



# MONROE COMMUNITY MENTAL HEALTH AUTHORITY

## BOARD MEETING

October 22, 2025 – 6:00 p.m. / Aspen Room

Draft Amended Agenda

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### **BOARD GUIDING PRINCIPLES:**

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

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

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

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

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

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

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

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

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	<b><u>Guide</u></b>
<b>I. Call to Order</b>	<b>01 min</b>
<b>II. Roll Call</b>	<b>02 min</b>
<b>III. Pledge of Allegiance</b>	<b>02 min</b>
<b>IV. Consideration to Adopt the Agenda as Presented</b>	<b>02 min</b>
<b>V. Consideration to Approve the Minutes from the October 15, 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 – Did not meet in October b. CMHAM Policy and Legislation Committee Report – Did not meet in October	<b>05 min</b>
<b>IX. Board Committees</b> a. Chair Reports i. Business Operations ii. Bylaws & Policy iii. Clinical Operations	<b>05 min</b>

- iv. Community Relations
- v. Executive
- vi. Performance Evaluation
- b. **Appointment of Reda Biniecki to the Community Relations Committee**
- c. **Appointment of John Cullen to the Business Operations Committee**

**X. Presentations 40 min**

- a. Clinical Report – Crystal Palmer
- b. Operations Report – Bridgitte Gates
- c. Employee Engagement Survey Report – Lisa Graham and Jim Brown

**XI. Unfinished Business 00 min**

- a. No unfinished business for October

**XII. New Business 10 min**

- a. **Consideration to Approve the Service Contracts as Presented**
- b. **Consideration to Approve the Administrative Contracts as Presented**
- c. **Consideration to Approve the Authority Policy, Procedure, and Exhibits as Presented**
  - i. **Policy:**

POC7004	Discharge of Consumers from Agency
POC7064	Nutrition Screen
  - ii. **Procedure:**

POC7004-P1	Discharge
POC7052-P15	Storage of Refrigerated Medications
POC7052-P23	Transfer from Community Hospital or Jail Setting
POC7052-P24	Internal Transfers of Care
POC7052-P25	State Hospital Transfer
POC7057-P1	Prescription and Admin of Meds, Verbal Orders, Clozaril Usage
POC7057-P6	How to Take a Temperature
POC7057-P7	How to Take a Pulse
POC7057-P11	Obtaining Blood Glucose with Glucometer
POC7064-P1	Nutrition
POC7084-P1	MCMHA Crisis Mobile
POC7097-P1	Group Home Process
  - iii. **Exhibit:**

POC7052-E8	Welcome Letter
POC7052-E16	Authorization of Psych Inpatient
POC7052-E35	Wraparound Outcome Measurement Tool
POC7052-E36	Wraparound Documentation Needs Assessment Form
POC7052-E37	Wraparound Graduation Summary
POC7052-E38	Wraparound Safety Plan
POC7081-E2	CLS Assessment Tool
POC7081-E3	Guide to CLS Assessment
POC7097-E1	Group Home Transition Packet
  - iv. **Rescind:**

POC7074-P1	Accessing Fiscal Intermediary
POC7074-P3	Program Assistant Role
- d. **Consideration to Approve the Regional Policies as Presented**
  - i. **Policy:** N/A

**XIII. Public Comments 03 min/person**

**XIV. Board Member Announcements 03 min/person**

**XV. Adjournment 01 min**

**The next regular scheduled meeting for the Monroe Community Mental Health Authority Board is Wednesday, November 19, 2025 at 6:00pm.**

LG/dp 3:46pm



**BOARD OF DIRECTORS REGULAR MEETING MINUTES  
October 15, 2025**

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

**Excused:**

**Absent:**

**Staff:** Lisa Graham and Richard Carpenter

**Guests:** 5 guests were present

**I. CALL TO ORDER**

The Board Chair, Rebecca Pasko, called the meeting to order at 6:05 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 AMENDED AGENDA AS PRESENTED**

The agenda and Board Packet have been amended. All items as stated on the agenda are in the Board Packet. Rebecca Pasko asked if there were any objections to approve. Hearing no objection, the draft amended agenda as presented is approved by unanimous consent.

**V. CONSIDERATION TO APPROVE THE MINUTES FROM THE SEPTEMBER 24, 2025 BOARD MEETING AND WAIVE THE READING THEREOF**

The minutes from the September 24, 2025 Board Meeting were included in the Board Packet and waiving the reading thereof. Rebecca Pasko asked if there were any objections to approve. Hearing no objection, the minutes from the September 24, 2025 Board Meeting are approved by unanimous consent.

**VI. CONSIDERATION TO APPROVE THE MINUTES FROM THE OCTOBER 2, 2025 SPECIAL BOARD MEETING AND WAIVE THE READING THEREOF**

The minutes from the October 2, 2025 Special Board Meeting were included in the Board Packet and waiving the reading thereof. Rebecca Pasko asked if there were any objections to approve. Hearing no objection, the minutes from the October 2, 2025 Board Meeting are approved by unanimous consent.

**VII. PUBLIC COMMENTS**

There were no public comments.

**VIII. PRESENTATIONS**

- a. Health Care Premiums Update / Open Enrollment Starting November – Lisa Graham commented that last week we received information on health care premiums for our employees for this coming new year. Across the State of Michigan, premiums were expected to rise approximately 10% and ours increased by 13.67%. We had a lot more utilization. The Public Act 152, the hard caps, that rate only increased by 2.9%. That is a significant gap on what we can provide. The monthly premiums are going to increase anywhere from \$36 dollars to \$347 dollars dependent on which of the four plans the staff chooses. It is going to be a big hit to our staff. So far, we have shopped the market and reached out to 2 insurance brokers for their recommendations. We could look at a health plan redesign. You could consider doing something that offered lower rates and higher copays. We are also looking into the hard caps. As a Board, you opted to use the hard caps. The Board could change that to an 80/20 contribution but ultimately the hard caps help us to meet our goals. This may be something the Board will want to consider in the future.

Richard Carpenter explained the difference between hard caps vs 80/20. The expectation is that the governmental entity would contribute up to the hard cap amount unless the Board chose 80/20. An employee or group of employees is contributing 20% of the premiums. There are 2 questions: there is the strict dollar and cent of the hard cap or 80/20 cost the agency. Realistically, at some point, for staff to remain retained you will need to consider putting dollars into salaries. The Board will need to make a decision by this time next year before open enrollment. We will revisit this in July of 2026.

Richard Carpenter commented on discussing with a broker a higher deductible and health savings account options. This also impacts the retirement health plans. It is a detailed analysis that will need to be completed.

Lisa Graham wanted to let the Board know we received this information last week and will do everything we can to help mitigate the least impact. It is not great news for our staff.

Rebecca Pasko requested the Business Operations Committee to review Health Care Premiums.

- b. PIHP Procurement Update – Richard Carpenter commented that the MiPLAN option this Board approved got off the ground and had its first Board Meeting on Friday, October 10, 2025. They authorized a submission for a bid on Monday, October 13, 2025. We have not heard anything from the state of Michigan regarding that. The Judges order are being digested to understand what it means. To summarize it, it seems that the Judge does agree that the state of Michigan can move towards a procurement model. The judge believes the PIHPs can be reduced from 10 to 3. It does not have to be a collaborative process. The RFP, the way it is written, does take away from CMHs and appears to be a great concern. It is not a final ruling, but it may be found that the RFP is illegal the way it is written. The question is, will the state voluntary pull back the RFP or will they address those issues during the contract process. We are being prepared to react on what the states next steps are.

Lisa Graham commented that other CMHs joined MiPLAN. When we voted as a Board there was only us and Sanilac County. Now, Allegan County, Calhoun County, and Barry County have joined MiPlan. Now that we have the Judge's ruling from last night there are other CMHs that have reached out and have enquired on joining and supporting the effort of MiPLAN.

**IX. ITEMS FOR BOARD CONSIDERATION AT THE OCTOBER 22, 2025 BOARD MEETING**

- a. Service Contracts - Alicia Riggs presented the Service Contracts.  
b. Administrative Contracts – Alicia Riggs presented the Administrative Contracts.

**X. FISCAL FINANCE REPORT**

Richard Carpenter presented the August financials, highlighting:

- a. Statement of Activities:
  - i. Revenue is trending/projected higher than last year, as expected. This is due to budgetary, and rate increases from the PIHP capitation and CCBHC.
  - ii. Spending is largely in line with the prior year with the exception of provider network. We expect to have increased costs as we pushed out DCW increases and targeted specialized residential rates. We also have a conservative IBNR estimate to account for other potential increases and ABA rate changes.
  - iii. Expecting to contribute \$1,385,708 to the fund balance primarily driven by ongoing efforts to reduce non-Medicaid spending and increase service delivery to CCBHC Medicaid individuals.
- b. Statement of Activities – Mental Health Budget-to-Actual:
  - i. Revenue is trending/projected higher than budget for Medicaid as we see slight increases for waiver payments. CCBHC revenue is higher this year due to the increase in T1040's.
  - ii. 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.
  - iii. Provider network expense is higher than anticipated as mentioned in the bullet above.
- c. FY2025 Revenue and Expenses by Fund Source:
  - i. The CCBHC Medicaid program is showing a surplus of \$2,474,779 through this reporting period. However, CCBHC non-Medicaid is trending over budget.
  - ii. Traditional State General Fund spending is lower than budgeted. This is a result of efforts around Medicaid enrollment and tracking of deductibles.

Lisa Graham commented that we are expecting to contribute almost 1.4 million to our fund balance and have a Medicaid surplus of 2.4 million that will be sent back to the PIHP. This is important to Lisa as for those on the Regional PIHP Board knows that we were in the spotlight for being over budget. We always want to be below or spot on, not over.

- d. Other Comments:
  - i. LaMar Frederick shared his concerns on getting paid timely from the state for CCBHC T1040s now that it is a direct payment. Richard Carpenter responded that we are in the process of getting our electronic health record (CRCT) to send claims to the state. The vendor, PCE, is trying to work across the whole state to get that up and running so that we can create the batches to go to the state to start billing for T1040s. Our hope is that the state will pay timely. We will be following the process the state has put in place and will monitor it through every step of the process to be sure payments are done timely.
  - ii. Mike Humphries asked that if someone walked in and had a Blue Cross but opted for a Medicaid HMO, are you sending that bill to Blue Cross? Richard responded that the state has specifically said we are not required to bill because if we did the net benefit to us for billing would be 0\$ and are not required to go through the financial burden of billing.
  - iii. Mike Humphries shared his concerns on credentialing and asked if the agency is making any strides in getting credentialed with others. Richard Carpenter responded that the 2.2 million could be broken down into categories to show the unbillable codes, billable codes, and what we have collected. Mike would like to know what we are losing every month by not being credentialed.

**XII. PUBLIC COMMENTS**

There were no public comments.

**XIII. BOARD MEMBER ANNOUNCEMENTS**

John Burkardt commented that the college has a nice article on MRS.

Susan Fortney invited board members to the Little Brown Jug on Tuesday, October 21, 2025 for a fund raiser for the Daughters of the American Revolution (DAR). Between 4:00pm and 8:00pm, all proceeds will go toward scholarships for students in Monroe County.

Reda Biniecki and Dawn Asper welcomed John Cullen to the Board.

Mike Humphries commented on faith in blue and to have a good weekend.

Lisa Graham encouraged board members to attend the Townhall is next week from 3:00pm-5:00pm at the Ellis Library. James Colaianne, PIHP, will be providing updates from the state and region. There will be consumers and community partner awards.

Rebecca Pasko encouraged board members to invite three people to attend the Townhall. We want the community to learn more about our crisis services and the Behavioral Health Urgent Care; there is a Board Workshop scheduled for Saturday, November 8<sup>th</sup> from 9:30am-1:30pm. Susan Radwan will be providing a tailored training for board members, and it will be a wonderful time to get to know our newest board member, John Cullen, and encouraged the Board to attend.

Reda Biniecki commented that she saw Susan Radwan at the Fall Conference, and she was great. She would be great to help our Board with open ended conversations.

#### **XIV. ADJOURNMENT**

Rebecca Pasko thanked everyone and adjourned the meeting at 7:00pm.

Submitted by,

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Susan Fortney, Secretary

LG/dp  
10/17/25

# CEO REPORT

October 22, 2025

## SERVICES PROMOTE RECOVERY

**Behavioral Health Urgent Care:** MCMHA's Behavioral Health Urgent Care opened this month! Clinical and Operations Reports address this in greater detail.

**CCBHC Corrective Action Plan:** MCMHA's Corrective Action Plan has been submitted to MDHHS.

**South County Services:** Next month, MCMHA will begin formally evaluating the current services and service gaps for individuals with Intellectual/Developmental disabilities, with an emphasis on our South County residents.

## LOCAL/STATE/REGIONAL UPDATES

**Joint Commission:** Earlier this month, MCMHA participated in our triannual site review with The Joint Commission. Although there are always areas for improvement, this review was, overall, very good. The reviewer noted 12 citations, all in the moderate to low-risk categories with nothing noted as being a high risk. I will provide a full report at the November board meeting.

**MiPLAN Board:** The MiPLAN Board had its first meeting on Friday, October 10, 2025. The Board approved Richard Carpenter as the Interim CEO. Since the last meeting, three other agencies have joined MiPLAN, making a total of five.

## EMPLOYEE RETENTION/RECRUITMENT

**Staff Appreciation Week:** In appreciation of the tremendous work and success of our staff, MCMHA is hosting Staff Appreciation Week. During the last week of October, ELT will recognize staff success with soft serve ice cream and toppings all week, as well as small daily "treats" and other surprises.

## COMMUNITY PARTNERSHIPS/COMMUNITY AWARENESS

**Community Events:** Philanthropy Playoffs (10/2), Monroe County Board of Commissioners (10/7), Faith in Blue (10/10), Gabby's Grief Center Trunk or Treat event (10/17), MCMHA Town Hall (10/22), Mental Health Summit (10/27).

**Upcoming Events:** MCOP Job and Resource Fair, 3-6 p.m., Opportunity Center (11/5), BHUC Open House (11/6), Veterans Awareness Event, Bedford Library 10-4 (11/22).

Respectfully Submitted,



Lisa Graham, LMSW



**BOARD BUSINESS OPERATIONS COMMITTEE**  
**Wednesday, October 1, 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. MILLAGE**

- a. LaMar Frederick commented that when the discussion of a Millage first came up, he went to the county and asked for a taxable value chart of the county. As of 2025, the estimated actual taxable value for the county is 7.9 billion dollars. 1 million, in theory, would give you \$794,000. The question at hand is what is needed in terms of dollars and cents. LaMar requested to get Richard Carpenter, Chief Financial Officer, involved in the discussion. As an example, if there is a 5% drop in our Medicaid, that could be approximately 2.5 to 3 million. LaMar reached out to Annamarie Osment, County Clerk, to get information on the critical dates for determining when the Board needs to make a decision.
- b. Reda Biniecki suggested to consider the strategy of inflating the number so that if it doesn't go in August to lessen the number for the November ballot.
- c. Lisa Graham commented on putting together a presentation on how mental health services have changed over the last 30 years when requesting the county to consider increasing their annual contribution.
- d.
- e. The committee discussed next steps:
  - i. Need to get Richard Carpenter involved in the conversation on how much money will be requested and what that would specifically cover.
  - ii. Lisa Graham, Richard Carpenter, and Ken Melvin to meet with the county and request an increase to their annual contribution. This would alleviate the need for a Millage.
  - iii. After exhausting all options, go to the Board to ask if they want to move forward with prepping for a millage.
  - iv. Prepare strategies against the critical dates received from the county for a millage. (When LaMar receives the critical dates he will send to committee members)
  - v. Involve Dykema to write the ballot language.
  - vi. Review the Millage with the Board and consider approval.
  - vii. File with the County Clerk's Office
  - viii. Take Millage proposal to the Monroe County Board of Commissioners for approval to get on the ballot.
  - ix. Begin Millage awareness campaign in the community.

**V. PARKING LOT**

- a. Researching Millage

**VI. ADJOURNMENT**

The meeting adjourned at 5:55pm.

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

Respectfully submitted,

*LaMar Frederick (fp)*

LaMar Frederick  
Business Operations Chair

10/3/25





## BOARD BYLAWS & POLICY COMMITTEE

Wednesday, October 1, 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 6:12pm. Becca Curley, John Burkardt, 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>	N/A
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Not Regional Policies to recommend.

#### III. REVIEW OF BOARD BYLAWS

- a. The committee is currently undergoing the review process of the Board Bylaws.
- b. The committee discussed the difference between plurality and majority when it comes to voting during elections.
- c. Dr. Jackson will research if it needs to be a board member or if a staff member can be nominated for the Nominating Committee.

#### 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 7:30pm.

#### VI. NEXT MEETING

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Wednesday, November 5, 2025** at 6:00pm.

Respectfully submitted,

*Becca Curley (dp)*

Becca Curley  
Committee Chair

10/3/25



**BOARD CLINICAL OPERATIONS COMMITTEE**  
**Wednesday, October 1, 2025**  
**4:00pm**

**COMMITTEE MEMBERS**

Naomi Stoner, Chair; Suan Fortney; and Rebecca Pasko (Ex-Officio)

**MINUTES**

**I. CALL TO ORDER**

Naomi Stoner called the meeting to order at 4:07pm. Naomi Stoner, Susan Fortney, Rebecca Pasko, Lisa Graham, and Crystal Palmer were present.

**II. CCBHC**

a. Corrective Action Plan for Integrated Dual Disorder Treatment (IDDT)

- i. Lisa Graham presented the corrective action plan and our internal workplan that was submitted to the state. It has been received by the state, and we are looking to be in full compliance by the end of the year. If we cannot meet the requirement then we would need to enter into a DCO to meet the requirement but that will not be necessary.

b. Behavioral Health Urgent Care (BHUC) Soft Launch

- i. The soft launch occurred on Monday, September 29, 2025. We had a total of three people engage with BHUC the first week. One did not need psychiatric services, and the family was not ready to open services. The other two saw the psychiatrist and we are hopeful they will start services. BHUC is going well. We do have some finishing touches yet, including signage and adding a chime when the door is opened. We will review tomorrow and evaluate on making our official announcement. Flyers are posted for no medications, no cash onsite, or weapons. We do have lockers in case anything is needed to lock up.
- ii. BHUC Open House is scheduled for November 6th from 9:00am-11:00am. We will be inviting all human service agencies, a list of outpatient therapists, hospitals, and schools. Naomi Stoner will send the open house information to contacts at her school. We are in the process of drafting a flyer and Lisa will send the information through email with the flyer attached to committee members. The flyer for BHUC is available on the agency website. Committee members will share open house information in the community.

**III. QUALITY METRICS**

a. CCBHC and MDHHS Indicators

- i. Indicator 2A: We know our numbers are better than what the report shows, however, we cannot scrub out those that want to schedule outside of the 14 days required by the state. We have new staff in Access and volume has increased coming through the front door. We have done a lot of training in Access. One item remedied were staff marking the incorrect box in the electronic health record. Crystal Palmer has been working with Adam Anastasoff, Program Director for Access and Crisis Mobile Services, to dive into what is going on, what have we tried, and what we need to continue doing. Crystal started working with Adam 2.5 weeks ago reviewing every BPS and every screening that is occurring. The data is then formatted into a dashboard to show areas that need improvement. The Access Supervisor then has access to the dashboards and can review during supervision with staff. Crystal commented that Adam reached out to other counties that had top scores in meeting the 14 days and the response was same day access. We are planning to have an Access Clinician at the Behavioral Health Urgent Care. Starting in January we will have the ability for walk-ins at BHUC.
- ii. Same Day Access: Crystal Palmer commented that we have always offered same day access for those that need it, however, we are moving fully toward same day access. Starting in November we are going to move one staff over to do walk-ins and then continue to add. We are doing this in phases while continuing to evaluate the process. Our hope is over November through January to be fully implemented. Staff will rotate and have a joint calendar.
- iii. Lisa Graham commented that she will keep the committee informed on the progress for same day access. This is going to be a big deal. Lisa is also going to ask the Compliance Officer to indicate the breakdown for any indicator that is not met to ensure that all are receiving a BPS and if not, were attempts to reach out made.
- iv. Crystal Palmer commented that we have been doing different things since January of this year. The difficulty is that you receive data from the state one quarter behind, so you don't know how you are doing. Our Data Analyst created the access dashboard, so we will have data in real time.

**IV. PARKING LOT**

**V. NEXT AGENDA**

- a. Joint Commission Report
- b. CCBHC Corrective Action Plan Follow Up
- c. Quality Metrics Follow up

**VI. ADJOURNMENT**

The meeting adjourned at 4:57pm. The next meeting for the Board Clinical Operations Committee is scheduled for **Wednesday, November 5, 2025** beginning at 4:00pm in the Aspen Room.

Respectfully submitted,

*Naomi Stoner (dp)*

Naomi Stoner  
Clinical Operations Chairperson

10/3/25



## BOARD COMMUNITY RELATIONS AD-HOC COMMITTEE

Thursday, October 16, 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 5:00pm. Ken Papenhagen, Susan Fortney, Rebecca Pasko, and Lisa Graham were present. Dawn Asper and Mike Humphries were absent.

#### II. MARKETING UPDATE

- a. Lisa Graham reached out to Devan Rucker at The DEvelopment Group regarding a commercial for Behavioral Health Urgent Care. Devan provided Lisa with a proposal that included monthly 30-60 second videos to cover a wide range of content centered around MCMHA, a commercial for Behavioral Health Urgent Care to be shown at the Phoenix Theaters at the Monroe Mall to gain awareness, and provide a window advertisement on The DEvelopment Group's van. Lisa commented that the only thing we really need is the commercial for Pheonix Theatres as we can provide monthly videos at no cost. Lisa wanted to let the committee know that she was interested in partnering with a local company, but for the purposes of only needing the commercial, Revel Marketing is more cost effective and on brand with what they have done for us thus far. Lisa hopes to work with Devan Rucker in the future.

#### III. COMMUNITY EVENTS

- a. Townhall – Lisa Graham commented that the agenda will consist of: an update from the state and region by James Colainne, PIHP Director; an overview of the Annual Report; agency updates provided by Crystal Palmer; Strategic Plan presented by Lisa, and after the Trusted Community Partner Goals and Priorities will segway into introducing Rebecca Pasko, Board Chair, and Ken Papenhagen, Community Relations Chair; consumer and community partnership awards; and then questions and answers.
  - i. Rebecca Pasko will provide updates and accomplishments for the last year from Board.
  - ii. Ken Papenhagen will provide updates from the Community Relations Committee, focusing on the upcoming educational videos and promoting program and services.
- b. Behavioral Health Urgent Care (BHUC) Open House – Lisa Graham commented that over 100 invites have been sent for this event. Cookies, coffee, and water will be available. The event will be held on November 6, 2025 from 9:00am-11:00am at the BHUC with a ribbon cutting ceremony taking place at 10:30am. Board members are invited to attend.
- c. Mental Health Summit – Lisa Graham commented that this event is by invitation only. All behavioral health outpatient providers in the county, mental health professionals, and law enforcement have been invited. We have Krista Houser from MDHHS who will be giving the keynote speak on Crisis Services. Our Medical Director, Dr. Sadah will also speak on Crisis Services. Board members are invited to attend. The Mental Health Summit will be held on October 27, 2025 from 8:30am to 12:00pm at the La-z-Boy Center.
- d. CEO Coffee Hour – Lisa Graham reached out to local businesses and is trying to get information from across the county to find locations to have a CEO Coffee Hour. Lisa is in the process of confirmed dates and would like to have the first CEO Coffee Hour in November. Lisa would like to try this at the Monroe Grille. If a date can be confirmed, Lisa Graham will announce the first CEO Coffee Hour date, time, and location at the Townhall on October 22<sup>nd</sup>.

#### IV. UPDATE ON EDUCATIONAL VIDEOS

- a. Lisa Graham is looking to have the first educational video completed by November 1, 2025. The intention is to provide educational videos for social media and share with community partners. The first three videos will focus on Access to Services, Behavioral Health Urgent Care Services, and Crisis Mobile Services.
- b. Rebecca Pasko suggested considering TikTok for educational videos. Lisa Graham commented that Revel Marketing has the ability to post to TikTok, we can try this, but Revel did mention that they are uncertain on how much traffic the videos will receive.

#### V. EMPLOYEE AGREEMENT INCENTIVE BONUS GOAL

- a. The Performance Evaluation Committee tasked the Community Relations Committee to identify a goal under the Strategic Plan Goals of Trusted Community Partner. The committee identified the following goal to be considered for the annual Employee Agreement Incentive Bonus.

- i. Objective: MCMHA provides education and awareness of mental health resources in the community.
  - o Measure: Social Media – twenty four (24) educational videos regarding mental health or mental wellness per year.
  - o Measure: Community Events – participation of nineteen (19) community events per year, including the annual Mental Health Fun Day, annual Mental Health Summit, annual Townhall, and quarterly CEO Coffee Hours.

**VI. COMMITTEE MEMBERS**

- a. Rebecca Pasko commented that Reda Biniecki has expressed interest to participate on the Community Relations Committee and an appointment will be considered at the October 22, 2025 Board Meeting.

**VII. NEXT AGENDA**

- a. To be determined.

**VIII. PARKING LOT**

**IX. AJOURNMENT**

The meeting adjourned at 5:59pm.

**X. NEXT MEETING**

The Next Meeting of the Board Community Relations Committee is scheduled for **Thursday, November 20, 2025** at 5:00pm in the Aspen Room.

Respectfully submitted,

*Ken Papenhagen (dp)*

Ken Papenhagen  
Committee Chair

10/17/25



## BOARD EXECUTIVE COMMITTEE

Thursday, October 16, 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 6:04pm. Rebecca Pasko, Susan Fortney, and Lisa Graham were present. John Burkardt was excused.

### II. ITEMS FOR DISCUSSION

- a. Review of the October 22, 2025 Board Meeting Agenda
  - i. The committee reviewed the agenda.
  - ii. Employee Engagement Survey – Lisa Graham will be asking the Board to consider approving a contract with Phoenix Partners based on results received from the Employee Engagement Survey. There are some areas that were scored lower for Leadership and Employee Belonging. Lisa reached out to a consulting company called Phoenix Partners. They have an amazing Transformational Leadership Program for executives. It is a 5-month program and would have all of the Executive Leadership Team working together to address the issues identified in the Engagement Survey.
  - iii. The CEO Report for October will include a summary of the Joint Commission Review and updates from the MIPLAN Board Meeting.
- b. Board Meeting Schedule
  - i. There will be only one Board Meeting in the months of November and December. This is due to not having financials available for review until January 2026 as the Finance Team is closing out year-end financials. Dates for the Board Meetings are November 19, 2025 and December 17, 2025 beginning at 6:00pm.
- c. Board and Executive Leadership Holiday Dinner Event
  - i. The Northwood Villa has been reserved for Friday, December 5, 2025 beginning at 6:00pm to 7:00pm for happy hour and mingling with a 7pm dinner reservation. An invitation will be sent to the Board and Leadership Team to request an RSVP by Friday, November 14, 2025.
- d. Board Meeting Evaluation Reports
  - i. The Executive Committee will begin to review the Board Meeting Evaluation Reports for any trends or areas of improvement. The reports will be provided to the full Board for review. A Board Workshop will be called in February or March of 2026 to review the Board Meeting Evaluation yearly report as well as the results Board Member Self Evaluation Questionnaire.

### 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. The committee will be meeting after the Board Meeting has occurred. Items for next agenda are to be determined.

### V. AJOURNMENT

The meeting adjourned at 6:58pm.

### VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for **November 20, 2025** at 6:00pm in the Aspen Room.

Respectfully submitted,

*Rebecca Pasko (dp)*

Rebecca Pasko  
Board Chairperson

10/17/25



## BOARD PERFORMANCE EVALUATION COMMITTEE

Wednesday, October 15, 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 5:00pm. Rebecca Pasko, John Burkardt, Susan Fortney, LaMar Frederick, Naomi Stoner, Ken Papenhagen, and Lisa Graham were present. Jim Greene, Dykema, attended as a guest.

#### II. EMPLOYEE AGREEMENT BETWEEN MCMHA AND LISA GRAHAM

- a. Contract – The Employee Agreement has been drafted with the committees' suggestions.
- b. Incentive Bonus – Jim Greene and Rebecca Pasko addressed committee members on considerations to include three MDHHS quarterly indicators and two annual Strategic Plan goals in the Employee Agreement. If met, an incentive bonus would be given.
  - i. Committee members are in consensus to include three MDHHS quarterly indicators and two annual Strategic Plan goals in the Employee Agreement.
  - ii. Committee members and Lisa Graham discussed the MDHHS quarterly indicators and annual Strategic Plan Goals.
  - iii. The Performance Evaluation Committee tasked the Community Relations Committee to identify an annual Strategic Plan Goal under Trusted Community Partner.

Jim Greene will include language for the incentive bonus in the Employee Agreement and present at the October 22, 2025 Board Meeting for consideration.

#### III. NEXT STEPS

- a. Jim Greene will present the Employee Agreement between MCMHA and Lisa Graham at the October 22, 2025 Board Meeting for Board consideration.

#### IV. ADJOURNMENT

The meeting adjourned at 5:57pm. The next meeting is scheduled for Thursday, November 6, 2025 beginning at 5:00pm.

Respectfully submitted,

*Rebecca Pasko (dp)*

Rebecca Pasko  
Performance Evaluation Committee Chair

10/17/25

## **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 13. 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 20 universal referrals made in September. 70% received some type of follow-up, authorized services, etc. 0% declined any further intervention, and 30% 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 four (4) programs/activities and zero (0) 1:1 meeting during the month of September.

## **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.*

- The River Raisin Clubhouse was awarded the Clubhouse Innovative Prevention (CIP) Expansion Grant for the 3<sup>rd</sup> year.

## **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 September, which averaged 0.62 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 18.42 minutes, which is likely due to 68% of the calls from the 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 80% were from the Monroe County Sheriff's Department and Monroe City Police; 13% were from Access Dept/CMH, and 7% were self-referral.
- Enrollment for the CCBHC has decreased by 403 members over the last month. This is a 17.6% decrease in enrollment.
- The Behavioral Health Urgent Care (BHUC) had a soft launch opening on September 29, 2025.
- MCMHA currently has 59 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 collection for the CCBHC has ended as of 9/30/25. 154 surveys were collected, 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 BHUC Community Open House will be hosted on November 6<sup>th</sup> from 9-11am.
- The Joint Commission Site Visit occurred on October 7<sup>th</sup> through October 9<sup>th</sup>.

## 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 Behavioral Health Urgent Care/Crisis Mobile Supervisor attended CrisisCon25 in Indianapolis where she was able to glean a lot of valuable information related directly to Crisis Mobile services as well as Behavioral Health Urgent Care. She will incorporate what she learned into our service delivery.

Clinical staff training for the month of September focused on "Trauma Informed Care" service delivery. Staff were informed that each person defines what may be a traumatic experience based on life events that have impacted them. The importance of not reacting to someone's story but instead, responding with empathy and being mindful was emphasized. Staff also practiced a mindfulness activity, were educated on secondary traumatic stress, and the importance of caring for yourself when having to witness someone else's traumatic experience.

The leadership team has been working diligently over the last several months to ensure a smooth transition with St. Joesph's Center for Hope's partnership. Additionally, the Access/Crisis/Diversion Director provided a training to St. Joesph's staff regarding MCMHA's electronic health record. MCMHA leadership will continue to provide support as needed.

In September, MCMHA was placed on a Corrective Action Plan by MDHHS due to not having completed the Integrated Dual Diagnosis Treatment Evidence Based Practice certification. MCMHA submitted the CAP and remains in full certification status. Adult MI Program Director is working with ACT Team and will submit the required certification documents no later than December.

**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.

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 October 14<sup>th</sup>:

- Case Service Manager – (Intellectual/Developmental Disability)
- Case Services Manager – (Child and Family)
- Peer Support Specialist (PT/SUD – 2 positions)
- Evaluation and Admission Specialists (2)
- Home Based Clinician
- Crisis Care Clinician (NEW POSITION-BHUC)
- Medical Assistant/Receptionist (NEW POSITION-BHUC)
- Nurse (NEW POSITION-BHUC)
- Youth Diversion Specialist
- Youth Peer Support Specialist

Updated 10/16/25



- Transition Facilitator

## 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 instead.

**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 through September. MCMHA had three staff participate in the September 20<sup>th</sup> Walk. MCMHA's team raised \$1,000 for NAMI!

Behavioral Health Urgent Care/Crisis Mobile Supervisor is scheduling ride-alongs with law enforcement for our Crisis Mobile staff to continue to strengthen our partnership.

As previously stated, planning for MCMHA's Annual Mental Health Summit continues. The Mental Health Summit will take place on October 27<sup>th</sup> at Monroe County Community College. The theme this year is on Crisis Services & Prevention, with keynote speaker Krista Hausermann from MDHHS and the closing Plenary will be provided by MCMHA's Medical Director, Dr. Sadah. St. Joseph's Center for Hope will help lead roundtable discussions at the event.

The CCBHC Program Director joined the Monroe County Suicide Prevention Veterans Workgroup on September 16<sup>th</sup>. This supports both suicide prevention and outreach to veterans. The group is focusing on providing trainings to veteran organizations, creating a veterans resource guide, and increasing veteran voice in the Monroe County Suicide Prevention Coalition.

September marked the start of the new school year and a fresh start to communicate and promote mental wellness and access to services for our youth and families in the school system. The Child & Family Director met with staff members at the ISD, Bedford High School, and Dundee to distribute materials and remind them of services available through MCMHA.

On September 16th, the I/DD and Child & Family Directors exchanged information with Michelle Parrish, Mon-Arc of Monroe, Inc., and Amy Sanderson, Michigan Alliance for Families. This meeting was a collaborative effort to explore referral pathways to MCMHA and to gain insight into the support and advocacy services available for families seeking assistance with special education assessments or advocacy. We will have their brochures in our lobby and are planning an educational "lunch and learn" for case holders.

Updated 10/16/25

## BOARD CLINICAL REPORT

October 2025

The I/DD Director and the Housing & Vocational Specialist participated in Transition Council Roadshows at Dundee and Summerfield High Schools, offering resources to students and their families to support the transition from high school to adulthood.

The Suicide Prevention Coalition hosted the Annual Suicide Prevention Vigil on September 9<sup>th</sup> at Loranger Square. Many community members participated in the vigil including Kaye Lani Wilson (Gabby's Grief Center), Lisa Graham (MCMHA CEO), Benny Capaul (Capaul Funeral Home Director), and Rebecca Male (Suicide Prevention Coalition Chair and MCMHA Supervisor). Also, Brian Merkle (Merkle Funeral Home CEO) lead a Dove release and Deb Creque displayed "Bella's Bug," a Volkswagen Beetle in memory of her daughter, Bella Creque. Approximately 50 community members attend the event to honor their loved ones.

### **Community Event**

As previously stated, The River Raisin Clubhouse hosted a Spaghetti Dinner Fundraiser. It was a huge success as it raised over \$3,000. As a follow up to the previous meeting, the \$3,000 has been earmarked to purchase the vending machine for the Behavioral Health Urgent Care, which should then be a funding source for other projects that the Clubhouse would like to focus on.

### **Universal Referral**

MCMHA continues to utilize the Universal Referral Form program which allows some of our community partners the opportunity to have a quick and easy way of referring to individuals they encounter that they believe to be in need. MCMHA has now has 13 agencies plus law enforcement utilizing the universal referral form. A list of the agencies is as follows:

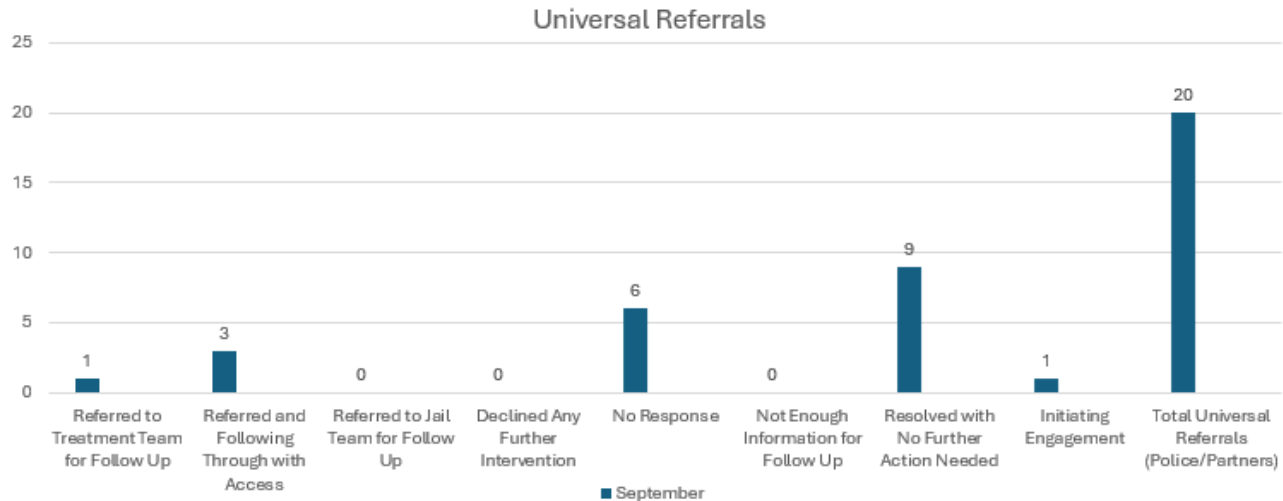
- Opportunity Center at the ALCC
- Salvation Army
- Disabilities Network
- Paula's House
- Fairview
- Saleh Center
- Health Department's Maternal and Child Health Services
- Monroe Housing Commission
- YMCA
- Michigan Works!
- Oaks of Righteousness
- ProMedica Physicians Monroe Pediatrics – Dr. Gandert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

During the month of September, there have been 20 universal mental health referrals, including law enforcement and community referrals. The outcomes of these cases are as follows:

Updated 10/16/25

## BOARD CLINICAL REPORT

October 2025



### **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 September, MCMHA Peer Support Staff provided zero (0) 1:1 meetings/appointments and the peers did engage in four (4) 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 September.

## **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.*

The Rivier Raisin Clubhouse reapplied for the CIP Grant (2026 Clubhouse Innovative Prevention Expansion Grant) that supports those without Medicaid in covering the cost of attending Clubhouse. They were awarded the grant for the third year in a row.

The CIP Grant is a Federal Block grant to meet a social need between your Clubhouse and Friends of Crossroads Clubhouse Foundation (FOCCF). It allows the Clubhouse to control choice of new members; The intended population are persons with a history of mental illness who are not eligible for Community Mental Health services., 18+ years of age, including veterans or other community members, to attend Clubhouse under this grant. The award is outlined below:

- A minimum of \$44,125.00 for 2026, based on daily attendance of the intended population.
- \$50.00 per person, per day of attendance, a minimum of \$3,677.00 per month.

Updated 10/16/25

## 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

We do not have a delay in service for adult services for therapy but do currently have a waitlist for child outpatient therapy for lower-level needs. The Child & Family Outpatient Therapy service continues to experience delays in assigning therapists. Currently, 26 youth are awaiting assignment, with 11 new requests since the last report. While 16 were previously reported, the total reflects ongoing changes due to discharges, new intakes, internal referrals, and assignments from the waitlist.

Of the 26-youth waiting:

- 8 are not yet officially enrolled as consumers; they have requested therapy-only services and have opted to wait for an available MCMHA therapist.
- 18 are actively receiving other services, such as case management or Intensive Case Coordination with Wraparound.

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.

### **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.

July '25 – September '25

- Total SUD Screenings = 237
- Total SUD call activity = 682
- Total SUD Requests = 296
- Total SUD Admissions = 19

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

There are 1,882 members currently enrolled in CCBHC, which is a decrease of 403 enrollees or 17.6% since last reported in September. While this number may seem alarming, this is primarily due to changing the reporting method. Previously, the WSA was utilized to report on this metric. However, MDHHS has discontinued use of the WSA for CCBHC and this metric is now reported from a CRCT report. The decrease is primarily due to a lengthy approval and disenrollment process in the WSA – creating artificially inflated and deflated numbers. This number will continue to fluctuate as consumers enroll and disenroll in services. This remains to be around 80% of our open consumers.

The CCBHC Implementation Meeting was held September 25<sup>th</sup>. The focus of this meeting was on reviewing the CCBHC Direct Payment transition and workgroup updates, the Zero Suicide Data compiled by the Data Analytics

Updated 10/16/25

## BOARD CLINICAL REPORT

October 2025

Manager, monthly CCBHC Quality Metrics, and the updated Needs Assessment. A significant portion of the meeting was spent reviewing CCBHC Direct Pay transition changes and strategies to mitigate potential issues. Additionally, the group reviewed BHUC processes and next steps.

Advocacy continued this month for access to the ASAM Continuum, utilized to assess substance use disorders, in the electronic health record. Additionally, CCBHC Program Director and leadership continue to meet with the PIHP to address providing SUD services at MCMHA.

The required CCBHC Needs Assessment was updated and submitted to MDHHS in September. The needs assessment must be updated at least annually.

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

- Transition Age Youth Services
- Dialectical Behavioral Therapy Skills Group

#### **Transition Age Youth Services**

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

The Child & Family Director attended a Technical Assistance meeting with the MDHHS Transition to Independence Process (TIP) state consultant and coordinator this month to discuss next steps in the implementation and growth of this program. There are currently 20 youth assigned to the TIP facilitator with less than half able to participate in TIP model. Ongoing monthly coaching is planned.

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

MCMHA has been approved to utilize the Dialectical Behavioral Therapy (DBT) CPT Code, which is a required Evidence-Based Practice for CCBHCs and one of the areas MDHHS identified during the CCBHC Site Visit to enhance.

Two additional staff members have expressed interest in DBT training and are scheduled to attend the Foundational Training in the second week of October. The current DBT group has been reduced to one participant, who is receiving individual therapy until more consumers enroll. To support the group's success and maintain fidelity to the DBT model, we are in the process of establishing monthly consultation sessions.

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

- Behavioral Health Home
- Peer-Run Wellness Groups

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

Updated 10/16/25

## BOARD CLINICAL REPORT

October 2025

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 59 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 no active peer support group. However, we recently welcomed a new full-time Peer Support staff member at the end of September. Both of our full-time Peer Support staff will be attending training for WRAP and WHAM group certifications. This will enable us to expand our services and offer these valuable support options to the individuals we serve.

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

#### **Behavioral Health Urgent Care**

The Behavioral Health Urgent Care (BHUC) has a soft launch opening on September 29, 2025. MCMHA notified current consumers that the BHUC was now open along with updates to MCMHA's website indicating the opening. The soft launch has allowed us to start serving community members and ensure our process flow is efficient. Additionally, we are waiting for our signage to be put in place to ensure the community can find the location. Once this occurs, we will be posting a press release regarding the services. As of October 15, we have served 19 community members. We have received referrals from the following: Schools (4), Social Media (1), CMH (4), ProMedica (3), Employer (1), Google (1), Spouse (1), and Unknown (4).

We will be hosting a Community Open House on November 6<sup>th</sup> from 9-11am. A ribbon cutting ceremony will occur at 10:30am. Members across the community were invited, including but not limited to, the Mayor of Monroe, County Commissions, Community Partners, etc.

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

Swartz and Windemere Homes are working towards group home licensure. As of September, these are being utilized as CLS sites with 4 consumers residing at Swartz Home and 2 consumers residing at Windemere. Once fully licensed Swartz will be able to house 5 consumers in total and Windemere will be able to house 6 consumers in total.

### **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 September.

## **CONSUMER VOICE INFORMS DECISION MAKING**

Updated 10/16/25

## BOARD CLINICAL REPORT

October 2025

*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 ended as of 9/30/25. 106 adults and 48 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	September-25
Incoming Calls	5027	3943	2340	3791	2831	3067	4513	4580	4374	4501	4295	4582
Incoming calls minus abandon calls	4906	3808	2224	3534	2757	2982	4409	4466	4244	4405	4190	4444
Calls Answered	4557	3487	2057	2498	2486	2778	4099	4134	3989	4141	3915	4042
Missed/Abandoned Calls	121	135	116	257	345	285	414	445	381	358	379	540
Abandoned Calls	462	430	274	280	74	85	104	114	130	96	105	138
% incoming calls answered	91%	88%	88%	66%	88%	91%	91%	90%	91%	92%	91%	88%
% incoming calls answered minus abandon calls	98%	97%	95%	93%	97%	97%	98%	98%	97%	98%	98%	97%

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

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

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

### Parenting Through Change (PTC)

The PTC Group resumed in mid-September and will continue through November. Due to the transition of one facilitator to the Mobile Crisis Team, clinical staffing for the group has been reduced. While we're proud that these skills will benefit another important service, this change highlights the need to recruit new clinicians for training cohorts planned for next spring. Over the coming months, the PTC Coordinator will be reaching out to identify interested clinicians.

### Infant Mental Health

Congratulations to Amy Kieler, one of our Infant Mental Health clinicians, who has successfully completed over 33 hours of competency-based training while serving children ages 0–3. In addition, she completed 24 hours of reflective supervision through our regional partnership, earning her IMH-E® Infant Family Specialist Endorsement. We commend her dedication to professional growth and excellence in early childhood mental health.

Updated 10/16/25

## BOARD CLINICAL REPORT

October 2025

Our IMH Supervisor, LeAnne Mann, actively collaborates with the Region 9 Perinatal Quality Collaborative—a diverse group focused on improving health outcomes for birthing families and their infants. The Collaborative includes home visitors serving families across Hillsdale, Livingston, Jackson, Lenawee, Monroe, and Washtenaw Counties.

### **The Joint Commission**

The Joint Commission site visit occurred on October 7<sup>th</sup> through October 9<sup>th</sup>. Overall, the visit was positive. The preliminary results indicated MCMHA would have 12 citations out of a possible 1,244 citations. A final report will not be received for 45 days.





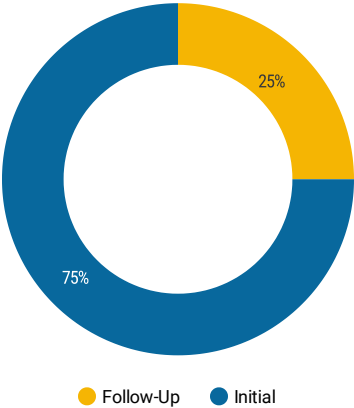
Monroe County CMH Crisis Mobile  
Utilization Report

Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

52

Mo... 1 ▲	Init... 2 ▲	#	%
2025 - 09	Follow-Up	13	25%
2025 - 09	Initial	39	75%

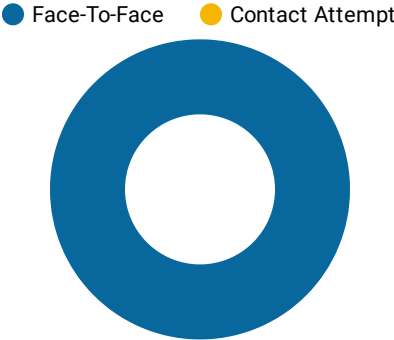


Month ▲	Contact Type	Hours
2025 - 09	Indirect Contact (Phone/Email/Other)	0
2025 - 09	Contact Attempt	0
2025 - 09	Face-To-Face	25.99

Average Face-to-Face Interaction Time (Hours)

0.62

Month	Avg F2F Contact ▾
2025 - 09	0.62



Select Month:: 2025 - 09

(1) ▾

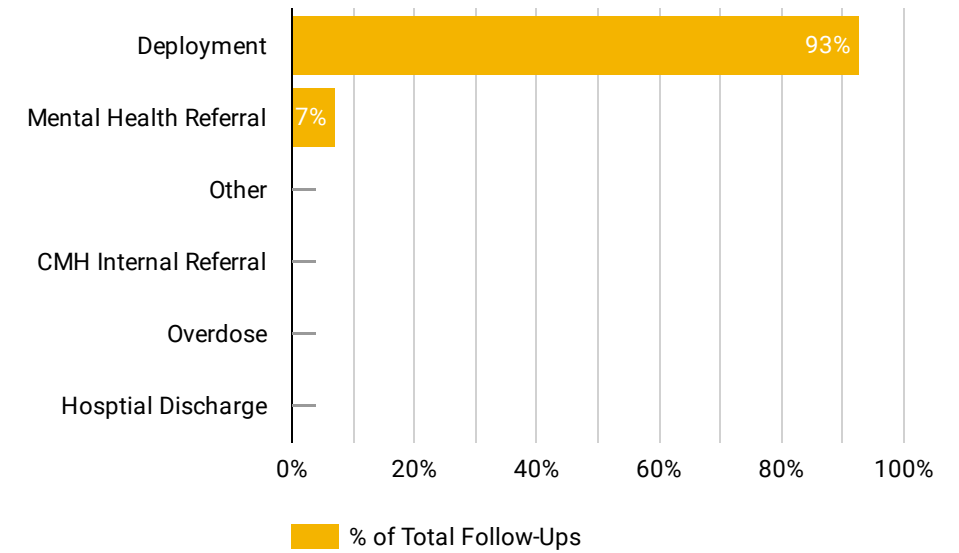


## Monroe County CMH Crisis Mobile Utilization Report

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

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

Month ① ▴	Type ② ▴	#	%
2025 - 09	CMH Internal Referral	0	0%
2025 - 09	Deployment	13	92.86%
2025 - 09	Hospital Discharge	0	0%
2025 - 09	Mental Health Referral	1	7.14%
2025 - 09	Other	0	0%
2025 - 09	Overdose	0	0%

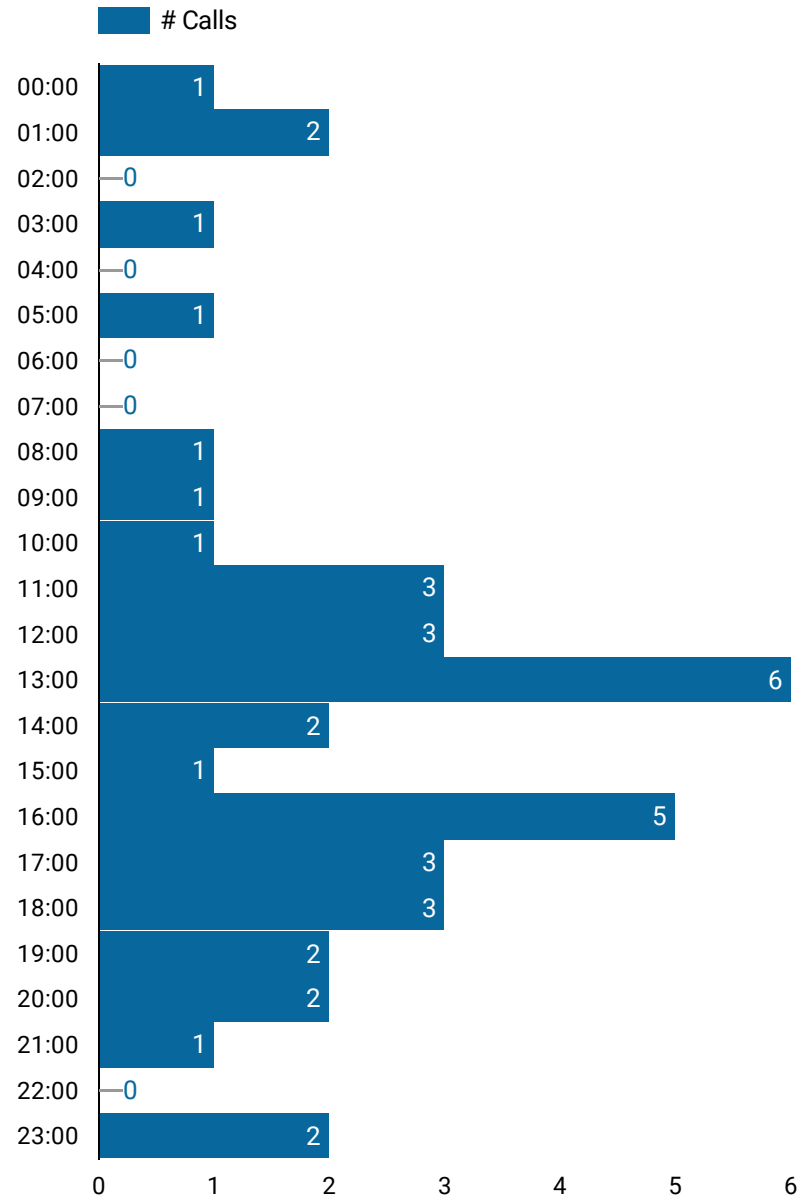


Select Month:: 2025 - 09

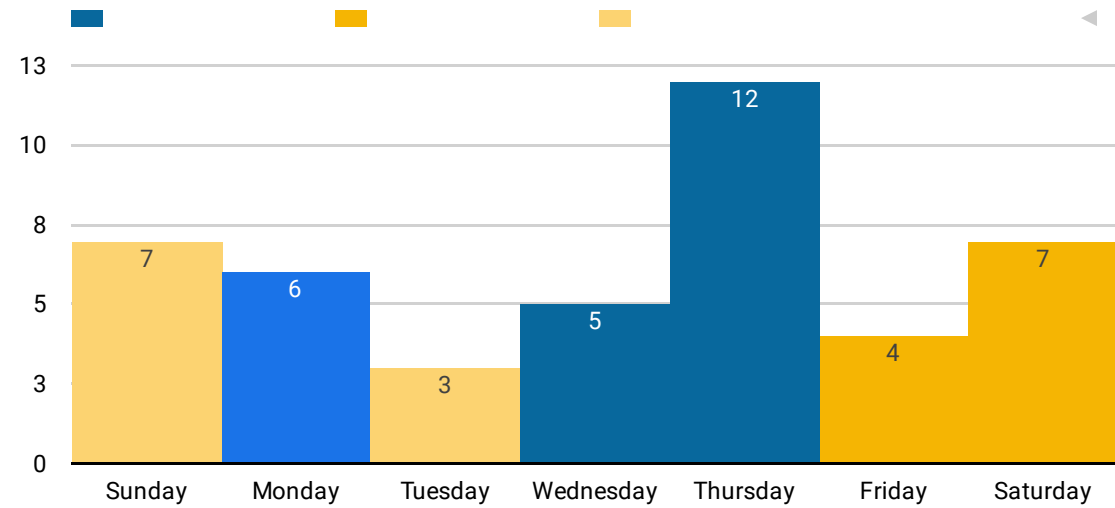
(1) ▾

## Time of Calls

### Calls, by hour:



### Calls, by Weekday:



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

Average Response Time (Minutes)

18.42

Month

Avg. Response Time ▾

2025 - 09

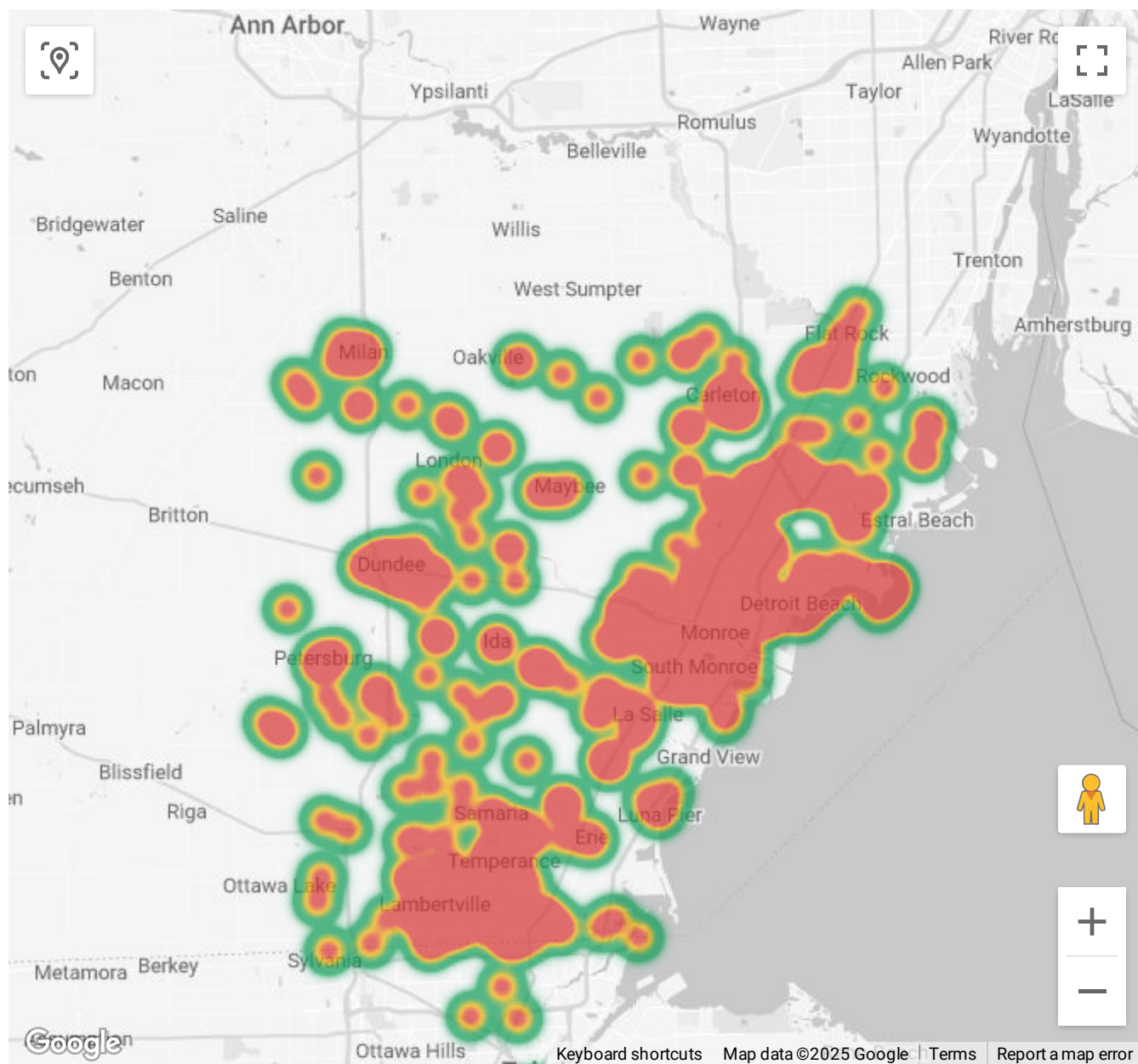
18.42

Select Month:: 2025 - 09

(1) ▾

# Location

## Mapping of locations deployed to:



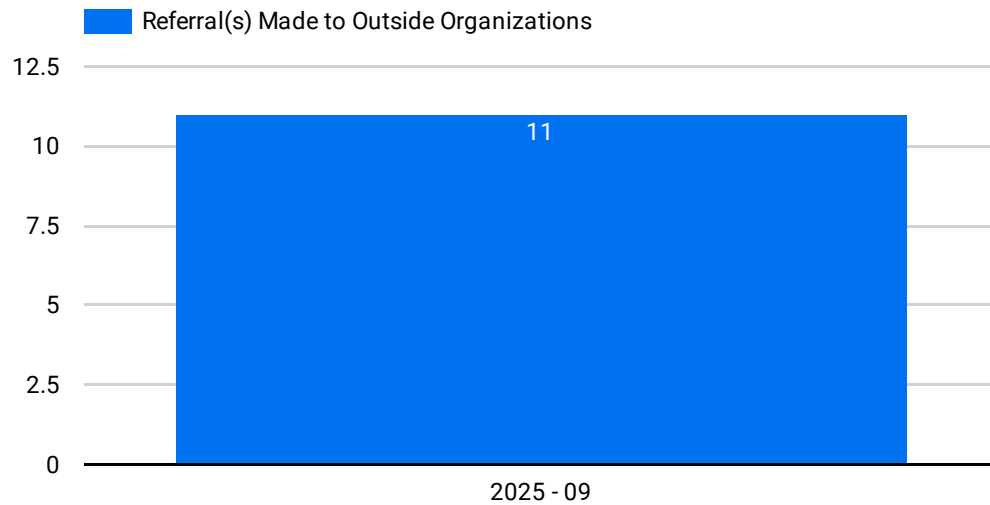
call\_Address 0 1

Month ▴	Zipcode	#	%
2025 - 09	48182	2	5%
2025 - 09	48160	0	0%
2025 - 09	48173	0	0%
2025 - 09	48166	7	18%
2025 - 09	48117	1	3%
2025 - 09	48134	0	0%
2025 - 09	48161	18	47%
2025 - 09	48162	8	21%

Select Month:: 2025 - 09

(1) ▾

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



Mo...	Referred To:	#	%
2025 - 09	Arrowhead Behavioral Health	0	0%
2025 - 09	Behavioral Health Treatment	0	0%
2025 - 09	CMH	15	79%
2025 - 09	Family Counseling and Shelter Services of Monroe	0	0%
2025 - 09	Fire Station	0	0%
2025 - 09	Gabby's Ladder	0	0%
2025 - 09	Harbor Light	0	0%
2025 - 09	Henry Ford Wyandotte	0	0%
2025 - 09	Holistic Wellness	0	0%
2025 - 09	Lemon Tree	0	0%
2025 - 09	MCOP	0	0%
2025 - 09	Michigan Works	0	0%
2025 - 09	Monroe County Animal Control	0	0%
2025 - 09	Paula's House	0	0%
2025 - 09	ProMedica ER	3	16%
2025 - 09	Pure Psych	1	5%
2025 - 09	RAW	0	0%
2025 - 09	Resource Flyer	0	0%
2025 - 09	SUD Treatment	0	0%
2025 - 09	Salvation Army Harbor Light	0	0%
2025 - 09	St. Joe's	0	0%

Select Month:: 2025 - 09

(1) ▾

### Where Referrals are Coming From:

Month / # Calls	
Deployed by:	2025 - 09
Monroe County Sheriff's Dept.	28
Monroe City Police	5
ACCESS	5
Self	3
Police Mental Health Referral	0
CMH	0
Mobile Crisis Follow Up	0

### Primary Issue or Diagnosis:

(New question starting 12/2023).

Month / #	
Issue/Diagnosis	2025 - 09
Thought Disorder	9
Suicidal Ideation	20
Substance Abuse	1
Other	4
Neurocognitive	1
Homicidal Ideation	2
Environmental	2

Select Month:: 2025 - 09

(1) ▾

**Consumers, New and Repeats:**

	Month ❶ ▲	New or Repeat Cons... ❷ ▲	#
1.	2025 - 09	New	0
2.	2025 - 09	Repeat	9

Select Month:: 2025 - 09

(1) ▾

**Number of Narcan Kits Distributed:**

# Narcan Kits Distributed

0

**Number of calls per population - Race**

Month / # / %			
2025 - 09			
Race	#		%
White	38		95%
Other Race	1		3%
Black or African American	1		3%



Select Month:: 2025 - 09

(1) ▾

## Number of calls per population - Age

Month / # / %			
2025 - 09			
Age		#	%
0 to 9		0	0%
10 to 17		11	28%
18 to 28		6	15%
29 to 39		7	18%
40 to 50		11	28%
51 to 61		1	3%
62 to 72		2	5%
73 to 83		1	3%
84 to 94		0	0%
95 +		0	0%
Not Collected		0	0%

# OPERATIONS REPORT

October 22, 2025

## TRUSTED COMMUNITY PARTNER

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

### Revel Marketing

- Working on the bus wrap for Behavioral Health Urgent Care (BHUC) – will run for 6 months
- Looking to start videotaping for commercial in next week or two. Will be broadcasted at the Phoenix Theatre at the Monroe Mall.
- Continued postings on Facebook

### Behavioral Health Urgent Care (BHUC)

- Signage is in process of being placed by FastSigns
- Open House is scheduled for Thursday, November 6, 2025 from 9:00am to 11:00am.
- Kiosk from Benesh was moved to BHUC the beginning of October. Currently BHUC has an overall of 4.83 stars. Only comment is the building is hard to find. Signs are in the process of being placed and then will make the building easier to find.

### Townhall

- Scheduled from 3:00pm to 5:00pm at the Ellis Library on October 22, 2025.

## 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 (September)

2 grievances received

- 2 – requests for new case managers - both granted

#### National Core Survey's

- In process

### Kiosks

- September Data: 34 responses for lobby and 8 responses for Prescriber hallway
  - Lobby received overall 4.43 stars
    - Comments: It was very nice and clean, and I love coming here, more play area, vending machine.
  - Prescribers received overall 4.93 stars
  - No responses received from Benesh

### New Psychiatrist

- Dr. Ali, child psychiatrist, has started and seeing patients as of October 20, 2025. Working with Dr. Zarko to have patients transferred over to him. Families are happy that later appointments are now available for their children.

# 2025 Engagement Survey

## Results Overview

# Background

- In 2023, MCMHA contracted with a third party, HSG Metrics, to design, administer, and analyze an annual employee survey.
- This decision was made as a result of employee feedback that an internally developed, administered, and analyzed survey could be subjective/biased and that responses could not be truly confidential.

# Employee Engagement



The degree of connectedness, maintenance, intensity, and direction of energy employees give to the organization.



**HIGH EMPLOYEE ENGAGEMENT LEADS TO A HIGH PERFORMING ORGANIZATION.**



Multiple factors contribute to employee engagement. Influencing those factors directly impacts our organization's performance.

## Survey measures Level 1 & Level 2 Factors of Engagement

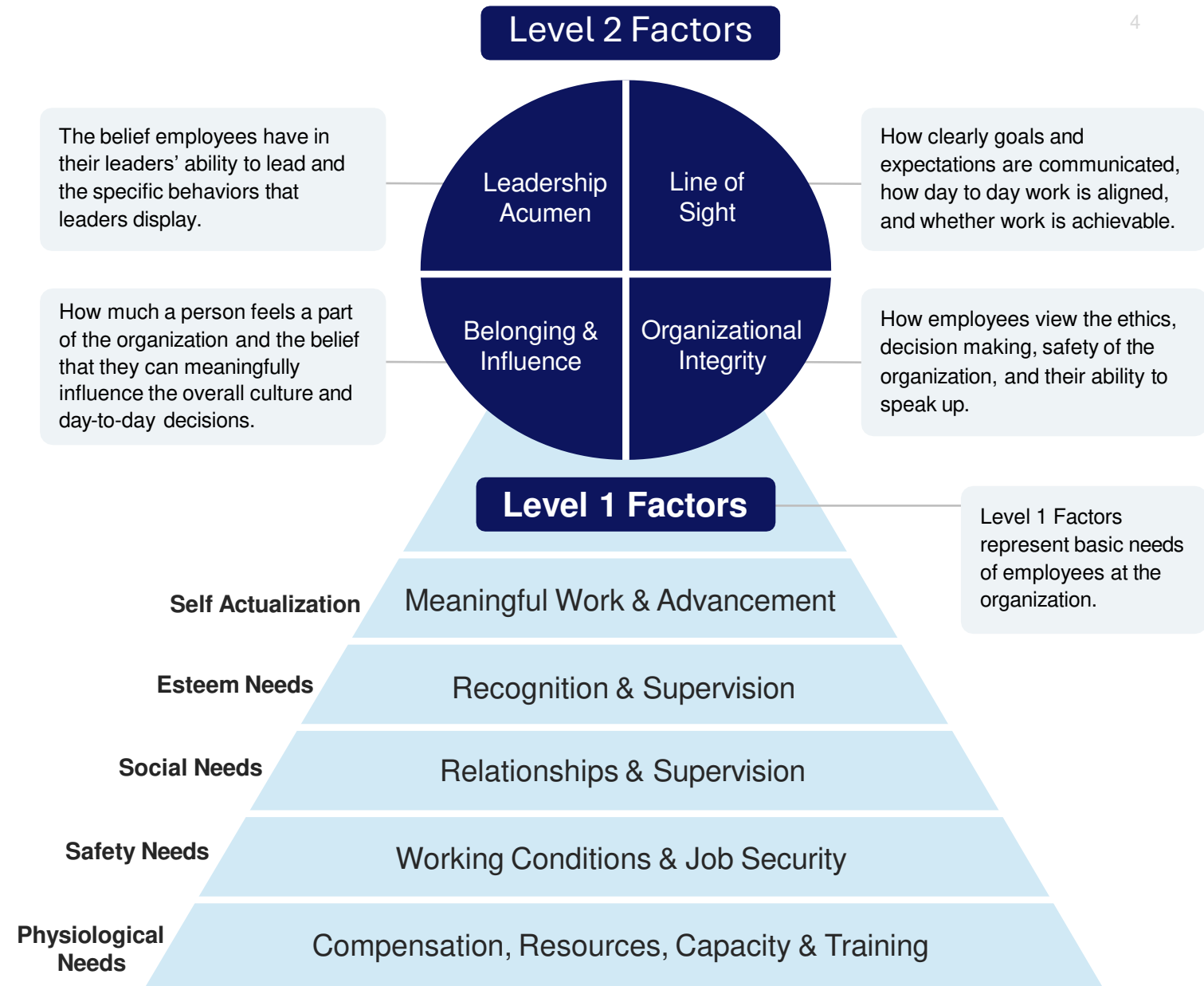
### Level 1 Factors represent employees' basic needs

- **Physiological Needs:** Compensation, Resources, Capacity & Training
- **Safety Needs:** Working Conditions & Job Safety
- **Social Needs:** Relationship & Supervision
- **Esteem Needs:** Recognition & Supervision
- **Self-Actualization:** Meaningful Work & Advancement

### Level 2 Factors:

Four areas make up Level 2 Factors

- **Belonging & Influence**
- **Line of Sight**
- **Leadership Acumen**
- **Organizational Integrity**



# Level 1 Factors

- 3.69 Mean Score – 2025
- Down from 3.78 in 2023
- Improved scores in three questions
- Reductions from .01 - .30 in fifteen questions
- **MCMHA's target score is 3.75 or greater**

# Factors Influencing Engagement Level 2

Four areas make up Level 2 Factors

- Belonging & Influence (3.16)
- Line of Sight (3.76)
- Leadership Acumen (4.0)
- Organizational Integrity (3.71)





## Overview of Results: Top and Bottom 5 Questions

### Top 5 Scoring Questions

Question Text	Report Grouping	
Co-worker relationships (not supervision)	Level 1 Factors	4.19
My supervisor is genuinely interested in my success and well-being.	Leadership Acumen	4.08
My supervisor has the knowledge, skills, and abilities to do the job.	Leadership Acumen	4.07
Meaningful work (my work adds value)	Level 1 Factors	4.04
If I have a concern or saw any wrongdoing, I know how to report this within the company.	Organizational Integrity	4.03

### Bottom 5 Scoring Questions

Question Text	Report Grouping	
Interaction and communication occurs between employees and all levels of management at this company.	Belonging & Influence	3.03
I am included in conversations and decisions that matter to the work that I perform.	Belonging & Influence	3.17
I have the opportunity and ability to influence decisions that affect my work.	Belonging & Influence	3.21
Feedback, questions, and concerns are actively sought from employees.	Belonging & Influence	3.22
Workload (mental or physical job demands)	Level 1 Factors	3.25

# Key Takeaways

A decorative white torn paper edge runs horizontally across the bottom of the slide, with a jagged, irregular texture that gives the impression of a piece of paper being torn.

# What Story Does Your Employee Data Tell...

The engagement scores for Monroe CMHA have decreased slightly from a mean of 3.78 to 3.69 since the last survey. However, participation levels have increased from 70% to 72%. Employees continue to express a strong appreciation for their leaders and recognize how their roles contribute to the organization's success. While the top five priorities have remained consistent across surveys, some results have shown significant improvement, while others have declined. Even though scores for pay and benefits have improved, they remain among the top five priorities, in addition to training, coordination between groups and departments, and job demands.

## Strengths and Positive Highlights:

- **Leadership Acumen:** Strong leadership fosters trust and collaboration, enhancing employee engagement and service quality.
- **Coworker Relationships:** Positive coworker relationships create a supportive environment, boosting job satisfaction and engagement.
- **Line of Sight:** Clear connections between individual roles and the agency's mission enhance purpose and motivation among employees.

"I love the workers here; the supervisors and the authenticity and passion people have for this organization"

"I love seeing my clients change, grow, progress, and do better in their lives."

"The work being done by the agency everyday makes a big difference in the lives of those we serve."

"Knowing that I am making an impact in my community and watching staff grow and develop."

"Seeing and working with some of the most talented and passionate people."

# Key Takeaway 1:

## Department Level Action Planning

Involving department leaders and staff in the process, develop specific action plans tailored to each department to effectively address these distinct needs. Department-level planning will create targeted solutions that resonate with employees, fostering meaningful engagement and improving morale by giving them a voice in the process. This approach not only addresses departmental issues but also empowers employees who may feel unheard.

### Potential areas to explore:

- Initiate a series of workshops or meetings with department leaders to discuss their specific challenges and collaboratively develop action plans.
- Create tailored action plans to help set measurable goals for each department, making it easier to track progress and evaluate the effectiveness of our engagement strategies.

## Verbatim Comments

- *“The caseloads of case managers and the responsibilities of the supervisors to monitor the large number of cases is not set up for success.”*
- *“Too much paperwork, unclear and shifting expectations, no tangible resources to guide overwhelming documentation.”*
- *“The recent addition of 15-minute trainings to our weekly schedule feels disrespectful of our time and feels like punishment because of the mistakes of a few.”*
- *“I think that sometimes when staff are giving honest feedback they can be labeled “negative”. This doesn't allow for concerns to be openly voiced ongoing.”*

# Key Takeaway 2

## Coordination of Work

Effective coordination prevents unnecessary repetition of tasks across departments, streamlines workflows, and minimizes frustrations employees experience. When departments work together, employees have opportunities to learn from each other, build relationships, and collaborate, which can boost morale and engagement:

### Potential areas to explore:

- Consider cross-departmental meetings.
- Feature departments and their high-level initiatives or priorities in regular meetings and/or newsletters.

## Verbatim Comments

*“There is not much communication between departments; it is very siloed and makes it difficult to perform my job effectively for the consumer.”*

*“Teams often appear to operate in silos. The higher up you go, the more noticeable it becomes that collaboration and information sharing across groups is inconsistent.”*

*“Case discussions with focus and cooperation between departments would be great.”*

*“Communication of information provided to and between groups and departments would support better coordination and efficiencies.”*

*“Maybe a monthly or quarterly meeting with a designated employee from each department that works closely together to iron out inefficiencies and to get everyone on the same page.”*

## Key Takeaway 3: Belonging & Influence

When employees feel they belong and have a level of influence in their workplace, they develop stronger emotional connections, which enhances their commitment and motivation positively.

### Potential areas to explore include:

- Communicate changes made as a result of the survey, reinforcing the connection between employee input and organizational improvements.
- Actively engage employees in initiatives, such as focus groups or committees, to identify opportunities for improvements in their work.
- Use employee rounding as a method to connect with employees on all levels.

## Verbatim Comments

*“Many decisions have been made without consulting those with knowledge about the processes or potential hurdles. It inefficient and somewhat disrespectful.”*

*“Employees don't have the time or ability to completely understand the higher knowledge and underworking's of the company.”*

*“I'm not sure because have not felt respected by upper management, ELT, for awhile..”*

*“Feeling adequate, equal treatment.”*

# What does this data tell us?

- Slight reductions in mean scores are expected given the significant growth MCMHA has experienced in a short time.
  - CCBHC has resulted in tremendous increase in consumers served.
  - 72% increase in new eligible individuals from FY23 to FY24
  - Crisis Mobile and Universal Referral
  - Introduction of Behavioral Health Urgent Care will lead to continued growth
  - Community Presence is leading to increased referrals and service

# Next Steps: Strategic Focus on “Belonging & Influence”

- Lowest Engagement Category: Belonging & Influence

		2025	2023
Question Text	Report Grouping		
Interaction and communication occurs between employees and all levels of management at this company.	Belonging & Influence	3.03	3.22
I am included in conversations and decisions that matter to the work that I perform.	Belonging & Influence	3.17	3.39
I have the opportunity and ability to influence decisions that affect my work.	Belonging & Influence	3.21	3.40
Feedback, questions, and concerns are actively sought from employees.	Belonging & Influence	3.22	3.48



## Next Steps

### **ADDRESSING BELONGING & INFLUENCE IS PRIORITY**

*Belonging and influence are foundational to employee engagement because they foster psychological safety, purpose, and ownership—key drivers of motivation, retention, and performance.*

**BELONGING:** Employees who feel they belong are more likely to be emotionally invested in their work and the organization's success. Belonging means being seen, heard, and valued—not just for what you do, but for who you are.

**INFLUENCE** goes beyond participation—it's about having a voice that matters. When employees feel they can shape decisions and culture, they shift from passive observers to active contributors.

#### **Actions:**

- Communicate survey results to all staff, reinforcing areas where leadership has addressed staff concerns.
- Reinforce current opportunities our staff have to exert influence within the workplace.
- Initiate conversation with staff to determine/create new opportunities for belonging and influence.

# Next Steps

## **EXECUTIVE LEADERSHIP TEAM ENGAGES IN TRANSFORMATIONAL LEADERSHIP EXPERIENCE**

- Five-month experience combines personal development, strategic targeting, leadership development, team building, and management practice.
- Includes an off-site leadership retreat, agency culture survey, individual leader survey, and on-going individual executive coaching throughout the five months.
- Utilizing the two surveys in tandem, executive leadership becomes aware of the impact we are having on our team and our culture, we are supported in taking personal responsibility for our parts and helped to identify the specific behaviors we need to develop to foment the desired qualities in our organization.

# Transformational Leadership Experience

- Five Month Engagement for Executive Leadership Team
- Total cost of \$44,000 (\$8500 per person)  
CEO, CCO, COO, CHRO, Medical Director
- Current budget includes training dollars
- Expected Outcomes:
  - Increased Employee Engagement scores in all areas
  - Increased Accountability across all areas of the organization, as evidenced by an increase in volume and quality of consumer care.
  - Increased Revenue as a result of increase in volume and quality.

# About Phoenix Performance Partners

- Alluma Cares MN
- Arisa Health AR
- Centerstone TN
  - Child & Family Guidance Center CA
- Community Care Services MI
- Community Support Advocates IA
  - Florida Behavioral Health Association FL

- Foothill Family Services CA
- Incompass Human Services MA
- Lifeways MI
- MiSide Community Impact Network MI
- Mohave Mental Health Clinic AZ
- Network 180 MI
- Oakland County Community Mental Health Authority MI

- Range Mental Health Center MN
- ReDiscover Mental Health Center MS
- Saginaw County Community Mental Health Authority MI
- Shiawassee County Community Mental Health Authority MI
- St. Joseph County Community Mental Health Authority MI

- The Buckeye Ranch OH
- The Judson Center MI
- The National Council DC
  - The Washtenaw Community Health Organization MI
- The Whole Child CA
- Woodland Centers MN
- Washtenaw Community Support & Treatment Services MI

- Wellspring Resources IL
- Zumbro Valley Health MN

OVER 30 YEARS EXPERIENCE  
IN THIS INDUSTRY

TESTIMONIALS FROM



# MCMHA Finance Board Action Request

Service Contract(s) and Amendments

Wednesday, October 15, 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							
University of Michigan Health System	10/1/25-9/30/26	Psychiatric Inpatient - Adult Psychiatric Inpatient - Child Electroconvulsive Therapy (ECT)			\$1,200.00 \$1,500.00 \$1,100.00	Per Diem	
Community Living Supports (CLS) / Supported Employment / Respite							
Advanced Therapeutic Solutions, Help at Home	10/1/25-9/30/26	Recreation Therapy, Respite					A 3% rate increase was included in the approved FY26 Budget and is reflected in Service Contracts as a formality.
Community Living Network	10/1/25-9/30/26	Respite	\$4.53 \$2.27 \$1.51 \$1.14 \$.91 \$.76	Per 15 minutes	\$5.85 \$2.93 \$1.95 \$1.47 \$1.17 \$.98	Per 15 minutes	
Autism / Waiver Services							
N/A							



## MCMHA Finance Board Action Request

Administrative Contracts(s)

Wednesday, October 15, 2025

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

CONTRACTOR	CONTRACT TERM	DEPARTMENT	SERVICE DESCRIPTION	BUDGET	ADDITIONAL INFORMATION
Dykema Gossett PLLC	09/24/25		Legal counsel representation  (This contract continues unless one of the parties terminates. There is no specific contract term.)	\$78,000 per year retainer that covers 156 hours of service. Additional hours will be billed on an hourly basis.	Contract clarification to define the client, scope of engagement, and fees.
Locumtenens	10/1/25-9/30/26	PHS		\$178.86 per hour for 32 hours per week	Rate increase and one year extension for Pasha Streeter, Nurse Practitioner
Phoenix Partners	11/1/25-ongoing	ELT		\$44,000.00	Transformational leadership experience for the Executive Leadership Team including workshops, group sessions, surveys and materials, and 5 months of individual personal coaching.



## REVIEW AND APPROVAL / October 22, 2025

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

#### Executive Summary:

- There are two local policies, ten procedures, nine exhibits, and two to be rescinded. There are no regional policies.
- This document serves as an Executive Summary of the policies for review and approval at the October 22, 2025 Board Meeting.

<b><u>LOCAL:</u> Policy, Procedure, and Exhibits</b>	<b>Reason for Revision</b>	<b>Summary</b>
POC7004 Discharge of Consumers from Agency Policy	3-Year Review	<p><b><u>Policy:</u></b> It is the policy of Monroe Community Mental Health Authority (MCMHA) to establish organization-wide standards to ensure the termination of services is a planned process between the consumer/individual served and the assigned service provider, unless the consumer/individual served unilaterally and without notification, withdraws from service.</p> <p><b><u>Significant Changes:</u></b> Discharge planning begins at time of entry. "Access and primary case manager discuss discharge reasons at time of entry and regularly during scheduled appointments and assess progress towards treatment plan goals".</p>
POC7064 Nutrition Screen Policy	3-Year Review	<p><b><u>Policy:</u></b> It shall be the policy of Monroe Community Mental Health Authority that the nutritional status of all individuals served shall be reviewed upon entry into services and at least annually thereafter.</p> <p><b><u>Significant Changes:</u></b> The PHR was updated in the electronic health record. Minor changes to wording were made. Changes were made based on what the The Joint Commission required.</p>
POC7004-P1 Discharge Procedure	3-Year Review	<p><b><u>Significant Changes:</u></b> Deleted sheets 2 and 3.</p>
POC7052-P15 Storage of Refrigerated Medications Procedure	3-Year Review	<p><b><u>Significant Changes:</u></b> Updated language for The Joint Commission indicating the procedure in case of a power outage and that we were able to show the temperature of the fridge.</p>

POC7052-P23 Transfer from Community Hospital or Jail Setting Procedure	3-Year Review	<b><u>Significant Changes:</u></b> No significant changes.
POC7052-P24 Internal Transfers of Care Procedure	3-Year Review	<b><u>Significant Changes:</u></b> Combined 2 and 3; Changed LOCUS to appropriate level of care; clarified that BPS updated in addition to internal transfer form; meeting is similar to case consult meeting and may or may not result in level of care change; and clarified authorizations ended and send ABD.
POC7052-P25 State Hospital Transfer Procedure	3-Year Review	<b><u>Significant Changes:</u></b> Grammar updates along with changing wording (consumer, case holder and Department Head) along with spelling out BPS.
POC7057-P1 Prescription and Admin of Meds, Verbal Orders, Clozaril Usage Procedure	3-Year Review	<b><u>Significant Changes:</u></b> Consumer/individual served; changed to prescribers instead of physician; grammar edits; WBC changed to ANC and added FDA guidelines website instead of flowchart; and edited number 5 to reference existing policy.
POC7057-P6 How to Take a Temperature Procedure	3-Year Review	<b><u>Significant Changes:</u></b> Updated language and technology; revised procedure title.
POC7057-P7 How to Take a Pulse Procedure	3-Year Review	<b><u>Significant Changes:</u></b> Updated Language.
POC7057-P11 Obtaining Blood Glucose with Glucometer Procedure	3-Year Review	<b><u>Significant Changes:</u></b> Updated Language.
POC7064-P1 Nutrition Procedure	3-Year Review	<b><u>Significant Changes:</u></b> Removed duplicate questions and revised section B.
POC7084-P1 MCMHA Crisis Mobile Procedure	3-Year Review	<b><u>Significant Changes:</u></b> Addition of “e” Internal Safety Check Requests, and the removal of “f” Other duties when not actively deployed.
POC7097-P1 Group Home Process Procedure	New	<b><u>Significant Changes:</u></b> N/A



POC7052-E8 Welcome Letter Exhibit	3-Year Review	<b><u>Significant Changes:</u></b> Updated language for case manager to “case holder” and consumer to individual served.
POC7052-E16 Authorization of Psych Inpatient Exhibit	3-Year Review	<b><u>Significant Changes:</u></b> Revised due to the addition of the Mobile Crisis Unit. Updated Mercy Memorial Hospital to ProMedica Monroe Regional Hospital.
POC7052-E35 Wraparound Outcome Measurement Tool Exhibit	3-Year Review	<b><u>Significant Changes:</u></b> No significant changes.
POC7052-E36 Wraparound Documentation Needs Assessment Form Exhibit	3-Year Review	<b><u>Significant Changes:</u></b> No significant changes.
POC7052-E37 Wraparound Graduation Summary Exhibit	3-Year Review	<b><u>Significant Changes:</u></b> No significant changes.
POC7052-E38 Wraparound Safety Plan Exhibit	3-Year Review	<b><u>Significant Changes:</u></b> No significant changes.
POC7081-E2 CLS Assessment Tool Exhibit	3-Year Review	<b><u>Significant Changes:</u></b> Grammar updates.
POC7081-E3 Guide to CLS Assessment Exhibit	3-Year Review	<b><u>Significant Changes:</u></b> No significant changes.
POC7097-E1 Group Home Transition Packet Exhibit	New	<b><u>Significant Changes:</u></b> N/A

<b><u>REGIONAL:</u></b> <b>Policy and Exhibits</b>	<b>Reason for Revision</b>	<b>Summary</b>
There are no Regional Policies for October.	N/A	N/A

<b><u>RESCIND:</u></b> <b>Policy and Exhibits</b>	<b>Reason for Rescind</b>
POC7074-P1 Accessing Fiscal Intermediary	The procedure is no longer relevant.
POC7074-P3 Program Assistant Role	The procedure was developed during COVID-19 and is no longer relevant.