



# MONROE COMMUNITY MENTAL HEALTH AUTHORITY

## BOARD MEETING

September 24, 2025 – 6:00 p.m. / Aspen Room

Draft Agenda

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### **BOARD GUIDING PRINCIPLES:**

- 1.1 Monroe Community Mental Health Authority (“Authority”) exists to help individuals with mental illnesses and/or intellectual/developmental disabilities so they can live, work, and play in their communities to their fullest potential. As a Certified Community Behavior Clinic (CCBHC), the Authority will provide mental health and/or substance use care/services, regardless of ability to pay, place of residence, or age, including developmentally appropriate care for children and youth.
- 1.2 Monroe Community Mental Health Authority strives to be the provider of choice for Monroe County by offering the highest quality of treatment with positive measurable outcomes, while maintaining competitive service rates with the State.
- 1.3 Monroe Community Mental Health Authority establishes and sustains a culture that values each staff member; holds staff to high standards; is fair and respectful; values creativity, and promotes collaborative thinking.
- 1.4 Monroe Community Mental Health Authority continues to establish collaborative community relationships that enable MCMHA to provide quality service to consumers.

### **BOARD RULES OF CONDUCT:**

- a. Speak only after being acknowledged by the Chair and only to the Chair.
- b. Keep deliberation focused on the issue and don’t make it personal.
- c. Divulge all pertinent information related to agenda items before action is taken.
- d. Seek to understand before becoming understood.
- e. Seek to do no harm.

### **CITIZEN RULES OF CONDUCT:**

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

**MISSION STATEMENT:** Enrich lives and promote wellness.

**VISION STATEMENT:** To be a valued/active partner in an integrated System of Care that improves the health and wellness of our community.

**CORE VALUES:** Compassion, Authenticity, Trust, and Accountability.

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	<b><u>Guide</u></b>
<b>I. Call to Order</b>	<b>01 min</b>
<b>II. Roll Call</b>	<b>02 min</b>
<b>III. Pledge of Allegiance</b>	<b>02 min</b>
<b>IV. Consideration to Adopt the Agenda as Presented</b>	<b>02 min</b>
<b>V. Consideration to Approve the Minutes from the August 27, 2025 Board Meeting and waive the Reading Thereof</b>	<b>02 min</b>
<b>VI. Public Comments</b> <i>“The Board will listen respectfully to public comments but will not respond directly during the meeting. You can expect a follow up contact from the Chief Executive Officer or representative within 24 hours if your comment is about a specific problem or complaint. Comments shall be limited to 3 minutes”.</i>	<b>03 min/Person</b>
<b>VII. Items from the Chief Executive Officer</b> a. Chief Executive Officer’s Report – Lisa Graham	<b>10 min</b>
<b>VIII. Relationship with the Region, County, and Others</b> a. Regional PIHP Board Meeting Minutes – September 17, 2025 b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko	<b>05 min</b>
<b>IX. Board Committee Reports</b> a. Business Operations b. Bylaws & Policy c. Community Relations d. Executive e. Performance Evaluation	<b>05 min</b>

- X. Presentations 60 min**
- a. Financial Statement and Single Audit Act Compliance Audits – Christina Schaub
  - b. FY2026 Proposed Budget – Richard Carpenter
  - c. Financial Report – Richard Carpenter
  - d. Clinical Report – Crystal Palmer
  - e. Operations Report – Bridgitte Gates
  - f. 2<sup>nd</sup> Quarter CCBHC Quality Metrics and Compliance Report – Sabrina Bergman & Lisa Graham
- XI. Unfinished Business 02 min**
- a. **Consideration to Approve the Authority Policy, Procedure, and Exhibits as presented**
    - i. **Policy:** EOC2009 Renovation and Management Policy
    - ii. **Procedure:** EOC2009-P1 Renovation and Management Procedure
    - iii. **Exhibit:** EOC2009-E1 Renovation and Management Forms Exhibit
    - iv. **Rescind:** POC7064-E4 Nutrition Screen Exhibit
- XII. Items for Board Consideration 15 min**
- a. Service Contracts
  - b. Administrative Contracts
  - c. Board Action Request: Employee Leasing Agreement with Catholic Charities
- XIII. New Business 20 min**
- a. **Consideration to Approve the Service Contracts as Presented**
  - b. **Consideration to Approve the Administrative Contracts as Presented**
  - c. **Consideration to Approve the Employee Leasing Agreement with Catholic Charities of Southeast Michigan Effective October 1, 2025 through September 30, 2026**
  - d. **Consideration to Accept the Financial Statement, Single Audit Act, and Compliance Audits for Year Ending September 30, 2024**
  - e. **Consideration to Approve the FY2026 Proposed Budget as Presented**
  - f. **Consideration to Approve the Authority Policy, Procedure, and Exhibits as Presented**
    - i. **Policy:** N/A
    - ii. **Procedure:** N/A
    - iii. **Exhibit:** N/A
    - iv. **Rescind:** N/A
  - g. **Consideration to Approve the Regional Policies as Presented**
    - i. **Policy:** POC7083 Behavior Treatment Committee Policy  
FCM3044 Claims Payment and Appeal Policy  
RR8029 Culturally and Linguistically Relevant Services Policy  
FCM3024 Financial Fraud Abuse Policy
- XIV. Public Comments 03 min/person**
- XV. Board Member Announcements 03 min/person**
- XVI. Adjournment 01 min**

**The next regular scheduled meeting for the Monroe Community Mental Health Authority Board is Wednesday, October 15, 2025 at 6:00pm.**

LG/dp 3:46pm



**BOARD OF DIRECTORS REGULAR MEETING MINUTES**  
**August 27, 2025**

**Present:** Rebecca Pasko, Chairperson; Susan Fortney, Secretary; Mike Humphries; Ken Papenhagen; Dawn Asper; Naomi Stoner; LaMar Frederick; Becca Curley; and Joan Canning

**Excused:** John Burkardt, Vice Chairperson and Reda Biniecki

**Absent:**

**Staff:** Lisa Graham

**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.

Rebecca Pasko requested a moment of silence for the loss of life this morning for those children at the Catholic School.

**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 was approved by unanimous consent.

**VI. CONSIDERATION TO APPROVE THE MINUTES FROM THE AUGUST 20, 2025 BOARD MEETING AND WAIVE THE READING THEREOF**

The August 20, 2025 Board Meeting minutes in the Board Packet are as presented. Rebecca Pasko asked if there were any changes to minutes. Hearing no changes, the August 20, 2025 Board Meeting minutes were approved by unanimous consent.

**VII. PUBLIC COMMENTS**

There were no public comments.

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

- a. **Years of Service Awards** – Lisa Graham congratulated and recognized Amanda Ostroski and Stephanie Woodruff for their 5 Years of Service, Chelsea Blackburn and Regina Melkonian for their 10 Years of Service, Deb Mason for 15 Years of Service, and Nicole Yeary for 25 Years of Service.
- b. **Clinical Report** – The Clinical Report was provided in the Board Packet for review. Highlights from the Clinical Executive Summary are as follows:
  - i. **Executive Summary**
    1. MCMHA continues to recruit and hire staff for current vacancies, which is 10 at this time. Four (4) positions are newly created.
    2. 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.
    3. 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.
    4. Crisis Mobile was deployed 57 times in July, which averaged 0.79 hours of face-to-face interaction time.
    5. 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.
    6. 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.
    7. There were 551 appointments scheduled for the Benesh Building in FY25 with 76% occurring in the office.
    8. Enrollment for the CCBHC has increased by 52 members over the last month. This is a 2.5% increase in enrollment.
    9. MCMHA currently has 60 enrollees in the Behavioral Health Home program.
    10. The Patient Experience of Care Survey is being collected for CCBHC and we have approximately a 17% response rate.
    11. The data for incoming calls being answered is 97% for FY25, which meets MCMHA's goal of 95%.
  - ii. **Additional Information**
    1. As previously stated, MCMHA was awarded Quality Bonus Payments for FY24 of \$608,688. On July 31st, we were notified we received an additional \$167,262 of redistribution funds for a total of \$775,950.
    2. River Raisin Clubhouse will be hosting a Spaghetti Dinner Fundraiser on August 21st from 4:00-8:00pm.
- c. **Human Resources Report** – Jim Brown presented the 2<sup>nd</sup> and 3<sup>rd</sup> Quarter Human Resources Report highlighting staffing, exit interviews, grievances, training, satisfaction survey, and compliance.
  - i. Staffing – There were 7 news hires in 2<sup>nd</sup> quarter and 6 new hires in 3<sup>rd</sup> quarter. There were 3 terminations in 2<sup>nd</sup> quarter and 7 terminations in 3<sup>rd</sup> quarter. There are currently 12 open positions.
  - ii. Exit Interviews – A 3<sup>rd</sup> party organization conducts the exit interviews and come 4<sup>th</sup> quarter there should be enough information to review a more in-depth analysis for turnover.
  - iii. Grievances – Instituted a grievance process to assist in resolving conflict. There was 1 grievance filed in 2<sup>nd</sup> quarter over professional communication, and it was successfully resolved.
  - iv. Training – The Corporate Trainer is working very hard and diligently to provide training for staff. In 2<sup>nd</sup> quarter 345 learners were trained and in 3<sup>rd</sup> quarter 681 learners were trained. Next quarter priorities are to deepen clinical skills in communication, Trauma-Informed Care, and Motivational Interviewing. Mental Health First Aid was also provided to the community.
  - v. Satisfaction Survey – A training survey comparison for FY2024 versus FY2025 was provided. In every area, the numbers increased. Our staff find this to be extremely valuable. You want staff to feel that they are properly being trained to do their job.
  - vi. Compliance activity for 2<sup>nd</sup> and 3<sup>rd</sup> quarter were provided for review.

- d. **Operations Report** – Bridgitte Gates presented the Operations Report highlighting items against the Strategic Plan Priorities, Trusted Community Partner and Services Promote Recovery.
- i. Behavioral Health Urgent Care (BHUC) – Working with Revel on a BHUC Awareness Campaign; in process of creating brochures and flyers for BHUC; setting a website link; and selected a logo.
  - ii. 2<sup>nd</sup> quarter grievances were presented.
  - iii. Pulse for Good kiosk data was presented.
  - iv. A new child prescriber, Dr. Alauldeen Ali is estimated to start on September 29, 2025. Dr. Ali will be available from 8:00am – 6:00pm Monday through Friday for in person appointments.
  - v. The 3<sup>rd</sup> quarter provider report was presented. Staff retention increased by 2%, training compliance remains above 95%, and the greatest challenge remains to be retention and recruitment of staff, although the greatest success is also staff retention and recruitment of staff.

Mike Humphries asked when the deadline was for BHUC to open. Bridgitte Gates commented that the goal is to be open by September 29, 2025 to meet the state requirement of October 1, 2025.

Sabrina Bergman, CCBHC Program Director, commented that we are currently providing BHUC services since Crisis Mobile began to meet the requirements of CCBHC. Monroe's CCBHC certification is not at risk due to the state requirement of October 1, 2025. As an agency, we chose to choose another building to provide BHUC services. We are going to be billing the same services as we have been.

- d. **Finance Report** – Lisa Graham provided a high-level overview of the June financials. We have a net position of \$525,000 surplus right now. This does not include the CCBHC metrics quality bonus funds. We are doing well this year financially and expecting to end the year with putting a decent amount of funds into our reserve. We are showing a profit for CCBHC by \$847,000 but will need to offset that with Medicaid and CCBHC costs.

Last week we received the rates for FY2026, and our region is looking like we will receive a 6% reduction in rates from last year. Of the 10 current PIHPs, 7 received increases and 3 received decreases. That is not great news, but it is offset by the region that has a full risk reserve, and we do not anticipate an issue with the budget for FY2026 that will be presented next month. At this point, we don't have any reason to think that Region 6 will exist after next year. Any money that is in our risk reserve will go to who wins the bid for PIHP Procurement.

We are in a good position locally, making a profit finally with CCBHC and being able to contribute funds into our reserve.

Dawn Asper suggested a press release for the Behavioral Health Urgent Care and include information on who we can serve.

- a. **Behavioral Health Urgent Care (BHUC)** – A BHUC is a designated intervention/treatment location offering an alternative to community hospital Emergency Departments, serving guests with urgent primary behavioral health needs, providing triage and referral services. Key function of a BHUC is a medical screening, case management, referrals, brief solution focused therapy, and psychiatry as needed. Populations that can be served are those with mental health conditions, substance use disorder (SUD), co-occurring, serious emotional disturbances, and mental health and intellectual/developmental disabilities. The BHUC model is intended to divert guests experiencing behavioral health crises from Emergency Departments or hospitals. Services will include initial triage, brief assessment, stabilization and intervention, nursing assessment and intervention, psychiatric intervention, crisis case management, and disposition and discharge planning. Beginning October 1, 2025, hours of operation will be Monday through Friday from 11:00am to 7:00pm located next to ProMedica Regional Hospital on Colonial Drive. MCMHA is working on a staff leasing agreement with Catholic Charities/St. Joe's Center of Hope for peer recovery coaching services for those that have primary SUD needs. Potential partnerships are being explored to provide overnight shelter for individuals receiving care. What a BHUC is not – emergency medical care, long-term or intensive treatment, inpatient hospitalization, court-mandated evaluations or forensic requests, return to work or school

evaluations/clearances, routine medication prescriptions or refills, voluntary vs. involuntary commitments, and medical detoxification. As MCMHA continues to grow its Crisis Response Service array, we will continue to evaluate the county's needs for greater crisis services.

Lisa Graham suggested a line item be added to the financials to monitor how much BHUC is costing and at the same time measure the value of service provided.

Naomi Stoner noted the location of the BHUC will be very helpful for the community.

**X. BOARD COMMITTEE REPORTS**

**a. Committee Chair Reports**

- i. Bylaws & Policy/Becca Curley, Chair – The committee is currently reviewing the Bylaws to ensure that we are in compliance with how things should be done according to parliamentary rule and Robert's Rules of Order.
  - ii. Performance Evaluation/Rebecca Pasko, Chair – Lisa Graham reported on 3<sup>rd</sup> quarter performance. It was a beneficial performance evaluation and decided to review the opportunity for a different performance evaluation tool for next year's CEO evaluation. The committee will be meeting next month to review and discuss.
- b. Board Workshop August 30, 2025 – Rebecca Pasko reminded the Board that there is a Board Workshop scheduled for Saturday, August 30, 2-25 from 10:00am – 2:00pm for a training with Dr. Frances Jackson, Parliamentarian.

**XI. ITEMS FOR BOARD CONSIDERATION**

- a. Service Contracts - Presented by Bridgitte Gates.
- b. Administrative Contracts - Presented by Bridgitte Gates.
- c. FY2025 Provider Stabilization Funding – At the August 13, 2025 PIHP Board Meeting, the Board voted to do a 5% rate adjuster payment based on actual services provided for 1<sup>st</sup> and 2<sup>nd</sup> quarter. Monroe will receive 1.2 million. The funds will be a pass-through from the region to local and local will pass through to providers.
- d. Resolution to Oppose PIHP Procurement - The PIHP Procurement is moving right along. A lot of us across the state are working hard to oppose the procurement process. The RFP has been issued. We still would like to put it on record that we do oppose this and believe strongly that this is a step away from privatization. The request is for the Board to take action to oppose the Resolution for PIHP Procurement.
- e. Governance Policy 4.3: Monitoring Chief Executive Officer Performance – The Community Relations Chair has been added to the Performance Evaluation Committee.
- f. CMHPSM Oversight Policy Board – Re-Appointment for Dave O'Dell – The Oversight Policy Board oversees and manages the SUD contracts. In our region, each CMH has 3 representatives to that Board. Dave O'Dell would like to serve for an additional 3-Year Term, he is very active in our community, and a great representative for us. If approved, this would be Dave's 4<sup>th</sup> Term.

**XII. ITEMS FOR BOARD ACTION**

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

Dawn Asper moved to approve the Service Contracts as presented. Becca Curley supported. Discussion followed. Rebecca Pasko asked if there were any objections to approve. Hearing no objection, the Services Contracts were approved as presented by unanimous consent.

Ken Papenhagen moved to approve the Administrative Contracts as presented. Dawn Asper supported. Discussion followed. Rebecca Pasko asked if there were any objections to approve. Hearing no objection, the Administrative Contracts were approved as presented by unanimous consent.

b. **Motion to Approve the Provider Stabilization Funding Pass-Through from the PIHP to MCMHA for FY2025**

Becca Curley moved to approve the provider stabilization funding pass-through from the PIHP to MCMHA for FY2025. Ken Papenhagen supported. Discussion followed. Rebecca Pasko asked if there were any objections to approve. Hearing no objection, the provider stabilization funding pass-through from the PHIP to MCMHA for FY2025 is approved by unanimous consent.

c. **Motion to Adopt the Resolution to Oppose PIHP Procurement**

Joan Canning moved to adopt the Resolution to Oppose PIHP Procurement. Naomi Stoner supported. Rebecca Pasko asked if there were any objections to adopt. Hearing no objections, the Resolution to Oppose PIHP Procurement is adopted by unanimous consent.

d. **Motion to Recommend the Monroe County Board of Commissioners to Consider Adopting the Resolution to Oppose PIHP Procurement**

Dawn Asper moved to recommend the Monroe County Board of Commissioners to consider adopting the Resolution to Oppose PIHP Procurement. Susan Fortney supported. Discussion followed. Rebecca Pasko asked if there were any objections to recommend. Hearing no objection, the recommendation for the Monroe County Board of Commissioners to consider adopting the Resolution to Oppose PIHP Procurement is approved by unanimous consent.

Lisa Graham will attend a Monroe County Board of Commissioners Meeting to provide further information on the PIHP Procurement.

e. **Motion to Approve the Amended Governance Policy 4.3 Monitoring Chief Executive Officer Performance (2/3 vote)**

Ken Papenhagen moved to approve the amended Governance Policy 4.3 Monitoring Chief Executive Officer Performance. Joan Canning supported. Discussion followed. Rebecca Pasko requested a raise of hands to approve by a 2/3 vote. In favor: nine; opposed: none; motion carried.

f. **Motion to Recommend Re-Appointment for Dave O'Dell to the CMHPSM Oversight Policy Board for the Term of 10/1/25 through 9/30/28**

Becca Curley moved to recommend re-appointment for Dave O'Dell to the CMHPSM Oversight Policy Board for the Term of 10/1/25 through 9/30/28. Dawn Asper supported. Rebecca Pasko asked if there were any objections to approve. Hearing no objections, the recommendation to re-appoint Dave O'Dell to the CMHPSM Oversight Policy Board is approved by unanimous consent.

g. **Motion to Accept the Resignation Letter of Board Member Deb Staelgraeve Submitted on August 7, 2025**

Susan Fortney moved to accept the resignation letter of board member Deb Staelgraeve with regret submitted on August 7, 2025 and to send a letter from the CEO expressing our gratitude for her service. Ken Papenhagen supported. Discussion followed. Rebecca Pasko asked if there were any objections to approve. Hearing no objections, the amended motion to accept the resignation letter of Deb Staelgraeve is approved by unanimous consent.

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

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

- |      |                   |            |   |
|------|-------------------|------------|---|
| i.   | <b>Policy:</b>    | EOC2009    | Renovation and Project Management Policy    |
| ii.  | <b>Procedure:</b> | EOC2009-P1 | Renovation and Project Management Procedure |
| iii. | <b>Exhibit:</b>   | EOC2009-E1 | Renovation and Project Management Forms     |
| iv.  | <b>Rescind:</b>   | POC7064-E4 | Nutrition Screen Exhibit                    |
| v.   | <b>Relocate:</b>  | N/A        |   |

LaMar Frederick shared his concerns for either additional language to be considered for the correct insurance and liability for contracts, or to create a new policy/procedure.

Jim Brown commented that we do need to have a procedure in place for our contracts to ensure they have the correct insurance and liability and may need to have an additional policy to address LaMar's concern. LaMar's concern brought forward this evening is not with the policy, procedure, or exhibit up for current approval.

Ken Papenhagen moved to postpone the approval of the authority policy, procedure, and Exhibits to the next Board Meeting. Joan Canning supported. All in favor: all; oppose: none; motion to postpone carries with unanimous consent.

- b. **Motion to Approve the Regional Policies as Presented**
  - i. **Policy:** N/A

There were no regional policies for approval in August.

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

- a. Regional PIHP Board Meeting Minutes – Lamar Frederick commented that the focus of the meeting was on the PIHP Procurement and FY2025 stabilization funding for the provider network.
- b. CMHAM Policy and Legislation Committee Report – Did not meet in August.

Joan Canning was excused at 7:36pm.

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

- a. Lisa Graham presented the CEO Report highlighting: River Raisin Clubhouse; Clinical Audits; Joint Commission Accreditation; St. Joes Center of Hope Partnership; PIHP Procurement; Special Assessment; MCMHA Legal Name Change; Supporting Student Mental Health; SAFE Program; and River Raisin Clubhouse fundraiser.

**XIII. NEW BUSINESS**

There was no new business.

**XIV. PUBLIC COMMENTS**

There were no public comments.

**XV. BOARD MEMBER ANNOUNCEMENTS**

Naomi Stoner commented that there was a lot of positive information in the Board Packet and it's great to hear all of the great work being put into MCMHA, you are doing a great job!

Susan Fortney reminded board members to turn in their board meeting evaluations and reimbursement forms before leaving.

Dawn Asper thanked the staff that received awards for their years of service and longevity.

Mike Humphries commented that he is excited about the Behavioral Health Urgent Care and that we have been talking about this for a long time and now and seeing it come to fruition; and even though I voted in favor of having the County Commissioners oppose the Resolution for PIHP Procurement, I have an issue with the funds to lobby the Government. Mike does not like this even though it is only 7 thousand dollars.



Rebecca Pasko mentioned that it is Jim Brown's birthday tomorrow, Happy Birthday; reminded board members of the Board Workshop on Saturday, August 30, 2025; and that the next Board Meeting is scheduled for Wednesday, September 17, 2025 at 6:00pm.

**XVI. ADJOURNMENT**

Rebecca Pasko adjourned the meeting at 7:51pm.

Submitted by,

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Susan Fortney, Secretary

LG/dp  
9/8/25

# CEO REPORT

September 24, 2025

## SERVICES PROMOTE RECOVERY

**CCBHC Corrective Action Plan:** Last week, MCMHA was informed that we are out of compliance with one area of our CCBHC Demonstration. MDHHS clarified that MCMHA retains the level of Full Certification but does not demonstrate full fidelity in Integrated Dual Disorder Treatment. MCMHA must submit a corrective action plan by 9/30/25, and that CAP must bring us into full compliance by 12/30/25. This will be discussed in greater detail by the Clinical Operations committee.

**Substance Use Services:** MCMHA has been awarded two SUD grants from our PIHP: (1) \$100,000 for St. Joe's Center of Hope Engagement Center and (2) \$389,150.00 for Medication Assisted Treatment in the Monroe County Jail.

## EMPLOYEE RETENTION/RECRUITMENT

**NAMI Fundraiser:** Over the last month, MCMHA has been involved in various fundraising activities to benefit Michigan NAMI, concluding in the 9/20 Walk A Mile event.

**Spirit Week:** During the week of 9/22, in the spirit of high school homecoming events, MCMHA is sponsoring Spirit Week. Throughout the week, we are inviting employees to participate in various fun events to boost morale and employee engagement.

## LOCAL/STATE/REGIONAL UPDATES

**PIHP Procurement:** On 9/16, the Monroe County Board of Commissioners voted unanimously to approve the Resolution Opposing the PIHP Procurement. MDHHS' deadline for submission has been extended to 10/13. Three PIHPs have initiated litigation against MDHHS related to procurement. Currently, Region 6 has not entered any new litigation.

**BHUC Awareness Campaign:** MCMHA has engaged Revel Marketing to create an awareness campaign around our new Behavioral Health Urgent Care. The campaign will feature social media ads, a 60 second commercial to be played in local movie theaters, and ads on LET buses.

**Board Vacancy:** There are no updates on our current board vacancy. A letter of appreciation was sent to former board member, Debra Staelgraeve.

**Medicare Application:** MCMHA's Medicare application is still in the review process. We received a request for additional information, which we provided. Upon receipt of an accepted application, we will engage Dykema to assist us with the formal name change.

## COMMUNITY PARTNERSHIPS/COMMUNITY AWARENESS

**Community Events:** MCMHA participated in the Monroe County Suicide Awareness and Remembrance Vigil (9/9), the State Walk-A-Mile (9/17), NAMI Walk-A-Mile (9/20), United Way 2025/2026 Campaign Kick-Off (9/19), and ProMedica Patient/Family Committee (9/22).

**Upcoming Events:** Philanthropy Playoffs (10/2), Faith in Blue at the Opportunity Center (10/7), MCMHA Town Hall, Ellis Library, 3-5 (10/22), Mental Health Summit, MCCC, 9-12 (10/27)

Respectfully Submitted,



Lisa Graham, LMSW

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  
REGULAR BOARD MEETING MINUTES  
September 17, 2025**

**Members Present for In-Person Quorum:** Judy Ackley, Rebecca Curley, LaMar Frederick, Molly Welch Marahar, Rebecca Pasko, Mary Serio, Holly Terrill, Andy Yurkanin

**Members Not Present For In-Person Quorum:** Bob King, Mary Pizzimenti, Alfreda Rooks, Annie Somerville, Ralph Tillotson

**Staff Present:** Stephannie Weary, James Colaianne, Matt Berg, Michelle Sucharski, Trish Cortes, Connie Conklin, Kathryn Szewczuk, Lisa Graham, Callie Finzel, Joelen Kersten

**Guests Present:**

- I. Call to Order  
Meeting called to order at 6:01 p.m. by Board Vice-Chair J. Ackley.
- II. Roll Call
  - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented  
**Motion by M. Welch Marahar, supported by A. Yurkanin, to approve the agenda**  
**Motion carried unanimously**
- IV. Consideration to Approve the Minutes of the August 13, 2025 Meeting and Waive the Reading Thereof  
**Motion by M. Serio, supported by M. Welch Marahar, to approve the minutes of the August 13, 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.
- VII. New Business
  - a. Action: FY2026 Annual Budget  
**Motion by L. Frederick, supported by M. Welch Marahar, to approve the Fiscal Year 2026 CMHPSM Budget as presented, with the adjustment of a 5% COLA for Tiers A, B, C on the salary schedule**  
**Motion carried unanimously**  
Roll Call Vote  
Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar R. Pasko, M. Serio, H. Terrill, A. Yurkanin  
No:  
Not present for in-person vote: B. King, A. Rooks, A. Somerville, R. Tillotson

**CMHPSM Mission Statement**

*Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.*

- b. Action: FY2026 Contract Authorization  
**Motion by L. Frederick, supported by M. Welch Marahar, to authorize the CMHPSM CEO to execute the FY2026 contracts as identified and as included within the FY2026 CMHPSM budget, with the following modification: the contract for the St. Joseph Center of Hope – Engagement Center will be with Monroe CMHSP instead of Catholic Charities of Southeast Michigan as originally listed within the document.**  
**Motion carried unanimously**  
Roll Call Vote  
Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar R. Pasko, M. Serio, H. Terrill, A. Yurkanin  
No:  
Not present for in-person vote: B. King, A. Rooks, A. Somerville, R. Tillotson
- c. Action: FY2023 & FY2024 Performance Based Incentive Payment (PBIP) Disbursement to Partner CMHSPs  
**Motion by M. Welch Marahar, supported by A. Yurkanin, to authorize the FY2023 and FY2024 PBIP distributions as presented for payment from the CMHPSM to the regional CMHSPs**  
**Motion carried unanimously**
- d. Action: FY2026 Regional Board Meeting Schedule  
**Motion by M. Welch Marahar, supported by M. Serio, to approve the CMHPSM Board of Directors the FY2026 Regional Board meeting schedule on the dates as presented**  
**Motion carried unanimously**
- e. Action: FY2026 Employee Handbook  
**Motion by M. Welch Marahar, supported by H. Terrill, to approve the FY2026 CMHPSM Employee Handbook as presented**  
**Motion carried unanimously**
- f. Action: Board Office Election Chair or Committee Appointment  
**Motion by M. Welch Marahar, supported by R. Curley, to elect the following slate of officers for FY2026:**
  - **Chair: J. Ackley**
  - **Vice-Chair: R. Pasko**
  - **Secretary: M. Serio****Motion carried unanimously**  
Roll Call Vote  
Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar R. Pasko, M. Serio, H. Terrill, A. Yurkanin  
No:  
Not present for in-person vote: B. King, A. Rooks, A. Somerville, R. Tillotson
- g. Action: FY2025 Quality Assessment and Performance Improvement Plan Status Update  
**Motion by A. Yurkanin, supported by H. Terrill, to accept the FY2025 QAPIP status report as presented**  
**Motion carried unanimously**

VIII. Reports to the CMHPSM Board

- a. Information: SUD Oversight Policy Board
- Joelen Kersen is the new Substance Use Services (SUS) Clinical Director.
  - A few staff members have moved from the SUS team to other departments for better alignment of duties and supervision.
  - The City of Ann Arbor awarded \$300,000 to CMHPSM for SUD services in Washtenaw County. Staff will work with OPB to determine the best use of the funds.
- b. Information: CEO Report to the Board

**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 current major focus for the PIHP is the MDHHS PIHP procurement effort.
- Lenawee held a town hall meeting yesterday to discuss the procurement effort. J. Colaianne presented on upcoming federal Medicaid changes.
- Last month a group of PIHPs from the proposed central region were planning to work together to submit a PIHP procurement bid. They have since determined that a bid from this group of PIHPs would not be possible.
- J. Colaianne will bring back a proposal for a bid submission to the Regional Board in October.
- The hearing for an injunction on the PIHP procurement process is tentatively scheduled for October 9, 2025.
- The lawsuit regarding the FY2025 PIHP contract is still pending.

IX. Adjournment

**Motion by M. Welch Marahar, supported by M. Serio, to adjourn the meeting**  
**Motion carried unanimously**

- The meeting was adjourned at 7:28 p.m.

X. Supplemental Materials (if applicable)  
None

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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.***



**BOARD BUSINESS OPERATIONS COMMITTEE**  
**Wednesday, September 3, 2025**  
**5:00pm**

**MAJOR COMMITTEE RESPONSIBILITIES**

- Review and monitor the Strategic Plan of the Authority as it relates to Business Operations and Administrative Support including Finances, Contracts, Facilities, Technology Infrastructure, and Customer Service.
- Review and make recommendations to the full Board regarding changes in Services, Contracts, and Budget.
- Monitor the organization's finances and strategies for managing overages and shortfalls.

**COMMITTEE MEMBERS**

LaMar Frederick, Chair; Rebecca Curley; Reda Biniecki; and Rebecca Pasko (Ex-Officio)

**DRAFT MINUTES**

**I. CALL TO ORDER**

LaMar Frederick called the meeting to order at 5:00pm. LaMar Frederick, Becca Curley, Reda Biniecki, Rebecca Pasko, and Lisa Graham were present.

**II. EMPLOYEE LEASING AGREEMENT WITH CATHOLIC CHARITIES**

- a. Back in March, MCMHA learned that St. Joe's Center of Hope was going to lose its funding. The ARPA Grants were terminated, and St. Joe's Center of Hope was going to have to close. St. Joe's is a peer type crisis center for substance use disorder and it has been very effective. It is not SUD treatment. In the course of the last few years, since St. Joe's came into our county in 2018, our overdose fatalities have been cut in half.

MCMHA and Catholic Charities began discussion on the opportunities for a partnership. We currently do not employ Peer Recovery Coaches and could enhance the services we provide. Lisa reached out to the PIHP, holder of the SUD contracts, to ask about the idea. Since we are a CCBHC now, peer recovery services are a CCBHC service. For every service, if we have the right agreement, can pull down funding for CCBHC. This could be viable for us financially. We know it is a service we want to continue in the community and now it can be a financially viable service in the community and add dollars to our general fund.

St. Joe's proposed to stay open Monday through Saturday from 8:00am to 8:30pm. Behavioral Health Urgent Care (BHUC) will start out with the hours of Monday through Friday from 11:00am to 7:00pm. This is based off of the data from Crisis Mobile and the Sheriff's Office of when they receive calls.

An Employee Leasing Agreement has been drafted by Dykema. MCMHA will lease employees for Peer Recovery Services for our BHUC. They would enter their documentation into our EHR. We will enter the billings and submit the claims. The contract requires Catholic Charities to remain the employer (paying salaries and taxes). The agreement also requires Catholic Charities to have general and professional liability insurances. The expectation is that they will provide a minimum of 70 units of service per month and must have 2.5 FTEs per shift. Every month we will cost settle with them. Either party can terminate the agreement with a 30-day notice. We will monitor monthly.

- b. Committee members reviewed the draft Employee Leasing Agreement. Lisa Graham answered questions surrounding the Union, insurance, monitoring, training and licenses, agreement versus a Designated Collaborative Organization (DCO), no treatment plans, and record retention.
- c. Committee members suggested agreement amendments. Lisa Graham will work with Dykema and Catholic Charities and bring back an amended agreement for review at the next scheduled Business Operations Committee.

**V. PARKING LOT**

- a. Researching Millage

**VI. ADJOURNMENT**

The meeting adjourned at 6:16pm.

The next Business Operations Committee Meeting is scheduled for **Wednesday, September 10, 2025** beginning at 4:00pm in the Aspen Room.

Respectfully submitted,  
*LaMar Frederick (fp)*

LaMar Frederick  
Business Operations Chair

9/9/24



**BOARD BUSINESS OPERATIONS COMMITTEE**  
**Wednesday, September 10, 2025**  
**4:00pm**

**MAJOR COMMITTEE RESPONSIBILITIES**

- Review and monitor the Strategic Plan of the Authority as it relates to Business Operations and Administrative Support including Finances, Contracts, Facilities, Technology Infrastructure, and Customer Service.
- Review and make recommendations to the full Board regarding changes in Services, Contracts, and Budget.
- Monitor the organization's finances and strategies for managing overages and shortfalls.

**COMMITTEE MEMBERS**

LaMar Frederick, Chair; Rebecca Curley; Reda Biniecki; and Rebecca Pasko (Ex-Officio)

**DRAFT MINUTES**

**I. CALL TO ORDER**

LaMar Frederick called the meeting to order at 5:00pm. LaMar Frederick, Becca Curley, Reda Biniecki, Rebecca Pasko, and Lisa Graham were present.

**II. EMPLOYEE LEASING AGREEMENT WITH CATHOLIC CHARITIES**

- a. Lisa Graham presented a number of revisions to the Employee Leasing Agreement with Catholic Charities and answered all questions.
  - i. The Agreement states that the services can be provided at our location (322 Colonial Drive) or a place designated by us such as St. Joe's (same campus).
  - ii. The Agreement contains boilerplate language.
  - iii. Catholic Charities is expected to have their own insurance, and we will have ours.
  - iv. Catholic Charities will be entering their notes into CRCT. They will enter directly and have limited access to only the parts of the electronic health record they need.
  - v. Exhibit D Training Grid has been added.
  - vi. Agreed to a monthly flat fee of \$24,000 and removed the cap. Cost settled monthly.
  - vii. The PIHP is providing \$100,000 to MCMHA to offset any non-Medicaid cost.
  - viii. Added Business Associate Agreement due to limited access of the electronic health record.
- b. The request is for the Board to approve the Employee Leasing Agreement with Catholic Charities for leasing their employees at St. Joe's Center of Hope to provide Peer Recovery Services.
  - i. LaMar Frederick commented that the committee has gone through not only the first draft, but the 2nd draft and any issues in 1st draft have been addressed. The committee is satisfied that the training is ongoing and will be completed by 10/1/25 before the launch of the Behavioral Health Urgent Care; the agency will collect the licensure and training certificates for everyone under this agreement; and legal council is also happy with the draft Agreement.
  - ii. Reda Biniecki suggested to have a line item added to the monthly financials to monitor Behavioral Health Urgent Care for the 1st year.
- c. The committee recommends the Employee Leasing Agreement with Catholic Charities be considered for approval by the full Board at their Wednesday, September 24, 2025 Board Meeting.

**V. PARKING LOT**

- a. Researching Millage

**VI. ADJOURNMENT**

The meeting adjourned at 4:41pm.

The next Business Operations Committee Meeting is scheduled for **Wednesday, October 1, 2025** beginning at 5:00pm in the Aspen Room.

Respectfully submitted,

*LaMar Frederick (46)*

LaMar Frederick  
Business Operations Chair

91/9/24



## BOARD BYLAWS & POLICY COMMITTEE

Wednesday, September 3, 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 Rebecca Pasko (Ex-Officio)

### DRAFT MINUTES

#### I. CALL TO ORDER

Becca Curley called the meeting to order at 6:18pm. Becca Curley, John Burkardt (Zoom), Susan Fortney, Reda Biniecki, 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>	N/A
<b>Procedures:</b>	N/A
<b>Exhibits:</b>	N/A
<b>Rescind:</b>	N/A
<b>Relocate:</b>	N/A

No Authority Policy, Procedures, and Exhibits to recommend.

- b. Regional Policies

<b>Policies:</b>	POC7083 Behavior Treatment Committee Policy FCM3044 Claims Payment and Appeals Policy RR8029 Culturally and Linguistically Relevant Services Policy FCM3024 Financial Fraud Abuse Policy
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The committee recommends approval of the regional policies at the Wednesday, September 24, 2025 Board Meeting.

#### III. REVIEW OF BOARD BYLAWS

- a. The committee is currently undergoing the review process of the Board Bylaws.
- b. The committee reviewed and/or revised Article I through Article IV and will begin review of Article V at their next regular scheduled meeting.
- c. Dr. Frances Jackson will send committee members information from Robert's Rules of Order regarding discipline.

#### 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 7:28pm.

#### VI. NEXT MEETING

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Thursday, October 1, 2025** at 6:00pm.

Respectfully submitted,

*Becca Curley (dp)*

Becca Curley  
Committee Chair

9/12/25





## BOARD COMMUNITY RELATIONS AD-HOC COMMITTEE

Thursday, September 18, 2025  
5:00pm

### MAJOR COMMITTEE RESPONSIBILITIES

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

### COMMITTEE MEMBERS

Ken Papenhagen, Chair; Dawn Asper; Susan Fortney; Mike Humphries; and Rebecca Pasko (Ex-Officio)

### DRAFT MINUTES

#### I. CALL TO ORDER

Ken Papenhagen called the meeting to order at 5:03pm. Rebecca Pasko, Rebecca Curley, Susan Fortney, Lisa Graham, and Bridgitte Gates were present. Naomi Stoner, Dawn Asper, and Mike Humphries were excused.

#### II. BEHAVIORAL HEALTH URGENT CARE (BHUC) AWARENESS CAMPAIGN

- a. Lisa Graham commented that we have been talking about BHUC for months and our opening date is coming quickly on September 29th. Revel Marketing put together a proposal to help us promote the BHUC in the community. Lisa presented the proposal, and the committee identified the items to move forward with and items that were not necessary.
  - i. The committee requested for Lisa Graham to ask Revel if there are other social media platforms outside of Facebook for promoting. We also need to target healthcare providers and provide a letter, brochure, and the website link to have more information.
- b. The estimated cost of the proposal, minus the items the committee identified were not necessary, is below the Chief Executive Officer's threshold of \$25,000.
  - i. The committee recommend for Lisa Graham to move forward with the BHUC Awareness Campaign and to address the full Board in her CEO Report for the September 24, 2025 Board Meeting.

#### III. TOWN HALL

- a. Lisa Graham commented that we are prepping for our Town Hall in October. An agenda is not yet available. Bridgitte Gates is reaching out to Alan Bolter to see if he may be able to speak on state issues such as CCBHC direct payment, PIHP Procurement, state budget, and changes to the Medicaid rule. Lisa usually provides an overview of the fiscal year and identifies areas that could improve. Last year Rebecca Pasko addressed the creation of the Community Relations Committee and asked if the committee would like 5 minutes to share what the Board successes have been over the last fiscal year. Last year we also had an MC, Aaron Lavender and will see if he is available for this year. We also recognize consumers and community partners with certificates, plaques, and awards. Invitations will be sent to all human services agencies, provider network, staff, and consumers.
  - i. The committee suggested to invite the mayor, legislative representatives, and schools.
  - ii. Lisa will attend the next City Hally Meeting and County Commissioners Meeting to publicly invite them and leave flyers for the Town Hall.
- b. The committee will finalize the Board section of the Town Hall at their next regularly scheduled meeting.

#### IV. COFFEE HOUR WITH CHIEF EXECUTIVE OFFICER / SOCIAL MEDIA

- a. Lisa Graham is considering having a coffee hour on a quarterly basis to answer any questions from the community and is asking feedback from the committee on the idea.
  - i. The committee suggested for Lisa to consider being accompanied by an Executive Leadership Team member(s) or board member(s) for support and help answer questions. It shows more solidarity between the Board and agency.
  - ii. Ken Papenhagen commented that listening to and educating the community would be a great start. It shows we care and are responsive. If we could identify some of the larger concerns we have heard from the community, they could be topics for the coffee hour or can counter those with quick educational video social media posts and meeting with community in person.
    - o Some topics could include - how to get an appointment; transitional housing; and inpatient vs outpatient.
    - o Ken Papenhagen suggested to consider locations outside of Monroe as well, such as Temperance, Bedford, Ida, Maybe, etc.
  - iii. Lisa Graham likes the idea of getting leaders in the community to come together and create a quick educational video to say we all work together but for specific things you'd contact X and CMH can help assist.

**V. NEXT AGENDA**

- a. Town Hall Meeting – October 22, 2025 3:00pm-5:00pm
- b. Mental Health Summit – October 27, 2025 8:30am-12:00pm
- c. Update on Quick Videos – Lisa Graham
- d. Open House Planning for Behavioral Health Urgent Care

**VI. PARKING LOT**

**VII. AJOURNMENT**

The meeting adjourned at 6:07pm.

**VIII. NEXT MEETING**

The Next Meeting of the Board Community Relations Committee is scheduled for **Thursday, October 16, 2025** at 5:00pm in the Aspen Room.

Respectfully submitted,

*Ken Papenhagen (dp)*

Ken Papenhagen  
Committee Chair

9/19/25



## BOARD EXECUTIVE COMMITTEE

Thursday, September 18, 2025 / 6:00pm in Aspen

### MAJOR COMMITTEE RESPONSIBILITIES

1. Form agenda for monthly meetings.
2. Monitor long term effectiveness of the Board and Board Committees.

### COMMITTEE MEMBERS

Rebecca Pasko, Chair  
John Burkardt, Vice Chair  
Susan Fortney, Secretary

### I. CALL TO ORDER

Rebecca Pasko called the meeting to order at 6:13pm. Rebecca Pasko, Susan Fortney, and Lisa Graham were present. John Burkardt was excused.

### II. ITEMS FOR DISCUSSION

- a. Review of the September 24, 2025 Board Meeting Agenda
  - i. The agenda has been restructured to have informational items first and any action items last.
- b. Board and Executive Leadership Holiday Dinner Event
  - i. Rebecca Pasko would like to see more engagement at this event. Suggestions for mingling, like a cocktail hour, prior to dinner may be nice. The committee thought about changing the location and requested for Dawn Pratt to contact Angelo's Northwood Villa and Little Brown Jug to see what they may have to offer for this type of setup. Dates to check for availability are December 5<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup>. Cocktail hour from 6pm-7pm and dinner at 7pm. Dawn to report back to the Executive Committee.
- c. Medicare Application
  - i. The Medicare Application was submitted and accepted. They did send back 1 question, which we answered. It is still showing under review. Since they are not asking for anything further, we should have the official word very soon.

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

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

### IV. NEXT AGENDA

- a. Review of October 22, 2025 Board Meeting agenda.

### V. AJOURNMENT

The meeting adjourned at 6:42pm.

### VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for October 16, 2025 at 6:00pm in the Aspen Room.

Respectfully submitted,

*Rebecca Pasko (dp)*

Rebecca Pasko  
Board Chairperson

9/19/25



## BOARD PERFORMANCE EVALUATION COMMITTEE

Wednesday, September 10, 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  
Community Relations Chair

### DRAFT MINUTES

#### I. CALL TO ORDER

The meeting was called to order by Rebecca Pasko at 5:03pm. Rebecca Pasko, John Burkardt (Zoom), Susan Fortney, LaMar Frederick, Naomi Stoner, Ken Papenhagen, and Lisa Graham were present. Jim Greene, Dykema, attended as a guest.

#### II. REVIEW OF CHIEF EXECUTIVE OFFICER CONTRACT

- a. Contract - Jim Greene addressed the committee. Back in the Spring of this year, LaMar Frederick requested that we need to begin thinking about the next CEO Contract as Lisa Graham's contract expires in February 2026. The contract was a 5-year term and all in all, a good run. Jim talked with the Board Executive Committee and Lisa Gram has done a good job and they are interested in renewing her contract. The committee discussed logistics for the new contract and provided Jim with feedback for consideration. Jim asked that if this committee is comfortable, based on the 4 years you have evaluated, to make a recommendation on a contract given to the Board for consideration. If so, Jim will start to finalize the contract and present to the committee to get feedback with the goal to bring to the full board for approval.
- b. Performance Evaluations - Jim Greene had an opportunity to look at the prior evaluations over the past 5 years. The committee went through a lot of effort to take the reviews quarterly and go through the annual objectives on performance. All in all, good feedback from the Board was received. It has also become clear that this committee, whoever was in the committee during that time, got a lot more detailed information than the other board members that were not part of the evaluation committee. Summarizing was good but some board members felt a bit disenfranchised by the process as they did not have information from the 360 surveys. The committee processed the information, but the 1 or 2 paragraph summaries given to the Board were not unsettling, but it didn't leave them with a sense of engagement if they would have been a part of the analysis of everything as the evaluation committee. At Rebecca's request, in the near future, she would like to share a different system that would be more engaging for the entire Board to focus on the high-level issues at a policy level, to keep the Board focused on the primary concerns of the Board, and allow for open conversation on whether objectives are being met. Joan Canning has a process in mind and will spend time at another meeting to get the committee's feedback.
- c. Rebecca Pasko will send the committee the current Strategic Plan, CCBHC Quality Metrics, and MDHHS Indicators to review. Committee members to review and choose what the top 5 high level items are that are most important as a board member for evaluating and debating on a quarterly basis.
- d. The committee has scheduled their next meeting for Wednesday, October 8, 2025 to review the amendments to the Chief Executive Officer Contract with legal counsel.

#### III. REVIEW OF NEW PERFORMANCE EVALUATION TOOL

- a. The committee has scheduled a separate meeting for Wednesday, October 29, 2025 to review and discuss the new performance evaluation committee tool.

#### IV. NEXT STEPS

- a. Legal Counsel to draft a CEO Contract with feedback from the committee and review at the next meeting.

#### V. ADJOURNMENT

The meeting adjourned at 6:13pm. The next meeting is scheduled for Wednesday, October 8, 2025 beginning at 5:00pm.

Respectfully submitted,

*Rebecca Pasko (dp)*

Rebecca Pasko  
Performance Evaluation Committee Chair

9/19/25

# **Monroe Community Mental Health Authority**

**Financial Statements**  
*September 30, 2024*





## **Independent Auditor's Report**

To the Members of the Board  
Monroe Community Mental Health Authority  
Monroe, Michigan

### **Report on the Audit of the Financial Statements**

#### **Opinions**

We have audited the accompanying financial statements of the business-type activities and each major fund of Monroe Community Mental Health Authority (the CMHSP) as of and for the year ended September 30, 2024, and the related notes to the financial statements, which collectively comprise the CMHSP's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and each major fund of the CMHSP as of September 30, 2024, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinions**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the CMHSP and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

#### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the CMHSP's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

#### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions.

Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the CMHSP's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the CMHSP's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### ***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and other required supplementary information, as identified in the table of contents, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

#### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated March 24, 2025, on our consideration of the CMHSP's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the CMHSP's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering CMHSP's internal control over financial reporting and compliance.

Sincerely,



Roslund, Prestage & Company, P.C.  
Certified Public Accountants

March 24, 2025

Monroe Community Mental Health Authority

Statement of Net Position

September 30, 2024

	Mental Health Fund	
<b>Assets</b>		
Current assets		
Cash and cash equivalents	\$ 5,602,891	
Accounts receivable, net	711,189	
Lessor receivable	27,830	
Due from other governmental units	8,599,098	Note 5
Prepaid expenses	268,264	
Total current assets	15,209,272	
Noncurrent assets		
Net OPEB asset	439,438	
Capital assets not being depreciated	47,000	
Capital assets being depreciated/amortized, net	1,803,341	
Total noncurrent assets	2,289,779	
<b>Total assets</b>	<b>17,499,051</b>	
	<b>Prior Year:</b>	<b>14,604,817</b>
<b>Deferred outflows of resources</b>		
Related to pension	2,069,826	
<b>Total deferred outflows of resources</b>	<b>2,069,826</b>	
	<b>Prior Year:</b>	<b>4,955,327</b>
<b>Liabilities</b>		
Current liabilities		
Accounts payable	5,627,042	
Accrued payroll and related liabilities	310,922	
Incurred but not reported liability	58,284	
Due to other governmental units	4,382,162	Note 7
Compensated absences, due within one year	54,309	
Direct borrowings, due within one year	386,592	
Total current liabilities	10,819,311	Note 9
Noncurrent liabilities		
Compensated absences, due beyond one year	307,749	
Direct borrowings, due beyond one year	616,926	
Net pension liability	4,065,865	
Total noncurrent liabilities	4,990,540	
<b>Total liabilities</b>	<b>15,809,851</b>	
	<b>Prior Year:</b>	<b>22,124,619</b>
<b>Deferred inflows of resources</b>		
Related to pension	602,079	
Related to OPEB	3,193,245	
Related to lessor activity	27,586	
<b>Total deferred inflows of resources</b>	<b>3,822,910</b>	
	<b>Prior Year:</b>	<b>3,238,221</b>
<b>Net position</b>		
Net investment in capital assets	846,823	
Restricted for OPEB benefits	439,438	
Unrestricted	(1,350,145)	
Total net position	\$ (63,884)	

The notes to the financial statements are an integral part of this statement.



Monroe Community Mental Health Authority  
**Statement of Revenues, Expenses and Changes in Net Position**  
For the Year Ended September 30, 2024

	Mental Health Fund
<b>Operating revenues</b>	
Medicaid	\$ 50,625,261
State and federal funding	1,625,736
County appropriations	997,803
Charges for services	173,763
Grants	1,454,802
Other	529,452
<b>Total operating revenues</b>	<b>55,406,817</b>
	<b>Prior Year: 51,049,234</b>
<b>Operating expenses</b>	
Administration - salaries	2,100,036
Administration - benefits	1,484,743
Administration - other	2,626,954
Internal services - salaries	7,493,635
Internal services - benefits	5,231,502
Internal services - other	2,192,343
Defined benefit pension and OPEB adjustment	(5,985,888)
Provider services	33,062,113
Facilities	1,305,295
Room and board	158,475
<b>Total operating expenses</b>	<b>49,669,208</b>
	<b>Prior Year: 44,995,663</b>
Operating income (loss)	5,737,609
<b>Nonoperating revenues (expenses)</b>	
Interest income	17,850
Rental income	23,726
Interest expense	(40,373)
<b>Total nonoperating revenues (expenses)</b>	<b>1,203</b>
<b>Change in net position</b>	<b>5,738,812</b>
<b>Net position, beginning of year</b>	<b>(5,802,696)</b>
<b>Net position, end of year</b>	<b>\$ (63,884)</b>

The notes to the financial statements are an integral part of this statement.

**NOTE 4 – LESSOR RECEIVABLE**

Lessor receivable as of September 30<sup>th</sup> consists of the following:

Description	Received during current fiscal year		Remaining amount as of year-end	
	Lease Revenue	Lease Interest	Lease Receivable	Deferred Inflows
Monroe Street Building	13,919	608	8,300	8,147
Sutton Place Building #1	1,284	102	7,971	7,934
Sutton Place Building #2	1,864	148	11,559	11,505
Totals	17,067	858	27,830	27,586

**NOTE 5 – DUE FROM OTHER GOVERNMENTAL UNITS**

Due from other governmental units as of September 30<sup>th</sup> consists of the following:

Description	Amount
Community Mental Health Partnership of Southeast Michigan	8,121,199
Monroe County	189,654
Michigan Department of Health and Human Services	150,602
Other governmental units	137,643
Total	8,599,098

Monroe Community Mental Health Authority  
**Notes to the Financial Statements**  
September 30, 2024

**NOTE 6 - CAPITAL ASSETS**

A summary of changes in capital assets is as follows:

Description	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Capital assets not being depr/amort					
Land	47,000	-	-	-	47,000
Total capital assets not being depr/amort	47,000	-	-	-	47,000
Capital assets being depr/amort					
Buildings and improvements	5,457,836	-	-	-	5,457,836
Equipment and furnishings	97,359	-	-	-	97,359
Computers and software	560,543	-	-	-	560,543
Vehicles	512,585	71,844	-	-	584,429
Right to use - buildings	1,168,280	108,173	-	-	1,276,453
Total capital assets being depr/amort	7,796,603	180,017	-	-	7,976,620
Accumulated depr/amort					
Buildings and improvements	(3,952,507)	(186,893)	-	-	(4,139,400)
Equipment and furnishings	(55,230)	(10,039)	-	-	(65,269)
Computers and software	(374,082)	(54,352)	-	-	(428,434)
Vehicles	(355,654)	(65,098)	-	-	(420,752)
Right to use – buildings	(727,480)	(391,944)	-	-	(1,119,424)
Total accumulated depr/amort	(5,464,953)	(708,326)	-	-	(6,173,279)
Total cap. assets being depr/amort, net	2,331,650	(528,309)	-	-	1,803,341
Total capital assets, net	2,378,650	(528,309)	-	-	1,850,341

**NOTE 7 - DUE TO OTHER GOVERNMENTAL UNITS**

Due to other governmental units as of September 30<sup>th</sup> consists of the following:

Description	Amount
Community Mental Health Partnership of Southeast Michigan	3,931,535
State of Michigan - FY 2021 GF lapse	317,298
State of Michigan - FY 2022 GF lapse	49,238
State of Michigan - FY 2023 GF lapse	84,091
Total	4,382,162

**NOTE 9 – DEBT OBLIGATIONS**

**Long-term debt**

Direct borrowings

The detail of direct borrowings for the fiscal year is as follows:

Description	Original Borrowing	Interest Rates	Final Maturity	Outstanding at Year-end
Benesh building lease #1	71,002	3.25%	2025	19,145
Benesh building lease #2	248,446	3.25%	2025	62,678
S. Raisinville Road Loan	4,011,526	4.00%-4.25%	2027	839,117
Salvation Army lease	108,170	2.70%	2027	82,578
Total				1,003,518

The CMHSP's outstanding loans from direct borrowings related to mental health operations contains provisions that in an event of default, either by (1) unable to make principal or interest payments (2) false or misrepresentation is made to the lender (3) become insolvent or make an assignment for the benefit of its creditors (4) if the lender at any time in good faith believes that the prospect of payment of any indebtedness is impaired. Upon the occurrence of any default event, the outstanding amounts, including accrued interest become immediately due and payable.

**Summary of long-term debt**

The changes in the long-term liabilities are as follows:

Description	Beginning Balance	Additions	Reductions	Ending Balance	Due within one year
Compensated absences	371,621	46,180	(55,743)	362,058	54,309
Direct borrowings	1,553,008	108,170	(657,660)	1,003,518	386,592
Total	1,924,629	154,350	(713,403)	1,365,576	440,901

The requirements to pay principal and interest on the long-term debt outstanding at year-end are shown below:

Year Ended September 30	Direct Borrowings	
	Principal	Interest
2025	386,592	20,191
2026	316,402	12,445
2027	300,524	6,097
Total long-term debt	1,003,518	38,733

**NOTE 10 – RETIREMENT PLANS**

**Defined Contribution Retirement Plan – 401(a) (Money Purchase Pension Plan)**

Plan Description

The CMHSP offers all employees a social security opt-out retirement plan created in accordance with the Internal Revenue Code, Section 401(a). The assets of the plan were held in trust for the exclusive benefit of the participants (employees) and their beneficiaries. Principal acts as the custodian for the plan and holds the custodial account for the beneficiaries of this Section 401(a) plan.

The assets may not be diverted to any other use. Principal is an agent of the employer for purposes of providing direction to the custodian of the custodial account from time to time for the investment of the funds held in the account, transfer of assets to or from the account and all other matters. Plan balances and activities are not reflected in the CMHSP's financial statements.

Plan provisions are established or amended by Board resolution. This plan is funded by employer and employee contributions.

**NOTE 14 – INCURRED BUT NOT REPORTED (IBNR) LIABILITY**

The CMHSP estimates certain provider related liabilities which include amounts for incurred inpatient, residential and community provider claims liability based on management's estimate. The CMHSP may not be billed for these until several months after the date of service. The actual cost may vary from the estimated amount for a variety of reasons that include, but are not limited to, retroactive consumer eligibility or cost recovery from other third party payers.

The change in the claims liability is as follows:

Fiscal Year	Beginning of Year Liability	Claims and Changes in Estimates	Claim Payments	End of Year Liability
2022	-	29,333,906	(28,993,715)	340,191
2023	340,191	34,689,759	(34,689,759)	340,191
2024	340,191	37,599,503	(37,881,410)	58,284

**NOTE 15 – CONTINGENT LIABILITIES**

Under the terms of various federal and state grants and regulatory requirements, the CMHSP is subject to periodic audits of its agreements, as well as a cost settlement process under the full management contract with the regional entity and the State. Such audits could lead to questioned costs and/or requests for reimbursement to the grantor or regulatory agencies. Cost settlement adjustments, if any, as a result of compliance audits are recorded in the year that the settlement is finalized. The amount of expenses which may be disallowed, if any, cannot be determined at this time, although the CMHSP expects such amounts, if any, to be immaterial.

**NOTE 16 – ECONOMIC DEPENDENCE**

The CMHSP receives over 94% of its revenues from the State of Michigan either directly from MDHHS or indirectly through the CMHSP's regional entity.

**NOTE 17 – RELATED PARTY TRANSACTIONS**

The County is deemed a related party by management due to the fact that the County is statutorily required to provide local funding to the CMHSP.

The County provided financing for office space located at 1001 S. Raisinville Road, Monroe, MI. The CMHSP paid \$257,418 during the year for its portion of the County's bond payments.

**NOTE 18 – DEFICIT NET POSITION**

As of year-end, the CMHSP is in a deficit net position, which is the result of recording the CMHSP's net pension liability as required with the implementation of GASB 68, and the CMHSP's net OPEB asset as required with the implementation of GASB 75. As outlined in Numbered Letter 2016-1 issued by the Department of Treasury, this deficit passes the 4 Step test for proprietary funds to determine if a deficit elimination plan is required. Therefore, the CMHSP is not required to file a deficit elimination plan with the State. The CMHSP will be exploring options over the next several years to reduce the net pension liability including opting for a shorter amortization period used to fund the plan.

**NOTE 19 – UPCOMING ACCOUNTING PRONOUNCEMENTS**

**GASB Statement No. 101, *Compensated Absences***, was issued by the GASB in June 2022 and will be effective for fiscal year 2025. The objective of this Statement is to better meet the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. That objective is achieved by aligning the recognition and measurement guidance under a unified model and by amending certain previously required disclosures.

This Statement requires that liabilities for compensated absences be recognized for (1) leave that has not been used and (2) leave that has been used but not yet paid in cash or settled through noncash means. A liability should be recognized for leave that has not been used if (a) the leave is attributable to services already rendered, (b) the leave accumulates, and (c) the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. This Statement requires that a liability for certain types of compensated absences—including parental leave, military leave, and jury duty leave—not be recognized until the leave commences. This Statement also establishes guidance for measuring a liability for leave that has not been used, generally using an employee's pay rate as of the date of the financial statements.

**GASB Statement No. 102, *Certain Risk Disclosures***, was issued by the GASB in December of 2023 and will be effective for fiscal year 2025. This Statement requires a government to assess whether a concentration or constraint makes the government vulnerable to the risk of a substantial impact. Additionally, this Statement requires a government to assess whether an event or events associated with a concentration or constraint that could cause the substantial impact have occurred, have begun to occur, or are more likely than not to begin to occur within 12 months of the date the financial statements are issued. If a government determines that those criteria for disclosure have been met for a concentration or constraint, it should disclose information in notes to financial statements in sufficient detail to enable users of financial statements to understand the nature of circumstances disclosed and the government's vulnerability to the risk of substantial impact.

**GASB Statement No. 103, *Financial Reporting Model Improvements***, was issued by the GASB in April of 2024 and will be effective for fiscal year 2026. This Statement establishes new accounting and financial reporting requirements—or modifies existing requirements—related to the following:

- a. Management's discussion and analysis (MD&A);
  - i. Requires that the information presented in MD&A be limited to the related topics discussed in five specific sections:
    - 1) Overview of the Financial Statements,
    - 2) Financial Summary,
    - 3) Detailed Analyses,
    - 4) Significant Capital Asset and Long-Term Financing Activity,
    - 5) Currently Known Facts, Decisions, or Conditions;
  - ii. Stresses detailed analyses should explain why balances and results of operations changed rather than simply presenting the amounts or percentages by which they changed;
  - iii. Removes the requirement for discussion of significant variations between original and final budget amounts and between final budget amounts and actual results;
- b. Unusual or infrequent items;
- c. Presentation of the proprietary fund statement of revenues, expenses, and changes in fund net position;
  - i. Requires that the proprietary fund statement of revenues, expenses, and changes in fund net position continue to distinguish between operating and nonoperating revenues and expenses and clarifies the definition of operating and nonoperating revenues and expenses;
  - ii. Requires that a subtotal for *operating income (loss) and noncapital subsidies* be presented before reporting other nonoperating revenues and expenses and defines subsidies;
- d. Information about major component units in basic financial statements should be presented separately in the statement of net position and statement of activities unless it reduces the readability of the statements in which case combining statements of should be presented after the fund financial statements;
- e. Budgetary comparison information should include variances between original and final budget amounts and variances between final budget and actual amounts with explanations of significant variances required to be presented in the notes to RSI

## **Monroe Community Mental Health Authority**

Federal Awards  
(Supplementary Information  
to Financial Statements)  
September 30, 2024



**RPC**  
Roslund Prestage & Company  
CERTIFIED PUBLIC ACCOUNTANTS



## **Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards**

To the Members of the Board  
Monroe Community Mental Health Authority  
Monroe, Michigan

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities and each major fund of Monroe Community Mental Health Authority (the CMHSP) as of and for the year ended September 30, 2024, and the related notes to the financial statements, which collectively comprise the CMHSP's basic financial statements, and have issued our report thereon dated March 24, 2025.

### **Report on Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the CMHSP's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the CMHSP's internal control. Accordingly, we do not express an opinion on the effectiveness of the CMHSP's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

### **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the CMHSP's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of This Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Sincerely,

*Roslund, Prestage & Company, P.C.*

Roslund, Prestage & Company, P.C.  
Certified Public Accountants

March 24, 2025



## **Independent Auditor's Report on Compliance for Each Major Program and on Internal Control over Compliance Required by the Uniform Guidance**

To the Members of the Board  
Monroe Community Mental Health Authority  
Monroe, Michigan

### **Report on Compliance for Each Major Federal Program**

#### ***Opinion on Each Major Federal Program***

We have audited Monroe Community Mental Health Authority's (the CMHSP) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of the CMHSP's major federal programs for the year ended September 30, 2024. The CMHSP's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the CMHSP complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2024.

#### ***Basis for Opinion on Each Major Federal Program***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the CMHSP and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the CMHSP's compliance with the compliance requirements referred to above.

#### ***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the CMHSP's federal programs.

#### ***Auditor's Responsibilities for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the CMHSP's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the CMHSP's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the CMHSP's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the CMHSP's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the CMHSP's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

#### **Other Matters**

The results of our auditing procedures disclosed instances of noncompliance which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as item 2024-001. Our opinion on each major federal program is not modified with respect to these matters.

*Government Auditing Standards* requires the auditor to perform limited procedures on the CMHSP's response to the noncompliance findings identified in our compliance audit described in the accompanying schedule of findings and questioned costs. The CMHSP's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

#### **Report on Internal Control over Compliance**

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, as discussed below, we did identify certain deficiencies in internal control over compliance that we consider to be significant deficiencies.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

*A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiencies in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2024-001 to be significant deficiency.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

*Government Auditing Standards* requires the auditor to perform limited procedures on the CMHSP's response to the internal control over compliance findings identified in our compliance audit described in the accompanying schedule of findings and questioned costs. The CMHSP's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

#### **Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance**

We have audited the financial statements of the business-type activities and each major fund of the CMHSP, as of and for the year ended September 30, 2024, and the related notes to the financial statements, which collectively comprise the CMHSP's basic financial statements. We issued our report thereon dated March 24, 2025, which contained unmodified opinions on those financial statements. Our audit was performed for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. **In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the basic financial statements as a whole.**

Sincerely,

A handwritten signature in black ink that reads "Roslund, Prestage & Company, P.C." in a cursive, flowing script.

Roslund, Prestage & Company, P.C.  
Certified Public Accountants

June 18, 2025

MONROE COMMUNITY MENTAL HEALTH AUTHORITY

**Schedule of Expenditures of Federal Awards**

For the Year Ended September 30, 2024

Federal Agency / Cluster / Program Title	Federal Assistance Listing Number	Passed Through	Pass-through / Grantor Number	Total Subawards Provided to Subrecipients	Federal Expenditures
<b>U.S. Department of Health and Human Services</b>					
Medicaid Cluster					
Grants to States for Medicaid					
OBRA - PASARR	93.778	MDHHS	E20240803-00	\$ -	\$ 208,568
Total Medicaid Cluster (ALN 93.778)				-	208,568
Opioid STR					
Jail-Based MAT/Integrated Re-entry Services	93.788	PIHP	C24031	-	376,896
Total ALN 93.788				-	376,896
Block Grants for Community Mental Health Services					
Parent Management Training Oregon	93.958	MDHHS	E20240988-00	-	3,544
Promoting Access and Continuity of Care	93.958	MDHHS	E20240987-00	-	47,737
Mental Health Juvenile Justice Diversion	93.958	MDHHS	E20240986-00	-	63,281
ACT and Dual ACT/IDDT Team Financial Incentive	93.958	MDHHS	E20241988-00	-	22,523
COVID 19 - ARPA Behavioral Healthcare Workforce Stabilization	93.958	MDHHS	E20240801-00	-	64,973
Clubhouse Block Grant	93.958	PIHP	C24031	-	9,265
Total ALN 93.958				-	211,323
<b>Total U.S. Department of Health and Human Services</b>				-	796,787
<b>Total Expenditures of Federal Awards</b>				\$ -	\$ 796,787

The accompanying notes are an integral part of this schedule.

Monroe Community Mental Health Authority  
Schedule of Findings and Questioned Costs  
For the Year Ended September 30, 2024

**SECTION I - SUMMARY OF AUDITOR'S RESULTS**

FINANCIAL STATEMENTS

Type of auditor's report based on financial statements prepared in accordance with generally accepted accounting principles:

Unmodified

- |   |           |                            |
|---|-----------|----------------------------|
| • Material weakness(es) identified?                     | _____ Yes | <u>  X  </u> No            |
| • Significant deficiency(ies) identified?               | _____ Yes | <u>  X  </u> None Reported |
| • Noncompliance material to financial statements noted? | _____ Yes | <u>  X  </u> No            |

FEDERAL AWARDS

Internal control over major program:

- |   |                  |                     |
|---|------------------|---------------------|
| • Material weakness(es) identified?       | _____ Yes        | <u>  X  </u> No     |
| • Significant deficiency(ies) identified? | <u>  X  </u> Yes | _____ None Reported |

Type of auditor's report issued on compliance for major programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?

  X   Yes      \_\_\_\_\_ No

Identification of major programs:

Assistance Listing Number(s)	Name of Federal Program or Cluster
93.788	Opioid STR

Dollar threshold used to distinguish between type A and type B programs:

\$750,000

- |  |           |                 |
|--|-----------|-----------------|
| • Auditee qualified as low-risk auditee? | _____ Yes | <u>  X  </u> No |
|--|-----------|-----------------|

**SECTION II - FINANCIAL STATEMENT FINDINGS**

None

**SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS**

**2024-001: PROCUREMENT, SUSPENSION, AND DEBARMENT**

**Type:** Considered a significant deficiency in internal control over compliance/noncompliance

**Program:** ALN 93.788 Opioid STR

**Criteria:** Pursuant to 2 CFR 200.320, when a procurement transaction under a Federal award exceeds the simplified acquisition threshold, either formal procurement methods, or documentation of noncompetitive procurement, are required. Pursuant to 2 CFR 200.214 and 2 CFR part 180, prior to entering into a covered transaction, a nonfederal entity must verify that the person with whom they intend to do business is not suspended, debarred, or otherwise excluded or disqualified.

**Condition:** The CMHSP did not document the noncompetitive procurement process pursuant to 2 CFR 200.320 prior to entering into a contract for services under the grant. Also, the CMHSP did not verify that the vendor was not suspended, debarred, or otherwise excluded or disqualified in accordance with 2 CFR requirements prior to entering into a contract for services under the grant.

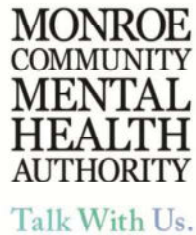
**Cause/Effect:** Management oversight.

**Questioned Cost:** None

**Context:** Due to an immediate, unexpected need for specialized services, the CMHSP entered into a contract with a vendor established with the PIHP, but did not document the noncompetitive procurement process pursuant to 2 CFR 200.320. Also, upon subsequent review, it was determined that the vendor was not suspended, debarred, or otherwise excluded or disqualified.

**Recommendation:** We recommend that the CMHSP review/update policies and procedures to ensure that formal procurement methods are documented and verification of suspension, debarment, or exclusion is conducted prior to entering into a contract.

**Management's Resp:** Management is in agreement with this recommendation.



June 17,2025

## CORRECTIVE ACTION PLAN

Pursuant to federal regulations, Uniform Administrative Requirements Section 200.511, the following are the findings as noted in Monroe Community Mental Health Authority's (MCMHA) Single Audit report for the year ended September 30, 2024, and corrective actions to be completed.

### **Finding: 2024-001 - Procurement, Suspension and Debarment**

**Auditor Description of Condition and Effect:** The CMHSP did not document the noncompetitive procurement process pursuant to 2 CFR 200.320 prior to entering into a contract for services under the grant. Also, the CMHSP did not verify that the vendor was not suspended, debarred, or otherwise excluded or disqualified in accordance with 2 CFR requirements prior to entering into a contract for services under the grant.

**Auditor Recommendation:** That the CMHSP review/update policies and procedures to ensure that formal procurement methods are documented, and verification of suspension, debarment, or exclusion is conducted prior to entering into a contract.

**Corrective Action:** Management acknowledges the situation and is developing process and procedure to correct this going forward.

**Responsible People:** Chief Financial Officer and Chief Operating Officer.

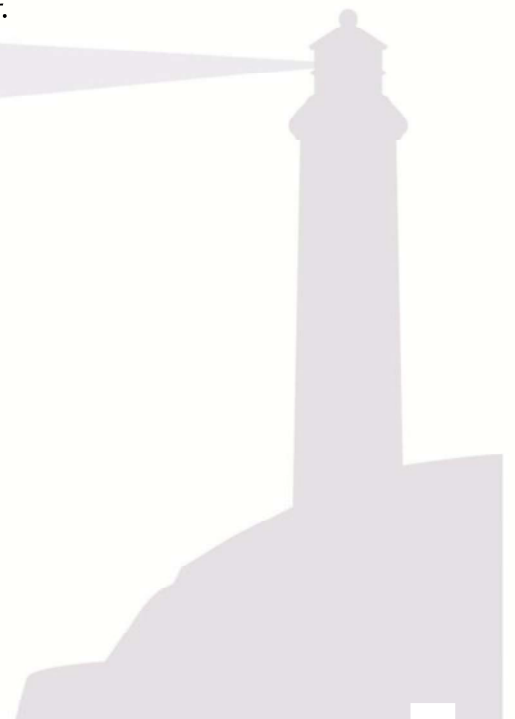
**Anticipated Completion Date:** September 30, 2025

1001 S Raisinville Rd,  
Monroe, MI 48161

Phone:  
734-243-7340

24hr Emergency Services:  
800-886-7340

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





**Report on Compliance**

**Monroe Community  
Mental Health Authority**

*September 30, 2024*





## INDEPENDENT ACCOUNTANT'S REPORT ON COMPLIANCE

To the Members of the Board  
Monroe Community Mental Health Authority  
Monroe, Michigan

### Report On Compliance

We have examined Monroe Community Mental Health Authority's (the CMHSP) compliance with the compliance requirements described in the *Compliance Examination Guidelines* issued by Michigan Department of Health and Human Services that are applicable to the Medicaid Contract and/or General Fund (GF) Contract for the year ended September 30, 2024.

### Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to the Medicaid Contract and/or GF Contract.

### Independent Accountants' Responsibility

Our responsibility is to express an opinion on the CMHSP's compliance with the Medicaid Contract and/or GF Contract based on our examination of the compliance requirements referred to above.

Our examination of compliance was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the CMHSP complied, in all material respects, with the compliance requirements referred to above.

An examination involves performing procedures to obtain evidence about the CMHSP's compliance with the specified compliance requirements referred to above. The nature, timing, and extent of the procedures selected depend on our judgement, including an assessment of the risk of material noncompliance, whether due to fraud or error. The nature, timing and extent of the procedures selected depend on our judgment, including an assessment of the risk of material misstatement of the compliance requirements described in the *Compliance Examination Guidelines* issued by the Michigan Department of Health and Human Services.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion. However, our examination does not provide a legal determination of the CMHSP's compliance.

### Opinion on Each Program

In our opinion, the CMHSP complied, in all material respects, with the specified compliance requirements referred to above that are applicable to the Medicaid Contract and/or GF Contract for the year ended September 30, 2024.

**Other Matters**

The results of our examination procedures disclosed instances of noncompliance, which are required to be reported in accordance with Compliance Examination Guidelines, and which are described in the accompanying Comments and Recommendations as item 2024-01. Our opinion is not modified with respect to these matters.

The CMHSP's responses to the noncompliance findings identified in our examination are described in the accompanying Comments and Recommendations. The CMHSP's responses were not subjected to the examination procedures applied in the examination of compliance and, accordingly, we express no opinion on the responses.

**Purpose of this Report**

This report is intended solely for the information and use of the Board and management of the CMHSP and the Michigan Department of Health and Human Services and is not intended to be, and should not be, used by anyone other than these specified parties.

Sincerely,

A handwritten signature in black ink that reads "Roslund, Prestage & Company, P.C." in a cursive script.

Roslund, Prestage & Company, P.C.  
Certified Public Accountants

June 3, 2025

Control deficiencies that are individually or cumulatively material weaknesses in internal control over the Medicaid Contract and/or General Fund Contract:

None

Material noncompliance with the provisions of laws, regulations, or contracts related to the Medicaid Contract and/or General Fund Contract:

None

Known fraud affecting the Medicaid Contract and/or General Fund Contract:

None

During our compliance audit, we may have become aware of matters that are opportunities for strengthening internal controls, improving compliance, and increasing operating efficiency. These comments and recommendations are expected to have an impact greater than \$25,000, but not individually or cumulatively be material weaknesses in internal control over the Medicaid Contract and/or General Fund Contract. Furthermore, we consider these matters to be immaterial deficiencies, not findings. The following comments and recommendations are in regard to those matters.

#### **2024-01 Ability to Pay Forms**

Criteria or specific requirements:

The CMHSP is required to determine the responsible party's insurance coverage and ability to pay before, or as soon as practical after, the start of services as required by MCL 330.1817. Also, the CMHSP must annually determine the insurance coverage and ability to pay of individuals who continue to receive services and of any additional responsible party as required by MCL 330.1828.

Condition:

The CMHSP is not in compliance with MCL 330.1817 and MCL 330.1828.

Examination adjustments:

None.

Context and perspective:

The CMHSP has adopted and implemented *ability to pay* policies and procedures as required. However, during our testing of their implementation of these procedures we found 10 out of 40 consumers selected did not have *ability to pay* documentation completed or the consumer had an ability to pay that was not billed.

Effect:

The CMHSP may not be billing and collecting available fees from individuals or third party payers for services provided to them.

Recommendations:

The CMHSP should review its current policies and procedures regarding ability to pay forms and make the necessary changes to ensure that forms are completed, or consumers are billed as required. Also, policies and procedures should require periodic monitoring for compliance and include adequate documentation of such monitoring.

Views of responsible officials:

Management is in agreement with our recommendation.

Planned corrective action:

We have further refined processes, we expect to be in compliance in future fiscal years.

Responsible party:

Richard Carpenter, Chief Financial Officer

Anticipated completion date:

September 30, 2025



# MONROE COMMUNITY MENTAL HEALTH

Fiscal Year 2026

Proposed  
Budget

# 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

# Monroe Community Mental Health Authority

## 2026 Proposed Budget

### Significant Assumptions and Key Points

#### I. Revenue

- MDHHS has indicated that capitated revenue for 2026 will be lower for the region. Additionally, CCBHC revenue will no longer flow through the PIHP. Despite the large decrease related to CCBHC and overall rates, we are seeing an increase in the base cap (after the CCBHC reduction). CCBHC revenue in the budget shows an increase to reflect that move from base capitation to 100% funded by MDHHS through direct pay.
- CCBHC revenue increase is made up of two components. First, is the redirect from base capitation noted above. The second is the onboarding of the engagement center expected to increase CCBHC
- Grant revenue and expense lower due to expiration of grants (most notably ARPA Mobile Crisis).

#### II. Medicaid and Healthy Michigan (HMP) - Expenses

- Expanded expenditures are expected for continued service expansion in the Certified Community Behavioral Healthcare Clinic (CCBHC) related to the demonstration. Additionally, we expect additional claims expense as our provider network continues to struggle with funding and staffing issues.

#### III. MDHHS CMHSP Contract Revenue and Expenses

- General Fund budgeted at a flat \$1,539,237. This amount is not expected to change in the future.
- Use of State general fund dollars expected to continue largely for Medicaid spenddown services and services for those that do not have any insurance.

#### IV. Provider Network

- Provider Network services are expected to continue to grow. We have assumed rate increases for community living supports, specialized residential and community inpatient. We have budgeted a 3% rate increase for all other services.

#### V. General expense assumptions

- Payroll related costs are included based on currently filled positions plus vacant positions at the midpoint pay of the position range. In addition, the budget includes step increases. FY26 budget has added an additional 14 positions, compared to the FY25 annualized. The projected increase in staffing is primarily driven by the expansion clinic personnel in response to CCBHC and SUD.
- Budgeted fringes are down considerably. The reason for that is the funding for OPEB and pension. The OPEB plan is fully funded (and as a result contributions are much less) and expect lower contributions for pension as well.
- Internal - Other expenses are up mostly as a result of projected increase to DCO services through the CCBHC program. Additionally, we have accounted for the engagement center expense increase in this line.
- General expenses assumed a 3% increase. Contracted staff assumes a 4% increase.



# MONROE CMH

## 2026 Proposed Budget by Fund Source

Medicaid	2025 Budget	July 2025 Annualized	2026 Proposed	Over (Under)
PIHP Revenue	\$ 44,657,457	\$ 45,265,175	\$ 43,747,009	\$ (910,448)
PIHP Redirect to CCBHC	(5,577,300)	(5,274,103)	-	5,577,300
1st/3rd Party Revenue	-	4,445	3,704	3,704
Expense	\$ 37,772,544	\$ 38,429,570	38,607,239	834,695
Revenue over/(under) expenses	\$ 1,307,613	\$ 1,565,946	\$ 5,143,474	\$ 3,835,861
Healthy Michigan	2025 Budget	July 2025 Annualized	2026 Proposed	Over (Under)
PIHP Revenue	\$ 3,659,040	\$ 3,659,040	\$ 2,707,287	\$ (951,753)
PIHP Redirect to CCBHC	(1,171,834)	(821,966)	-	1,171,834
1st/3rd Party Revenue	-	-	-	-
Expense	\$ 2,305,531	\$ 4,470,577	4,678,234	2,372,703
Revenue over/(under) expenses	\$ 181,675	\$ (1,633,504)	\$ (1,970,947)	\$ (2,152,622)
CCBHC Medicaid	2025 Budget	July 2025 Annualized	2026 Proposed	Over (Under)
PIHP Cap Revenue	\$ 5,070,273	\$ 5,274,103	\$ 14,481,285	\$ 9,411,012
PIHP Supp Revenue	8,942,069	9,456,994	-	(8,942,069)
1st/3rd Party Revenue	42,396	1,495	1,246	(41,150)
Expense	12,273,772	11,423,046	12,683,676	409,904
Revenue over/(under) expenses	\$ 1,780,966	\$ 3,309,546	\$ 1,798,855	\$ 17,889
CCBHC Healthy Michigan	2025 Budget	July 2025 Annualized	2026 Proposed	Over (Under)
PIHP Cap Revenue	\$ 1,065,304	\$ 821,966	\$ 2,618,301	\$ 1,552,998
PIHP Supp Revenue	1,887,706	1,870,853	-	(1,887,706)
1st/3rd Party Revenue	-	-	-	-
Expense	2,641,224	2,879,903	3,132,588	491,364
Revenue over/(under) expenses	\$ 311,785	\$ (187,084)	\$ (514,287)	\$ (826,072)

# MONROE CMH

## 2026 Proposed Budget by Fund Source

CCBHC NonMedicaid	2025 Budget	July 2025 Annualized	2026 Proposed	Over (Under)
State CCBHC Revenue	\$ -	\$ -	\$ 55,000	\$ 55,000
1st/3rd Party Revenue	-	-	-	-
Expense	1,858,972	2,461,237	2,607,096	748,124
Redirect from GF	1,858,972	2,461,237	2,552,096	693,124
Revenue over/(under) expenses	\$ -	\$ -	\$ -	\$ -
ALL CCBHC Combined	2025 Budget	July 2025 Annualized	2026 Proposed	Over (Under)
All CCBHC Revenue	\$ 16,965,351	\$ 17,423,916	\$ 17,154,586	\$ 189,235
1st/3rd Party Revenue	42,396	1,495	1,246	(41,150)
Expense	16,773,968	16,764,186	18,423,360	1,649,392
Redirect from GF	1,858,972	2,461,237	2,552,096	693,124
Revenue over/(under) expenses	\$ 2,092,751	\$ 3,122,462	\$ 1,284,568	\$ (808,183)
State General Fund	2025 Budget	July 2025 Annualized	2026 Proposed	Over (Under)
Revenue	\$ 1,634,610	\$ 2,046,775	\$ 1,920,289	\$ 285,679
Expense	3,747,623	1,483,684	2,821,975	(925,648)
Redirect to Other Programs	(1,858,972)	(2,445,724)	(2,552,096)	(693,124)
Redirect from Other Programs	3,971,985	1,882,632	3,453,782	(518,203)
Revenue over/(under) expenses	\$ -	\$ -	\$ -	\$ -
All Other Grants/Local	2025 Budget	July 2025 Annualized	2026 Proposed	Over (Under)
Revenue	\$ 4,133,744	\$ 2,651,372	\$ 3,757,530	(376,214)
Expense	2,017,302	1,417,757	1,485,359	(531,943)
Redirects	(3,971,985)	(1,882,632)	(3,453,782)	518,203
Revenue over/(under) expenses	\$ (1,855,543)	\$ (649,016)	\$ (1,181,612)	\$ 673,932
Total Non PIHP Sources	2025 Budget	July 2025 Annualized	2026 Proposed	Over (Under)
Revenue	\$ 5,768,354	\$ 4,698,148	\$ 5,732,819	\$ (35,535)
Expense	7,623,897	5,362,678	6,914,430	(709,467)
CCBHC Retain as local	2,092,751	3,122,462	1,284,568	(808,183)
Revenue over/(under) expenses	\$ 237,208	\$ 2,457,932	\$ 102,956	\$ (134,252)

# Monroe Community Mental Health Authority

## 2026 Proposed Budget

	2025 Actuals Projected	2026 Proposed Budget	Increase (Decrease)
<b>Operating revenue</b>			
Capitation:			
Medicaid	\$ 45,265,175	\$ 43,747,009	\$ (1,518,166)
Medicaid - Settlement	(1,565,946)	(5,143,474)	(3,577,528)
Healthy Michigan	3,659,040	2,707,287	(951,753)
Healthy Michigan - Settlement	1,633,504	1,970,947	337,443
CCBHC	10,299,557	17,098,879	6,799,322
CCBHC - Settlement	1,028,290	-	(1,028,290)
Behavior Health Home	228,827	222,283	(6,544)
State General Funds	1,558,312	1,539,237	(19,075)
State General Funds - Carryover	-	-	-
County appropriations	997,803	997,803	-
Charges for services	65,183	671,106	605,923
Other grants	1,628,357	1,481,957	(146,400)
Other revenue	640,816	553,551	(87,265)
	<u>65,438,918</u>	<u>65,846,585</u>	<u>\$ 407,667</u>
<b>Operating expenses</b>			
Administration			
Salaries	\$ 2,179,655	\$ 2,479,811	\$ 300,156
Benefits	1,727,671	881,112	(846,559)
Other	2,360,046	3,015,951	655,905
Internal Services			
Salaries	7,499,302	9,698,628	2,199,326
Benefits	5,411,660	3,100,986	(2,310,674)
Other	2,260,730	3,495,052	1,234,322
Provider Network Services	38,615,472	40,082,573	1,467,101
Facility costs	1,139,724	1,241,616	101,892
Vehicle costs	58,753	126,648	67,895
Grant expenses	1,336,298	1,223,618	(112,680)
Room & Board	378,348	400,797	22,449
GASB 68 & 75 Adjustment	-	-	-
	<u>62,967,659</u>	<u>65,746,792</u>	<u>2,779,133</u>
<b>Net Surplus (deficit)</b>	<u>\$ 2,471,259</u>	<u>\$ 99,793</u>	<u>\$ (2,371,466)</u>

## 2026 Proposed Budget by Vendor - Provider Network

Vendor Name	Sum of 2026 Proposed
A Heart That Cares, LLC	\$ 204,672
ABA INSIGHT, LLC	705,669
ADULT LEARNING SYSTEM, INC	473,566
ADVANCED THERAPEUTIC SOLUTIONS, LLC	11,034
ARKAY, INC	33,447
BCA OF DETROIT, LLC	144,902
BEACON SPECIALIZED LIVING SERVICES, INC.	1,732,653
CENTRIA HEALTHCARE, LLC	163,470
CHITTER CHATTER PC	1,588,288
CHOICES W/SELF DETERMINATION, LLC	79,456
CHS GROUP, LLC	2,873,219
COMMUNITY LIVING NETWORK	495,242
CSDD C/O SAFEGUARD ACCOUNTING	224,967
EISENHOWER CENTER	2,433,938
EVEREST, INC.	834,025
FLATROCK MANOR, INC	4,599,631
FOREST VIEW PSYCHIATRIC HOSPITAL	168,737
FRIENDS WHO CARE, INC.	160,030
GENOA HEALTHCARE, LLC	19,690
GOODWILL INDUSTRIES OF SE MICH, INC	397,106
GUARDIANTRAC, LLC	3,899,561
GUIDING LIGHT AFC LLC	75,590
HAVENWYCK HOSPITAL	205,449
HAVENWYCK HOSPITAL-CEDAR CREEK	631,854
HELP AT HOME, LLC	38,603
HOME - COMMUNITY SUPPORTED LIVING ARRANGEMENTS	279,596
HOPE NETWORK BEHAVIORAL HEALTH	191,008
ILLUMINATE ABA SERVICES LLC	222,823
ISMAIL B. SENDI MD PC	36,164
LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH AUTHORITY	359,701
LUTHERAN CHILD AND FAMILY SERVICE OF MICHIGAN, INC	42,256
MACOMB RESIDENTIAL OPPORTUNITIES, INC	4,280,805
MASTROFRANCESCO, A.F.C.	2,457,418
MICHIGAN BH JV LLC	115,455
OAKLAND PHYSICIAN MEDICAL CENTER LLC	11,127
PHC OF MI, INC	259,679
PINE REST CHRISTIAN MENTAL HEALTH SERVICES	63,027
PROGRESSIVE RESIDENTIAL SERVICES	3,489,984
PROMEDICA MONROE REGIONAL HOSPITAL	1,870,118
REGENTS OF THE UNIVERSITY OF MICHIGAN	10,036
RESIDENTIAL OPPORTUNITIES, INC	94,773
SABRINA R. CORBIN	2,402,334
Spectrum Health Hospitals	93,273
ST. JOSEPH MERCY HOSPITAL	27,383
W A FOOTE MEMORIAL HOSPITAL	44,496

## 2026 Proposed Budget by Vendor - Admin/Other

Vendor Name	Sum of 2026 Proposed
ACCIDENT FUND INSURANCE COMPANY OF AMERICA	\$ 16,619
AFLAC	28,642
AFSCME UNION / LOCAL 2529	26,911
ALERT MEDIA, LLC	21,131
ALLEN CHEVROLET CADILLAC	55,892
ARA FAMILY HOLDINGS, LLC	25,677
BERTEISMANN LEARNING LLC	46,781
BESTCO BENEFIT PLANS, LLC	325,450
BLUENET	36,262
COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN	16,898
CONSILIUM STAFFING, LLC	194,636
COUNTY OF WASHTENAW, MICHIGAN	313,862
DELTA DENTAL PLAN OF MICHIGAN	20,115
DTE ENERGY	30,797
GOVCONNECTION, INC	21,458
GUTTERMAN, PAUL Y.	154,263
IRIS TELEHEALTH MEDICAL GROUP, PA	813,099
JASWANT S BAGGA	438,055
KONICA MINOLTA BUSINESS SOLUTIONS USA INC.	17,183
LASCALA IT SOLUTIONS, INC	38,627
LENOVO U.S., INC	88,069
LOCUMTENENS.COM	302,640
LOUIS BALOGH	22,431
MCLAUGHLIN PROPERTIES LLC	159,212
MICH MUNICIPAL RISK MGT AUTHORITY	108,281
MIDWEST FIBER HOLDINGS LP	20,291
MONROE CENTER, LLC.	27,273
MONROE CNTY MUNICIPAL BLDG AUTHORITY	312,386
MONROE COUNTY RETIREMENT SYSTEM	4,384,055
MUTUAL OF OMAHA	288,859
NEW DIRECTIONS PEER RECOVERY CENTER	151,745
PAN AMERICAN LANGUAGES & SERVICES, INC.	17,629
PHILLIP ARCHER, MD	61,977
PROASSURANCE CASUALTY CO	24,044
PULSE FOR GOOD, L3C	13,745
PURCHASE POWER / PITNEY BOWES	19,198
REHMANN LLC	1,243,697
REPUBLIC SERVICES #259	21,667
SNOW CHIU WU	21,796
STATE OF MICHIGAN	346,143
STATE OF MICHIGAN / MDCH	122,347
SUPERIOR VISION SERVICES, INC.	28,933
T MOBILE USA, INC.	44,057
THE SALVATION ARMY	46,441
THERAPEUTICS, LLC	479,311



# MONROE COMMUNITY MENTAL HEALTH

July 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

### 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 \$2,059,376 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 \$2,602,051 through this reporting period. However, CCBHC non-Medicaid 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 July 31, 2025

	July 31 Balance	Balance September 30 2024	Over (Under)
<b>ASSETS &amp; DEFERRED OUTFLOWS</b>			
Current:			
Cash and cash equivalents	\$ 14,710,383	\$ 5,602,890	\$ 9,107,493
Accounts receivable, net	698,907	739,020	(40,113)
Due from PIHP	4,849,493	8,121,198	(3,271,705)
Due from State of Michigan	98,722	150,602	(51,880)
Due from other governmental units	94,966	327,297	(232,331)
Prepaid items	90,725	268,264	(177,539)
Total current	20,543,196	15,209,272	5,333,924
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>24,765,068</b>	<b>19,129,439</b>	<b>5,635,629</b>
<b>LIABILITIES &amp; DEFERRED INFLOWS</b>			
Current			
Accounts payable	4,343,819	5,622,038	(1,278,219)
Accrued liabilities	5,545,241	374,209	5,171,032
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	14,003,382	10,427,868	3,575,514
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>22,768,837</b>	<b>19,193,323</b>	<b>3,575,513</b>
<b>NET POSITION</b>			
Net investment in capital assets	1,960,059	1,658,354	(301,705)
Unrestricted	36,172	(1,722,239)	(1,758,411)
<b>Total net position</b>	<b>\$ 1,996,231</b>	<b>\$ (63,885)</b>	<b>\$ 2,060,116</b>

Draft for discussion only. These financial statements have not been audited and no assurance is provided.

# MONROE CMH

## Statement of Activities

October 1, 2024 through July 31, 2025

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Over (Under)
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 37,720,979	\$ 45,265,175	\$ 41,723,255	\$ 3,541,920
Medicaid - Settlement	(1,304,955)	(1,565,946)	(3,303,941)	1,737,995
Healthy Michigan	3,049,200	3,659,040	2,860,301	798,739
Healthy Michigan - Settlement	1,361,253	1,633,504	202,429	1,431,074
CCBHC	8,582,964	10,299,557	7,655,612	2,643,945
CCBHC - Settlement	856,908	1,028,290	1,197,466	(169,176)
Behavior Health Home	190,689	228,827	290,138	(61,311)
State General Funds	1,298,593	1,558,312	1,625,736	(67,424)
State General Funds - Carryover	-	-	-	-
County appropriations	831,503	997,804	997,803	1
Charges for services	54,319	65,183	174,511	(109,328)
Other grants	1,356,964	1,628,357	1,339,557	288,800
Other revenue	534,009	640,811	554,137	86,674
Total operating revenue	54,532,426	65,438,911	55,317,004	10,121,907
<b>Operating expenses</b>				
Administration				
Salaries	1,816,379	2,179,655	2,090,165	89,490
Benefits	1,439,726	1,727,671	1,421,449	306,222
Other	1,966,705	2,360,046	2,789,826	(429,780)
Internal Services				
Salaries	6,249,418	7,499,302	6,885,346	613,955
Benefits	4,509,717	5,411,660	5,411,660	-
Other	1,883,942	2,260,730	2,175,365	85,365
Provider Network Services	32,179,560	38,615,472	32,493,556	6,121,916
Facility costs	949,770	1,139,724	727,493	412,231
Vehicle costs	48,961	58,753	116,021	(57,268)
Grant expenses	1,113,582	1,336,298	1,107,462	228,836
Room & Board	315,290	378,348	345,733	32,615
GASB 68 & 75 Adjustment	-	-	(5,985,888)	5,985,888
Total operating expenses	52,473,050	62,967,660	49,578,190	13,389,470
Change in net position	2,059,376	2,471,251	5,738,813	\$ (3,267,562)
Net position, beginning of year	(63,145)	(63,145)	(5,802,698)	
Net position, end of year	\$ 1,996,231	\$ 2,408,106	\$ (63,885)	

Draft for discussion only. These financial statements have not been audited and no assurance is provided.

# MONROE CMH

## Statement of Activities

Mental Health - Budget to Actual

October 1, 2024 through July 31, 2025

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 44,657,457	\$ 37,214,547	\$ 37,720,979	\$ 506,432
Medicaid - Settlement	(1,307,613)	(1,089,678)	(1,304,955)	(215,278)
Healthy Michigan	3,659,040	3,049,200	3,049,200	-
Healthy Michigan - Settlement	(181,675)	(151,396)	1,361,253	1,512,649
CCBHC	10,829,775	9,024,813	8,582,964	(441,849)
CCBHC - Settlement	2,205,775	1,838,146	856,908	(981,238)
Behavior Health Home	376,937	314,114	190,689	(123,425)
State General Funds	1,634,610	1,362,175	1,298,593	(63,582)
County appropriations	997,803	831,503	831,503	1
Charges for services	47,247	39,373	54,319	14,947
Other grants	1,540,594	1,283,828	1,356,964	73,136
Other revenue	194,312	161,927	534,009	372,082
<b>Total operating revenue</b>	<b>64,654,262</b>	<b>53,878,552</b>	<b>54,532,426</b>	<b>653,875</b>
<b>Operating expenses</b>				
Administration				
Salaries	2,304,421	1,920,351	1,816,379	(103,972)
Benefits	4,511,186	3,759,322	1,439,726	(2,319,596)
Other	2,696,140	2,246,783	1,966,705	(280,078)
Internal Services				
Salaries	8,550,222	7,125,185	6,249,418	(875,767)
Benefits	3,107,517	2,589,597	4,509,717	1,920,120
Other	1,796,182	1,496,818	1,883,942	387,124
Provider Network Services	35,738,574	29,782,145	32,179,560	2,397,415
Facility costs	1,248,821	1,040,684	949,770	(90,914)
Vehicle costs	54,322	45,268	48,961	3,693
Grant expenses	1,984,628	1,653,857	1,113,582	(540,275)
Other expenses	-	-	-	-
Room & Board	776,755	647,296	315,290	(332,006)
<b>Total operating expenses</b>	<b>62,768,767</b>	<b>52,307,306</b>	<b>52,473,050</b>	<b>165,744</b>
<b>Change in net position</b>	<b>1,885,494</b>	<b>1,571,245</b>	<b>2,059,376</b>	<b>488,131</b>
<b>Net position, beginning of year</b>	<b>(63,145)</b>	<b>(63,145)</b>	<b>(63,145)</b>	<b>-</b>
<b>Net position, end of year</b>	<b>\$ 1,822,349</b>	<b>\$ 1,508,100</b>	<b>\$ 1,996,231</b>	<b>\$ 488,131</b>

## **INCOME STATEMENT BY FUND SOURCE**

# MONROE CMH

## Fiscal 2025 Revenues and Expenses by Fund Source

October 2024 through July 2025

Medicaid	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Revenue	\$ 44,657,457	\$ 37,214,547	\$ 37,720,979	\$ 506,432
PIHP Redirect to CCBHC	(5,577,300)	(4,647,750)	(4,395,086)	252,664
1st/3rd Party Revenue	-	-	3,704	3,704
Expense	\$ 37,772,544	31,477,120	32,024,642	547,522
Revenue over/(under) expenses	\$ 1,307,613	\$ 1,089,677	\$ 1,304,955	\$ 215,278
Healthy Michigan	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Revenue	\$ 3,659,040	\$ 3,049,200	\$ 3,049,200	\$ -
PIHP Redirect to CCBHC	(1,171,834)	(976,528)	(684,972)	291,557
1st/3rd Party Revenue	-	-	-	-
Expense	\$ 2,305,531	1,921,276	3,725,481	1,804,205
Revenue over/(under) expenses	\$ 181,675	\$ 151,396	\$ (1,361,253)	\$ (1,512,648)
CCBHC Medicaid	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Cap Revenue	\$ 5,070,273	\$ 4,225,227	\$ 4,395,086	\$ 169,858
PIHP Supp Revenue	7,109,531	5,924,609	8,582,964	2,658,355
1st/3rd Party Revenue	42,396	35,330	1,246	(34,084)
Expense	12,273,772	10,228,143	9,519,205	(708,938)
Retain as local	1,780,966	1,484,138	2,757,954	1,273,816
Revenue over/(under) expenses	\$ (1,832,538)	\$ (1,527,115)	\$ 702,136	\$ 2,229,251
CCBHC Healthy Michigan	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Cap Revenue	\$ 1,065,304	\$ 887,753	\$ 684,972	\$ (202,781)
PIHP Supp Revenue	1,514,469	1,262,058	-	(1,262,058)
1st/3rd Party Revenue	-	-	-	-
Expense	2,641,224	2,201,020	2,399,919	198,899
Retain as local	311,785	259,821	(155,903)	(415,724)
Revenue over/(under) expenses	\$ (373,237)	\$ (311,031)	\$ (1,559,044)	\$ (1,248,013)
Total PIHP Sources	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Revenue	\$ 56,326,939	\$ 47,450,414	\$ 49,353,143	\$ 1,902,729
1st/3rd Party Revenue	42,396	35,330	4,949	(30,381)
Expense	54,993,071	45,827,559	47,669,247	1,841,688
Retain as local in FY 25	2,092,751	1,743,959	2,602,051	858,091
Revenue over/(under) expenses	\$ (716,487)	\$ (85,775)	\$ (913,205)	\$ (827,431)

# MONROE CMH

## Fiscal 2025 Revenues and Expenses by Fund Source

October 2024 through July 2025

CCBHC Medicaid	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Cap Revenue	\$ 5,070,273	\$ 4,225,227	\$ 4,395,086	\$ 169,858
PIHP Supp Revenue	8,942,069	7,451,724	7,880,828	429,103
1st/3rd Party Revenue	42,396	35,330	1,246	(34,084)
Expense	12,273,772	10,228,143	9,519,205	(708,938)
<b>Revenue over/(under) expenses</b>	<b>\$ 1,780,966</b>	<b>\$ 1,484,138</b>	<b>\$ 2,757,954</b>	<b>\$ 1,273,816</b>
CCBHC Healthy Michigan	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Cap Revenue	\$ 1,065,304	\$ 887,753	\$ 684,972	\$ (202,781)
PIHP Supp Revenue	1,887,706	1,573,088	1,559,044	(14,044)
1st/3rd Party Revenue	-	-	-	-
Expense	2,641,224	2,201,020	2,399,919	198,899
<b>Revenue over/(under) expenses</b>	<b>\$ 311,785</b>	<b>\$ 259,821</b>	<b>\$ (155,903)</b>	<b>\$ (415,724)</b>
CCBHC NonMedicaid	2025 Budget	YTD Budget	2025 Actual	Over (Under)
State CCBHC Revenue	\$ -	\$ -	\$ -	\$ -
1st/3rd Party Revenue	-	-	-	-
Expense	1,858,972	1,549,143	2,038,103	488,960
Redirect from GF	1,858,972	1,549,143	2,038,103	488,960
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
ALL CCBHC Combined	2025 Budget	YTD Budget	2025 Actual	Over (Under)
All CCBHC Revenue	\$ 16,965,351	\$ 14,137,793	\$ 14,519,929	\$ 382,136
1st/3rd Party Revenue	42,396	35,330	1,246	(34,084)
Expense	16,773,968	13,978,307	13,957,227	(21,080)
Redirect from GF	1,858,972	1,549,143	2,038,103	488,960
<b>Revenue over/(under) expenses</b>	<b>\$ 2,092,751</b>	<b>\$ 1,743,959</b>	<b>\$ 2,602,051</b>	<b>\$ 858,091</b>

# MONROE CMH

## Fiscal 2025 Revenues and Expenses by Fund Source

October 2024 through July 2025

State General Fund	2025 Budget	YTD Budget	2025 Actual	Over (Under)
Revenue	\$ 1,634,610	\$ 1,362,175	\$ 1,705,646	\$ 343,471
Expense	3,747,623	3,123,019	1,236,403	(1,886,616)
Redirect to Other Programs	(1,858,972)	(1,549,143)	(2,038,103)	(488,960)
Redirect from Other Programs	3,971,985	3,309,988	1,568,860	(1,741,128)
Revenue over/(under) expenses	\$ -	\$ -	\$ -	\$ -
All Other Grants/Local	2025 Budget	YTD Budget	2025 Actual	Over (Under)
Revenue	\$ 4,133,744	\$ 3,444,787	\$ 2,209,477	(1,235,310)
Expense	2,017,302	1,681,085	1,181,464	(499,621)
Redirects	(3,971,985)	(3,309,988)	(1,568,860)	1,741,128
Revenue over/(under) expenses	\$ (1,855,543)	\$ (1,546,286)	\$ (540,847)	\$ 1,005,438
Total Non PIHP Sources	2025 Budget	YTD Budget	2025 Actual	Over (Under)
Revenue	\$ 5,768,354	\$ 4,806,962	\$ 3,915,123	\$ (891,839)
Expense	7,623,897	6,353,248	4,455,970	(1,897,278)
CCBHC Retain as local	2,092,751	1,743,959	2,602,051	858,091
Revenue over/(under) expenses	\$ 237,208	\$ 197,674	\$ 2,061,203	\$ 1,863,530



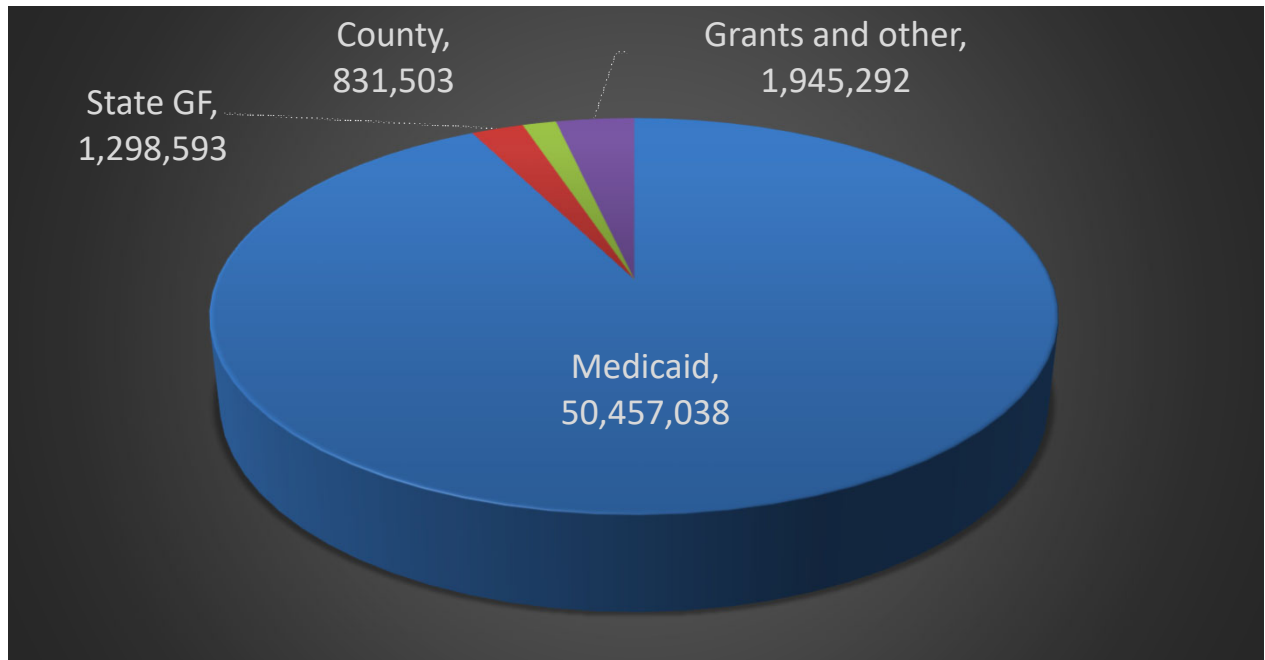
## **TRENDS AND PAYMENTS**

# MONROE CMH

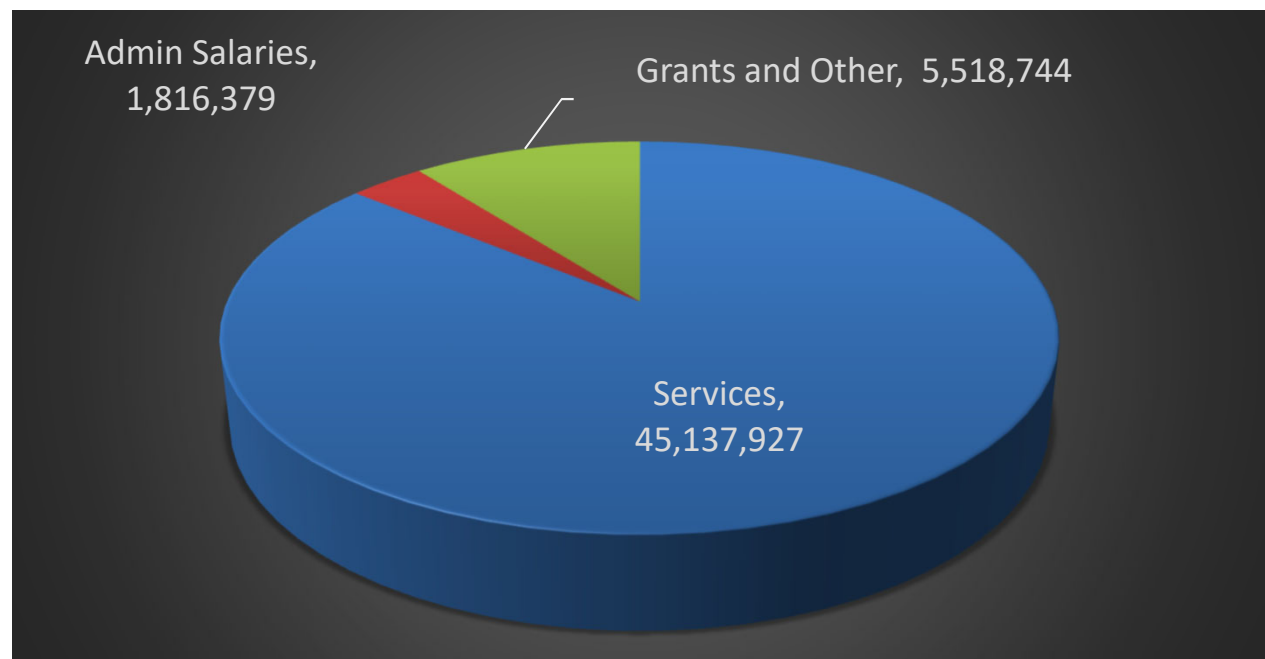
## July 2025 Trends

## Sources and Uses

### Revenues by Source



### Expenditures by Category



# Monroe CMHA

## Payment Summary Report

For the Month of July 2025

Vendor Name	Total
8X8 INC.	\$ 4,974.43
A Heart That Cares, LLC	48,822.61
ABA INSIGHT, LLC	26,857.07
ACCIDENT FUND INSURANCE COMPANY OF AMERICA	4,946.20
ADULT LEARNING SYSTEM, INC	31,909.63
ADVANCED THERAPEUTIC SOLUTIONS, LLC	1,530.42
AFLAC	1,884.46
AFSCME UNION / LOCAL 2529	2,154.50
AMERICAN HTG, CLG, & REFRIG, INC	42.40
APPLIED INNOVATION	1,027.08
ARA FAMILY HOLDINGS, LLC	2,387.87
ARKAY, INC	1,962.15
BBH VENTURES, LLC	5,025.96
BCA OF DETROIT, LLC	29,613.61
BEACON SPECIALIZED LIVING SERVICES, INC.	105,710.00
BESTCO BENEFIT PLANS, LLC	25,235.08
BLUENET	2,895.00
CELLCO PARTNERSHIP	625.59
CENTRIA HEALTHCARE, LLC	13,801.20
CHARTER COMMUNICATIONS	269.96
CHITTER CHATTER PC	114,851.45
CHOICES W/SELF DETERMINATION, LLC	8,001.00
CHS GROUP, LLC	187,596.12
CINTAS CORP - 306/K11	1,180.58
CITY OF MONROE	949.17
COGNIZANT TRIZETTO SOFTWARE GROUP, INC.	370.69
COMMUNITY LIVING NETWORK	45,378.00
CONSILIUM STAFFING, LLC	67,026.40
CONTINENTAL CAFE, LLC	587.48
CONTRACT SERVICE GROUP	1,192.00
COUNTY OF WASHTENAW, MICHIGAN	22,379.44
Creative Graphics & More, LLC	139.00

# Monroe CMHA

## Payment Summary Report

For the Month of July 2025

Vendor Name	Total
CSDD C/O SAFEGUARD ACCOUNTING	15,820.02
Culligan of Ida	350.73
DAVID ALLEN HALL	25.00
DAWN ASPER	95.00
DEARBORN SPEECH & SENSORY CENTER, INC	608.00
DELTA DENTAL PLAN OF MICHIGAN	9,103.88
DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE	121.45
DIGIMATICS, INC.	100.00
DOCUMENT MANAGEMENT SOLUTIONS	530.28
DOMINIC BRIGANTI	25.00
DTE ENERGY	16,494.01
DYKEMA GOSSETT, PLLC	13,056.67
EISENHOWER CENTER	153,980.00
ENFIELD VILLAGE CONDOMINIUM	197.00
FLATROCK MANOR, INC	313,271.54
FOREST VIEW PSYCHIATRIC HOSPITAL	52,384.14
FRAME'S PEST CONTROL, INC.	131.99
FRIENDS WHO CARE, INC.	12,738.10
GENOA HEALTHCARE, LLC	1,305.01
GOODWILL INDUSTRIES OF SE MICH, INC	39,392.84
GRAND BUILDING CO	4,250.00
GUARDIANTRAC, LLC	319,225.90
GUTTERMAN, PAUL Y.	14,630.00
HAVENWYCK HOSPITAL	63,915.93
HAVENWYCK HOSPITAL-CEDAR CREEK	13,036.44
HEALIA, INC	1,750.00
HELP AT HOME, LLC	1,143.00
HILLSDALE COMMUNITY HEALTH CENTER	4,000.00
HOME - COMMUNITY SUPPORTED LIVING ARRANGEMENTS	19,608.81
IBM CORPORATION	66.00
ILLUMINATE ABA SERVICES LLC	10,143.81
IRIS TELEHEALTH MEDICAL GROUP, PA	65,229.50

# Monroe CMHA

## Payment Summary Report

For the Month of July 2025

Vendor Name	Total
ISMAIL B. SENDI MD PC	3,330.00
JASON STRAZZULLA	5,150.00
JASWANT S BAGGA	13,310.00
JENNIFER DURELL	25.00
JOAN M. CANNING	137.50
JOHN BURKARDT	214.90
JULIAN BURRIS	25.00
KENNETH R PAPENHAGEN	85.20
KIMBERLY S. SANDERLIN	500.00
KONICA MINOLTA BUSINESS SOLUTIONS USA INC.	220.23
LAMOUR PRINTING CO.	120.55
LANGUAGELINE SOLUTIONS	49.50
LASALLE TWP. TREASURER	588.63
LASCALA IT SOLUTIONS, INC	3,182.69
LAURA NIDA	25.00
LEGAL SHIELD	265.08
LITTLE BROWN JUG	1,216.00
LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH AUTHORITY	97,405.92
LOCUMTENENS.COM	47,712.96
LOUIS BALOGH	1,713.47
LOWES	965.52
LUTHERAN CHILD AND FAMILY SERVICE OF MICHIGAN, INC	3,459.90
MACINET ABA THERAOV, LLC	3,648.00
MACOMB RESIDENTIAL OPPORTUNITIES, INC	248,471.31
MASTROFRANCESCO, A.F.C.	424,946.72
MCLAUGHLIN PROPERTIES LLC	12,162.02
MICH MUNICIPAL RISK MGT AUTHORITY	65,951.00
MICHAEL HUMPHRIES	621.60
MICHIGAN BH JV LLC	51,168.00
MICHIGAN GAS UTILITIES	721.53
MIDWEST FIBER HOLDINGS LP	1,550.00
MONROE CENTER, LLC.	6,250.00

# Monroe CMHA

## Payment Summary Report

For the Month of July 2025

Vendor Name	Total
MONROE COUNTY RETIREMENT SYSTEM	114,820.50
MONROE FLORIST	184.99
MONROE URGENT CARE	365.00
NEW DIRECTIONS PEER RECOVERY CENTER	10,700.00
O'REILLY AUTO PARTS	164.40
PAN AMERICAN LANGUAGES & SERVICES, INC.	350.00
PANCONES AUTO, LLC	1,218.81
PHC OF MI, INC	7,879.50
PHILLIP ARCHER, MD	6,075.00
PINE REST CHRISTIAN MENTAL HEALTH SERVICES	8,358.00
PITNEY BOWES	1,423.00
PROGRESSIVE RESIDENTIAL SERVICES	104,267.72
PROMEDICA MONROE REGIONAL HOSPITAL	34,825.00
PULSE FOR GOOD, L3C	12,600.00
PURCHASE POWER / PITNEY BOWES	3,116.90
QUANTUMLINK COMMUNICATIONS	97.06
R LAMAR FREDERICK	318.00
REBECCA PASKO	589.60
REBECCA S CURLEY	271.00
REDA D. BINIECKI	710.11
REHMANN LLC	29,418.58
REPUBLIC SERVICES #259	1,792.39
RESIDENTIAL OPPORTUNITIES, INC	5,424.32
ROBERT D DAVIS JR	597.89
ROSLUND PRESTAGE & COMPANY PC	4,643.75
SABRINA R. CORBIN	246,096.90
SHAMROCK HOLDINGS LLC	441.00
SIEB PLUMBING & HEATING, INC.	484.67
SNOW CHIU WU	2,970.00
Spectrum Health Hospitals	16,500.00
ST. PIERRE ACE HARDWARE INC.	5.78
SUPERIOR VISION SERVICES, INC.	2,106.20

# Monroe CMHA

## Payment Summary Report

For the Month of July 2025

Vendor Name	Total
SUSAN ELIZABETH FORTNEY	406.00
T MOBILE USA, INC.	2,816.85
TELEVOX INC.	70.85
THE SALVATION ARMY	3,291.82
THERAPEUTICS, LLC	36,974.50
TIMOTHY ALLEN LASSEY	25.00
UNIFIRST MANUFACTURING CORP	1,012.83
UNITED WAY OF MONROE CO, INC.	15.00
VITAL RECORDS HOLDING	88.35
W A FOOTE MEMORIAL HOSPITAL	40,788.00
WOLVERINE INVESTMENT PROPERTIES, LLC	8,988.44
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MONROE MICH	568.14
<b>Grand Total</b>	<b>\$ 3,617,111.68</b>

## **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 14. Some of these positions are being filled internally.

## **TRUSTED COMMUNITY PARTNER**

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

- There were 15 universal referrals made in August. 93% received some type of follow-up, authorized services, etc. 0% declined any further intervention, and 7% 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 two (2) programs/activities and zero (0) 1:1 meeting during the month of August.

## **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 47 times in August, which averaged 1.18 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 20.39 minutes, which is likely due to 59% of the calls from the 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 48% were from the Monroe County Sheriff's Department and Monroe City Police; 39% were from Access Dept/CMH, and 13% were self-referral.
- There were 616 appointments scheduled for the Benesh Building in FY25 with 73% occurring in the office.
- Enrollment for the CCBHC has increased by 135 members over the last month. This is a 6.2% 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 25% response rate which is an increase from last year.

## **MISCELLANEOUS**

- The data for incoming calls being answered is 97% for FY25, which meets MCMHA's goal of 95%.
- The River Raisin Clubhouse hosted a Spaghetti Dinner Fundraiser that raised over \$3,000.



## 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 CCBHC Program Director and Adult MI Program Director met with staff to educate and support supervisors and staff in pursuing MCBAP Substance Use Disorder credentialing on August 8<sup>th</sup>. There are a handful of staff who have expressed interest with two (2) staff actively on development plans to obtain their respective credentials.

Clinical staff participated in our monthly training that focused on communication and conflict resolution skills, a review of environmental and ligature risk assessment and crisis prevention plan documentation. This is a requirement of The Joint Commission as well as the Michigan Department of Health and Human Services.

**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 16 children on delay for outpatient therapy of which 10 are receiving case management and coordination. The other six (6) children are waiting for outpatient therapy as a single service, meaning therapy is the only service requested.

Currently the Clubhouse membership has 75 members. 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 September 16<sup>th</sup>:

- Case Service Manager – Adult
- Case Services Manager – Child and Family
- Peer Support Specialist (FT/SUD – 2 positions)
- Outpatient Therapist
- SUD Outpatient Therapist
- Evaluation and Admission Specialists
- Home Based Clinician
- Crisis Care Clinician (2 – NEW POSITIONS)
- Crisis Mobile Clinician
- PhD Psychologist (Contractual – NEW POSITION)
- Program Supervisor – Child and Family
- Youth Diversion Specialist

Updated 9/18/25

## 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.

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

### **Education and Awareness**

Fundraising activities for the Annual National Alliance on Mental Illness (NAMI) Walk continued in August. 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 Homelessness Coalition. The presentation shared MCMHA crisis services including the opening of the Behavioral Health Urgent Care.

MCMHA is planning for the Annual Mental Health Summit. The event will take place on October 27<sup>th</sup> at the Monroe County Community College. The theme this year is on Crisis Services & Prevention, with keynote speaker Krista Hausermann from MDHHS. The closing plenary will be Dr. Sadah, MCMHA Medical Director.

### **Community Event**

The River Raisin Clubhouse hosted a Spaghetti Dinner Fundraiser. It was a huge success as it raised over \$3000. A thank you to Deb Staelgraeve and Amaya's for donating and preparing the food for this event.

### **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

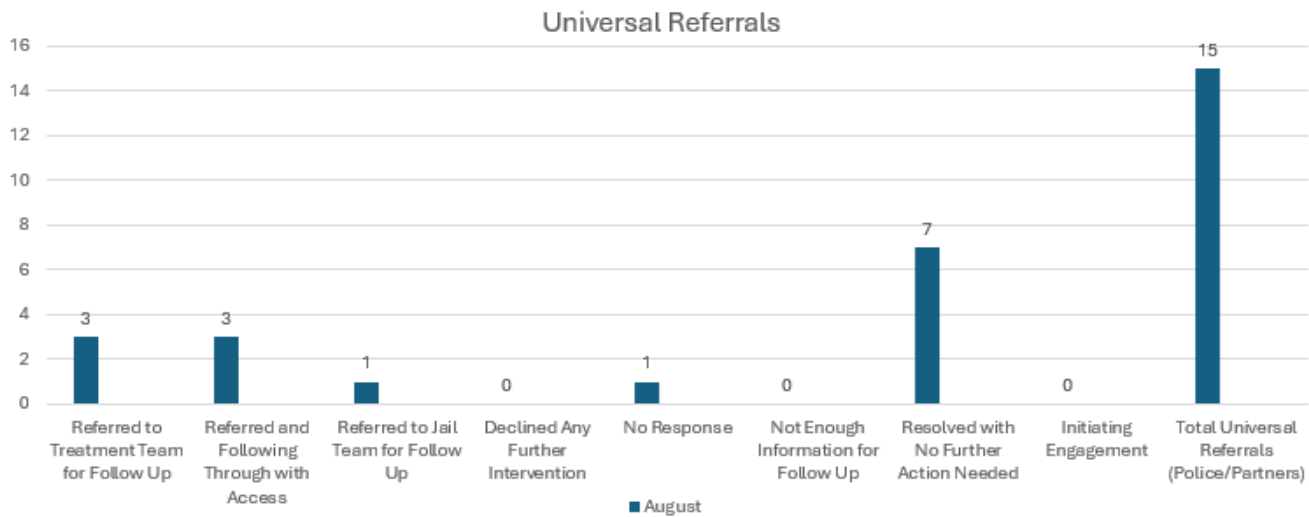
Updated 9/18/25

## BOARD CLINICAL REPORT

September 2025

- ProMedica Physicians Monroe Pediatrics – Dr. Gandert
- Heartbeat of Monroe

During the month of August, 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 August, MCMHA Peer Support Staff provided zero (0) 1:1 meetings/appointments and the peers did engage in two (2) 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.

Updated 9/18/25

# BOARD CLINICAL REPORT

September 2025

## 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

### 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	Aug-25	Total
40219	Louisville, KY	0	0	0	0	0	0	0	0	1	0	0	1
48101	Ann Arbor	0	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	0
48104	Ann Arbor	1	0	0	0	0	0	0	0	0	1	0	2
48105	Ann Arbor	0	0	0	0	0	0	0	0	0	0	0	0
48111	Belleville	0	0	0	0	0	0	0	0	0	0	0	0
48117	Carleton	5	2	0	2	2	5	3	0	0	1	2	22
48122	Melvindale	0	0	0	0	0	0	0	0	0	0	1	1
48131	Dundee	0	0	1	1	1	3	4	1	3	2	4	20
48133	Erie	6	3	1	0	1	0	0	0	0	1	2	14
48134	Flat Rock	0	0	0	0	0	1	0	0	0	0	0	1
48135	Garden City	0	0	0	0	0	0	0	0	0	0	0	0
48140	Ida	0	0	1	0	0	1	0	0	1	0	1	4
48144	Lambertville	0	0	2	1	2	0	1	1	3	1	1	12
48145	LaSalle	0	0	0	1	0	1	0	1	0	3	1	7
48153	Maybee	0	0	0	0	0	0	0	0	0	0	0	0
48157	Luna Pier	1	0	1	1	2	0	0	0	1	1	1	8
48159	Maybee	1	3	4	0	1	2	0	0	0	0	0	11
48160	Milan	1	0	0	3	2	2	1	0	0	2	2	13
48161	Monroe	20	22	13	30	25	32	13	20	24	28	25	252
48162	Monroe	17	11	10	9	16	13	12	14	9	18	14	143
48164	New Boston	0	0	0	0	0	0	0	0	0	0	0	0
48166	Newport	2	10	5	8	2	5	1	5	4	7	4	53
48177	Samaria	0	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	0
48180	Taylor	0	0	0	0	0	0	1	1	0	0	0	2
48182	Temperance	8	2	0	2	3	2	0	2	3	1	5	28
48191	Willis	0	0	0	0	0	2	0	0	0	0	0	2
48192	Wyandotte	0	0	0	0	0	0	2	0	0	0	0	2
48193	Riverview	0	0	0	0	0	0	0	0	1	0	0	1
48197	Ypsilanti	0	0	0	0	0	1	0	0	0	0	0	1
48198	Ypsilanti	0	0	0	0	0	0	0	0	0	0	0	0
48214	Detroit	0	0	0	0	0	0	0	0	0	0	0	0
48336	Fowlerville	0	0	0	0	0	0	0	0	0	0	0	0
48817	Corunna	0	0	0	0	0	0	0	0	0	0	0	0
49221	Adrian	0	0	0	1	0	0	0	0	0	1	0	2
49267	Ottawa Lake	0	1	0	1	1	1	0	0	0	0	0	4
49270	Petersburg	1	0	0	1	0	1	1	2	2	1	1	10
49276	Riga	0	0	0	0	0	0	0	0	0	0	0	0
Total		63	54	38	61	58	72	39	47	52	68	64	616

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## BOARD CLINICAL REPORT

September 2025

Below the table provided indicates out of the total number of appointments scheduled each month for FY25, how many of those appointments were in-person at the Benesh Building; and out of all appointments scheduled, whether in-person or virtual, how many were kept.

	% Appointments in Office	% Kept Appointments (in-person/virtual)
October 2024	91%	47%
November 2024	78%	45%
December 2024	87%	53%
January 2025	89%	49%
February 2025	79%	50%
March 2025	60%	63%
April 2025	72%	51%
May 2025	79%	53%
June 2025	60%	48%
July 2025	60%	46%
August 2025	48%	48%

### **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)**

There were 2,285 members currently enrolled in CCBHC through the WSA, which is an increase of 135 enrollees or 6.2% since last reported in July. 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 indicating CCBHC funding would come directly from MDHHS beginning October 2025. MDHHS and CCBHCs continue to meet to discuss the transition to direct pay.

The CCBHC Program Director continues to participate in the Zero Suicide Implementation Meeting through Hope Network (August 27<sup>th</sup>).

The CCBHC Program Director joined the Monroe County Suicide Prevention Veterans Workgroup on August 11<sup>th</sup>. This supports both suicide prevention and outreach to veterans.

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

- Transition Age Youth Services
- Dialectical Behavioral Therapy Skills Group

### **Transition Age Youth Services**

The Transition Age Youth program is informed by the TIP (Transition to Independence Process) Model which emphasizes youth voice and choice and supports youth and young adults with their transition to adulthood. The TIP Model is a strength-based, youth-driven framework that was developed for working with youth and young adults (14-29 years old) with emotional/behavioral difficulties. The clinical team is currently transitioning cases

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## BOARD CLINICAL REPORT

September 2025

and inviting consumers whose needs might be best met by this model. The Children's Supervisor and the Transition Facilitator are working with the Program Director, community stakeholders, and the state coordinator and contractor to support our growth in this program.

No new updates for the month of August.

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

MCMHA has 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. The team continues to seek out additional staff interested in attending the foundational training in order to expand this team. The current group has continued, and consultations are being requested through the state to develop the staff skills, etc.

### **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.

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 as there have been no new enrollees for this month. 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**

Currently there is not an active peer group. MCMHA is still 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.

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## BOARD CLINICAL REPORT

September 2025

MCMHA leadership continues to meet weekly to guide implementation of MCMHA's Behavioral Health Urgent Care (BHUC). As a reminder, the BHUC will tentatively open September 2025. The BHUC will be open Monday – Friday 11am – 7pm. The clinical team continues to develop policies and procedures to ensure protocols are in place once the doors open at the BHUC. The Chief Operations Officer's report provides specific information on the BHUC building. Furniture has been moved to the new building and facilities are preparing the space. The City of Monroe approved the zoning and an inspection was completed. The Certificate of Occupancy and inspection report are pending.

MCMHA Leadership continued to meet with St. Joseph's Center for Hope and with internal staff in August to strategize a partnership utilizing Peer Recovery Coaches at the BHUC. This initiative is still in the planning stage. Implementation is tentatively scheduled for 10/1/25.

### **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 August. MCMHA made a Facebook post encouraging youth and adults to participate in the survey. Youth reminder post cards were sent with adult post 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.

104 adults and 45 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	August-25
Incoming Calls	5027	3943	2340	3791	2831	3067	4513	4580	4374	4501	4295
Incoming calls minus abandon calls	4906	3808	2224	3534	2757	2982	4409	4466	4244	4405	4190
Calls Answered	4557	3487	2057	2498	2486	2778	4099	4134	3989	4141	3915
Missed/Abandoned Calls	121	135	116	257	345	285	414	445	381	358	379
Abandoned Calls	462	430	274	280	74	85	104	114	130	96	105
% incoming calls answered	91%	88%	88%	66%	88%	91%	91%	90%	91%	92%	91%
% incoming calls answered minus abandon calls	98%	97%	95%	93%	97%	97%	98%	98%	97%	98%	98%

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

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# BOARD CLINICAL REPORT

September 2025

*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.

## Caseload Report

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

<u>Service</u>	<u>Desired Caseload Size</u>	<u>Current Average Caseload</u>	<u>Notes</u>
<b>Case Management (Child SED)</b>	45	66	Currently 396 youth with SED or IDD diagnosis receiving case management.
<b>Transition Age Youth</b>	20	20	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. Therefore, the caseload is reduced.
<b>Wraparound Services</b>	10-12	11	Caseload assignment cannot exceed a ratio of one (1) facilitator to twelve (12) child/youth and family teams or no more than 15 with 3 in transition to close. One new staff member is currently onboarding.
<b>Home Based Services (SED &amp; I/EMH)</b>	12 to 15	11 HB 15 IMH	The intensive home-based services worker-to-family ratio is 1:12. Face-to-face time is adjusted to accommodate the level of care needs for each family. The maximum worker-to-family ratio is fifteen (15) (no more than twelve (12) active and three (3) transitioning to a lower level of care or discharge). The same case limit rules apply to the Infant and Early Childhood (0-6year olds) 'Home-based' team.
<b>Case Management (Adult I/DD)</b>	45	53	Overtime is being utilized to meet the needs of consumers, as needed. The team and supervisor are sharing management of the overage due to being down a team member. 374 cases are held on this team. *
<b>Case Management (BHT/HAB/CWP-I/DD Waiver Teams)</b>	45	50	Both children and adults who are diagnosed with an I/DD and on a waiver are monitored by this team. 250 cases are held on this team.
<b>Outpatient Therapy (Child MI)</b>	20-25	21	Targeted case management/outpatient caseloads are managed depending on the frequency of sessions per week/month.
<b>Parent Support Partners (PSP)</b>	31	20	This is a peer delivered service for parents whose child is diagnosed with an SED or I/DD.

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**BOARD CLINICAL REPORT**

September 2025

<b>Youth Peer Support Services (PT)</b>	10	9	This is a youth peer delivered service for parents whose child is diagnosed with an SED or I/DD.
<b>Certified Peers</b>	35	15	This team provides peer support services to consumers who are in the medication-assisted treatment (MAT) program.
<b>Jail Diversion Case Management</b>	30-40	41	This team provides case management services to those who are incarcerated.
<b>MH Court Case Management</b>	25	30	Persons served in this program are part of the mental health court. (State Court Administrative Office, known as SCAO only allows 25 at a time.)
<b>Monthly Case Management (Adult MI)</b>	55	49.6	This team provides monthly case management to consumers.
<b>Bi-Monthly Case Management (Adult MI)</b>	80	75	This team provides case management services to consumers who only require it every other month.
<b>Meds Only Case Management (Adult MI)</b>	100	96	This team provides case management services to consumers whose goal is only medication management; therefore, the frequency is decreased based on the need.
<b>Therapist (Adult MI)</b>	40/50	45	This team provides outpatient therapy to adults who are diagnosed with an SMI.
<b>Certified Peer Support Specialist (FT)</b>	40	22	This team provides peer support services to consumers diagnosed with SMI.
<b>Certified Peer Support Specialist (PT)</b>	30	18	This team provides peer support services to consumers diagnosed with SMI.
<b>ACT</b>	50 for Team	33	Assertive Community Treatment team provides services to those diagnosed with an SMI in a team model.

Updated 9/18/25

Select Month:: 2025 - 08 (1) ▾



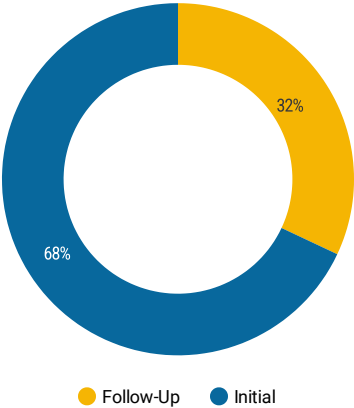
Monroe County CMH Crisis Mobile  
Utilization Report

Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

47

Mo... 1 ▲	Init... 2 ▲	#	%
2025 - 08	Follow-Up	15	32%
2025 - 08	Initial	32	68%

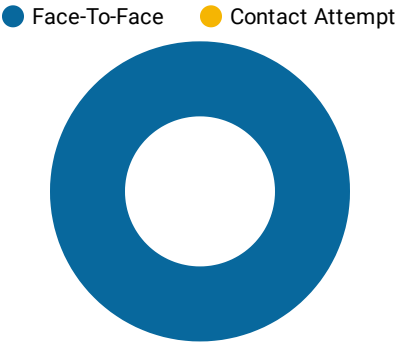


Month ▲	Contact Type	Hours
2025 - 08	Indirect Contact (Phone/Email/Other)	0
2025 - 08	Contact Attempt	0
2025 - 08	Face-To-Face	40.2

Average Face-to-Face Interaction Time (Hours)

1.18

Month	Avg F2F Contact ▾
2025 - 08	1.18



Select Month:: 2025 - 08

(1) ▾

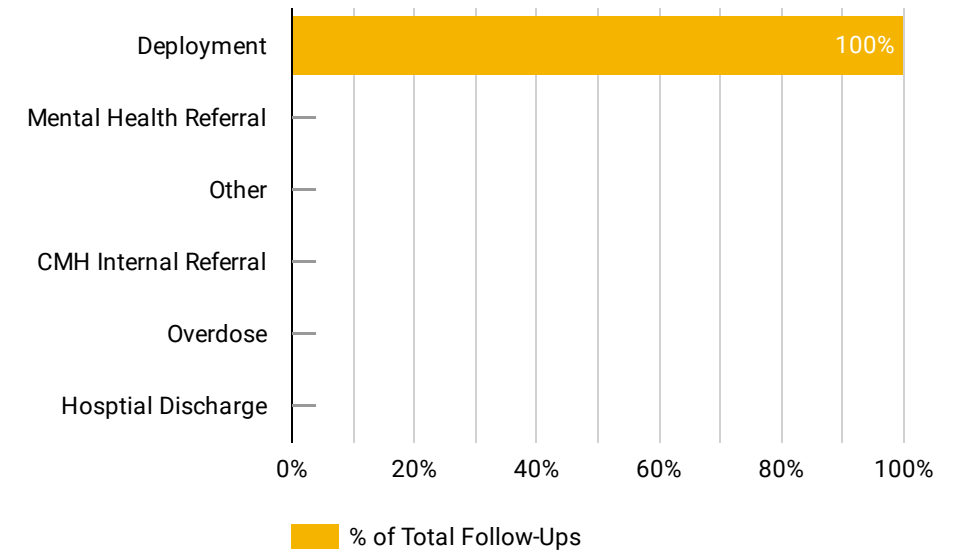


## Monroe County CMH Crisis Mobile Utilization Report

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

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

Month ① ▴	Type ② ▴	#	%
2025 - 08	CMH Internal Referral	0	0%
2025 - 08	Deployment	15	100%
2025 - 08	Hospital Discharge	0	0%
2025 - 08	Mental Health Referral	0	0%
2025 - 08	Other	0	0%
2025 - 08	Overdose	0	0%

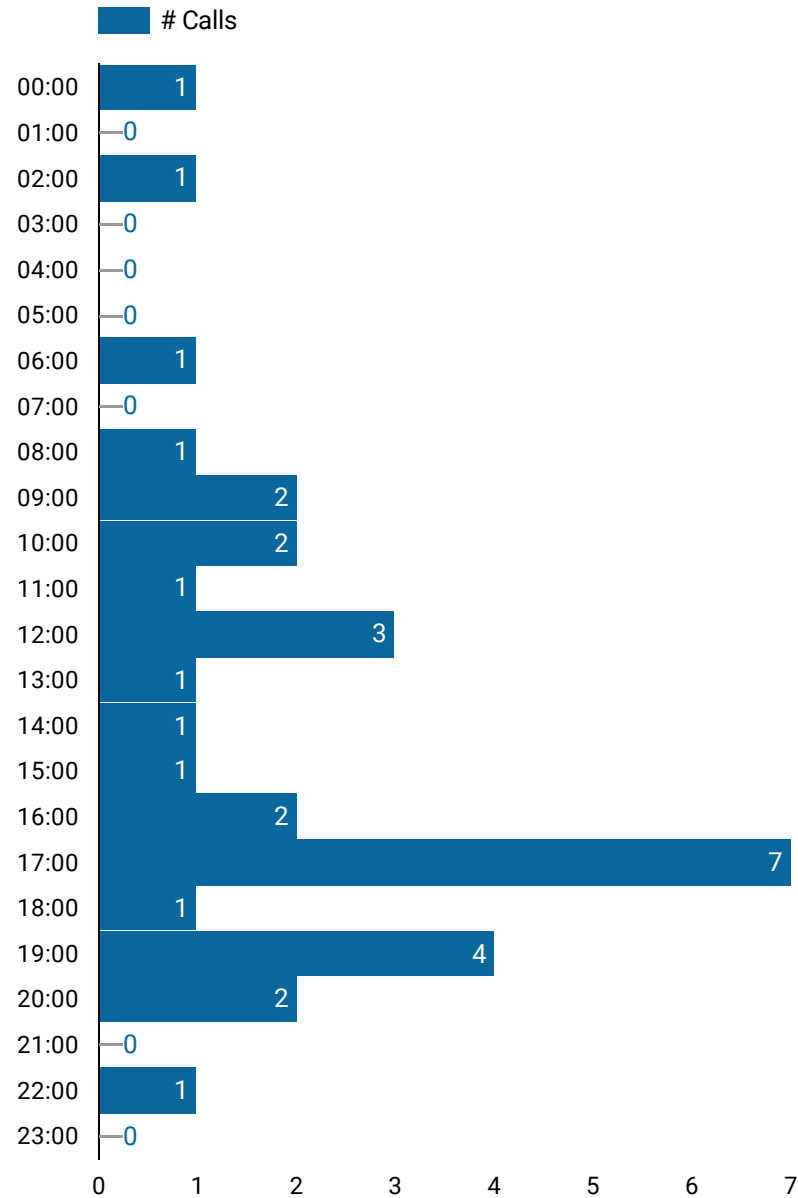


Select Month:: 2025 - 08

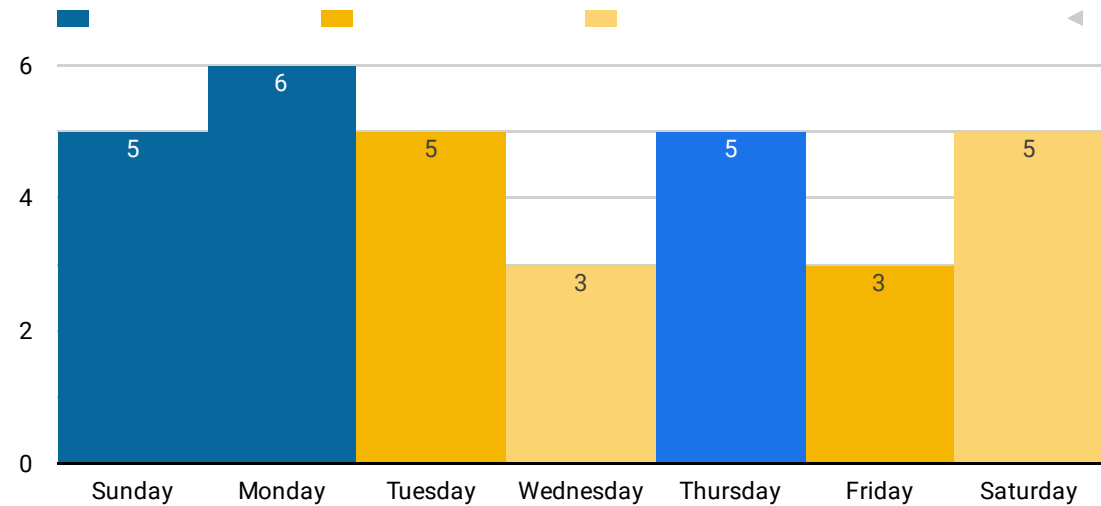
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## Time of Calls

### Calls, by hour:



### Calls, by Weekday:



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

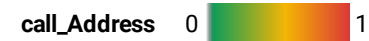
Average Response Time (Minutes)

20.39

Month	Avg. Response Time ▾
2025 - 08	20.39

(1) ▼

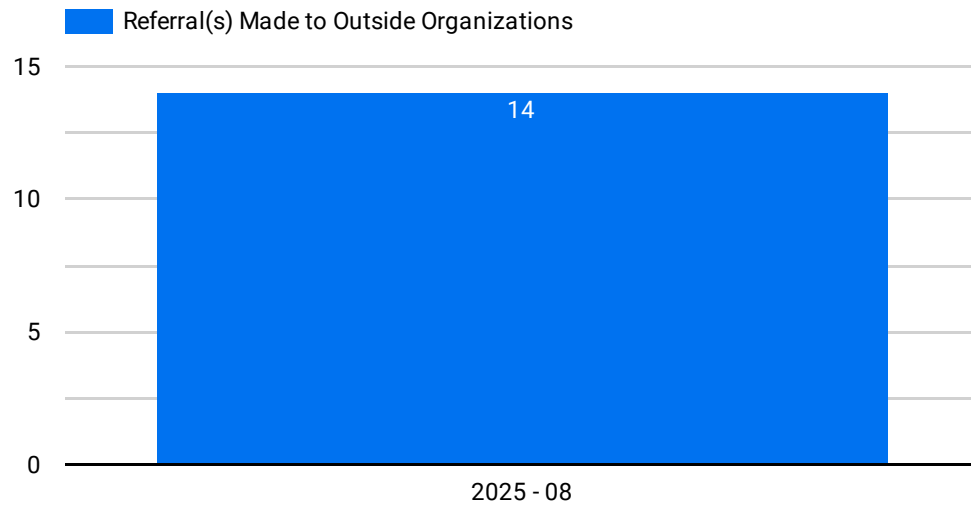
**Mapping of locations deployed to:**

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Select Month:: 2025 - 08

(1) ▾

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



Mo...	Referred To:	#	%
2025 - 08	Arrowhead Behavioral Health	0	0%
2025 - 08	Behavioral Health Treatment	0	0%
2025 - 08	CMH	11	65%
2025 - 08	Family Counseling and Shelter Services of Monroe	0	0%
2025 - 08	Fire Station	0	0%
2025 - 08	Gabby's Ladder	1	6%
2025 - 08	Harbor Light	1	6%
2025 - 08	Henry Ford Wyandotte	0	0%
2025 - 08	Holistic Wellness	0	0%
2025 - 08	Lemon Tree	0	0%
2025 - 08	MCOP	0	0%
2025 - 08	Michigan Works	0	0%
2025 - 08	Monroe County Animal Control	0	0%
2025 - 08	Paula's House	0	0%
2025 - 08	ProMedica ER	2	12%
2025 - 08	Pure Psych	0	0%
2025 - 08	RAW	0	0%
2025 - 08	Resource Flyer	0	0%
2025 - 08	SUD Treatment	1	6%
2025 - 08	Salvation Army Harbor Light	1	6%
2025 - 08	St. Joe's	0	0%

Select Month:: 2025 - 08

(1) ▾

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

Month / # Calls	
Deployed by:	2025 - 08
Monroe County Sheriff's Dept.	12
CMH	10
Self	4
Monroe City Police	2
ACCESS	2
Police Mental Health Referral	1
Mobile Crisis Follow Up	0

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

(New question starting 12/2023).

Month / #	
Issue/Diagnosis	2025 - 08
Thought Disorder	11
Suicidal Ideation	8
Substance Abuse	0
Other	2
Neurocognitive	4
Homicidal Ideation	0
Environmental	7

Select Month:: 2025 - 08(1) ▾

**Consumers, New and Repeats:**

	Month ❶ ▲	New or Repeat Cons... ❷ ▲	#
1.	2025 - 08	New	0
2.	2025 - 08	Repeat	17



Select Month:: 2025 - 08

(1) ▾

**Number of Narcan Kits Distributed:**

# Narcan Kits Distributed

0

**Number of calls per population - Race**

Month / # / %		
2025 - 08		
Race	#	%
White	22	81%
Unknown	1	4%
Multiracial	1	4%
Black or African American	2	7%
American Indian (non-Alaskan)	1	4%

Select Month:: 2025 - 08

(1) ▾

## Number of calls per population - Age

Month / # / %			
2025 - 08			
Age		#	%
0 to 9		1	4%
10 to 17		8	30%
18 to 28		5	19%
29 to 39		2	7%
40 to 50		4	15%
51 to 61		2	7%
62 to 72		3	11%
73 to 83		2	7%
84 to 94		0	0%
95 +		0	0%
Not Collected		0	0%

# OPERATIONS REPORT

September 24, 2025

## TRUSTED COMMUNITY PARTNER

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

### Revel Marketing

- Website updated with Behavioral Health Urgent Care information (located under Services)
- Marketing plan for social media, bus wrap, commercial on Community Relations Committee agenda

### Behavioral Health Urgent Care (BHUC)

- Inspection
- Signage with FastSigns
- Press release

## SERVICES PROMOTE RECOVERY

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

### Customer Services

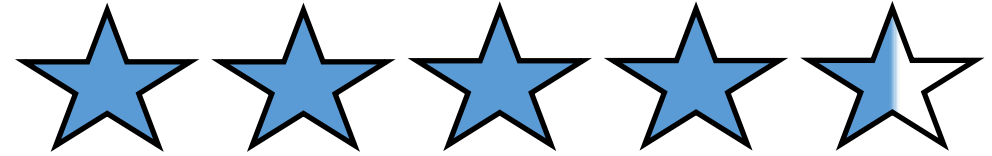
- **Quarter 3 Grievances: FY2025 (August)**
  - 7 grievances received
    - 1 delay in autism testing
    - 4 requests for new prescriber due to change in medications
    - 2 requests for new case managers. 1 request denied, one request granted.
- Customer Services Satisfaction Surveys are in process.
- Townhall scheduled for Wednesday, October 22, 2025 from 3:00pm-5:00pm at Ellis Library

### Kiosks

- August data provided 20 responses from lobby, 3 responses from Prescriber hallway, and 7 responses from Benesh
- Kiosk comments: Dr. Sadah is amazing! Everything was great! Good!
- Comments made where low stars were received:
  - The person I was meeting with was late – 1 response
  - I didn't get to talk about everything I wanted to – 1 response
  - The bathroom was dirty – 1 response
  - Staff met with not friendly – 1 response
  - Office appointments were not available when I am available – 1 response
  - After school appointments were not available – 1 response
- Pulse for Good kiosk data attached for review.

# PULSE FOR GOOD DATA

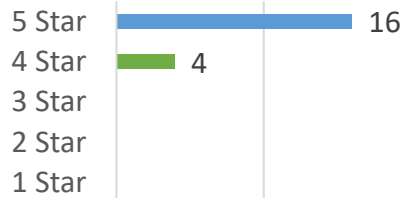
August 2025 / Location – Lobby Kiosk



Overall Rating: 4.58

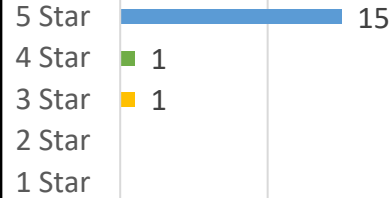
## How was your visit?

20 Responses / 4.20 Rating



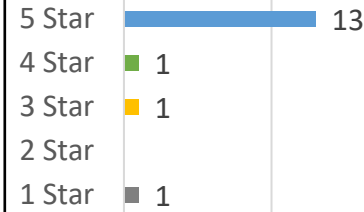
## Do you think this agency is a safe place to be?

17 Responses / 4.65 Rating



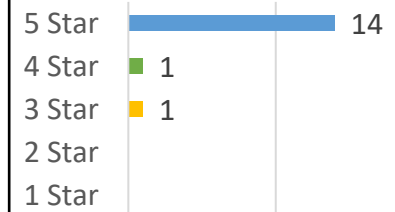
## How clean was it?

16 Responses / 4.56 Rating



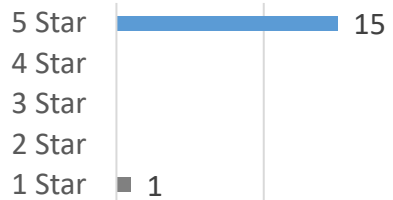
## How respectful was the staff?

16 Responses / 4.63 Rating



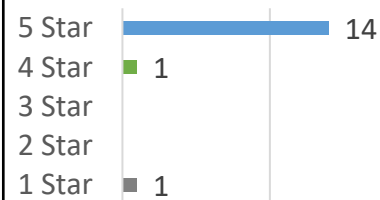
## How satisfied were you with scheduling your appointment?

16 Responses / 4.75 Rating



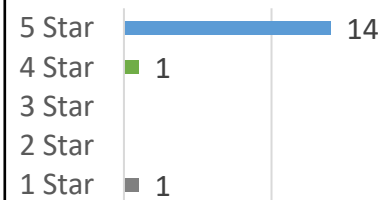
## How well did the appointment time work for you?

16 Responses / 4.69 Rating



## How convenient is our location?

16 Responses / 4.69 Rating

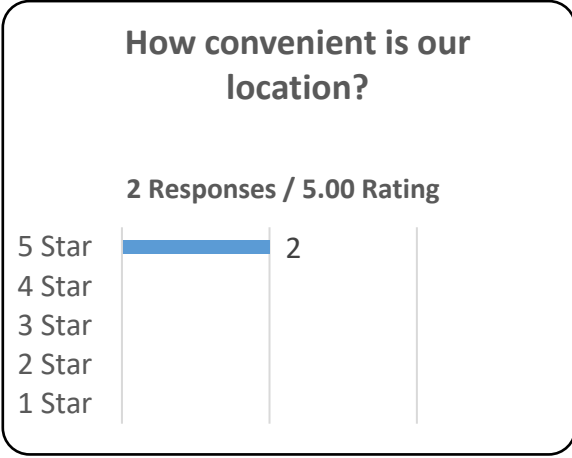
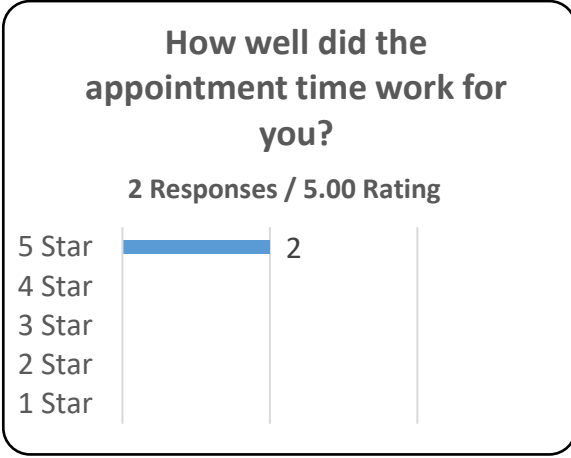
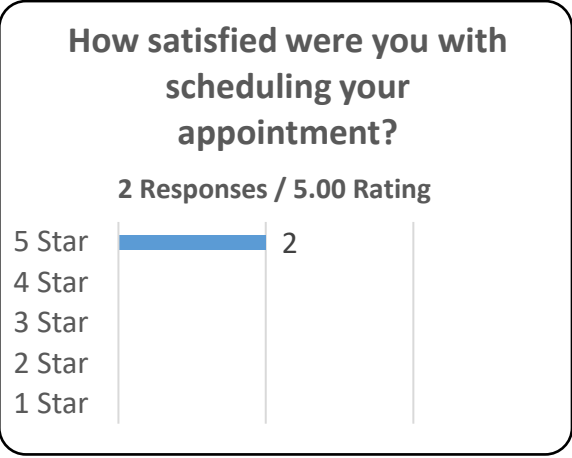
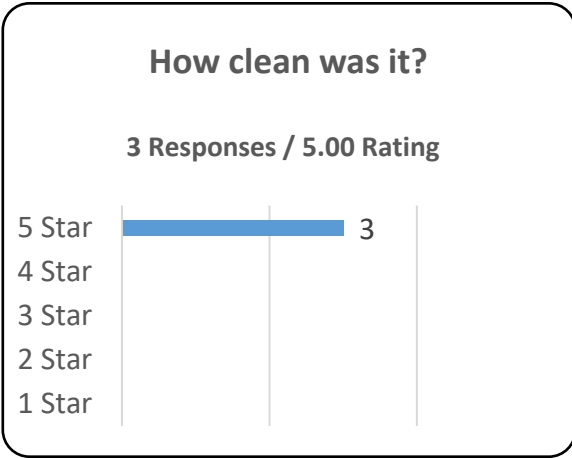
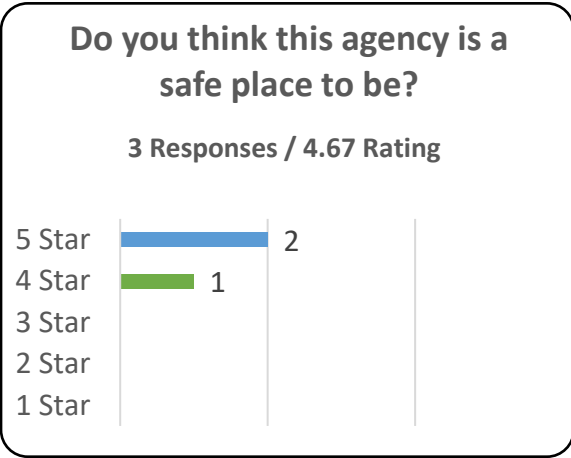
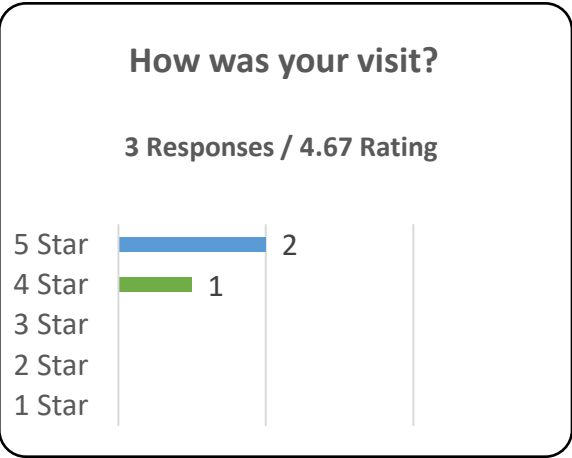


# PULSE FOR GOOD DATA

August 2025 / Location – Prescriber Kiosk



Overall Rating: 4.89

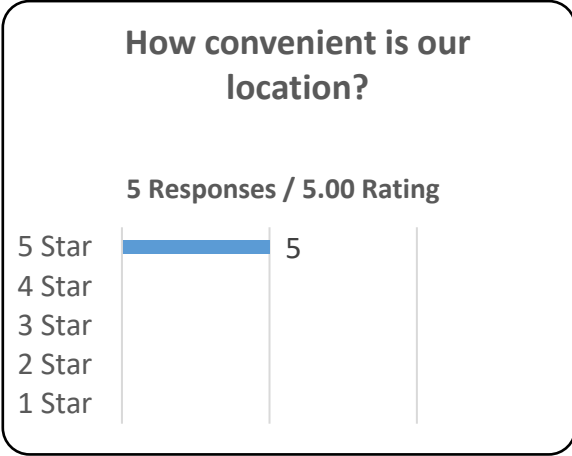
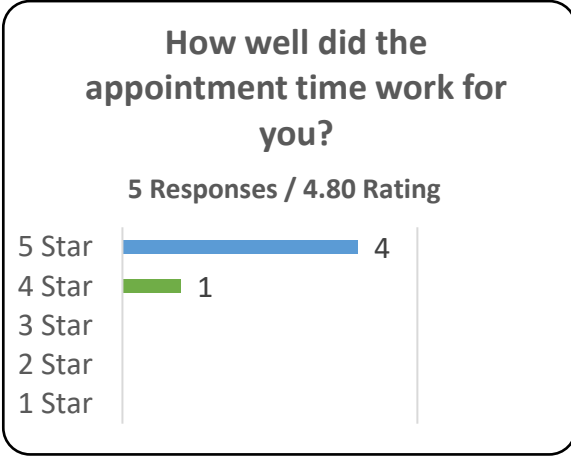
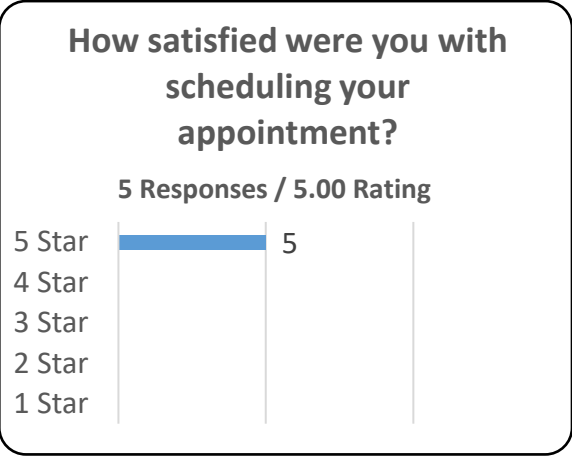
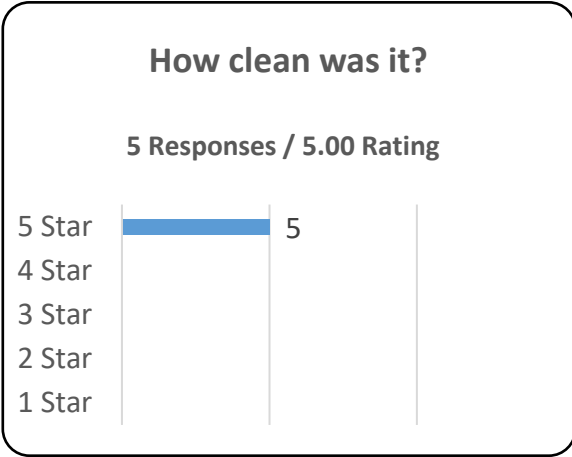
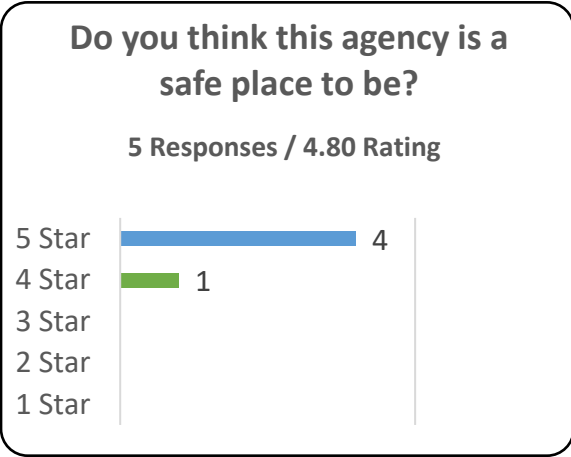
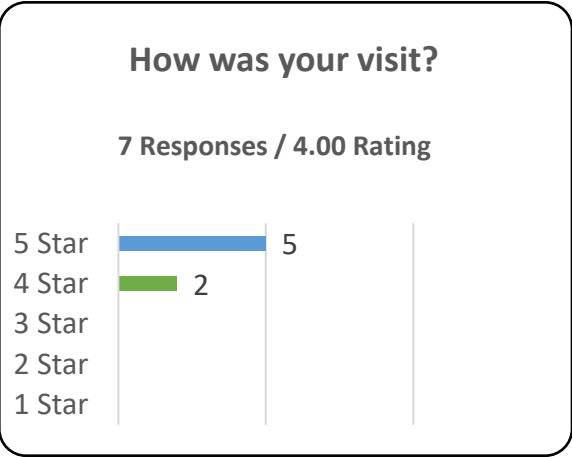


# PULSE FOR GOOD DATA

August 2025 / Location – Benesh Kiosk



Overall Rating: 4.70



# MEMORANDUM



**TO:** MCMHA Board of Directors  
**FROM:** Lisa Graham, CEO  
**RE:** FY2025 2<sup>nd</sup> Quarter CCBHC Quality Metrics  
**DATE:** September 24, 2025

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

QUALITY INDICATOR	BENCHMARK	MCMHA SCORE
<b>ASC:</b> Percentage of adult consumers who were screened at least once within 12 months for unhealthy alcohol use using a systematic screening AND who received brief counseling if identified as an unhealthy alcohol user.	25 <sup>th</sup> percentile	All clients screened: 35.1% 47.8% (12.7% increase from last quarter)  Sub-measure: Those who received brief counseling after a positive screen: 48.9% (21.1% increase from last quarter)
<b>CDF-AD:</b> Percentage of adult consumers who were screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and, if positive, a follow-up plan is documented on the date of the eligible encounter.	25 <sup>th</sup> percentile	49.1% (5.3% increase from last quarter)
<b>CDF-CH:</b> Percentage of consumers ages 12-17 who were screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and, if positive, a follow-up plan is documented on the date of the eligible encounter.	25 <sup>th</sup> percentile	19.9% (10.3% increase from last quarter)
<b>DEP-REM-6:</b> Percentage of consumers (12 years of age or older) with Major Depression or Dysthymia who reach Remission six months (+/- 60 days) after an Index Event Date.	25 <sup>th</sup> percentile	1.2%

<b>SDOH:</b> Percentage of adults screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.	25 <sup>th</sup> percentile	37.2% (15.9% increase from last quarter)
<b>SRA-A:</b> Percentage of all client visits for those clients that turn 18 or older during the Measurement Period in which a new or recurrent diagnosis of Major Depressive Disorder was identified AND a suicide risk assessment (SRA) was completed during the visit.	73%	<b>95.4% (.5 decrease from last quarter)</b>
<b>SRA-C:</b> Percentage of client visits for those clients aged 6-17 years with a diagnosis of Major Depressive Disorder (MDD) with an assessment for suicide risk.	57%	<b>28.1% (1.4% decrease from last quarter)</b>
<b>TSC:</b> Percentage of adult consumers who were screened for tobacco use one or more times within the measurement year AND who received a tobacco cessation intervention during the measurement year or in the six months prior to the measurement year if identified as a tobacco user.	25 <sup>th</sup> percentile	<p>Adults screened for tobacco use: 53.8% (12.5% increase from last quarter)</p> <p>Those who screened positive and received tobacco cessation intervention: 95.3% (.9% decrease from last quarter)</p> <p>Of those screened positive AND provided intervention, identified as a non-tobacco user in six months: 52.6% (11.7% increase from last quarter)</p>
<b>I-SERV:</b> Average time for consumers to access three different types of services at BHCs reporting the measure.	25 <sup>th</sup> percentile	<p>Average time to initial evaluation: <b>22.5 days</b> (4.3 day increase from last quarter)</p> <p>Average time to initial clinical services: <b>31.9 days</b> (7.7 day increase from last quarter)</p> <p>Average time to crisis services: <b>XXX</b></p>



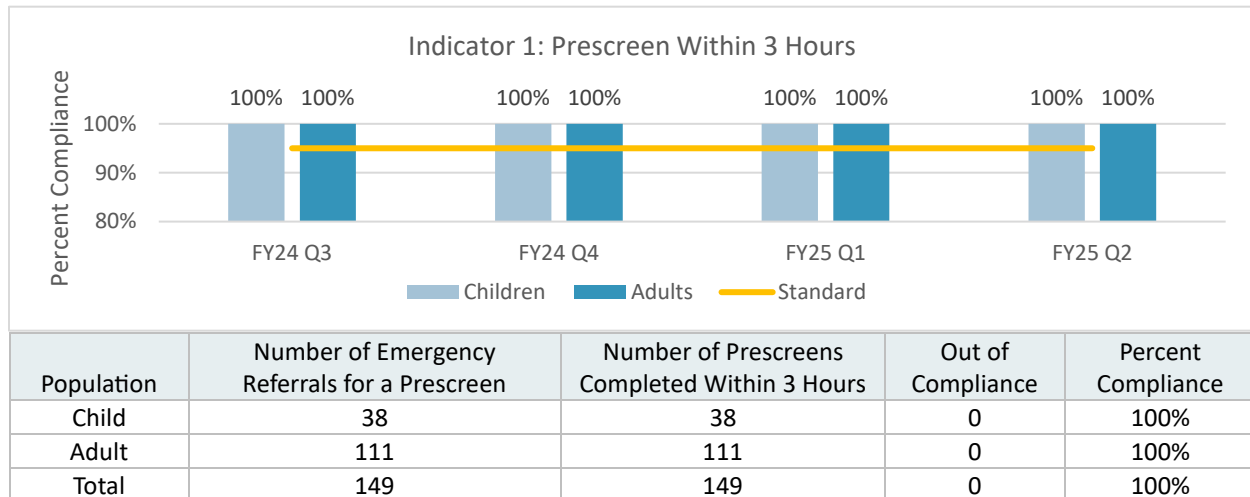
## Compliance Report of Performance Improvement

Fiscal Year 25 Quarter 2

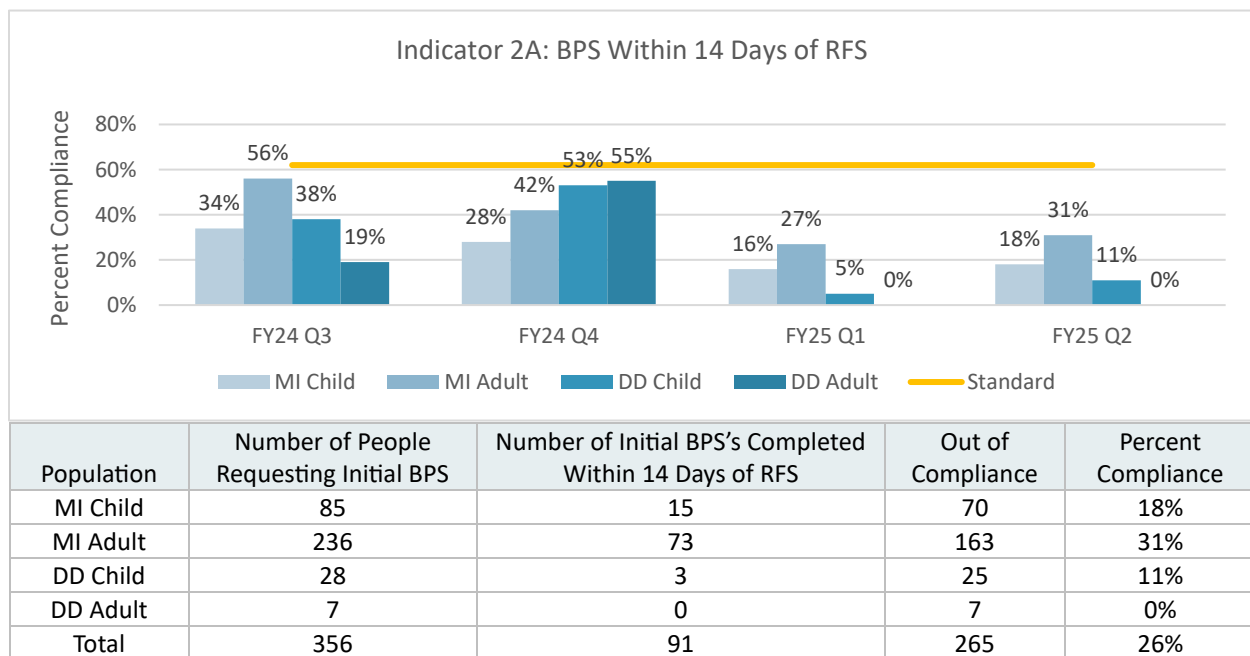
(1/1/25 – 3/31/25)

### MDHHS Michigan's Mission-Based Performance Indicator System (MMBPIS)

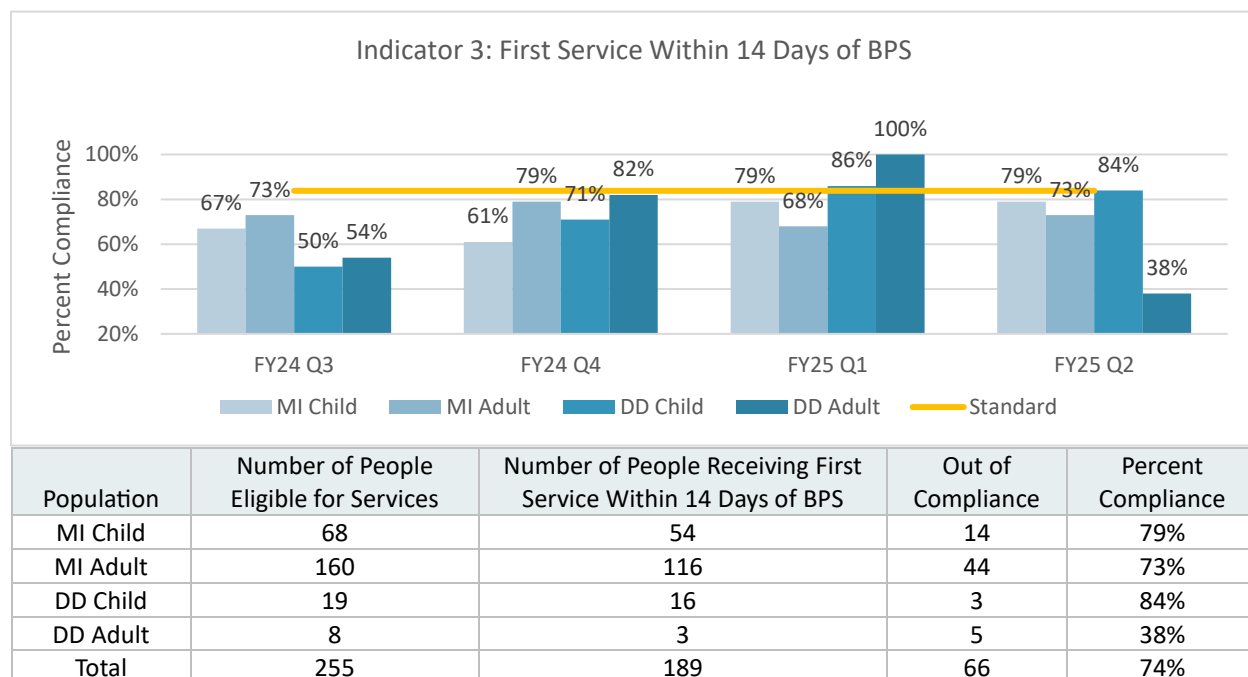
Indicator 1: The percent of all adults and children receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. MDHHS standard is 95%.



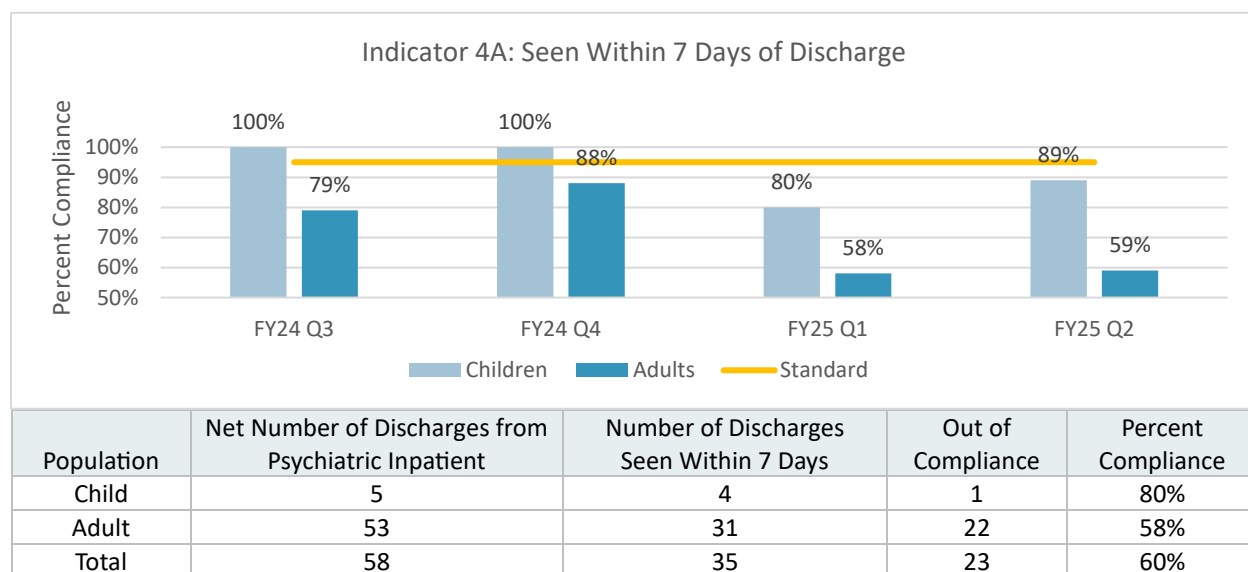
Indicator 2A: The percentage of new persons during the quarter receiving a completed biopsychosocial (BPS) assessment within 14 calendar days of a non-emergency request for service. MDHHS standard is 62%.



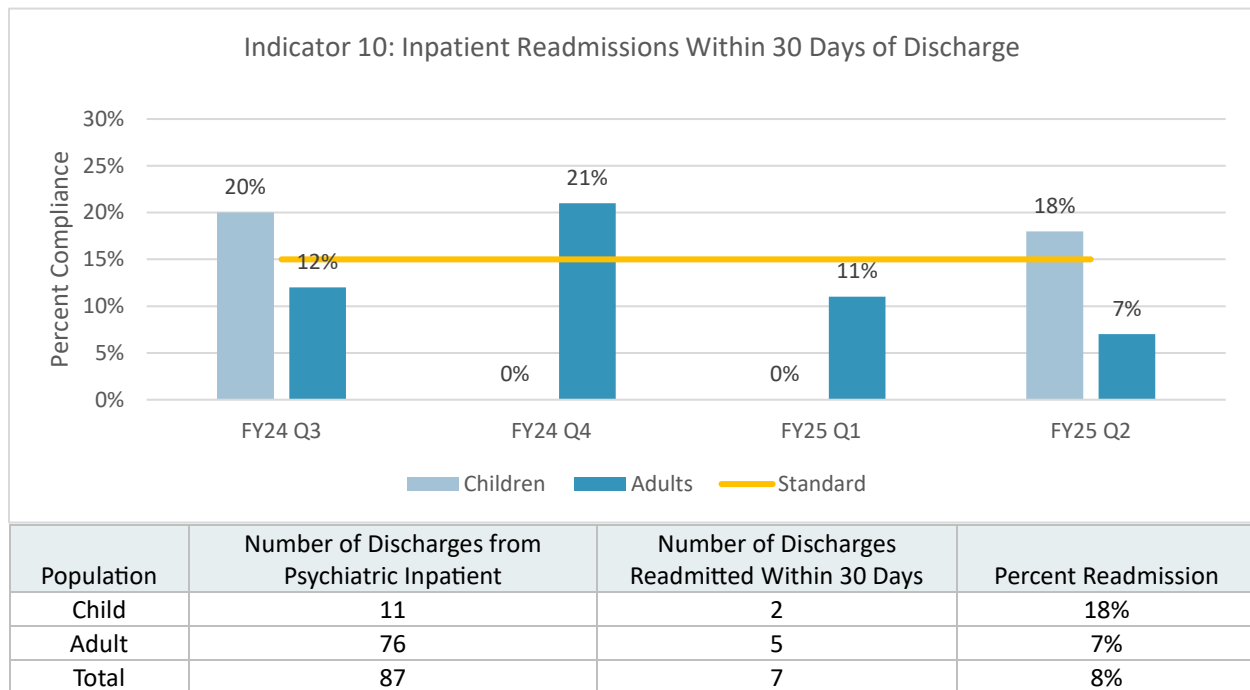
Indicator 3: Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial (BPS) assessment. MDHHS standard is 83.8%.



Indicator 4A: The percent of discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days. MDHHS standard is 95%.



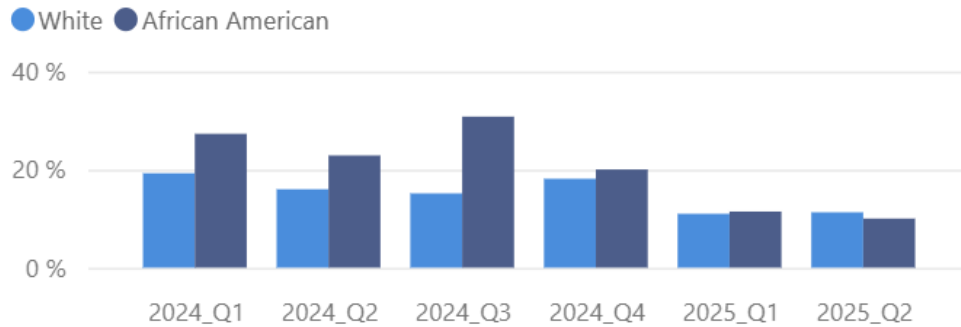
Indicator 10: The percent of MI and DD children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge. MDHHS standard is 15% or less.



## MDHHS Performance Improvement Projects (PIPs)

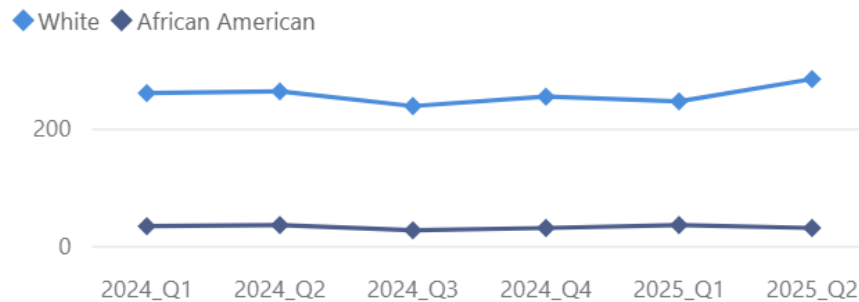
PIP #1: Reducing racial disparities between White/Caucasian and Black/African American populations in the percentage of no-shows to a biopsychosocial (BPS) assessment within 14 days of a non-emergency request for services (MMBPIS Indicator #2A).

Percent of New Consumers that Did Not Receive an Initial BPS Due to No-Show, by Race



Qtr, PIP2measurementPeriod	White	African American
2024_Q1, R1	19.2 %	27.3 %
2024_Q2, R2	16.0 %	22.9 %
2024_Q3, R2	15.1 %	30.8 %
2024_Q4, R2	18.1 %	20.0 %
2025_Q1, R2	11.0 %	11.4 %
2025_Q2,	11.3 %	10.0 %

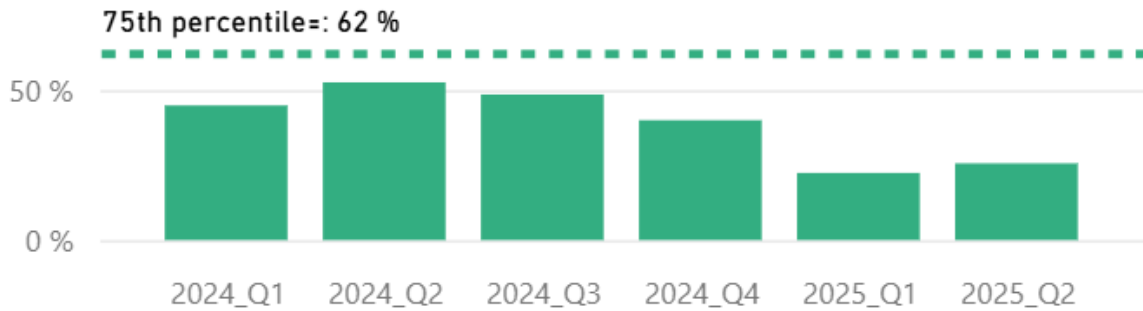
Number of New Consumers Requiring an Initial BPS, by Race



Qtr, PIP2measurementPeriod	White	African American
2024_Q1, R1	260	33
2024_Q2, R2	263	35
2024_Q3, R2	238	26
2024_Q4, R2	254	30
2025_Q1, R2	246	35
2025_Q2,	284	30

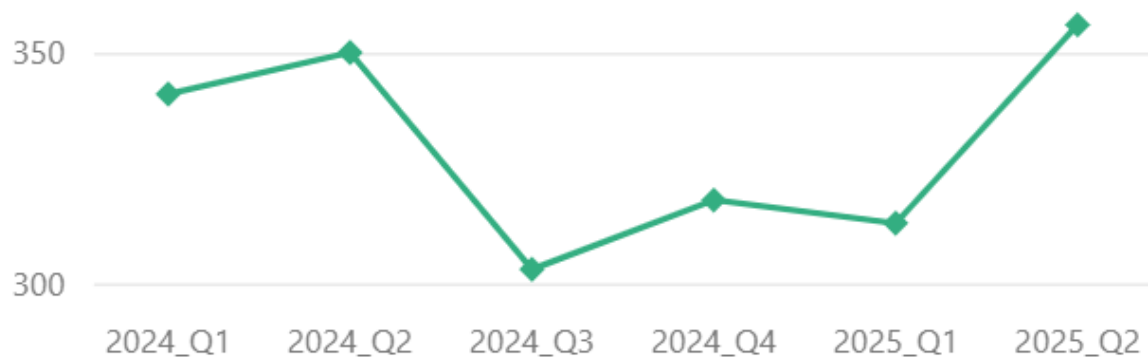
PIP #2: Overall increase in performance in new persons receiving a completed bio-psycho-social initial assessment within 14 calendar days of a non-emergency request for service (MMBPIS Indicator #2A).

Percent of New Consumers that Received an Initial BPS within 14 Days of RFS



Qtr, PIP2measurementPeriod	Monroe
2024_Q1, R1	44.87 %
2024_Q2, R2	52.57 %
2024_Q3, R2	48.51 %
2024_Q4, R2	39.94 %
2025_Q1, R2	22.36 %
2025_Q2,	25.56 %

Number of New Consumers that Required an Initial BPS within 14 Days of RFS



Qtr, PIP2measurementPeriod	Monroe
2024_Q1, R1	341
2024_Q2, R2	350
2024_Q3, R2	303
2024_Q4, R2	318
2025_Q1, R2	313
2025_Q2,	356

### **Joint Commission Evidence of Standards Compliance (ESC)**

Standard HRM.01.02.01 EP 5: The organization verifies and evaluates staff qualifications. Staff comply with health screening in accordance with law and regulation or organization policy. Monroe CMHA requires a TB test every 3 years. Human Resources will run a monthly report for TB tests that are expiring in the next 60 days and inform employees of the requirement. Human Resources will report this data to the Environment of Care Committee on a quarterly basis.

*No data available.*

Standard HRM.01.07.01 EP 4: The organization evaluates staff performance. The organization confirms each staff member's adherence to organization policies, procedures, rules, and regulations. Proof of CPR training is required for Nurses. Human Resources will run a report of expired CPR training on a quarterly basis and report training compliance on a quarterly basis to the Environment of Care Committee and Nurses.

*No data available.*

Standard NPSG.15.01.01 EP 1: Reduce the risk for suicide. The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and takes necessary action to minimize the risk(s). The percentage of staff that have been trained on the risks identified in the completed environmental risk assessment will be monitored quarterly by leadership using the Relias training module and reported to the Environment of Care Committee on a quarterly basis.

*All staff received training on the risk assessment in clinical services meetings. Additional training to be incorporated into the BPS classroom training.*

Standard NPSG.15.01.01 EP 5: Reduce the risk for suicide. Follow written policies and procedures addressing the care of individuals served identified as at risk for suicide. Clinical Supervisors will review 5% of staff caseloads for compliance with the C-SSRS, Safe-T Protocol, and Safety Plans on a quarterly basis. The percent of C-SSRS assessments and safety plans that properly follow the SAFE-T protocol will be reported in the Clinical Directors meeting on a quarterly basis.

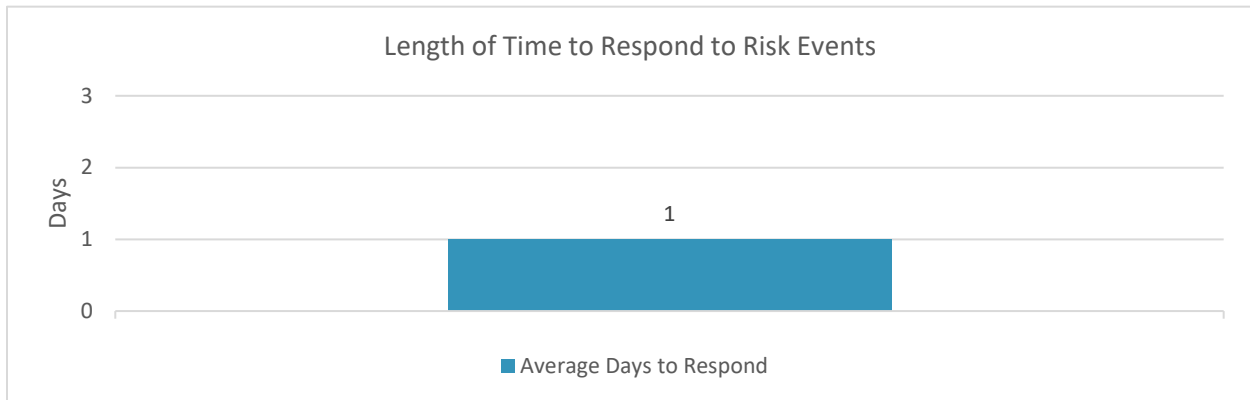
*No data available.*

Standard RC.02.01.01 EP 2: The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served. Clinical Supervisors will review 5% of staff caseloads on a quarterly basis to ensure the learning barriers section of the BPS is properly documented and report the data to the Clinical Director's meeting on a quarterly basis.

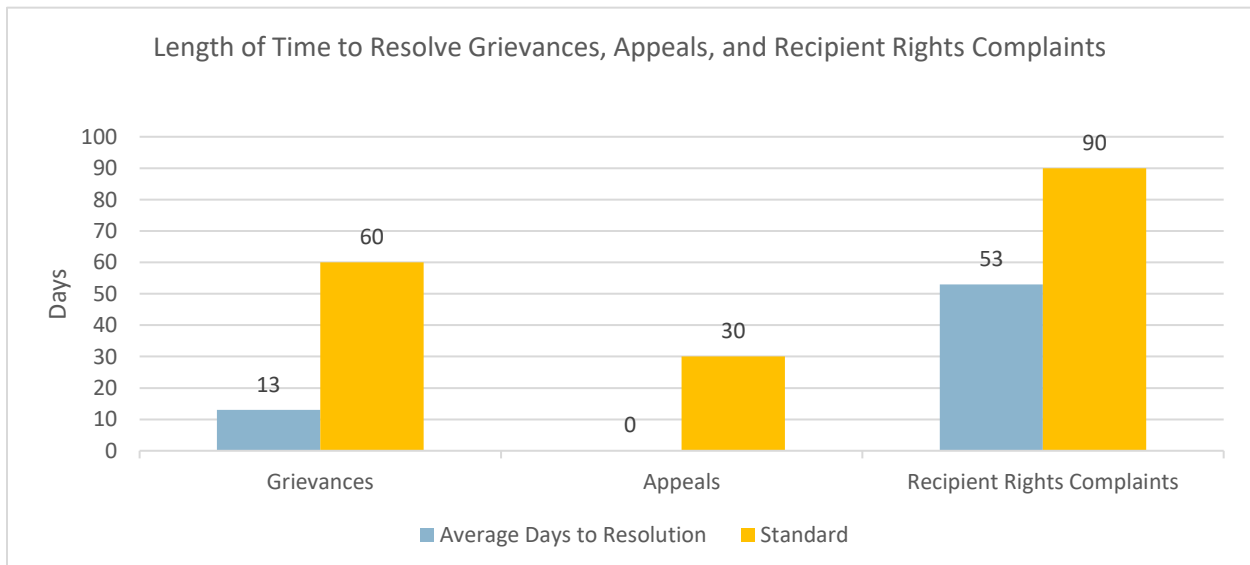
*No data available.*

## Joint Commission Complaint Measurements/Sustainability of Compliance

Measure #1: MCMHA will measure the length of time for staff to respond to reported crises in the community that meet the definition of a risk event per MCMHA's Critical Incident, Sentinel Event, and Risk Event Policy. This data will be reviewed on a quarterly basis in MCMHA's full administrative staff meetings (local performance improvement committee).



Measure #2: MCMHA will measure the length of time for staff to address formal complaints defined as grievances, appeals, and recipient rights complaints per MCMHA's Consumer Appeals Policy. This data will be reviewed on a quarterly basis in MCMHA's full administrative staff meetings (local performance improvement committee).





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

Wednesday, September 24, 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							
HFHS - Acadia Joint Venture LLC dba Henry Ford Health Behavioral Health Hospital	10/1/25-9/30/26	Psychiatric Inpatient			\$950.00	Per Diem	Formally Kingswood Hospital. A new location was built and a new agreement must be completed.
		Psychiatric Inpatient (1:1 enhanced staffing)			\$1,450.00	Per Diem	
Havenwch Hospital, Henry Ford Wyandotte Hospital, PHC of Michigan LLC dba Harbor Oaks Hospital, Trinity Health, W. A. Foote Memorial Hospital dba Henry Ford Allegiance Health	10/1/25-9/30/26	Psychiatric Inpatient, Partial Hospitalization Electro Convulsive Therapy					A 3% rate increase has been included in the FY26 proposed draft budget and reflected in service contracts as a formality.
Community Living Supports (CLS) / Supported Employment / Respite							
Adult Learning Systems, A Heart That Cares, Arkay, CHS, Choices with Self Determinaiton, Community Living Network, Everest, Goodwill, Guardian Trac, Illuminate ABA Services, Life Enrichment Academy, Lutheran Child and Family Service of Michigan, Macomb Residential Opportunities, Mastrofrancesco, Progressive Residential Services, Psych Resolutions, Psych Resolutions - DCO, Wallace PsychServices	10/1/25-9/30/26	Respite, Licensed Residential, Skill building, Case Management, Supported Employment, Behavior Treatment, Psychology services, Therapy, Crisis Intervention, and Fiscal Management Services					A 3% rate increase has been included in the FY26 proposed draft budget and reflected in service contracts as a formality.
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	\$16.50	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	\$16.50	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	\$16.50	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	\$16.50	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	\$16.50	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	\$16.50	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	\$16.50	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	\$16.50	Per 15 minutes	





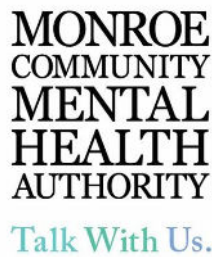
## MCMHA Finance Board Action Request

Administrative Contracts(s)

Wednesday, September 24, 2025

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

CONTRACTOR	CONTRACT TERM	DEPARTMENT	SERVICE DESCRIPTION	BUDGET	ADDITIONAL INFORMATION
Master Earned Revenue Agreement with Washtenaw	10/1/25-9/30/26		Office of Recipient Rights reimbursement	\$307,119.49	
Kim Sanderlin	10/1/24-9/30/26		Provide CPR/FA classes for internal and external provider staff	\$250.00 per class with a minimum of 12 per year	
Iris Telehealth	10/1/25-12/31/26	PHS	Increase from \$216 to \$238 per hour to bring Dr. Romero closer to market standards	\$238 per hour up to 32 hours per week	
Expert on The Mind LLC	9/15/25-9/30/27	PHS	Dr. Sadah will be moving from the temp service to a direct contract for Medical Director.	\$235.00 per hour up to 40 hours per week	



## **BOARD ACTION REQUEST**

September 24, 2025

### **ACTION REQUESTED:**

Requesting the Monroe Community Mental Health Authority Board of Directors to approve an Employee Leasing Agreement with Catholic Charities of Southeast Michigan.

### **Background:**

Earlier this Spring, the federal grant that funded St. Joe's Center of Hope was terminated, leaving the program in jeopardy. After careful clinical and financial analysis, MCMHA determined that the St. Joe's Engagement Center could be an important partner to our Behavioral Health Urgent Care. Leasing their Peer Recovery support staff will allow MCMHA's Behavioral Health Urgent Care to expand our service delivery and allow the Engagement Center to remain open, albeit with reduced hours.

The term of the Employee Leasing Agreement shall be 10/1/2025 through 9/30/2026.

The Employee Leasing Agreement has been vetted by MCMHA executive leadership, Catholic Charities, Dykema, and the Board Business Operations Committee.

### **RECOMMENDATION:**

Consideration to approve the Employee Leasing Agreement with Catholic Charities of Southeast Michigan effective 10/1/25 through 9/30/26.



## REVIEW AND APPROVAL / September 24, 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 four regional policies.
- This document serves as an Executive Summary of the policies for review and approval at the September 24, 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 formal risk assessment, 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 Project Manager 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 one exhibit for easier accessibility.
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REGIONAL: Policy and Exhibits	Reason for Revision	Summary
POC7083 Behavior Treatment Committee Policy	3-Year Review	<p><b><u>Purpose:</u></b> To establish policy for Behavior Treatment Plan Review Committees (BTPRC) with the responsibility for reviewing limiting and/or intrusive treatment plans and reviewing policies for the Community Mental Health Partnership of Southeast Michigan (CMHPSM).</p> <p><b><u>Policy:</u></b> The Behavior Treatment Plan Review Committee shall be a standing committee within each Community Mental Health Services Program (CMHSP) in the CMHPSM. As defined in this policy, the BTPRC shall review and approve or disapprove any restrictions, limitations of a consumer/individual's rights, intrusive treatment techniques, or psychoactive drugs for behavior control purposes, to intervene with a consumer/individual served receiving public services who exhibits aggressive, self-injurious, or other challenging behaviors that place the consumer/individual served or others at imminent risk of physical harm.</p> <p>Any consumer/individual served receiving public mental health services has the right to be free from any form of physical management, restraint or seclusion used as a means of coercion, discipline, retaliation, or for the convenience of staff.</p> <p><b><u>Significant Changes:</u></b> Revisions for HCBS guidelines and HSAG review.</p>
FCM3044 Claims Payment and Appeal Policy	3-Year Review	<p><b><u>Purpose:</u></b> To establish the standards by which behavioral health (Mental Health and Substance Use Disorder) service claims, submitted by service providers, are reviewed for accuracy, conformance to authorizations, and paid within the requirements stated in the current contract between the State of Michigan-Department of Health and Human (MDHHS) and the CMHPSM or the regional CMHSPs.</p> <p><b><u>Policy:</u></b> It is the policy of the CMHPSM that service claims submitted directly to the CMHPSM, or to one of its regional CMHSPs, will be appropriately adjudicated and processed according to this policy, MDHHS rules and all applicable federal regulations. Service providers serving CMHPSM consumers/individuals will follow this policy related to claims payment.</p> <p><b><u>Significant Changes:</u></b> There were no significant changes.</p>

RR8029 Culturally and Linguistically Relevant Services Policy	3-Year Review	<p><b><u>Purpose:</u></b> To ensure that consumers/individuals served and families with culturally diverse backgrounds and/or linguistically different needs have access to needed translation services so that planning and service delivery can be conducted in a way that facilitates the consumer/individual's desired outcomes.</p> <p>Behavioral health services are more effective when they are provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served. Present and projected changes in America's ethnic composition should be reflected in the care system which serves its people (National Research Center for Hispanic Mental Health).</p> <p><b><u>Policy:</u></b> The CMHPSM and all contractual network service providers shall effectively and efficiently address the treatment and psychosocial needs of consumers/individuals served and families with diverse values, beliefs, and sexual orientations, in addition to backgrounds that vary by race, ethnicity, religion, abilities, and language. Every effort shall be made to ensure that services and staff are participating in the ongoing process of achieving cultural competence.</p> <p>This includes ensuring that consumers/individuals served with Limited English Proficiency (LEP) are given, free of charge, accurate and timely assistance to obtain effective and meaningful access to services. All individuals seeking services will be given adequate information to be able to understand their rights and the services and benefits available. This policy also establishes guidelines for the provision of interpreters for consumers/individuals served with hearing impairment, and assures that speech, language, and hearing services are available free of charge.</p> <p><b><u>Significant Changes:</u></b> There were no significant changes.</p>
FCM3024 Financial Fraud Abuse Policy	3-Year Review	<p><b><u>Purpose:</u></b> To establish a process to investigate, document and report alleged financial fraud and abuse.</p> <p><b><u>Policy:</u></b> It is the policy of the CMHPSM to report and document suspected financial fraud and financial abuse to the proper state and federal authorities, to maintain a database of all alleged fraud instances, and to provide to MDHHS an aggregated report of all cases reported.</p> <p><b><u>Significant Changes:</u></b> There were no significant changes.</p>

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.