MONROE COMMUNITY MENTAL HEALTH AUTHORITY
BOARD MEETING

December 17, 2025 – 6:00 p.m. / Aspen Room
Draft 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 AGENDA AS PRESENTED**	**02 min**
V.	**CONSIDERATION TO APPROVE THE MINUTES FROM THE NOVEMBER 19, 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 — **05 min**

a. Chief Executive Officer's Report

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

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

IX. BOARD COMMITTEES — **05 min**

a. Chair Reports
   i. Bylaws & Policy
   ii. Executive

X. PRESENTATIONS **20 min**

a. Clinical Report – Crystal Palmer
b. Operations Report – Bridgitte Gates

XI. UNFINISHED BUSINESS **00 min**

a. No unfinished business for December

XII. 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. 2026 MCMHA Board of Directors Calendar
    i. **Consideration to Approve the 2026 MCMHA Board of Directors Calendar**
d. CMHAM State Conferences and National Conference NATCON26
    i. **Consideration to Approve up to Three (3) Board Members to Attend the CMHAM State Conferences and National Conference NATCON26**
e. Regional Policies
    i. **Consideration to Adopt the Regional Policies as Presented as Presented**
        1. **Policy:** POC7069 Assessment and Reassessment Policy

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

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

XVI. ADJOURNMENT **01 min**

The next regularly scheduled meeting for the Monroe Community Mental Health Authority Board of Directors is Wednesday, <u>January 28, 2026</u> beginning at 6:00pm in the Aspen Room located at Monroe Community Mental Health Authority.

LG/dp, 2:36pm

BOARD OF DIRECTORS REGULAR MEETING MINUTES
November 19, 2025

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

Excused: Rebecca Pasko, Chairperson

Absent:

Staff: Lisa Graham

Guests: Dr. Frances Jackson, Parliamentarian; Jim Greene, Dykema; and 11 guests were present.

I. CALL TO ORDER

The Board Vice Chair, John Burkardt, 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 John Burkardt.

IV. CONSIDERATION TO ADOPT THE DRAFT AGENDA AS PRESENTED

The items in the Board Packet were as presented on the agenda. John Burkardt 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 22, 2025 BOARD MEETING AND WAIVE THE READING THEREOF

The October 22, 2025 Board Meeting minutes were as presented in the Board Packet. John Burkardt asked if there were any changes to minutes. Hearing no changes, the October 22, 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 commented that she was not planning to be present for the meeting due to a family emergency, therefore there isn't a CEO Report for November. There are several departments reports that provided information in the packet.

Lisa Graham provided a brief update, that after many months, we have received our first Medicare payment, and there are no updates on the PIHP Procurement as the hearing is on December 8, 2025. In about a month we will have more information and how to move forward.

VIII. RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS

a. Regional PIHP Board Meeting Minutes – Did not meet in November.
b. CMHAM Policy and Legislation Committee Report – No report for November.

IX. BOARD COMMITTEES

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 Dr. Jackson assisted with information on the Nominating Committee and who the Board can and cannot appoint, and that the committee will need to specify what happens at each Board Meeting if the Board continues to meet twice a month.
   iii. Performance Evaluation – Lisa Graham commented that the committee has been meeting and there is an agenda item on tonight's agenda related to their committee work.

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 7. Some of these positions are being filled internally.
   ii. 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.
   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 October.
   iv. Crisis Mobile was deployed 86 times in October, which averaged 0.66 hours of face-to-face interaction time.
   v. 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.
   vi. 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, and 13% were self-referral and 2% were from a school.
   vii. Enrollment for the CCBHC has increased by 30 members over the last month. This is a 1.59% increase in enrollment.
   viii. The Behavioral Health Urgent Care (BHUC) served 51 guests in the month of October.
   ix. MCMHA currently has 58 enrollees in the Behavioral Health Home program.
   x. MCMHA held its Annual Town Hall on October 22, 2025, which was well attended by community members and consumers.
   xi. The data for incoming calls being answered is 97% for FY26, which meets MCMHA's goal of 95%.
   xii. The BHUC Community Open House was on November 6th and was well attended by approximately 70 community stakeholders.

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 – Currently working with LET on the bus wrap to promote BHUC; videotaping and interviews taking place at the BHUC with Revel and staff on Monday, November 17, 2025; and Revel will then work with Phoenix Theatres.
   ii. Behavioral Health Urgent Care (BHUC) – Open House was successful. Approximately 70 people attended.

iii. Town Hall – We had a great turnout for this event. Approximately 70 people attended. A lot of awards were presented to consumers and community partners.
iv. 4th quarter grievances were presented.
v. Pulse for Good - Kiosk data was presented. A total of 64 responses were received in October. Comments included. The lobby received 4.53 stars and the BHUC received 4.83 stars.
vi. Dr. Zarko's last day was November 13, 2025. Consumers have been transitioned to Dr. Ali or another requested child prescriber.
vii. 3rd Quarter External Provider Report – Staff retention went up 4% for 4th quarter; training compliance remains above 95%; and the greatest challenge noted remains to be retention and recruitment even though staff retention increased for 4th quarter. Greatest success is training compliance.

c. Human Resources Report – The Human Resources Report was provided in the Board Packet for review. Jim Brown presented the Human Resources Report highlighting priorities under the Strategic Plan.
   i. Retention Rate for 2025 is at 87.8%; there were 10 new hires in the 4th quarter; 5 resignation/terminations; current vacancies are at 12.
   ii. Exit Interview data was presented.
   iii. There was one non-union grievance in 4th quarter and was resolved.
   iv. Training and compliance data was presented.

d. Consumer Advisory Council Report – Sarah Klawitter, CAC Chair, presented a brief overview of the Consumer Advisory Council. The CMH Consumer Advisory 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 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 CAC currently has seven (7) members and looking to increase membership. In 2025 they hosted the Regional CAC Picnic, updated their workplan and Bylaws; attended the State Walk-a-Mile; attended an annual training; provided an article for the CMHA Newsletter; and are working on making plans for speakers and events in 2026.

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

Susan Fortney moved; Reda Biniecki supported. No debate followed. John Burkardt asked if there were any objections to go into Closed Session. Hearing no objections, the Board went into Closed Session for purposes of written attorney opinion pursuant to Section VIII (h) of the Open Meetings Act with ten (10) passing verbal votes. Motion passed unanimously.

The Board went into Closed Session at 6:51pm.

The Board went into Open Session at 7:24pm.

John Burkardt called a five-minute recess.

John Burkardt resumed the meeting at 7:29pm.

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

Dawn Asper moved; Ken Papenhagen supported. John Burkardt asked if there were any objections to approve the Employee Agreement. No debate followed. Hearing no objections, the Board approved the Employee Agreement between MCMHA and Lisa M. Graham, as proposed, with ten (10) passing verbal votes. Motion passed unanimously.

XII. UNFINISHED BUSINESS

a. No unfinished business for November.

XIII. NEW BUSINESS

a. **Service Contracts -** Alicia Riggs presented the Service Contracts.

i. Consideration to approve the Service Contracts as Presented

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

b. **Administrative Contracts -** Alicia Riggs presented the Administrative Contracts.

i. Consideration to Approve the Administrative Contracts as Presented

LaMar Frederick moved; Dawn Asper supported. No debate followed. John Burkardt asked if there were any objections to approve the Administrative Contracts. Hearing no objection, the Administrative Contracts, as presented, were approved by unanimous consent.

c. **Board Action Request: Paid Time Off (PTO) Accrual System -** Back on November 20, 2024, the Board approved a new Collective Bargaining Agreement (CBA). In conjunction with approving the CBA, the Board also approved to mirror the same benefit and compensation package for non-union staff. 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. The recommendation is to adopt the medication of the PTO Accrual System for non-union staff and executive staff in a manner that best mirrors sick time afforded to union staff.

i. Consideration to Adopt the PTO Accrual System for Non-Union Staff and Executive Staff Effective January 1, 2026 as Presented

Mike Humphries moved; Reda Biniecki supported. No debate followed. John Burkardt asked if there were any objections to adopt the PTO Accrual System as presented. Hearing no objections, the Board adopted the PTO Accrual System for non-union and executive staff effective January 1, 2026, as presented, by unanimous consent.

d. **Board Action Request: Purchase of Vehicle for River Raisin Clubhouse** – 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 two (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 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. Three quotes were obtained from Todd Wenzel GMC-Buick Westland, Champion Hargreaves Chevrolet Royal Oak, and Taylor Ford. The recommendation it to purchase a fifteen (15) passenger van from Todd Wenzel GMC-BUICK Westland with the lowest quote of $48,965.00.

i. Consideration to purchase one 2025 GMC Savana 3500 Extended 15 Passenger Van from Todd Wenzel GMC-Buick in the amount of $48,965

Mike Humphries moved; LaMar Frederick supported. No debate followed. John Burkardt asked if there were any objections to approve the purchase of a fifteen (15) passenger van for the Clubhouse. Hearing no objections, the Board approved the purchase of one 2025 GMC Savana 3500 Extended 15 Passenger Van from Todd Wenzel GMC-Buick Westland in the amount of $48,965.00 with ten (10) passing verbal votes. Motion passed unanimously.

e. **MCMHA Potential Millage –** The Business Operations Committee is discussing the possibility of a millage. The committee is far enough along in discussion to request the Board to consider giving the Chief Executive Officer the approval to explore a potential millage. LaMar Frederick commented that this is an exploratory program so that in April of 2026 we will know or options and how to move forward.

i. Consideration to Approve the Chief Executive Officer to Explore a Potential Millage for MCMHA, Subject to Approval

Mike Humphries moved; Naomi Stoner supported. No debate followed. John Burkardt asked if there were any objections to approving the Chief Executive Officer to explore a potential millage. Hearing no objections, the Board approved the Chief Executive Officer to explore a potential millage for MCMHA, subject to approval, by unanimous consent.

f. **Authority Policy, Procedures, and Exhibits**

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

There were no authority policies for November.

g. **Regional Policy**

i. Consideration to Approve the Regional Policies as Presented

1. Policy: N/A

There were no regional policies for November.

XIV. PUBLIC COMMENTS

There were no public comments.

XV. BOARD MEMBER ANNOUNCEMENTS

Board Members wished others a Happy Thanksgiving.

Dawn Asper commented on employees stepping up to do what needs to be done and she wanted them to know they are appreciated.

Ken Papenhagen commented that we are coming into the holiday season. This world is a better place because you are in it, remember that.

XVI. ADJOURNMENT

Ken Papenhagen moved; Becca Curley supported. Rebecca Pasko asked if there were any objection to adjourn. Hearing no objection, the meeting adjourned at 8:02pm.

Submitted by,

_____

Susan Fortney, Secretary

LG/dp
12/1/25

CEO REPORT

December 17, 2025

STAFF RETENTION

Staff Appreciation: On December 4, MCMHA held our annual Holiday Staff Event at Monroe Golf & Country Club. This was one of the few times each year where we can have most of our staff together in person.

SERVICES PROMOTE RECOVERY/COMMUNITY AWARENESS/PARTNERSHIPS

Connected Communities: On December 11, MCMHA brought together staff from Monroe County ISD Transition and Education Center, Skill Building providers, and parents of consumers with I/DD diagnoses, along with MCMHA clinical and contracts staff to begin our assessment of skill building services. This was the first in a series of meetings that are aimed at increasing and improving post-educational opportunities for individuals with I/DD diagnoses throughout the county.

STATE/REGIONAL UPDATES

PIHP Procurement: On December 8-10, the Michigan Court of Claims heard arguments in the PIHP Procurement case. At the conclusion of the hearing, Alan Bolter, Associate Director of CMHAM issued the following communication:

"Although Judge Yates did not issue an opinion from the bench, his questions suggested that he has several concerns regarding the RFP and its alignment with the Mental Health Code. He questioned both parties during closing arguments about issues related to delegation of functions—including contracting authority—braided funding needed to carry out statutory administrative responsibilities, the administration and delivery of substance use disorder services, and processes involving involuntary commitment and inpatient hospitalization.

Judge Yates mentioned potential remedies several times and indicated that he would prefer to allow the state, through DTMB and MDHHS, to identify and work through an appropriate remedy versus mandating the state pull the RFP by his order. It is not clear what that may look like; the state could pull the RFP and write a new one or attempt to fix the current RFP to make it fit within the current structure of Michigan law."

COMMUNITY AWARENESS/PARTNERSHIPS

Blue Christmas: On Sunday, December 7, MCMHA partnered with 2/42 Community Church who hosted their annual Blue Christmas service, which focuses on mental health needs during the holidays. MCMHA sat up a table in the lobby and provided resources to parishioners.

Mental Health First Aid: Earlier this month, MCMHA provided a free MHFA class to the community.

Respectfully Submitted,

Lisa Graham, CEO

BOARD BYLAWS & POLICY COMMITTEE
Wednesday, December 3, 2025
6:00pm

MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

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

DRAFT MINUTES

I. CALL TO ORDER

Becca Curley called the meeting to order at 6:00pm. 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:	POC7069 Assessment and Reassessment Policy

The committee recommends the full Board to approve at the December 17, 2025 Board Meeting.

III. REVIEW OF BOARD BYLAWS

a. The committee is currently undergoing the review process of the Board Bylaws. The committee focused on attendance for Board Meetings, Board Committees, Board Workshops, and Board Trainings.
   i. Rebecca Pasko commented on the importance of board commitments. We as board members need to put the goal of being on the Board as primary and when difficult schedules no longer allow us to do that then to consider putting the benefit our community first.

b. Dr. Jackson will review Roberts Rules of Order and provide feedback to the committee regarding sequence in the Board Bylaws.

IV. PARKING LOT

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

V. AJOURNMENT

The meeting adjourned at 7:24pm.

VI. NEXT MEETING

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Wednesday, January 7, 2026** at 6:00pm.

Respectfully submitted,

Becca Curley (dp)

Becca Curley
Committee Chair

12/5/25

BOARD EXECUTIVE COMMITTEE

Wednesday, December 3, 2025 / 5:00pm in Aspen

MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

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

I. CALL TO ORDER

Rebecca Pasko called the meeting to order at 5:00pm. Rebecca Pasko, John Burkardt, Susan Fortney, and Lisa Graham were present.

II. ITEMS FOR DISCUSSION

a. Review of the December 17, 2025 Board Meeting Agenda
   i. The Executive Committee was pulled ahead by two weeks and do not have a draft agenda available for review. The December 17, 2025 Board Meeting agenda will be shared with the Executive Committee through email.
   ii. Lisa Graham will include an update on the PIHP Procurement in her CEO Report.
      1. The hearing on the PIHP Procurement is taking place next week. If MDHHS is able to move forward, they will announce their awards the week of December 15th.
   iii. Lisa Graham informed the Executive Committee that a video and commercial have been completed for the Behavioral Health Urgent Care and would like to give a preview to the Board.
   iv. There will be no financials for December due to end of the year closeout.

b. Board Meeting Schedule
   i. Starting in January 2026, the Executive Committee supports going back to one Board Meeting per month on the 4th Wednesday at 6pm. November and December dates will be pulled ahead due to the holidays as part of normal practice. Department Reports will occur on a quarterly basis. Lisa Graham will work with Dawn Pratt to form a reporting schedule for 2026.
   ii. Dawn Pratt will create a 2026 Board of Directors Calendar color coding meetings and committees. The calendar will be included in the December Board Packet for review and approval. Upon approval, meeting invitations for Board Meetings, Board Workshops, and Board Committees will be sent.

c. Meeting Evaluations
   i. The Executive Committee will begin to review the Board Meeting Evaluation Reports for any trends or areas of improvement. The reports will be provided to the full Board for review. A Board Workshop has been scheduled for February 21, 2026 from 10am to 2pm to review the Board Meeting Evaluation Yearly Report as well as the results of the Board Member Self Evaluation Questionnaire that will be sent to the Board in January to complete.

d. Updates from the CEO
   i. Will stay on top of a meeting with Paul Bosanac at the County regarding providing additional funds or to discuss a millage.
   ii. Dykema drafted a letter to the IRS regarding the agency name change to Monroe Community Mental Health Authority, eliminating the word “County” from the previous agency name. Once the name change is complete, we will do a comprehensive review to make sure that everything is the same across the board.
   iii. Starting to schedule CEO Coffee Hours in the community and talking with Sheriff Goodnough for tips as he is doing this as well.
   iv. Reached out to New Directions and would like to do some Facebook videos to promote New Directions. Looking to do one a week through December. Dr. Sadah, Medical Director, is going to do some videos on seasonal disorder in January.
      1. Rebecca Pasko suggested doing some videos on where shelters and warming shelters are located across the county and to post in the lobby and on Facebook.
   v. We did our first Mental Health First Aid (MHFA) video and put it on Facebook and was able to fill a training and have four on a waitlist.
   vi. Participated in a lunch and learn and got a new book. This was for CEOs only. Lisa will send the Executive Committee the title of the book.

e. Board and Executive Leadership Holiday Dinner Event
   i. A reminder will be sent to those that RSVP’d for the holiday dinner at Northwood Villa on Friday, December 5, 2025 beginning at 6:00pm. 6:00pm to 7:00pm will be happy hour and mingling with a 7pm dinner reservation.

f. Executive Committee Comments
   i. Susan Fortney commented on the VA Awareness Program. Susan assisted with setting up the booth and commented that it was packed. There were at least 17-20 tables from the community. Susan suggested that if we have this opportunity again that board members could cover this event for MCMHA.
   ii. Rebecca Pasko commented that the Bylaws & Policy Committee will be reviewing the subject of attendance at Board Meetings, Workshops, and Committees at their next meeting. Rebecca suggested the committee may want to consider begin reviewing the Board Governance Policy Manual in January and see if that will affect amending the Bylaws. We want to make sure that both governing documents are consistent.

iii. Rebecca Pasko commented that if board members are going to be out in the community and help mental health that she does not want to have to come to the Board every time to request approval of a board stipend if it is a board related activity. Lisa Graham mentioned reviewing the Board Governance Policy Manual and will make some recommendations on where some areas could be tightened up and present to the Bylaws & Policy Committee.
    1. Rebecca Pasko provided information on the differences between stipends boards receive.
    2. Susan Fortney asked if board members could receive a bonus.
        a. Lisa Graham will follow up with Paul Bosanac on the stipend amount in the county to see if we are current with the stipend provided for CMH board members.

iv. Rebecca Pasko requested a Board budget.

III. ACTION ITEMS FOR FUTURE BOARD MEETING AGENDA

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

IV. NEXT AGENDA

a. Review of January 21, 2026 Board Meeting agenda
b. Meeting Evaluation Report(s)

V. AJOURNMENT

The meeting adjourned at 5:59pm.

VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for **Thursday, January 15, 2026** at 6:00pm in the Aspen Room.

Respectfully submitted,

Rebecca Pasko (dp)

Rebecca Pasko
Board Chairperson 12/9/25

BOARD CLINICAL REPORT EXECUTIVE SUMMARY
December 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 8. 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 18 universal referrals made in November. 72% received some type of follow-up, authorized services, etc. 0% declined any further intervention, and 28% MCMHA didn't have enough information for follow-up or received no response.
- Certified Peer Support Specialists (CPSS) continue to provide support at the ALCC. The CPSS did engage in three (3) programs/activities and zero (0) 1:1 meeting during the month of November.

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 69 times in November, which averaged 0.69 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 21.55 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; 75% were from the Monroe County Sheriff's Department and Monroe City Police; 19% were from Access Dept/CMH, 3% were self-referral and 3% were from a school.
- Enrollment for the CCBHC has increased by 9 members over the last month. This is a 0.47% increase in enrollment.
- MCMHA currently has 58 enrollees in the Behavioral Health Home program.
- The Behavioral Health Urgent Care (BHUC) served 48 guests in the month of November.
- MCMHA received approval on December 11th to provide and bill for Assertive Community Treatment Integrated Dual Disorder.

CONSUMER VOICE INFORMS DECISION MAKING

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

- The Operations Department reports on consumer voice.

MISCELLANEOUS

- The data for incoming calls being answered is 97% for FY26, which meets MCMHA's goal of 95%.

Updated 12/11/25

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 November's training, which continued to teach and refine Motivational Interviewing skills used to help consumers find motivation for positive behavioral change. This training series will continue through January.

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 December 8th:

- Case Service Manager – (Intellectual/Developmental Disability)
- Peer Support Specialist (PT - 2)
- Evaluation and Admission Specialist
- Home Based Clinician (NEW POSITION)
- Psychosocial Clubhouse Generalist
- 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 CCBHC Program Director attended the Suicide Prevention Coalition on November 19th and the Veterans Suicide Prevention workgroup on November 18th. CCBHC Program Director ordered free veterans' resources that are available at the main building and BHUC building. Resources including suicide risk assessments, connecting with veteran resources, avoiding common scams, etc. These were also provided to staff serving adult consumers.

Updated 12/11/25

BOARD CLINICAL REPORT
December 2025

The CCBHC Program Director represented MCMHA at the final Building Health Communities Coalition's Community Health Improvement Plan (CHIP) meeting on November 19th. The CHIP data and projects support our CCBHC Needs Assessment and priority areas for our strategic plan and other programs and services. The CHIP will be finalized and released soon. The new CHIP has a focus on mental illness, suicide prevention, Social Drivers of Health, and substance use, which aligns with many of MCMHA's programs and initiatives.

Our Child & Family Home-Based and Outpatient Clinicians delivered a training titled "Trauma-Informed Practice: Working with Youth Who Are Detained" for our partners at the Monroe County Detention Center. The session took place on November 3rd at MCMHA. We are proud to support front-line staff and probation officers by providing information and insight to help them work effectively with youth who may spend time in their care—many of whom are shared consumers. This training has become an annual event for our youth center partners, and we look forward to continuing this meaningful collaboration in the years ahead.

Community Events

On November 26th, the Suicide Prevention Coalition Chair/BHT Team Supervisor and the CCBHC Program Director attended the Ida Middle School Mental Health Fair, where they hosted an informational table on behalf of the Suicide Prevention Coalition. They shared a variety of resources available to participants.

The Director of Access, Crisis, and Diversion was invited to present at the ISD Mental Health Roundtable, where school social workers from districts across the county gathered. The presentation focused on our crisis continuum, including Crisis Mobile and the BHUC. The information was well received and appreciated by attendees.

The Jail Diversion team and the Director of Access, Crisis, and Diversion met with leadership from the Disabilities Network at their request to explore ways they could become more involved with our Jail Team. The discussion focused on supporting individuals who are incarcerated by meeting with them prior to release to help strengthen and enhance release planning.

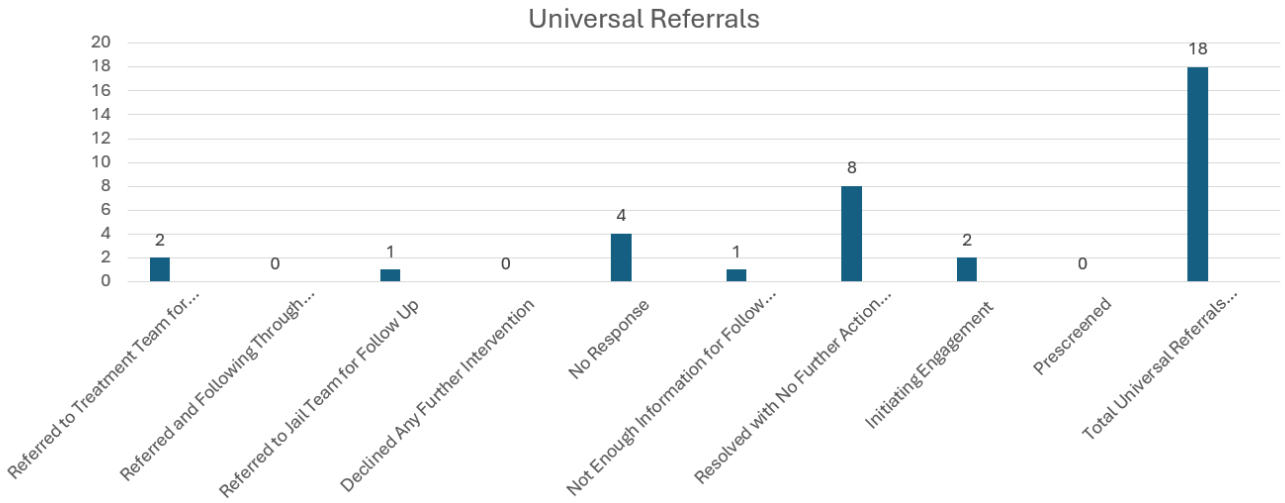
Universal Referral

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
- Selah's Center of Hope
- 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 12/11/25

During the month of November, there have been 18 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 November, MCMHA Peer Support Staff provided zero (0) 1:1 meetings/appointments, and the peers did engage in three (3) programs/activities within the Opportunity Center.

Crisis Mobile Response Team

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

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 12/11/25

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. There remains a steady flow of new requests, assignments, and discharges within outpatient therapy. Of the 44 individuals currently awaiting services, 12 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 (ICCW). Home-based and ICCW 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 November, daily attendance averaged between 19-22 participants.

The Access Department 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.

The Access Department is currently in phase 2 of a three-phase transition to a full Same Day Walk-In Access model. In this phase, we have two dedicated Evaluation & Admission Specialists assigned exclusively to walk-ins, and the only scheduled appointments on their calendars are hospital discharge visits. By January, we expect to complete the transition to full Same Day Walk-In Access. We will continue using a shared Access Department calendar to schedule hospital discharges and to accommodate any individuals whose needs carry over from the previous business day.

In November, we had 33 walk-ins, which occurred during phase 1 when only one staff member was dedicated to walk-ins. A total of 21 screenings/BPSs were completed. Four individuals left due to the wait time, indicating they would return later (one of these left because they did not have the required documents). Additionally, there were 4 SUD screenings and 1 pre-screen for Partial Hospitalization. (Note: the breakdown adds up to 34 instead of 33 due to some receiving screening/BPS and SUD screening.)

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 1,921 members currently enrolled in CCBHC, which is an increase of 9 enrollees or 0.47% since last reported in November. This number will continue to fluctuate as consumers enroll and disenroll in services. This remains to be around 80% of our open consumers.

The CCBHC Implementation Meeting was held on November 18th. The focus of this meeting was on reviewing the new Zero Suicide Dashboard, BHTEDs, Grievances, Appeals, and Denials, DCO authorizations, and TA needs from MDHHS. The group also discussed BHUC and St. Joesph Center of Hope engagement center updates.

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 November, the fix for the I-SERV measure was implemented in CRCT. However, it was discovered that CRCT is only pulling open consumers instead of all

consumers who received a crisis service. Advocacy will continue to get the correct information in the CCBHC report.

MCMHA's Access Department began utilizing the ASAM Continuum and billing for SUD screenings in November. Historically, MCMHA has completed the screening, but all the SUD services were through the PIHP. With the transition to direct pay for CCBHC, MCMHA is now providing the screening directly. The CCBHC Program Director, Chief Clinical Officer, Access, Crisis, and Diversion Director, and Adult MI Director met to develop a SUD work plan to continue the efforts to grow our in-house SUD services.

The Data Analyst Manager finalized and presented the new Zero Suicide Dashboard at this month's CCBHC meeting and CTS meetings. This dashboard will help identify trends and patterns in key metrics related to Zero Suicide. These include PHQ-9 score, CSSR-S assessments, safety and crisis plans, etc. As a reminder, Zero Suicide is a required Evidence-Based Practice for CCBHCs and is a continuous quality improvement effort to reduce (and eliminate) death by suicide.

Additionally, the CCBHC Program Director has continued investigating SRA-C quality metrics, including seeking input from PCE, to ensure Quality Bonus Payment (QBP) metrics are being calculated correctly. This issue has been brought up in numerous meetings, including the CCBHC Data Huddle meeting with the PIHP. The PIHP is advocating with PCE for assistance around this metric.

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 currently maintains 8 active TIP cases. The Children's Supervisor is assessing consumers that may be able to participate in this program and is hoping to add at least 2 more consumers in the next month. The team is also working on putting together a support group for the consumers participating in TIP to utilize.

The TIP Facilitator position recently transitioned to another internal staff person, and they will attend TIP training in the beginning of January. They will be able to start utilizing the model with their TIP consumers by the end of January.

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.

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. DBT focuses on teaching people skills to manage intense emotions, cope with challenging situations, and improve their relationships. It encourages people to learn and use mindfulness training in practical ways.

The team is currently recruiting and accepting new referrals for an upcoming group, with plans to begin in January. 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 remains at 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. The team is in the planning stages to start a peer run WRAP group for the month of January 2026.

River Raisin Clubhouse

The Clubhouse held its Annual Thanksgiving Celebration with family and friends, and it was a great success. Staff prepared a full Thanksgiving meal for everyone in attendance, and after dinner, guests enjoyed a variety of games that made the day fun for all.

Assertive Community Treatment Integrated Dual Disorder (ACT/IDDT) Team

On December 11, 2025, MCMHA received temporary approval for the use of the Y4 code, which is directly billing for the IDDT services. MCMHA must now schedule an ACT/IDDT MiFast Review by July 30, 2026. A successful review will provide full approval to use the Y4 code.

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 November, providing services to 48 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.

Updated 12/11/25

The monthly referral sources were as followed:

- CMH (4)
- Community Therapist (2)
- Unknown (6)
- Family (3)
- School (12)
- Hospital (5)
- Individual (13)
- Selah's House (1)
- Google (1)
- PCP (1)

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 November, these are being utilized as CLS sites with three (3) consumers residing at Swartz Home with one (1) consumer considering placement there and two (2) consumers residing at Windemere with two (2) more consumers considering placement there. Once fully licensed Swartz will be able to house five (5) consumers in total and Windemere will be able to house six (6) consumers in total.

Crisis Mobile Response Team

As previously stated above, please see the attached report (Attachment #1) regarding data from the Crisis Mobile Response Team for the month of November.

CONSUMER VOICE INFORMS DECISION MAKING

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

The Operations Department reports on this goal.

MISCELLANEOUS

Call Volume Data

Below is the call volume data for Fiscal Year 26.

	October-25	November-25
Incoming Calls	4908	3451
Incoming calls minus abandon calls	4762	3358
Calls Answered	4478	3134
Missed/Abandoned Calls	430	316
Abandoned Calls	146	93
% incoming calls answered	91%	91%
% incoming calls answered minus abandon calls	97%	97%

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

Updated 12/11/25

Missed is someone calling 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).

Service	Desired Caseload Size	Current Average Caseload	Notes
Case Management (Child SED)	45	63	Currently 396 youth with SED or IDD diagnosis receiving case management.
Transition Age Youth	20	20	The TIP Model is a strength-based, youth-driven framework that was developed for working with youth and young adults (14-29 years old) with emotional/behavioral difficulties. Therefore, the caseload is reduced.
Wraparound Services	10-12	12	Caseload assignment cannot exceed a ratio of one (1) facilitator to twelve (12) child/youth and family teams or no more than 15 with 3 in transition to close. One new staff member is currently onboarding.
Home Based Services (SED & I/EMH)	12 to 15	12 HB 13 IMH	The intensive home-based services worker-to-family ratio is 1:12. Face-to-face time is adjusted to accommodate the level of care needs for each family. The maximum worker-to-family ratio is fifteen (15) (no more than twelve (12) active and three (3) transitioning to a lower level of care or discharge). The same case limit rules apply to the Infant and Early Childhood (0-6year olds) 'Home-based' team.
Case Management (Adult I/DD)	45	47	Overtime is being utilized to meet the needs of consumers, as needed. The team and supervisor are sharing management of the overage due to being down a team member and with new staff training. 326 cases are held on this team. *
Case Management (BHT/HAB/CWP-I/DD Waiver Teams)	45	51	Both children and adults who are diagnosed with an I/DD and on a waiver are monitored by this team. The I/DD Youth CSM has been transferred to this team and will be included in this report. 311 cases are held on this team.
Outpatient Therapy (Child MI)	20-25	22	Targeted case management/outpatient caseloads are managed depending on the frequency of sessions per week/month.
Parent Support Partners (PSP)	30	20	This is a peer-driven service for parents whose child is diagnosed with an SED or I/DD.

Updated 12/11/25

Youth Peer Support Services (PT)	10	0	This is a youth peer delivered service for parents whose child is diagnosed with an SED or I/DD. P*osition is vacant currently.*
Certified Peers	35	15	This team provides peer support services to consumers who are in the medication-assisted treatment (MAT) program.
Jail Diversion Case Management	30-40	26	This team provides case management services to those who are incarcerated.
Monthly Case Management (Adult MI)	55	51.7	This team provides monthly case management to consumers.
Bi-Monthly Case Management (Adult MI)	80	73	This team provides case management services to consumers who only require it every other month.
Meds Only Case Management (Adult MI)	100	86.6	This team provides case management services to consumers whose goal is only medication management; therefore, the frequency is decreased based on the need.
Therapist (Adult MI)	45	36	This team provides outpatient therapy to adults who are diagnosed with an SMI.
Certified Peer Support Specialist (FT)	40	25	This team provides peer support services to consumers diagnosed with SMI.
Certified Peer Support Specialist (PT)	30	0	This team provides peer support services to consumers diagnosed with SMI. *Both positions are vacant currently.*
ACT	50 for Team	33	The Assertive Community Treatment team provides services to those diagnosed with an SMI in a team model.

Select Month:: 2025 - 11 (1)

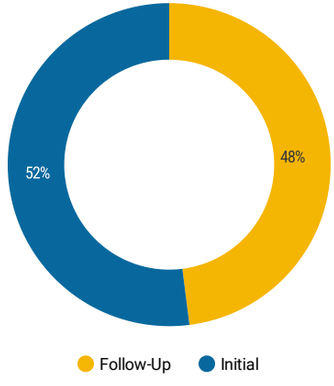
Monroe County CMH Crisis Mobile Utilization Report

Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

69

Mo... ❶	Init... ❷	#	%
2025 - 11	Follow-Up	33	48%
2025 - 11	Initial	36	52%



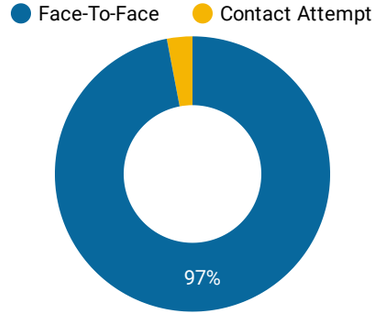
1 - 2 / 2

Month	Contact Type	Hours
2025 - 11	Indirect Contact (Phone/Email/Other)	0
2025 - 11	Contact Attempt	0.5
2025 - 11	Face-To-Face	24.19

Average Face-to-Face Interaction Time (Hours)

0.69

Month	Avg F2F Contact
2025 - 11	0.69



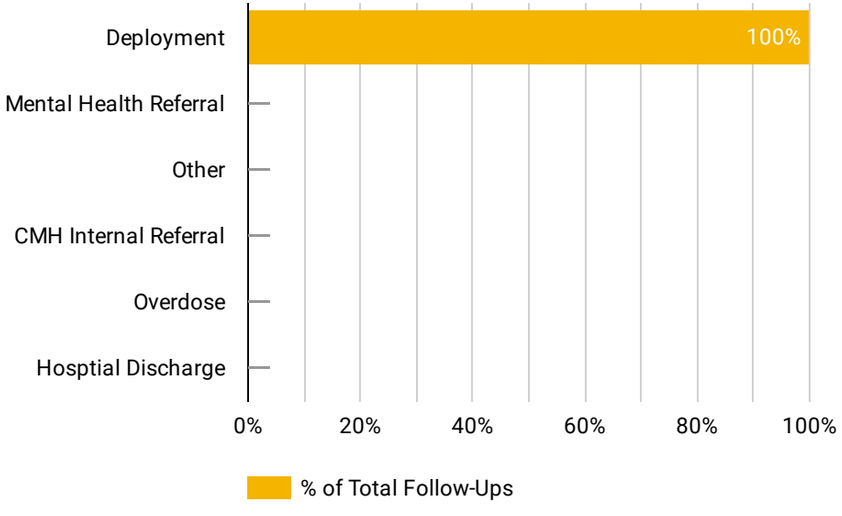
Select Month:: 2025 - 11 (1)

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

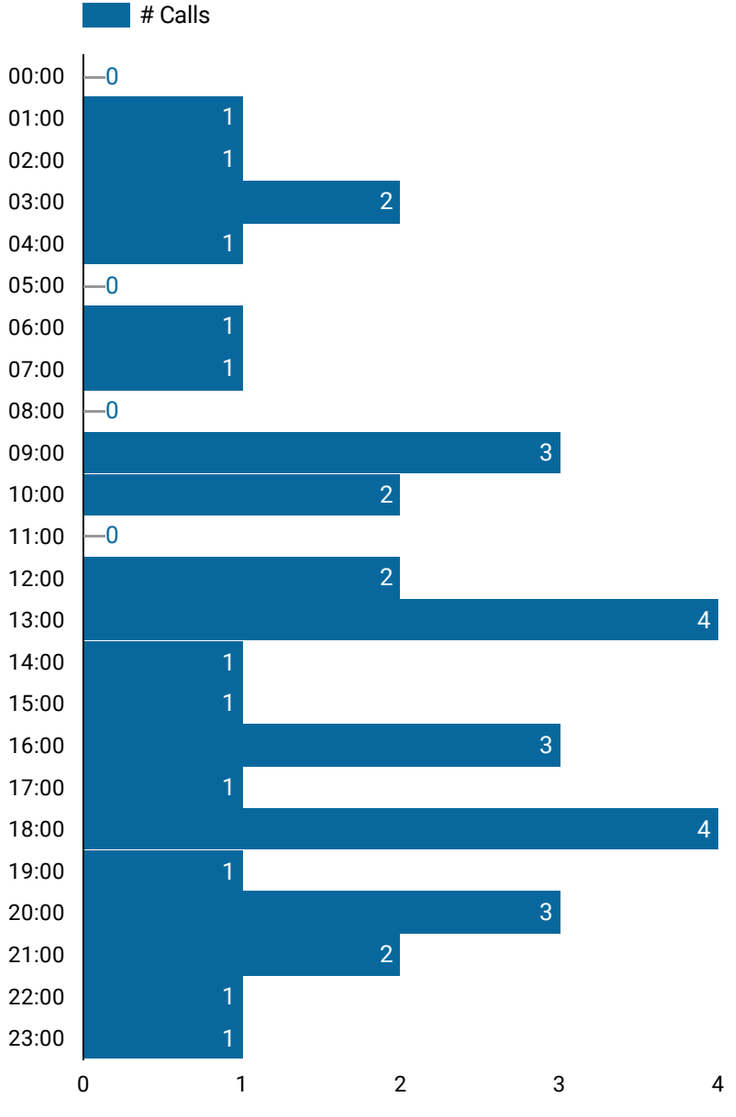
Month ❶	Type ❷	#	%
2025 - 11	CMH Internal Referral	0	0%
2025 - 11	Deployment	33	100%
2025 - 11	Hosptial Discharge	0	0%
2025 - 11	Mental Health Referral	0	0%
2025 - 11	Other	0	0%
2025 - 11	Overdose	0	0%



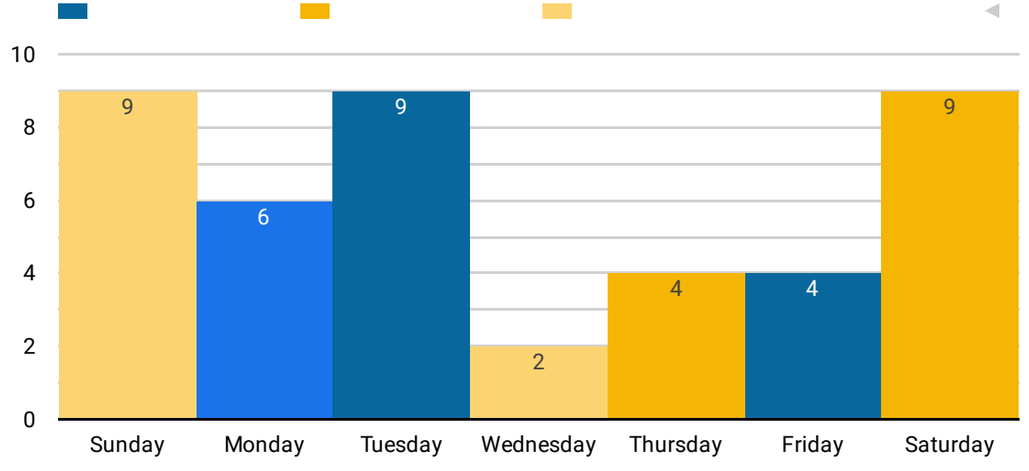
Select Month:: 2025 - 11 (1)

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)

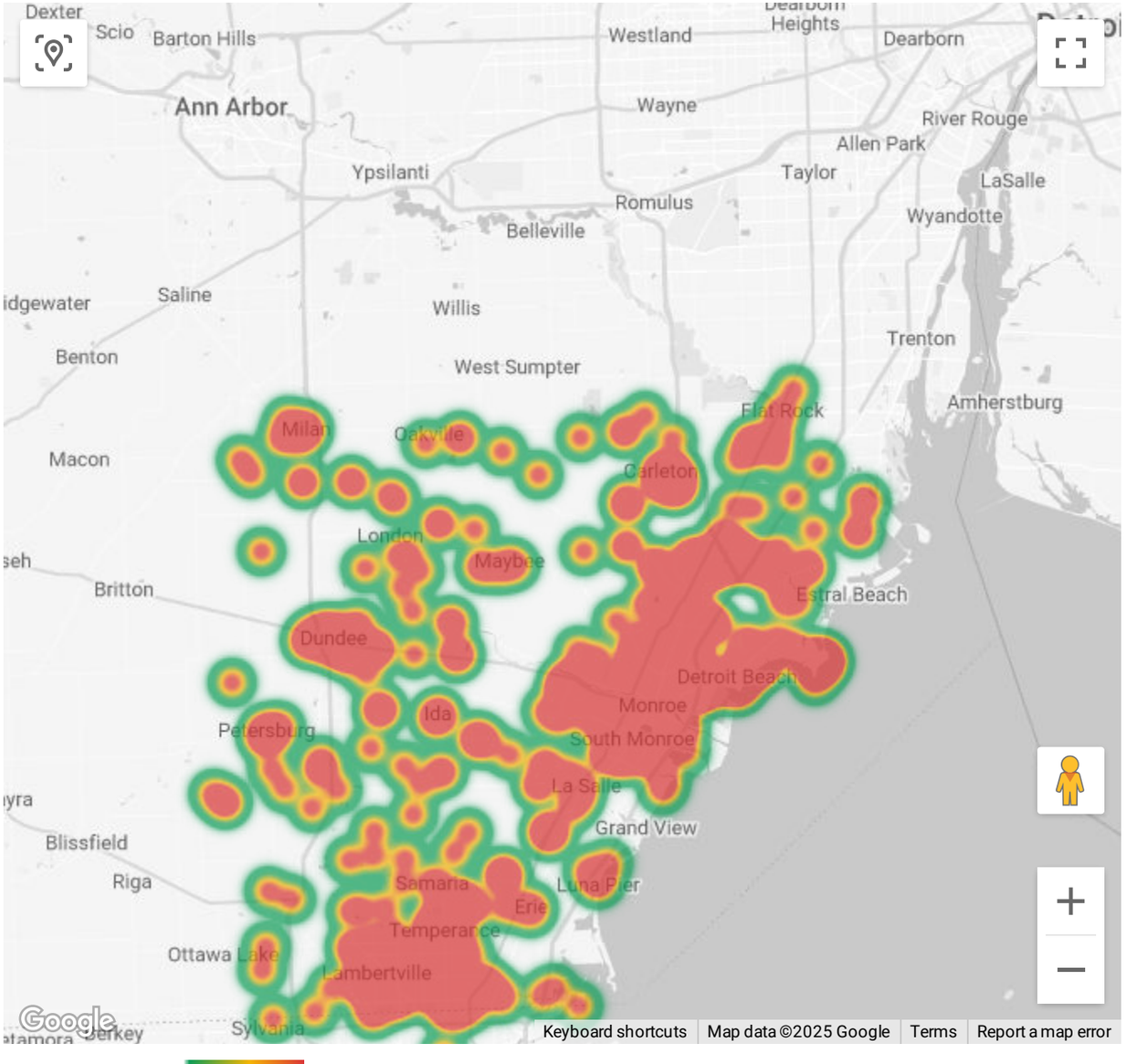
21.55

Month	Avg. Response Time
2025 - 11	21.55

Select Month:: 2025 - 11 (1)

Location

Mapping of locations deployed to:

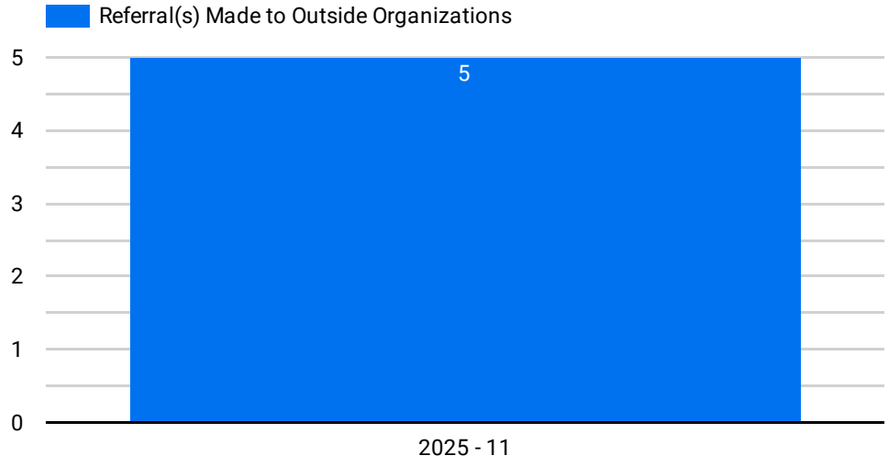


call_Address 0 1

Month	Zipcode	#	%
2025 - 11	48182	6	18%
2025 - 11	48160	0	0%
2025 - 11	48173	1	3%
2025 - 11	48166	2	6%
2025 - 11	48117	1	3%
2025 - 11	48134	1	3%
2025 - 11	48161	10	30%
2025 - 11	48162	9	27%

Select Month:: 2025 - 11 (1)

Number of referrals made and where they were referred to:



Mo... ❶	Referred To: ❷	#	%
2025 - 11	Arrowhead Behavioral Health	0	0%
2025 - 11	Behavioral Health Treatment	0	0%
2025 - 11	CMH	6	60%
2025 - 11	Family Counseling and Shelter Services of Monroe	0	0%
2025 - 11	Fire Station	0	0%
2025 - 11	Gabby's Ladder	0	0%
2025 - 11	Harbor Light	0	0%
2025 - 11	Henry Ford Wyandotte	0	0%
2025 - 11	Holistic Wellness	0	0%
2025 - 11	Lemon Tree	0	0%
2025 - 11	MCOP	0	0%
2025 - 11	Michigan Works	0	0%
2025 - 11	Monroe County Animal Control	0	0%
2025 - 11	Paula's House	0	0%
2025 - 11	ProMedica ER	2	20%
2025 - 11	Pure Psych	0	0%
2025 - 11	RAW	0	0%
2025 - 11	Resource Flyer	1	10%
2025 - 11	SUD Treatment	1	10%
2025 - 11	Salvation Army Harbor Light	0	0%
2025 - 11	St. Joe's	0	0%

Select Month:: 2025 - 11 (1)

Where Referrals are Coming From:

	Month / # Calls
Deployed by:	2025 - 11
Monroe County Sheriff's Dept.	25
ACCESS	7
Monroe City Police	2
School	1
Self	1
Police Mental Health Referral	0
CMH	0

Primary Issue or Diagnosis:

(New question starting 12/2023)

	Month / #
Issue/Diagnosis	2025 - 11
Thought Disorder	17
Suicidal Ideation	10
Substance Abuse	3
Other	3
Neurocognitive	0
Homicidal Ideation	2
Environmental	1

Select Month:: 2025 - 11 (1)

Consumers, New and Repeats:

	Month ❶	New or Repeat Cons... ❷	#
1.	2025 - 11	New	0
2.	2025 - 11	Repeat	9

Select Month:: 2025 - 11 (1)

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

	Month / # / %	
	2025 - 11	
Race	#	%
White	29	83%
Other Race	1	3%
Not Collected	1	3%
Multiracial	1	3%
Black or African American	2	6%
American Indian (non-Alaskan)	1	3%

Select Month:: 2025 - 11 (1)

Number of calls per population - Age

	Month / # / %	
	2025 - 11	
Age	#	%
0 to 9	1	3%
10 to 17	8	23%
18 to 28	6	17%
29 to 39	12	34%
40 to 50	1	3%
51 to 61	5	14%
62 to 72	2	6%
73 to 83	0	0%
84 to 94	0	0%
95 +	0	0%
Not Collected	0	0%

OPERATIONS REPORT

December 17, 2025

TRUSTED COMMUNITY PARTNER

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

Revel Marketing

- Received information that LET is hoping to have the bus wrap on the bus in 2 weeks.
- Video for our web page is completed, 2 social media videos, and a 30 second commercial. Corporate counsel is updating our consent. Clubhouse consumers will sign off on the consent that are in the video and commercial. Once this is done. The commercial will be sent to the theatre and the video placed on our webpage.

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 (September) and Quarter 1 Grievances: FY 2026 (Oct/Nov)

September – 3 grievances received

- 1- regarding scheduling and calling off – resolved
- 2 – regarding request for new CSM – granted

October – 1 grievance received

- Requesting new prescriber – granted

November – 3 grievances received

- 1 – requesting a new CSM – granted
- 2 – requesting a new prescriber – 1 withdrawn and the other reconciliation meeting held - resolved

Kiosks

- November data provided – 20 responses for BHUC, 17 responses for lobby, and 6 responses from Prescriber hallway.
  - Lobby received overall 4.14 stars
  - BHUC received overall 4.73 stars
  - Prescriber hallway received overall 4.86 stars
- Comments from lobby is building is hard to find – most likely due to no sign out front. 2 people stated that staff made the appointments without notifying the consumer, and 3 stated it's a far drive from their home.

MCMHA Finance Board Action Request

Service Contract(s) and Amendments

Wednesday, December 17, 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							
N/A							
Autism / Waiver Services							
Camp Skywild	01/01/26-9/30/26	Therapeutic overnight camp (SEDW only) Respite care (licensed camp)			Per session/3 sessions per year (max $1,400 per session) Per diem		Specific rates are based on individual camp chosen.

MCMHA Finance Board Action Request

Administrative Contracts(s)

Wednesday, December 17, 2025

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

CONTRACTOR	CONTRACT TERM	DEPARTMENT	SERVICE DESCRIPTION	BUDGET	ADDITIONAL INFORMATION
Frances Jackson LLC	1/1/26-3/31/26		Parlimentarian consultation for the MCMHA Board of Directors.	$75/hour Mileage for travel to and from meetings to be paid at the current IRS approved rate.	The agreement is for a 3 month period with an option to extend an additional 3 months.
Locumtenens	01/28/2026-9/30/26	PHS	Nurse Practitioner	$170.00 per hour for up to 4 days per week	Bringing on Tamiko Rice, Nurse Practitioner to help with the transition of Dr. Halgrimson leaving.
GoSignMeUp	2/1/26-1/31/27		Training platform.	$5,926 for 1,000 users	Annual renewal of software used for training purposes.

2026 MCMHA Board of Directors Meeting Calendar

January

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6*	7	8	9	10
11	12	13	14	15	16	17
18	19	20*	21	22	23	24
25	26	27	28	29	30	31

February

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3*	4	5	6	7
8	9	10	11	12	13	14
15	16	17*	18	19	20	21
22	23	24	25	26	27	28

March

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3*	4	5	6	7
8	9	10	11	12	13	14
15	16	17*	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7*	8	9	10	11
12	13	14	15	16	17	18
19	20	21*	22	23	24	25
26	27	28	29	30		

May

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5*	6	7	8	9
10	11	12	13	14	15	16
17	18	19*	20	21	22	23
24 31	25	26	27	28	29	30

June

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2*	3	4	5	6
7	8	9	10	11	12	13
14	15	16*	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7*	8	9	10	11
12	13	14	15	16	17	18
19	20	21*	22	23	24	25
26	27	28	29	30	31	

August

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4*	5	6	7	8
9	10	11	12	13	14	15
16	17	18*	19	20	21	22
23 30	24 31	25	26	27	28	29

September

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1*	2	3	4	5
6	7	8	9	10	11	12
13	14	15*	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6*	7	8	9	10
11	12	13	14	15	16	17
18	19	20*	21	22	23	24
25	26	27	28	29	30	31

November

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3*	4	5	6	7
8	9	10	11	12	13	14
15	16	17*	18	19	20	21
22	23	24	25	26	27	28
29	30					

December

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1*	2	3	4	5
6	7	8	9	10	11	12
13	14	15*	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

- Agency Closed / Holiday
- Board Holiday Dinner
- Board Meeting
- Board Workshop
- Business Operations
- Bylaws & Policy
- Clinical Operations
- Community Relations
- * County Commissioners Meeting
- Executive Committee
- Performance Evaluation Committee
- Recipient Rights Advisory Council
- Regional PIHP Board Meeting
- CMHAM State Conferences
- National Conference / NATCON
- Monroe County Fair

12/9/2025

MEETING DETAILS			
MEETING:	**TIME:**	**FREQUENCY:**	**MEMBERSHIP:**
Board Meeting	6pm	4th Wednesday, Monthly *(Pulled ahead in Nov and Dec due to holiday's)*	Full Board
Board Workshop	10am-2pm	As Needed *(Board Chair to establish frequency)*	Full Board
Business Operations	5pm	1st Wednesday, Monthly	Frederick (C), Biniecki, Cullen, Curley, and Pasko (EO)
Bylaws & Policy	6pm	1st Wednesday, Monthly	Curley (C), Biniecki, Burkardt, Fortney, and Pasko (EO)
Clinical Operations	4pm	1st Wednesday, Quarterly *(Or as needed)*	Stoner (C), Fortney, and Pasko (EO)
Community Relations	5pm	3rd Thursday, Monthly	Papenhagen (C), Asper, Fortney, Humphries, and Pasko (EO)
Commissioner's Meeting	6pm	1st and 3rd Tuesday, Monthly	
Executive	6pm	Thursday prior to Board Meeting	Pasko (C), Burkardt (VC), and Fortney (S)
Performance Evalaution	4pm	Thursday prior to Board Meeting *(Or as needed)*	Pasko (C), Burkardt (VC), Fortney (S), Curley, Papenhagen, and Stoner
Recipient Rights Advsiory Council	3pm	May, August, December	Representative: Fortney
Regional PIHP Board Meeting	6pm	2nd Tuesday *(Jan - Rescehdueld from Dec)* *(Feb, Apr, Jun, Aug, Sep, Oct, and Dec)*	Representative: Curley, Frederick, and Pasko

CONFERENCES		
CMHAM:	**WHEN / WHERE:**	**ATTENDEES:**
Winter Conference	2/2/26 Preconference 2/3/26 - 2/4/26 Conference Kalamazoo, Michigan	Up to 3 board members / contact Dawn Pratt
Spring Conference	6/8/26 - 6/10/26 Traverse City, Michigan	Up to 3 board members / contact Dawn Pratt
Fall Conference	10/26/26 - 10/27/26 Traverse City, Michigan	Up to 3 board members / contact Dawn Pratt
NATIONAL COUNCIL:	**WHEN / WHERE:**	**ATTENDEES:**
NATCON26	4/26/26 Preconference 4/27/26 - 4/29/26 Conference Denver, Colorado	Up to 3 board members / contact Dawn Pratt

REVIEW AND APPROVAL / December 17, 2025
Regional (CMHPSM) Policies

Executive Summary:

- There is one regional policy for adoption.
- This document serves as an Executive Summary of the regional policies for review and approval at the December 17, 2025 Board Meeting.

REGIONAL POLICIES:	**REASON FOR REVISION:**	**SUMMARY:**
POC7069 Assessment and Reassessment Policy	• Update for state assessment requirements • Regional policy template changes • Standard policy review post 3 years	**PURPOSE**: This policy establishes the types of screenings and assessments consumers/individuals served may receive as determined by their condition and needs, the standards for such screenings and assessments, the qualifications of staff and other providers who perform screenings and assessments, and the timeliness and frequency of screenings, assessments, and reassessments. **POLICY:** It is the policy of the CMHSPM that all consumers/individuals served will receive comprehensive assessments that ensure their need for care, the type of care needed, and the need for further assessments or evaluations are determined. All consumers/individuals served will also receive reassessments anytime there is a significant change in the consumer/individual's status, and as requested by the consumer/individual served. Additionally, a full biopsychosocial reassessment of need shall occur prior to an annual review and/or revision of a consumer/individual's served Individual Plan of Service (IPOS). Using data collected during the assessment process, standardized screening and triage criteria will be used for the referral for specialized assessments such as substance use, health, dental, and nutritional evaluations. Assessment information guides the development of the Individual Plan of Service (IPOS).