



MONROE COMMUNITY MENTAL HEALTH AUTHORITY

BOARD MEETING

January 28, 2026 – 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.

	<u>GUIDE</u>
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 DECEMBER 17, 2025 BOARD MEETING AND WAIVE THE READING THEREOF	02 min
VI. PUBLIC COMMENTS	03 min/Person
<p><i>“The Board will listen respectfully to public comments but will not respond directly during the meeting. You can expect a follow up contact from the Chief Executive Officer or representative within 24 hours if your comment is about a specific problem or complaint. Comments shall be limited to 3 minutes”.</i></p>	
VII. ITEMS FROM THE BOARD CHAIR	02 min
a. Board Member Announcement	
b. Board Workshop Scheduled for Saturday, February 21, 2026	
VIII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER	05 min
a. Chief Executive Officer’s Report (<i>handout</i>)	
i. Joint Commission Accreditation Award Letter and Report	
IX. RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS	05 min
a. Regional PIHP Board Meeting Minutes – Did not meet in January	
b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko	

X.	BOARD COMMITTEES	05 min
	<ul style="list-style-type: none"> a. Chair Reports <ul style="list-style-type: none"> i. Business Operations ii. Bylaws & Policy iii. Community Relations iv. Executive b. Appointment of John Cullen to the Bylaws & Policy Committee 	
XI.	PRESENTATIONS	60 min
	<ul style="list-style-type: none"> a. Annual Recipient Rights Report – Coy Hernandez/Nina Brennan <ul style="list-style-type: none"> i. Consideration to Accept the Recommendations from the Recipient Rights Advisory Council for FY2025-2026 b. Operations Report – Bridgitte Gates c. Finance Report – Richard Carpenter/Ken Melvin 	
XII.	UNFINISHED BUSINESS	00 min
	<ul style="list-style-type: none"> a. No unfinished business for January 	
XIII.	NEW BUSINESS	05 min
	<ul style="list-style-type: none"> b. Service Contracts – Alicia Riggs <ul style="list-style-type: none"> i. Consideration to Approve the Service Contracts as Presented c. Board Action Request: Health Insurance Bonus – Jim Brown <ul style="list-style-type: none"> i. Consideration to Approve a One-Time \$300 Bonus for Each Active Employee Enrolled in Any MCMHA Blue Cross/Blue Shield Health Insurance Plan for the 2026 Plan Year to Help Offset the Significant Increase in Employee Premium Costs 	
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, February 25, 2026** 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
December 17, 2025

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

Excused:

Absent:

Staff: Lisa Graham

Guests: 8 guests were present.

I. CALL TO ORDER

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

II. ROLL CALL

Roll Call confirmed a quorum existed.

III. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Rebecca Pasko.

IV. CONSIDERATION TO ADOPT THE DRAFT AGENDA AS PRESENTED

The items in the Board Packet were as presented on the agenda. Rebecca Pasko asked if there were any changes to the agenda. Hearing no changes, the agenda was approved by unanimous consent.

V. CONSIDERATION TO APPROVE THE MINUTES FROM THE NOVEMBER 19, 2025 BOARD MEETING AND WAIVE THE READING THEREOF

The November 19, 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 November 19, 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: Staff Appreciation; Connected Communities; PIHP Procurement; Blue Christmas; and Mental Health First Aid Training.

Lisa Graham is in the process of engaging with Sue Radwan. Ms. Radwan has provided Board Training during the Orientation Board Workshop in November and is looking to do another training in January on Board Governance. This will be a great training for us as a Board, to learn more about Policy Governance. Lisa would like Ms. Radwan to assist the Bylaws & Policy Committee to review our Governance Policy Manual. The initial agreement will be for 3 months with an option to extend it for 3 months. Hourly rate is \$285 and is looking to engage for approximately 20 hours. This is within Lisa's expense.

The Medicare application has been approved. The next step was to remove the word "county" from our business name from all areas. Corporate Counsel submitted a letter to the IRS and once we have a response, Dykema will go through the rest of our documents to make sure our business name is consistent across the board.

VIII. RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS

- a. Regional PIHP Board Meeting Minutes – Did not meet in December.
- b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko shared that the PIHP Procurement was the big topic. Other than that, there wasn't too much that was highlighted that would impact us at this point.

IX. BOARD COMMITTEES

- a. Chair Reports
 - i. Bylaws & Policy – Becca Curley commented that the committees' activities are what it states in the minutes. We continue to focus on reviewing and amending the Bylaws. The committee is focusing on attendance so that we can all be on the same page and know the expectations.
 - ii. Executive – Rebecca Pasko commented that the committee reviewed the Board Calendar and discussed meeting evaluations. The committee will want the Board to complete the Board Meeting Evaluations and also the Board Self-Evaluation in January. Rebecca commented on the feedback received from the Board Meeting Evaluations. The committee also discussed the holiday dinner and hoping next year more board members can attend.

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 8. Some of these positions are being filled internally.
 - ii. 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.
 - iii. 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.
 - iv. Crisis Mobile was deployed 69 times in November, which averaged 0.69 hours of face-to-face interaction time.
 - v. 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.
 - vi. 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, and 3% were self-referral and 3% were from a school.
 - vii. Enrollment for the CCBHC has increased by 9 members over the last month. This is a 0.47% increase in enrollment.
 - viii. The Behavioral Health Urgent Care (BHUC) served 48 guests in the month of November.
 - ix. MCMHA currently has 58 enrollees in the Behavioral Health Home program.
 - x. MCMHA received approval on December 11th to provide and bill for Assertive Community Treatment Integrated Dual Disorder.
 - xi. The data for incoming calls being answered is 97% for FY26, which meets MCMHA's goal of 95%.

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 – LET is hoping to have the bus wrap on the bus in 2 weeks. The video for our webpage is completed. There are 2 social media videos and a 30 second commercial. Corporate counsel is updating our consent form. Clubhouse consumers will sign off on the consent that participated in the video and commercial. Once this is done, the commercial will be sent to Phoenix Theatres, and the video will be placed on our webpage.
- ii. Grievances – 4th quarter grievances were presented.
- iii. Pulse for Good - Kiosk data was presented. A total of 43 responses were received in November. The lobby received 4.14 stars, BHUC received 4.73 stars, and prescriber hallway received 4.86 stars. Comments included:
 1. Building is hard to find – most likely due to no sign out front.
 2. Two people stated that staff made the appointments without notifying the consumer.
 3. Three people stated it's a far drive from their home.

XI. UNFINISHED BUSINESS

- a. No unfinished business for December.

XIII. NEW BUSINESS

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

i. Consideration to approve the Service Contracts as Presented

John Burkardt moved; Reda Biniecki supported. No debate followed. Rebecca Pasko 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

Ken Papenhagen moved; Becca Curley supported. No debate followed. Rebecca Pasko 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. 2026 MCMHA Board of Directors Calendar

i. Consideration to Approve the 2026 MCMHA Board of Directors Calendar as Presented

Susan Fortney moved; Joan Canning supported. No debate followed. Rebecca Pasko asked if there were any objections to approve the 2026 MCMHA Board of Directors Calendar. Hearing no objections, the 2026 MCMHA Board of Directors Calendar, as presented, was approved by unanimous consent.

- d. CMHAM State Conferences and National Conference NATCON26

i. Consideration to Approve up to Three Board Members to Attend the CMHAM State Conferences and National Conference NATCON26

John Burkardt moved; John Cullen supported. No debate followed. Rebecca Pasko asked if there were any objections to approve up to three board members to attend the CMHAM State Conferences and National Conference NATCON26. Hearing no objections, up to three board members to attend the CMHAM State Conferences and National Conference NATCON 26 was approved by unanimous consent.

e. **Regional Policy**

i. **Consideration to Adopt the Regional Policies as Presented**

1. Policy: POC7069 Assessment and Reassessment Policy

Lisa Graham addressed questions from John Cullen and felt in response that the full board would benefit.

- Why is there a need to have a new policy for Assessment and Reassessment?

All policies are reviewed on a 3 year rotating basis or if there is a change from a state regulation or audit. Assuming there are no regulatory changes, we review on a 3-year rotation.

- Who redlines the policies and does anyone from Monroe have input on the policies?

When the Board receives the regional policies, what has already occurred is: there are a number PIHP Committees that have representation from all four affiliations. When a policy comes up for review, the PIHP solicits feedback from all 4 CMHs. That feedback goes back to the regional committee; they then write or amend the policy. Once through the regional process, it goes to the Regional Operating Committee (ROC) and the affiliation directors review the policies. Once it has gone through all of those stages, it then goes to the individual boards for adoption. The board does not approve, they adopt.

- Are all counties in the state being asked to approve the policy?

No, only the affiliations within our region.

Lisa Graham added that regional policies go through a rigorous amount of vetting before coming to the board for adoption.

LaMar Frederick shared his concern for long range viability of policy due to the PIHP procurement and what that may look like in the future. Lisa Graham commented that if the region ceases to exist then none of the regional policies exist and the new regional entity will need to create policy.

Ken Papenhagen moved; John Cullen supported. No debate followed. Rebecca Pasko asked if there were any objections to adopt the regional policy. Hearing no objections, the regional policy was adopted by unanimous consent.

XIV. PUBLIC COMMENTS

There were no public comments.

XV. BOARD MEMBER ANNOUNCEMENTS

Mike Humphries wished everyone a Merry Christmas and hopes that everyone has a great holiday and new year. Mike commented that it has been three months without a financial report and three months since asking for accounting of the non-covered services and 3rd party billing.

Ken Papenhagen commented that his heart goes out to those that were celebrating Hanaka and for the lives that were taken. The holidays are hard to go through. Ken wished everyone a Merry Christmas and a Happy New Year.

Dawn Asper encouraged everyone through any difficulties to be fearless and courageous. We have a savior beside us. If you know of people who are having difficulty, invite them into your home. To do action so they can become resilient.

Reda Biniecki shared a story regarding holidays and attending classes at MCMHA. There is help and there is hope.

Susan Fortney commended Lisa Graham for her service videos. The one on new directions went rather long and thank you for the Community Relations Committee. Merry Christmas.

John Burkardt commented on the letter sent to the full Board regarding transportation. John has talked with Lisa Graham and Rebecca Pasko prior to the Board meeting to form solutions. John commented that when you are disabled and do not have transportation, it is hard to be an orchestrator. It is the only thing that holds John back. John will discuss it further at the Executive Committee in January.

Naomi Stoner wished everyone a happy holiday.

Joh Cullen wished everyone a Merry Christmas.

LaMar Frederick commented on the military members serving around the world that will miss their holidays and asked everyone to take a minute and think about them. LaMar is on the honor guard for the VFW and has attended over 80 funerals for service men. The honor guard folds the flag and presents the flag. We love to do it because it helps the family to heal. LaMar also listened to the 2.5 days of hearings for the PIHP Procurement. LaMar wished everyone a great holiday.

Becca Curley thanked all for their commitment and service provided. Reinforced other Board announcements and asked to engage or recognize those that don't fall under the hallmark holiday. Thank you and merry Christmas.

Joan Canning commented on wrapping up 2025 and happy to be a part of the board and looking forward to next year. Joan attended the MHFA Training, it was a wonderful course and she highly recommends it if anyone can attend.

LaMar Frederick thanked staff in the galley for what they do and the Board gave a round of applause.

Rebecca Pasko encouraged all board members to complete the meeting evaluation and to turn in stipends to Susan Fortney. Looking forward to next year. Our next meeting is January 28th at 6pm.

XVI. ADJOURNMENT

Rebecca Pasko adjourned the meeting at 7:05pm.

Submitted by,

Susan Fortney, Secretary

LG/dp
12/18/25

CEO REPORT

January 28, 2026

LOCAL/REGIONAL/STATE UPDATES

Emergency Weather: MCMHA has updated our local emergency weather/building closure policy to be clear that, as an essential community service, we will not close our building due to cold or snowy conditions. MCMHA does give staff whose jobs allow them to work from home the option of doing so if they cannot safely travel.

AI Updates: Leaders at the local and regional level are working on developing policies related to Artificial/Augmented Intelligence. As you know, MCMHA is currently engaged in a six-month pilot with Vello Health, and we are currently exploring another vendor to support other clinical staff. These new technologies are promising and exciting, however we must remain vigilant that consumers understand how these tools work, give consent to these technologies being used, and be assured that their privacy will not be compromised as a result.

PIHP Procurement: On January 8, Judge Christopher Yates issued a written opinion on the legality of MDHHS' PIHP Procurement, stating that the RFP, as written, "impermissibly conflicts" with Michigan law in numerous aspects. Judge Yates is, however, leaving it up to MDHHS to address those conflicts. In summary, at the end of two separate hearings, Judge Yates has stated that MDHHS has the authority to determine how many PIHP regions exist in Michigan, and they have the right to engage in a competitive procurement process to establish the PIHPs, however, the current RFP does not align with Michigan law and must be amended. MDHHS may choose to amend the current RFP or pull it entirely. This fight is ongoing, and I will keep you informed as I know more.

SERVICES PROMOTE RECOVERY

Access: This month, our Access Team began offering same-day, walk-in Access appointments. Individuals who call our agency with a request for service will be given the option of scheduling an appointment or walking in and being seen the same day. Additionally, we received our FY 25, Q4 preliminary data related to Indicator 2 (Individuals who request services will receive a biopsychosocial assessment within 14 days) and are encouraged to see an approximate 10% increase over Q3.

St. Joseph's Center of Hope: MCMHA leadership continues to work with St. Joseph's Center of Hope to assure they can be successful in their role of providing Peer Recovery Coaching to individuals who seek SUD treatment. While St. Joe's did not hit the target number of encounters for FY26, Q1, they were within an acceptable range. We continue to provide support and to assess progress and are satisfied that the leased staff agreement is valuable through FT26, Q2.

STAFF RECRUITMENT/RETENTION

Retirement: Please join me in celebrating the retirement of Wendy Barros! Wendy has been with MCMHA for 37 years! Her most recent role within the agency is as a Specialist at River Raisin Clubhouse. The agency will honor Wendy on her last day, Thursday, January 30.

COMMUNITY PARTNERSHIPS

Social Media Presence: MCMHA leadership continues to promote our services on our Facebook page. If you have not already done so, I ask you to commit to following our Facebook page and to liking and sharing our posts. This is a very simple way to promote the important work we do throughout our community.

Community Presence: CEO presented on the importance of addressing mental health concerns and an overview of MCMHA services to the Monroe Center for Aging (1/22). This event was well attended. I am scheduling to do the same at the Frenchtown Senior Center. MCMHA's Community Coalition meeting was held on 1/23, and CEO attended the Disability Network's Grand Opening (1/23).

TLC Credit Union: On January 16, MCMHA leadership was honored to accept an \$1800 donation from TLC Credit Union of Monroe and Lenawee Counties. This donation was a result of TLC's employees choosing MCMHA as the recipient of their "Friday Denim Days" collections.

Respectfully Submitted,

A handwritten signature in black ink that reads "Lisa Graham".

Lisa Graham
Chief Executive Officer



January 5, 2026

Lisa Graham, LMSW
Chief Executive Officer
Monroe Community Mental Health Authority
1001 South Raisinville Road,
Monroe, MI 48161

Joint Commission ID: 195202
Program: Behavioral Health Care and Human Services
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed: 12/29/2025

Dear Ms. Graham:

We are pleased to share The Joint Commission's accreditation decision of Accredited for all services surveyed following your recent survey. For all services surveyed under the applicable manuals below, you have been **ACCREDITED**.

- **Comprehensive Accreditation Manual for Behavioral Health Care and Human Services**

This accreditation award represents your commitment to upholding the highest standards of healthcare quality and safety for your patients, workforce and community. We share that commitment and value the collaboration between our organizations so that all people experience the safest, highest quality, best value healthcare across all settings.

This accreditation cycle is effective beginning October 10, 2025 and is customarily valid for up to 36 months, although, The Joint Commission may, in certain situations, shorten the duration of the cycle.

Knowing the power of the Gold Seal in inspiring confidence and trust in your community, we provide resources so that you can promote your accreditation decision. You can find information and tips in the "Publicity Kit" link located on your secure extranet site, The Joint Commission Connect.

To recognize your commitment and achievement to quality, The Joint Commission will update your accreditation decision on the Find Accredited Organizations page of our [website](#). Congratulations on your accomplishment.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations



Final Accreditation Report

**Monroe Community Mental Health Authority
1001 South Raisinville Road
Monroe, MI 48161**

**Organization Identification Number: 195202
60-day Evidence of Standards Compliance Submitted: 12/29/2025**

**ESC Programs Reviewed
Behavioral Health Care and Human Services**

Final Report: Posted 01/05/2026

Joint Commission

Table of Contents

<u>Follow-up Activity</u>	<u>3</u>
<u>Behavioral Health Care and Human Services</u>	<u>4</u>
• Requirements for Improvement (RFI) Summary	4

Joint Commission Follow-up Activity

Program	Submit Date	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
Behavioral Health Care and Human Services	12/29/2025	No Requirements for Improvement	None	None

Joint Commission

Requirements for Improvement Summary

Program: Behavioral Health Care and Human Services

Standard	EP	EP Description	Level of Compliance
CTS.02.01.09	1	Physical Pain Screen	Compliant
CTS.02.01.11	1	Nutrition Screen	Compliant
CTS.03.01.09	2	Standard Tool: Inform Tx Plan	Compliant
EC.02.05.01	9	Utility Systm Control Labels	Compliant
EC.02.06.01	1	Interior Spaces Safe-Suitable	Compliant
HRM.01.01.01	1	Job Description Elements	Compliant
HRM.01.02.01	1	Primary Source Verification	Compliant
HRM.01.02.01	6	Info Used for Hir Decision	Compliant
HRM.01.06.01	3	Initial Competence Assmnt	Compliant
LD.04.01.01	2	Pt Care- Law & Reg Compliance	Compliant
LD.04.03.09	4	Contract Srvc-Establish Expect	Compliant
RC.02.01.01	2	Medical Record- Care Provided	Compliant



BOARD BUSINESS OPERATIONS COMMITTEE

Wednesday, January 7, 2026

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

Lisa Graham called the meeting to order at 5:07pm. John Cullen, Becca Curley, Rebecca Pasko, and Lisa Graham were present. Reda Biniecki and LaMar Frederick were excused.

II. BUSINESS OPERATIONS

- FY2024/2025 Audit – The fiscal year audit will begin at the end of this month. The Finance Team has been preparing for the last two months, and they feel they are in good shape for the audit and at this time are not anticipating any issues. Last year we had 1 citation on not documenting properly for formal procurement to select a vendor for Medicaid assisted treatment for the jail. We did put documentation in the file in case the auditors happen to select this grant again. Lisa considered writing a waiver and placing that documentation in the file. Also, it is possible that we may not have a single audit this year as we may not qualify.
- CCBHC Financial Status Regarding General Fund – The Finance Report will cover the CCBHC financial status and get into more detail at the January Board Meeting. We have made tremendous progress but there are some things that hit our General Fund such as spenddowns and CCBHC components. We are still overspending. Last year, the overspending was made up from the CCBHC metrics quality bonus we received. The General Fund status is really going to be the topic on if we are going to pursue a millage. The Finance Team is preparing to report on projected fiscal year end results, monthly financial statements including a narrative, 3rd part billing, potential millage, board budget, and board stipends.
 - John Cullen suggested to ask affiliation partners if their Board has their own budget and if they do, what is that purpose?
- Medicaid Eligible Status – Region 6 is starting to see a decrease in Medicaid eligibles. It is not yet impacting our budget. Lisa Graham does not believe that Michigan has started to implement the Medicaid changes of every 6 months enrollment or work requirements. This is supposed to happen at the end of 2026. The decrease in region 6 for Medicaid eligibles is not for those items that have not happened yet.
- MiPLAN Update – There has been no activity since November. There is a total of 14 CMHS that have signed onto MiPLAN.
- Tax Proposal - Lisa Graham reached out to the Director at Lifeways regarding coverage of services that were provided through General Fund. Marybeth at Lifeways contracted with a local polling company to get a pulse from her community to see if the voters would even approve it. Ken Papenhagen has requested this be done for CMH. Marybeth received good news from the poll and moved forward. She suggested that this is the first step to take. After the poll results were received, Marybeth took that information to her Board and then to the County Board. That is when they decided how much funding they would be asking for. They had to form a Citizen for Mental Health Committee as once you have a millage you cannot use taxpayers' dollars to prepare for the millage. Citizens volunteered their time; they were not paid. As the CEO, she went around and did a tour of the services CMH provides that were in jeopardy to alert the community.
 - Lisa has reached out to three different polling companies in Michigan to get quotes and further information and will bring information back to the Board.
 - Lisa added, we also need very specific information from Richard Carpenter on how much funding is needed and what it would be used for.

III. PARKING LOT

- Researching Millage and Additional Support from the County
- Chief Financial Officer
- Cash Flow with CCBHC and MDHHS

IV. ADJOURNMENT

The meeting adjourned at 6:04pm.

The next Business Operations Committee Meeting is scheduled for Wednesday, February 4, 2026 beginning at 5:00pm in the Aspen Room.

Respectfully submitted,

Lisa Graham (sp)

Lisa Graham
Chief Executive Officer

1/9/26



BOARD BYLAWS & POLICY COMMITTEE

Wednesday, January 7, 2026

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 6:15pm. Becca Curley, John Burkardt, Susan Fortney, Rebecca Pasko, and Lisa Graham were present. Reda Biniecki was excused. Dr. Frances Jackson, Parliamentarian, and Sue Radwan attended as guests.

II. COMMITTEE BUSINESS

- a. Regional Policies

Policies:	N/A
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There were no regional policies to recommend for January.

III. REVIEW OF BOARD BYLAWS AND GOVERNANCE POLICY MANUAL

- a. The committee reviewed and amended ARTICLE IV Board Membership Duties of the Board Bylaws and Policy 3.0 Governing Style of Board Governance. The amendments are being proposed to provide consistency and transparency that leads to excellence in governance.
- b. Next Steps
 - i. The committee requested the proposed amendments be sent to the full Board for a two-week review and feedback period. All questions and feedback will be consolidated for review by the Bylaws & Policy Committee at their February 4, 2026 meeting. Responses to questions will be provided and feedback will be considered for further proposed amendments.
 - ii. If no feedback or questions are received by Tuesday, January 27, 2026, ARTICLE IV and POLICY 3.0 will be sent to the full Board for a 2nd and final review. The committee has then requested to move forward with recommending the proposed amendments for consideration at a regular Board Meeting.

IV. PARKING LOT

- a. Review of Board Bylaws
- b. Review of Board Governance Policy Manual

V. AJOURNMENT

The meeting adjourned at 7:10pm.

VI. NEXT MEETING

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for Wednesday, February 4, 2026 at 6:00pm.

Respectfully submitted,

Becca Curley (dp)

Becca Curley
Committee Chair

1/9/26



BOARD COMMUNITY RELATIONS AD-HOC COMMITTEE

Thursday, January 22, 2026

5:00pm

MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

Ken Papenhausen, Chair; Reda Biniecki; Susan Fortney; Mike Humphries; and Rebecca Pasko (Ex-Officio)

DRAFT MINUTES

I. CALL TO ORDER

Ken Papenhausen called the meeting to order at 5:00pm. Ken Papenhausen, Reda Biniecki, Susan Fortney, Rebecca Pasko, and Lisa Graham were present. Mike Humphries was absent.

II. COMMUNITY RELATIONS

- a. Videos - Lisa Graham played the Behavioral Health Urgent Care video for the committee. The video will be posted on the agency website. There are two other shortened versions of that video and a 30 second version of the video is playing now at the Phoenix Theatres.

- i. Reda Biniecki asked if the LET bus wrap was done. Lisa responded, yes, and that she would like to go to LET to see it as she has not seen it yet in the county.

The Access Department is developing a 1-2-minute video on Same Day Access for our Facebook page. Same Day Access started in January. We have made a lot of deep dives into our data and retrained staff on what constitutes a service. We received data for 4th quarter and data shows a little more than a 10% increase over 3rd quarter, so we are trending upwards. Adam Anastasoff, Access Program Director, reached out to some of the top CMHs in the state to see what they were doing, and the response was to offer Same Day Access. Lisa Graham commented that this is the number one indicator we are looking to increase this year.

- ii. Rebecca Pasko asked if there was a way to check and see what the data was before we became a CCBHC. If you can show that the increase in number of consumers from CCBHC is an issue could tell the state that it is not an appropriate way to calculate this.

- iii. Lisa Graham commented that we are working with our region to get clear clarification around start of service.

Lisa Graham is excited about the videos. Facebook videos are being watched and being shared. Please go to our webpage, like the videos and share the videos on your page.

- b. Upcoming Community Events – Lisa Graham provided a presentation today at the Monroe Area on Aging. There were approximately 100 people in attendance. The presentation was an overview of services that we offer. It was a great event and well attended. Lisa is working getting the CEO Coffee Hour's scheduled.

- i. Rebecca Pasko asked about planning for the Bedford Trade Show in March. Lisa responded that she has not yet received information for the trade show and will look into it.

- c. Community Perception and Response – Per the committee's request, Lisa Graham reached out to different polling companies and is still waiting on information. Lisa will reach out to legal counsel to see about using local dollars for the community poll. If we are not allowed to use our local dollars then we need to see about a possible community foundation for assistance. The poll itself, depending on the number of questions, is approximately \$25,000. Lisa is meeting with Richard Carpenter tomorrow and requested him to be prepared to discuss what specific project you would link the millage to. One company provided their opinion to not put a millage on the November ballot and that if we move forward it would be smarter to add the following year. If all information can be obtained in time, Lisa would like to bring this to the Board in January if possible for consideration. Lisa also wants to be clear that we are not using taxpayer dollars to pay for a community poll.

- i. Ken Papenhausen provided the following survey questions as an example of what information we would be looking for in the community poll.

1. Do you recall hearing about the Monroe Community Mental Health Authority?
2. On a scale of 1 to 10, how would you describe Monroe Community Mental Health Authorities' ability to provide care for those who qualify for services in Monroe County?
3. Are there additional services or resources you would like to see included in the program?
4. Would you recommend Monroe Community Mental Health Authority to others? Why or why not?
5. How could the program be improved to better meet your needs?
6. Is there anything else you would like to share about your experience with Monroe Community Mental Health Authority?

- ii. Lisa Graham can submit the questions to polling company and they can rephrase them if needed.

- iii. Reda Biniecki suggested that once results from the community poll are received and we know what needs to be worked on in the community, what about having the news come out to our locations to get the news out there about what we do or during events we sponsor. Reda commented that her niece works at WTOL and could request them to do a story. Lisa suggested the next event would be Mental Health Fun Day in May and it would be great to have some coverage.

- iv. Reda Biniecki asked if we could do a series on "What is CMH to you?" Lisa Graham responded that Revel created a video for the River Raisin Clubhouse and could ask if they could take soundbites from that to post on our Facebook page.
- v. Ken Papenhagen commented that once we have the results from the community and see where the holes are we will have a better idea of what education is needed in our community and then can see where we are at with Revel and what they can do to assist.
- vi. Rebecca Pasko requested to review promotional materials. Lisa Graham responded that we recently updated a lot of our materials, brochures, rack cards, etc. and get a lot of positive feedback from our booths. Lisa will bring examples of what is normally handed out at events to the February meeting for review.

III. NEXT AGENDA

- a. Agency Website – Identify Officers of the Board
- b. Agency Promotional Materials - Brochures, Flyers, Etc. for Review
- c. Community Perception and Response

IV. PARKING LOT

- a. Revel Marketing – Phase 2

V. AJOURNMENT

The meeting adjourned at 6:21pm.

VI. NEXT MEETING

The Next Meeting of the Board Community Relations Committee is scheduled for **Thursday, February 19, 2026** at 5:00pm in the Aspen Room.

Respectfully submitted,

Ken Papenhagen (dp)

Ken Papenhagen
Committee Chair

1/23/26



MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

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

I. CALL TO ORDER

Rebecca Pasko called the meeting to order at 6:23pm. Rebecca Pasko, John Burkardt (virtual), Susan Fortney, and Lisa Graham were present.

II. ITEMS FOR DISCUSSION

- a. Review of the January 28, 2026 Board Meeting Agenda
 - i. The January 28, 2026 draft agenda was reviewed.
 1. Lisa Graham provided a brief update on 3rd party billing. A more detailed report will be provided at the January Board Meeting.
 - ii. Rebecca Pasko requested to add the topic of "Items from the Board Chair" to the agenda to prompt discussion of a board member announcement and also a reminder of the February 21, 2026 Board Workshop.
 1. Dawn Pratt will prepare the Board Self-Evaluation Questionnaire and send it out to the full Board to complete.
 2. Dawn Pratt will present the results of the Board Self-Evaluation and Annual Board Meeting Evaluation Report at the February Executive Committee Meeting.
 - iii. Lisa Graham would like to provide a presentation, or to have corporate counsel provide a presentation, as there was some confusion about what the mental health code says a board member is responsible for. Lisa will bring information back to the executive committee in February.
- b. Meeting Evaluations
 - i. The Executive Committee reviewed the December 17, 2025 Board Meeting Evaluation Report for any trends or areas of improvement. 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.
- c. Letter to Full Board from John Burkardt – December 2025
 - i. John Burkardt submitted a letter to full Board regarding transportation issues. Since December, John has identified a primary and secondary person to help with transportation. If neither the primary nor secondary person can help with transportation, that is when John will contact Lisa Graham to check her availability. Lisa Graham offered assistance for Board Workshops.
 - ii. Susan Fortney was concerned about whether CMH could pay for John's transportation out of the board budget. Lisa Graham responded no, we do not have a board budget and the only payment we can make is a board stipend. John could use his board stipend to pay those helping with transportation.
 - iii. John Burkardt commented that he may not be able to attend the January 28, 2026 Board Meeting.
- d. Executive Committee Comments
 - i. Rebecca Pasko would like to schedule a Board Workshop in April for purposes of a presentation on the CEO Evaluation process.

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 Blanket motion for CMHAM Conferences and NATCON26 Conference and 2027 Board Meeting Calendar
- j. Dec Board and Executive Leadership Holiday Dinner Event – December 4, 2026

IV. NEXT AGENDA

- a. Review of February 25, 2026 Board Meeting agenda
- b. Meeting Evaluation Report(s)

V. **AJOURNMENT**

The meeting adjourned at 7:06pm.

VI. **NEXT MEETING**

The Next Meeting of the Executive Committee is scheduled for **Thursday, February 19, 2026** at 6:00pm in the Aspen Room.

Respectfully submitted,

Rebecca Pasko (dp)

Rebecca Pasko
Board Chairperson

1/23/26

MCMHA Recipient Rights Executive Summary for FY 25

COMPLAINT DATA

	FY 25	FY 24	FY 23
Allegations Received	124	87	85
Allegations Substantiated	65	66	51

OBSERVATIONS:

- Complaints received involved multiple allegations.
- Although there was an increase in the overall number of allegations received, it is consistent with previous years and the normal ebb and flow of complaint activity.
- Monitoring, education, consults and proactive activities by the Rights Office continue.
- Keeping perspective: Consider data in light how many consumers we serve (3,072 individuals in FY 25) and how many minutes every day they receive services and things could go wrong.

SERIOUS HARM ALLEGATIONS

Category	Received	Substantiated
Abuse Class I	0	0
Neglect Class I	0	0

OBSERVATIONS:

- No substantiations involving serious harm (death, serious injury, sexual abuse).

TOP VIOLATIONS

Category	Received	Substantiated
Neglect Class III	12	10
Mental Health Services Suited to Condition	11	10
Safe, Sanitary and Humane Treatment Environment	12	9

OBSERVATIONS:

- Top violations in prior years and consistent with trends across the region and state.
- Neglect III: Involves staff failure to follow a written standard (such as IPOS, behavior plan, doctor's order, etc.) and which poses a risk of harm (No harm occurred, only a risk of harm).
- Services Suited to Condition: Involves staff failure to follow a written standard but there's no risk of harm.
- Safe, Sanitary and Humane Treatment Environment: Involves staff misbehaving in presence of consumers or staff failure to address environmental health and safety issues.

TOP PROVIDER VIOLATIONS

Provider	Received	Substantiated
CHS Group	21	15
Macomb Residential (MRO)	16	11
Progressive Residential (PRS)	17	9

OBSERVATIONS:

- MRO, CHS and PRS deliver services in multiple settings: Programming, CLS apartments and/or Group Homes
- MRO, CHS and PRS are bigger providers and have challenging cases.
- No clear trends observed.

****Report reviewed in-depth by Recipient Rights Advisory Committee on 12-18-25****

Office of Recipient Rights Demographic Data

**Data Report Covering
October 1, 2024 through September 30, 2025**

Regarding the Current Status of Recipient Rights at

Monroe CMHA

Rights Office Director Name

Coy Hernandez

Unduplicated Count of Individuals Served (CMH)

3072

-or-

Number of Beds (LPH)

Staff Performing Recipient Rights Functions

Summary of Complaint Data by Category

Code	Category	Total Received	Investigation	Intervention	Substantiated
7221	Abuse Class I	0	0		0
7224	Abuse Class I Sexual Abuse	0	0		0
72221	Abuse Class II Nonaccidental Act	8	8		0
72222	Abuse Class II Unreasonable Force	15	15		4
72223	Abuse Class II Emotional Harm	0	0		0
72224	Abuse Class II Treating as Incompetent	0	0		0
72225	Abuse Class II Exploitation	6	6		3
7223	Abuse Class III	20	20		4
72251	Neglect Class I	0	0		0
72252	Neglect Class I Failure to Report	0	0		0
72261	Neglect Class II	3	3		3
72262	Neglect Class II Failure to Report	4	4		4
72271	Neglect Class III	12	12		10
72272	Neglect Class III Failure to Report	4	4		4
7040	Civil Rights	0	0	0	0
7044	Religious Practice	0	0	0	0
7045	Voting	0	0	0	0
7081	Mental Health Services Suited to Condition	11	11	0	10
7082	Safe Sanitary and Humane Treatment Environment	12	12	0	9
7083	Least Restrictive Setting	0	0	0	0
7084	Dignity and Respect	17	17	0	8
7100	Physical and Mental Exams	0	0	0	0
7110	Family Rights	1	1	0	0
7120	Individual Written Plan of Service	0	0	0	0
7130	Choice of Physician or Mental Health Professional	0	0	0	0
7140	Notice of Clinical Status and Progress	0	0	0	0

Code	Category	Total Received	Investigation	Intervention	Substantiated
7150	Services of a Mental Health Professional	0	0	0	0
7160	Surgery	0	0	0	0
7170	Electroconvulsive Therapy	0	0	0	0
7180	Psychotropic Drugs	0	0	0	0
7190	Medication Side Effects	0	0	0	0
7240	Fingerprints Photographs Recordings	0	0	0	0
7249	Video Surveillance	0	0	0	0
7261	Visits	0	0	0	0
7262	Telephone	0	0	0	0
7263	Mail	0	0	0	0
7281	Possession and Use of Personal Property	1	1	0	1
7286	Limitations on Personal Property	0	0	0	0
7300	Safeguarding Money (State Hospitals Only)	0	0	0	0
7360	Labor and Compensation	0	0	0	0
7440	Freedom of Movement	0	0	0	0
7400	Restraint	0	0	0	0
7420	Seclusion	0	0	0	0
7460	Complete Record	0	0	0	0
7480	Disclosure of Confidential Information	9	9	0	5
7481	Access Denial to Confidential Information	0	0	0	0
7490	Correction of Record	0	0	0	0
7500	Privileged Communication	0	0	0	0
0000	No Right Involved	1			
0001	Outside ORR Jurisdiction	0			

Substantiated Rights Violations and Remedial Actions Taken

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Neglect Class III	Contracted Provider	Written Reprimand	Training
Neglect Class II Failure to Report	Contracted Provider	Employee Resigned	Written Reprimand
Dignity and Respect	Contracted Provider	Suspension	Training
Dignity and Respect	Contracted Provider	Written Reprimand	Training
Neglect Class III Failure to Report	Contracted Provider	Written Reprimand	Suspension
Disclosure of Confidential Information	Contracted Provider	Written Reprimand	Training
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Employee Resigned	Written Reprimand
Disclosure of Confidential Information	Contracted Provider	Training	
Abuse Class III	Contracted Provider	Written Counseling	Training
Abuse Class II Unreasonable Force	Contracted Provider	Written Reprimand	Employee Resigned
Neglect Class III	Contracted Provider	Staff Transfer	Written Reprimand
Neglect Class III Failure to Report	Contracted Provider	Written Reprimand	Training
Abuse Class III	Contracted Provider	Suspension	Employee Resigned
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Suspension	Employee Resigned
Dignity and Respect	Contracted Provider	Suspension	Employee Resigned
Abuse Class II Exploitation	Contracted Provider	Employment Termination	Policy Revision/Development
Neglect Class II Failure to Report	Contracted Provider	Written Reprimand	Training
Neglect Class II	Contracted Provider	Suspension	Employee Resigned
Dignity and Respect	Contracted Provider	Suspension	Employee Resigned
Neglect Class III	Contracted Provider	Suspension	Employment Termination
Neglect Class III Failure to Report	Contracted Provider	Written Reprimand	Training

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Mental Health Services Suited to Condition	Contracted Provider	Suspension	Employment Termination
Abuse Class III	Contracted Provider	Suspension	Written Reprimand
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Suspension	Written Reprimand
Mental Health Services Suited to Condition	Contracted Provider	Written Reprimand	Demotion
Neglect Class III Failure to Report	Contracted Provider	Training	Staff Transfer
Mental Health Services Suited to Condition	Contracted Provider	Employment Termination	
Abuse Class II Unreasonable Force	Contracted Provider	Written Reprimand	Training
Neglect Class II Failure to Report	Contracted Provider	Written Reprimand	Training
Abuse Class II Exploitation	Contracted Provider	Written Reprimand	Training
Abuse Class II Unreasonable Force	Contracted Provider	Written Reprimand	Training
Mental Health Services Suited to Condition	Contracted Provider	Verbal Counseling	Written Reprimand
Mental Health Services Suited to Condition	Contracted Provider	Written Reprimand	Suspension
Neglect Class II	Contracted Provider	Written Reprimand	Employee Resigned
Neglect Class III	Contracted Provider	Written Reprimand	Training
Neglect Class III	Contracted Provider	Written Reprimand	Suspension
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Employee Resigned	Staff Transfer
Dignity and Respect	Contracted Provider	Written Reprimand	Suspension
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Staff Transfer	Employee Resigned
Dignity and Respect	Contracted Provider	Staff Transfer	Employee Resigned
Abuse Class II Unreasonable Force	Contracted Provider	Staff Transfer	Employee Resigned
Abuse Class III	Contracted Provider	Staff Transfer	Employee Resigned
Neglect Class III	Direct Hire	Written Reprimand	Training

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Neglect Class II Failure to Report	Contracted Provider	Written Reprimand	Training
Dignity and Respect	Contracted Provider	Written Reprimand	Training
Possession and Use of Personal Property	Contracted Provider	Policy Revision/Development	Training
Neglect Class III	Contracted Provider	Environmental Repair/Enhancement	Training
Abuse Class II Exploitation	Contracted Provider	Written Reprimand	Training
Dignity and Respect	Contracted Provider	Employee Resigned	Training
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Employee Resigned	
Disclosure of Confidential Information	Direct Hire	Verbal Counseling	Training
Neglect Class II	Direct Hire	Written Reprimand	Staff Transfer
Disclosure of Confidential Information	Direct Hire	Training	
Neglect Class III	Direct Hire	Written Reprimand	Training
Disclosure of Confidential Information	Direct Hire	Training	
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Employment Termination	
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Written Reprimand	Verbal Counseling
Mental Health Services Suited to Condition	Contracted Provider	Employee Resigned	
Neglect Class III	Contracted Provider	Written Reprimand	Training
Mental Health Services Suited to Condition	Contracted Provider	Suspension	Written Reprimand
Neglect Class III	Contracted Provider	Suspension	Employment Termination
Mental Health Services Suited to Condition	Contracted Provider	Employee Resigned	
Mental Health Services Suited to Condition	Contracted Provider	Employment Termination	
Mental Health Services Suited to Condition	Contracted Provider	Employment Termination	
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Written Reprimand	Training

Training Received by the Office of Recipient Rights

Training Provided by the Office of the Inspector General

Appeal Appealed	Grounds for Appeal	Action	Final Decision
N/A - no appeals during review period			

Desired Outcomes and Progress Toward These Outcomes

Outcomes
ORR will review and update ORR training materials as needed to ensure compliance with State training requirements.
ORR will partner with Network Management Department to review ORR training records for all contractual providers to ensure compliance with ORR training requirements.
ORR will pursue educational/outreach opportunities with recipients and/or community entities to increase awareness of the rights of individuals served by MCMHA.

Outcomes established for the Office of Recipient Rights for 2026

Ensure new ORR completes all available job related trainings offered by the State ORR.
Ensure new ORR visits all locally contracted service sites to continue building rapport with staff and <u>persons Served</u> .
ORR will pursue educational/outreach opportunities with recipients and/or community entities to increase awareness of the rights of individuals served by MCMHA.

Recommendations to the Governing Board

The Office of Recipient Rights and Recipient Rights Advisory Committee Recommends:

When considering service and program changes, be mindful and vigilant about protecting rights and ensuring consumer safety and well-being.

Ensure that recipients of services are aware of and receive the services to which they are entitled. This includes the sufficient staffing of mental health professionals as overall service needs continue to increase.

Be aware of and consider the importance of face-to-face contacts for service provision. This includes providing recommendations to develop/establish parameters to monitor the appropriate use of telehealth services.

Ensure quality of services is considered when awarding or renewing contracts.

The RRAC recommends that the MCMHA Board supports the FY26 outcomes for the MCMHA Rights Office and continues to fund the Rights Office at its current level & contract with Washtenaw County for the provision of rights protection.

Director Attestation

(To be completed by the CMH/LPH Director)

I attest that I have reviewed this annual report and I am submitting it as required by law.

Name (sign or type below)

Lisa Marshall

DATE

12/23/2025

Data Summary

Demographic Information

Reporting CMH/LPH	Monroe CMHA
Recipient Rights Office Director Name	Coy Hernandez
Reporting Period	October 1, 2024 through September 30, 2025
Number of Rights Office Staff	2
Full Time Equivalents (FTEs)	2
Staff with an Investigative Role	2
FTEs for Investigation	2.00
Complaints per FTE	61.5

Complaint Data Summary

Type	Received	
All Allegations Received	124	
Allegations Received Subject to Investigation/Intervention	123	
Allegations Received with No Right Involved or Outside Jurisdiction	1	
Investigations Completed	123	
Interventions Completed	0	
Allegations Substantiated	65	
Percent of All Allegations Substantiated	53%	
Highlighted Complaint Categories		
Abuse I, II, III	49	11
Neglect I, II, III	23	21
Dignity and Respect	17	8
MH Services Suited to Condition	11	10
Individual Written Plan of Service	0	0
Disclosure of Confidential Information	9	5

Complaint Remediation

Remediation Type	Total
Verbal Counseling	3
Written Counseling	1
Verbal Reprimand	0
Written Reprimand	33
Suspension	16
Demotion	1
Staff Transfer	8
Training	27
Employment Termination	9
Employee Resigned	18
Contract Action	0
Policy Revision/Development	3
Environmental Repair/Enhancement	1
Plan of Service Revision	0
Recipient Transfer to Another Provider/Site	0
Other	0
None	0

Training Received by the Office of Recipient Rights

Training Categories	Hours
I - Operations	19.5
II - Legal Foundations	0
III - Leadership	5
IV - Augmented Training	15.5
Total	40

Training Provided by the Office of Recipient Rights

	Agency	Contracted	Recipient	Other
Instructor-Led (In Person)	1	12	2	0
Instructor-Led (Virtual)	0	0	0	0
eLearning	31	524	0	0
Video	0	0	0	0
Paper	0	0	0	0
Total	32	536	2	0

Appeals

Grounds	Total
Findings	0
Action Taken	0
Timeliness	0
Decision	Total
Denied Appeal	0
Upheld Investigative Findings	0
Returned for Reinvestigation	0
Requested External Investigation	0
Take Additional Action	0
Address Timeliness Issues	0

RECIPIENT RIGHTS DATA REPORT—NEW CATEGORY DESCRIPTIONS

ABUSE:

A non-accidental act, or provocation of another to act, which causes or contributes to:

- **Class I:** death; serious injury; sexual abuse
- **Class II:** non-serious injury; emotional harm; unreasonable force; financial harm due to treating as incompetent; exploitation of property/funds.
- **Class III:** verbal abuse or other means of communication that is degrading, threatening, or sexually harassing.

NEGLECT

An act, or lack of acting, which deprived a consumer of care or treatment required by a written standard or the plan of service, and which:

- **Class I:** caused/contributed to death, serious injury, sexual abuse; OR Failure to Report Abuse/Neglect I.
- **Class II:** caused/contributed to non-serious injury, emotional harm; OR Failure to Report Abuse/Neglect II.
- **Class III:** placed, or could have placed, consumer at risk of physical harm; OR Failure to Report Abuse/Neglect III.

RIGHTS PROTECTION SYSTEM

- **Notice/explanation of rights:** the right to be given info re: the rights of recipients of public mental health services.
- **Failure to Report:** the right to have apparent or suspected violations reported by staff to the Rights Office immediately.
- **Access to Rights System:** the right to have unimpeded access the Rights Office and Rights protection system.
- **Complaint Investigation Process:** the right that Recipient Rights Investigations be handled as required by law (ie. completion within 90 days, thorough consideration of facts, conclusions based on preponderance of evidence, etc).
- **Appeals Process:** the right to be informed & upon request assisted to appeal a completed Rights Investigation on the following grounds: findings inconsistent with facts/law; action taken doesn't provide an adequate remedy; or investigation not initiated/completed in a timely manner.

RETALIATION/HARASSMENT: The right to be free of retaliation and harassment when reporting a potential Rights violation or participating in the investigation process.

CIVIL RIGHTS

- **Discrimination/Accessibility/Accommodation:** the right not to be discriminated against (ie. age, gender, race, etc) and be provided reasonable accessibility/accommodation for a disability.
- **Presumption of Competency:** the right to be presumed competent until or unless a court determines otherwise.
- **Search/Seizure:** the right to privacy and not be subjected to unreasonable search/seizure of person, home, or personal property.

RELIGIOUS PRACTICE: The right to practice, or not practice, a religion of one's choice, and not be discriminated against due to religious beliefs.

VOTING: The right to vote as desired and to receive assistance when requested.

MENTAL HEALTH SERVICES SUITED TO CONDITION (includes Chapter 4 violations for hospitals)

- **Informed Consent:** the right to make *voluntary* decisions based on the *knowledge and understanding* of the risks, benefits, and available alternatives.
- **Information on Family Planning:** the right to be informed of the availability of family planning referral services.
- **Treatment by spiritual means:** the right to receive treatment by spiritual means, unless harmful or illegal.
- **Mental Health Services Suited to Condition:** the right to receive mental health treatment suited to one's condition, based on a comprehensive needs assessment, and in compliance with written standards (ie. consumer's treatment plan, doctor's orders, guidelines/policies, etc).
- **Second Opinion-Denial of Hospitalization:** the right to have a second opinion if denied inpatient hospitalization.

- **Independent Clinical Evaluation:** the right to secure an independent evaluation to determine if one requires treatment, hospitalization or other services, and whether one is of legal capacity.
- **Second Opinion-Denial of Services:** the right to have a second opinion if denied mental health services.

SAFE, SANITARY, HUMANE TREATMENT ENVIRONMENT

- **Safe:** The right to receive services in a setting that is free from hazards to health/safety.
- **Sanitary:** the right to receive services in a setting that is clean and sanitary.
- **Humane:** the right to receive services in a setting that is professional, considerate and free from unnecessary disruptions (ie. arguing/fighting/profanity between staff in a consumer's presence)

LEAST RESTRICTIVE SETTING: The right to receive services that are clinically appropriate in the least restrictive setting possible.

DIGNITY/RESPECT: The right to be treated with politeness, esteem and consideration.

PHYSICAL and MENTAL EXAMS: *only applies to inpatient hospitals.*

FAMILY RIGHTS

- **Family Dignity and Respect:** families' right to be treated with dignity and respect.
- **Receipt of General Education Information:** families' right to be given general info about the array of mental health conditions, treatment, and community resources.
- **Opportunity to Provide Information:** families' right to be given the chance to provide info to the treating professionals.

INDIVIDUAL PLAN OF SERVICE / PERSON CENTERED PROCESS

- **Person Centered Process:** the right to be engaged in planning one's own treatment; having one's strengths and preferences honored; and a treatment plan devised that clearly identifies the amount, scope and duration of treatment to be provided and by whom.
- **Timely Development:** the right to have the person-centered plan completed in a timely manner, as required by law or agency policy.
- **Request for review:** the right to request a review of the treatment plan at any time, and for the review to be completed within 30 days.
- **Participation by individual(s) of choice:** the right to choose who participates in the planning process (exclusions permitted only if the treatment team determines a person poses a safety risk or would greatly disrupt the planning process).
- **Assessment of needs:** the right to receive a comprehensive needs assessment, which is then incorporated into the treatment plan (includes food, shelter, clothing, health care, employment & educational opportunities, legal services, transportation, recreation and health/safety needs).

CHOICE OF PHYSICIAN/MENTAL HEALTH PROFESSIONAL: the right to a choice of physician or other mental health professional within the limits of available resources.

NOTICE OF CLINICAL STATUS/PROGRESS: the right to be informed of one's progress at reasonable intervals and in a manner that is appropriate to one's condition.

SERVICES OF MENTAL HEALTH PROFESSIONAL: the right to obtain services from a mental health professional and to see that professional at reasonable intervals.

SURGERY: *only applies to inpatient hospitals.*

ELECTROCONVULSIVE THERAPY (ECT): *only applies to inpatient hospitals.*

PSYCHOTROPIC DRUGS: *only applies to inpatient hospitals.*

MEDICATION SIDE EFFECTS: the right to be given an explanation and written summary of the specific risks and most common side effects before initiating drug therapy.

FINGERPRINTS, PHOTOGRAPHS, AUDIO-RECORDINGS, ONE-WAY GLASS

- **Prior Consent:** the right to give written permission prior to being photographed, fingerprinted, taped, or viewed through a one-way glass for educational, informational, social or treatment purposes.

- **Identification:** the right to have photographs or audio/videotapes sent to an individual or another agency only when necessary to help identify a consumer, as permitted by law or agency policy.
- **Objection:** the right to refuse to be photographed, fingerprinted, taped, or viewed through one-way glass.
- **Release to others/return:** the right for any photograph or audio/videotape to be returned, along with any copies, after its use for identification purposes.
- **Storage/Destruction:** the right to have photographs and audio/videotapes secured in a confidential manner and returned/destroyed upon discharge or as required by agency policy.

VIDEO SURVEILLANCE: *only applies to inpatient hospitals.*

COMMUNICATION-VISITS

- **Access to visitors:** the right to see or have visitors.
- **Contact with Attorneys about legal matters:** the right to communicate privately with one's attorney.

COMMUNICATION-TELEPHONE

- **Access to telephone:** the right to use the telephone to communicate with others.
- **Funds for telephone usage:** the right to be provided with a reasonable amount of funds for telephone use.

COMMUNICATION-MAIL

- **Access to mail:** the right to use the mail to communicate with others.
- **Funds for mail usage:** the right to be provided with a reasonable amount of stamps and stationery.
- **Written and posted limitations:** the right for limits to communication to be in writing and clearly posted.
- **Uncensored Mail:** the right to send and receive mail privately and without interference/censorship.

PERSONAL PROPERTY – POSSESSION & USE

- **Access to entertainment materials, information, news:** the right to watch TV, go to the movies, read newspapers, magazines/books, etc as desired.
- **Possession and Use:** the right to have and use one's personal belongings as desired.
- **Storage Space:** the right to a reasonable amount of storage space for personal property, inc. clothes.
- **Inspection at Reasonable Times:** the right to access one's personal property at reasonable times.
- **Exclusions:** the right to have any exclusions of personal property clearly listed and publicly posted at a Program or Group Home (including weapons, drugs, etc)
- **Receipt to Recipient and Designated Individual:** the right to be given a receipt for any personal property held for safekeeping and have property returned when leaving the program.
- **Waiver:** the right to waive safekeeping of one's own personal property by a licensed home/facility.
- **Protection:** the right for one's personal property to be protected from theft or loss.

PERSONAL PROPERTY-LIMITATIONS: the right to have any limitation of personal property addressed in the treatment plan and based only on preventing harm, theft, loss or destruction.

SAFEGUARDING MONEY: *only applies to a state facility.*

LABOR and COMPENSATION: the right to be compensated for work that the program/facility would normally pay someone to perform. (Not include personal housekeeping tasks/chores related to living in a small group setting.)

FREEDOM OF MOVEMENT: the right to move freely without restriction/limitation, unless approved in the treatment plan or necessary to ensure immediate health/safety.

RESTRAINT: the right not to have physical restraints used to restrict one's movement (*permitted only in inpatient hospitals*).

SECLUSION: the right not to be placed in a room alone where one's ability to leave is prevented (*permitted only in inpatient hospitals*).

COMPLETE RECORD: the right to have a complete and current record of services.

DISCLOSURE OF CONFIDENTIAL INFORMATION: the right to have all mental health treatment info, including one's consumer status, kept private, unless disclosure permitted or required by signed consent, court order or law.

WITHHOLDING INFORMATION:

- **Withholding:** the right not to be withheld access to one's treatment record, including viewing or obtaining a copy, or authorizing others to view/receive a copy.
- **Access by DRM to record:** the right of Disability Rights Michigan (previously called Michigan Protection & Advocacy/MP&A) to have unimpeded access to consumer info/records, under specific circumstances specified in agency policy.

CORRECTION OF RECORD: the right to place a statement in the treatment record to correct/amend info perceived to be inaccurate/incorrect.

PRIVILEGED COMMUNICATION: the right for info obtained by a psychiatrist/psychologist, in connection to examination/diagnosis/treatment, to be kept private unless disclosure permitted by signed consent, court order or law.

NO RIGHT INVOLVED: a problem or issue that does not involve a right protected under the Mental Health Code.

OUTSIDE PROVIDER JURISDICTION: a problem or issue that falls outside the jurisdiction of the Rights Office (ie. conduct of friends, family, or agencies/providers not under contract.)

OPERATIONS REPORT

January 28, 2026

TRUSTED COMMUNITY PARTNER

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

Revel Marketing

- Behavioral Health Urgent Care (BHUC) advertisement on LET bus.
- The BHUC video for our web page is completed, 2 social media videos, and a 30 second commercial.
- The 30 second commercial went live on 1/19/2026 at Phoenix theatres.

Full Length: <https://vimeo.com/1142209027?share=copy&fl=sv&fe=ci>

Social Vid 1: <https://vimeo.com/1142208142?share=copy&fl=sv&fe=ci>

Social Vid 2: <https://vimeo.com/1142207016?share=copy&fl=sv&fe=ci>

30 second commercial spot: <https://vimeo.com/1143153857?share=copy&fl=sv&fe=ci>

SERVICES PROMOTE RECOVERY

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

Customer Services

- Quarter 1 Grievances: FY 2026 (December)

December – 5 grievances received

- 1- regarding consumer therapy appointment – resolved
- 1 – regarding provider – resolved
- 2 – request for new prescriber – granted
- 1 – request for new case manager

- **Kiosks**

- December data provided – 7 responses for BHUC, 17 responses for lobby, and 9 responses from Prescriber hallway. 33 overall responses
 - Lobby received overall 4.56 stars
 - BHUC received overall 4.66 stars
 - Prescriber hallway received overall 4.90 stars
- Comments from lobby are they love it here, wish we had weed, and a Christmas themed hallway. 2 people stated that the person they were meeting with wasn't listening to them.



MONROE
COMMUNITY
MENTAL
HEALTH

November 2025

Board Report

Table of Acronyms

<u>Acronym</u>	<u>Full Description</u>
DAB	Disabled, Aged, & Blind
HMP	Healthy Michigan Plan
HSW	Habilitation Supports Waiver
TANF	Temporary Assistance for Needy Families
CWP	Child Waiver Program
SEDW	Severe Emotional Disturbance Waiver
HHBH	Health Home - Behavioral Health
CMHSP	Community Mental Health Services Program
PIHP	Prepaid Inpatient Health Plan
CCBHC	Certified Community Behavioral Health Clinic

Monthly Highlights

- Statement of Position - Cash in the bank is \$16,942,192.
- Estimated surplus (due back to PIHP) is \$797,209.
- Estimated surplus from CCBHC Medicaid operations is \$1,058,223.
- Estimated deficit from CCBHC non-Medicaid operations is \$683,195.
- Estimated deficit from other General Fund spend is \$16,565.
- Total estimated fund balance addition is \$1,453,858.

BASIC FINANCIAL STATEMENTS

MONROE CMH

Statement of Position

October 1, 2025 through November 30, 2025

	November 30 Balance	Balance September 30 2025	Over (Under)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 16,942,192	\$ 17,085,383	\$ (143,191)
Accounts receivable, net	1,218,659	1,219,284	(625)
Due from PIHP	3,211,295	4,766,163	(1,554,868)
Due from State of Michigan	56,302	132,810	(76,508)
Due from other governmental units	265,176	286,396	(21,220)
Prepaid items	295,001	442,258	(147,257)
Total current	<u>21,988,625</u>	<u>23,932,294</u>	<u>(1,943,669)</u>
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,971,174	2,922,208	48,966
Deferred outflows - Pension & OPEB	2,069,826	2,069,826	-
Total noncurrent	<u>5,088,000</u>	<u>5,039,034</u>	<u>48,966</u>
Total assets and deferred outflows	<u>27,076,625</u>	<u>28,971,329</u>	<u>(1,894,704)</u>
LIABILITIES & DEFERRED INFLOWS			
Current:			
Accounts payable	4,352,990	6,106,655	(1,753,665)
Accrued liabilities	1,314,314	694,709	619,605
Due to State of Michigan	3,115,549	3,115,549	(0)
Unearned revenue	-	0	(0)
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
Total current liabilities	<u>8,832,311</u>	<u>9,966,372</u>	<u>(1,134,061)</u>
Noncurrent			
Long-term debt, due beyond one year	569,781	569,781	(0)
Compensated absences, due beyond one year	405,479	405,479	(0)
Lease liability	1,336,526	1,336,526	0
Net pension liability	4,065,865	4,065,865	-
Net OPEB liability (asset)	(4,717,393)	(4,717,393)	(0)
Deferred inflows - leases	108,815	108,815	0
Deferred inflows - Pension/OPEB	3,206,259	3,206,259	(0)
Total noncurrent liabilities	<u>4,975,332</u>	<u>4,975,332</u>	<u>(0)</u>
Total liabilities and deferred inflows	<u>13,807,643</u>	<u>14,941,704</u>	<u>(1,134,061)</u>
NET POSITION			
Net investment in capital assets	1,572,833	1,523,868	(48,965)
Unrestricted	<u>11,696,149</u>	<u>12,607,236</u>	<u>911,087</u>
Total net position	<u>\$ 13,268,982</u>	<u>\$ 14,131,104</u>	<u>\$ (862,122)</u>

MONROE CMH

Statement of Activities

October 1, 2025 through November 30, 2025

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Over (Under)
Operating revenue				
Capitation:				
Medicaid	\$ 7,422,207	\$ 44,533,242	\$ 46,931,913	\$ (2,398,671)
Medicaid - Settlement	-	-	-	-
Healthy Michigan	451,214	2,707,284	3,675,123	(967,839)
Healthy Michigan - Settlement	-	-	-	-
CCBHC	1,065,256	6,391,536	11,825,695	(5,434,159)
CCBHC - Settlement	-	-	-	-
Behavior Health Home	33,070	198,420	221,263	(22,843)
State General Funds	288,330	1,729,980	1,539,237	190,743
State General Funds - Carryover	-	-	-	-
County appropriations	166,301	997,806	997,803	3
Charges for services	23,528	141,168	906,321	(765,153)
Other grants	166,681	1,000,086	1,748,251	(748,165)
Other revenue	91,759	550,554	2,226,433	(1,675,879)
 Total operating revenue	 9,708,346	 58,250,076	 70,072,040	 (11,821,964)
Operating expenses				
Administration				
Salaries	293,431	1,760,586	2,212,960	(452,374)
Benefits	298,774	1,792,644	1,564,402	228,242
Other	524,431	3,146,586	2,358,108	788,478
Internal Services				
Salaries	1,034,569	6,207,414	7,591,964	(1,384,550)
Benefits	860,014	5,160,084	5,160,084	-
Other	568,992	3,413,952	2,983,601	430,351
Provider Network Services	6,482,404	38,894,424	36,735,356	2,159,068
Facility costs	111,079	666,474	693,741	(27,267)
Vehicle costs	9,451	56,706	137,968	(81,262)
Grant expenses	174,765	1,048,590	1,215,749	(167,159)
Room & Board	91,883	551,298	90,139	461,159
GASB 68 & 75 Adjustment	-	-	(4,867,020)	4,867,020
 Total operating expenses	 10,449,793	 62,698,758	 55,877,052	 6,821,706
Change in net position	(741,447)	(4,448,682)	14,194,988	<u><u>\$ (18,643,670)</u></u>
 Net position, beginning of year	 14,010,429	 14,010,429	 (63,884)	
 Net position, end of year	 \$ 13,268,982	 \$ 9,561,747	 \$ 14,131,104	

MONROE CMH

Statement of Activities

Mental Health - Budget to Actual

October 1, 2025 through November 30, 2025

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
Operating revenue				
Capitation:				
Medicaid	\$ 43,747,009	\$ 7,291,168	\$ 7,422,207	\$ 131,039
Medicaid - Settlement	(5,143,474)	(857,246)	-	857,246
Healthy Michigan	2,707,287	451,215	451,214	(1)
Healthy Michigan - Settlement	1,970,947	328,491	-	(328,491)
CCBHC	17,098,879	2,849,813	1,065,256	(1,784,557)
CCBHC - Settlement	-	-	-	-
Behavior Health Home	222,283	37,047	33,070	(3,977)
State General Funds	1,539,237	256,540	288,330	31,791
County appropriations	997,803	166,301	166,301	1
Charges for services	671,106	111,851	23,528	(88,323)
Other grants	1,481,957	246,993	166,681	(80,312)
Other revenue	553,551	92,259	91,759	(500)
 Total operating revenue	 65,846,585	 10,974,431	 9,708,346	 (1,266,085)
 Operating expenses				
Administration				
Salaries	2,479,811	413,302	293,431	(119,871)
Benefits	881,112	146,852	298,774	151,922
Other	3,015,951	502,659	524,431	21,772
Internal Services				
Salaries	9,698,628	1,616,438	1,034,569	(581,869)
Benefits	3,100,986	516,831	860,014	343,183
Other	3,495,052	582,509	568,992	(13,517)
Provider Network Services	40,082,573	6,680,429	6,482,404	(198,025)
Facility costs	1,241,616	206,936	111,079	(95,857)
Vehicle costs	126,648	21,108	9,451	(11,657)
Grant expenses	1,223,618	203,936	174,765	(29,171)
Other expenses	400,797	66,799	-	(66,799)
Room & Board	-	-	91,883	91,883
 Total operating expenses	 65,746,792	 10,957,799	 10,449,793	 (508,006)
Change in net position	99,793	16,632	(741,447)	(758,079)
 Net position, beginning of year	 14,010,429	 14,010,429	 14,010,429	 -
 Net position, end of year	 \$ 14,110,222	 \$ 14,027,061	 \$ 13,268,982	 \$ (758,079)

INCOME STATEMENT BY FUND SOURCE

MONROE CMH

Fiscal 2026 Revenues and Expenses by Fund Source

October 2024 through November 2025

Medicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	\$ 43,747,009	\$ 7,291,168	\$ 7,422,207	\$ 131,039
PIHP Redirect to CCBHC	-	-	-	-
1st/3rd Party Revenue	3,704	617	-	(617)
Expense	\$ 38,607,239	\$ 6,434,540	\$ 6,754,527	\$ 319,987
Revenue over/(under) expenses	\$ 5,143,474	\$ 857,246	\$ 667,680	\$ (189,566)
Healthy Michigan	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	\$ 2,707,287	\$ 451,215	\$ 451,214	\$ (1)
PIHP Redirect to CCBHC	-	-	-	-
1st/3rd Party Revenue	-	-	-	-
Expense	\$ 4,678,234	\$ 779,706	\$ 321,685	\$ (458,021)
Revenue over/(under) expenses	\$ (1,970,947)	\$ (328,491)	\$ 129,529	\$ 458,020
Total PIHP Sources	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	\$ 46,454,296	\$ 7,742,383	\$ 7,873,421	\$ 131,038
1st/3rd Party Revenue	3,704	617	-	(617)
Expense	43,285,473	7,214,246	7,076,212	(138,034)
Retain as local in FY 25	-	-	-	-
Revenue over/(under) expenses	\$ 3,172,527	\$ 528,754	\$ 797,209	\$ 268,455

MONROE CMH

Fiscal 2026 Revenues and Expenses by Fund Source

October 2024 through November 2025

CCBHC Medicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Cap Revenue	\$ 14,481,285	\$ 2,413,548	\$ 2,478,005	\$ 64,458
PIHP Supp Revenue	-	-	-	-
1st/3rd Party Revenue	1,246	208	10,893	10,685
Expense	12,683,676	2,113,946	1,611,800	(502,146)
Revenue over/(under) expenses	\$ 1,798,855	\$ 299,809	\$ 877,098	\$ 577,289
CCBHC Healthy Michigan	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Cap Revenue	\$ 2,618,301	\$ 436,384	\$ 521,543	\$ 85,159
PIHP Supp Revenue	-	-	-	-
1st/3rd Party Revenue	-	-	1,291	1,291
Expense	3,132,588	522,098	341,709	(180,389)
Revenue over/(under) expenses	\$ (514,287)	\$ (85,714)	\$ 181,125	\$ 266,839
CCBHC NonMedicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
State CCBHC Revenue	\$ 55,000	\$ 9,167	\$ -	\$ (9,167)
1st/3rd Party Revenue	-	-	-	-
Expense	2,607,096	434,516	683,195	248,679
Redirect from GF	2,552,096	425,349	683,195	257,846
Revenue over/(under) expenses	\$ -	\$ -	\$ -	\$ -
ALL CCBHC Combined	2026 Budget	YTD Budget	2026 Actual	Over (Under)
All CCBHC Revenue	\$ 17,154,586	\$ 2,859,098	\$ 2,999,548	\$ 140,450
1st/3rd Party Revenue	1,246	208	12,184	11,976
Expense	18,423,360	3,070,560	2,636,704	(433,856)
Redirect from GF	2,552,096	425,349	683,195	257,846
Revenue over/(under) expenses	\$ 1,284,568	\$ 214,095	\$ 1,058,223	\$ 844,129

MONROE CMH

Fiscal 2026 Revenues and Expenses by Fund Source

October 2024 through November 2025

State General Fund	2026 Budget	YTD Budget	2026 Actual	Over (Under)
Revenue	\$ 1,920,289	\$ 320,048	\$ 288,330	\$ (31,718)
Expense	2,821,975	470,329	304,895	(165,434)
Redirect to Other Programs	(2,552,096)	(425,349)	(758,231)	(332,882)
Redirect from Other Programs	<u>3,453,782</u>	<u>575,630</u>	<u>774,796</u>	<u>199,166</u>
Revenue over/(under) expenses	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
All Other Grants/Local	2026 Budget	YTD Budget	2026 Actual	Over (Under)
Revenue	\$ 3,757,530	\$ 626,255	\$ 3,407,000	2,780,745
Expense	1,485,359	247,560	2,311,605	2,064,045
Redirects	<u>(3,453,782)</u>	<u>(575,630)</u>	<u>(699,760)</u>	<u>(124,130)</u>
Revenue over/(under) expenses	<u>\$ (1,181,612)</u>	<u>\$ (196,935)</u>	<u>\$ 395,635</u>	<u>\$ 592,570</u>
Total Non PIHP Sources	2026 Budget	YTD Budget	2026 Actual	Over (Under)
Revenue	\$ 5,732,819	\$ 955,470	\$ 3,695,330	\$ 2,739,860
Expense	6,914,430	1,152,405	3,299,695	2,147,290
CCBHC Retain as local	<u>1,284,568</u>	<u>214,095</u>	<u>1,058,223</u>	<u>844,129</u>
Revenue over/(under) expenses	<u>\$ 102,956</u>	<u>\$ 17,159</u>	<u>\$ 1,453,858</u>	<u>\$ 1,436,699</u>

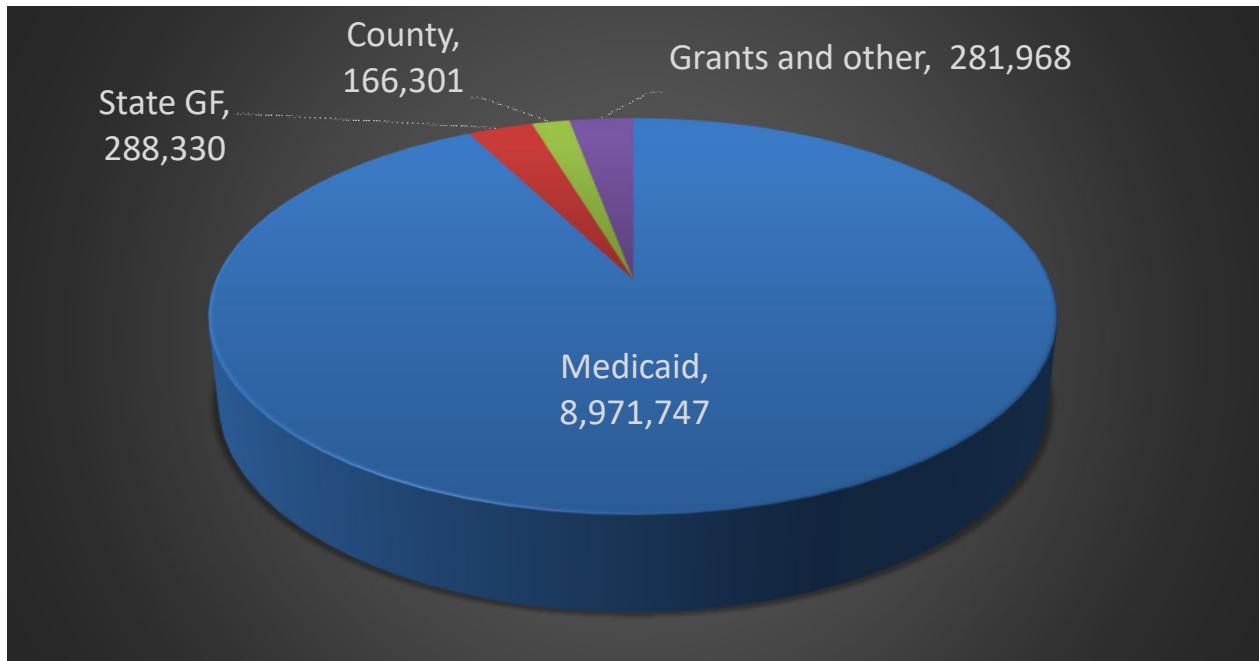
TRENDS AND PAYMENTS

MONROE CMH

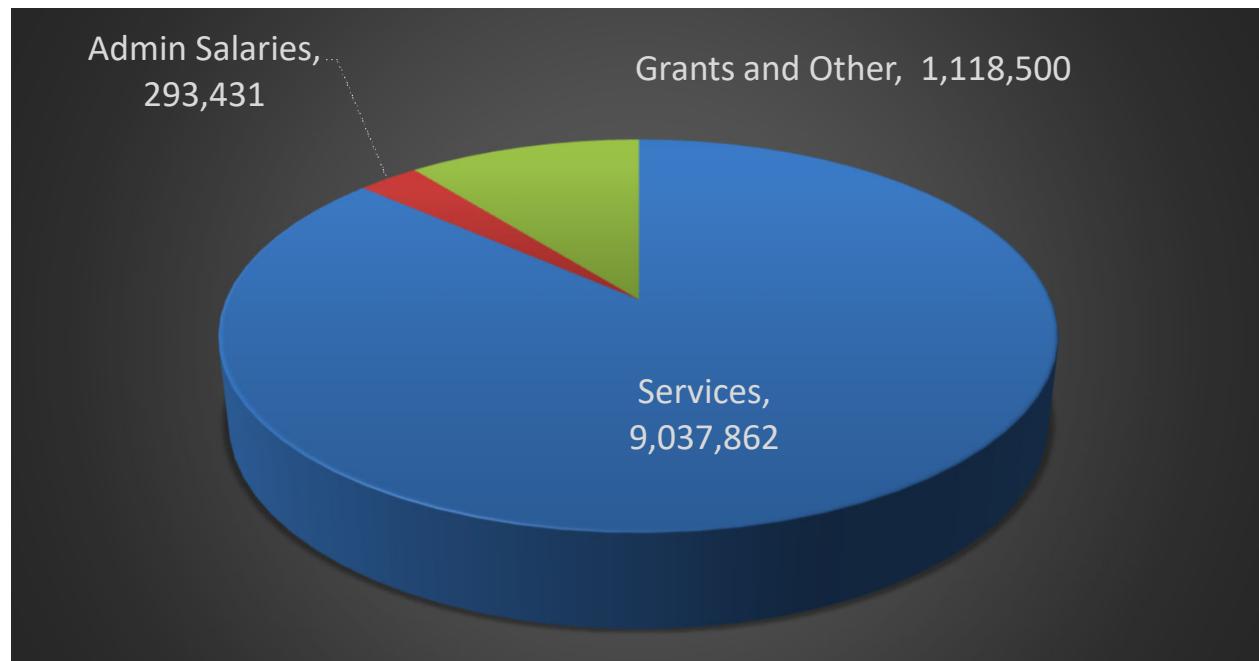
■ November 2025 Trends

■ Sources and Uses

Revenues by Source



Expenditures by Category



Monroe CMHA

Payment Summary Report

For the Month of November 2025

Vendor Name	Total
A Heart That Cares, LLC	8,590.58
ABA INSIGHT, LLC	73,441.96
ADULT LEARNING SYSTEM, INC	10,562.82
ADVANCED THERAPEUTIC SOLUTIONS, LLC	1,796.58
AFLAC	1,884.46
AFSCME UNION / LOCAL 2529	2,244.60
AMERGIS HEALTHCARE STAFFING, INC.	5,845.00
AMERICAN HTG, CLG, & REFRIG, INC	187.50
ARKAY, INC	4,171.48
B & L OFFICE MACHINES	5,281.95
CENTRIA HEALTHCARE, LLC	19,347.36
CHITTER CHATTER PC	102,935.65
CHOICES W/SELF DETERMINATION, LLC	7,178.07
CHS GROUP, LLC	220,850.65
CINTAS CORP - 306/K11	37.72
COMM HLTH CTR OF BRANCH CNTY	14,917.50
COMMUNITY LIVING NETWORK	23,211.56
CONCILIO STAFFING, LLC	5,680.80
COUNTY OF WASHTENAW, MICHIGAN	4,312.47
CSDD C/O SAFEGUARD ACCOUNTING	8,801.05
DAWN ASPER	47.50
DAWN GRANT	150.00
DTE ENERGY	1,338.15
EISENHOWER CENTER	11,622.68
EVEREST, INC.	67,075.00
FLATROCK MANOR, INC	315,554.61
FRANCES JACKSON, LLC	310.95
FRIENDS WHO CARE, INC.	3,216.04
GENOA HEALTHCARE, LLC	2,101.61
GOODWILL INDUSTRIES OF SE MICH, INC	20,200.47
GUARDIANTRAC, LLC	288,081.83
GUTTERMAN, PAUL Y.	15,580.00

Monroe CMHA

Payment Summary Report

For the Month of November 2025

Vendor Name	Total
HAVENWYCK HOSPITAL-CEDAR CREEK	16,132.47
HELP AT HOME, LLC	82.92
HOME - COMMUNITY SUPPORTED LIVING ARRANGEMENTS	23,343.25
ILLUMINATE ABA SERVICES LLC	13,682.50
IRIS TELEHEALTH MEDICAL GROUP, PA	13,523.00
ISMAIL B. SENDI MD PC	1,110.00
JASON STRAZZULLA	385.00
JASWANT S BAGGA	6,650.00
KENNETH R PAPENHAGEN	129.90
LANGUAGELINE SOLUTIONS	36.29
LASCALA IT SOLUTIONS, INC	83.25
LEGAL SHIELD	265.08
LOCUMTENENS.COM	18,843.92
LOWES	1,228.05
LUTHERAN CHILD AND FAMILY SERVICE OF MICHIGAN, INC	1,059.01
MACOMB RESIDENTIAL OPPORTUNITIES, INC	224,247.91
MAGNET ABA THERAPY, LLC	25,391.84
MASTROFRANCESCO, A.F.C.	182,496.87
MICHIGAN BH JV LLC	54,344.68
MONROE URGENT CARE	600.00
NAOMI REBECCA STONER	60.00
PHC OF MI, INC	6,556.65
PHILLIP ARCHER, MD	1,953.00
PITNEY BOWES	877.14
PROGRESSIVE RESIDENTIAL SERVICES	70,987.48
PROMEDICA MONROE REGIONAL HOSPITAL	258,700.00
PURCHASE POWER / PITNEY BOWES	1,000.00
QUANTUMLINK COMMUNICATIONS	97.75
R LAMAR FREDERICK	202.00
REBECCA PASKO	269.00
REBECCA S CURLEY	174.60
REDA D. BINIECKI	199.00

Monroe CMHA

Payment Summary Report

For the Month of November 2025

Vendor Name	Total
RESIDENTIAL OPPORTUNITIES, INC	8,575.90
REVEL--QONVERGE, LLC	5,647.64
SABRINA R. CORBIN	10,209.94
SIEB PLUMBING & HEATING, INC.	236.42
SNOW CHIU WU	810.00
Spectrum Health Hospitals	16,500.00
ST. JOSEPH MERCY HOSPITAL	27,425.08
ST. PIERRE ACE HARDWARE INC.	39.90
STAELGRAEVE PROPERTIES, INC	1,800.00
STATE OF MICHIGAN / MDCH	4,547.70
SUSAN ELIZABETH FORTNEY	232.00
T MOBILE USA, INC.	6.21
THE SHERWIN-WILLIAMS COMPANY	42.45
THERAPEUTICS, LLC	30,956.00
UNITED WAY OF MONROE CO, INC.	15.00
VELLOHEALTH INC	6,000.00
VITAL RECORDS HOLDING	48.78
Wallace PsychServices LLC	463.50
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MONROE MICH	587.78
Grand Total	\$ 2,142,835.95



MCMHA Finance Board Action Request

Service Contract(s) and Amendments

Wednesday, January 28, 2026

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							
Lansing Senior Partners LLC dba Brightwell Behavioral Health	2/1/26-9/30/26	Inpatient psychiatric hospitalization			\$850.00	Per Diem	New Provider to expand our provider network.
Community Living Supports (CLS) / Supported Employment / Respite							
N/A							
Autism / Waiver Services							
Gateway Pediatric Therapy	02/01/26-9/30/26	Behavior Identification Assessment Mental Health Service Plan Development Behavior Treatment Plan Monitoring Family Training Non-Family Training Psychological assessment			\$750.00 \$94.87 \$160.13 \$145.34 \$72.03 \$134.28 \$67.14	Encounter Encounter Encounter Encounter Encounter First 60 minutes Additional 30 minutes	New Provider to expand our provider network to include multiple providers for consumer choice.

BOARD ACTION REQUEST

1/28/2026

Action Requested

Approval of a one-time **\$300 bonus** for all active MCMHA employees enrolled in Monroe County's health insurance plan for the **2026 plan year**.

Background:

For calendar year 2026, Monroe County's health insurance premiums increased by **13.62%**, while the State of Michigan's hard cap increased by only **2.9%**. This gap resulted in employees absorbing the majority of the premium increase.

Impact on Employees

Average employee cost increases for 2026:

Enrollment	Avg Increase Cost Monthly	Avg Increase Cost Annually
Single	\$77.44	\$929.29
Employee + 1	191.73	\$2,300.80
Family	\$237.41	\$2,848.88

Annual Employee Premium Contributions 2026

BCN Union/Non-Union HMO \$0 80%	BCN Union / Non-Union HMO \$3000/\$6000 HRA 80%	HMO H.S.A. 100%	Blue Cross Blue Shield of MI Union / Non- Union PPO HSA \$3,500/\$7,000 (AGG) Simply Blue	
Enrollment	Employee Contribution to Premium (Annual Cost)			
Single	\$5367.70	\$3792.52	\$4132.18	\$4259.01
Employee + 1	\$12,882.48	\$9102.03	\$9919.05	\$10221.59
Family	\$16,103.15	\$11377.55	\$12396.54	\$12776.97

A total of 117 employees are currently enrolled in MCMHA's health insurance plans.

Financial Impact

Total cost of the proposed one-time bonus:
117 employees × \$300 = \$35,100

RECOMMENDATION:

Consideration to approve a one-time \$300 bonus for each active employee enrolled in any MCMHA Blue Cross/Blue Shield health insurance plan for the 2026 plan year to help offset the significant increase in employee premium costs.