



**BOARD OF DIRECTORS REGULAR MEETING MINUTES**  
**September 24, 2025**

**Present:** Rebecca Pasko, Chairperson; John Burkardt, Vice Chairperson Susan Fortney, Secretary; Ken Papenhagen; Dawn Asper; Naomi Stoner; Reda Biniecki, and Becca Curley

**Excused:** Mike Humphries, LaMar Frederick, and Joan Canning

**Absent:**

**Staff:** Lisa Graham

**Guests:** Christina Schaub, Roslund, Prestage & Company, P.C.; Dr. Frances Jackson, Parliamentarian; and 8 guests were present

**I. CALL TO ORDER**

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

**II. ROLL CALL**

Roll Call confirmed a quorum existed.

**III. PLEDGE OF ALLEGIANCE**

The Pledge of Allegiance was led by Rebecca Pasko.

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

The items in the Board Packet were 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.

**V. CONSIDERATION TO APPROVE THE MINUTES FROM THE AUGUST 27, 2025 BOARD MEETING AND WAIVE THE READING THEREOF**

The August 27, 2025 Board Meeting minutes were as presented in the Board Packet. Rebecca Pasko asked if there were any changes to minutes. Hearing no changes, the August 27, 2025 Board Meeting minutes were approved by unanimous consent.

**VI. PUBLIC COMMENTS**

There were no public comments.

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

Lisa Graham presented the CEO Report highlighting: CCBHC Corrective Action Plan; Substance Use Services; NAMI Fundraiser; Spirit Week; PIHP Procurement; Behavioral Health Urgent Care Awareness Campaign; Board Vacancy; Medicare Application; Community Events; and Upcoming Events: Philanthropy Playoffs (10/2/25), Faith in Blue at the Opportunity Center (10/7/25), MCMHA Town Hall at Ellis Library from 3pm-5pm (10/22/25), and the Mental Health Summit at Monroe County Community College, 9am-12pm (10/27/25).

Lisa Graham informed the Board that we found out last week that we are out of compliance with one area of our CCBHC, the treatment disorder program. This does not impact our CCBHC certification. There are a few trainings to complete, and they are giving us to the end of the year to be in compliance with that indicator. With that in mind, Lisa met with Naomi Stoner, Chair of Clinical Operations, the committee will begin meeting in October to review/discuss the corrective action plan, CCBHC Quality Metrics and MDHHS Indicators.

#### **VIII. RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS**

- a. Regional PIHP Board Meeting Minutes – Rebecca Pasko commented that the PIHP Board discussed a few things Lisa Graham presented on. The \$100,000 grant coming to us in support of BHUC; we continued the discussion on how we are opposed to the PIHP Procurement; FY26 budget; elected new officers, which Rebecca Pasko is now the Vice Chair for the PIHP Board in Region 6; and at this time, we are in stable financial positions. Minutes were included in the board packet.
- b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko commented: there was a lot of discussion about the PIHP. They did delay the PIHP Procurement RFP due date until October 13<sup>th</sup> and that is due to a hearing scheduled for October 9<sup>th</sup>. They do anticipate, or hope, for them to put a pause on it. They have been asked if they could come up with a possible compromise that the PIHP could make instead of going all out and changing the whole system as the RFP wants to do from MDHHS; discussed that the state will be holding funding for additional CCBHCs in the state of Michigan. They are not covering people with insurance, and they recognize that gap, and it is causing financial issues. They have put a pause on additional CCBHCs until changes can be made; discussed changes to the state budget; and there is a bill out there right now that will allow a master level psychologist to practice, which would help us. The biggest restriction is that they could not do testing and that would need to be done by a fully licensed psychologist.

#### **IX. BOARD COMMITTEE REPORTS**

- a. Business Operations – Rebecca Pasko commented that the committee met twice to review and discuss the Employee Leasing Agreement with Catholic Charities. The first meeting was to review the lease agreement, and the second meeting was to review the amendments. The Employee Leasing Agreement is in good shape now and the committee is recommending approval by the full Board.
- b. Bylaws & Policy – Becca Curley commented that we had a very constructive meeting and under the guidance of Dr. Frances Jackson, Parliamentarian, we are rolling up our sleeves reviewing and revising the Bylaws so that we have no ambiguity. After we complete this project the committee will then review the Governance Policies so they go hand in hand with the Bylaws.
- c. Community Relations – Ken Papenhagen commented that the committee met and discussed the Behavioral Health Urgent Care Awareness Campaign and getting information out into the community; we have a Town Hall on October 22<sup>nd</sup> from 3pm to 5pm at the Ellis Library; Lisa Graham talked about holding a Coffee Hour in the community at different locations where the community can address issues/concerns; and talked about informational quick videos to educate the community on how to get services.
- d. Executive – Rebecca Pasko commented that the committee discussed the PIHP Procurement; Lisa Graham provided an update on the Medicare Application; and the Holiday Dinner, looking to make some changes to be more engaging.
- e. Performance Evaluation – Rebecca Pasko commented that the committee is in the process of discussing a new contract for the Chief Executive Officer, Lisa Graham, as the current contract expires in February 2026. There is a lot of understanding and being on the same page within the committee; Jim Green, Dykema, is developing the contract; and the committee discussed the options of a three-year rolling contract and compensation.

#### **X. PRESENTATIONS**

- a. Financial Statement, Single Audit Act, and Compliance Audit – Christina Schaub, Roslund, Prestage & Company P.C., presented three separate audits for year ending September 30, 2024. The audit reports were included in the Board Packet for review.

- i. Financial Statement – In our opinion, the financial statements referred to above presented 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. Management is responsible for the preparation and fair presentation 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. We have audited the financial statements and during the 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. The results of our tests disclosed no instances on noncompliance or other matters that are required to be reported under Government Auditing Standards.
- ii. Single Audit Act – 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. 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 as item 2024-001 Procurement, Suspension, and Debarment.
  1. 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.
  2. Finding: 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.
  3. 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 acknowledges the situation and is developing process and procedure to correct this going forward.

- iii. Compliance Audit - 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. 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. 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.
  1. Control deficiencies that are individually or cumulatively material weaknesses in internal control over the Medicaid Contract and/or General Fund Contract.
    - a. No findings.
  2. Material noncompliance with the provisions of laws, regulations, or contracts related to the Medicaid Contract and/or General Fund Contract.
    - a. No findings.
  3. Known fraud affecting the Medicaid Contract and/or General Fund Contract.
    - a. No findings.

**Consideration to Adopt the Financial Statement, Single Audit Act, and Compliance Audits for Year Ending September 30, 2024**

Becca Curley moved; Ken Papenhagen supported. No discussion followed. Rebecca Pasko asked if there were any objections to adopt. Hearing no objection, the Financial Statement, Single Audit Act, and Compliance Audits for Year Ending September 30, 2024 are adopted by unanimous consent.

Dawn Asper suggested to have a follow up progress report on the recommendations at the December Board Meeting.

Dawn Asper moved; Susan Fortney supported. Discussion followed. Rebecca Pasko asked if there were any objections to approve. Hearing no objection, a follow up progress report on the recommendations at the December meeting is approved by unanimous consent.

- b. FY2026 Proposed Budget – Richard Carpenter presented the FY2026 Proposed Budget that included significant assumptions and key points; assumptions by funding source; and revenue and expenses by category; there is a small surplus for the FY2026 proposed budget and anticipating a \$100,000 in the positive; and for transparency, and informational purposes, the provider amounts are included in the budget.

**Consideration to Approve the FY2026 Proposed Budget as Presented**

Ken Papenhagen moved; Naomi Stoner supported. Discussion followed. Rebecca Pasko asked if there were any objections to approve. Hearing no objection, the FY2026 Proposed Budget is approved by unanimous consent.

- c. Financial Report – The Financial Report was provided in the Board Packet for review. Richard Carpenter presented the Financial Executive Summary highlighting:
  - i. Statement of Activities
    - 1. Revenue is trending/projected higher than last year, as expected. This is due to budgetary, and rate increases from the PIHP capitation and CCBHC.
    - 2. Spending is largely in line with the prior year with the exception of provider network. We expect to have increased costs as we pushed out DCW increases and targeted specialized residential rates. We also have a conservative IBNR estimate to account for other potential increases and ABA rate changes.
    - 3. Expecting to contribute \$2,059,376 to the fund balance primarily driven by ongoing efforts to reduce non-Medicaid spending and increase service delivery to Medicaid individuals.
  - ii. Statement of Activities - Mental Health-Budget to Actual:
    - 1. Revenue is trending/projected higher than budget for Medicaid as we see slight increases for waiver payments. CCBHC revenue is lower than expected as we have lags with T-1040 reporting. County appropriation revenue is lower than budgeted due to timing. We expect to receive the full budget. Other revenue is trending high due to a provider refund received.
    - 2. Salary and benefit expense are trending lower than budget in total. Mostly due to lower than anticipated benefit costs in addition to vacancies of staff positions.
    - 3. Provider network expense is higher than anticipated as mentioned in the bullet above.
  - iii. Fiscal 2025 Revenues and Expenses by Fund Source:
    - 1. The CCBHC Medicaid program is showing a surplus of \$2,602,051 through this reporting period. However, CCBHC non-Medicaid is trending over budget.
    - 2. Traditional State General Fund spending is lower than budgeted. This is a result of efforts around Medicaid enrollment and tracking of deductibles.
- d. Clinical Report – The Clinical Report was provided in the Board Packet for review. Crystal Palmer presented the Clinical Executive Summary highlighting priorities under Strategic Plan Priorities.

- i. MCMHA continues to recruit and hire staff for current vacancies, which is 14. Some of these positions are being filled internally.
  - ii. 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.
  - iii. 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.
  - iv. Crisis Mobile was deployed 47 times in August, which averaged 1.18 hours of face-to-face interaction time.
  - v. 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.
  - vi. 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.
  - vii. There were 616 appointments scheduled for the Benesh Building in FY25 with 73% occurring in the office.
  - viii. Enrollment for the CCBHC has increased by 135 members over the last month. This is a 6.2% increase in enrollment.
  - ix. MCMHA currently has 60 enrollees in the Behavioral Health Home program.
  - x. The Patient Experience of Care Survey is being collected for CCBHC and we have approximately a 25% response rate.
  - xi. The data for incoming calls being answered is 97% for FY25, which meets MCMHA's goal of 95%.
  - xii. Additional Information – The River Raisin Clubhouse hosted a Spaghetti Dinner Fundraiser that raised over \$3,000.
- e. Operations Report – The Operations Report was provided in the Board Packet for review. Crystal Palmer presented the Operations Report highlighting priorities under the Strategic Plan.
- i. Behavioral Health Urgent Care (BHUC) - The website has been updated with BHUC information and is located under the Services section. Working with Revel on an Awareness Campaign for social media, a bus wrap, and a commercial. Working on: an inspection; signage; and a press release.
  - ii. 3<sup>rd</sup> quarter grievances were presented.
  - iii. Customer Satisfaction Surveys are in process.
  - iv. Town Hall is scheduled for Wednesday, October 22, 2025 from 3:00pm-5:00pm at the Ellis Library.
  - v. Pulse for Good kiosk data was presented. A total of 30 responses were received in August.
- d. 2<sup>nd</sup> Quarter Quality Metrics and Compliance Report
- i. CCBHC Quality Metrics – Sabrina Bergman presented the CCBHC Quality Metrics for 2<sup>nd</sup> quarter. There are 9 quality metrics in total, 4 of which are the quality bonus metrics to receive revenue. We have showed tremendous improvement in the quality metrics but have increased monitoring by supervisors so they can address any issues. Overall, Sabrina reminded the Board that the pool of the CCBHC consumers varies. A lot of the metrics are in the 25<sup>th</sup> percentile due to the state recognizing that 100% is not achievable.
  - ii. MDHHS Compliance Report - Lisa Graham presented the MDHHS Indicators for 2<sup>nd</sup> quarter. The number one focus is getting consumers screened within 14 days as required by the state. The Clinical Operations Committee will begin meeting to review and do a deep dive to increase progress as a number of things we have tried have not worked. It is important to know that consumers are getting screened.

## **XI. UNFINISHED BUSINESS**

- 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

Dawn Asper moved; John Burkardt supported. No discussion followed. Rebecca Pasko asked if there were any objections to approve. Hearing no objection, the Authority Policy, Procedures, and Exhibits as presented are approved by unanimous consent.

**XII. ITEMS FOR BOARD CONSIDERATION**

- a. Service Contracts - Presented by Crystal Palmer.
- b. Administrative Contracts - Presented by Crystal Palmer.
- c. Board Action Request: Employee Leasing Agreement with Catholic Charities - 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 Center of Hope could be an important partner to our Behavioral Health Urgent Care (BHUC). 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 extensively by the MCMHA Executive Leadership Team, Catholic Charities, Dykema, and the Board Business Operations Committee who recommends the Board to approve. Lisa Graham commented that she believes this is a win for the community overall. It will help us to expand the Behavioral Health Urgent Care, and it will allow St. Joe's Center of Hope to stay open. The program will be closely monitored and a report provided to the Board.

**XIII. NEW BUSINESS**

- a. **Consideration to Approve the Service Contracts as Presented**

Reda Biniecki moved; Susan Fortney supported. Discussion followed. Rebecca Pasko asked if there were any objections to approve. Hearing no objection, the Service Contracts as presented are approved by unanimous consent.

- b. **Consideration to Approve the Administrative Contracts as Presented**

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

- c. **Consideration to Approve the Employee Leasing Agreement with Catholic Charities of Southeast Michigan Effective October 1, 2025 through September 30, 2026**

Naomi Stoner moved; Becca Curley supported. No discussion followed. Rebecca Pasko asked if there were any objections to approve. Hearing no objection, the Employee Leasing Agreement with Catholic Charities of Southeast Michigan effective October 1, 2025 through September 30, 2025 is approved by unanimous consent.

- d. **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

There were Authority Policy, Procedure, or Exhibits to approve in September.

- e. **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

Ken Papenhagen moved; Reda Biniecki supported. No discussion followed. Rebecca Pasko asked if there were any objections to approve. Hearing no objection, the Regional Policies as presented are approved by unanimous consent.

- f. PIHP Procurement RFP Update – In the month of July, Richard Carpenter addressed the Board on where the PIHP RFP process was headed. A lot has happened in the last 7 weeks. There was a discussion about whether CMHs in the Central Region might be interested in putting together a regional entity to submit a bid to the State of Michigan in the event that legal challenges would fail. The RFP was issued in the beginning of August. Questions were submitted in the middle of August and questions were given on September 12<sup>th</sup>. As a result of the RFP process and answers received to the questions, there was a lawsuit filed that you, State of Michigan, does not have the authority to do an RFP as the CMHs are supposed to be a part of that process. Most of the CMHs in the Central Region are going through that legal challenge. They are going to support that legal challenge but are also considering the MIPLAN option, creating a regional entity to submit a bid. Some want to move forward now and some want to wait. To move forward now, we found out that proof of existence is needed before submitting the RFP. The logistical problem is, the lawsuit hearing is on October 9<sup>th</sup>, next day is Friday, and then the next business day is October 13<sup>th</sup> when the RFP is due. The question on the table is, we are looking for a handful of CMHs that want to create the regional entity now, so an entity exists in order to submit an RFP. Rehmann would partner with the regional entity and submit a bid. If Monroe is interested in being part of the initial forming of the CMHs, the next steps will have to happen relatively fast. Richard is looking to get legal advice by tomorrow in order to meet the expectations of the RFP. Any adjustments will be made over the weekend and by Monday will have the regional entity Bylaws ready for review. One week thereafter, Monroe will want to consider a Special Board Meeting if the Board wants to be involved in creating a regional entity.

After much Board discussion, the Board Chair called a Special Board Meeting for Thursday, October 2, 2025 at 6:00pm for the purpose to review the Bylaws and creation of a regional entity.

**XIV. PUBLIC COMMENTS**

There were no public comments.

**XV. BOARD MEMBER ANNOUNCEMENTS**

Dawn Asper thanked Sabrina Bergman for the CCBHC Quality Metrics report and how she explained the data.

John Burkardt asked about how the Board is moving forward with formal voting for roll call votes.


Reda Biniecki thanked Lisa Graham for speaking at the County Commissioners Meeting and telling the community more about the PIHP Procurement issue and why we'd like them to say they oppose.

Rebecca Pasko thanked board members and those that attended tonight's meeting. Lisa Graham will be sending out the Robert's Rules Training Video to the Board.

**XVI. ADJOURNMENT**

Rebecca Pasko adjourned the meeting at 8:44pm.

Submitted by,

  
Susan Fortney, Secretary

LG/dp  
10/2/25

