some type of follow-up, services authorized, etc. 0% declined any further intervention, and 18% MCMHA didn't have enough information for follow-up or received no response.

3. Certified Peer Support Specialists (CPSS) continue to provide support at the ALCC. The CPSS did engage in seven (7) programs/activities and zero (0) 1:1 meeting during the month of June.
  4. Crisis Mobile was deployed 96 times in June, which averaged 0.83 hours of face-to-face interaction time.
  5. The average response time for Crisis Mobile was approximately 20.25 minutes, which is likely due to 67% of the calls from the 48161 and 48162 zip codes.
  6. There were multiple referral sources for Crisis Mobile; 60% were from the Monroe County Sheriff's Department and Monroe City Police; 24% were from Access Dept/CMH, 14% were self-referral and 2% from a school.
  7. MCMHA is looking to expand utilization of the universal referral form with Heartbeat of Monroe.
  8. There were 483 appointments scheduled for the Benesh Building in FY25 with 77% occurring in the office.
  9. Enrollment for the CCBHC has decreased by 47 members over the last month. This is a 2% decrease in enrollment.
  10. MCMHA currently has 58 enrollees in the Behavioral Health Home program.
  11. The data for incoming calls being answered is 96% for FY25, which meets MCMHA's goal of 95%.
  12. MCMHA was alerted by MDHHS on June 25th that we will be awarded Quality Bonus Payments for FY24. Tentatively, MCMHA will be awarded \$608,688 with an opportunity for additional funding.
- ii. Additional Information
1. MDHHS announced on June 25, 2025 that Monroe CMH will be awarded a quality bonus payment at a minimum of 600,000. We have an opportunity to earn more if we fall in the top 2 tiers, but we will not know that until later.

Reda Biniecki requested more information on the meet and greet.

LaMar Frederick requested follow up on the 2 from school. What school, lower grade, middle, or high school?

## **X. BOARD COMMITTEE REPORTS**

### **a. Committee Chair Reports**

- i. Bylaws & Policy – Rebecca Pasko commented that the committee discussed two issues. The Board should be receiving an email about revising Policy 4.3 and to respond with feedback. The committee also talked about how to resolve a tie when an election results in a tie. During that conversation, the committee identified there were more amendments that may be needed and are currently in revision.
- ii. Community Relations – Rebecca Pasko commented that committee discussed the upcoming change in membership, the Townhall, and an Awareness Campaign for Behavioral Health Urgent Care.
- iii. Executive – Rebecca Pasko commented that the committee covered what the Executive Committee does and why they will meet. The committee reviewed the Board Meeting Evaluation process and determined that the Board will receive reports through email instead of at a Board Meeting. Evaluations will be discussed during Board Workshops. The committee also reviewed the Board Application as there are some guidelines from CCBHC that need to be added.
- iv. Board Orientation – Rebecca Pasko commented that a Board Orientation took place for new board members. A video on Board Governance was provided. It was a good training.

### **b. Appointments to Board Committees**

- i. Rebecca Pasko directed board members to page 32 of the Board Packet. All appointments are made as presented. Rebecca commented that everyone that requested to be on a committee has been appointed. Committee Chairs: Becca Curley, Bylaws & Policy; Naomi Stoner, Clinical Operations; LaMar Frederick, Business Operations; and Ken Papenhagen, Community Relations.

**XI. ITEMS FOR BOARD ACTION**

**a. Motion to Approve the Consent Agenda Less Item \_\_\_\_\_**

John Burkardt moved to approve the Service and Administrative Contracts as presented. Becca Curley supported. Roll Call: In favor: Canning, Curley, Biniecki, Frederick, Pasko, Burkardt, Fortney, Asper, and Humphries; opposed: none; motion carried unanimously.

**b. Motion to Approve a Six (6) Month Pilot with VelloHealth for the Cost of \$58,000**

Becca Curley moved to approve a six (6) month pilot with VelloHealth for the Cost of \$58,000. Reda Biniecki supported. Discussion followed.

LaMar Frederick moved to amend the current motion to insert not to exceed. Reda Biniecki supported. Discussion followed.

Objection to make a correct to the cost as the original amount is \$58,500.

Roll Call: In favor: Canning, Curley, Biniecki, Frederick, Pasko, Burkardt, Fortney, Asper, and Humphries; opposed: none; motion to amend carried unanimously.

Becca Curley moved to approve a six (6) month pilot with VelloHealth for the cost not to exceed \$58,500. Reda Biniecki supported. Roll Call: In favor: Canning, Curley, Biniecki, Frederick, Pasko, Burkardt, Fortney, Asper, and Humphries; opposed: none; motion carried unanimously.

**X. AUTHORITY AND REGIONAL POLICY REVIEW/APPROVAL**

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

- |      |                   |           |                                       |
|------|-------------------|-----------|---------------------------------------|
| i.   | <b>Policy:</b>    | HR4052    | Employee Photo Consent Policy         |
|      |                   | HR4029    | Social Security Number Privacy Policy |
|      |                   | HR4043    | Anti-Fraud Policy                     |
|      |                   | HR4006    | Drug-Free Workplace Policy            |
| ii.  | <b>Procedure:</b> | HR4043-P1 | Anti-Fraud Procedure                  |
| iii. | <b>Exhibit:</b>   | HR4052-E1 | Employee Photo Consent Form Exhibit   |
| iv.  | <b>Rescind:</b>   | N/A       |                                       |
| v.   | <b>Relocate:</b>  | N/A       |                                       |

Mike Humphries moved to approve the Authority Policy, Procedure, and Exhibits as presented. Becca Curley supported. All in favor: yes; opposed: none; motion carried unanimously.

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

- |    |                |        |                           |
|----|----------------|--------|---------------------------|
| i. | <b>Policy:</b> | PI6009 | Incident Reporting Policy |
|----|----------------|--------|---------------------------|

Dawn Asper moved to approve the Regional Policies as presented. LaMar Frederick supported. All in favor: yes; opposed: none; motion carried unanimously.

**XII. RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS**

- a. Regional PIHP Board Meeting Minutes – The PIHP Board did not meet in July. Lamar Frederick commented on the survey results from the PIHP that led to the PIHP Procurement to culminate the PIHPs in the state of Michigan. Rebecca Pasko commented that things are changing rather quickly at the state level and will keep the Board informed.
- b. CMHAM Policy and Legislation Committee Report – Did not meet in July.

**XIII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER**

- a. Lisa Graham presented the CEO Report highlighting: Ion Labs; Behavioral Health Urgent Care (BHUC); PIHP Procurement; Federal Medicaid Changes; Monroe County Fair; and SAFE Project.

Lisa Graham will provide a more in-depth presentation on the Behavioral Health Urgent Care at the August 27, 2025 Board Meeting.

- b. PIHP Procurement – The states plan is to consolidate 10 PIHPs to 3 PIHPs in the state of Michigan. Today, we deal with 1 PIHP. In the future, we may have to discern who we are sending information to. If there are 3 Regions, there may be 6 PIHPs. There could be some efficiencies gained but you lose influence over how you use funds for your community. One of the big things we are talking about is losing concern for local voice. When the PIHP Procurement information came out it became clear that the current PIHPs would not qualify. You have to be a 501C3 organization. It precludes any entity to change that. The advantages of a public system is the Open Meetings Act, subject to the Freedom of Information Act (FOIA), and the association has done some research that the health plan would take about 15% for profitability. The PIHPs currently take 2%. The estimate is that it could cost 500 million for a public vs private.

Richard Carpenter reached out to leadership at Rehmann. Richard wants to see a public option. Plan number 1 is to defeat the Request for Procurement (RFP). Plan number 2 is to delay it. Richard asked for permission to talk with others to see if there could be a plan and communicated with all 33 CEOs to come up with an idea. There is a consensus that we want to have a public option, and we want to protect the public option. Regardless of who pays the claim, there are mental health code functions that are responsible for the mental health services. Coordination of care and crisis. It doesn't matter who the payer is. It is still our responsibility to do those core functions. We spend a decent amount of money, time, and effort, interacting with school districts, the jail, etc. This is something that CMHs do. It will be difficult to explain that things that we do that do not have a claim for is important. Question is, how do we do that? The recommendation is that the 33 CMHs in the central region would create a new entity. Instead of 4 counties it would be 44 counties. The Bylaws would bring a private partner to the table but not a health plan to make sure of the functions. We are estimating we can do that at 5.5 to 6.5% depending on how much of the region we would be responsible for. It will be more expensive than the current 2% from the PIHP but less percent than a health plan. The public entity would exist, it would hold contracts with all CMHs, and Rehmann would come to the table to run it for you. The governance structure would be more county based to allow us to respond to the RFP. There is an option out there. All CEOs have had a chance to start looking at the Bylaws.

Mike Humphries is in favor of Richard Carpenter doing this and exploring what can be done and asked if this would become a conflict of interest for Rehmann. Richard Carpenter commented that he is pretty sure you cannot be the PIHP and Monroe's CFO. Some are saying Rehmann may not at all be able to be a part of it. If there is not a viable public option in the system, I believe that CMHs will end up in a fee for service.

Lisa Graham commented that this will be a continuous topic of discussion until we have a resolution.

- c. Medicare Application/Agency Name Change – Our Medicaid enrollment is stalled due to our legal business name on file is not the business name as we are operating. The 1996 Resolution with the county includes county in the title. Medicare will only advance our application when those items match. Dykema recommends using the business name with county in it. We can still then move to change our name with the IRS at the same time. In the future, we will likely bring a motion to the Board to change our legal name with the IRS but we will first get our Medicare Application approved and then go through the name change process.

### **XIII. NEW BUSINESS**

There was no new business.

**XIV. PUBLIC COMMENTS**

There were no public comments.

**XV. BOARD MEMBER ANNOUNCEMENTS**

Joan Canning thanked the Board again for a great Board Member Orientation. Joan enjoyed it and learned a lot.

Reda Biniecki commented on how nice the SAFE Project will be after working in the school system for years. This will be good information to have for sure.

Lamar Frederick commented on the CCBHC bonus revenue that it goes into this year's financials as last year's books are closed.

John Burkardt commented on the NAMI walk-a mile scheduled for September 20, 2025; the PHIP Procurement process and how that could potentially impact services; and an Alumni Practice at Monroe High School on October 15, 2025 from 6-8pm in the choir room. Whoever sang in Monroe choir, they are having an alumni concert.

Dawn Asper is intrigued with the SAFE Project and thinks a lot of people will be thrilled.

Mike Humphries reminded board members of the Monroe County Fair and to stop at the Sheriffs Barn and the EB Cabin.

Lisa Graham commented that she had permission to share news about Connie Carroll. Some of the Board may know, or heard, or had the privilege of working with Connie Carroll. Connie was the Director at Lenawee County CMH. She was also our Clubhouse Board Chair. Sadly, Connie was diagnosed with stage 4 pancreatic cancer and passed away last week. Connie was a mentor to many of us in the county. Lisa learned a lot from her and looked up to her. Connie will be missed. Visitation will be held at Merkle North Monroe on Saturday from 11am to 3pm.

Rebecca Pasko commented that the next Board Meeting is August 20, 2025 at 6:00pm.

**XVI. ADJOURNMENT**

Rebecca Pasko adjourned the meeting at 7:33pm.

Submitted by,

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Susan Fortney, Secretary

LG/dp  
8/5/25

## BOARD CLINICAL REPORT EXECUTIVE SUMMARY

August 2025

### QUALITY WORKFORCE

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

- MCMHA continues to recruit and hire staff for current vacancies, which is 10 at this time. Four (4) positions are newly created.

### TRUSTED COMMUNITY PARTNER

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

- There were 15 universal referrals made in July. 80% received some type of follow-up, authorized services, etc. 0% declined any further intervention, and 20% 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 three (3) programs/activities and zero (0) 1:1 meeting during the month of July.

### ACCOUNTABLE STEWARDS OF PUBLIC DOLLARS

*Strategic Plan Goal 3: 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 4: At All Levels of the Organization, Services Provided Meet the Needs of the Customer*

- Crisis Mobile was deployed 57 times in July, which averaged 0.79 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 22.87 minutes, which is likely due to 53% of the calls from the 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 67% were from the Monroe County Sheriff's Department and Monroe City Police; 15% were from Access Dept/CMH, and 18% were self-referral.
- There were 551 appointments scheduled for the Benesh Building in FY25 with 76% occurring in the office.
- Enrollment for the CCBHC has increased by 52 members over the last month. This is a 2.5% increase in enrollment.
- MCMHA currently has 60 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*

- The Patient Experience of Care Survey is being collected for CCBHC and we have approximately a 17% response rate.

### MISCELLANEOUS

- The data for incoming calls being answered is 97% for FY25, which meets MCMHA's goal of 95%.
- As previously stated, MCMHA was awarded Quality Bonus Payments for FY24 of \$608,688. On July 31<sup>st</sup>, we were notified we received an additional \$167,262 of redistribution funds for a total of \$775,950.
- River Raisin Clubhouse will be hosting a Spaghetti Dinner Fundraiser on August 21<sup>st</sup> from 4:00-8:00pm.

Updated 8/13/25

# BOARD CLINICAL REPORT

August 2025

## QUALITY WORKFORCE

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

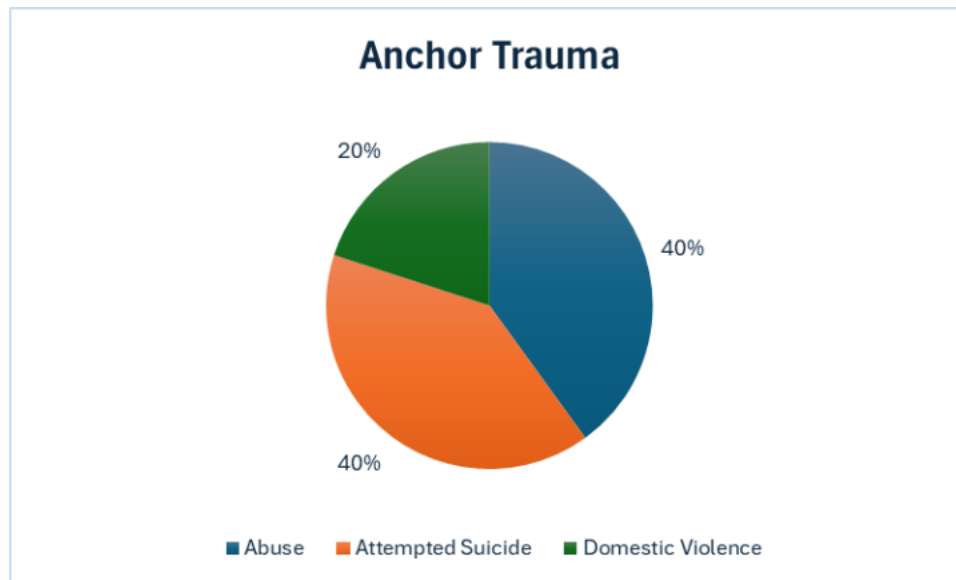
**Objective #1: MCMHA's workforce meets the needs of the agency.**

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

The Intensive Case Coordination with Wraparound (ICCW) team and a few case managers (youth SED and I/DD) attended orientation and training to satisfy the Home and Community Based Services (HCBS) Final Rule (CMS 2249-F/2296-F) requirement issued by MDHHS and Centers for Medicare & Medicaid Services (CMS). This training is required upon hire and annually thereafter and will be provided by the PIHP HCBS Regional Lead. Anyone authorizing or monitoring services provided under the waiver programs (i.e. specialized residential, group home, center-based skill building, non-residential community living supports (CLS), employment support, etc.) must complete this training to ensure knowledge and documentation skills to provide informed choice and control of services and supports and where they occur. This was completed July 8<sup>th</sup>.

The Wraparound team (ICCS) will be visiting Shanty Creek for the annual Wraparound conference beginning August 4th.

MDHHS hosted cohort 38 session two of the trauma focused cognitive behavior therapy (TF-CBT) training. In addition to having staff involved in this cohort, MCMHA is also preparing an application for three (3) additional staff to attend the next cohort starting in September if selected. The top 3 traumas reported by youth 6-17 years old are physical or sexual abuse, attempted suicide, and domestic violence. These are Monroe County youth statistics that we are able to access when we participate in the Children's Trauma Initiative through this training provided by MDHHS.



Note: "Anchor trauma" in the context of children typically refers to the disruption of a secure attachment bond between a child and their caregiver, often due to neglect, abuse, or instability in the family environment. This

Updated 8/14/25

## BOARD CLINICAL REPORT

August 2025

disruption can lead to various emotional and behavioral problems, including anxiety, depression, and difficulties forming healthy relationships later in life. (blueanchorpsychology.com)

### **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 in service for adult services re: therapy but do currently have a waitlist for child outpatient therapy for lower-level needs. Each request for therapy is assessed for its intensity of need and assigned based on the level of need, type of therapy that is requested or needed, and the intensity or frequency. We currently have 11 children on delay for outpatient therapy of which four (4) are receiving case management and coordination. The other seven (7) children are waiting for outpatient therapy as a single service, meaning therapy is the only service requested.

Currently the Clubhouse membership has grown to 75 members, an increase of 25 new individuals who have joined the clubhouse since the move to the new location. This number continues to grow each month as people see the clubhouse on social media, case manager referrals and through word of mouth. Of the 75 individuals being served, 64 members are authorized for services via their treatment plan, and the other 11 members are utilizing the CIP Grant.

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 August 12<sup>th</sup>:

- Case Service Manager – Adult
- Case Services Manager – Child and Family
- Peer Support Specialist (PT/FT – 2 positions)
- Outpatient Therapist
- Access Screener
- Crisis Care Clinician (2 – NEW POSITIONS)
- PhD Psychologist (Contractual – NEW POSITION)
- I/DD Program Director (NEW POSITION)

## TRUSTED COMMUNITY PARTNER

*Strategic Plan Goal 2: 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.

MCMHA's CISM team met with the leader of the Monroe CISM team (David Edwards) to have discussion on how we can better partner to ultimately have more utilization and better serve our community. The meeting went well and will result in ongoing regular meetings for continued partnership.

Updated 8/14/25

## **BOARD CLINICAL REPORT**

**August 2025**

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

### **Education and Awareness**

A National Alliance on Mental Illness (NAMI) Walk & Fundraising activities began in July. MCMHA will have a walk team and additional fundraising efforts leading up to the September 20<sup>th</sup> Walk.

The Access/Crisis/Diversion Director and Crisis Mobile Supervisor were invited to present at the Kiwanis Club about our Access and Crisis programs. They provided a brief presentation about the array of services including a sneak peek into the implementation of the Behavioral Health Urgent Care (BHUC). The presentation was well received. Many community leaders are involved in this club including community judges, doctors and politicians.

Additionally, the Access/Crisis/Diversion Director and Crisis Mobile Supervisor had a meeting with the Michigan Crisis and Access Line (MiCAL) team as requested to better understand the resources available in Monroe County so that the 988 team can better connect and support those that call in need of help and support from the Monroe 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 13 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
- YMCA
- Michigan Works!
- Oaks of Righteousness
- ProMedica Physicians Monroe Pediatrics – Dr. Gandert
- Heartbeat of Monroe

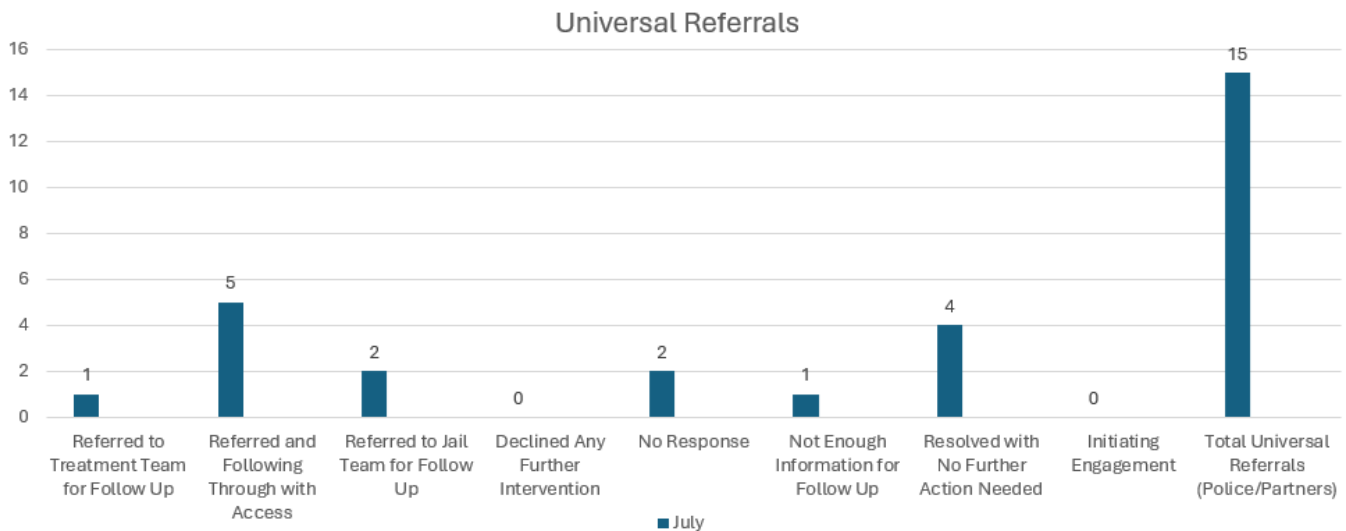
The Access/Crisis/Diversion Director met with Heartbeat of Monroe to promote and educate on crisis services as well as to educate on the use of the Universal Referral Form. The meeting was very productive; they were very grateful for education on the resources. Next steps are to connect them with the Infant Mental Health team for a natural connection for partnership.

Updated 8/14/25

## BOARD CLINICAL REPORT

August 2025

During the month of July, there have been 15 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 July, MCMHA Peer Support Staff provided zero (0) 1:1 meetings/appointments and the peers did engage in three (3) programs/activities within the Opportunity Center.

### Crisis Mobile Response Team

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

## ACCOUNTABLE STEWARDS OF PUBLIC DOLLARS

*Strategic Plan Goal 3: 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 4: 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

Updated 8/14/25

## BOARD CLINICAL REPORT

August 2025

### 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	Jun-25	Jul-25	Total
40219	Louisville, KY	0	0	0	0	0	0	0	0	1	0	1
48101	Ann Arbor	0	0	0	0	0	0	0	0	0	0	0
48103	Ann Arbor	0	0	0	0	0	0	0	0	0	0	0
48104	Ann Arbor	1	0	0	0	0	0	0	0	0	1	2
48105	Ann Arbor	0	0	0	0	0	0	0	0	0	0	0
48111	Belleville	0	0	0	0	0	0	0	0	0	0	0
48117	Carleton	5	2	0	2	2	5	3	0	0	1	20
48131	Dundee	0	0	1	1	1	3	4	1	3	2	16
48133	Erie	6	3	1	0	1	0	0	0	0	1	12
48134	Flat Rock	0	0	0	0	0	1	0	0	0	0	1
48135	Garden City	0	0	0	0	0	0	0	0	0	0	0
48140	Ida	0	0	1	0	0	1	0	0	1	0	3
48144	Lambertville	0	0	2	1	2	0	1	1	3	1	11
48145	LaSalle	0	0	0	1	0	1	0	1	0	3	6
48153	Maybee	0	0	0	0	0	0	0	0	0	0	0
48157	Luna Pier	1	0	1	1	2	0	0	0	1	1	7
48159	Maybee	1	3	4	0	1	2	0	0	0	0	11
48160	Milan	1	0	0	3	2	2	1	0	0	2	11
48161	Monroe	20	22	13	30	25	32	13	20	24	28	227
48162	Monroe	17	11	10	9	16	13	12	14	9	18	129
48164	New Boston	0	0	0	0	0	0	0	0	0	0	0
48166	Newport	2	10	5	8	2	5	1	5	4	7	49
48177	Samaria	0	0	0	0	0	0	0	0	0	0	0
48179	South Rockwood	0	0	0	0	0	0	0	0	0	0	0
48180	Taylor	0	0	0	0	0	0	1	1	0	0	2
48182	Temperance	8	2	0	2	3	2	0	2	3	1	23
48191	Willis	0	0	0	0	0	2	0	0	0	0	2
48192	Wyandotte	0	0	0	0	0	0	2	0	0	0	2
48193	Riverview	0	0	0	0	0	0	0	0	1	0	1
48197	Ypsilanti	0	0	0	0	0	1	0	0	0	0	1
48198	Ypsilanti	0	0	0	0	0	0	0	0	0	0	0
48214	Detroit	0	0	0	0	0	0	0	0	0	0	0
48336	Fowlerville	0	0	0	0	0	0	0	0	0	0	0
48817	Corunna	0	0	0	0	0	0	0	0	0	0	0
49221	Adrian	0	0	0	1	0	0	0	0	0	1	2
49267	Ottawa Lake	0	1	0	1	1	1	0	0	0	0	4
49270	Petersburg	1	0	0	1	0	1	1	2	2	1	9
49276	Riga	0	0	0	0	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>39</b>	<b>47</b>	<b>52</b>	<b>68</b>	<b>551</b>

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)
<b>October 2024</b>	91%	47%
<b>November 2024</b>	78%	45%
<b>December 2024</b>	87%	53%
<b>January 2025</b>	89%	49%
<b>February 2025</b>	79%	50%
<b>March 2025</b>	60%	63%

Updated 8/14/25

## BOARD CLINICAL REPORT

August 2025

April 2025	72%	51%
May 2025	79%	53%
June 2025	60%	48%
July 2025	60%	46%

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

This data will be reported quarterly (January, April, July, and October). 4<sup>th</sup> Quarter data will be provided in October 2025.

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

As of last month, there were 2,150 members currently enrolled in CCBHC through the WSA, which is an increase of 52 enrollees or 2.5% since last reported in June. This number will continue to fluctuate as consumers enroll and disenroll in services. This remains to be around 80% of our consumers.

As previously reported, 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. CCBHC Workgroups include Utilization Management/Utilization Review (UM/UR), Programmatic/Quality Reporting, Substance Use Disorder, Fee for Service/Waiver Support Application (WSA), and Information Technology. The workgroups began meeting in June and continued throughout July. The groups will provide feedback and recommendations to MDHHS regarding transition needs and next steps. So far limited decisions have been made but it was decided that MDHHS would discontinue use of the WSA for CCBHCs 9/30/2025. Additionally, MDHHS will be undertaking the UM/UR functions previously completed by the PIHP. Finance will be leading the efforts to complete NPI and CHAMPs enrollment required for the direct pay transition.

As previously reported, MCMHA was alerted by MDHHS on June 25<sup>th</sup> that we will be awarded \$608,688 for the Quality Bonus Payments for FY24. Additionally, MDHHS sent notification on July 31, 2025, that MCMHA would also receive redistribution funds of \$167,262 for a total of **\$775,950**.

The CCBHC Program Director continues to advocate internally and with the PIHP to add data points to CRCT to ensure I-SERV supplemental crisis data is captured appropriately.

The CCBHC Implementation Meeting was held July 24th. The focus of this meeting was on reviewing the CCBHC Direct Payment transition and workgroup updates, the Zero Suicide Data compiled by the Data Analytics Manager, and Quarter 2 CCBHC Quality Metrics. A significant portion of the meeting was spent reviewing the Quality Metrics and included strategizing how to improve our efforts to meet and/or exceed benchmarks.

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

- Transition Age Youth Services
- Dialectical Behavioral Therapy Skills Group

### **Transition Age Youth Services**

Updated 8/14/25

## **BOARD CLINICAL REPORT**

**August 2025**

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.

There are now 9 youth/young adults involved in the program and utilizing the modifier appropriately. Another staff will be trained in the 5-day TIP training in August to better assess who on her caseload (15+) would be appropriate for the program. The Transition Facilitator stated it is a great program for youth/young adults who need the one-on-one attention and "in vivo" teaching to help reach their goals.

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

On July 29<sup>th</sup>, MCMHA was notified by MDHHS that we have been approved to utilize the Dialectical Behavioral Therapy (DBT) code through July 31<sup>st</sup>, 2026. DBT is a required Evidence-Based Practice for CCBHCs and one of the areas MDHHS identified during the CCBHC Site Visit to enhance. The DBT team will continue to provide groups, etc. A MiFAST review will be scheduled to maintain compliance with the model and MDHHS requirements.

Additionally, two staff attended a 5-day DBT Foundational training through MDHHS.

DBT Foundational training is a comprehensive program of study designed specifically for individual therapists or skills trainers who are members of an intensively trained DBT Consultation Team and have not completed DBT Intensive Training themselves. It is meant to assist teams who have hired new staff or experienced turnover by providing newer team members with training in the standard content of DBT. Foundational training includes 4 hours of content specific to risk assessment, management, and treatment of suicidal behaviors.

### **Social Skills Group**

The Early Childhood Clinical Team has completed a small skills group for young children and their parents. They are now securing a location and time for a parenting session focused on building and/or maintaining the parent-child relationship while experiencing a mental health challenge. The team is putting together the logistics and will launch it in a few weeks.

Parenting Through Change group continues to occur for parents of children diagnosed with an SED (Serious Emotional Disturbance). All five parents have continued to attend and are expected to finish in September.

### **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 recipients with a select serious mental illness/serious emotional disturbance (SMI/SED) diagnosis. Participation is voluntary and enrolled recipient may opt-out at any time.

Updated 8/14/25

## **BOARD CLINICAL REPORT**

**August 2025**

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 60 individuals enrolled in the BHH program which is an increase from 58 reported in July. Three individuals were enrolled this month, and one was disenrolled due to completing services. 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**

At this time there is not an active peer group. MCMHA is in the process of hiring two (2) peers. Once they are hired, they will need to attend training for certification before providing the WRAP and WHAM groups.

### **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.

MCMHA leadership has begun to host weekly meetings to guide implementation of MCMHA's Behavioral Health Urgent Care (BHUC). As a reminder, the BHUC will tentatively open September 2025. Keys for the BHUC building were received August 1<sup>st</sup>. The BHUC will be open Monday – Friday 11am – 7pm and the hiring process for a medical assistant, nurse, and crisis clinicians has begun. CCBHC Program Director, Access/Crisis/Diversion Director, and Crisis Mobile Supervisor created language for the BHUC brochure. BHUC procedures were also drafted and sent to the Care, Treatment, and Services Committee for review. Additionally, a poster for “When to use the BHUC” has been drafted that will aid in providing education to MCMHA staff and the community. Equipment and furniture needs are being assessed.

MCMHA Leadership met with St. Joseph's Center for Hope and with internal staff in July to strategize a partnership utilizing Peer Recovery Coaches at the BHUC. This initiative is still in the planning stages.

### **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 month of July.

## **CONSUMER VOICE INFORMS DECISION MAKING**

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

Patient Experience of Care (PEC) Survey collection efforts continued in July. MCMHA made a Facebook post encouraging youth and adults to participate in the survey. Youth reminder post cards were sent with adult post

Updated 8/14/25

## BOARD CLINICAL REPORT

August 2025

card reminders to be sent soon after. Additionally, MCMHA reception has begun handing surveys out to consumers when checking in to their appointment at the main building. So far, 66 adults and 33 youth have completed the surveys – an increase from last year. As a reminder, the PEC surveys are a requirement for CCBHCs.

### 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	June-25	July-25
Incoming Calls	5027	3943	2340	3791	2831	3067	4513	4580	4374	4501
Incoming calls minus abandon calls	4906	3808	2224	3534	2757	2982	4409	4466	4244	4405
Calls Answered	4557	3487	2057	2498	2486	2778	4099	4134	3989	4141
Missed/Abandoned Calls	121	135	116	257	345	285	414	445	381	358
Abandoned Calls	462	430	274	280	74	85	104	114	130	96
% incoming calls answered	91%	88%	88%	66%	88%	91%	91%	90%	91%	92%
% incoming calls answered minus abandon calls	98%	97%	95%	93%	97%	97%	98%	98%	97%	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 97%**, which is meeting our goal.

#### Certification

The Program Director and a Home-Based Therapist have successfully completed the requirements for the Strengths & Strategies (S&S) Training. This is an evidence-informed practice designed to work with families with a child, ages birth to 21 with a Fetal Alcohol Spectrum Disorder (FASD). They are now authorized to use the S&S modifier for this service when providing family training, home-based therapy, individual therapy, or family therapy.

#### Upcoming Event

The River Raisin Clubhouse is hosting a Spaghetti Dinner Fundraiser on August 21<sup>st</sup> from 4pm through 8pm. There will be a silent auction and a 50/50 raffle during the event along with a Model A car show.

Select Month:: 2025 - 07 (1) ▾



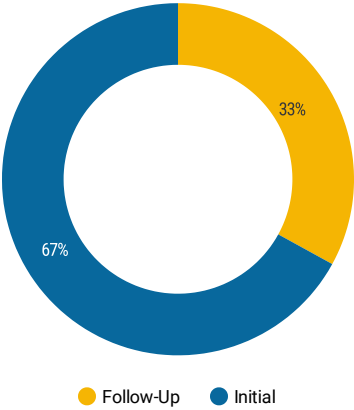
Monroe County CMH Crisis Mobile  
Utilization Report

Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

57

Mo... 1 ▲	Init... 2 ▲	#	%
2025 - 07	Follow-Up	19	33%
2025 - 07	Initial	38	67%

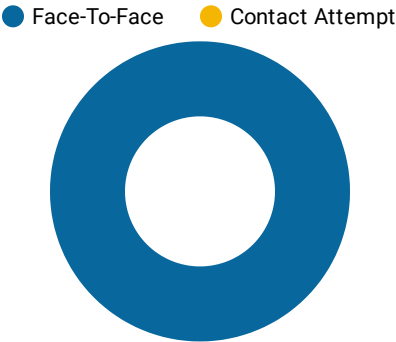


Month ▲	Contact Type	Hours
2025 - 07	Indirect Contact (Phone/Email/Other)	0
2025 - 07	Contact Attempt	0
2025 - 07	Face-To-Face	32.48

Average Face-to-Face Interaction Time (Hours)

0.79

Month	Avg F2F Contact ▾
2025 - 07	0.79



Select Month:: 2025 - 07

(1) ▾

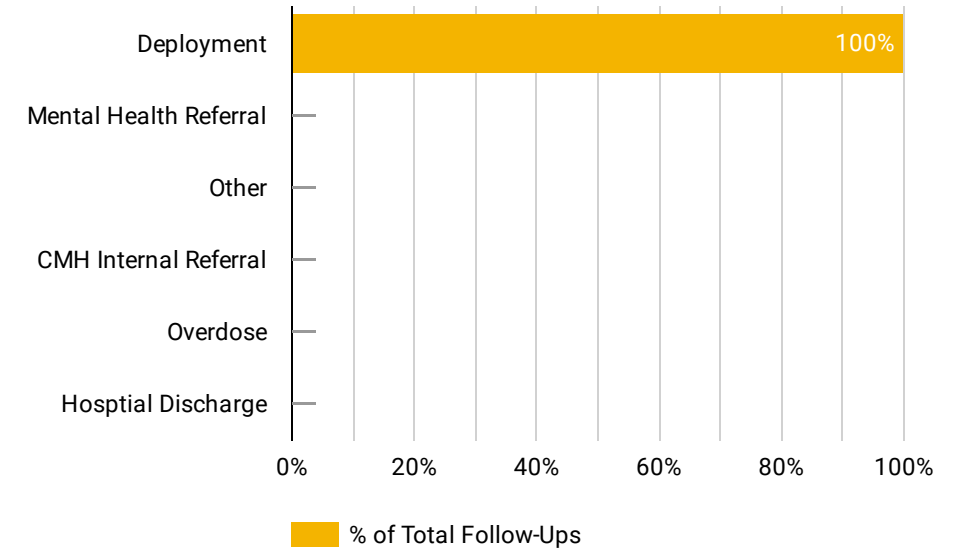


## Monroe County CMH Crisis Mobile Utilization Report

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

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

Month ① ▴	Type ② ▴	#	%
2025 - 07	CMH Internal Referral	0	0%
2025 - 07	Deployment	19	100%
2025 - 07	Hospital Discharge	0	0%
2025 - 07	Mental Health Referral	0	0%
2025 - 07	Other	0	0%
2025 - 07	Overdose	0	0%

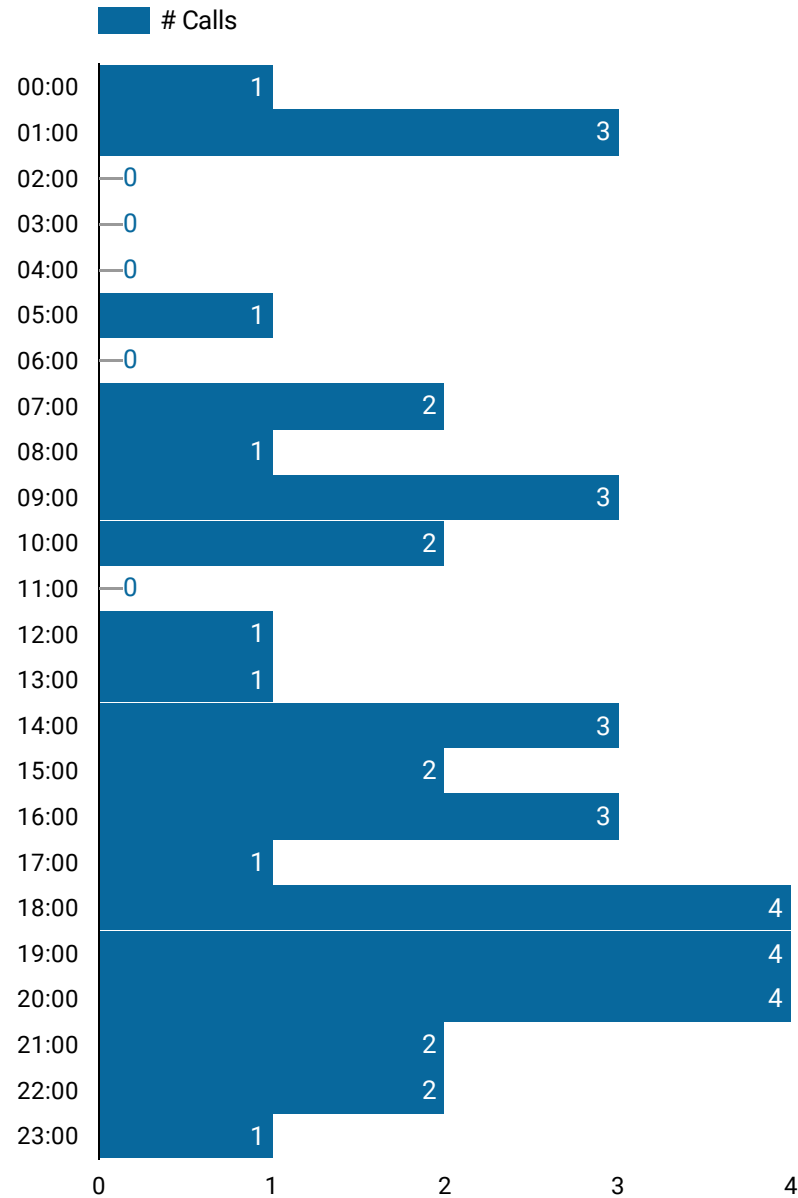


Select Month:: 2025 - 07

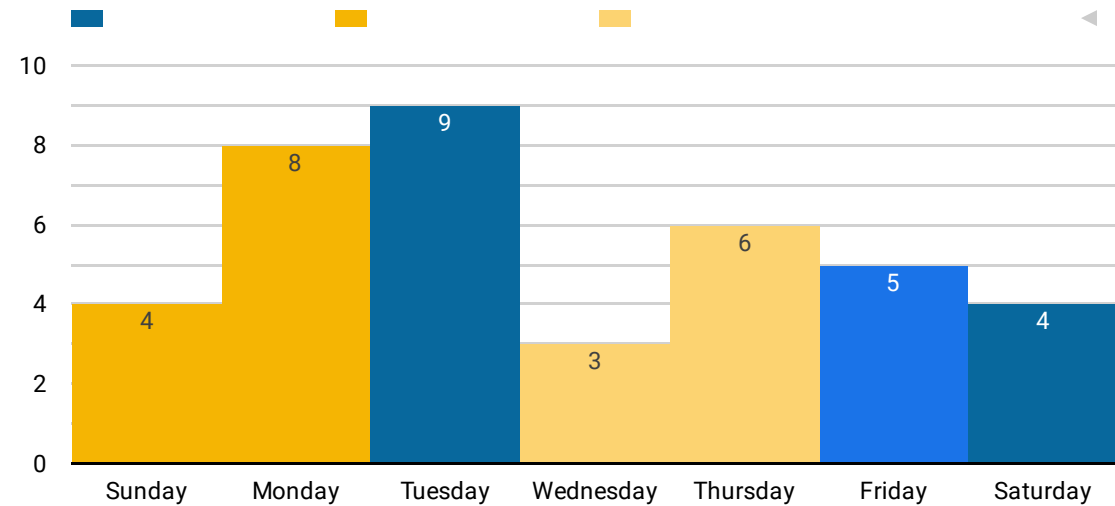
(1) ▾

## 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)

22.87

Month

Avg. Response Time ▾

2025 - 07

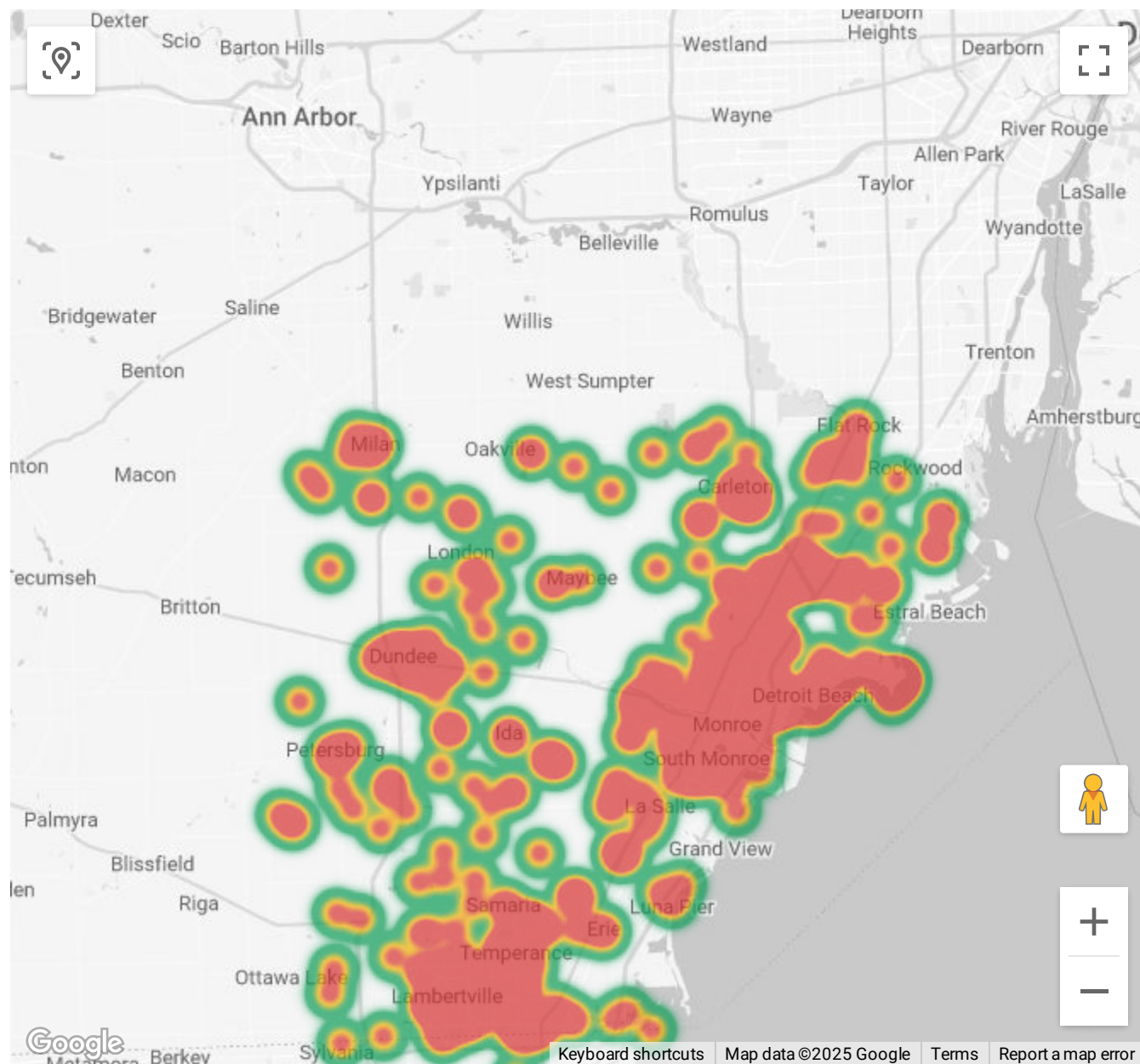
22.87

Select Month:: 2025 - 07

(1) ▾

# Location

## Mapping of locations deployed to:

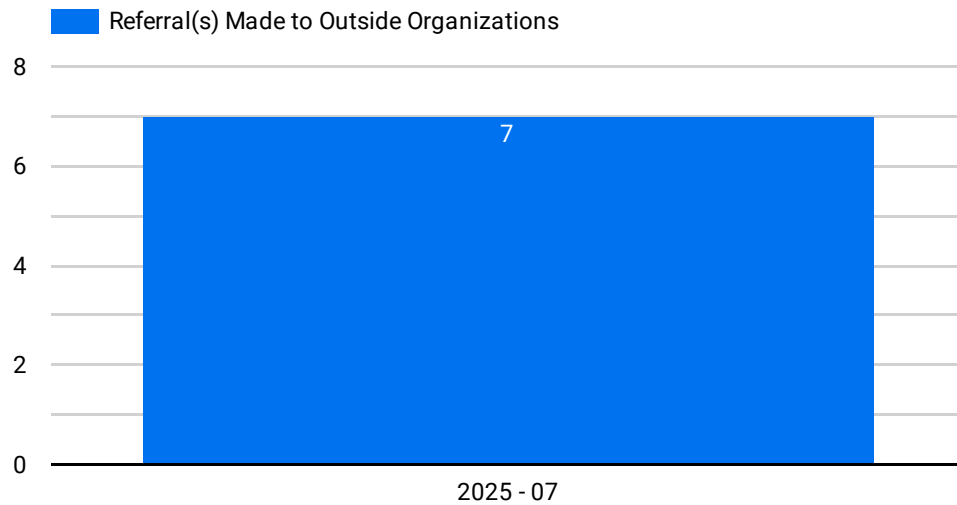


Month ▴	Zipcode	#	%
2025 - 07	48182	6	20%
2025 - 07	48160	0	0%
2025 - 07	48173	0	0%
2025 - 07	48166	4	13%
2025 - 07	48117	2	7%
2025 - 07	48134	0	0%
2025 - 07	48161	7	23%
2025 - 07	48162	9	30%

Select Month:: 2025 - 07

(1) ▾

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



Mo...	Referred To:	#	%
2025 - 07	Arrowhead Behavioral Health	0	0%
2025 - 07	Behavioral Health Treatment	0	0%
2025 - 07	CMH	16	84%
2025 - 07	Family Counseling and Shelter Services of Monroe	0	0%
2025 - 07	Fire Station	0	0%
2025 - 07	Gabby's Ladder	0	0%
2025 - 07	Harbor Light	0	0%
2025 - 07	Henry Ford Wyandotte	0	0%
2025 - 07	Holistic Wellness	0	0%
2025 - 07	Lemon Tree	0	0%
2025 - 07	MCOP	0	0%
2025 - 07	Michigan Works	0	0%
2025 - 07	Monroe County Animal Control	0	0%
2025 - 07	Paula's House	0	0%
2025 - 07	ProMedica ER	3	16%
2025 - 07	Pure Psych	0	0%
2025 - 07	RAW	0	0%
2025 - 07	Resource Flyer	0	0%
2025 - 07	SUD Treatment	0	0%
2025 - 07	Salvation Army Harbor Light	0	0%
2025 - 07	St. Joe's	0	0%

Select Month:: 2025 - 07

(1) ▾

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

Month / # Calls	
Deployed by:	2025 - 07
Monroe County Sheriff's Dept.	22
Self	7
CMH	5
Monroe City Police	4
ACCESS	1
Police Mental Health Referral	0
Mobile Crisis Follow Up	0

### **Primary Issue or Diagnosis:**

(New question starting 12/2023).

Month / #	
Issue/Diagnosis	2025 - 07
Thought Disorder	9
Suicidal Ideation	10
Substance Abuse	3
Neurocognitive	1
Homicidal Ideation	0
Environmental	8
Domestic Violence	3

Select Month:: 2025 - 07

(1) ▾

**Consumers, New and Repeats:**

	Month ❶ ▲	New or Repeat Cons... ❷ ▲	#
1.	2025 - 07	New	3
2.	2025 - 07	Repeat	15

Select Month:: 2025 - 07

(1) ▾

**Number of Narcan Kits Distributed:**

# Narcan Kits Distributed

0

**Number of calls per population - Race**

Month / # / %		
2025 - 07		
Race	#	%
White	30	79%
Other Race	3	8%
Black or African American	4	11%
American Indian (non-Alaskan)	1	3%

Select Month:: 2025 - 07

(1) ▾

## Number of calls per population - Age

Month / # / %			
2025 - 07			
Age		#	%
0 to 9		3	8%
10 to 17		5	13%
18 to 28		10	26%
29 to 39		6	16%
40 to 50		5	13%
51 to 61		8	21%
62 to 72		1	3%
73 to 83		0	0%
84 to 94		0	0%
95 +		0	0%
Not Collected		0	0%

## HUMAN RESOURCES REPORT

FY2025 / 2<sup>nd</sup> & 3<sup>rd</sup> Quarter

### **Strategic Plan Goal 1:**

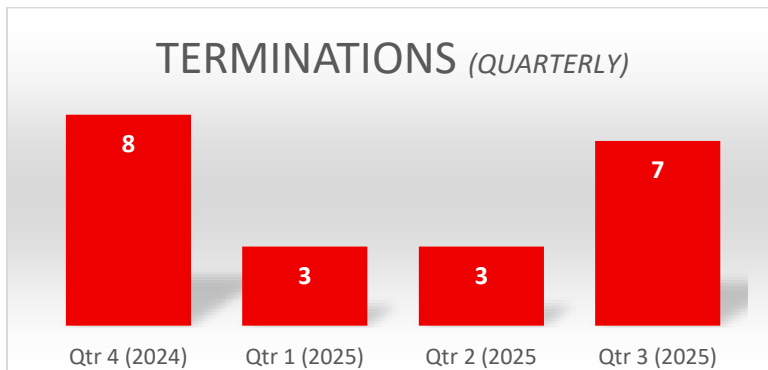
*Recruit and Retain Qualified Staff and Competent Provider Staffing that Meets the Needs of our Community*

## STAFFING

### New Hires



### Terminations



### Current Vacancies

Position	Department	# Openings
CSM	Child & Family	1
CSM	MI Adult	1
IDD CSM	Child & Family	2
Peer Support Spec. (FT)	MI Adult	2
Peer Support (PT)	PHS	1
SUD Outpatient Therapist	MI Adult	1
BHUC Clinician	ACCESS	2
BHUC Registered Nurse	ACCESS	1
BHUC Medical Assistant / Receptionist	ACCESS	1

## HUMAN RESOURCES REPORT

FY2025 / 2<sup>nd</sup> & 3<sup>rd</sup> Quarter

### EXIT INTERVIEWS

	Qtr 1	Qtr 2	Qtr 3	Total
Requested	3	3	7	13
Completed	2	2	4	8

<b>Monroe Community Mental Health Authority</b>		<b>#</b>
Enterprise Results		8
<b>Gender</b>	<b>#</b>	<b>%</b>
Female	7	88%
Male	1	13%
No Gender Provided	0	0%
<b>Length of Service</b>	<b>#</b>	<b>%</b>
Less than 1 year	4	50%
1-5 years	3	38%
5-15 years	1	13%
Over 15 years	0	0%
No Length of Service Provided	0	0%
<b>Age</b>	<b>#</b>	<b>%</b>
Ages Less than 30	3	38%
Ages 30 - 40	1	13%
Ages 41 - 50	3	38%
Ages Over 50	1	13%
No Age Provided	0	0%

### GRIEVANCES

Quarter	# of Grievances	Summary	Resolved (Y/N)
Qtr. 1	0		
Qtr. 2	1	Unprofessional Communication; Prescriber to CSM	Y
Qtr. 3	0		

# HUMAN RESOURCES REPORT

FY2025 / 2<sup>nd</sup> & 3<sup>rd</sup> Quarter

## TRAINING

### Quarterly Training Summary

#### Q2 & Q3 Focus Areas:

- Addressed **documentation drift** to reinforce compliance with the Person-Centered Process and overall care quality.
- Emphasized early recognition of **decompensation** and use of **proactive interventions** to prevent crises and hospitalizations.
- Introduced a **new 15-minute micro training format**, making large documents easier to digest—feedback was positive.

#### Next Quarter Priorities:

- Deepening clinical skills in:
  - Communication
  - Trauma-Informed Care
  - Motivational Interviewing

#### Identified Gap:

- Need for expanded access to **Non-Violent Crisis Intervention (CPI)** trainings.
- Providers working with behavior plans will be encouraged to participate, as required by contract.

### Staff Training Attendance

2nd Quarter 2024  
260 Learners

2nd Quarter 2025  
345 Learners

3rd Quarter 2024  
420 Learners

3rd Quarter 2025  
681 Learners

#### **Strategic Plan Goal 3:**

*Serve as a Responsive and Reliable Community Partner*

### Mental Health First Aid - Community

Quarter	# Trained
2 <sup>nd</sup>	11
3 <sup>rd</sup>	18

## HUMAN RESOURCES REPORT

FY2025 / 2<sup>nd</sup> & 3<sup>rd</sup> Quarter

# Satisfaction Survey

Career Training and Development 23/24 Fiscal

	5 - Strongly Agree	4 - Somewhat Agree	3 - Neutral	2 - Somewhat Disagree	1 - Strongly Disagree
This training is relevant to my position.	87.23%	6.38%	4.26%	2.13%	0.00%
This training provided opportunities to practice skills that I can use in my position.	78.26%	17.39%	2.17%	2.17%	0.00%
The multiple training styles used (visual, practical, role play, documentation practice)) took into account my person learning needs.	76.60%	17.02%	6.38%	0.00%	0.00%
I have the opportunity for career development within the company	76.60%	12.77%	6.38%	0.00%	4.26%
Training and development improves opportunities for my career path.	80.85%	8.51%	6.38%	0.00%	4.26%

Career Training and Development 24/25 Fiscal

	5 - Strongly Agree	4 - Somewhat Agree	3 - Neutral	2 - Somewhat Disagree	1 - Strongly Disagree
This training is relevant to my position.	95.45%	0.00%	0.00%	0.00%	4.55%
This training provided opportunities to practice skills that I can use in my position.	95.24%	0.00%	0.00%	0.00%	4.76%
The multiple training styles used (visual, practical, role play, documentation practice)) took into account my person learning needs.	95.24%	4.76%	0.00%	0.00%	0.00%
I have the opportunity for career development within the company	85.71%	9.52%	4.76%	0.00%	0.00%
Training and development improves opportunities for my career path.	95.00%	0.00%	5.00%	0.00%	0.00%

## COMPLIANCE

### FY25 Q2 Compliance Activity

- Completion of the 2024 MDHHS Annual Submission Report required by the Michigan Mental Health Code. The report includes data on service waitlists, requests for service, disposition of service requests, stakeholder surveys, organizational needs assessment, and a cumulative community data set.
- Completion of the 2023-2024 MDHHS 1915 (c) Waiver and BH 1915 (i) SPA site review. This review is required by the MDHHS contract to ensure compliance with the Children's Waiver Program (CWP), Habilitation Supports Waiver (HSW), Waiver for Children with Serious Emotional Disturbance (SEDW), Substance Use Disorder Services (SUD), and 1915 (i) SPA services.
- Implementation of a BTC (Behavior Treatment Committee) Workgroup following corrective action from the 2023-2024 MDHHS 1915 (c) Waiver and BH 1915 (i) SPA site review. Workgroup objectives include updating local BTC policies, developing BTC training for clinical staff, reviewing BTC expectations with contractual psychology providers, and auditing current behavior treatment plans for compliance with the MDHHS BTPRC Technical Requirements.
- Implementation of a Joint Commission Workgroup to develop a health care equity action plan in compliance with new standards.

## HUMAN RESOURCES REPORT

FY2025 / 2<sup>nd</sup> & 3<sup>rd</sup> Quarter

- Preparation for the 2025 External Quality Review (EQR) with HSAG (Health Services Advisory Group) and MDHHS to assess compliance with all Medicaid Managed Care Rule requirements. This year's focus is on Emergency and Post stabilization Services, Provider Selection, Confidentiality, Grievance and Appeal Systems, Sub contractual Relationships and Delegation, Practice Guidelines, Health Information Systems, and the Quality Assessment and Performance Improvement Program (QAPIP).
- Preparation for the 2025 PIHP monitoring of delegated functions and contractual requirements per state and federal regulations.
- Preparation for the 3-day onsite 2025 Joint Commission survey. Professional accreditation is required every 3 years by the Michigan Mental Health Code and MDHHS contract. The survey includes an in-depth review of high-risk, high-volume populations, staff and consumer interviews, site and service location inspections, and evaluation of standards compliance.

### FY25 Q3 Compliance Activity

- Implementation of a BTC (Behavior Treatment Committee) Workgroup following corrective action from the 2023-2024 MDHHS 1915 (c) Waiver and BH 1915 (i) SPA site review. Workgroup objectives include updating local BTC policies, developing BTC training for clinical staff, reviewing BTC expectations with contractual psychology providers, and auditing current behavior treatment plans for compliance with the MDHHS BTPRC Technical Requirements.
- Completion of the 2025 External Quality Review (EQR) with HSAG (Health Services Advisory Group) and MDHHS to assess compliance with all Medicaid Managed Care Rule requirements. This year's focus is on Emergency and Post stabilization Services, Provider Selection, Confidentiality, Grievance and Appeal Systems, Sub contractual Relationships and Delegation, Practice Guidelines, Health Information Systems, and the Quality Assessment and Performance Improvement Program (QAPIP).
- Preparation for the 2025 PIHP monitoring of delegated functions and contractual requirements per state and federal regulations.
- Preparation for the 3-day onsite 2025 Joint Commission survey. Professional accreditation is required every 3 years by the Michigan Mental Health Code and MDHHS contract. The survey includes an in-depth review of high-risk, high-volume populations, staff and consumer interviews, site and service location inspections, and evaluation of standards compliance.
- Implementation of a clinical peer review program with a qualitative data analysis to evaluate clinical compliance and identify trends in performance.

# OPERATIONS REPORT

August 27, 2025

## TRUSTED COMMUNITY PARTNER

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

### Revel Marketing

- Working with Revel on the Behavioral Health Urgent Care (BHUC) marketing plan
- In process of creating brochure and setting up website link
- Sabrina Bergman created BHUC flyers for the website
- Logo selected:



## 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 (July)**

2 grievances received

- 1- request regarding provider issues – meeting held – resolved
- 1 – regarding calls not being returned by staff – resolved in favor of CMH

Customer services satisfaction surveys are in process.

### Kiosks

- July data provided – 29 responses for lobby, 11 responses for Prescriber hallway, no responses from Benesh
- Comments made where low stars were received:
  - The person I was meeting with was late – 2 responses
  - The person I was meeting with wasn't listening to me – 1 response
  - I was kept waiting past my scheduled appointment time – 1 response
  - Staff the consumer was meeting with were 11 to 20 minutes past scheduled appointment time – 2 responses
  - Outside was dirty – 1 response
  - Office/Late appointments are not available when I am available – 2 responses
  - After school appointments are not available – 1 response
  - Staff met with not friendly – 1 response

Pulse for Good kiosk data attached for review.

**Benesh/Behavioral Health Urgent Care (BHUC)**

- Picked up the keys on Friday, August 1, 2025
- IT – equipment ordered for BHUC
- Facilities – moving furniture from Benesh to BHUC on Wednesday, August 27, 2025
- City of Monroe inspection for occupancy is scheduled for Tuesday, August 26, 2025 at 10:00 am, along with plumbing and electrical inspection
- Zoning approved
- Kiosk from Benesh will be moved to the BHUC building

**New Child Prescriber**

- Dr. Ali Schedul
- Estimated start date of September 29, 2025
- Schedule will be Monday and Friday from 8:00 am to 6:00 pm in person
- Dr. Zarko who is currently all remote – last day will be November 13, 2025. Letter will be sent out notifying her consumers of the transition to Dr. Schedul.

**External Provider 3<sup>rd</sup> Quarter Report**

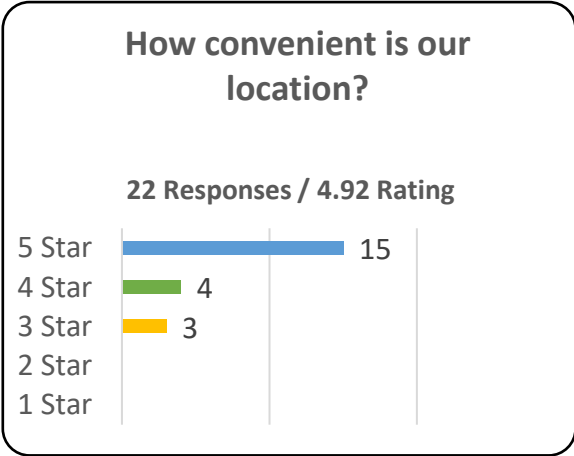
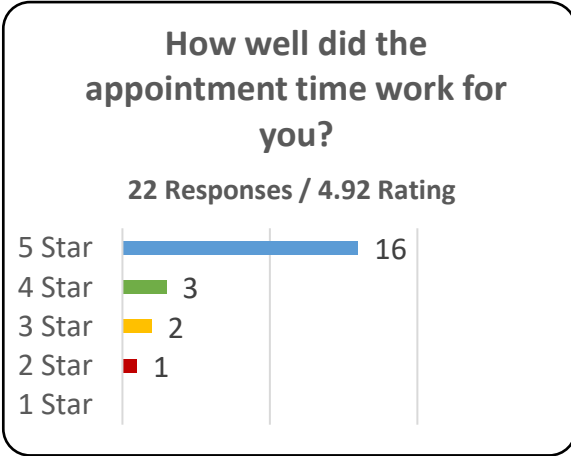
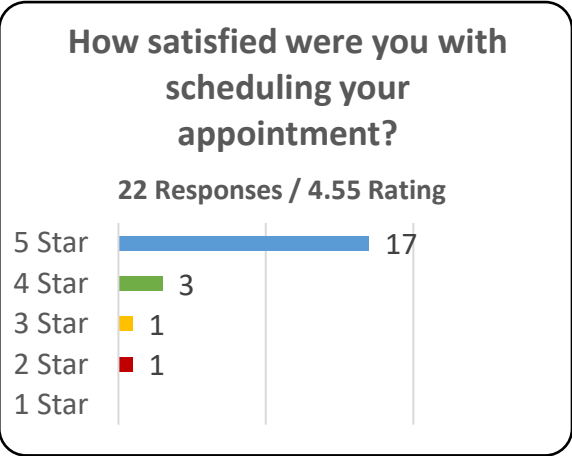
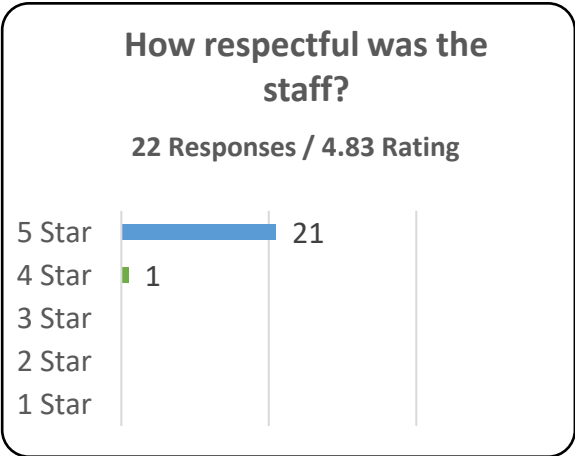
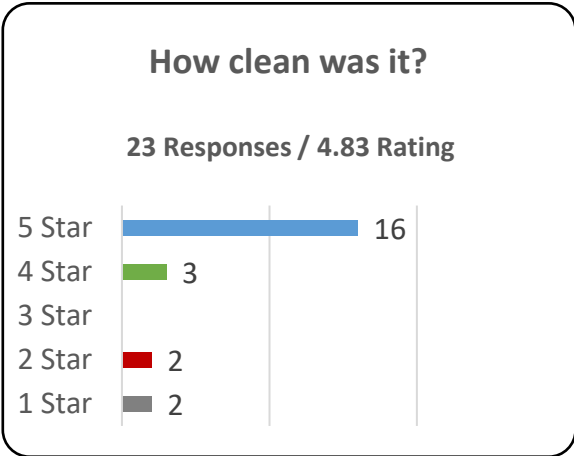
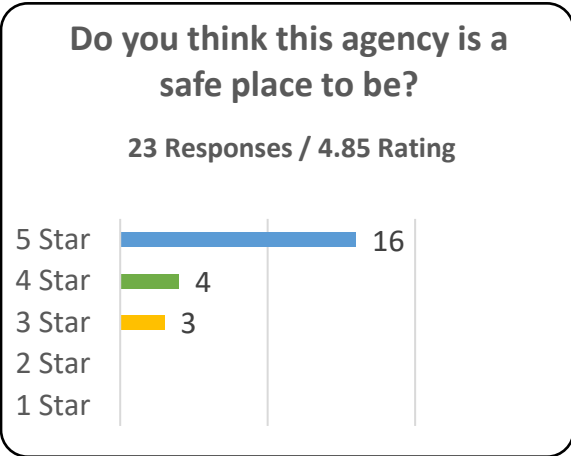
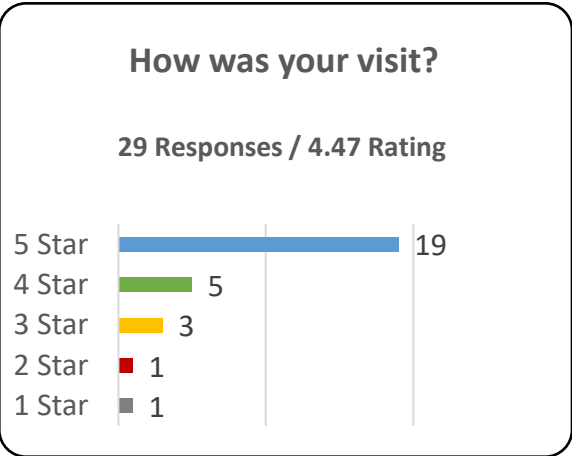
- Staff retention went up 2% for 3<sup>rd</sup> quarter
- Training compliance remains above 95%
- Greatest challenge noted remains to be retention and recruitment, although greatest success is being able to retain and recruit staff.

# PULSE FOR GOOD DATA

July 2025 / Location – Lobby Kiosk



Overall Rating: 4.82

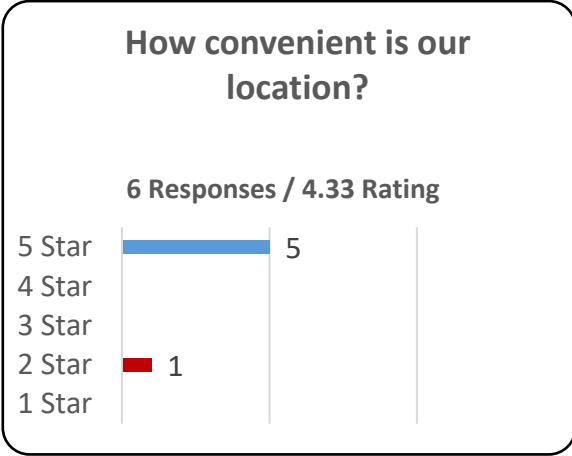
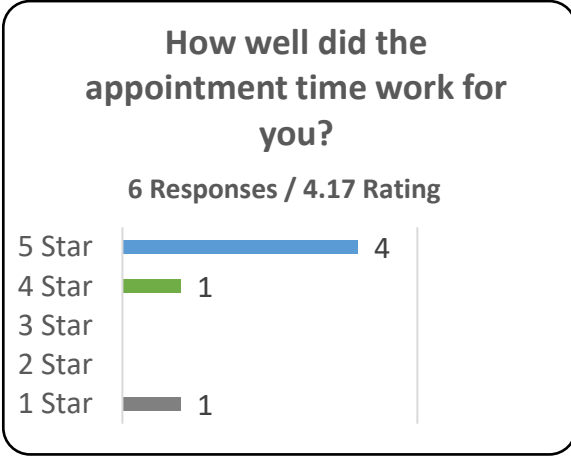
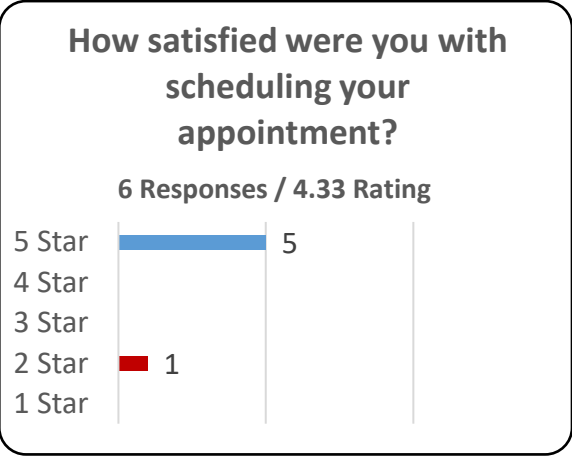
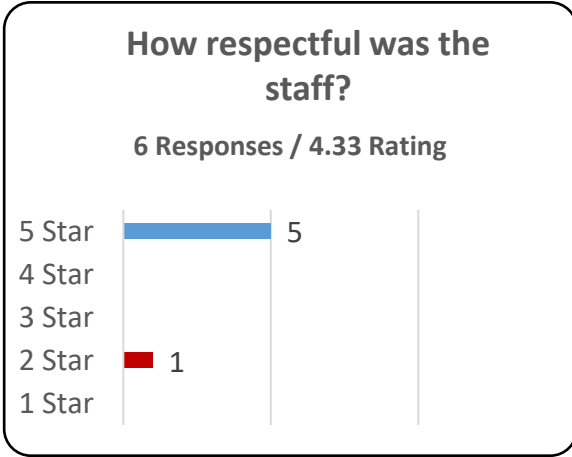
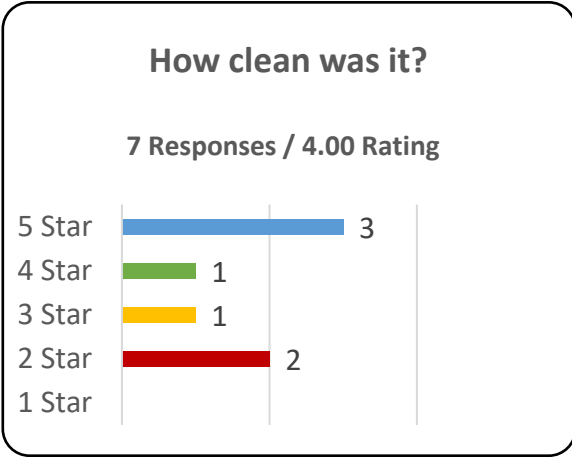
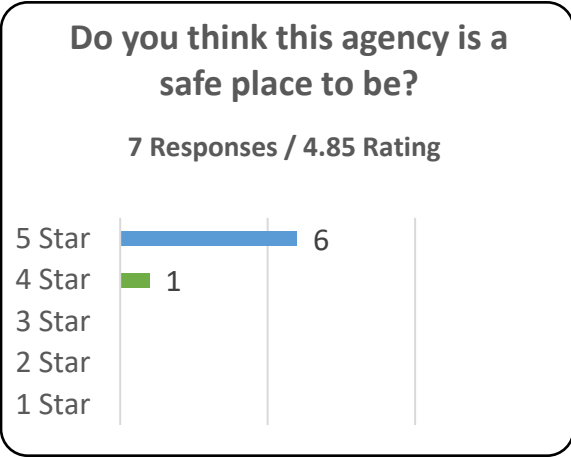
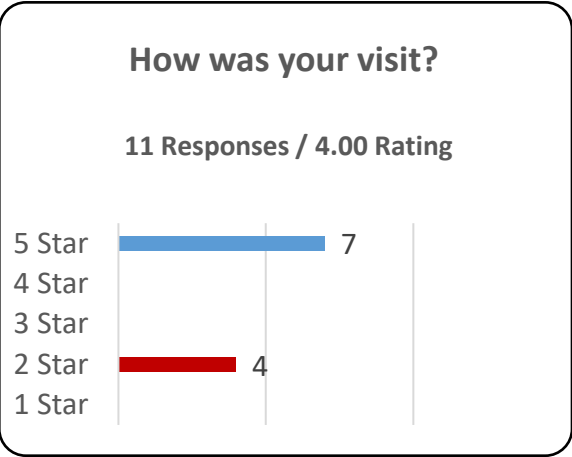


# PULSE FOR GOOD DATA

July 2025 / Location – Prescriber Kiosk



Overall Rating: 4.04



# MCMHA Performance Indicator Survey: External Providers

FY 2025 Q3: April 1, 2025 – June 30, 2025

Surveyed Providers		Retention	Training Compliance
# Sent Out	# Responses	Average Staff Retention	Average Training Compliance
38	26	Q2: 86.13%    Q3: 88.38%	Q2: 97.94%    Q3: 96.86%

## Greatest Challenges

Category	# of Providers
Retention and recruitment	10
Consumer attendance	5
Training compliance	3
Expansion of services	3
Billing issues	3
Communication with staff	2
Finding free/low cost activities for group outings	1
Office equipment/repairs at a high expense	1

## Greatest Successes

Category	# of Providers
Retention and recruitment	6
Quality service	4
Training compliance	2
Consumer successes	2
Communication with staff	2
Group outings	2
Expansion of services	1
Consumer attendance	1

## Supported Employment

Number of Providers	Number of Supported Employment Consumers	Consumers at Least 6 Months Employed
1	5	5

## Drop-In Center

Number of Providers	Average Daily Attendance	Average Meals Per Day
1	5.4	0

The supported employment provider that responded was Life Enrichment Academy. The drop-in center provider that responded was New Directions. New Directions relocated to a new suite in the Benesh building and expanded their hours of operation open to the public and is seeing an increase in attendance.



# MONROE COMMUNITY MENTAL HEALTH

June 2025

## Board Report

# Table of Acronyms

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

June 2025

## Monthly Highlights

- Statement of Activities - Revenue is trending/projected higher than last year, as expected. This is due to budgetary and rate increases from the PIHP capitation and CCBHC.
- Statement of Activities - 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.
- Statement of Activities - Expecting to contribute \$588,912 to the fund balance primarily driven by ongoing efforts to reduce non-Medicaid spending and increase service delivery to Medicaid individuals.
- Statement of Activities: Mental Health-Budget to Actual - 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.
- Statement of Activities: Mental Health-Budget to Actual - 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.
- Statement of Activities: Mental Health-Budget to Actual - Provider network expense is higher than anticipated as mentioned in the bullet above.
- Fiscal 2025 Revenues and Expenses by Fund Source - The CCBHC Medicaid program is showing a surplus of \$874,084 through this reporting period. However, CCBHC non-medicare is trending over budget.
- Fiscal 2025 Revenues and Expenses by Fund Source - Traditional State General Fund spending is lower than budgeted. This is a result of efforts around Medicaid enrollment and tracking of deductibles.

## **BASIC FINANCIAL STATEMENTS**

# MONROE CMH

## Statement of Position

October 1, 2024 through June 30, 2025

	June 30 Balance	Balance September 30 2024	Over (Under)
<b>ASSETS &amp; DEFERRED OUTFLOWS</b>			
Current:			
Cash and cash equivalents	\$ 14,071,282	\$ 5,602,890	\$ 8,468,392
Accounts receivable, net	698,907	739,020	(40,113)
Due from PIHP	3,341,642	8,121,198	(4,779,556)
Due from State of Michigan	73,319	150,602	(77,283)
Due from other governmental units	84,687	327,297	(242,610)
Prepaid items	90,725	268,264	(177,539)
Total current	18,360,562	15,209,272	3,151,290
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,105,046	1,803,341	301,705
Deferred outflows - Pension & OPEB	2,069,826	2,069,826	-
Total noncurrent	4,221,872	3,920,167	301,705
<b>Total assets and deferred outflows</b>	<b>22,582,434</b>	<b>19,129,439</b>	<b>3,452,995</b>
<b>LIABILITIES &amp; DEFERRED INFLOWS</b>			
Current			
Accounts payable	3,618,829	5,622,038	(2,003,209)
Accrued liabilities	5,558,061	374,209	5,183,852
Due to State of Michigan	4,064,864	4,382,162	(317,298)
Unearned revenue	-	0	(0)
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
Total current liabilities	13,291,212	10,427,868	2,863,344
Noncurrent			
Long-term debt, due beyond one year	839,117	839,117	0
Compensated absences, due beyond one year	312,600	312,600	(0)
Lease liability	164,401	164,401	(0)
Net pension liability	4,065,865	4,065,865	-
Net OPEB liability (asset)	(439,438)	(439,438)	-
Deferred inflows - leases	27,586	27,586	(0)
Deferred inflows - Pension/OPEB	3,795,324	3,795,324	(0)
Total noncurrent liabilities	8,765,455	8,765,456	(1)
<b>Total liabilities and deferred inflows</b>	<b>22,056,667</b>	<b>19,193,323</b>	<b>2,863,343</b>
<b>NET POSITION</b>			
Net investment in capital assets	1,960,059	1,658,354	(301,705)
Unrestricted	(1,434,292)	(1,722,239)	(287,947)
<b>Total net position</b>	<b>\$ 525,767</b>	<b>\$ (63,885)</b>	<b>\$ 589,652</b>

# MONROE CMH

## Statement of Activities

October 1, 2024 through June 30, 2025

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Over (Under)
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 33,874,488	\$ 45,165,984	\$ 41,723,255	\$ 3,442,729
Medicaid - Settlement	(3,496,499)	(4,661,999)	(3,303,941)	(1,358,058)
Healthy Michigan	2,744,280	3,659,040	2,860,301	798,739
Healthy Michigan - Settlement	955,881	1,274,508	202,429	1,072,079
CCBHC	7,509,238	10,012,317	7,655,612	2,356,706
CCBHC - Settlement	1,908,735	2,544,980	1,197,466	1,347,514
Behavior Health Home	161,916	215,888	290,138	(74,250)
State General Funds	1,178,271	1,571,028	1,625,736	(54,708)
State General Funds - Carryover	-	-	-	-
County appropriations	748,352	997,803	997,803	(0)
Charges for services	38,283	51,044	174,511	(123,467)
Other grants	1,268,279	1,691,039	1,339,557	351,482
Other revenue	491,112	654,816	554,137	100,679
Total operating revenue	47,382,336	63,176,448	55,317,004	7,859,444
<b>Operating expenses</b>				
Administration				
Salaries	1,575,102	2,100,136	2,090,165	9,971
Benefits	1,277,733	1,703,644	1,477,340	226,304
Other	1,853,535	2,471,380	2,789,826	(318,446)
Internal Services				
Salaries	5,414,397	7,219,196	6,885,346	333,850
Benefits	4,016,827	5,355,769	5,355,769	-
Other	1,640,749	2,187,665	2,175,365	12,300
Provider Network Services	28,864,406	38,485,875	32,493,556	5,992,318
Facility costs	872,818	1,163,757	727,493	436,264
Vehicle costs	45,562	60,749	116,021	(55,272)
Grant expenses	946,078	1,261,437	1,107,462	153,975
Room & Board	286,217	381,623	345,733	35,890
GASB 68 & 75 Adjustment	-	-	(5,985,888)	5,985,888
Total operating expenses	46,793,424	62,391,232	49,578,190	12,813,042
Change in net position	588,912	785,216	5,738,813	\$ (4,953,597)
Net position, beginning of year	(63,145)	(63,145)	(5,802,698)	
Net position, end of year	\$ 525,767	\$ 722,071	\$ (63,885)	

# MONROE CMH

## Statement of Activities

Mental Health - Budget to Actual

October 1, 2024 through June 30, 2025

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 44,657,457	\$ 33,493,093	\$ 33,874,488	\$ 381,395
Medicaid - Settlement	(1,307,613)	(980,710)	(3,496,499)	(2,515,789)
Healthy Michigan	3,659,040	2,744,280	2,744,280	-
Healthy Michigan - Settlement	(181,675)	(136,256)	955,881	1,092,137
CCBHC	10,829,775	8,122,331	7,509,238	(613,093)
CCBHC - Settlement	2,205,775	1,654,331	1,908,735	254,404
Behavior Health Home	376,937	282,703	161,916	(120,787)
State General Funds	1,634,610	1,225,958	1,178,271	(47,687)
County appropriations	997,803	748,352	748,352	(0)
Charges for services	47,247	35,435	38,283	2,848
Other grants	1,540,594	1,155,446	1,268,279	112,834
Other revenue	194,312	145,734	491,112	345,378
	<u>64,654,262</u>	<u>48,490,696</u>	<u>47,382,336</u>	<u>(1,108,360)</u>
<b>Operating expenses</b>				
Administration				
Salaries	2,304,421	1,728,315	1,575,102	(153,213)
Benefits	4,511,186	3,383,390	1,277,733	(2,105,657)
Other	2,696,140	2,022,105	1,853,535	(168,570)
Internal Services				
Salaries	8,550,222	6,412,667	5,414,397	(998,270)
Benefits	3,107,517	2,330,637	4,016,827	1,686,190
Other	1,796,182	1,347,137	1,640,749	293,612
Provider Network Services	35,738,574	26,803,931	28,864,406	2,060,475
Facility costs	1,248,821	936,616	872,818	(63,798)
Vehicle costs	54,322	40,741	45,562	4,821
Grant expenses	1,984,628	1,488,471	946,078	(542,393)
Other expenses	-	-	-	-
Room & Board	776,755	582,566	286,217	(296,349)
	<u>62,768,767</u>	<u>47,076,576</u>	<u>46,793,424</u>	<u>(283,152)</u>
Change in net position	<u>1,885,494</u>	<u>1,414,121</u>	<u>588,912</u>	<u>(825,209)</u>
Net position, beginning of year	<u>(63,145)</u>	<u>(63,145)</u>	<u>(63,145)</u>	<u>-</u>
Net position, end of year	<u>\$ 1,822,349</u>	<u>\$ 1,350,976</u>	<u>\$ 525,767</u>	<u>\$ (825,209)</u>

## **INCOME STATEMENT BY FUND SOURCE**

# MONROE CMH

## Fiscal 2025 Revenues and Expenses by Fund Source

October 2024 through June 2025

Medicaid	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Revenue	\$ 44,657,457	\$ 33,493,093	\$ 33,874,488	\$ 381,395
PIHP Redirect to CCBHC	(5,577,300)	(4,182,975)	(2,949,384)	1,233,591
1st/3rd Party Revenue	-	-	3,704	3,704
Expense	\$ 37,772,544	28,329,408	27,432,309	(897,099)
Revenue over/(under) expenses	\$ 1,307,613	\$ 980,710	\$ 3,496,499	\$ 2,515,789
Healthy Michigan	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Revenue	\$ 3,659,040	\$ 2,744,280	\$ 2,744,280	\$ -
PIHP Redirect to CCBHC	(1,171,834)	(878,875)	(455,557)	423,319
1st/3rd Party Revenue	-	-	-	-
Expense	\$ 2,305,531	1,729,148	3,244,604	1,515,456
Revenue over/(under) expenses	\$ 181,675	\$ 136,256	\$ (955,881)	\$ (1,092,137)
CCBHC Medicaid	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Cap Revenue	\$ 5,070,273	\$ 3,802,705	\$ 2,949,384	\$ (853,321)
PIHP Supp Revenue	7,109,531	5,332,148	7,509,238	2,177,090
1st/3rd Party Revenue	42,396	31,797	1,246	(30,551)
Expense	12,273,772	9,205,329	9,812,213	606,884
Retain as local	1,780,966	1,335,724	1,048,432	(287,292)
Revenue over/(under) expenses	\$ (1,832,538)	\$ (1,374,404)	\$ (400,778)	\$ 973,626
CCBHC Healthy Michigan	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Cap Revenue	\$ 1,065,304	\$ 798,978	\$ 455,557	\$ (343,421)
PIHP Supp Revenue	1,514,469	1,135,852	-	(1,135,852)
1st/3rd Party Revenue	-	-	-	-
Expense	2,641,224	1,980,918	2,137,862	156,944
Retain as local	311,785	233,839	(174,348)	(408,187)
Revenue over/(under) expenses	\$ (373,237)	\$ (279,928)	\$ (1,507,957)	\$ (1,228,029)
Total PIHP Sources	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Revenue	\$ 56,326,939	\$ 42,705,373	\$ 44,128,006	\$ 1,422,633
1st/3rd Party Revenue	42,396	31,797	4,949	(26,848)
Expense	54,993,071	41,244,803	42,626,988	1,382,185
Retain as local in FY 25	2,092,751	1,569,563	874,084	(695,479)
Revenue over/(under) expenses	\$ (716,487)	\$ (77,197)	\$ 631,883	\$ 709,080

# MONROE CMH

## Fiscal 2025 Revenues and Expenses by Fund Source

October 2024 through June 2025

CCBHC Medicaid	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Cap Revenue	\$ 5,070,273	\$ 3,802,705	\$ 2,949,384	\$ (853,321)
PIHP Supp Revenue	8,942,069	6,706,552	7,910,016	1,203,464
1st/3rd Party Revenue	42,396	31,797	1,246	(30,551)
Expense	12,273,772	9,205,329	9,812,213	606,884
Revenue over/(under) expenses	\$ 1,780,966	\$ 1,335,724	\$ 1,048,432	\$ (287,292)
CCBHC Healthy Michigan	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Cap Revenue	\$ 1,065,304	\$ 798,978	\$ 455,557	\$ (343,421)
PIHP Supp Revenue	1,887,706	1,415,779	1,507,957	92,177
1st/3rd Party Revenue	-	-	-	-
Expense	2,641,224	1,980,918	2,137,862	156,944
Revenue over/(under) expenses	\$ 311,785	\$ 233,839	\$ (174,348)	\$ (408,187)
CCBHC NonMedicaid	2025 Budget	YTD Budget	2025 Actual	Over (Under)
State CCBHC Revenue	\$ -	\$ -	\$ -	\$ -
1st/3rd Party Revenue	-	-	-	-
Expense	1,858,972	1,394,229	1,796,159	401,930
Redirect from GF	1,858,972	1,394,229	1,796,159	401,930
Revenue over/(under) expenses	\$ -	\$ -	\$ -	\$ -
ALL CCBHC Combined	2025 Budget	YTD Budget	2025 Actual	Over (Under)
All CCBHC Revenue	\$ 16,965,351	\$ 12,724,013	\$ 12,822,913	\$ 98,900
1st/3rd Party Revenue	42,396	31,797	1,246	(30,551)
Expense	16,773,968	12,580,476	13,746,234	1,165,758
Redirect from GF	1,858,972	1,394,229	1,796,159	401,930
Revenue over/(under) expenses	\$ 2,092,751	\$ 1,569,563	\$ 874,084	\$ (695,479)

# MONROE CMH

## Fiscal 2025 Revenues and Expenses by Fund Source

October 2024 through June 2025

State General Fund	2025 Budget	YTD Budget	2025 Actual	Over (Under)
Revenue	\$ 1,634,610	\$ 1,225,958	\$ 1,574,602	\$ 348,645
Expense	3,747,623	2,810,717	999,016	(1,811,701)
Redirect to Other Programs	(1,858,972)	(1,394,229)	(1,796,159)	(401,930)
Redirect from Other Programs	3,971,985	2,978,989	1,220,573	(1,758,416)
Revenue over/(under) expenses	\$ -	\$ -	\$ -	\$ -
All Other Grants/Local	2025 Budget	YTD Budget	2025 Actual	Over (Under)
Revenue	\$ 4,133,744	\$ 3,100,308	\$ 1,996,343	(1,103,965)
Expense	2,017,302	1,512,977	1,064,620	(448,357)
Redirects	(3,971,985)	(2,978,989)	(1,220,573)	1,758,416
Revenue over/(under) expenses	\$ (1,855,543)	\$ (1,391,657)	\$ (288,850)	\$ 1,102,807
Total Non PIHP Sources	2025 Budget	YTD Budget	2025 Actual	Over (Under)
Revenue	\$ 5,768,354	\$ 4,326,266	\$ 3,570,945	\$ (755,321)
Expense	7,623,897	5,717,923	3,859,795	(1,858,128)
CCBHC Retain as local	2,092,751	1,569,563	874,084	(695,479)
Revenue over/(under) expenses	\$ 237,208	\$ 177,906	\$ 585,234	\$ 407,328

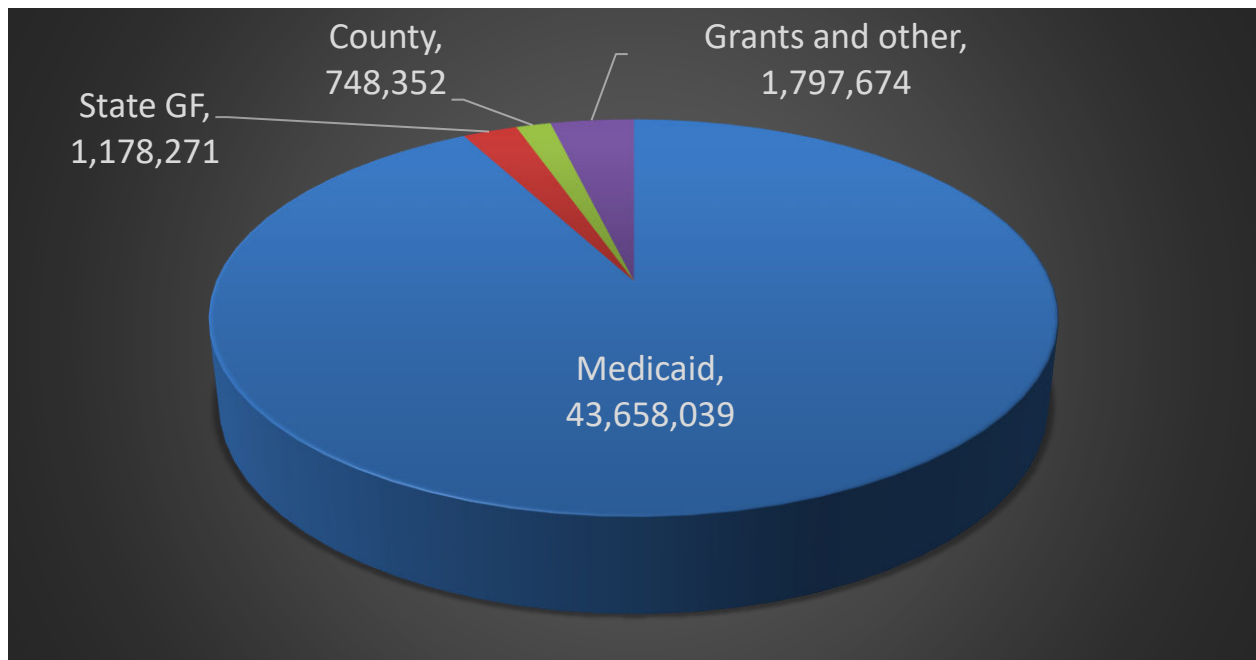
## **TRENDS AND PAYMENTS**

## MONROE CMH

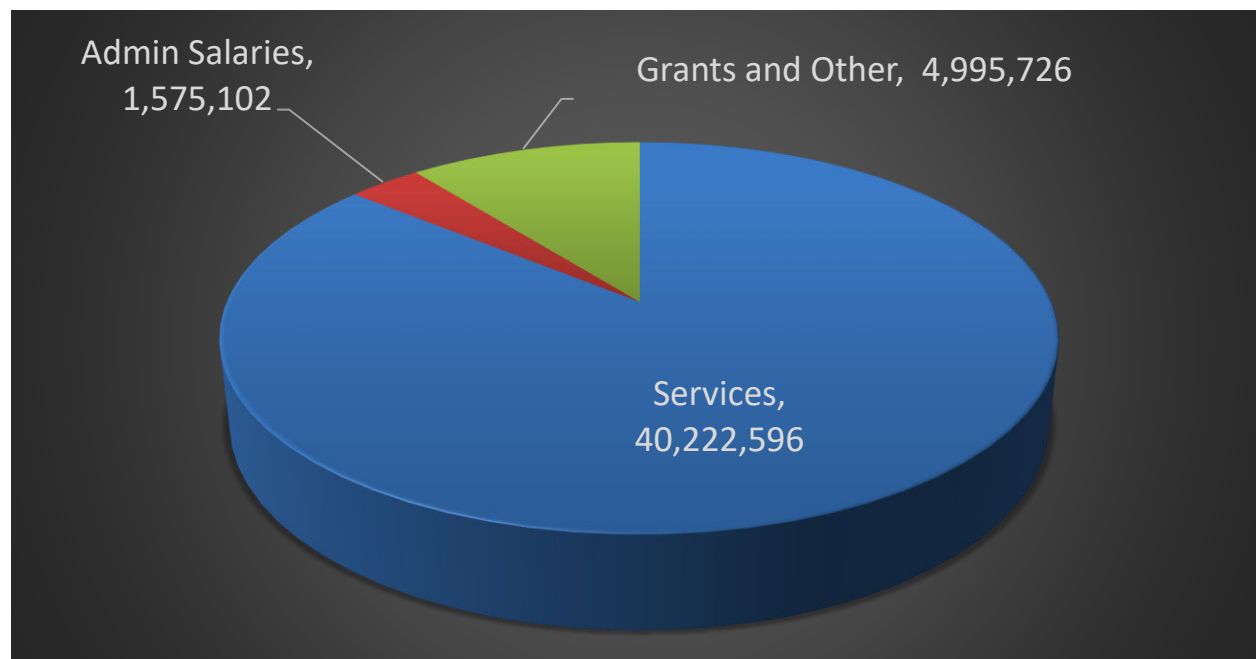
### June 2025 Trends

### Sources and Uses

#### Revenues by Source



#### Expenditures by Category



# Monroe CMHA

## Payment Summary Report

For the Month of June 2025

Vendor Name	Total
8X8 INC.	\$ 4,623.70
A Heart That Cares, LLC	63,969.90
AARON LAVENDAR	500.00
ABA INSIGHT, LLC	63,537.75
ACCIDENT FUND INSURANCE COMPANY OF AMERICA	4,946.20
ADULT LEARNING SYSTEM, INC	33,572.06
AFLAC	2,057.02
AFSCME UNION / LOCAL 2529	2,242.50
ALERT MEDIA, LLC	9,685.27
APPLIED INNOVATION	569.02
ARA FAMILY HOLDINGS, LLC	2,387.87
ARKAY, INC	5,613.40
BAKER'S ACE HARDWARE	612.95
BBH VENTURES, LLC	5,025.96
BCA OF DETROIT, LLC	26,101.07
BEACON SPECIALIZED LIVING SERVICES, INC.	127,720.00
BELLE TIRE DISTRIBUTORS	231.98
BERTEISMANN LEARNING LLC	21,441.22
BESTCO BENEFIT PLANS, LLC	25,235.08
BLUENET	2,745.00
CELLCO PARTNERSHIP	625.59
CENTRIA HEALTHCARE, LLC	28,755.84
CHARTER COMMUNICATIONS	269.96
CHITTER CHATTER PC	165,093.47
CHOICES W/SELF DETERMINATION, LLC	8,502.54
CHS GROUP, LLC	267,211.11
CINTAS CORP - 306/K11	699.21
CITY OF MONROE	674.20
COGNIZANT TRIZETTO SOFTWARE GROUP, INC.	111.70
COMMUNITY LIVING NETWORK	42,022.15
CONSILIUM STAFFING, LLC	42,660.00
CONSUMERS ENERGY COMPANY	100.59

# Monroe CMHA

## Payment Summary Report

For the Month of June 2025

Vendor Name	Total
CONTRACT SERVICE GROUP	1,192.00
COUNTY OF WASHTENAW, MICHIGAN	21,508.02
CSDD C/O SAFEGUARD ACCOUNTING	24,823.54
Culligan of Ida	52.00
DAVID ALLEN HALL	25.00
DELTA DENTAL PLAN OF MICHIGAN	8,934.08
DOCUMENT MANAGEMENT SOLUTIONS	530.28
DOMINIC BRIGANTI	25.00
DTE ENERGY	6,120.56
EISENHOWER CENTER	208,360.00
ENFIELD VILLAGE CONDOMINIUM	197.00
EVEREST, INC.	106,100.00
FLATROCK MANOR, INC	325,974.12
FRAME'S PEST CONTROL, INC.	738.89
FRIENDS WHO CARE, INC.	9,575.80
FUNKYBONES BBQ	1,130.00
GENOA HEALTHCARE, LLC	1,199.24
GOODWILL INDUSTRIES OF SE MICH, INC	38,307.75
GUARDIANTRAC, LLC	290,689.74
GUIDING LIGHT AFC LLC	11,691.16
GUTTERMAN, PAUL Y.	14,630.00
HAVENWYCK HOSPITAL	66,175.09
HAVENWYCK HOSPITAL-CEDAR CREEK	3,863.70
HEALIA, INC	1,750.00
HELP AT HOME, LLC	1,955.80
HILLSDALE COMMUNITY HEALTH CENTER	7,200.00
HOME - COMMUNITY SUPPORTED LIVING ARRANGEMENTS	38,459.46
HOPE NETWORK BEHAVIORAL HEALTH	2,179.88
IBM CORPORATION	66.00
ILLUMINATE ABA SERVICES LLC	19,741.90
IRIS TELEHEALTH MEDICAL GROUP, PA	66,156.00
ISMAIL B. SENDI MD PC	2,960.00

# Monroe CMHA

## Payment Summary Report

For the Month of June 2025

Vendor Name	Total
JASWANT S BAGGA	32,120.00
JENNIFER DURELL	74.00
JOAN M. CANNING	90.00
JOHN BURKARDT	60.00
JULIAN BURRIS	75.00
KENNETH R PAPENHAGEN	83.80
KIMBERLY S. SANDERLIN	750.00
KONICA MINOLTA BUSINESS SOLUTIONS USA INC.	322.53
LAMOUR PRINTING CO.	1,525.00
LANGUAGELINE SOLUTIONS	3.93
LAROY DOOR, INC.	561.00
LASCALA IT SOLUTIONS, INC	4,887.00
LAURA NIDA	25.00
LEGAL SHIELD	297.29
LOCUMTENENS.COM	47,199.52
LOUIS BALOGH	1,713.47
LUTHERAN CHILD AND FAMILY SERVICE OF MICHIGAN, INC	3,575.23
MACOMB RESIDENTIAL OPPORTUNITIES, INC	540,311.49
MASTROFRANCESCO, A.F.C.	87,590.49
MCLAUGHLIN PROPERTIES LLC	12,162.02
MICHAEL HUMPHRIES	76.80
MICHIGAN BH JV LLC	6,396.00
MICHIGAN GAS UTILITIES	133.97
MIDWEST FIBER HOLDINGS LP	1,550.00
MIKE'S SEWER SERVICE	250.00
MONROE CENTER, LLC.	6,250.00
MONROE COUNTY RETIREMENT SYSTEM	114,820.50
MUTUAL OF OMAHA	44,753.70
NAOMI REBECCA STONER	60.00
NEW DIRECTIONS PEER RECOVERY CENTER	10,700.00
O'REILLY AUTO PARTS	60.39
PAN AMERICAN LANGUAGES & SERVICES, INC.	3,063.00

# Monroe CMHA

## Payment Summary Report

For the Month of June 2025

Vendor Name	Total
PANCONES AUTO, LLC	1,901.22
PHC OF MI, INC	33,881.85
PHILLIP ARCHER, MD	6,075.00
PINE REST CHRISTIAN MENTAL HEALTH SERVICES	19,845.00
PROGRESSIVE RESIDENTIAL SERVICES	389,767.57
PROMEDICA MONROE REGIONAL HOSPITAL	138,305.00
QUANTUMLINK COMMUNICATIONS	69.66
R LAMAR FREDERICK	116.00
REBECCA PASKO	885.46
REBECCA S CURLEY	144.60
REDA D. BINIECKI	79.60
REHMANN LLC	183,929.48
REPUBLIC SERVICES #259	1,802.48
RESIDENTIAL OPPORTUNITIES, INC	10,559.35
REVEL--QONVERGE, LLC	8,270.44
SABRINA R. CORBIN	167,267.62
SHAMROCK HOLDINGS LLC	5,667.00
SNOW CHIU WU	2,610.00
Spectrum Health Hospitals	22,500.00
ST. JOSEPH MERCY HOSPITAL	5,540.22
ST. PIERRE ACE HARDWARE INC.	23.92
STATE OF MICHIGAN / MDCH	18,329.30
SUPERIOR VISION SERVICES, INC.	2,094.71
SUSAN ELIZABETH FORTNEY	174.00
T MOBILE USA, INC.	2,816.85
TELEVOX INC.	721.56
THE SALVATION ARMY	3,291.82
THERAPEUTICS, LLC	38,232.00
TIM ANDRZETEWski	79.24
TIMOTHY ALLEN LASSEY	25.00
UNIFIRST MANUFACTURING CORP	954.12
UNITED WAY OF MONROE CO, INC.	15.00

# Monroe CMHA

## Payment Summary Report

For the Month of June 2025

Vendor Name	Total
VIGILANTE SECURITY, INC.	364.50
VITAL RECORDS HOLDING	88.35
WOLVERINE INVESTMENT PROPERTIES, LLC	6,988.44
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MONROE MICH	634.66
<b>Grand Total</b>	<b>\$ 4,237,448.47</b>



1

## Behavioral Health Urgent Care

- A designated intervention/treatment location offering an alternative to community hospital Emergency Department, serving guests with urgent primary behavioral health needs, providing triage and referral services.

2

## Key Functions of a BHUC



MEDICAL  
SCREENING



CASE  
MANAGEMENT



REFERRALS



BRIEF SOLUTION-  
FOCUSED THERAPY



PSYCHIATRY  
(AS NEEDED)

3

## Population to be Served

Mental Health conditions  
(MH)

Substance Use Disorder  
(SUD)

Co-Occurring  
(MH/SUD)

Serious Emotional  
Disturbances  
(SED)

Mental Health and  
Intellectual/Developmental  
Disability  
(I/DD)

4

## Treatment Program Philosophy

- The BHUC model is intended to divert guests experiencing behavioral health crises from Emergency Departments or hospitals.
- Services include:
  - Initial Triage
  - Brief Assessment
  - Stabilization and Intervention
  - Nursing assessment and intervention
  - Psychiatric intervention
  - Crisis Case Management
  - Disposition and Discharge Planning

5

- Beginning September 1, 2025, MCMHA BHUC will be open weekdays, 11am-7pm
- These hours reflect our heaviest crisis call times
- MCMHA is working on a staff leasing arrangement with Catholic Charities of Southeast Michigan/St. Joe's Center of Hope which will allow us to partner and coordinate recovery coaching services for those who have primary SUD needs
- St. Joe's operates in the same complex and would be open Monday-Saturday, 8am-8:30pm
- Potential partnerships are being explored to provide overnight shelter for individuals receiving care

## Hours of Operation

6

- Emergency Medical Care
- Long-Term or Intensive Treatment
- Inpatient Psychiatric Hospitalization
- Court-Mandated Evaluations or Forensic Requests
- Return-to-Work or School Evaluations/ Clearances
- Routine Medication Prescriptions or Refills
- Voluntary vs. Involuntary Commitments
- Medical Detoxification

A Behavioral  
Health  
Urgent Care  
is NOT...

7

## Other Considerations

- Property inspection completed and remediations underway
- Zoning and Occupancy permits filed and inspection scheduled
- Logo created
- Marketing plan underway
- All positions filled (or in process)
- Policies/procedures developed and in process of finalization
- Signage underway

8

# Expanding Crisis Services in the Future

As MCMHA grows our Crisis Response Service array, we continue to evaluate the county's needs for greater crisis services.

## Crisis Stabilization

- Less restrictive environment for individuals experiencing a mental health crisis, aiming to stabilize and connect to appropriate care within 72 hours.

## Crisis Residential

- Short-term, alternative residential services for individuals experiencing acute psychiatric crisis, delivered in a supportive, home-like environment.
- Typically provided in licensed foster care or group home settings.
- Individuals stay for days or weeks.



**BOARD BYLAWS & POLICY COMMITTEE**  
**Wednesday, August 6, 2025**  
**6:00pm**

**MAJOR COMMITTEE RESPONSIBILITIES**

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

**COMMITTEE MEMBERS**

Becca Curley, Chair; John Burkardt, Susan Fortney, Reda Biniecki, and Joan Canning  
Rebecca Pasko (Ex-Officio)

**DRAFT MINUTES**

**I. CALL TO ORDER**

Becca Curley called the meeting to order at 6:10pm. Becca Curley, John Burkardt, Susan Fortney, Reda Biniecki, Joan Canning, Rebecca Pasko, and Lisa Graham were present. Dr. Frances Jackson, Parliamentarian, attended as a guest.

**II. COMMITTEE BUSINESS**

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

<b>Policies:</b>	EOC2009 Renovation and Project Management at MCMHA Policy
<b>Procedures:</b>	EOC2009-P1 Renovation and Project Management at MCMHA Procedure
<b>Exhibits:</b>	EOC2009-E1 Renovation and Project Management Forms Exhibit
<b>Rescind:</b>	POC7064-E4 Nutrition Screen Exhibit
<b>Relocate:</b>	N/A

The committee has reviewed the Authority Policy, Procedures, and Exhibits and recommends that the Board approve at their August 27, 2025 meeting.

- b. Regional Policies

<b>Policies:</b>	N/A
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There were no regional policies to recommend.

**III. BOARD BYLAWS**

- a. Board Bylaws Health Review Report
- i. Dr. Frances Jackson provided a presentation on what Bylaws and Policy Manuals are for and their importance as well as a Health Review Report against the current Board Bylaws with recommendations for revision.
- b. Review of Board Bylaws
- i. The committee is currently undergoing the review process of the Board Bylaws.

**IV. PARKING LOT**

- a. 2025: Board Governance Policy Manual - Following completion of Bylaws
- b. July 2026: Begin Review of Board Bylaws
- c. July 2026: Begin Review of Governance Policy Manual

**V. AJOURNMENT**

The meeting adjourned at 7:39pm.

**VI. NEXT MEETING**

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Thursday, September 3, 2025** at 6:00pm.

Respectfully submitted,  
*Becca Curley (dp)*

Becca Curley  
Committee Chair

813/25



## BOARD PERFORMANCE EVALUATION COMMITTEE

Wednesday, August 6, 2025  
5:00pm

### MAJOR COMMITTEE RESPONSIBILITIES

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

### COMMITTEE MEMBERS

Board Chair  
Board Vice Chair  
Board Secretary  
Business Operations Chair  
Clinical Operations Chair

### DRAFT MINUTES

#### I. CALL TO ORDER

The meeting was called to order by Rebecca Pasko at 5:07pm. Rebecca Pasko, John Burkardt, Susan Fortney, LaMar Frederick, and Lisa Graham were in attendance. Naomi Stoner was excused.

#### II. 3<sup>rd</sup> QUARTER OVERVIEW OF PERFORMANCE WITH CHIEF EXECUTIVE OFFICER

- a. The Performance Evaluation Committee met with the Chief Executive Officer for a presentation on 3<sup>rd</sup> Quarter performance. Lisa Graham presented on the following:
  - i. Hired Medical Director – Dr. Sadah
  - ii. Filled our Recipient Rights Officer vacancy
  - iii. Employee Engagement Survey sent out
  - iv. Onboarding two new board members
  - v. Administrative Professional Day
  - vi. Continued negotiation with ProMedica for BHUC space
  - vii. Developed NAMI Michigan presentation with community partners
    1. SAFE Communities through Community Collaboration
    2. Office Chad Tolstedt, Aaron Lavender
  - viii. Booth at Monroe Pride Event
  - ix. Advocacy to defeat PIHP Procurement
    1. Senator Bellino at River Raisin Clubhouse
    2. Representative Jamie Thompson/James Colaianne
    3. Mental Health Roundtable
    4. Bellino/Thompson meeting
  - x. ELT Retreat
  - xi. Merging After-Hours/Crisis Mobile
  - xii. CCBHC Site Visit – No findings
  - xiii. River Raisin Clubhouse – Staff Open House and Community Open House
  - xiv. New Directions relocated
  - xv. MCOP Gala
  - xvi. NAMI Michigan Honors Banquet
  - xvii. Mental Health Fun Day

Lisa Graham commented that the River Raisin Clubhouse Open House was the highlight of the year and maybe of her tenure as CEO. Eight new members have been gained since the open house. Now that the Clubhouse is on their way, we will be able to put the same energy into helping New Directions.

- b. The committee was pleased with the Chief Executive Officer's 3<sup>rd</sup> quarter progress.
  - i. The committee believes that Lisa Graham is doing a great job and is on target.
  - ii. Lisa Graham also identified four areas she'd like to see improve: face-to-face time, timeliness of documentation; timeliness of Access; and follow up on hospitalization.
- c. The committee engaged in dialogue regarding progress made against the Strategic Plan during 3<sup>rd</sup> quarter and provided Lisa Graham with encouraging and constructive feedback.
- d. The committee also discussed the stages of renewing the Chief Executive Officers contract and will begin the process with a special meeting in early September with legal counsel.
- e. Future Performance Evaluation Committee meetings will be scheduled to review the current performance evaluation process and tools in comparison to a new evaluation tool which could be used starting next year.

#### III. PERFORMANCE EVALUATION COMMITTEE MEETING SCHEDULE

- a. The committee will meet in early September to discuss the Chief Executive Officer Contract with legal counsel.
- b. Future committee meetings for the remainder of 2025 have not yet been confirmed.

**IV. NEXT STEPS**

- a. The committee will meet in November for the Chief Executive Officer's 4<sup>th</sup> Quarter Performance Report.

**V. ADJOURNMENT**

The meeting adjourned at 6:05pm. The next meeting is scheduled for **Wednesday, September 10, 2025** beginning at 5:00pm.

Respectfully submitted,

*Rebecca Pasko (dp)*

Rebecca Pasko  
Performance Evaluation Committee Chair

8/13/25



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

Wednesday, August 20, 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							
BCA of Detroit LLC DBA StoneCrest Center	10/1/25-9/30/26	Psychiatric Inpatient	\$841.97	Per diem	\$867.23	Per diem	3% increase
		Psychiatric Inpatient (1:1 enhanced staffing)	\$1,236.00	Per diem	\$1,273.08	Per diem	
Pine Rest Christian Mental Health Services	10/1/25-9/30/26	Psychiatric Inpatient	\$1,269.00	Per diem	\$1,294.00	Per diem	2% increase
		Psychiatric Inpatient (Pediatric unit)	\$1,393.00	Per diem	\$1,421.00	Per diem	
Havenwyck Hospital DBA Cedar Creek Hospital	10/1/25-9/30/26	Psychiatric Inpatient	\$1,086.37	Per diem	\$1,118.96	Per diem	3% increase
Southridge Behavioral Hospital	8/1/25-9/30/26	Psychiatric Inpatient			\$1,100.00	Per diem	
Community Living Supports (CLS) / Supported Employment / Respite							
Flatrock Manor	10/1/25-9/30/26	Licensed Residential	\$542.39	Per diem	\$558.66	Per diem	3% increase
		Licensed Residential (enhanced 1:1 service 8hrs/day)	\$753.43	Per diem	\$776.03	Per diem	
		Licensed Residential (enhanced 1:1 service 16hrs/day)	\$964.47	Per diem	\$993.40	Per diem	
		Licensed Residential (enhanced 1:1 service 24hrs/day)	\$1,175.51	Per diem	\$1,210.77	Per diem	
		Community Living Supports/Overnight Health and Safety Supports	\$5.65	Per 15 minutes	\$5.82	per 15 minutes	
		Treatment Planning	\$231.75	Encounter	\$236.68	Encounter	
		Treatment Plan Monitoring	\$77.25	Encounter	\$79.57	Encounter	
Autism / Waiver Services							
ABA Insight LLC	10/1/24-9/30/26	ABA Adaptive Behavior Treatment	\$14.81/\$14.81/\$14.81/\$13.56	Per 15 minutes	\$16.00	Per 15 minutes	Reimbursement rates are being increased to align with MDHHS requirements.
Centria Healthcare	10/1/24-9/30/26	ABA Adaptive Behavior Treatment	\$14.81/\$14.81/\$14.81/\$13.56	Per 15 minutes	\$16.00	Per 15 minutes	
Chitter Chatter	10/1/24-9/30/26	ABA Adaptive Behavior Treatment	\$14.81/\$14.81/\$14.81/\$13.56	Per 15 minutes	\$16.00	Per 15 minutes	
Dearborn Speech & Sensory Center Inc dba Metro Speech & Sensory	10/1/24-9/30/26	ABA Adaptive Behavior Treatment	\$14.81/\$14.81/\$14.81/\$13.56	Per 15 minutes	\$16.00	Per 15 minutes	
Illuminate ABA Services Inc	10/1/24-9/30/26	ABA Adaptive Behavior Treatment	\$14.81/\$14.81/\$14.81/\$13.56	Per 15 minutes	\$16.00	Per 15 minutes	
Ivyrehab Michigan LLC	10/1/24-9/30/26	ABA Adaptive Behavior Treatment	\$14.81/\$14.81/\$14.81/\$13.56	Per 15 minutes	\$16.00	Per 15 minutes	
Magent ABA Therapy LLC	10/1/24-9/30/26	ABA Adaptive Behavior Treatment	\$14.81/\$14.81/\$14.81/\$13.56	Per 15 minutes	\$16.00	Per 15 minutes	
Michigan Learning Community LLC	10/1/24-9/30/26	ABA Adaptive Behavior Treatment	\$14.81/\$14.81/\$14.81/\$13.56	Per 15 minutes	\$16.00	Per 15 minutes	



## MCMHA Finance Board Action Request

*Administrative Contracts(s)*

*Wednesday, August 20, 2025*

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

CONTRACTOR	CONTRACT TERM	DEPARTMENT	REQUEST	BUDGET	SERVICE DESCRIPTION
Jackson and Coker	9/29/25-9/30/26	PHS	Contract for one year with a board certified child and adolescent psychiatrist.	\$299.00 Per hour up to 20 hours per week	Dr. Alauldeen Ali lives locally and will be available to be on site two days a week.
Frances Jackson LLC	9/1/25-11/30/25		To extend the agreement for an additional 3 months.	\$75/hour Mileage for travel to and from meetings to be paid at the current IRS approved rate	Parliamentarian consultation for the MCMHA Board of Directors.



## Regional Board Action Request – FY2025 Provider Stabilization Funding

Board Meeting Date: August 13, 2025

Action Requested: Allocate budgeted pass through funding to the CMHSPs to assist the regional provider network in delivering community living supports, overnight health and safety and licensed residential services. The 5% rate adjuster payment funding estimates are based upon actual services delivered by providers within our geographic region between October 1, 2024 and June 30, 2025 and services projected to be delivered by those providers between July 1, 2025 and September 30, 2025. Service provider rate adjuster payments will be made by the CMHSPs based upon actual services delivered throughout FY2025 and thus may differ from initial projections.

<b>FY2025 Budget Adjustment</b>	<b>Medicaid</b>	<b>HMP</b>	<b>Total</b>
Lenawee Services	\$ 632,691	\$ 32,504	<b>\$665,195</b>
Livingston Services	\$ 1,081,934	\$ 37,336	<b>\$ 1,119,270</b>
Monroe Services	\$ 1,186,676	\$ 16,083	<b>\$1,202,759</b>
Washtenaw Services	\$ 2,864,085	\$ 24,834	<b>\$2,888,919</b>
<b>Total Funding for Region</b>	<b>\$5,765,387</b>	<b>\$110,757</b>	<b>\$5,876,387</b>

Background: Rate adjuster eligible services are unlicensed community living supports, overnight health and safety, licensed community living supports and personal care services. This funding will be allocated to providers based upon actual service encounters, and to be utilized to cover services costs such as: direct care worker overtime, retention, and recruitment.

Recommend: Approval

## RESOLUTION TO OPPOSE PIHP PROCUREMENT

**WHEREAS**, the State of Michigan currently operates a publicly managed and community-based system for the delivery of specialty behavioral health services through 10 Prepaid Inpatient Health Plans (PIHPs), which are responsible for managing Medicaid mental health, developmental disability, and substance use disorder services; and

**WHEREAS**, the current PIHP system has consistently demonstrated value, local accountability, and community engagement, while successfully managing costs and improving health outcomes for vulnerable populations; and

**WHEREAS**, the Michigan Department of Health and Human Services (MDHHS) recently announced plans to initiate a competitive procurement process for the management of PIHP functions, which may open the door to private, non-profit health plans or managed care organizations (MCOs) assuming control over behavioral health services; and

**WHEREAS**, such privatization could disrupt longstanding relationships between local mental health authorities, providers, and the communities they serve, and jeopardize the person-centered, recovery-oriented approach that has been cultivated under the public system; and

**WHEREAS**, many stakeholders, including individuals receiving services, advocates, local officials, and providers have expressed significant concerns about the potential impact of a competitive procurement process on care quality, access, local control, and transparency; and

**WHEREAS**, counties across Michigan have historically played a vital role in the governance, funding, and oversight of the public behavioral health system, and any change to that structure without meaningful county input undermines the principle of local governance; and

**WHEREAS**, maintaining a publicly accountable and locally governed behavioral health system is essential to ensuring that individuals with mental health and substance use needs receive timely, appropriate, and high-quality care.

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**NOW, THEREFORE, BE IT RESOLVED**, that the Monroe Community Mental Health Authority Board of Directors formally opposes the Michigan Department of Health and Human Services' (MDHHS) plan to implement a competitive procurement process for Prepaid Inpatient Health Plans (PIHPs); and



**BE IT FURTHER RESOLVED**, that the Board urges Governor Whitmer, the Michigan Department of Health and Human Services (MDHHS), and the Michigan Legislature to halt any plans for privatization and instead work collaboratively with counties, PIHPs, Community Mental Health Services Programs (CMHSPs), service users, and other stakeholders to strengthen and improve the public behavioral health system, by only allowing public organizations with experience in managing Michigan’s public mental health system to be part of any bid process should one occur; and

**BE IT FURTHER RESOLVED**, that a copy of this resolution be transmitted to Governor Whitmer, MDHHS Director Elizabeth Hertel, members of the Michigan Legislature representing Monroe County, Monroe, Michigan, and the Michigan Association of Counties (MAC).

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**Resolution adopted by the Monroe Community Mental Health Authority Board of Directors.**

**Rebecca Pasko, Chairperson**  
**John Burkardt, Vice Chairperson**  
**Susan Fortney, Secretary**  
**Mike Humphries**  
**Ken Papenhagen**  
**Dawn Asper**  
**Naomi Stoner**  
**LaMar Frederick**  
**Reda Biniecki**  
**Becca Curley**  
**Joan Canning**

I hereby certify that the foregoing is true, and the complete resolution is adopted at a regular meeting of the Monroe Community Mental Health Authority Board on August 27, 2025.

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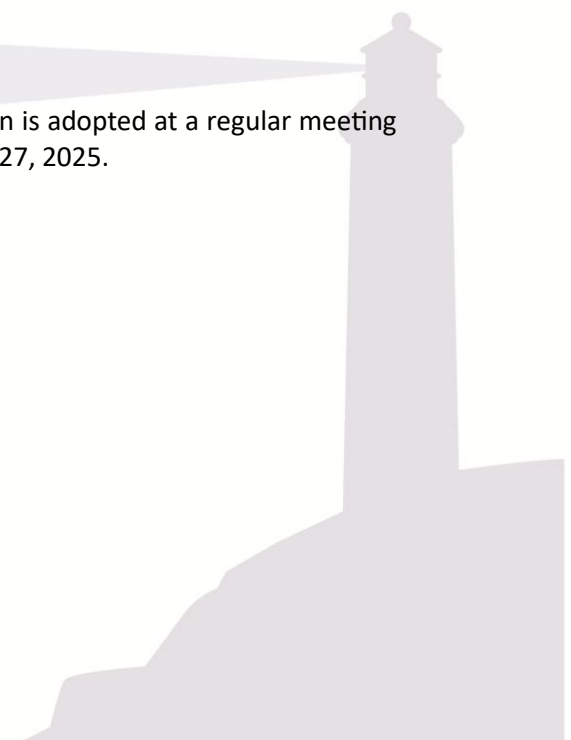
**Susan Fortney**  
**MCMHA Board Secretary**

1001 S Raisinville Rd,  
Monroe, MI 48161

Phone:  
734-243-7340

24hr Emergency Services:  
800-886-7340

[monroecmha.org](http://monroecmha.org)



### **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 and ~~Committee~~ Chairs ~~from of the~~ Business Operations, ~~and~~ Clinical Operations, Committees and Community Relations.
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 07/17/25

Revised 03/20/25

Revised 06/20/23

Revised 05/13/09

August 7, 2025

Dear Monroe Community Mental Health Authority Board of Directors,

I am very excited to be asked to be re-appointed to the CMHPSM Oversight Policy Board (OPB). I truly enjoy being able to help individuals in the community to get and receive recovery treatment and to help make decisions to ensure proper recovery treatment facilities are funded to help people in recovery of drug, alcohol and other addictions.

This will be my fourth term. I truly believe I have been able to apply my experience in helping to improve the quality of treatment offered in our community. I am able to see it firsthand by continuing to attend open various Alcoholic Anonymous and Narcotics Anonymous meetings in my community and also by talking to the clients at Salvation Army Harbor Light Treatment Center, of which I have been a member of the Advisory Board for the last 10 years. I also have been going into Monroe County Jail to talk to inmates since 2006.

I have been Blessed with over 22 years of Continuous Sobriety.

Thank you for the opportunity to be considered for re-appointment to the CMHPSM OPB. I know I can continue to be a great asset to the Board.

Sincerely,

Dave O'Dell  
AA Corrections  
1st District VTC Mentor  
MCSAC Recovery Chair  
CMHPSM/OPB Board Member  
[ddodell1@att.net](mailto:ddodell1@att.net)  
734-344-0240



## REVIEW AND APPROVAL / August 27, 2025

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

#### Executive Summary:

- There is one local policy, one procedure, one exhibit, and one to be rescinded. There are no regional policies.
- This document serves as an Executive Summary of the policies for review and approval at the August 27, 2025 Board Meeting.

LOCAL: Policy, Procedure, and Exhibits	Reason for Revision	Summary
EOC2009 Renovation and Project Management at MCMHA	3-Year Review	<p><b><u>Purpose:</u></b> To promote safe, timely, and coordinated completion of renovation, maintenance, and construction projects while minimizing risk to consumers, staff, and visitors, and ensuring full compliance with applicable regulatory and accreditation standards, including those set forth by the Joint Commission.</p> <p><b><u>Policy:</u></b> Renovation, construction, or maintenance activities that may affect the safety, environment, or operational integrity of MCMHA facilities must be:</p> <ul style="list-style-type: none"> <li>• Evaluated through a <b>formal risk assessment</b>, including an ICRA and, if applicable, a Life Safety review (EC.02.06.05)</li> <li>• Coordinated with Facilities, Infection Control, Safety, and Executive Leadership prior to initiation</li> <li>• Aligned with defined scopes of work, budgets, and timelines approved by the Chief Executive Officer and/or Board (LD.04.01.05)</li> <li>• Managed by an assigned <b>Project Manager</b> with responsibilities including stakeholder meetings, regulatory coordination, progress tracking, and documentation</li> <li>• Supported by contingency planning, including communication protocols, infection prevention strategies, and interim safety measures if hazards are identified.</li> </ul> <p><b><u>Significant Changes:</u></b> Updated position titles and responsibilities as well as policy definitions.</p>
EOC2009-P1 Renovation and Project Management at MCMHA	3-Year Review	<p><b><u>Procedure:</u></b> The project manager (usually Facilities Manager) develops and determines a project scope and prepares any initial required information.</p> <p><b><u>Significant Changes:</u></b> Complete revision of the procedure to include updated language requirements for Infection Control Risk Assessment, Interim Life Safety Measures, Stakeholder Coordination, Construction Phase Safety &amp; Oversight, Project Completion and Evaluation, and Evaluation and Documentation.</p>

EOC2009-E1 Renovation and Project Management Forms	3-Year Review	<b><u>Significant Changes:</u></b> All renovation and project management forms were grouped together under on exhibit for easier accessibility.
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REGIONAL: Policy and Exhibits	Reason for Revision	Summary
N/A	N/A	N/A

RESCIND: Policy and Exhibits	Reason for Rescind
POC7064-E4 Nutrition Screen Exhibit	The Nutrition Screen is now part of the Electronic Health Record (EHR), therefore the form is no longer being used and can be rescinded.

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  
REGULAR BOARD MEETING MINUTES  
August 13, 2025**

**Members Present for In-Person Quorum:** Judy Ackley, Rebecca Curley, LaMar Frederick, Bob King, Rebecca Pasko, Mary Pizzimenti, Mary Serio, Holly Terrill, Ralph Tillotson, Andy Yurkanin

**Members Not Present For In-Person Quorum:** Molly Welch Marahar, Alfreda Rooks, Annie Somerville

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

**Guests Present:**

- I. Call to Order  
Meeting called to order at 6:03 p.m. by Board Chair B. King.
- II. Roll Call
  - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented  
**Motion by R. Tillotson, supported by M. Serio, to approve the agenda as amended**  
**Motion carried unanimously**  
  
Agenda additions:  
VII. f. Action – Potential Litigation  
VII. g. Action – PIHP Procurement Response
- IV. Consideration to Approve the Minutes of the June 11, 2025 Meeting and Waive the Reading Thereof  
**Motion by R. Curley, supported by R. Pasko, to approve the minutes of the June 11, 2025 meeting and waive the reading thereof**  
**Motion carried unanimously**
- V. Audience Participation  
None
- VI. Old Business
  - a. Board Information: CMHPSM Finance Reports
    - Presented by M. Berg. Discussion followed.
    - A significant surplus is expected at the end of the fiscal year.
  - b. Action: Patrick Bridge Member Acknowledgement  
**Motion by M. Serio, supported by M. Pizzimenti, to issue the proclamation acknowledging P. Bridge's service as a CMHPSM Regional Board member**  
**Motion carried unanimously**
    - All board members will sign the proclamation electronically.
- VII. New Business

**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.*

- a. Information: FY2026 Draft Budget
- M. Berg and J. Colaianne presented a preview of the budget. The final budget will come to the board in September for approval.
  - The state plans to send the CCBHC payments directly to the CMHs, rather than continuing to pay through the PIHPs. This reduction in the PIHP's overall revenue will lower the PIHP's 7% ISF amount.
  - J. Colaianne noted that the region has done well in coming back from the previous deficit of FY18 & FY19 and that the FY26 budget will be in good shape.
- b. Action: FY2025 Provider Stabilization
- Motion by L. Frederick, supported by R. Pasko, to approve the proposed 5% provider stabilization funding that will assist the local regional provider network in delivering community living supports, overnight health and safety and licensed residential services**
- Motion carried unanimously**
- Roll Call Vote
- Yes: J. Ackley, R. Curley, L. Frederick, B. King, R. Pasko, M. Pizzimenti, M. Serio, H. Terrill, R. Tillotson, A. Yurkanin
- No:
- Not present for in-person vote: M. Welch Marahar, A. Rooks, A. Somerville
- c. Action: Contracts
- Motion by M. Serio, supported by L. Frederick, to authorize the CEO to execute the contracts as presented**
- Motion carried unanimously**
- Roll Call Vote
- Yes: J. Ackley, R. Curley, L. Frederick, B. King, R. Pasko, M. Pizzimenti, M. Serio, H. Terrill, R. Tillotson, A. Yurkanin
- No:
- Not present for in-person vote: M. Welch Marahar, A. Rooks, A. Somerville
- d. Information: CEO Authority Contracts
- J. Colaianne advised of the purchase of \$20,000 of radio airtime for gambling disorder prevention commercials. This purchase was made within the CEO contract authority limit, which is \$25,000.
- e. Information: Proposed PIHP Procurement Information
- J. Colaianne shared the timeline of the procurement process.
  - The bidders conference was held yesterday, 8/12/25. It lasted 13 minutes. The procurement information shared by MDHHS was underwhelming and didn't align with the CMHPSMs expectations related to such a massive procurement initiative.
  - The proposal submission deadline is 9/29/25.
  - Procurement decisions are anticipated for some time in December, with a start date in February 2026 for new PIHPs, with overlap between the current and new PIHPs February – September 2026.
- f. Action: Potential litigation
- J. Colaianne shared information about potential litigation regarding the PIHP procurement proposal, released on 8/4/25, and the difficulty of public entities to form/reform in the matter of 60 days in order to submit a bid.
- Motion by A. Yurkanin, supported by M. Serio, to authorize the CMHPSM to potentially participate as a named plaintiff and cover costs related to planned litigation related to the State of Michigan's RFP for PIHP Procurement**
- Motion carried unanimously**
- g. Action: PIHP Procurement Response

**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.*

- J. Colaianne advised that the 5 PIHPs that would be a part of the proposed Central Region have discussed the possibility of creating an entity together to submit a bid for the PIHP procurement
- The 5 PIHPs are: CMHPSM, Southwest Michigan Behavioral Health, Lakeshore Entity, Mid-State Health Network, and Region 10.

**Motion by J. Ackley, supported by R. Pasko, to authorize the CMHPSM to explore potential partnerships with other governmental entities within the proposed “Central Region” related to potentially create a response to the State of Michigan’s RFP for PIHP Procurement**

**Motion carried unanimously**

Roll Call Vote

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

No:

Not present for in-person vote: M. Welch Marahar, A. Rooks, A. Somerville

h. Information: Employee Engagement Survey Results

- J. Colaianne shared the employment engagement results. The written responses were provided to the board in a separate communication.
- The board acknowledged the high rate of participation and the increase in most scores over the last survey.

VIII. Reports to the CMHPSM Board

a. Information: SUD Oversight Policy Board – No June meeting

- J. Colaianne met with N. Adelman and OPB Chair Mark Cochran to discuss PA2 allocations and the August OPB meeting agenda.

b. Information: CEO Report to the Board

- J. Colaianne met with staff on Monday. There was good discussion on the procurement RFP release. J. Colaianne created a channel for procurement information to share information and to receive questions from staff.
- Nicole Adelman, SUS Director, will be leaving CMHPSM to become the Director of The Shelter Association in Washtenaw County. Her last day will be 9/2/25.
- The next board meeting will include continued procurement discussion and the full budget and contracts for approval. An election chair/committee will also be identified in September in anticipation of October officer elections.

IX. Adjournment

**Motion by L. Frederick, supported by M. Serio, to adjourn the meeting**

**Motion carried**

- The meeting was adjourned at 7:18 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.***

# CEO REPORT

August 27, 2025

## SERVICES PROMOTE RECOVERY

**River Raisin Clubhouse:** River Raisin Clubhouse has successfully remediated the items identified in last year's Clubhouse International Site Review and has received a three-year conditional accreditation, valid through June 30, 2027.

Since moving to the new location, Clubhouse membership has seen tremendous growth. Prior to the move, Clubhouse had 45 authorized members and 5 grant members. Today, Clubhouse has 65 authorized members and 13 grant members, with a 75% increase in referrals and tours.

**Clinical Audits:** The MDHHS Site Review/Audit has begun. This is an intensive audit of compliance with standards related to clinical records but also contracts and human resource/staff credentialing. The audit runs through mid-December.

**Joint Commission Accreditation:** MCMHA's Joint Commission site review is scheduled for August; however, we have not yet heard from them. As a reminder, the JC will give seven days' notice of their arrival.

**St. Joe's Center of Hope Partnership:** MCMHA is working with St. Joe's to enter a staff leasing agreement which will be a mutually beneficial relationship for both agencies, and, most importantly to the community. I will bring the proposed contract to the Finance Committee next week for their review and recommendations.

## LOCAL/STATE/REGIONAL UPDATES

**PIHP Procurement:** The Bidders Conference, held on 8/12/25, lasted 13 minutes. The procurement information shared by MDHHS was underwhelming and didn't align with the CMHPSMs expectations related to such a massive procurement initiative. The proposal submission deadline is 9/29/25. Procurement decisions are anticipated for some time in December, with a start date in February 2026 for new PIHPs, with overlap between the current and new PIHPs February – September 2026.

Regional Board authorized Region 6 to potentially participate as a named plaintiff and cover costs related to planned litigation related to the RFP. The litigation is based on the difficulty of public entities to form/reform within 60 days before the bid deadline.

Region 6 CEO advised that the 5 PIHPs that would be a part of the proposed Central Region have discussed the possibility of creating an entity together to submit a bid for the PIHP procurement. Those PIHPs are: CMHPSM, Southwest Michigan Behavioral Health, Lakeshore Entity, Mid-State Health Network, and Region 10. Regional Board authorized CMHSPM to explore potential partnerships with other governmental entities within the proposed "Central Region" related to potentially create a response to the State of Michigan's RFP for PIHP.

**Special Assessment:** MCMHA is joining our regional partners and other CMHs in the state to contribute to a voluntary "special assessment" to provide a significantly increased level of funding for CMHA's advocacy work – an increase designed to match the level of threats and opportunities faced by

by the state's CMHs and PIHPs and those whom we serve – in the face of the current threat posed by the recently issued RFP for the state's PIHP contracts.

The increased dollars will be used, as our dues and fees are currently used, to fund the advocacy, government affairs, media/public relations work, and legal work of the CMHA and will allow for greater intensity and reach. In addition to the revenue from the special assessment, CMHA will contribute \$100,000 to this fund. MCMHA pays annual dues of \$15,490 and will contribute \$7,745 (50% of our annual dues) to this fund.

**MCMHA Legal Name Change:** MCMHA's Medicare application has been submitted, and we are following closely for approval. Upon approval of our application, I will engage Dykema to assist us in changing our legal name. I will keep the board updated on this topic.

#### COMMUNITY PARTNERSHIPS/COMMUNITY AWARENESS

**Supporting Student Mental Health:** Earlier this month, I participated in a roundtable discussion for 70 superintendents, principals, and assistant principals at Monroe County ISD. The topic, Supporting Student Mental Health: The Administrator's Role, allowed MCMHA an opportunity to educate public school leaders on the services and supports we offer and how to best access.

**SAFE Program:** Earlier this month, I participated in a video/PSA with our partners in the SAFE program. I will update the board when the video is available.

**River Raisin Clubhouse Fundraiser:** Last week's Spaghetti Dinner fundraiser was a success. Over 200 meals were served and over \$3,000 was raised. Special thank you to Deb Staelgraeve and Tino Amaya who purchased the ingredients and prepared the food.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Lisa Graham".

Lisa Graham, LMSW