MONROE COMMUNITY MENTAL HEALTH AUTHORITY
BOARD MEETING

November 19, 2025 – 6:00 p.m. / Aspen Room
Draft Amended Agenda

BOARD GUIDING PRINCIPLES:

1.1 Monroe Community Mental Health Authority ("Authority") exists to help individuals with mental illnesses and/or intellectual/developmental disabilities so they can live, work, and play in their communities to their fullest potential. As a Certified Community Behavior Clinic (CCBHC), the Authority will provide mental health and/or substance use care/services, regardless of ability to pay, place of residence, or age, including developmentally appropriate care for children and youth.

1.2 Monroe Community Mental Health Authority strives to be the provider of choice for Monroe County by offering the highest quality of treatment with positive measurable outcomes, while maintaining competitive service rates with the State.

1.3 Monroe Community Mental Health Authority establishes and sustains a culture that values each staff member; holds staff to high standards; is fair and respectful; values creativity, and promotes collaborative thinking.

1.4 Monroe Community Mental Health Authority continues to establish collaborative community relationships that enable MCMHA to provide quality service to consumers.

BOARD RULES OF CONDUCT:

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

CITIZEN RULES OF CONDUCT:

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

MISSION STATEMENT: Enrich lives and promote wellness.
VISION STATEMENT: To be a valued/active partner in an integrated System of Care that improves the health and wellness of our community.
CORE VALUES: Compassion, Authenticity, Trust, and Accountability.

		GUIDE
I.	**CALL TO ORDER**	**01 min**
II.	**ROLL CALL**	**02 min**
III.	**PLEDGE OF ALLEGIANCE**	**02 min**
IV.	**CONSIDERATION TO ADOPT THE AMENDED AGENDA AS PRESENTED**	**02 min**
V.	**CONSIDERATION TO APPROVE THE MINUTES FROM THE OCTOBER 22, 2025 BOARD MEETING AND WAIVE THE READING THEREOF**	**02 min**
VI.	**PUBLIC COMMENTS**	**03 min/Person**

"*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".*

VII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER — **00 min**

a. Chief Executive Officer's Report – No Report for November

VIII. RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS — **05 min**

a. Regional PIHP Board Meeting Minutes – Did not meet in November
b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko

IX. BOARD COMMITTEES — **05 min**

a. Chair Reports
   i. Business Operations
   ii. Bylaws & Policy
   iii. Performance Evaluation

X. PRESENTATIONS **20 min**

a. Clinical Report – Crystal Palmer
b. Operations Report – Bridgitte Gates
c. Human Resources Report – Jim Brown
d. Consumer Advisory Council (CAC) Report – Sarah Klawitter

XI. CONSIDERATION TO GO INTO CLOSED SESSION FOR PURPOSES OF WRITTEN ATTORNEY OPINION PURSUANT TO SECTION VIII (h) OF THE OPEN MEETINGS ACT **02 min**

a. **Consideration to Approve the Employment Agreement Between MCMHA and Lisa M. Graham, as Proposed**

XII. UNFINISHED BUSINESS **00 min**

a. No unfinished business for November

XIII. NEW BUSINESS **10 min**

a. Service Contracts – Alicia Riggs
    i. **Consideration to Approve the Service Contracts as Presented**
b. Administrative Contracts – Alicia Riggs
    i. **Consideration to Approve the Administrative Contracts as Presented**
c. Board Action Request: Paid Time Off (PTO) Accrual System – Jim Brown
    i. **Consideration to Adopt the PTO Accrual System for Non-Union and Executive Staff Effective January 1, 2026**
d. Board Action Request: Purchase of Vehicle for River Raisin Clubhouse
    i. **Consideration to Purchase One 2025 GMC Savana 3500 Extended 15 Passenger Van from Todd Wenzel GMC-Buick in the Amount of $48, 965**
e. MCMHA Potential Millage
    i. **Consideration to Approve the Chief Executive Officer to Explore a Potential Millage for MCMHA, Subject to Approval**
f. Authority Policies
    i. **Consideration to Approve the Authority Policy, Procedure, and Exhibits as Presented**
        1. **Policy:** N/A
        2. **Procedure:** N/A
        3. **Exhibit:** N/A
        4. **Rescind:** N/A
g. Regional Policies
    i. **Consideration to Approve the Regional Policies as Presented**
        1. **Policy:** N/A

XIV. PUBLIC COMMENTS **03 min/person**

XV. BOARD MEMBER ANNOUNCEMENTS **03 min/person**

XVI. ADJOURNMENT **01 min**

The next regular scheduled meeting for the Monroe Community Mental Health Authority Board is Wednesday, December 17, 2025 at 6:00pm.

CP/dp 12:43pm

BOARD OF DIRECTORS REGULAR MEETING MINUTES
October 22, 2025

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

Excused: Mike Humphries and Dawn Asper

Absent:

Staff: Lisa Graham

Guests: 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 APPOVE THE MINUTES FROM THE OCTOBER 15, 2025 BOARD MEETING AND WAIVE THE READING THEREOF

The October 15, 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 October 15, 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; South County Services; Joint Commission; MiPLAN Board; Staff Appreciation Week; Community Events; and Upcoming Events: MCOP Job and Resource Fair 3-6pm at Opportunity Center on November 5, 2025; BHUC open House on November 6, 2025; and Veterans Awareness Event at Bedford Library from 10am-4pm on November 22, 2025.

PIHP Procurement - Lisa Graham informed the Board on the hearing from October 10, 2025. The Judge said yes you can do a procurement, yes you can decide how many PIHPS, but not sure if they are going about it in the right way. They are now discussing next steps and Lisa will inform the Board when information becomes available. The MiPLAN did submit their proposal for PIHP Procurement by the deadline.

Philanthropy Playoff – The River Raisin Clubhouse participated in the Philanthropy Playoffs and raised just short of 10,000.

BHUC Open House – If a board member cannot make the scheduled open house to let Lisa know to arrange for a private viewing.

VIII. RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS

a. Regional PIHP Board Meeting Minutes – Did not meet in October.
b. CMHAM Policy and Legislation Committee Report – Did not meet in October.

IX. BOARD COMMITTEE

a. **Chair Reports**
   i. Business Operations – LaMar Frederick commented that the minutes reflect what business was conducted and commend the Board to read the minutes.
   ii. Bylaws & Policy – Becca Curley commented that the committee is dissecting every Bylaw. We are being specific with amendments to have a clear picture on guiding the Board.
   iii. Clinical Operations – Naomi Stoner commented that the committee reviewed the corrective action plan, talked about the soft launch for BHUC, and discussed the quality metrics in depth.
   iv. Community Relations – Ken Papenhagen commented that the Town Hall was done very well and gave kudos to Lisa and her staff. The committee focused on identifying a strategic plan goal for Lisa's Employment Agreement.
   v. Executive – Rebecca Pasko commented that the committee changed the holiday dinner location to Angelo's Northwood Villa this year. There will be a happy hour from 6:00pm-7:00pm with dinner at 7:00pm. An invitation will be sent through email requesting you to RSVP or send regrets to Dawn Pratt by November 21, 2025.
   vi. Performance Evaluation – Rebecc Pasko commented that the Board was going to have an Employee Agreement with the CEO to consider this evening but there has been a snag with the state indicators. It will be brought back to the November 19, 2025 Board Meeting for consideration. The Performance Evaluation Committee's next meeting is November 6, 2025 at 5:00pm.
b. Rebecca Pasko Appointed Reda Biniecki to the Community Relations Committee
c. Rebecca Pasko Appointed John Cullen to the Business Operations Committee

X. PRESENTATIONS

a. Clinical Report – The Clinical Report was provided in the Board Packet for review. Crystal Palmer presented the Clinical Executive Summary highlighting priorities under the Strategic Plan.

   i. MCMHA continues to recruit and hire staff for current vacancies, which is 13. Some of these positions are being filled internally.
   ii. 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.
   iii. 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.
   iv. The River Raisin Clubhouse was awarded the Clubhouse Innovative Prevention (CIP) Expansion Grant for the 3rd year.
   v. Crisis Mobile was deployed 47 times in September, which averaged 0.62 hours of face-to-face interaction time.
   vi. 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.

vii. 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.
viii. Enrollment for the CCBHC has decreased by 403 members over the last month. This is a 17.6% decrease in enrollment.
ix. The Behavioral Health Urgent Care (BHUC) had a soft launch opening on September 29, 2025.
x. MCMHA currently has 59 enrollees in the Behavioral Health Home program.
xi. The Patient Experience of Care Survey is being collected for CCBHC has ended as of September 30, 2025. 154 surveys were collected, which is an increase from last year.
xii. The data for incoming calls being answered is 97% for FY25, which meets MCMHA's goal of 95%.
xiii. The BHUC Community Open House will be hosted on November 6, 2025 from 9:00am to 11:00am.
xiv. The Joint Commission Site Visit occurred on October 7, 2025 through October 9, 2025.

b. Operations Report – The Operations Report was provided in the Board Packet for review. Bridgitte Gates presented the Operations Report highlighting priorities under the Strategic Plan.

i. Revel Marketing – Working on the bus wrap for Behavioral Health Urgent Care (BHUC). The bus wrap will run for 6 months; looking to start videotaping for commercial within in the next two weeks and it will be broadcasted at the Phoenix Theatre at the Monroe Mall; Revel continues to post on Facebook.
ii. Behavioral Health Urgent Care (BHUC) - Signage is in process of being placed by FastSigns; Open House is scheduled for November 6, 2025 from 9:00am to 11:00am; and the kiosk at the Benesh building 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 process of being placed and then will make the building easier to find.
iii. Town Hall is scheduled for October 22, 2025 from 3:00pm to 5:00pm at the Ellis Library.
iv. 3rd quarter grievances were presented.
v. National Core Surveys are in process.
vi. Pulse for Good kiosk data was presented. A total of 42 responses were received in September. Comments included: It was very nice and clean, and I love coming here; more play area; and a vending machine. Prescribers received an overall 4.983 stars.
    1. Bridgitte Gates asked the Board if they wanted to continue to see the graphics for kiosks or if the summary is available within the Operations Report was sufficient. The board agreed to not provide the graphic if stars continue to be above 4 and the summary is in the Operations Report.
vii. Dr. Ali, Child Psychiatrist, has started and is seeing consumers as of October 20, 2025. Working with Dr. Zarko to have consumers transferred to Dr. Ali. Families are happy that later appointments are now available for their children.

c. Employee Engagement Survey Report – Lisa Graham presented the Employee Engagement Survey and key takeaways. Lisa commented that slight reductions in mean scores are expected given the significant growth MCMHA has experienced in such a short time, such as CCBHC, Crisis Mobile, Universal Referral, and Behavioral Health Urgent Care to name a few. The lowest engagement category is what the Executive Leadership Team would like to focus on, "Belonging & Influence". Lisa commented that if people feel like they do not belong it puts us in a risky position and Lisa wants to address this immediately and not wait before it becomes a problem. Next steps include communicating 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; and initiate conversation with staff to determine/create new opportunities for belonging and influence. Lisa is requesting the Board to consider approving the Executive Leadership Team to engage in a Transformational Leadership Experience. The Transformational Leadership Experience is a five-month experience and combines personal development, strategic targeting, leadership development, team building, and management practice. Expected outcomes include increased employee engagement scores in all areas; increased accountability across all areas of the organization, as in evidenced by an increase in volume and quality of consumer care; and increased revenue as a result of increase in volume and quality.

Reda Biniecki moved; Becca Curley supported. No discussion followed. Rebecca Pasko asked if there were any objection to approve. Hearing no objection, the administrative contract for Phoenix Partners to engage with the Executive Leadership Team for a Transformational Leadership Experience is approved by unanimous consent.

XI. UNFINISHED BUSINESS

a. No unfinished business for October.

XIII. NEW BUSINESS

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

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

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

John Burkardt moved; Naomi Stoner supported. No discussion followed. Rebecca Pasko asked if there were any objections to approve. Hearing no objection, the Administrative Contracts as presented were approved by unanimous consent.

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

Becca Curley moved; Ken Papenhagen supported. No discussion followed. Rebecca Pasko asked if there were any objections to approve. Hearing no objection, the Authority Policy, Procedure, and Exhibits as presented were approved by unanimous consent.

d. **Consideration to Approve the Regional Policies as Presented**

i. Policy: N/A

There were no regional policies for October.

XIV. PUBLIC COMMENTS

There were no public comments.

XV. BOARD MEMBER ANNOUNCEMENTS

Reda Biniecki was excited to see someone who is a family member receive an award at the Town Hall. That made my day.

Susan Fortney commented that the Town Hall was heartwarming and don't forget to submit your handouts.

John Burkardt is attending the CMHAM Fall Conference.

John Cullen found the Town Hall to be very informative. For a new person board member it was eye opening.

LaMar Frederick commented that November 11th is Veterans Day. LaMar shared a personal story that took place in South Korea and asked for those to stop for a moment and be thankful for what we are and what we do. A lot of people gave their lives. Thank you.

Joan Canning thanked LaMar for his service.

Rebecca Pasko sent out an email to the Board about a donation and reminded board members of a Board Workshop scheduled for Saturday, November 8, 2025. For the month of November and December we will be only having one Board Meeting each month. That will be November 19, 2025 and December 17, 2025. Rebecca also reminded board members to consider attending the holiday dinner, it is a great place, and make sure to RSVP to Dawn Pratt by Friday, November 21, 2025.

XVI. ADJOURNMENT

Ken Papenhagen moved; Joan Canning supported. Rebecca Pasko asked if there were any objection to adjourn. Hearing no objection, the meeting adjourned at 7:30pm.

Submitted by,

_____

Susan Fortney, Secretary

LG/dp
10/31/25

BOARD BUSINESS OPERATIONS COMMITTEE
Wednesday, November 5, 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; John Cullen; Rebecca Curley; Reda Biniecki; and Rebecca Pasko (Ex-Officio)

DRAFT MINUTES

I. CALL TO ORDER

LaMar Frederick called the meeting to order at 5:03pm. LaMar Frederick, John Cullen, Becca Curley, Rebecca Pasko, and Lisa Graham were present. Reda Biniecki was excused.

II. POTENTIAL MILLAGE AND ADDITIONAL SUPPORT FROM THE COUNTY

a. Lisa Graham commented that Richard Carpenter, CFO, has confirmed the amount of 3 million for a potential millage. The funds would be used to cover any service that is not Medicaid covered. Now that an amount has been confirmed, Lisa and Richard will follow up with Mike Bosanac, County Administrator, and discuss laying out our costs for non-Medicaid services. Since we became an Authority, we have not asked the county for any additional funding. Mental health has grown substantially through the years and given that it is 3 million, could the county be generous and do anything for us. If Mike says no, then we will need to take it to the voters through a millage. If we move forward with a millage, we will need the Monroe County Board of Commissioners support in getting on the ballot. Lisa Graham commented that we have partners in the state that have done millages and that she can reach out and see what they have done. It will be a big promotional campaign process.

b. LaMar Frederick commented that the calendar timeline of crucial dates for getting on the ballot will not be available until closer to the end of this year. LaMar will continue to check in with Annamarie Osment until available. We will also have to have Dykema tell us what we can do as an agency versus an individual. The Board must give the CEO approval to explore a potential millage.

c. **Recommendation**: By consensus, the committee recommends a motion be placed on the November 19, 2025 agenda to approve the CEO to explore a potential millage for MCMHA, subject to approval.

d. Lisa Graham commented that if the Board chooses to move forward, and once we have information from Annamarie, Lisa will create a workplan on how to campaign and request Dykema to give perimeters on what can be done. Lisa mentioned that this may be a good opportunity for board members to get out in our community to support and advocate for the millage.

III. CHIEF FINANCIAL OFFICER

a. Lisa Graham commented that If Rehmann is awarded the PIHP Procurement bid, there could be a conflict of interest. The question will be, does our Board want to try to continue to work with Rehmann and put a firewall between Richard Carpenter? The CFO would have to be someone else from Rehmann. Could they build a wall themselves internally for no conflict of interest? If this goes forward, then several other PIHPs will be dissolved and there will be other CFOs that may be looking for work. LaMar suggested to have Jim Brown gather information on who the CFOs are and be ahead of the curve. As a reminder, Lisa stated that we are not just contracting for a CFO, it is a whole finance team that would need to be revisited. According to the state they will award the bid in February 2026 and contracts will begin October 1, 2026. This would give us from February through October to address any conflict-of-interest issues with Rehmann or the need to search for financial services.

IV. CASH FLOW WITH CCBHC AND MDHHS

a. LaMar Frederick wants to be sure that the Board gets notified if there are issues with a cash flow for CCBHC claims. Lisa Graham commented that we have already submitted claims and have already received 1 payment, possibly a second. Lisa did ask Richard Carpenter what type of cash flow problems we could have. The state would have to not pay us for 3 months in a row for there to be a cash flow problem. We have not had any issues with this thus far. LaMar Frederick requested for Lisa to keep the committee updated of any issues.

V. FINANCIAL METRICS

a. The committee recommends having a front-page executive summary with financial metrics, such as a dashboard using red, yellow, green, that the Board would understand.

VI. AGENCY NAME CHANGE

a. Rebecca Pasko asked if there was a final resolution to the agency name change yet. Lisa Graham commented that she received something from the attorney this week and report this out in her CEO Report on November 19, 2025.

VII. PARKING LOT

a. Researching Millage and Additional Support from the County
b. Chief Financial Officer
c. Cash Flow with CCBHC and MDHHS

VIII. ADJOURNMENT

The meeting adjourned at 5:59pm.

The next Business Operations Committee Meeting is scheduled for **Wednesday, December 3, 2025** beginning at 5:00pm in the Aspen Room.

Respectfully submitted,
LaMar Frederick (dp)

LaMar Frederick
Business Operations Chair

BOARD BYLAWS & POLICY COMMITTEE
Wednesday, November 5, 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, Rebecca Pasko, and Lisa Graham were present. Reda Biniecki was excused. Dr. Frances Jackson, Parliamentarian, attended as a guest.

II. COMMITTEE BUSINESS

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

Policies:	N/A
Procedures:	N/A
Exhibits:	N/A
Rescind:	N/A
Relocate:	N/A

No Authority Policy, Procedures, and Exhibits to recommend.

b. Regional Policies

Policies:	N/A

Not Regional Policies to recommend.

III. REVIEW OF BOARD BYLAWS

a. The committee is currently undergoing the review process of the Board Bylaws.
b. Dr. Jackson researched a question from the last meeting regarding if someone other than a board member could be the nominating committee. Roberts Rules says that the Chair should never have anything to do with the selection of the nominating committee. You would want the Board to appoint the nominating committee. Under those circumstances the Board could choose to nominate an administrative staff.
c. Dr. Jackson stated that it needs to be clear what the purposes are for having two Board Meetings per month and would like the committee to address at their next meeting.
    i. Lisa Graham commented that there is a Board Workshop on November 8, 2025 and will review how the board decides to move forward with meetings and then amend the Board Bylaws to reflect that decision.

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 7:19pm.

VI. NEXT MEETING

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

Respectfully submitted,
Becca Curley (dp)

Becca Curley
Committee Chair 11/6/25

BOARD PERFORMANCE EVALUATION COMMITTEE
Thursday, November 6, 2025
5:00pm

MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

Board Chair
Board Vice Chair
Board Secretary
Business Operations Chair
Clinical Operations Chair
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. Joan Canning, Board Member, and Jim Greene, Dykema, attended as guests.

II. CATALYTIC COACHING TOOL

a. The Executive Committee requested for Joan Canning to present information on Catalytic Coaching to the Performance Evaluation Committee. Joan provided background information about Catalytic Coaching and how it was founded, and then provided an overview of the system and process itself. Catalytic Coaching is an integrative system. Some principles are that there can be growth with this tool and can provide open feedback and to not be afraid. This is a development tool for the CEO and for the full Board to engage. It is not a rating system; it is a coaching system.

b. Questions and Comments:

i. John Burkardt asked if this could be applied to front line staff? What got John's attention was in the recent employee survey where some employee comments stated they don't feel valued or don't have a voice. In John's opinion, if this were to be modified for front line staff, it could help with some of the comments from staff not having a voice or having growth or opportunity.

1. Lisa Graham responded that we could look at our internal evaluation process and how we do our evaluations, but it wouldn't' be a Board decision if decided to use Catalytic Coaching, it would be an internal decision.

ii. Susan Fortney commented that trust is a big issue, and this tool could build board relationships. If it doesn't work with the CEO then it would not be good for agency staff.

iii. Ken Papenhagen commented that the current tool being utilized is big, bulky, and needs to be trimmed down. What Ken understood from the presentation is that if you implement this for front line staff it makes sense, but the problem Ken see's right now is the implementation of 12 board members to 1 CEO. If all 12 board members try to implement this and become the CEO's coach then the CEO is going to have 12 different discussions on the same information and if the discussion is to be collaborated down and presented to the CEO by 1 or 2 board members as coaches, Ken is not sure he trusts that. As a 12 Board coach it would need to be yes or no questions, met or not met.

1. Joan Canning responded that we would not be having 12 separate conversations with the CEO. The conversation would be between board members on what the CEO needs to hear, then how it is written, then whoever delivers it is speaking on behalf of the full Board. It doesn't mean for the Board to know her job and get in the minutia; it is more of a support role than an oversight role.

iv. Lisa Graham commented that the current CEO self-evaluation is a comprehensive document and only the Performance Evaluation Committee would receive it annually and make a recommendation to the full Board. Lisa believes that it is only fair that the full Board get a copy to review.

v. Jim Greene pointed out, that if you start with the Strategic Plan goals, Lisa Graham is feeding information to the Board monthly and quarterly. Board members will have an opinion in varying degrees on where we are with those goals. The Board may feel, to continue on a certain track, that feedback needs to be harnessed and discussed. The Board would have to have the trust and competence that they were part of the coaching experience or whether it is to come through a committee.

1. Joan Canning commented that it will be important to review monthly and quarterly board reports.

vi. Naomi Stoner questioned if the Catalytic Coaching system would cost money to implement.

1. Joan Canning responded that if the agency wanted to implement this system for staff, there would be a cost. To implement for the CEO only, there is no cost, as Joan would provide the necessary board training as she is familiar with the system and process.

vii. Rebecca Pasko commented that the tool is structured so that you are not telling the CEO what to do, the CEO is telling the Board and how the Board can focus on supporting the CEO.

III. NEXT STEPS

a. Schedule another committee meeting for the purposes of addressing how Catalytic Coaching would be implemented.
b. Once the committee feels comfortable, will take to the full Board to discuss.
c. Schedule full Board training on Catalytic Coaching.

IV. ADJOURNMENT

The meeting adjourned at 6:07pm. The next meeting is to be determined.

Respectfully submitted,

Rebecca Pasko (dp)

Rebecca Pasko
Performance Evaluation Committee Chair 11/7/25

BOARD PERFORMANCE EVALUATION COMMITTEE
Thursday, November 6, 2025
6:00pm

MAJOR COMMITTEE RESPONSIBILITIES	COMMITTEE MEMBERS
1. Compile quarterly performance measures for Chief Executive Officer. 2. Compile quarterly performance measures for the Board.	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 6:10pm. 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. The Employee Agreement was provided to committee members for review.
b. Jim Greene, Dykema, commented that the Employee Agreement is a three-year rolling agreement. It was a helpful suggestion to have a one-year plan, for now, and can look at your financial situation next year to see if an incentive bonus can be provided and can make the necessary adjustments to the employee agreement at that time.

III. NEXT STEPS
a. Jim Greene will present the Employee Agreement between MCMHA and Lisa Graham at the November 19, 2025 Board Meeting for Board consideration.

IV. ADJOURNMENT
The meeting adjourned at 6:19pm. The next meeting is to be determined

Respectfully submitted,

Rebecca Pasko (dp)
Rebecca Pasko
Performance Evaluation Committee Chair 11/7/25

BOARD CLINICAL REPORT EXECUTIVE SUMMARY
November 2025

QUALITY WORKFORCE

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

- MCMHA continues to recruit and hire staff for current vacancies, which is 7. 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 16 universal referrals made in October. 81% received some type of follow-up, authorized services, etc. 0% declined any further intervention, and 19% 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 October.

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 Finance Department will report on this goal.

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 86 times in October, which averaged 0.66 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 21.63 minutes, which is likely due to 63% of the calls from the 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 64% were from the Monroe County Sheriff's Department and Monroe City Police; 21% were from Access Dept/CMH, 13% were self-referral and 2% were from a school.
- Enrollment for the CCBHC has increased by 30 members over the last month. This is a 1.59% increase in enrollment.
- The Behavioral Health Urgent Care (BHUC) served 51 guests in the month of October.
- MCMHA currently has 58 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

- MCMHA held its Annual Town Hall on October 22, 2025, which was well attended by community members and consumers.

MISCELLANEOUS

- The data for incoming calls being answered is 97% for FY26, which meets MCMHA's goal of 95%.
- The BHUC Community Open House on November 6th was well attended by approximately 70 community stakeholders.

Updated 10/16/25

QUALITY WORKFORCE

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

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

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

The Clinical Team attended October's clinical training, which marked the beginning of a three-month practice focused on Motivational Interviewing. During this training, staff began learning and reviewing key concepts, practicing skills that can be utilized with consumers to foster motivation for positive behavioral changes, and several team members have signed up for extended coaching to deepen their expertise.

As previously reported in September, MCMHA was placed on a Corrective Action Plan (CAP) by MDHHS due to not having completed the Integrated Dual Diagnosis Treatment (IDDT) Evidence Based Practice certification MIFAST Review. MCMHA submitted the CAP and remains in full certification status. The Adult MI Program Director submitted the IDDT Application for a MIFAST Review on October 22, 2025, as required by the CAP. MCMHA is waiting for a response from MDHHS on approval and a review date.

The CCBHC Program Director and Access, Crisis, and Diversion Director continues to meet with St. Joesph's Center for Hope leadership to provide technical assistance and support during October. St. Joesph's staff received training on utilizing our electronic health record, CRCT, inputting progress notes, and other information needed to perform Peer Recovery Services under this new partnership.

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 November 12th:

- Case Service Manager – (Intellectual/Developmental Disability)
- Peer Support Specialist (PT/SUD)
- Evaluation and Admission Specialists
- Home Based Clinician (NEW POSITION)
- Youth Diversion Specialist
- Youth Peer Support Specialist
- Outpatient Therapist

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

The Behavioral Health Urgent Care (BHUC)/Crisis Mobile Supervisor and the Access, Crisis, and Diversion Director met with the ProMedica ER Director to strengthen communication between ER staff and our crisis mobile team regarding pre-screens and placements. The meeting also provided an opportunity to review the progress of the BHUC, address any questions about the new service, and ensure ongoing collaboration in supporting individuals in crisis.

The CCBHC Program Director attended the Suicide Prevention Coalition meeting on October 15th and the Veterans Suicide Prevention Workgroup on October 21st. As part of this initiative, the Director also reached out to four local veterans' organizations to obtain contact information and explore partnership opportunities to strengthen support for veterans in the community.

The Housing & Vocational Specialist participated in Transition Council Roadshows at Jefferson High School and Airport High School, offering resources to students and their parents to support planning for the transition from high school to adulthood.

On October 30th, the I/DD Director and the Child & Family Director hosted a Lunch and Learn session attended by 30 staff members from the I/DD and Child & Family Departments. The event featured presentations by Amy Sanderson of the Michigan Alliance for Families and Michelle Parrish of Mon-Arc of Monroe, Inc., who provided detailed information about their respective agencies and the supports available to the consumers and families we serve. Staff participants received valuable insights and resources to assist families navigating challenges related to their child or adult child's educational needs. The session fostered meaningful professional connections, and staff have already begun referring families to these agencies for additional support.

The staff person placed through our partnership with Monroe County Community College was featured in the college newspaper for their role in launching a new weekly mental health group. This group is available to all college students seeking additional support in managing anxiety, navigating college life and expectations, and coping with stress. (Attachment #1)

Community Event

The Mental Health Summit was held on October 27th at the La-Z-Boy Center at Monroe County Community College. The theme this year was From Crisis to Connection, providing a space to bring together community partners and CMH leadership staff to network and explore ways to support the members of our community, specifically during times of crisis. The day started with an opening from Lisa Graham, followed by the keynote Julia Hettich. Julia is the Departmental Analyst over Adult Mobile Crisis Services at MDHHS. Julia is a policy and political social worker whose background encompasses work with various populations and intersecting systems, particularly with child welfare and juvenile justice-involved young adults transitioning into adulthood. The group was then split into two breakout rooms to have more intimate discussions about how to support our community, specific barriers, and how to address them, and networking between agencies that have not had the

opportunity to meet in the past. St. Joesph's Center for Hope and MCMHA's Crisis & Access Director led roundtable discussions at the event. The Summit was closed by CMH Medical Director Dr. Abdulmalek Sadah who spoke to the benefit of the newly opened Behavioral Health Urgent Care. 43 individuals attended.

Mental Health Summit Survey Response Summary

- MCMHA received overwhelmingly positive responses after the Mental Health Summit. 9/43 individuals completed the post-event survey.
- All respondents indicated they were extremely likely (88.9%) or somewhat likely (11.1%) to commend this event to a friend or colleague.
- All respondents rated the event as Excellent (55.5%), very good (33.3%), or good (11.1%).
- When asked what attendees liked about the event, most commented on the networking opportunities, information on current services, and resource sharing.
- When asked what attendees disliked about the event, the only feedback was "The intro of one of the group facilitators was a little long. There had been a question asked at the beginning about the attendees' interfaces with crisis services and only one person got to answer before things moved on to the next question."
- When asked what attendees would like to see at future summits, comments were crisis, more resources offered at tables, more community partners, and SUD.
- When asked if there was anything else attendees wanted to share, comments ranged:
  - "Good location and good timing. Appreciate the opportunity to connect and learn."
  - "Sabrina and Rebecca were great facilitators."
  - "Continue making the progress like you have, it's making a difference"
  - "Community Reach Out will Definitely Help"
  - "A list of resources that is available to participants."

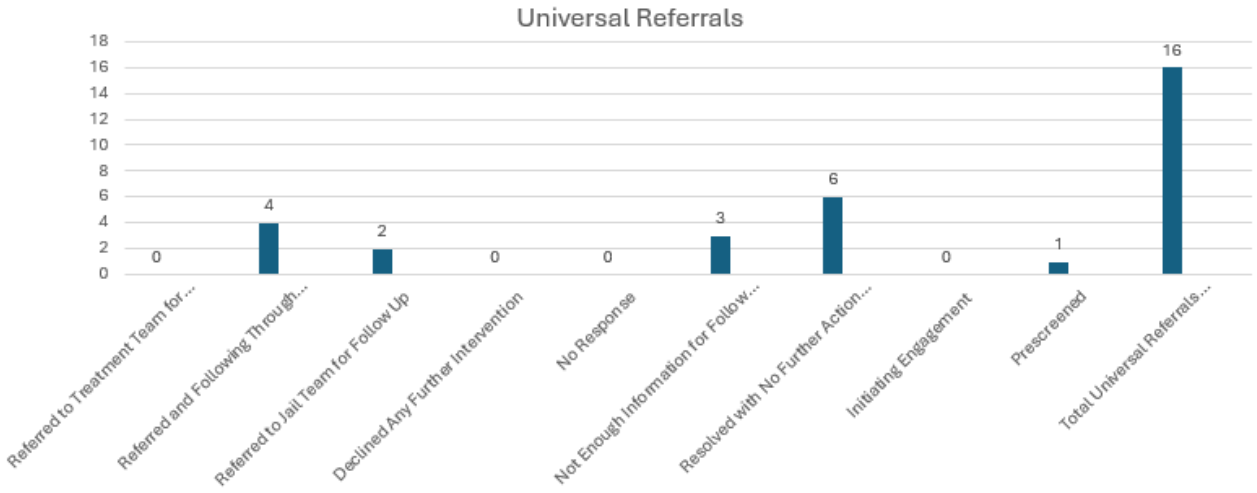
Universal Referral

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

Updated 11/13/25

During the month of October, there have been 16 universal mental health referrals, including law enforcement and community referrals. The outcomes of these cases are as follows:



Opportunity Center at the ALCC

Monroe Community Mental Health Authority (MCMHA) continues to partner with the Opportunity Center at the ALCC by placing peers' services within the center on a consistent schedule. Certified Peer Support Specialists/Parent Support Partners meet individuals at the Center on Mondays and Thursdays from 12-4pm for anyone interested. These days have the highest volume of contacts and services. Appointments will be continuously monitored, and availability will be increased if the need changes.

Peers continue to help link and coordinate services, including engaging those who need community mental health services or those involved in them. In the month of October, 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 #2) 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 Finance Department will report on this goal.

SERVICES PROMOTE RECOVERY

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

Objective #1: Individuals access services timely.

- All services are delivered timely
- Services are delivered at a location that is convenient for the consumer

Updated 11/13/25

We do not have a delay in service for adult services for therapy but do currently have a delay in service for child outpatient therapy for lower-level needs.

The Child & Family Outpatient Therapy service continues to experience delays in assigning therapists, with two new cases added since the last report. There remains a steady flow of new requests, assignments, and discharges within outpatient therapy. Of the 27 individuals currently awaiting services, nine are not officially open consumers; these individuals have requested therapy-only services without additional supports and have elected to wait for availability with an MCMHA therapist. The remaining 18 are actively engaged in services such as case management or Intensive Case Coordination with Wraparound. Homebase services are not experiencing any delays. As therapist availability arises, the full delay of service list is reviewed to identify opportunities for service delivery.

Currently the Clubhouse membership has 74 members. Of the 74 individuals being served, 15 are funded from the CIP grant, 13 funded via a block grant, while the rest are funded through Medicaid. During the month of October, daily attendance averaged between 20 and 22 participants.

Additionally, Access has expanded services to the secondary BHUC location, offering a more centralized site that improves accessibility for individuals who may find it easier to reach.

Substance Use Disorder (SUD) Screening and Referral Data

This data will be reported quarterly (January, April, July, and October). 1st quarter data will be provided in January 2026.

Certified Community Behavioral Health Clinic (CCBHC)

There are 1,912 members currently enrolled in CCBHC, which is an increase of 30 enrollees or 1.59% since last reported in October. 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 convened on October 23rd, with discussions centering on the transition to CCBHC Direct Payment, billing processes, updates to the draft CCBHC handbook, BHUC developments, quarterly CCBHC Quality Metrics, and monitoring of evidence-based practices (EBPs). A substantial portion of the meeting was dedicated to reviewing Direct Pay billing procedures and identifying strategies to address and mitigate challenges related to claims submissions.

CCBHCs transitioned to Direct Pay from MDHHS effective October 1, 2025. MCMHA has successfully billed and received payment under this model. This will continue to be monitored to ensure timely billing, to problem solve, and ensure compliance with MDHHS requirements.

The CCBHC Program Director continues to advocate internally and with the PIHP to add data points to CRCT to ensure I-SERV supplemental crisis data is captured appropriately. In October, the fix for the I-SERV measure was sent into testing mode and should be implemented in November. Additionally, CCBHC Program Director has continued investigating SRA-C, including seeking input from PCE, to ensure QBP metrics are being calculated correctly. It was confirmed that a change in the system did occur and the PIHP, PCE, and regional CCBHCs continue to discuss next steps to ensure the metric is being captured appropriately.

Updated 11/13/25

The CCBHC Program Director, Access, Crisis, and Diversion Director, Adult MI Director, Data Analyst Manager, and Compliance Manager have begun participating in the PIHP's Regional Behavioral Health Quality Transformation Workgroup. This workgroup is dedicated to reviewing and advancing key quality metrics required of PIHPs, CMHs, and CCBHCs. The October meetings focused on the IET Metric, specifically IET-AD, an NCQA Quality Metric reported as both a CCBHC QBP metric and a PIHP metric. IET-AD includes two sub-measures: Initiation of SUD Treatment and Engagement of SUD Treatment. To support monitoring and improvement, the PIHP recently developed a PowerBI report that enables tracking of this metric and facilitates outreach to consumers to connect them with appropriate treatment. In response, directors established a process to ensure consistent monitoring of the PowerBI report and to document outreach and engagement efforts.

In October, the CCBHC Program Director and Data Analyst Manager met to discuss the development of a Zero Suicide Dashboard to strengthen ongoing Zero Suicide initiatives. As a reminder, Zero Suicide is a required evidence-based practice for CCBHCs and represents a continuous quality improvement effort aimed at reducing—and ultimately eliminating—suicide deaths.

Advocacy efforts continued this month to secure access to the ASAM Continuum, a tool used to assess substance use disorders, within the electronic health record. Implementation of the ASAM Continuum is anticipated to occur this month. In addition, the CCBHC Program Director and leadership have maintained ongoing meetings with the PIHP to address the provision of SUD services at MCMHA. MCMHA leadership also convened internally and with local CCBHCs to review SUD services, evaluate clinical documentation requirements, and develop strategies to strengthen this component of care within the CCBHC framework.

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 and Supervisor 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. Also, the TIP Facilitator transitioned to another position within the agency; however, the position is being filled by another internal staff person. Training for the new transition facilitator will be coordinated as soon as it is made available by MDHHS.

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 staff members are scheduled to attend foundational training in December, which will expand the DBT Team to six staff. The team is currently accepting new referrals for an upcoming group, with plans to begin in early December. Monthly supervision will be offered to the team to ensure model fidelity, etc.

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

- Behavioral Health Home
- Peer-Run Wellness Groups

Behavioral Health Home (BHH)

The Behavioral Health Home (BHH) provides comprehensive care management and coordination services to Medicaid recipients with a select serious mental illness/serious emotional disturbance (SMI/SED) diagnosis. Participation is voluntary and an 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 58 individuals enrolled in the BHH program and there are two new potential enrollments for the upcoming month that are being finalized. The nurse continues to explore these services with individuals that meet the medical criteria for the added support of the BHH program and who have active Medicaid each month.

Peer-Run Wellness Groups

At present, there is no active peer support group. Both full-time Peer Support staff are scheduled to attend training for WRAP and/or WHAM group certifications, which will allow for the expansion of services and the introduction of these valuable support options to the individuals we serve. Additionally, it was recently identified that one Peer Support staff member has prior training in the WHAM model and has expressed willingness to establish a new group in the upcoming year.

River Raisin Clubhouse

The Clubhouse hosted its annual Halloween party on Friday, October 31st, which was a great success. The celebration featured costumes and treats, and family members were invited to attend and actively participate in the festivities. In addition, progress continues in securing the Clubhouse food license. One staff member has completed the required college food preparation course, and the Clubhouse Director will finalize and submit the food license application within the next month.

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

Behavioral Health Urgent Care

The Behavioral Health Urgent Care (BHUC) operated throughout the month of October, providing services to 51 guests. Leadership continued to meet regularly to refine and strengthen BHUC processes and procedures, while staff convened to define programmatic outcomes and monitoring strategies. These efforts remain ongoing.

On November 6th, MCMHA hosted a Community Open House from 9:00 to 11:00 a.m., which included a ribbon-cutting ceremony at 10:30 a.m. The event welcomed members of the community, including the Mayor of Monroe, County Commissioners, community partners, and other stakeholders. MCMHA staff provided tours and explained the procedures for accessing services at the BHUC. Approximately 70 individuals attended, including representatives from the Monroe Evening News.

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

As previously stated, Swartz and Windemere Homes are working towards group home licensure. As of October, these are being utilized as CLS sites with 4 consumers residing at Swartz Home and 2 consumers residing at Windemere with 2 more consumers considering placement there. 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 #2) regarding data from the Crisis Mobile Response Team for the month of September.

CONSUMER VOICE INFORMS DECISION MAKING

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

MCMHA held its Annual Town Hall on October 22, 2025. This event supports the agency's annual Needs Assessment update and provides community members with an opportunity to share opinions, express concerns, and celebrate successes. Approximately 70 people were in attendance.

MISCELLANEOUS

Call Volume Data

Below is the call volume data for Fiscal Year 26.

	October-25
Incoming Calls	4908
Incoming calls minus abandon calls	4762
Calls Answered	4478
Missed/Abandoned Calls	430
Abandoned Calls	146
% incoming calls answered	91%
% incoming calls answered minus abandon calls	97%

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

Updated 11/13/25

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.

MCMHA is setting an internal goal of 95% of calls answered. During FY25, we averaged 97%. This month we continued that trend, which is meeting our goal.

Caseload Report

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

New counselor starts weekly mental health group

Abby Carr
Agora Assistant Editor

Greg Bedner began working as a mental health counselor at MCCC in April and started the open mental health group, Mental Health Mondays, in October.

Both students and faculty have participated in the sessions. The sessions' purpose is for Bedner to give attendees educational tools, but if the attendees feel comfortable, they can share their struggles, he said.

He brought an agenda and a worksheet about anxiety for the group Oct. 20, but the conversation shifted to life issues and life stressors because they were comfortable with each other.

Bedner said Mental Health Mondays were his idea, but he and Amanda Althouse, director of Student Success, worked on organizing them together.

Althouse said, "I think mental health is such an important topic, the more that we can offer resources to students, the better, and sometimes I think having a group setting can make people feel, you know, like they're not alone and they can sit in a space where they know other people struggle with the same things that they struggle with."

She said they had been tossing around ideas of different workshops since Bedner started, but they began ironing out the details two months ago. They discussed topics that are impacting students like anxiety and stress, and he led the effort of creating the sessions. She helped facilitate setting them up, but he runs them.

The group meets from 9 -10 a.m. They will continue meeting in November. It is an open mental health group, Bedner explained, which means anyone can attend but confidentiality is not guaranteed.

Bedner said, "I'm trying to figure out more ways to help the students on this campus engage with the idea that mental health is important in life and especially in these times. There seems to be a lot of stress and anxiety right now."

When he was in high school he played sports and did theater and always got the main roles. He said he was an extra in the movie "Hardball" with Keanu Reeves.

He said he graduated from Lincoln High School, the same school Eminem attended. Bedner said he moved to Monroe 22 years ago. He worked at the Monroe County Youth Center for a few years and then got married.

He was an electrician in the Navy and a licensed firefighter prior to becoming a mental health counselor, he said.

While attending Macomb Community College, he became interested in mental health after taking psychology classes as electives, he said. He then graduated from Spring Arbor University with a masters degree in counseling in 2008.

His first counseling job was at Methidon Clinic in Monroe. He has also worked at Meridian Health Services as a substance abuse therapist, Monroe Community Mental Health Authority as a case manager and Salvation Army Harbor Light as the intake coordinator.

Later, Bedner said he opened a private practice in Monroe and ran it for three to four years, but he did not like it

"It's usually the pinnacle of where every therapist wants to be, to own their own practice, but it wasn't for me," Bedner said.

He worked with families, married couples, individuals and teenagers at his private practice.

Bedner said he may do private practice again part-time, but he is not ready for it right now.

He returned to Community Mental Health about a year ago, was hired at MCCC in February and began counseling at MCCC after a few months of training.

Althouse said MCCC is partnered with Community Mental Health, and Bedner is stationed at MCCC full-time but is a Community Mental Health employee.

Bedner sees around three students a day and assesses them for a diagnosis, sees them for weekly individual therapy of any mental health needs, handles crisis management through solutions therapy and runs the open Mental Health Monday sessions.

The assessments help students get disability services, helps him know if they need individual therapy or helps him know if they have more extensive needs in which case he will refer them to Community Mental Health. It has more resources for mental health services than MCCC such as case management, a psychiatrist and medication, he said.

The students who come to him are dealing with a lot on their plates between homelife, relationships, occupation, politics, gender and college. He said he believes perspective on these things is important: seeing these issues as a challenge or a stressor is different.

"I take my job seriously. I want to help the students here to enjoy more fulfilling and peaceful lives," Bedner said.

Photo by Maggie Robinson

Greg Bedner, mental health counselor, speaks with students at MCCC's Fall Forward Event.

He said he has an 18-year-old son in the Middle College.

Althouse works with Bedner daily and collaborates with him on student situations and referrals. He is welcoming to students, fits well in the student success team and is approachable, she said.

He is funny and makes heavy topics easier to navigate with his demeanor, she said.

Gerald McCarty, dean of Student Services, said in an email, Bedner is approachable and available to meet with MCCC students.

Bedner said he cares about mental health because he's grown as a person by journaling, seeing his own therapist and working on himself daily. People who know him now and knew him in high school have observed that he changed. He was a class clown in junior high and still has his sarcastic and funny side.

He has observed people, even in his own family, who are lethargic in their thinking and he does not want to be that, he said.

"I think it's a beautiful thing when someone could enjoy peace. There's a lot of chaos in the world," he said.

He enjoys that peace and calls it being bulletproof because the world is full of chaos and people cannot always control what happens outside of them, but they can control what is inside of them, he said.

"I feel like it's important to be able to reinvent yourself and to live a life authentic," Bedner said.

Select Month:: 2025 - 10 (1)

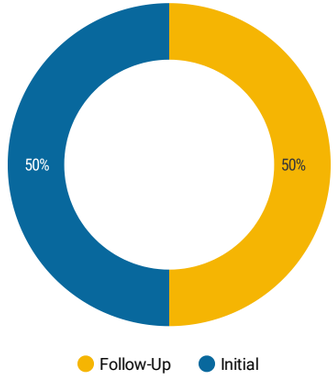
Monroe County CMH Crisis Mobile Utilization Report

Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

86

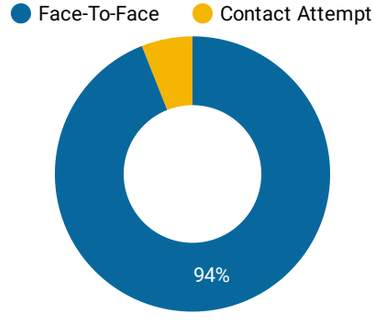
Mo... ❶	Init... ❷	#	%
2025 - 10	Follow-Up	43	50%
2025 - 10	Initial	43	50%



Average Face-to-Face Interaction Time (Hours)

0.66

Month	Avg F2F Contact
2025 - 10	0.66



Month	Contact Type	Hours
2025 - 10	Indirect Contact (Phone/Email/Other)	0
2025 - 10	Contact Attempt	1.5
2025 - 10	Face-To-Face	29.58

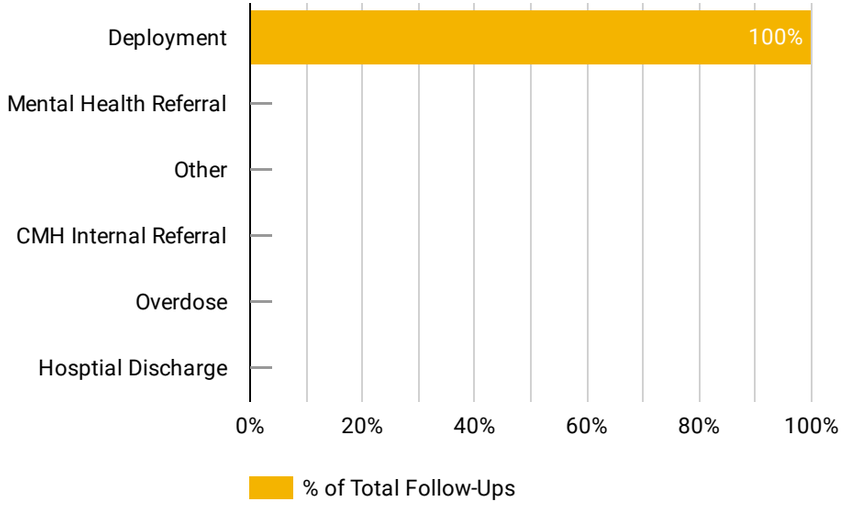
Select Month:: 2025 - 10 (1)

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

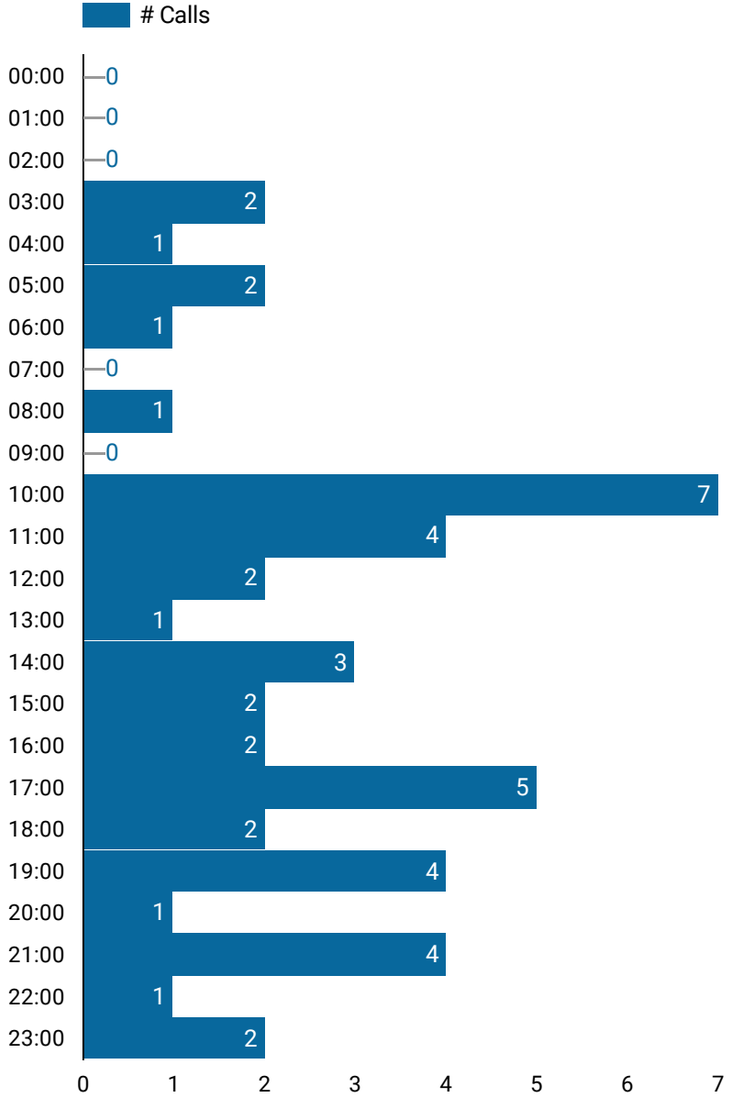
Month ❶	Type ❷	#	%
2025 - 10	CMH Internal Referral	0	0%
2025 - 10	Deployment	43	100%
2025 - 10	Hosptial Discharge	0	0%
2025 - 10	Mental Health Referral	0	0%
2025 - 10	Other	0	0%
2025 - 10	Overdose	0	0%



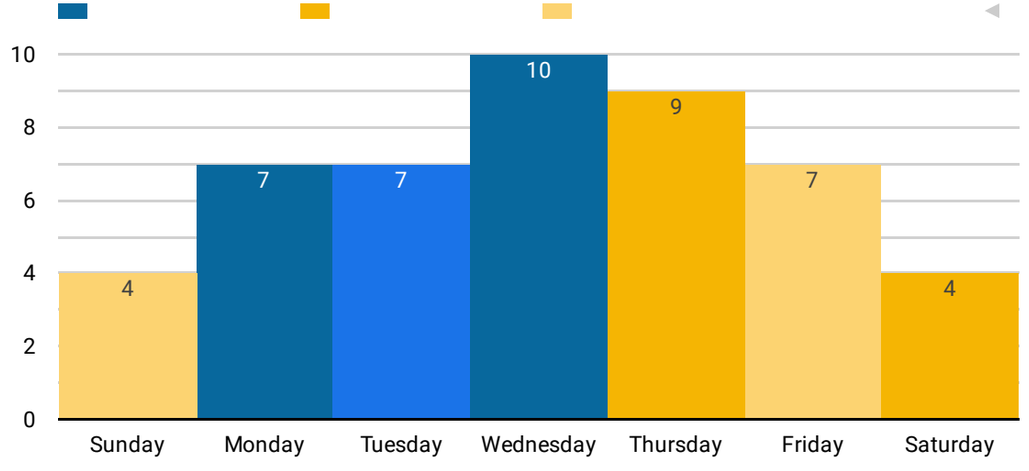
Select Month:: 2025 - 10 (1)

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)

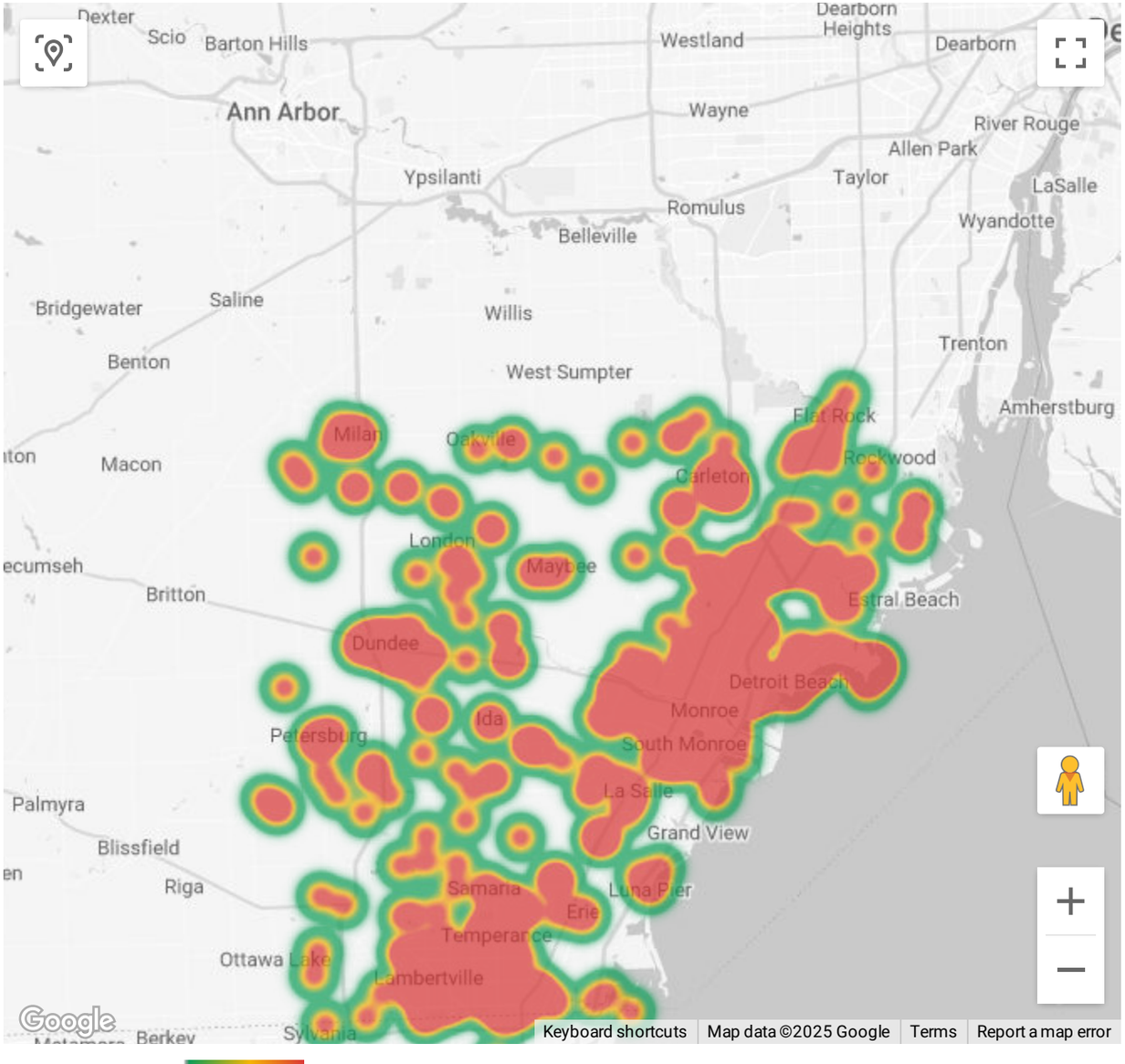
21.63

Month	Avg. Response Time
2025 - 10	21.63

Select Month:: 2025 - 10 (1)

Location

Mapping of locations deployed to:

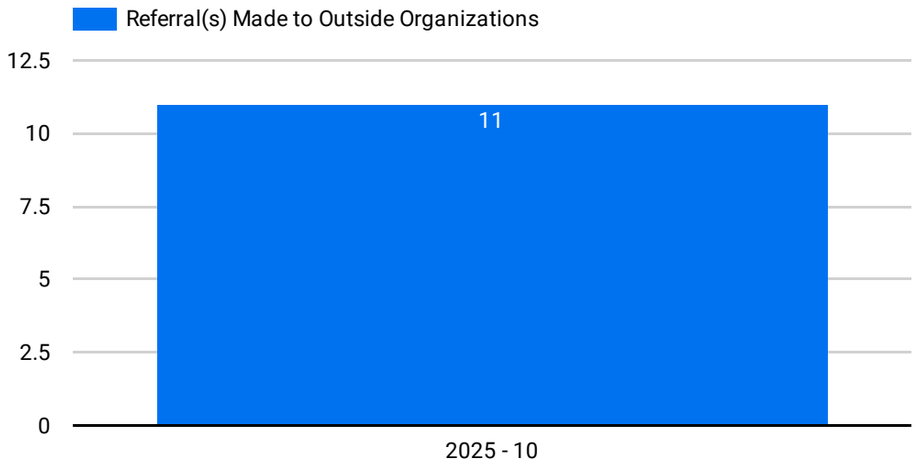


call_Address 0 1

Month	Zipcode	#	%
2025 - 10	48182	5	11%
2025 - 10	48160	3	7%
2025 - 10	48173	1	2%
2025 - 10	48166	3	7%
2025 - 10	48117	3	7%
2025 - 10	48134	2	4%
2025 - 10	48161	17	37%
2025 - 10	48162	12	26%

Select Month:: 2025 - 10 (1)

Number of referrals made and where they were referred to:



Mo... ❶	Referred To: ❷	#	%
2025 - 10	Arrowhead Behavioral Health	0	0%
2025 - 10	Behavioral Health Treatment	1	5%
2025 - 10	CMH	15	68%
2025 - 10	Family Counseling and Shelter Services of Monroe	0	0%
2025 - 10	Fire Station	0	0%
2025 - 10	Gabby's Ladder	0	0%
2025 - 10	Harbor Light	0	0%
2025 - 10	Henry Ford Wyandotte	0	0%
2025 - 10	Holistic Wellness	0	0%
2025 - 10	Lemon Tree	0	0%
2025 - 10	MCOP	1	5%
2025 - 10	Michigan Works	0	0%
2025 - 10	Monroe County Animal Control	0	0%
2025 - 10	Paula's House	0	0%
2025 - 10	ProMedica ER	3	14%
2025 - 10	Pure Psych	0	0%
2025 - 10	RAW	0	0%
2025 - 10	Resource Flyer	1	5%
2025 - 10	SUD Treatment	1	5%
2025 - 10	Salvation Army Harbor Light	0	0%
2025 - 10	St. Joe's	0	0%

Select Month:: 2025 - 10 (1)

Where Referrals are Coming From:

	Month / # Calls
Deployed by:	2025 - 10
Monroe County Sheriff's Dept.	26
CMH	6
Self	6
Monroe City Police	4
ACCESS	4
School	1
Police Mental Health Referral	0

Primary Issue or Diagnosis:

(New question starting 12/2023)

	Month / #
Issue/Diagnosis	2025 - 10
Thought Disorder	14
Suicidal Ideation	10
Substance Abuse	3
Other	4
Neurocognitive	7
Homicidal Ideation	0
Environmental	5

Select Month:: 2025 - 10 (1)

Consumers, New and Repeats:

	Month ❶	New or Repeat Cons... ❷	#
1.	2025 - 10	New	0
2.	2025 - 10	Repeat	7

Select Month:: 2025 - 10 (1)

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

	Month / # / %	
	2025 - 10	
Race	#	%
White	39	89%
Unknown	2	5%
Multiracial	1	2%
Black or African American	2	5%

Select Month:: 2025 - 10 (1)

Number of calls per population - Age

	Month / # / %	
	2025 - 10	
Age	#	%
0 to 9	1	2%
10 to 17	8	18%
18 to 28	8	18%
29 to 39	8	18%
40 to 50	13	30%
51 to 61	3	7%
62 to 72	3	7%
73 to 83	0	0%
84 to 94	0	0%
95 +	0	0%
Not Collected	0	0%

OPERATIONS REPORT

November 19, 2025

TRUSTED COMMUNITY PARTNER

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

Revel Marketing

- Currently working with LET on the bus wrap.
- Videotaping and interviews taking place at the BHUC with Revel and staff on Monday, November 17, 2025. Revel will then work with Phoenix Theatres.

Behavioral Health Urgent Care (BHUC)

- Open house was successful. Approximately 70 people came to the open house.

Townhall

- Great turn out. Approximately 70 people attended. A lot of awards were given to our consumers and community members.

SERVICES PROMOTE RECOVERY

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

Customer Services

Quarter 4 Grievances: FY2025 (August)

1 grievance received

- 1- request for new prescriber – granted

- National Core Survey's in process – MDHHS requirement on individuals with a Developmental Disability diagnosis.

Kiosks

- October data provided – 36 responses for BHUC, 28 responses for lobby. Not enough responses from prescriber's hallway
  - Lobby received overall 4.53 stars.
  - BHUC received overall 4.83 stars

- Dr. Zarko's last day was November 13, 2025. Patients have been transitioned to Dr. Ali or other requested child prescriber.

External Provider Quarter 3 Report

- Staff retention went up 4% for 4th quarter.
- Training compliance remains above 95%.
- Greatest challenge noted remains to be retention and recruitment even though staff retention increased for 4th quarter. Greatest success is training compliance.

MCMHA Performance Indicator Survey: External Providers

FY 2025 Q4: July 1, 2025 – September 30, 2025

Surveyed Providers		Retention		Training Compliance	
# Sent Out	# Responses	Average Staff Retention		Average Training Compliance	
38	18	Q3: 88.38%	Q4: 92.54%	Q3: 96.86%	Q4: 98.13%

Greatest Challenges

Category	# of Providers
Retention and recruitment	9
Consumer attendance	2
Training compliance	2
Billing issues	2
Communication issues	2

Greatest Successes

Category	# of Providers
Training compliance	5
Quality service	4
Retention and recruitment	2
Consumer attendance	2
Improved communication	2
Community events	1
Staff & consumer safety	1
Building renovations	1

Supported Employment

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

Drop-In Center

Number of Providers	Average Daily Attendance	Average Meals Per Day
1	6	0

The supported employment provider that responded was Life Enrichment Academy. The drop-in center provider that responded was New Directions. New Directions held an open house community event that allowed community members to see their location and learn more about the services they offer and activities they would like to host in the future. New Directions had also made connections with additional mental health service providers for future partnerships.

HUMAN RESOURCES PRESENTATION – EXECUTIVE SUMMARY

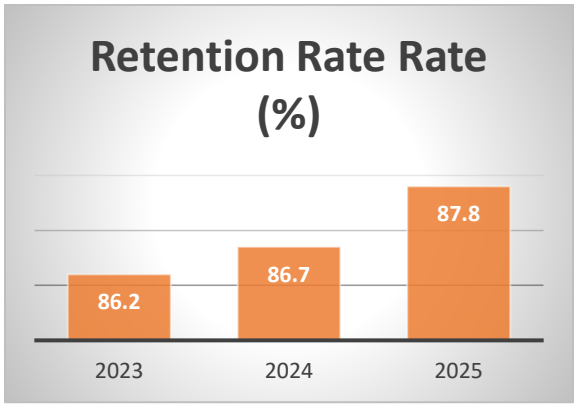
4th Quarter FY 2025

STAFFING

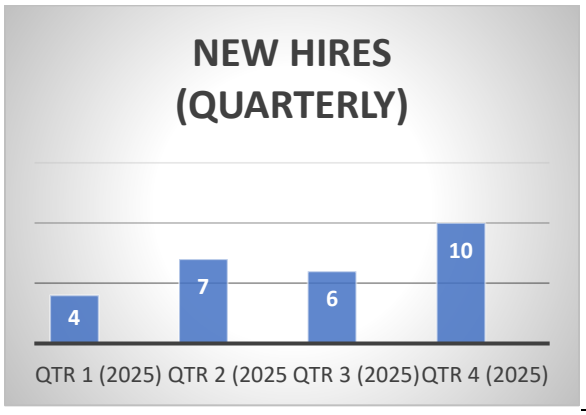
Strategic Plan Goal 1:

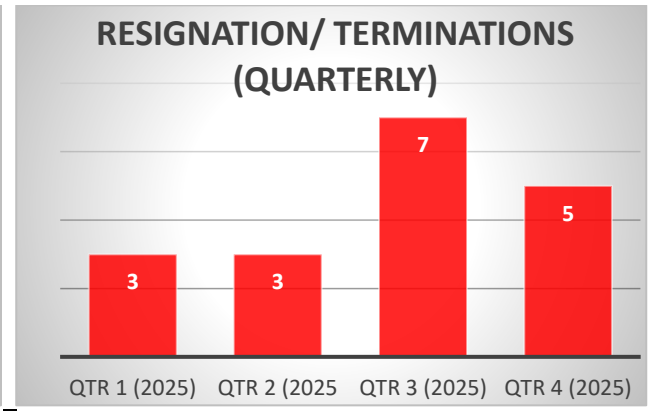
Recruit and Retain Qualified Staff and Competent Provider Staffing that Meets the Needs of our Community

RETENTION



HIRES/DEPARTURES





CURRENT VACANCIES

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

HUMAN RESOURCES PRESENTATION

4th Quarter FY2025

EXIT INTERVIEWS

Monroe Community Mental Health Authority : Exit Interview
Enterprise Results
Completed: 37
Date Range: **02/17/23** **09/30/25**

	Turnover Causes - Employer Influenced	# Selected	% Selected	Norm %
1	Job duties – didn't like the type of work asked to perform or required for the job	1	1%	5%
2	Lack of promotion, advancement, and/or career opportunities	7	7%	9%
3	Lack of training required to perform the job	6	6%	6%
4	Company direction, mission, work policies, practices	1	1%	6%
5	Supervision or management	9	9%	14%
6	Co-worker relationships, problems or difficulties working with my co-workers/peers	5	5%	6%
7	Lack of recognition, appreciation, support	6	6%	9%
8	Lack of diversity among the workforce	2	2%	
9	Problems with the work schedule, work hours, work-life balance	8	8%	12%
10	Workload – unreasonable or excessive mental or physical job demands	4	4%	9%
11	Compensation, pay	5	5%	10%
12	Employee benefit plans (insurance, retirement, holidays, vacations, paid time off)	5	5%	4%
13	Concerns about safety (physical, emotional, social)	5	5%	
14	Job security concerns, fear I might lose my job	2	2%	5%
15	Lack of resources needed to perform the job (equipment, tools, technology)	1	1%	5%
16	Concerns about the treatment of customers	3	3%	
17	Lack of remote work opportunities	2	2%	
18	Lack of on-site work opportunities	2	2%	
19	Lack of meaningful work (my work did not add value)	1	1%	
20	Reasons unrelated to Monroe Community Mental Health Authority	21	**22%**	
Total Responses to Turnover Causes - Employer Influenced		*96*	*100%*	

HUMAN RESOURCES PRESENTATION

4th Quarter FY2025

	Single Most Important Reason for Leaving	# Selected	% Selected	Norm %
1	Job duties – didn't like the type of work asked to perform or required for the job	0	0%	6%
2	Lack of promotion, advancement, and/or career opportunities	1	3%	17%
3	Lack of training required to perform the job	2	6%	2%
4	Company direction, mission, work policies, practices	0	0%	6%
5	Supervision or management	4	13%	22%
6	Co-worker relationships, problems or difficulties working with my co-workers/peers (not supervision)	0	0%	2%
7	Lack of recognition, appreciation, support	0	0%	3%
8	Lack of diversity among the workforce	0	0%	
9	Problems with the work schedule, work hours, work-life balance	4	13%	15%
10	Workload – unreasonable or excessive mental or physical job demands	1	3%	7%
11	Compensation, pay	2	6%	11%
12	Employee benefit plans (insurance, retirement, holidays, vacations, paid time off)	1	3%	1%
13	Concerns about safety (physical, emotional, social)	0	0%	
14	Job security concerns, fear I might lose my job	0	0%	9%
15	Lack of resources needed to perform the job (equipment, tools, technology)	0	0%	
16	Concerns about the treatment of customers	0	0%	
17	Lack of remote work opportunities	0	0%	
18	Lack of on-site work opportunities	0	0%	
19	Lack of meaningful work (my work did not add value)	0	0%	
20	Reasons unrelated to Monroe Community Mental Health Authority	17	53%	
Total Responses to Single Most Important Reason for Leaving		*32*	*100%*	

HUMAN RESOURCES PRESENTATION

4th Quarter FY2025

	Supervision/Management Engagement Factors	# Selected	% Selected
1	Supervision/management did not listen or pay attention to what I had to say	4	20%
2	Supervision/management did not know or understand what was going on in my work area	4	20%
3	Supervision/management standards were too high	0	0%
4	Supervision/management standards were not high enough	1	5%
5	Supervision/management did not have the knowledge, skills, and abilities to do the job	4	20%
6	Supervision/management was not interested in my success and well-being	4	20%
7	Supervision/management did not discuss my skills, career interests, and development needs for my continued growth	3	15%
Total Responses to Supervision/Management Engagement Factors		*20*	*100%*

	Other Reasons - Employee Influenced	# Selected	% Selected	Norm %
1	Childcare/elder care	0	0%	5%
2	Return to school	1	6%	9%
3	Commute	0	0%	7%
4	Personal health or family health reasons	7	41%	21%
5	Relocation	3	18%	22%
6	Retirement	2	12%	10%
7	Career change	3	18%	
8	Other personal reasons	1	6%	25%
Total Responses to Other Reasons - Employee Influenced		*17*	*100%*	

	Current Job Status	# Selected	% Selected	Norm %
1	Working for another organization in the same industry	11	32%	57%
2	Working for another organization but not in the same industry	8	24%	17%
3	Not working after leaving Monroe Community Mental Health Authority	15	44%	18%
Total Responses to Current Job Status		*34*	*100%*	

HUMAN RESOURCES PRESENTATION

4th Quarter FY2025

	Current Skill Level	# Selected	% Selected	Norm %
1	A similar skill level or job	10	**53%**	53%
2	A promotion	8	42%	29%
3				
	Neither (lesser skill, new career, no comparison)	1	5%	18%
Total Responses to Current Skill Level		*19*	*100%*	

	Pay at New Job	# Selected	% Selected	Norm %
1	Much less (over 10% less)	1	5%	3%
2	Less (1-10% less)	1	5%	9%
3	About the same	4	21%	21%
4	More (1-10% more)	6	32%	32%
5	A lot more (over 10% more)	7	**37%**	35%
Total Responses to Pay at New Job		*19*	*100%*	

Recommendation as Employer - # Yes selections	# Selected	% Selected	Norm %
Would you recommend Monroe Community Mental Health Authority as an employer to others?	29	81%	69%

Rehire Interest - # Yes selections	# Selected	% Selected	Norm %
Would you consider working for Monroe Community Mental Health Authority in the future?	23	62%	67%

Illegal/Unethical Practices	# Selected	% Selected	Norm %
During your employment, were you aware of unethical, illegal, or unsafe practices?	4	11%	13%

Permission to Reveal Name	# Selected	% Selected	Norm %
Does ExitRight have your permission to reveal your name in the reporting of findings?	5	16%	32%

GRIEVANCES

Quarter	# of Grievances	Summary	Resolved (Y/N)
Qtr. 1	0		
Qtr. 2	1	Unprofessional Communication; Prescriber to CSM	Y
Qtr. 3	0		
Qtr. 4	1	Unprofessional Communication	Y

HUMAN RESOURCES PRESENTATION

4th Quarter FY2025

TRAINING

Quarterly Training Summary

UPDATES

Trainer Accomplishments: Completed Specialized Trauma Informed Care at Indiana University and Completion of Motivational Interviewing Trainers Evidence Base Practice.

Mental Health First Aid: Training for community members was not conducted in the fourth quarter due to material delays with the National Council for Wellbeing. These materials have now been received, and a training session is planned for December.

Improvements: Gap Identified in Third Quarter: External providers required to complete CPI (Crisis Prevention Institute) training were not enrolling as expected.

Immediate Response: Sent reminders emphasizing the enrollment expectation. • Notified providers to enroll immediately. • Added more training sessions and increased seating capacity to remove barriers.

3rd Quarter Enrollment: 2 4th Quarter Enrollment: 72

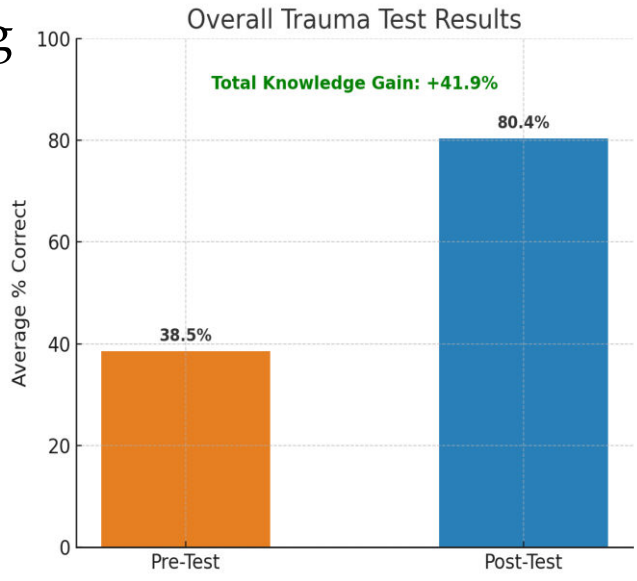
First Quarter FY2026: Clinical Training focus is on Motivational Interviewing. Motivational Interviewing (MI) is a collaborative, person-centered interactive/counseling style designed to strengthen an individual's motivation and commitment to change. It helps people explore and resolve ambivalence by drawing out their own reasons for change in a supportive and nonjudgmental way. It promotes increased recovery rates.

Fourth Quarter Training Higlights

Mandatory Reporting (Required)

Conflict Management

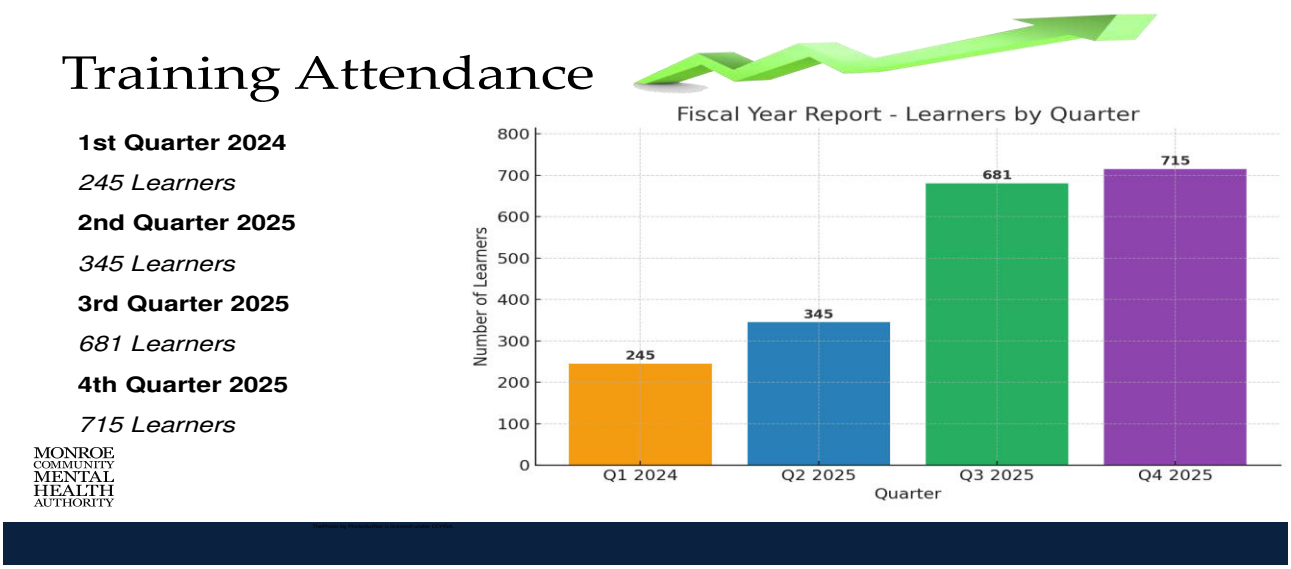
Trauma Informed Care (Pre-Post Test – see scores)



MONROE COMMUNITY MENTAL HEALTH AUTHORITY

HUMAN RESOURCES PRESENTATION

4th Quarter FY2025



COMPLIANCE

4TH Quarter FY2025 Compliance Activity

- Completion of the 2025 External Quality Review (EQR) Performance Measure Validation (PMV) and Network Adequacy Validation (NAV) with HSAG (Health Services Advisory Group) and MDHHS to assess compliance with all Medicaid Managed Care Rule requirements.
- Preparation for the 3-day onsite 2025 Joint Commission survey. Professional accreditation is required every 3 years by the Michigan Mental Health Code and MDHHS contract. The survey includes an in-depth review of high-risk, high-volume populations, staff and consumer interviews, site and service location inspections, and evaluation of standards compliance.
- Initiation of the 2025 PIHP monitoring of delegated functions and contractual requirements per state and federal regulations.
- Initiation of the 2025 MDHHS 1915 (c) Waiver and BH 1915 (i) SPA site review. This review is required by the MDHHS contract to ensure compliance with the Children's Waiver Program (CWP), Habilitation Supports Waiver (HSW), Waiver for Children with Serious Emotional Disturbance (SEDW), Substance Use Disorder Services (SUD), and 1915 (i) SPA services.
- Implementation of local Mortality Review Team to analyze all consumer deaths.
- Completion of Medicaid and non-Medicaid service appeals (local) and hearings (state-level).
- Analysis and reporting of risk events, critical incidents, and sentinel events to MDHHS.
- Completion of second level retrospective review requests for inpatient hospitalization.
- Monitoring of clinical peer review program with a qualitative data analysis to evaluate clinical compliance and identify trends in performance.
- Monitoring all subpoenas, court orders, and records requests to ensure compliance with HIPAA and 42 CFR Part 2 (SUD).
- Completion of Grievance and Appeals/Utilization Management-Utilization Review Training for all new staff.
- Participation in the regional Compliance Committee, Utilization Review Committee, Clinical Performance Team Committee, Credentialing Committee, and Behavioral Health Quality Transformation Workgroup.

Consumer Advisory Council

2025-2026

MONROE COMMUNITY MENTAL HEALTH AUTHORITY

Making a Difference Where It Counts

MONROE COMMUNITY MENTAL HEALTH AUTHORITY

What is the Consumer Advisory Council?

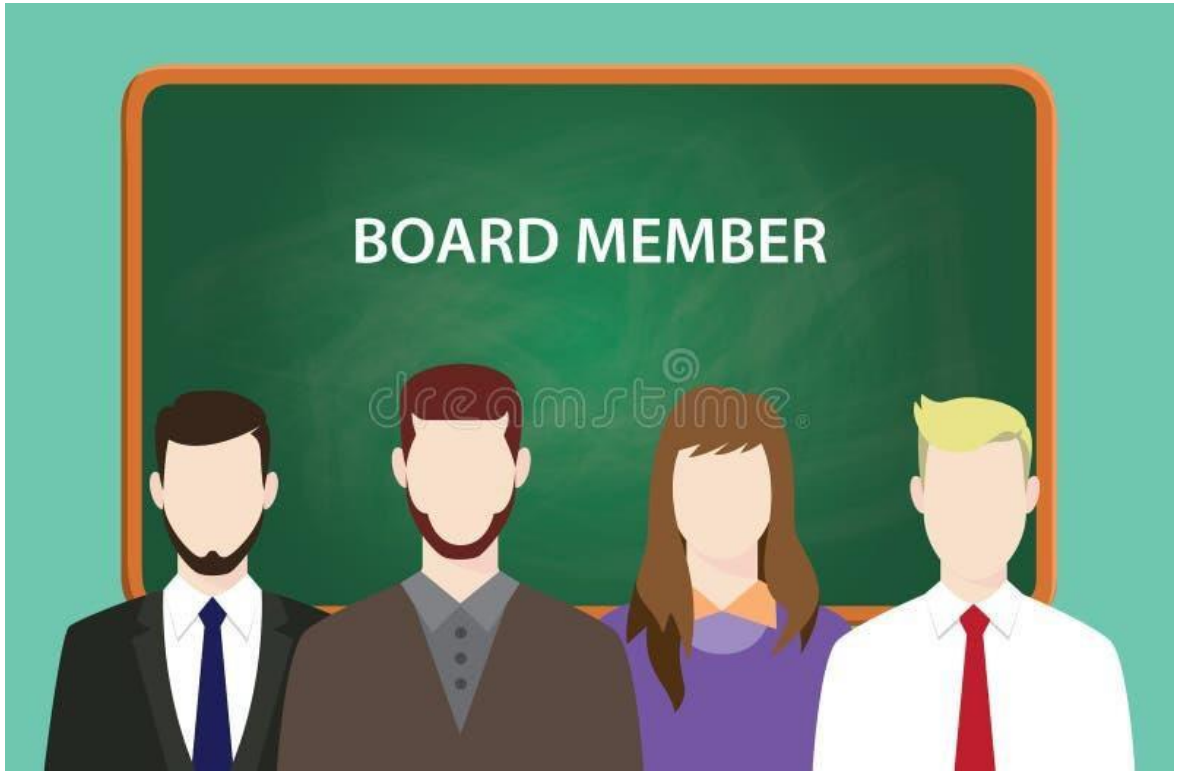
The CMH Consumer Advocacy Council members work as advocates to promote services, supports, communication, opportunities, and legislation for all individuals recovering from mental illness, developmental and intellectual disabilities, and emotional impairments, who are Community Mental Health (CMH) consumers and families of consumers past and present. The Council works to create an awareness of mental health issues for all people recovering, through education and advocacy.

The Council combats stigma.

MONROE COMMUNITY MENTAL HEALTH AUTHORITY

“The mission of the MCMHA Consumer Advocacy Council is to provide advocacy and support through a partnership with Monroe Community Mental Health Authority participants, staff, and the community.”

New Board Members for 2025-2026



Chair: Sarah K

Co-Chair: Tim L

Secretary: Dominic B

Monroe RCAC Rep:

Sarah K and Amber E

MONROE COMMUNITY MENTAL HEALTH AUTHORITY

Membership and Meetings

- CAC is currently made up of 7 members.
- I am currently working on a flyer to pass out to CSM's at the Raisinville office to help increase attendance.
- CAC is also advertised in the CMHA Newsletter.
- We meet the second Tuesday of the month at the Raisinville office. Current time is 1:00pm-2:00pm but we are possibly changing time to 1:30pm-2:30pm to utilize a larger space for new members.

MONROE COMMUNITY MENTAL HEALTH AUTHORITY

2025

- RCAC Picnic
- Updated Work Plan and By-Laws
- Attended State Walk-A-Mile
- RCAC yearly training was held November 13th, 2025 at the Learning Center
- Article in CMHA Newsletter
- Making plans for events in 2026 (ie. Monroe County Fair, Mental Health Fun Day, ect.)
- Working on speakers for 2026

MONROE COMMUNITY MENTAL HEALTH AUTHORITY

2026 Speaking Ideas

- Recipients Rights
- Peer Support
- New Urgent Care
- Crisis Mobile
- Drop in Center
- Case Manager's
- RAW
- NAMI
- Clubhouse

MONROE COMMUNITY MENTAL HEALTH AUTHORITY

2026 Possible Community Events

- Mental Health Awareness Walk
- Mental Health Scavenger Hunt (Local Park)
- Holiday Party
- Mental Health Dance
- Community Picnic
- Game/Movie Night at CMH
- Mental Health Event at Local Library (Wellness Workshop)
- Trash Pick-up at Local Park or Other Location
- Paula's House

MONROE COMMUNITY MENTAL HEALTH AUTHORITY

2025 RCAC Picnic

This year Monroe hosted the RCAC picnic for the very first time. Several people from all over the region and of all ages came to Monroe to enjoy food and meet others who also want to make a difference in the community by advocating.

MONROE COMMUNITY MENTAL HEALTH AUTHORITY

2025 Walk A Mile Rally

Monroe CAC had 6 members as well as a member's family support Monroe at the annual Walk-A-Mile in Lansing, MI at the State Capital. People from all over Michigan met up September 17th, 2025 to support mental health.

MONROE COMMUNITY MENTAL HEALTH AUTHORITY

MONROE
COMMUNITY
MENTAL
HEALTH
AUTHORITY

Talk With Us.

MCMHA Finance Board Action Request

Service Contract(s) and Amendments

Wednesday, November 19, 2025

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

PROVIDER	CONTRACT TERM	SERVICE DESCRIPTION	FY2022-2024 RATE / UNIT		FY2024-2026 RATE / UNIT		ADDITIONAL INFORMATION
Hospitals							
N/A							
Community Living Supports (CLS) / Supported Employment / Respite							
CHS- The Ability Hub	12/1/25-9/30/26	Skills training and development			$8.25 $4.32 $3.00 $2.34 $1.95 $1.68	Per 15 minutes	This is formerly CHS Group but the skill building services are being seperated into a different company.
		Supported Employment			$6.53 $3.27 $2.18 $1.64 $1.31 $1.09	Per 15 minutes	
		Respite			$4.80 $2.40 $1.61 $1.21 $.97 $.80	Per 15 minutes	
Gage Consulting for Challenging Behavior LLC	12/1/25-9/30/26	Behavior Identification Assessment Intensive Behavior Identification Assessment Behavior Treatment Plan Monitoring Mental Health Service Plan Development Mental Health Service Plan Monitoring Family Training Non Family Training			$1,107.25 $1,431.70 $419.55 $645.00 $360.50 $360.50 $360.50	Encounter	
Guardian Trac	12/1/25-9/30/26	Non-family training			$84.87	Encounter	
Autism / Waiver Services							
N/A							

MCMHA Finance Board Action Request

Administrative Contracts(s)

Wednesday, November 19, 2025

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

CONTRACTOR	CONTRACT TERM	DEPARTMENT	SERVICE DESCRIPTION	BUDGET	ADDITIONAL INFORMATION
Iris Telehealth	01/01/26-12/31/26	PHS	Hourly rate increase for Dr. Cushman.	$250 per hour for 30 hours per week. Hours may increase as needed.	3% annual increase
Manpower	11/1/25-10/31/27			Administrative: 55% markup of hourly rate Healthcare: 60% markup of hourly rate	To be used for temporary vacancies
Locumtenens	11/1/25-12/31/26	PHS	Extension of Dr. Halgrimson's contract and a rate increase to start January 1, 2026.	$280 per hour $285 per hour starting January 1, 2026	2% annual increase

BOARD ACTION REQUEST

11/19/2025

ACTION REQUESTED:

To approve the attached PTO accrual system for non-union and executive staff effective January 1, 2026.

Background:

On 11/20/24 The Board approved a new collective bargaining agreement. In conjunction with approving the CBA, the Board also approved to mirror the same benefit and compensation package for non-union staff. This mirroring included the following:

- Three-and one-half percent (3.5%) increase to base wages annually over the next three fiscal years.
- Retroactive pay for the current fiscal year to 10/01/2024.
- A $500.00 one-time bonus ($250 for permanent part-time positions working 20 hours per week or more),
- The addition of one floating holiday beginning calendar year 2027

The mirroring did not include the increase in sick days from 6 days to 10 days set to begin January 1, 2026 for union staff. It was excluded at the request of the HR Director who wanted an opportunity to properly assess an equivalent value, as non-union staff utilize a PTO accrual system which differs significantly from the union's benefit accruals of vacation, sick and personal time.

Attached is HR's recommendation for modifying the PTO accrual for non-union and executive staff in a manner that best mirrors the additional sick time afforded to union staff.

RECOMMENDATION:

Adoption of the attached PTO accrual system for non-union and executive staff effective January 1, 2026.

PTO ACCRUAL SYSTEM
FOR
NON-UNION/ EXECUTIVE STAAFF

CURRENT

NON-UNION PTO ACCRUAL		
Year(s) of Service	**PTO Hrs Earned Monthly on the 1st**	**Days/yr**
0-.99	13.34	20
1-1.5	14.04	21.06
1.5-5	14.74	22.11
5-7	16.77	25.16
7-12	18.8	28.2
12-15	20.8	31.2
15-20	22.83	34.25
20	25.8	38.7

EXECUTIVE PTO ACCRUAL		
Year(s) of Service	**PTO Hrs Earned Monthly on the 1st**	**Days/yr**
0-.99	14.67	22.01
1-1.5	15.37	23.06
1.5-5	16.07	24.11
5-7	18.1	27.15
7-12	20.13	30.2
12-15	22.13	33.2
15-20	24.17	36.26
20	27.14	40.71

RECOMMENDED

NON-UNION PTO ACCURAL		
Years of Service	**PTO Hrs Earned Monthly on the 1st**	**Days/Yr**
0-1	16.0	24
1-3	17.3	26
3-6	19.3	29
6-10	21.3	32
10-15	23.3	35
15-20	25.3	38
20+	28.0	42

EXECUTIVE PTO ACCRUAL		
Years of Service	**PTO Hrs Earned Monthly on the 1st**	**Days/Yr**
0-1	17.3	26
1-3	18.7	28
3-6	20.7	31
6-10	22.7	34
10-15	24.7	37
15-20	26.7	40
20+	29.3	44

UNION Vacation, Sick, Personal Benefit Accrual				
Effective 01/01/26				
Year(s) of Service	Vacation	Sick	Personal	Sum
0-1	10	10	0	**20**
1-3	12	10	4	**26**
3-6	15	10	4	**29**
6-10	18	10	4	**32**
10-15	22	10	4	**36**
+15	25	10	4	**39**

Board Action Request / November 19, 2025:

PURCHASE OF CLUBHOUSE VEHICLE

Background:

MCMHA's River Raisin Clubhouse membership has grown significantly over the past year. As a result of the increase in membership there is a need to expand the number of passenger vans to accommodate the increase in membership.

Currently the clubhouse uses 2 passenger vans for consumer transport to and from the clubhouse. At this time, there are members on a wait list for transport who reside in the Carleton / Newport area; an area not served by public transportation (bus service).

The Clubhouse is looking to add a third (12-15 Passenger) van that will aid in transporting to and from the clubhouse for members as well as the primary vehicle for planned activities.

Quotes (In Stock Vehicles)

Dealer	Vehicle	Cost
Todd Wenzel GMC-Buick Westland	2025 GMC Savana 3500 Ex Length 15 PASS Van	$48,965.00 (In Stock)
Champion Hargreaves Chevrolet Royal Oak	2025 Chevrolet Express 15 PASS 3500 rwd	$62,882 (In Stock)
Taylor Ford Taylor	2025 Transit 12 PASS	$66,847 (In Stock)

Build Order*

Manufacturer	Vehicle	Cost
Chevrolet	2025 3500 Chevrolet Express 12 PASS rwd	$55,415
GMC	2025 3500 Savana LT 15 PASS rwd	$55,415
Ford	2025 Transit 14 PASS	$57,830

***Note: Base model comparisons**

BOARD ACTION REQUESTED:

Consideration to purchase one 2025 GMC Savana 3500 Extended 15 passenger van from Todd Wenzel GMC-Buick in the amount of $48,965.00.

Todd Wenzel Buick-GMC and TW Chevrolet
Albert Li | (734) 713-1065 | ali@toddwenzel.com

Monroe Community Mental Health Authority

Prepared For: Jim Brown

(734) 384-0283

jbrown@monroecmha.org

[Fleet] 2025 GMC Savana Passenger (TG33706) RWD 3500 155" LS (11)

TODD WENZEL BUICK GMC of WESTLAND
35100 FORD RD
WESTLAND, MI 48185

State of Michigan MiDeal Contract # MA240000001205
MiDeal Spec # 0126-VAN

Monroe Community Mental Health Authority Pricing
(MiDeal Pricing)

2025 GMC Savana 3500 Ext Length 15-Pass Van

9900# GVWR	**6.6L Gas V8 / 8-Spd Auto Trans**	**15-Pass Van**

2025 GMC Savana 3500 Ext Length 15-Pass Van	**$ 48,891.00**
DEL – Delivery per MiDeal (FOB Monroe, MI)	$ 74.00
Total	**$ 48,965.00**

Prices Quoted are for a GM MiDeal Dealer Stock Unit.
Available for Immediate Delivery; Subject to Prior Sale.
FOB Monroe, MI

CHAMPION HARGREAVES
YOU Always Finish First

Date 11/17/2025 11:45 AM
Salesperson Ethan Cimini
Manager

Prepared For JAMES BROWN **Address** MONROE, MI 48161 Monroe
Email JBROWN@MONROECMHA.ORG
Home Phone
Work Phone
Cell Phone (734) 384-0283

2025 CHEVROLET EXPRESS PASS 3500 RWD 155 **Color** SUMMIT WHT
VIN 1GAZGPF74S1265865 **Weight** 6510
STOCK # 54282

Finance Info Payments

Cash Down $0

1

Payment **Cash Price** $62,882

Guest Approval

Manager Approval

By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to email, text messaging, SMS, phone calls and direct mail. Terms and Conditions subject to credit approval. For information Only. This is not an offer or contract for sale.

TAYLOR Ford
Where the customer is always first!
[illegible] TAYLOR, TX 76580 210 291-0800

Save

Financing option

Estimated payments

2025 TRANSIT 1FBVU4X82SKB15336 STOCK#:SKB15336 JAMES BROWN

Term	Rate	Cash down	Cash down	Cash down
		5,000	10000	15000
60	8.99	*$1366.18*	*$1262.41*	*$1158.64*
72	9.99	*$1219.20*	*$1126.60*	*$1033.99*
84	10.99	*$1126.80*	*$1041.22*	*$955.63*
	Amount to finance:	65,828.78	60,828.78	55,828.78

Days to 1st payment: 45 Pmts/Yr: 12

Selling Price	65950.00
After market items	109.00
Doc fee.	280.00
Other taxable fee	24.00
Total taxable	66363.00
Sales tax	3981.78
Warranty	0.00
State fees	484.00
Total delivered price	70828.78
Rebates	0.00
Trade allowance	0.00
Payoff	0.00
Net trade	0.00
Total down	0.00

$66,847

← Out the door price