



MONROE COMMUNITY MENTAL HEALTH AUTHORITY

BOARD MEETING

February 25, 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 JANUARY 28, 2026 BOARD MEETING AND WAIVE THE READING THEREOF	02 min
VI. PUBLIC COMMENTS	03 min/Person
<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>	
VII. ITEMS FROM THE BOARD CHAIR	02 min
a. Board Appointments	
b. Board Orientation – April 2026	
c. Request to hold questions until the end of presentations	
VIII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER	05 min
a. Chief Executive Officer’s Report (<i>handout</i>)	
IX. RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS	05 min
a. Regional PIHP Board Meeting Minutes – February 11, 2026	
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. Executive b. Appointment of John Cullen to the Bylaws & Policy Committee 	
XI.	PRESENTATIONS	40 min
	<ul style="list-style-type: none"> a. FY2025 CMHSP Annual Submission – Lisa Graham <ul style="list-style-type: none"> i. Consideration to Accept the CMHSP FY2025 Annual Submission b. Clinical Report – Crystal Palmer c. Finance Report – Richard Carpenter 	
XII.	UNFINISHED BUSINESS	00 min
	<ul style="list-style-type: none"> a. No unfinished business for February 	
XIII.	NEW BUSINESS	15 min
	<ul style="list-style-type: none"> a. Service Contracts – Alicia Riggs <ul style="list-style-type: none"> i. Consideration to Approve the Service Contracts as Presented c. Board Action Request: Clinically AI – Jim Brown <ul style="list-style-type: none"> i. Consideration to Approve a Three-Year Contractual Agreement with Clinically AI with the Ability to Opt Out at the End of Year 1 and Year 2 When a 30-Day Advance Notice is Provided 	
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, March 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
January 28, 2026**

- Present:** Rebecca Pasko, Chairperson; Mike Humphries; Ken Papenhagen; Reda Biniecki; Henry Lievens; Naomi Stoner; John Cullen; LaMar Frederick; Becca Curley; and Joan Canning
- Excused:** John Burkardt, Vice Chairperson; and Susan Fortney, Secretary
- Absent:**
- Staff:** Lisa Graham
- Guests:** 9 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.

Rebecca Pasko appointed Becca Curley as Secretary Pro-Tem for the January 28, 2026 Board Meeting. Rebecca asked if there were any objections for appointment. Hearing no objections, Becca Curley is appointed as Secretary Pro-Tem for the January 28, 2026 Board Meeting.

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 DECEMBER 17, 2025 BOARD MEETING AND WAIVE THE READING THEREOF

The December 17, 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 December 17, 2025 Board Meeting minutes were approved by unanimous consent.

VI. PUBLIC COMMENTS

There were no public comments.

VII. ITEMS FROM THE BOARD CHAIR

- a. Welcomed J. Henry Lievens as an MCMHA Board of Director.
- b. Reminded the Board of the Board Workshop on Saturday, February 21, 2026.
- c. Reminded board members that during presentations to hold questions until end of the presentation to give the presenters the time to present. If you have questions at the end to raise your hand and be acknowledged by the Chair.

VIII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER

Lisa Graham presented the CEO Report highlighting: Emergency Weather; AI Updates; PIHP Procurement; Access; St. Joe’s Center of Hope; Retirement of Wendy Barros; Social Media Presence; Community Presence; and TLC Credit Union Donation.

a. **The Joint Commission Update**

- i. We had our review in 2025 and had only a few citations, and they were all in the low to moderate risk category. There was nothing marked as a high priority need. All citations were remediated. We received a letter from The Joint Commission saying that we are fully accredited and the report is in the Board Packet for review. Our compliance officer Meagan Schinella took the lead on the review. This is the result of the hard work that happens every day in the agency. Thank you to everyone for making this a successful Joint Commission review.

IX. RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS

- a. Regional PIHP Board Meeting Minutes – Did not meet in January.
- b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko shared that they did pass a bill this month. It is effective immediately to ban cell phones in schools. If you have children you will be hearing about this soon.

X. BOARD COMMITTEES

a. **Chair Reports**

- i. Business Operations – LaMar Frederick commented that the minutes reflect what occurred. Lisa Graham added that we are looking good financially for FY2026. The new Medicaid rules will go into effect in 2027 and that will change our funding picture. We will need additional revenue. One way is through a millage. Lisa reached out to two polling companies and the suggestions received were to see if the community would support a millage. Right now, it looks like the quotes received the polling would cost less than \$25,000. Lisa is waiting to hear from legal counsel as we are not allowed to use tax dollars for polling the community. Once Lisa receives an opinion on the legality of how we pay for a poll like this, will move forward with selecting the best quote and polling company. Potential questions for polling the community were discussed in Community Relations Committee.
- ii. Bylaws & Policy – Becca Curley commented that the committees’ activities are what it states in the minutes. We discussed the attendance policy and how we would like to see that worded. Worked with Sue Radwan and Dr. Jackson on amending the language. This was sent to the board for review and the opportunity to provide feedback. If there is feedback the committee will review and consider further amendments. We are making good progress.
- iii. Community Relations – Ken Papenhagen commented that we are doing educational programs through short videos on social media. We have a commercial showing at the Phoenix Theatre in Monroe. Lisa did a presentation on our services for Area on Aging. We talked about polling the community for a potential millage and how MCMHA is seen through the eyes of the community. We are looking forward to getting that data. We had some ideas and concepts on what we can ask people and reviewed potential survey questions. That would fall under normal business, as long as we are trying to find out how people perceive us.
- iv. Executive – Rebecca Pasko commented that the committee reviewed the December meeting evaluations, and shared the comments at the Board table. We are looking to have a Board Workshop in April. The agenda would consist of having a board training and Joan Canning will present the CEO Evaluation process. We are learning as we go to be following true governance policy.

XI. PRESENTATIONS

- a. Recipient Rights Report – Coy Hernandez, Recipient Rights Officer, presented the Annual Report Executive Summary that included data for complaints, serious harm allegations, top violations, and top provider violations. The Executive Summary, as well as the entire report, was reviewed in depth with the Recipient Rights Advisory Council in December 2025 before submitting it to the state. Nina Brennan, Recipient Rights Officer, presented the recommendations for FY2026 from the Recipient Rights Advisory Council for the Board to consider.

- i. **Consideration to Accept the Recommendations from the Recipient Rights Advisory Council for FY2026**

Ken Papenhagen moved; Becca Curley supported. No debate followed. Rebecca Pasko asked if there were any objections to accept the recommendations. Hearing no objections, the Recommendations from the Recipient Rights Advisory Council for FY2026 were accepted by unanimous consent.
- 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** – Behavioral Health Urgent Care (BHUC) advertisement on LET bus; the BHUC video for our web page is completed, along with 2 social media videos, and a 30 second commercial. The 30 second commercial went live on 1/19/2026 at Phoenix theatres.
 - ii. **Grievances** – 1st quarter grievances were presented.
 - iii. **Pulse for Good** - Kiosk data was presented. A total of 33 responses were received in December. The lobby received 4.56 stars, BHUC received 4.66 stars, and prescriber hallway received 4.9 stars. Comments included: Love it here; wish we had weed; and a Christmas themed hallway. Two people stated that the person they were meeting with wasn't listening to them.
- c. **Finance FY2025 Report** – Richard Carpenter, CFO, provided an update on where the agency is at for FY2025 year end. Cash in the bank was just over 17 million. The amount due back to the PIHP is just over 3 million. Our surplus on Healthy Michigan is 2.2 million and CCBHC non-Medicaid 2.4 million, which is a concern. Estimated surplus for General Fund was \$400,000. We came out to a positive of \$200,000. On retiree healthcare plan we are more than 100% funded and for the retirement plan we share with the county we are 92% funded. We estimate we will put an extra 2 million into Fund Balance. We expect the audit process to start soon and those reports are being sent to the state.
- d. **Finance Report:**
 - i. **November Financials** – Richard Carpenter presented the November Financial report and provided monthly highlights:
 1. Statement of Position: Cash in the bank is \$16,942,192.
 2. Estimated surplus (due back to the PIHP) is \$797,209.
 3. Estimated surplus from CCBHC Medicaid Operations is \$1,058,223.
 4. Estimated deficit from CCBHC non-Medicaid operations \$683,195.
 5. Estimated deficit from other General Fund spend is \$16,565.
 6. Total estimated fund balance addition is \$1,453,858.
 7. November shows positive results and anticipating remaining positive for FY2026.
- e. **Financial Memorandums**
 - i. Shared a list of insurances and who is currently on the panel that can be billed for moving forward.
 - ii. Presented the non-Medicaid CCBHC billing analysis – 4th Quarter FY2025 annualized.
 - iii. Pointed out that the sliding fee schedule could be estimated too high. There is need for a conversation on how aggressive you want to be for collecting against the sliding fee schedule. The requirement of MDHHS is that we send an invoice but how aggressively do we collect is a local decision.
 - iv. Billing insurance and the amount that could have been billed was approximately \$240,000. About 10% of our cost is recoverable. Only about 5-10% of cost is recoverable for primary insurance. The majority of our cost is in the non-billable codes. We have an uncovered amount of \$2,112,030 for CCBHC non-Medicaid. Those individuals will still require services and will still come through our doors for services, but we will not have the PS1 rate any longer and expect the cost of our services to grow. Our goal is to generate enough Medicaid revenue to cover that. It is our short-term goal and in the future that may no longer be possible.
 1. Lisa Graham commented that we have been able to do that for FY2025 and expect to be able to do that for FY2026 and contribute to our local fund. The problem we anticipate with the new Medicaid regulations is that fewer people are going to qualify for Medicaid but still will be coming through our doors. This appears to be the biggest hurdle we need to plan for in FY2027. We will continue to push for a better General Fund. This would be a win if the state recognized that the CCBHC is not correctly funded and replace the

dollars for the funds they took away years ago from General Fund. We could think about a potential millage and take the case to the county about the CCBHC Crisis Mobile Services and Behavior Health Urgent Care services we provide. It will be a quarter-by-quarter analysis for CCBHC to see if we can continue the program.

- a. Henry Lievens commented that the Community College had their millage attempt and it did not go through. With the economic woes and political climate, I would be cautious. Everyone has a worthy cause. The reality is the voters have taken a dimmed view on millages. It is not a very receptive audience for another millage in Monroe. You have to work within your budget you have.
- v. LaMar Frederick shared his concerns regarding a future Medicaid shortfall and asked Richard Carpenter how we are going to plan. Richard commented that from a financial planning perspective, in FY2024 we put some good funds in the bank and for FY2025 as well related to CCBHC. Hopefully in FY2026 we will add some more. As we start planning for the FY2027 budget, the goal is to show what funding is available and if we can weather it out, as well as how often we want to measure success and what are the next steps are if going south.
- vi. Mike Humphries shared his concerns and asked questions regarding billing of primary insurance and what would have been received if we had billed; concerns on the timeframe it has taken for credentialing; and asked if we have begun to credential providers so we can bill. Richard Carpenter responded that Medicare takes the longest to get credentialed.
- vii. Mike Humphries requested further clarification on daily visits as his interpretation is that Richard is saying that non-Medicaid costs, no matter what we can bill for, is only \$143,334. Mike continued that earlier it was reported that we served 3,072 consumers and asked if Richard knew how many individuals served do not have insurance. Richard responded that he did not have that percentage available and would follow up with Lisa Graham.
- viii. Richard Carpenter commented that if we do not have a sustainable program long term, we may be forced to end the CCBHC Certification. It not only stops the Medicaid part it also stops the non-Medicaid part. However, it would be a significant unwind and it would be a loss to the community if we were no longer able to provide CCBHC services.
- ix. Mike Humphries asked Richard Carpenter what he knew about the Ballmer Group? I am not well versed, but they gave the state 70 million for CCBHC and it is supposed to help fund us. Mike requested for Richard to find out more about that.

XII. UNFINISHED BUSINESS

- a. No unfinished business for January.

XIII. NEW BUSINESS

- a. **Service Contracts** – Bridgitte Gates presented the Service Contracts.

- i. **Consideration to approve the Service Contracts as Presented**

LaMar Frederick moved; Mike Humphries 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. **Board Action Request: Health Insurance Bonus** – Jim Brown presented the Board Action Request.

- 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**

Mike Humphries moved; Ken Papenhagen supported. Debate followed. Rebecca Pasko asked if there were any objections to approve a one-time \$300 bonus. Hearing no objection, 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 the employee premium costs is approved by unanimous consent.

XIV. PUBLIC COMMENTS

There were no public comments.

XV. BOARD MEMBER ANNOUNCEMENTS

Ken Papenhagen congratulated Wendy Barros on 37 years of service.

Mike Humphries congratulated Wendy Barros on 37 years of service.

Reda Biniiecki welcomed Henry Lievens to the MCMHA Board of Directors.

John Cullen thanked Lisa Graham for the financial memorandums and presentations. It was helpful for me as a new board member.

Becca Curley welcomed Henry Lievens; thanked Richard Carpenter and Lisa Graham for the breakdown on finances; and congratulated Wendy Barros on her 37 years of service and retirement.

Rebecca Pasko mentioned that the next meeting of the Board is scheduled for Wednesday, February 25, 2026 at 6:00pm.

XVI. ADJOURNMENT

Rebecca Pasko adjourned the meeting at 7:41pm.

Submitted by,

Becca Curley, Secretary Pro-Tem

LG/dp
2/9/26

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
February 11, 2026**

Members Present for In-Person Quorum: Judy Ackley, Rebecca Curley, LaMar Frederick, Bob King, Molly Welch Marahar, Rebecca Pasko, Mary Serio, Holly Terrill, Andy Yurkanin

Members Not Present For In-Person Quorum: Mary Pizzimenti, Alfreda Rooks, Annie Somerville, Ralph Tillotson

Staff Present: PIHP staff: James Colaianne, Chief Executive Officer; Matt Berg, Chief Financial Officer; Michelle Sucharski, Chief Information Officer; J. Kersten, Substance Use Services Clinical Director, Stephannie Weary, HR and Regional Coordinator; Callie Finzel, Quality Manager
Trish Cortes, Washtenaw CMH Executive Director; Connie Conklin, Livingston CMHA Executive Director; Lisa Graham Monroe CMH Executive Director

Guests Present:

- I. Call to Order
Meeting called to order at 6:00 p.m. by Board Vice-Chair J. Ackley.
- II. Roll Call
 - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented
**Motion by M. Serio, supported by M. Welch Marahar, to approve the agenda
Motion carried unanimously**
- IV. Consideration to Approve the Minutes of the September 17, 2025 Meeting and Waive the Reading Thereof
**Motion by M. Welch Marahar, supported by H. Terrill, to approve the minutes of the September 17, 2025 meeting and waive the reading thereof
Motion carried unanimously**
- V. Audience Participation
None
- VI. Old Business
 - a. Board Information: CMHPSM Finance Reports
 - M. Berg presented the FY25 year-end report and the current FY26 report through December 2026. Discussion followed.
- VII. New Business
 - a. Information: Risk Management Strategy
 - J. Colaianne shared CMHPSM's FY26 risk management strategy, which was submitted to the state by the MDHHS deadline in early December 2025.
 - b. Information: Conflict of Interest Disclosure Form
 - Board members sign this disclosure form on an annual basis.

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

- c. Action: Procurement Quarterly Employee Retention Incentive
Motion by M. Welch Marahar, supported by A. Yurkanin, to approve the CMHPSM quarterly retention incentive program for fiscal year 2026
Motion carried unanimously
Roll Call Vote
Yes: J. Ackley, R. Curley, L. Frederick, B. King, M. Welch Marahar R. Pasko, M. Serio, H. Terrill, A. Yurkanin
No:
Not present for in-person vote: M. Pizzimenti, A. Rooks, A. Somerville, R. Tillotson
- d. Action: FY2026 Quality Assessment Performance Improv. Plan (QAPIP)
Motion by M. Welch Marahar, supported by A. Yurkanin, to approve the CMHPSM regional Quality Assessment and Performance Improvement Plan for fiscal year 2026
Motion carried unanimously
- There have been some changes to the state's strategic plan relating to certain indicators, which required some changes in the FY26 QAPIP.
 - M. Welch Marahar questioned whether any of the changes happening at the state level, regarding the metrics, will alleviate any of the tension when it is time to align with MHPs for shared metrics.
 - C. Witherow noted that as of now there is not an apples to apples comparison, but that the health plans and PIHPs do have the same HEDIS measures.
 - The state commended the quality of CMHPSM's QAPIP plan.
- e. Action: Finance Analyst Reclassification
- The part-time Finance Analyst position has grown over time. The duties that have been added over the years include the review and processing of provider claims.
 - Michelle Lyons is the Finance Analyst and does a great job.
 - The reclassification would be effective retroactively as of January 1, 2026.
- Motion by B. Curley, supported by M. Welch Marahar, to approve the reclassification of the Finance Analyst position from Tier 1 to Tier 2**
Motion carried unanimously
- f. Action: FY2025 QAPIP Evaluation
- The QAPIP evaluation is a look back at the previous fiscal year.
 - The majority of the indicators were fully met.
 - The standards that the region didn't meet were related to 1) access to care and 2) reducing racial disparity. The region will continue to work toward improvement in these areas.
 - Some of the factors affecting the access measures include:
 - Individuals rescheduling the appointments that must happen within 14 days outside of that retired timeframe.
 - Certain types of telehealth that are no longer able to be used per the state, which affects the ability for some to keep their appointments.
 - CCBHC expansion, which has increased the number of people coming through the door. This metric will be retired for the PIHP because the PIHP will no longer have oversight for the CCBHCs.
 - The CMHs are making some changes to address the access measures, including same-day appointments and transportation assistance.
 - Board member M. Serio requested clarification for how the percentiles are developed and the thresholds determined, which C. Witherow provided.
- Motion by M. Welch Marahar, supported by B. Curley, to approve the Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP) for FY2025**
Motion carried unanimously

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

- g. Information: CEO Contract Authority
 - The PIHP has entered into contract with TBD Solutions, which will consult on a regional project around AI technology. The goal is to make sure the PIHP and CMHs have protocols and rules in place regarding AI technology, including a regional policy.
- h. Action: CEO Contract Committee Update
 - The CEO Contract Committee (H. Terrill, M. Welch Marahar, M. Serio and L. Frederick) worked on a plan to ensure retention of the CEO, particularly in recent months with the threat of PIHP procurement by the state.
Motion by M. Welch Marahar, supported by A. Yurkanin, to move the implementation of CEO James Colaianne's 4.5% contractual increase from October 9, 2026, to July 1, 2026, and to authorize the CEO to engage CMHPSM's attorney to revise the CEO contract as such
Motion carried unanimously

VIII. Reports to the CMHPSM Board

- a. Information: SUD Oversight Policy Board
 - The OPB is in the process of updating their bylaws, which will come to Regional Board for review and approval.
- b. Information: CEO Report to the Board
 - In light of the cancellation of the last 3 Regional Board meetings due to lack of quorum and adverse weather, the CEO report provided updates for the last 5 months. Some points of interest:
 - FY25 contract lawsuit: a hearing is scheduled for March 24, 2026. CMHPSM is plaintiff in this lawsuit, as authorized by the Regional Board in October 2024.
 - Waskul lawsuit related to self-determination: CMHPSM and Washtenaw have been dismissed as defendants and will not have to pay for the plaintiffs' legal fees. It has taken 10 years for this lawsuit to come to a resolution. CMHPSM's legal fees as defendant were covered by our insurance.
- c. Discussion: MDHHS PIHP Procurement Update
 - The judge determined that elements of the PIHP Procurement Request For Proposals were not in compliance with State law. The judge deferred to the State of Michigan on what actions they would take related to the RFP due to its conflict with State law, DTMB/MDHHS chose to cancel/withdraw the RFP.
 - The State is requesting that the lawsuit which led to the RFP being cancelled be dismissed. The plaintiffs do not agree with outright dismissal at this time.

IX. Adjournment

Motion by A. Yurkanin, supported by M. Serio, to adjourn the meeting
Motion carried unanimously

- The meeting was adjourned at 7:12 p.m.

X. Supplemental Background Materials (Not Discussed During Meeting)

- a. FY2025 QAPIP Status Update by CMH {Appendix #A, Page 105}
- b. FY2026 Full QAPIP Plan {Appendix #B, Page 126}
- c. FY2026 Contract List as Revised in September Meeting {Appendix #C, Page 201}
- d. Gambling Prevention Update {Appendix #D, Page 215}

Mary Serio, CMHPSM Board Secretary

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.



BOARD BUSINESS OPERATIONS COMMITTEE
Wednesday, February 18, 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

LaMar Frederick called the meeting to order at 5:120pm. LaMar Frederick, Reda Biniecki, John Cullen, Becca Curley, Rebecca Pasko, and Lisa Graham were present. Sue Radwan attended as a guest virtually.

II. BUSINESS OPERATIONS

a. Governance Policy Manual / Financial Policies

i. LaMar Frederick started the discussion by providing committee members with the board requirements sections of the Mental Health Code for their review and asked how much to incorporate into the governance policies. Sue Radwan commented that it is covered in Section 2.0 where the Board directs the CEO to not do anything unlawful. For the Board itself, you don't need to list all of the laws that you need to follow, but it would be encouraged to review those laws that apply for board work during board orientation. Sue believes the language in the current existing policy manual covers what the Board does against the Mental Health Code.

ii. Committee members and Sue Radwan reviewed language in Policy 2.4 and 2.5. Sue Radwan provided suggestions.

1. When the Board approves the budget, the Board ought to be doing the review of the budget document to see if it meets the policy language in Policy 2.4. Does it include all the disclosures and assumptions. If it does, then there is no reason to reject the budget as it meets the task of your policy.

a. Lisa Graham would like the budget to have more detail and asked if the Board approves the budget and an item is included in the budget, does it need to be brought back to the Board again for explanation and approval?

i. Sue Radwan responded that if the Board approves the budget, items that were included in the budget do not need to go back to the Board for approval as they already approved it. The Board does not have a policy in Section 2.5 that addresses purchasing or unbudgeted expenses that are over a certain funding level that would need approval. The Board needs education on what is included in the budget. They need to vote in an informed way. Sue recommends an education session prior to the presentation of the proposed budget. If the Board wants to know when purchases are made, that would go into the communication policy where the CEO is providing information to the Board timely. Lisa Graham commented that the Financial Report has a list of what was purchased/paid for that month. Those items can be highlighted. Sue commented on Policy 2.8.2, that is where you may include if the Board wants to mandate the completion of any budgeted purchase in excess of a certain dollar amount so that the Board is informed. LaMar Frederick suggested \$100,000.

iii. Asset Protection Policy – Sue Radwan suggested that the Board consider adding an Asset Protection Policy. Lisa Graham commented that there was an Asset Protection Policy in a previous edition of the Board Governance Policy Manual and will have Dawn Pratt provide the information at the March 4 2026 meeting for committee members to review and consider adding the policy back. There is an internal Asset Protection Policy and can bring that information to the committee as well.

iv. John Cullen asked if there was a policy needed for financial audits. Sue Radwan responded that the Board owns the audit function, not the staff. The reason for that is that staff are doing the finances, the Board is accountable for the oversight. You hire an auditor. If you have an Audit Committee, they should define the scope of the audit. If that Audit Committee would like to have the auditor look at certain Board financial policies then you tell them to take a look at the financial activities policy. It becomes an external monitoring function. You have the ability to ask the auditor to extend the audit to review your policies for external monitoring. That is a legitimate way to have a relationship with the auditor. John Cullen likes the idea that you can give the auditor one of the financial policies to check responsibilities as part of an extended audit. Sue commented that you can also request a lower level policy instead of a full policy.

v. Investment Policy – Sue Radwan suggested that the Board consider adding an Investment Policy. The Board shall recall the tensions that have arose over the years, financially, and be sure to have policies in place. You may want to do a compare and contrast with the policies and suggested to start developing an Investment Policy. Sue provided an example of an Investment Policy. Dawn Pratt will provide the example at the March 4, 2026 meeting.

vi. Directors and Officers – LaMar Frederick asked if we have a DNO. Lisa Graham will follow with Jim Brown and provide an update.

b. CCBHC Economics – Lisa Graham commented that we are doing well. Ken Melvin and Richard Carpenter, next week, will give us their projection on FY2025. It looks like we had a good year and a significant surplus to be deposited into our General Fund. Barring any significant change in the environment, FY2026 should be the same.

c. Community Perception and Response / Tax Proposal – No Update for February.

d. Budget/Audit Information – Lisa Graham commented that this is moving along and we have not been made aware of anything significant. Moving along as planned.

e. Relationship with the PIHP – Rebecca Pasko commented that the CMHA is in planning mode on how to stay on top of PIHP Procurement as they believe the state is rewriting the RFP. LaMar Frederick commented that it looks like our financial relationship with the PIHP will remain for the foreseeable future.

II. NEXT AGENDA

- a. Review of Financial Policies in the current Board Governance Policy Manual.
- b. Review of Financial Policies that were previously removed from the Board Governance Policy Manual and determine if needed.
 - i. Review of internal Asset Protection Policy.
- c. Consider adding an Investment Policy.

III. PARKING LOT

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

IV. ADJOURNMENT

The meeting adjourned at 6:32pm.

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

Respectfully submitted,

LaMar Frederick (sp)

LaMar Frederick
Committee Chair

2/20/26



BOARD BYLAWS & POLICY COMMITTEE
Wednesday, February 4, 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 Biniiecki, and Rebecca Pasko (Ex-Officio)

DRAFT MINUTES

I. CALL TO ORDER

Becca Curley called the meeting to order at 6:00pm. Becca Curley, Reda Biniiecki, John Burkardt, Susan Fortney, Rebecca Pasko, and Lisa Graham were present. John Cullen and Dr. Frances Jackson, Parliamentarian, attended as guests.

II. COMMITTEE BUSINESS

- a. Regional Policies

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

III. REVIEW OF BOARD BYLAWS AND GOVERNANCE POLICY MANUAL

- a. The committee reviewed feedback from the Board regarding the 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. Dr. Jackson will review the Board feedback and the flow of ARTICLE IV and Policy 3.0 and make suggestions to review at the March 4, 2026 meeting.
 - ii. John Cullen expressed interest in serving on the Board Bylaws & Policy Committee. Becca Curley requested for the Board Chair to consider appointment of John Cullen to the committee at the February Board Meeting.

IV. PARKING LOT

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

V. AJOURNMENT

The meeting adjourned at 7:26pm.

VI. NEXT MEETING

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

Respectfully submitted,
Becca Curley (dp)

Becca Curley
Committee Chair

2/9/26



BOARD EXECUTIVE COMMITTEE

Wednesday, February 19, 2026 / 6:00pm in Aspen

MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

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

I. CALL TO ORDER

Rebecca Pasko called the meeting to order at 6:06pm. Rebecca Pasko (virtual), John Burkardt, Susan Fortney, and Lisa Graham were present.

II. ITEMS FOR DISCUSSION

- a. Review of the February 25, 2026 Board Meeting Agenda
 - i. The February 25, 2026 draft agenda was reviewed.
 - o Rebecca Pasko commented on a name change of the Business Operations Committee to the Finance Committee and will address at the Board table.
- b. Board Workshop – Saturday, February 21, 2026
 - i. The committee discussed cancelling the February Board Workshop and rescheduling in April due to new Board appointments. The workshop was to consist of evaluation reports and Board Governance training. If rescheduled to April, it can include a Board Orientation for new members and would not have to duplicate Board Governance training. The committee agreed, by consensus, to cancel the February 21, 2026 Board Workshop.
- c. Meeting Evaluations
 - i. The Executive Committee reviewed the January 28, 2026 Board Meeting Evaluation Report for any trends or areas of improvement. The report will be sent to the Board for their records.
- d. 2025 Meeting Evaluation Report and Board Questionnaire Report
 - i. Dawn Pratt presented the results of the Board Meeting Evaluation Report and the Annual Board Questionnaire Report to committee members. The report from 2024, containing 5 months of data, was used as a comparison for overall average. There was a slight increase in the overall average for 2025.
- e. CEO Performance Evaluation
 - i. Rebecca Pasko is requesting to understand the Board Ends and Limitations to better provide Joan Canning with the information she needs to develop training for the new CEO Performance Evaluation process for the Board. Rebecca commented that we are in the middle of review of the Board Bylaws and Governance Policy Manual and to have everything in place, yet that Joan would need to provide training to the Board. Rebecca suggested using the Strategic Plan Performance Evaluation used last year for the 2026 CEO Performance Evaluation and in the meantime will continue to work on the Bylaws and Governance Policy Manual, provide Board training, and be prepared for the new process for 2027.

III. ACTION ITEMS FOR FUTURE BOARD MEETING AGENDA

- a. Jan Annual Recipient Rights Report
- b. Feb FY2025 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 March 25, 2026 Board Meeting agenda
- b. February Meeting Evaluation Report

V. AJOURNMENT

The meeting adjourned at 7:21pm.

VI. NEXT MEETING

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

Respectfully submitted,

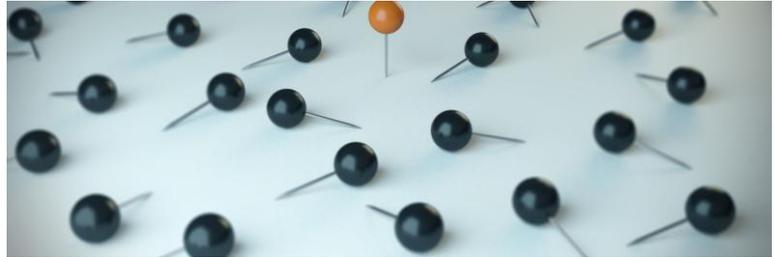
Rebecca Pasko (dp)

Rebecca Pasko
Board Chairperson

2/20/26

FY25 ANNUAL SUBMISSION EXECUTIVE SUMMARY

- MONROE COMMUNITY
MENTAL HEALTH
AUTHORITY
- BOARD OF DIRECTORS
- FEBRUARY 25, 2026



1

ANNUAL SUBMISSION

Required by the Michigan Mental Health Code

Assesses community health data - physical and behavioral

Opportunity for community members to provide feedback on needs and gaps

REPORTING REQUIREMENTS



Waiting List



Request for Service and Disposition of Requests



Community Data Set Worksheet



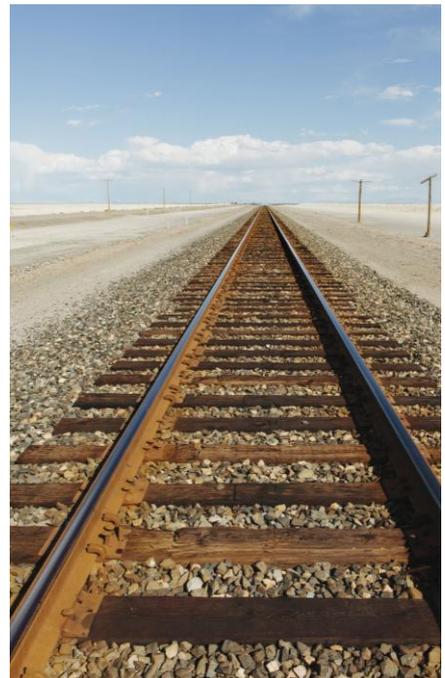
Stakeholder Survey



Needs Assessment – Priority Needs & Planned Activities

WAITING LIST

- The Michigan Mental Health Code, Section 330.1124 requires that CMHSPs establish and maintain waiting lists if all service needs are not met.
- As part of MCMHA's Annual Submission, the waiting list compiles information about the use of waiting lists by CMHSPs.
- The waiting list informs the Board, MDHHS, and our community of how many people are waiting to receive services AND which services they are waiting to receive.
- This information informs MCMHA's strategic plan and give MDHHS a picture of overall needs within the State.



REQUESTS FOR SERVICES & DISPOSITION OF REQUESTS



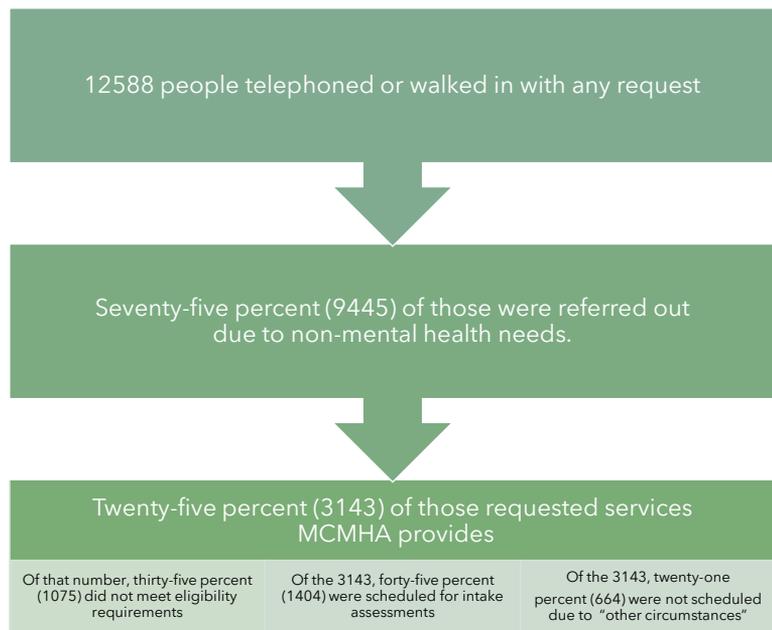
COMMUNITY DATA SETS

- Census
- Medicaid enrollment
- Children in Out of Home Care
- Number of Licensed Foster Care Beds in Monroe
- Children at risk for Serious Emotional Disturbances 100% below poverty
- Persons with Developmental Disabilities
- Homelessness Data
- Employment Data
- Justice Related Data
- Education Data
- Primary Health Data
- SUD Provider Data

WAITING LIST DATA

- MCMHA had some consumers waiting for specific services.
- All consumers identified on the waiting list were enrolled in at least one service while waiting for another service.
- **Targeted Case Management:** 4 total - 2 received services; 2 removed for other reasons; 0 remain waiting
- **Intensive Interventions:** 3 total - 0 received services; 1 removed for other reasons; 2 remain waiting
- **Clinic Services:** 78 total - 40 received services; 21 removed for other reasons; 17 remain waiting
- **Supports for Residential Living:** 0 total
- **Supports for Community Living:** 11 total; 2 received services; 5 removed for other reasons; 4 remain waiting

REQUEST FOR SERVICES / DISPOSITION CMHSP POINT OF ENTRY



REQUEST FOR SERVICES & DISPOSITION CMHSP ASSESSMENT



**Of those scheduled for intake assessment,
25 percent did not show/dropped out**



**Of those scheduled for intake assessment,
75 percent met intake criteria**

0 met emergency/urgent/priority criteria
1042 met regular/routine/usual criteria

COMMUNITY DATA SETS

- Monroe's census and Medicaid enrollment is relatively unchanged from last FY24:
 - 156,955 residents (up slightly)
 - 20,432 Medicaid enrollees (down slightly from last year, but greatly from 2020-2023)
 - Individuals with I/DD diagnosis consistent in 760-780s since 2011
 - Individuals with an identified Primary Care Physician - 62%, down from 65.5% last year.



PRIORITY NEEDS & PLANNED ACTIONS



Priority Issue: Increasing access to psychiatric services to children, both after school hours and in person services.



Reason for Priority: Feedback from Customer Services (kiosks, customer services surveys, feedback to case managers)



Plan to Address: Work with current prescribers and vendors to offer in-person and after school psychiatric services for children by end of calendar year 2026.

PRIORITY NEEDS & PLANNED ACTIONS



Priority Issue: Community awareness of CMH services and resources



Reason for Priority: Feedback from Community Needs Assessment survey, consumer and community feedback



Plan to Address: Increase community awareness of CMH services and resources through social media, advertisements, community newsletters, CEO Coffee Hours, and participation in community events.

PRIORITY NEEDS & PLANNED ACTIONS

Priority Issue: Post secondary opportunities for adults with Intellectual and Developmental Disabilities, specifically in the areas of life skills and employment.

Reason for Priority: Consumer feedback

Plan to Address: Creation of a community workgroup comprised of consumers, parents/guardians, educators, and clinical staff to assess current capacity and service gaps, followed up by workplan to address identified gaps.

PRIORITY NEEDS & PLANNED ACTIONS



Priority Issue: Lack of public transportation



Reason for Priority: This feedback is consistent across years of customer service surveys and consumer feedback.



Plan to Address: Asking consumers if they have transportation barriers and providing transportation options when available (bus tickets, staff transporting). Assess potential for remote/satellite locations where public transportation is not available.

PRIORITY NEEDS & PLANNED ACTION



Priority Issue: Employment opportunities



Reason for Priority: Stakeholder survey, consumer feedback



Plan to Address: MCMHA leadership to conduct a comprehensive evaluation of the housing/employment specialist position to identify opportunities for improvement.

QUESTIONS

BOARD CLINICAL REPORT EXECUTIVE SUMMARY

February 2026

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 9. 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 37 universal referrals made in December/January. 54% received some type of follow-up, authorized services, etc. 0% declined any further intervention, and 46% 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 two (2) programs/activities and zero (0) 1:1 meeting during December and January.

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 98 times in December and January, which averaged 0.77 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 21.97 minutes, which is likely due to 59% of the calls from the 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 77% were from the Monroe County Sheriff's Department and Monroe City Police; 14% were from Access Dept/CMH, 7% were self-referral and 2% were from a school.
- Enrollment for the CCBHC has increased by 17 members since last reported in December. This is a 0.88% increase in enrollment.
- MCMHA currently has 57 enrollees in the Behavioral Health Home program.
- The Behavioral Health Urgent Care (BHUC) served 109 guests in December and January.

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 participated in December and January clinical trainings focused on continuing Motivational Interviewing. Staff reviewed core concepts, practiced skills with one another, and worked to increase their effective use of the approach to support consumers in achieving positive behavioral changes. The training series concludes in January, and monthly coaching continues for a small group of clinicians who requested additional feedback and skill development. Motivational Interviewing is a required evidence-based practice for CCBHC.

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 February 17, 2026:

- Peer Support Specialist (PT - 2)
- Evaluation and Admission Specialist (2)
- Home Based Clinician (NEW POSITION)
- Youth Peer Support Specialist
- Outpatient Therapist
- Program Supervisor – Access
- Crisis Mobile Clinician

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 had one (1) deployment. When MCMHA is made aware of events/incidents that occur in the community, we do reach out to offer this service.

Carleton Co-op requested a CISM deployment following a fire that occurred on September 28, 2025. Although no residents were injured or killed, staff reported that the chaotic evacuation left approximately 20 elderly residents continuing to experience emotional distress.

MCMHA staff members conducted the CISM session on January 12th at 1:30 p.m. in the community room at 188 Center Street in Carleton. Four (4) residents attended the session. The intervention was well received, and participants expressed appreciation, noting that the session was helpful and went well.

BOARD CLINICAL REPORT

February 2026

Objective #2: MCMHA provides education and awareness of mental health resources in the community.

Education and Awareness

The first Connected Communities meeting was held via Zoom on December 11, bringing together parents and guardians, CMH staff, ISD staff, and contracted providers to begin discussing how to better support individuals with intellectual and developmental disabilities (I/DD), particularly after age 26 when they exit the ISD school system. The group engaged in robust discussion regarding service gaps, barriers faced by families and providers, and the need for increased community involvement. Agencies also shared information about future initiatives aimed at strengthening community integration and long-term supports. The group expressed enthusiasm for continuing collaboration and scheduled a follow-up meeting in January.

On January 29, the group reconvened to further advance these efforts. Participants included CMH staff, parents, community members, and contracted providers, continuing the focus on supporting adults with I/DD transitioning into the community. Don Spencer presented on the Unity Exchange Club of Monroe and the charge of the workgroup was reviewed. Transition Center staff shared information about upcoming Community Conversations and a Resource Fair, as well as business benefits and tax credits available to employers to encourage community partnerships and inclusion efforts.

The group remains committed to ongoing collaboration and solution-building.

Staff engaged in extensive collaboration and community partnership efforts throughout December and January. Although a joint grant application with MCA to launch a community paramedic program was not funded, both organizations remain committed to pursuing future opportunities together. Planning also began with Captain J.D. Wall to provide training for road officers on the BHUC and its functions. Additionally, the Director of Access, Crisis, and Diversion and the Crisis Mobile/BHUC Supervisor attended Monroe City Police and Fire roll call meetings to connect with nearly all city personnel, provide information on the new Behavioral Health Urgent Care and Crisis Mobile services, and strengthen ongoing partnerships.

The CCBHC Program Director participated in Suicide Prevention Coalition meetings and strategic planning sessions in December, where veteran outreach was renewed as a strategic priority. Leadership also met twice with St. Joseph Center for Hope to support and monitor the engagement center partnership and provide technical assistance.

The Infant Mental Health team participated in the Monroe County Intermediate School District (MCISD) resource fair on January 28, sharing information about CMH services with teaching staff. Several staff interacted with the team and gained knowledge about services available to students and families that access the MCISD.

Community Events

The CCBHC Program Director attended the January 21 Suicide Prevention Coalition meeting and the January 20 Veterans Workgroup meeting to support suicide prevention efforts and veteran outreach, including plans to offer free suicide prevention training for veterans.

The CCBHC Program Director also continued collaborating with St. Joseph's Center of Hope to finalize processes for peer recovery and engagement center services, began providing weekly technical assistance, and monitored service utilization.

Updated 2/19/26

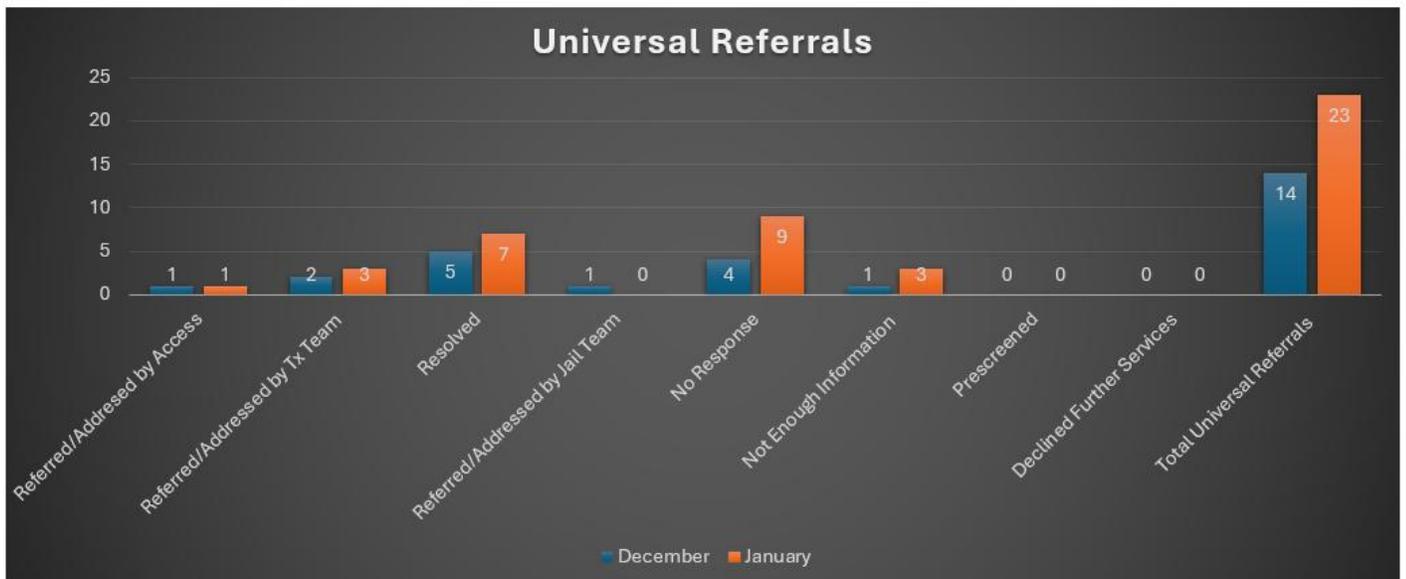
BOARD CLINICAL REPORT
February 2026

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

During the months of December 2025 and January 2026, there have been 37 universal mental health referrals, including law enforcement and community referrals. The outcomes of these cases are as follows:



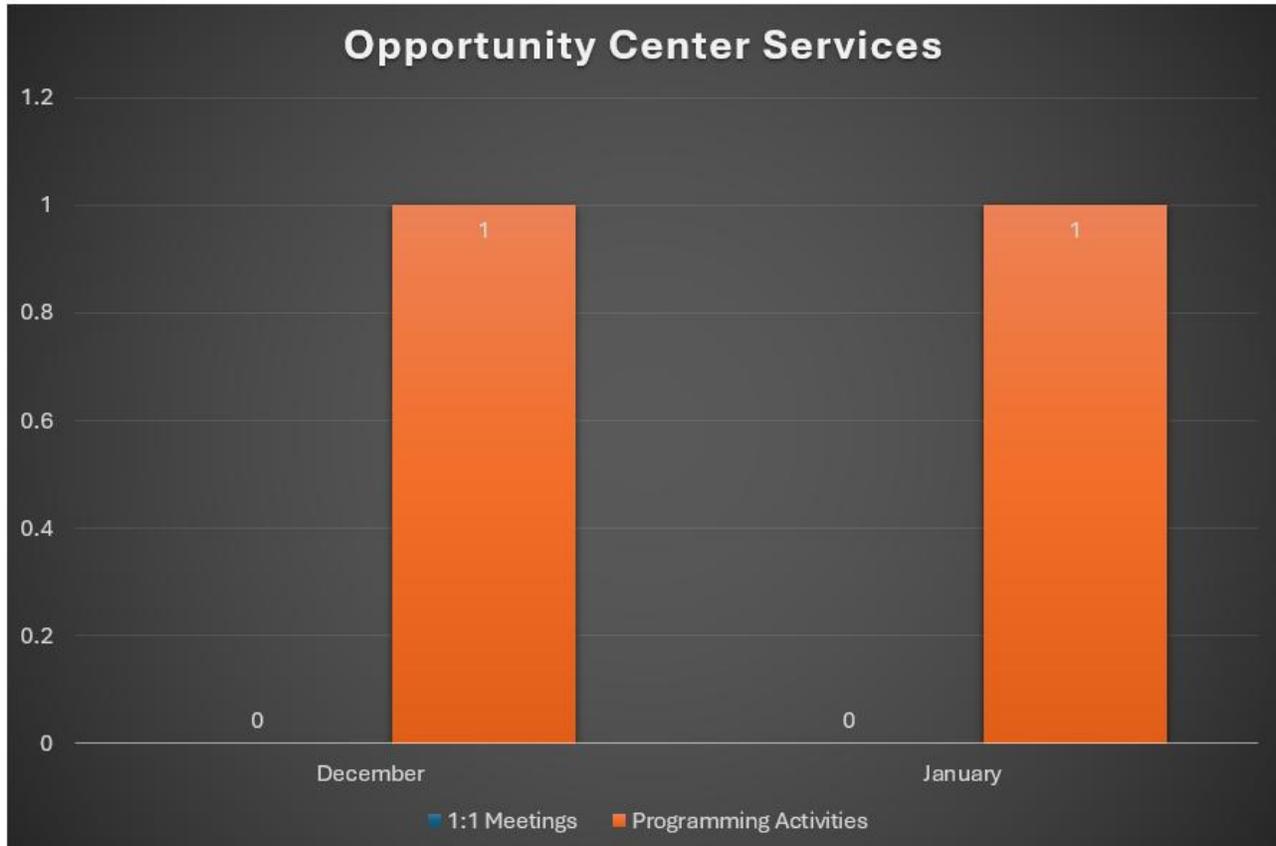
Opportunity Center at the ALCC

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.

BOARD CLINICAL REPORT

February 2026

Peers continue to help link and coordinate services, including engaging those who need community mental health services or those involved in them. In the months of December and January, MCMHA Peer Support Staff provided zero (0) 1:1 meetings/appointments, and the peers did engage in two (2) 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 months of December 2025 and January 2026.

Additionally, the CCBHC Program Director, Director of Access, Crisis and Diversion, and Crisis Mobile/BHUC Supervisor finalized and submitted the Intensive Crisis Stabilization Services (ICSS) certification application to the PIHP, with submission to MDHHS required in early February. ICSS is a service designed to support individuals and families in crisis and maintain the individual in the community.

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.

Updated 2/19/26

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
 - No consumers waiting for services due to inadequate provider panel

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 34 individuals currently awaiting services, 8 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 consumers 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.

Current Clubhouse membership includes 71 authorized members, with 29 enrolled under the CIP grant. Of those, 19 CIP members attended last month. Average daily attendance has increased to 20–22 members.

Total membership remains at 90, with some shifts in funding sources (from Medicaid to CIP grant funding) due to individuals losing Medicaid eligibility.

MCMHA Access Department has fully implemented a Same Day Walk-In Access model. While walk-ins are now the primary method for initiating services, a shared calendar remains available for scheduled appointments when clinically appropriate—most commonly for individuals discharging from inpatient hospitalization. Walk-ins are accepted throughout normal business hours; however, individuals arriving after 3:00 PM will receive an initial needs assessment and be scheduled for a follow-up appointment to complete the comprehensive intake process.

Substance Use Disorder (SUD) Screening and Referral Data

This data will be reported quarterly (January, April, July, and October).

October '25 - December '25

- Total SUD Screenings = 257
- Total SUD Call Activity = 1058
- Total SUD Requests = 326
- Total SUD Admissions = 197

Certified Community Behavioral Health Clinic (CCBHC)

There are 1,938 members currently enrolled in CCBHC, which is an increase of 17 enrollees or 0.88% since last reported in December. This number will continue to fluctuate as consumers enroll and disenroll in services. This remains to be around 80% of our open consumers.

BOARD CLINICAL REPORT

February 2026

The CCBHC Implementation Meetings held on December 18 and January 22, focused on reviewing the new Zero Suicide Dashboard and monthly performance metrics. In December, additional discussion included updates on CCBHC projects such as St. Joseph's Center of Hope and the BHUC, implementation of the new Therapy Note in CRCT for SRA-C tracking, and review of finalized CCBHC Handbook (Version 3) revisions. The January meeting also included reviews of the drafted CCBHC Recipient Handbook Addendum and updates on Evidence-Based Practices.

The CCBHC Program Director continues to advocate both internally and with the PIHP to ensure accurate capturing of I-SERV supplemental crisis data within CRCT. Although a fix for the I-SERV measure was implemented in November, it was later identified that CRCT is only pulling data for open consumers rather than all individuals who received crisis services. In January, the Program Director participated in multiple meetings, including discussions with the PIHP, to address this issue. The Senior Systems Analyst/IT is currently exploring reporting solutions with the PIHP. Efforts will continue to ensure accurate data is reflected in the CCBHC report.

In December, a new progress note titled "Therapy Note" was added to CRCT. This note incorporates the suicide risk assessment (SRA) screener, enabling MCMHA to accurately track data for the SRA-C metric, while remaining otherwise consistent with existing progress note formats. All therapy documentation should now be completed using the Therapy Note in CRCT. This update does not change previously established documentation processes within the narrative section.

The CCBHC Program Director drafted the newly required CCBHC Recipient Handbook Addendum and submitted it to the Recipient Rights and Compliance Manager for review and feedback. This addendum will be distributed to consumers at intake and annually thereafter and clarifies the grievance and appeal processes for both Medicaid and non-Medicaid CCBHC recipients.

The Quarter 4 CCBHC Metrics were submitted to MDHHS on January 28, 2026.

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 staff assigned to this role has successfully completed MDHHS training and is now managing the caseload of Transition to Independent Processing (TIP) youth.

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.

Updated 2/19/26

BOARD CLINICAL REPORT

February 2026

Team supervision has been established, with Lisa Graham leading supervision and planning efforts in collaboration with a state consultant. The first supervision session was held on January 8 and is occurring weekly. Monthly consultation with the state also began in January. Recruitment is currently underway for the next DBT group in preparation for its launch.

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 has 57 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

The Adult MI full-time peer staff have completed training in WHAM (Whole Health Action Management), a group intervention designed to promote health and wellness among consumers. With support from their supervisor, a WHAM group will be established with the goal of launching in March.

River Raisin Clubhouse

The River Raisin Clubhouse received a \$500 donation from Monroe Community Credit Union, demonstrating strong community support for the clubhouse and its members.

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

No new updates since December 11, 2025, when MCMHA received temporary approval for the use of the Y4 code, which is directly billing for the IDDT services. As previously stated, 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.

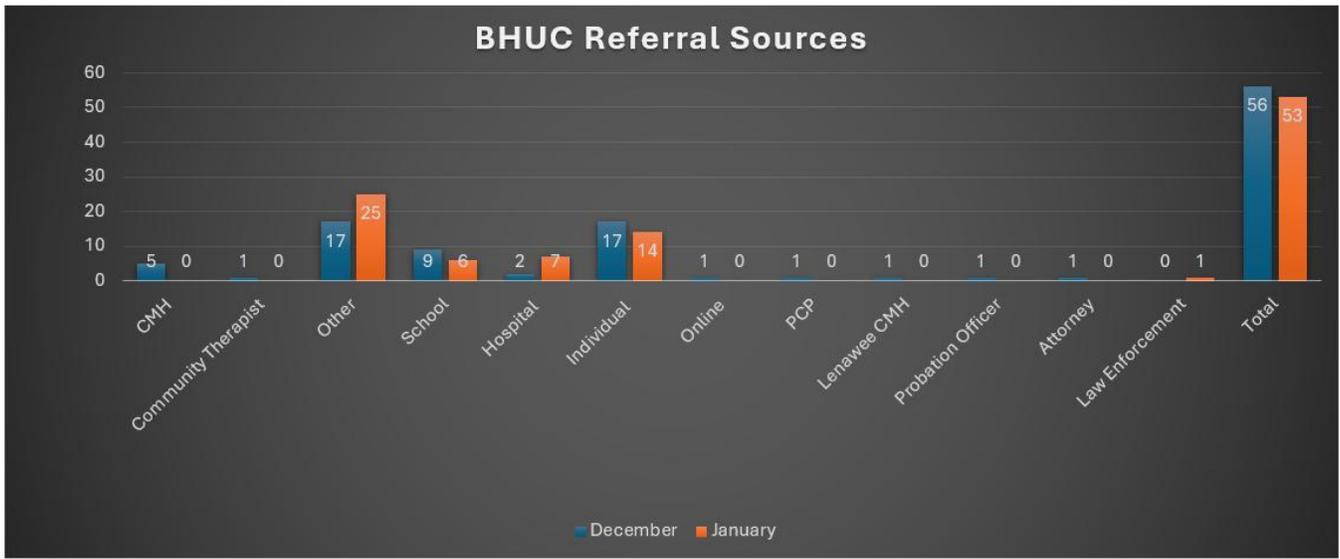
Objective #4: Behavioral Health Urgent Care opens on 10/1/25.

Behavioral Health Urgent Care

The Behavioral Health Urgent Care (BHUC) operated throughout the months of December and January, providing services to 109 guests. As far as cumulative data, there have been 223 visits, with 207 unique guests. The average time spent at the clinic for a guest is 68.8 minutes long. 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 2/19/26

BOARD CLINICAL REPORT
February 2026



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 January, these are being utilized as CLS sites with three (3) consumers residing at Swartz Home with one (1) consumer considering placement there and three (3) consumers residing at Windemere with one (1) more consumer 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 months of December and January.

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

BOARD CLINICAL REPORT

February 2026

Below is the call volume data for Fiscal Year 26.

	October-25	November-25	December-25	January-26
Incoming Calls	4908	3451	3838	4017
Incoming calls minus abandon calls	4762	3358	3748	3948
Calls Answered	4478	3134	3503	3708
Missed/Abandoned Calls	430	316	334	308
Abandoned Calls	146	93	90	69
% incoming calls answered	91%	91%	91%	92%
% incoming calls answered minus abandon calls	97%	97%	98%	98%

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

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 FY26, we averaged 97%. We have continued that trend, which is meeting our goal.

Caseload Report

This report will be provided quarterly (December, May, August, and November).

Regional Behavioral Health Quality Transformation Workgroup

Through the Regional Behavioral Health Quality Transformation workgroup, the CCBHC Program Director and Clinical Program Directors developed new monitoring processes for key performance measures. Beginning January 12, 2026, staff will use a PIHP-provided Power BI report to track and improve follow-up for FUM (Follow-Up After Emergency Department Visit for Mental Illness), ensuring timely outpatient care within 7 or 30 days of discharge. Additionally, starting in February, a similar Power BI-driven process will be implemented to monitor APM (Antipsychotic Medication Monitoring), supporting appropriate metabolic testing (blood glucose testing, cholesterol testing, or both) for children and adolescents prescribed antipsychotic medications.

Prime for Life

Our Youth Diversion Specialist, working under the PACC/MHJJ grants, is completing a “Prime for Life” certification. This is in cooperation with our United Way partners to provide substance use education to youth. The Youth Diversion Specialist will be equipped to provide education to youth who are at risk, providing education and outreach to youth & families in Monroe County.

Trauma Focused – Cognitive Behavioral Therapy (TF-CBT)

MCMHA is actively engaged in two TF-CBT learning cohorts. One clinician in Cohort 38 is nearing completion, while three clinicians in Cohort 39 remain on track to complete the program. Participants in both cohorts continue providing trauma-focused treatment to children and youth to reduce the impact of traumatic experiences. They attend required training sessions, participate in monthly coaching calls, and receive trauma-specific supervision from their direct supervisor along with MDHHS coaching support.

Parent Management Training/ Oregon-(PMTO)

BOARD CLINICAL REPORT

February 2026

PMTO provides individualized sessions designed to help parents regulate their emotions and reduce the stress associated with raising children who have serious mental health challenges. Currently, we have two certified clinicians and two coaching staff members supporting this work.

Parenting Through Change (PTC)

Currently, PTC-trained staff are limited to our two in-house coaches. The PTC Coordinator is actively identifying and recruiting eligible clinical staff in preparation for the next application cycle anticipated in late summer. Additionally, the Coordinator is recruiting participants for the upcoming PTC Group session scheduled for this spring.

Select Month:: 2026 - 01, 2025 - 12 (2) ▾



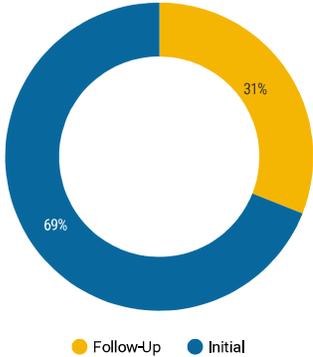
Monroe County CMH Crisis Mobile Utilization Report

Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

98

Mo...	Init...	#	%
2025 - 12	Follow-Up	5	15%
2025 - 12	Initial	29	85%
2026 - 01	Follow-Up	30	47%
2026 - 01	Initial	34	53%



1 - 4 / 4 < >

Month	Contact Type	Hours
2025 - 12	Face-To-Face	22.44
2025 - 12	Indirect Contact (Phone/Email/Other)	0
2025 - 12	Contact Attempt	0.25
2026 - 01	Indirect Contact (Phone/Email/Other)	0
2026 - 01	Contact Attempt	0
2026 - 01	Face-To-Face	27.25

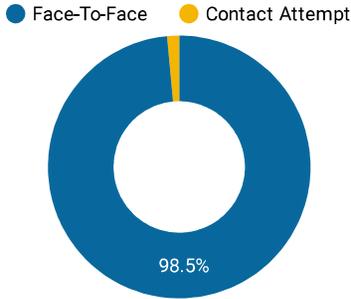
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Average Face-to-Face Interaction Time (Hours)

0.77

Month	Avg F2F Contact
2026 - 01	0.78
2025 - 12	0.75

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Select Month:: 2026 - 01, 2025 - 12 (2) ▾



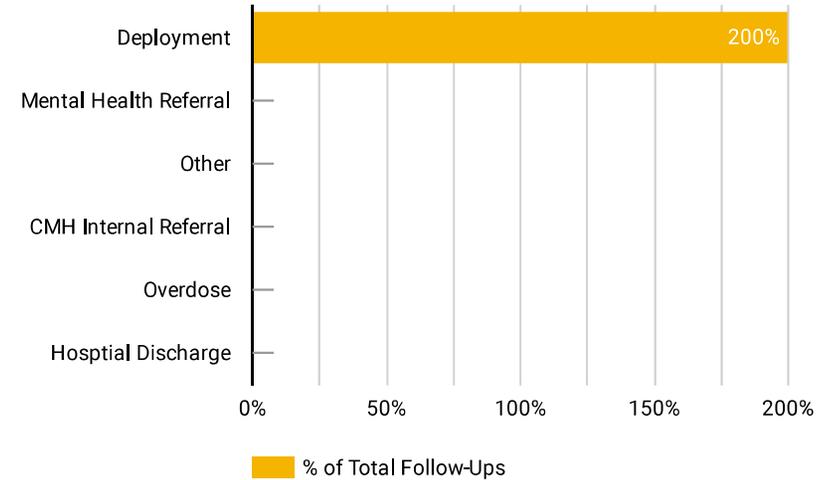
Monroe County CMH Crisis Mobile Utilization Report

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

Note: Tracking for follow-ups started October 2024

Month	Type	#	%
2025 - 12	CMH Internal Referral	0	0%
2025 - 12	Deployment	5	100%
2025 - 12	Hospital Discharge	0	0%
2025 - 12	Mental Health Referral	0	0%
2025 - 12	Other	0	0%
2025 - 12	Overdose	0	0%
2026 - 01	CMH Internal Referral	0	0%
2026 - 01	Deployment	30	100%
2026 - 01	Hospital Discharge	0	0%
2026 - 01	Mental Health Referral	0	0%
2026 - 01	Other	0	0%
2026 - 01	Overdose	0	0%

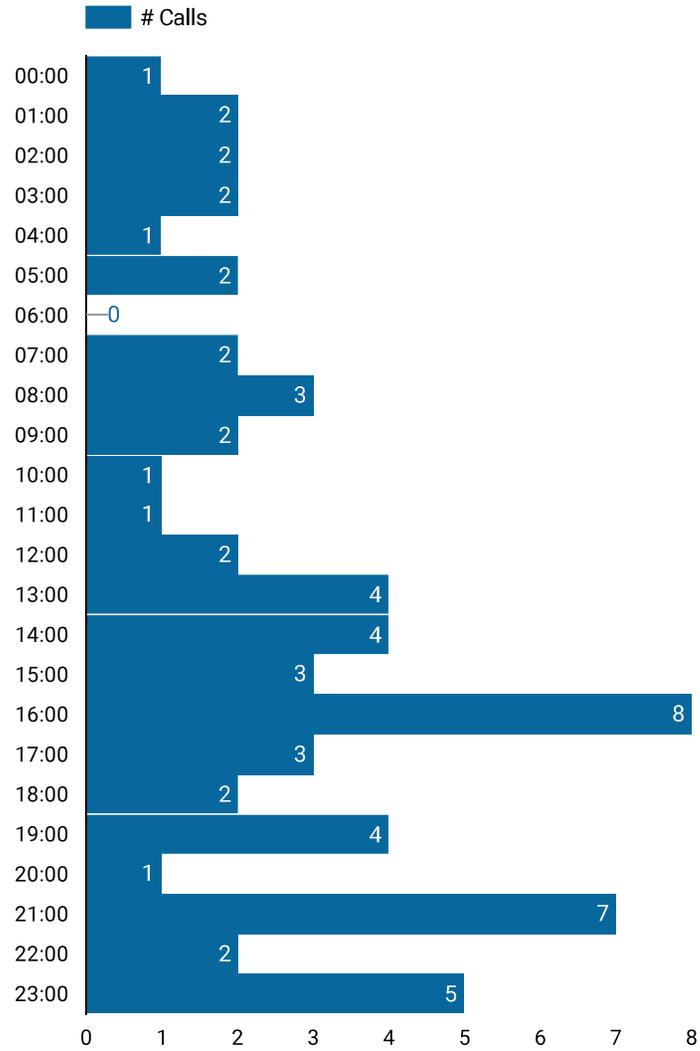
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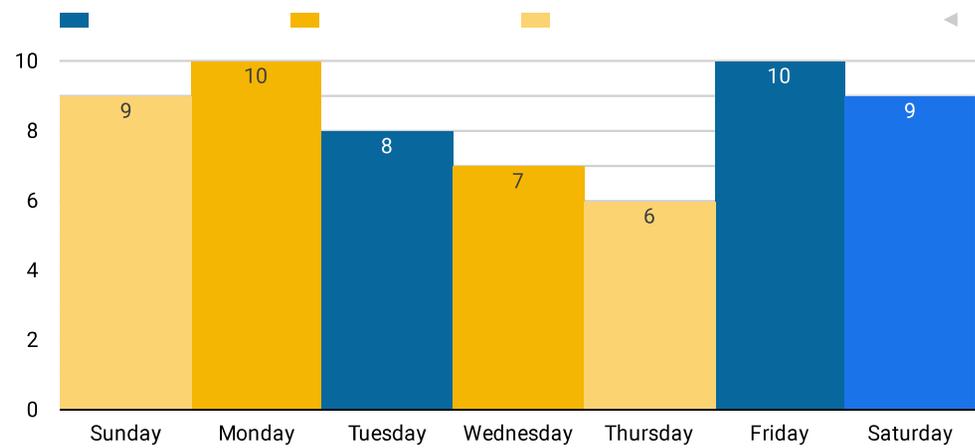
Select Month:: 2026 - 01, 2025 - 12 (2) ▾

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)

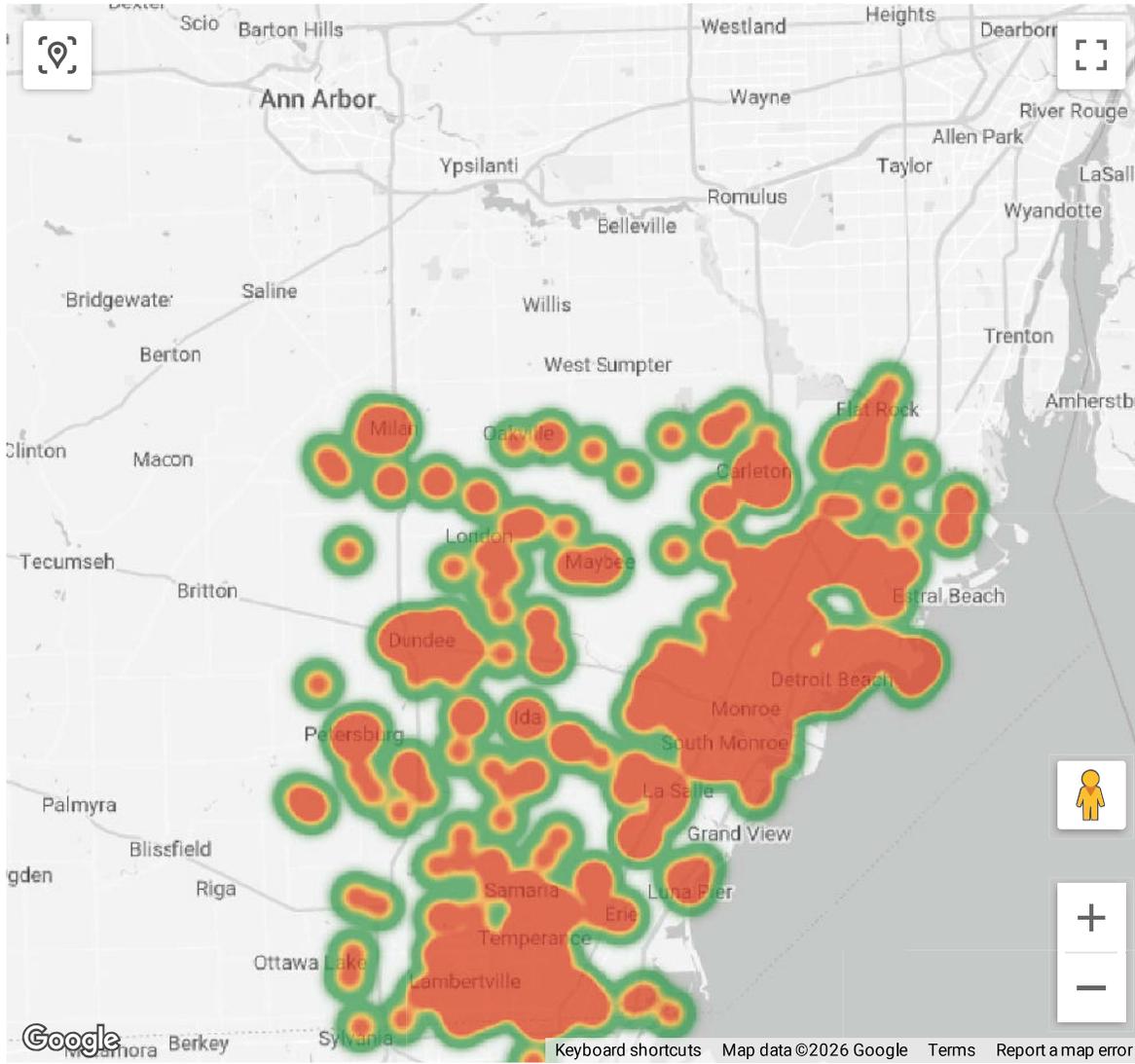
21.97

Month	Avg. Response Time ▾
2026 - 01	23.93
2025 - 12	20

Select Month:: 2026 - 01, 2025 - 12 (2) ▾

Location

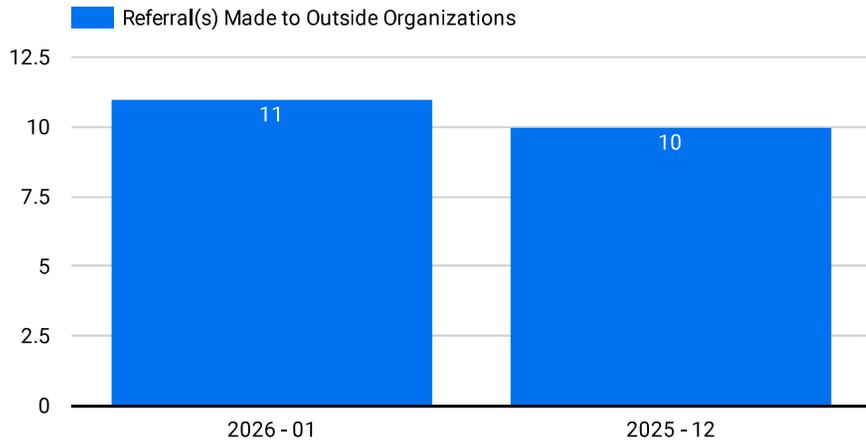
Mapping of locations deployed to:



Mo...	Zipcode	#	%
2025 - 12	49270	0	0%
2025 - 12	49267	0	0%
2025 - 12	48182	3	20%
2025 - 12	48179	0	0%
2025 - 12	48177	0	0%
2025 - 12	48173	0	0%
2025 - 12	48166	0	0%
2025 - 12	48162	10	67%
2025 - 12	48161	11	73%
2025 - 12	48160	1	7%
2025 - 12	48159	1	7%
2025 - 12	48157	0	0%
2025 - 12	48145	0	0%
2025 - 12	48144	0	0%
2025 - 12	48140	0	0%
2025 - 12	48133	0	0%
2025 - 12	48131	0	0%
2025 - 12	48117	2	13%
2025 - 12	48110	0	0%
2026 - 01	49270	0	0%
2026 - 01	49267	0	0%
2026 - 01	48182	10	56%

Select Month:: 2026 - 01, 2025 - 12 (2) ▾

Number of referrals made and where they were referred to:



Mo...	1 ▲	Referred To: 2 ▲	#	%
2025 - 12		Arrowhead Behavioral Health	0	0%
2025 - 12		Behavioral Health Treatment	0	0%
2025 - 12		CMH	4	40%
2025 - 12		Family Counseling and Shelter Services of Monroe	1	10%
2025 - 12		Fire Station	0	0%
2025 - 12		Gabby's Ladder	0	0%
2025 - 12		Harbor Light	0	0%
2025 - 12		Henry Ford Wyandotte	0	0%
2025 - 12		Holistic Wellness	0	0%
2025 - 12		Lemon Tree	0	0%
2025 - 12		MCOP	0	0%
2025 - 12		Michigan Works	0	0%
2025 - 12		Monroe County Animal Control	0	0%
2025 - 12		Paula's House	0	0%
2025 - 12		ProMedica ER	4	40%
2025 - 12		Pure Psych	1	10%
2025 - 12		RAW	0	0%
2025 - 12		Resource Flyer	0	0%
2025 - 12		SUD Treatment	0	0%
2025 - 12		Salvation Army Harbor Light	0	0%
2025 - 12		St. Joe's	0	0%

Select Month:: 2026 - 01, 2025 - 12 (2) ▾

Where Referrals are Coming From:

			Month / # Calls	
Deployed by:	2025 - 12		2026 - 01	
Monroe County Sheriff's Dept.	14		22	
Monroe City Police	5		4	
ACCESS	4		2	
Self	1		3	
CMH	1		0	
Mobile Crisis Follow Up	0		1	
School	1		0	

Primary Issue or Diagnosis:

(New question starting 12/2023).

			Month / #	
Issue/Diagnosis	2025 - 12		2026 - 01	
Thought Disorder	7		8	
Suicidal Ideation	10		7	
Substance Abuse	4		2	
Other	1		9	
Neurocognitive	3		1	
Homicidal Ideation	1		1	
Environmental	4		7	

Select Month:: 2026 - 01, 2025 - 12 (2) ▾

Consumers, New and Repeats:

	Month ① ▲	New or Repeat Cons... ② ▲	#
1.	2025 - 12	New	0
2.	2025 - 12	Repeat	1
3.	2026 - 01	New	21
4.	2026 - 01	Repeat	13

1 - 4 / 4 < >

Select Month:: 2026 - 01, 2025 - 12 (2) ▾

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

Race	2025 - 12		2026 - 01	
	#	%	#	%
White	23	77%	28	85%
Unknown	1	3%	-	-
Other Race	3	10%	-	-
Native Hawaiian or other Pacific	-	-	1	3%
Multiracial	1	3%	-	-
Black or African American	2	7%	2	6%
American Indian (non-Alaskan)	-	-	2	6%

Select Month:: 2026 - 01, 2025 - 12 (2) ▾

Number of calls per population - Age

Age	Month / # / %			
	2025 - 12		2026 - 01	
	#	%	#	%
0 to 9	0	0%	0	0%
10 to 17	2	7%	4	12%
18 to 28	4	13%	9	27%
29 to 39	8	27%	9	27%
40 to 50	7	23%	5	15%
51 to 61	6	20%	1	3%
62 to 72	2	7%	3	9%
73 to 83	1	3%	2	6%
84 to 94	0	0%	0	0%
95 +	0	0%	0	0%
Not Collected	0	0%	0	0%



MONROE
COMMUNITY
MENTAL
HEALTH

December 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

MONROE CMH

December 2025

Monthly Highlights

- Statement of Position - Cash in the bank is \$16,858,747.
- Estimated surplus (due back to PIHP) is \$1,307,781.
- Estimated surplus from CCBHC Medicaid operations is \$2,383,276.
- Estimated deficit from CCBHC non-Medicaid operations is \$1,738,774.
- Estimated deficit from other General Fund spend is \$203,720.
- Total estimated fund balance addition is \$434,442.

BASIC FINANCIAL STATEMENTS

MONROE CMH

Statement of Position

October 1, 2025 through December 31, 2025

	December 31 Balance	Balance September 30 2025	Over (Under)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 16,858,747	\$ 17,086,513	\$ (227,766)
Accounts receivable, net	1,771,374	624,002	1,147,372
Due from PIHP	3,735,048	5,309,685	(1,574,637)
Due from State of Michigan	27,333	132,810	(105,477)
Due from other governmental units	54,048	296,723	(242,675)
Prepaid items	295,001	442,258	(147,257)
Total current	22,741,551	23,891,990	(1,150,439)
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,971,173	2,922,208	48,965
Deferred outflows - Pension & OPEB	1,390,554	1,390,554	0
Total noncurrent	4,408,727	4,359,762	48,965
Total assets and deferred outflows	27,150,278	28,251,752	(1,101,474)
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	3,900,722	6,107,785	(2,207,063)
Accrued liabilities	1,100,874	6,142,365	(5,041,491)
Due to State of Michigan	9,914,395	4,182,573	5,731,822
Unearned revenue	-	0	(0)
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
Total current liabilities	14,965,449	16,482,181	(1,516,732)
Noncurrent			
Long-term debt, due beyond one year	569,781	569,781	(0)
Compensated absences, due beyond one year	427,876	427,876	(0)
Lease liability	1,336,526	1,336,526	0
Net pension liability	2,696,347	2,696,347	-
Net OPEB liability (asset)	(4,717,393)	(4,717,393)	(0)
Deferred inflows - leases	108,815	108,815	0
Deferred inflows - Pension/OPEB	3,779,005	3,779,005	(0)
Total noncurrent liabilities	4,200,957	4,200,957	(0)
Total liabilities and deferred inflows	19,166,406	20,683,139	(1,516,732)
NET POSITION			
Net investment in capital assets	1,572,832	1,523,868	(48,964)
Unrestricted	6,411,040	5,818,527	(592,513)
Total net position	\$ 7,983,872	\$ 7,342,395	\$ 641,477

Draft for discussion only. These financial statements have not been audited and no assurance is provided.

MONROE CMH

Statement of Activities

October 1, 2025 through December 31, 2025

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Over (Under)
Operating revenue				
Capitation:				
Medicaid	\$ 11,055,263	\$ 44,221,052	\$ 46,931,913	\$ (2,710,861)
Medicaid - Settlement	-	-	(5,731,822)	5,731,822
Healthy Michigan	676,822	2,707,288	3,675,123	(967,835)
Healthy Michigan - Settlement	-	-	-	-
CCBHC	3,218,674	12,874,696	11,825,695	1,049,001
CCBHC - Settlement	-	-	-	-
Behavior Health Home	48,981	195,924	221,263	(25,339)
State General Funds	432,496	1,729,984	1,539,237	190,747
State General Funds - Carryover	-	-	-	-
County appropriations	249,451	997,804	997,803	1
Charges for services	157	628	311,039	(310,411)
Other grants	166,681	666,724	1,749,598	(1,082,874)
Other revenue	138,364	553,456	2,235,413	(1,681,957)
Total operating revenue	15,986,889	63,947,556	63,755,262	192,294
Operating expenses				
Administration				
Salaries	507,557	2,030,228	2,212,960	(182,732)
Benefits	125,383	501,532	2,231,542	(1,730,010)
Other	746,772	2,987,088	2,881,611	105,477
Internal Services				
Salaries	1,706,713	6,826,852	7,591,964	(765,112)
Benefits	1,123,236	4,492,944	4,492,944	-
Other	818,461	3,273,844	2,833,873	439,971
Provider Network Services	9,924,902	39,699,608	36,465,357	3,234,251
Facility costs	186,280	745,120	870,405	(125,285)
Vehicle costs	14,377	57,508	137,968	(80,460)
Grant expenses	274,167	1,096,668	1,215,749	(119,081)
Room & Board	124,588	498,352	399,131	99,221
GASB 68 & 75 Adjustment	-	-	(4,984,520)	4,984,520
Total operating expenses	15,552,436	62,209,744	56,348,983	5,860,761
Change in net position	434,453	1,737,812	7,406,279	\$ (5,668,467)
Net position, beginning of year	7,549,419	7,549,419	(63,884)	
Net position, end of year	\$ 7,983,872	\$ 9,287,231	\$ 7,342,395	

Draft for discussion only. These financial statements have not been audited and no assurance is provided.

MONROE CMH

Statement of Activities

Mental Health - Budget to Actual

October 1, 2025 through December 31, 2025

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
Operating revenue				
Capitation:				
Medicaid	\$ 43,747,009	\$ 10,936,752	\$ 11,055,263	\$ 118,511
Medicaid - Settlement	(5,143,474)	(1,285,869)	-	1,285,869
Healthy Michigan	2,707,287	676,822	676,822	0
Healthy Michigan - Settlement	1,970,947	492,737	-	(492,737)
CCBHC	17,098,879	4,274,720	3,218,674	(1,056,046)
CCBHC - Settlement	-	-	-	-
Behavior Health Home	222,283	55,571	48,981	(6,590)
State General Funds	1,539,237	384,809	432,496	47,687
County appropriations	997,803	249,451	249,451	0
Charges for services	671,106	167,776	157	(167,619)
Other grants	1,481,957	370,489	166,681	(203,808)
Other revenue	553,551	138,388	138,364	(24)
Total operating revenue	65,846,585	16,461,646	15,986,889	(474,757)
Operating expenses				
Administration				
Salaries	2,479,811	619,953	507,557	(112,396)
Benefits	881,112	220,278	125,383	(94,895)
Other	3,015,951	753,988	746,772	(7,216)
Internal Services				
Salaries	9,698,628	2,424,657	1,706,713	(717,944)
Benefits	3,100,986	775,246	1,123,236	347,990
Other	3,495,052	873,763	818,461	(55,302)
Provider Network Services	40,082,573	10,020,643	9,924,902	(95,741)
Facility costs	1,241,616	310,404	186,280	(124,124)
Vehicle costs	126,648	31,662	14,377	(17,285)
Grant expenses	1,223,618	305,905	274,167	(31,738)
Other expenses	400,797	100,199	-	(100,199)
Room & Board	-	-	124,588	124,588
Total operating expenses	65,746,792	16,436,698	15,552,436	(884,262)
Change in net position	99,793	24,948	434,453	409,505
Net position, beginning of year	7,549,419	7,549,419	7,549,419	-
Net position, end of year	\$ 7,649,212	\$ 7,574,367	\$ 7,983,872	\$ 409,505

INCOME STATEMENT BY FUND SOURCE

MONROE CMH

Fiscal 2026 Revenues and Expenses by Fund Source

October 2024 through December 2025

Medicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	\$ 43,747,009	\$ 10,936,752	\$ 11,055,263	\$ 118,511
PIHP Redirect to CCBHC	-	-	-	-
1st/3rd Party Revenue	3,704	926	-	(926)
Expense	\$ 38,607,239	9,651,810	9,821,882	170,072
Revenue over/(under) expenses	\$ 5,143,474	\$ 1,285,868	\$ 1,233,381	\$ (52,487)

Healthy Michigan	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	\$ 2,707,287	\$ 676,822	\$ 676,822	\$ 0
PIHP Redirect to CCBHC	-	-	-	-
1st/3rd Party Revenue	-	-	-	-
Expense	\$ 4,678,234	1,169,559	602,422	(567,137)
Revenue over/(under) expenses	\$ (1,970,947)	\$ (492,737)	\$ 74,400	\$ 567,137

Total PIHP Sources	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	\$ 46,454,296	\$ 11,613,574	\$ 11,732,085	\$ 118,511
1st/3rd Party Revenue	3,704	926	-	(926)
Expense	43,285,473	10,821,368	10,424,304	(397,064)
Retain as local in FY 25	-	-	-	-
Revenue over/(under) expenses	\$ 3,172,527	\$ 793,132	\$ 1,307,781	\$ 514,649

MONROE CMH

Fiscal 2026 Revenues and Expenses by Fund Source

October 2024 through December 2025

CCBHC Medicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Cap Revenue	\$ 14,481,285	\$ 3,620,321	\$ 3,621,976	\$ 1,655
PIHP Supp Revenue	-	-	-	-
1st/3rd Party Revenue	1,246	311	10,893	10,582
Expense	12,683,676	3,170,919	1,603,450	(1,567,469)
Revenue over/(under) expenses	\$ 1,798,855	\$ 449,714	\$ 2,029,419	\$ 1,579,706
CCBHC Healthy Michigan	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Cap Revenue	\$ 2,618,301	\$ 654,575	\$ 760,776	\$ 106,201
PIHP Supp Revenue	-	-	-	-
1st/3rd Party Revenue	-	-	1,291	1,291
Expense	3,132,588	783,147	408,210	(374,937)
Revenue over/(under) expenses	\$ (514,287)	\$ (128,572)	\$ 353,857	\$ 482,429
CCBHC NonMedicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
State CCBHC Revenue	\$ 55,000	\$ 13,750	\$ -	\$ (13,750)
1st/3rd Party Revenue	-	-	-	-
Expense	2,607,096	651,774	1,738,774	1,087,000
Redirect from GF	2,552,096	638,024	1,738,774	1,100,750
Revenue over/(under) expenses	\$ -	\$ -	\$ -	\$ -
ALL CCBHC Combined	2026 Budget	YTD Budget	2026 Actual	Over (Under)
All CCBHC Revenue	\$ 17,154,586	\$ 4,288,647	\$ 4,382,753	\$ 94,106
1st/3rd Party Revenue	1,246	311	12,184	11,873
Expense	18,423,360	4,605,840	3,750,434	(855,406)
Redirect from GF	2,552,096	638,024	1,738,774	1,100,750
Revenue over/(under) expenses	\$ 1,284,568	\$ 321,142	\$ 2,383,277	\$ 2,062,135

MONROE CMH

Fiscal 2026 Revenues and Expenses by Fund Source

October 2024 through December 2025

State General Fund	2026 Budget	YTD Budget	2026 Actual	Over (Under)
Revenue	\$ 1,920,289	\$ 480,072	\$ 457,496	\$ (22,576)
Expense	2,821,975	705,494	661,216	(44,278)
Redirect to Other Programs	(2,552,096)	(638,024)	(1,842,692)	(1,204,668)
Redirect from Other Programs	3,453,782	863,446	2,046,412	1,182,967
Revenue over/(under) expenses	\$ -	\$ -	\$ -	\$ -

All Other Grants/Local	2026 Budget	YTD Budget	2026 Actual	Over (Under)
Revenue	\$ 3,757,530	\$ 939,382	\$ 4,850,867	3,911,484
Expense	1,485,359	371,340	2,473,931	2,102,591
Redirects	(3,453,782)	(863,446)	(1,942,494)	(1,079,049)
Revenue over/(under) expenses	\$ (1,181,612)	\$ (295,403)	\$ 434,442	\$ 729,845

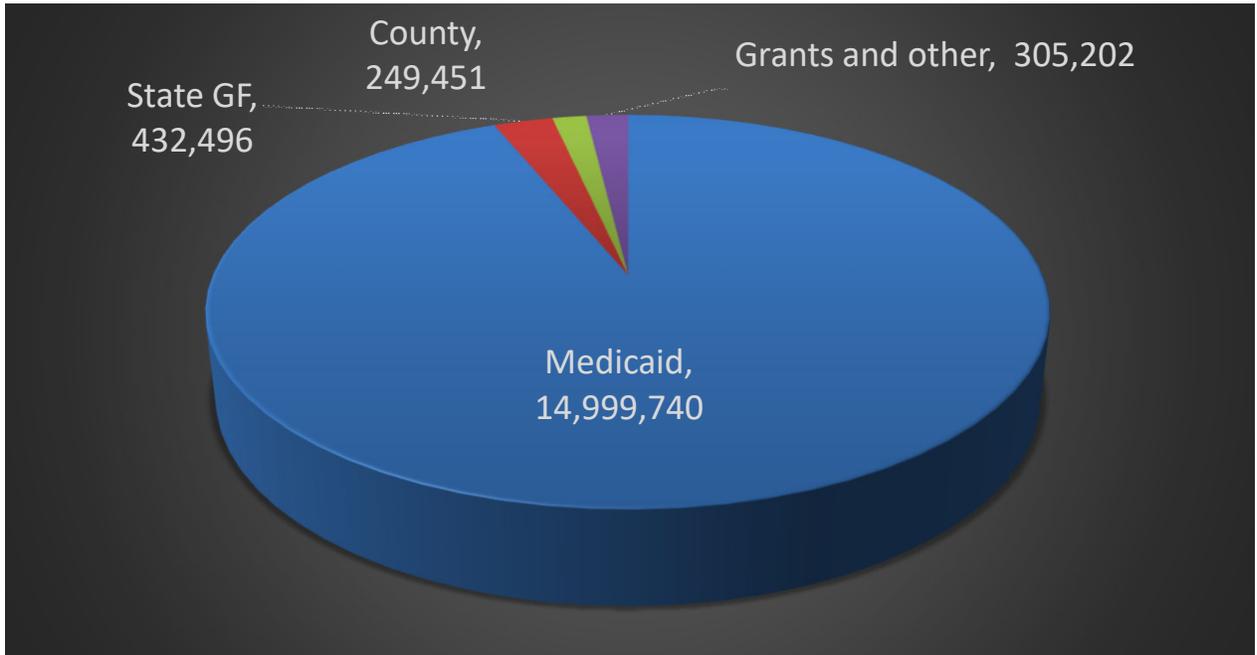
TRENDS AND PAYMENTS

MONROE CMH

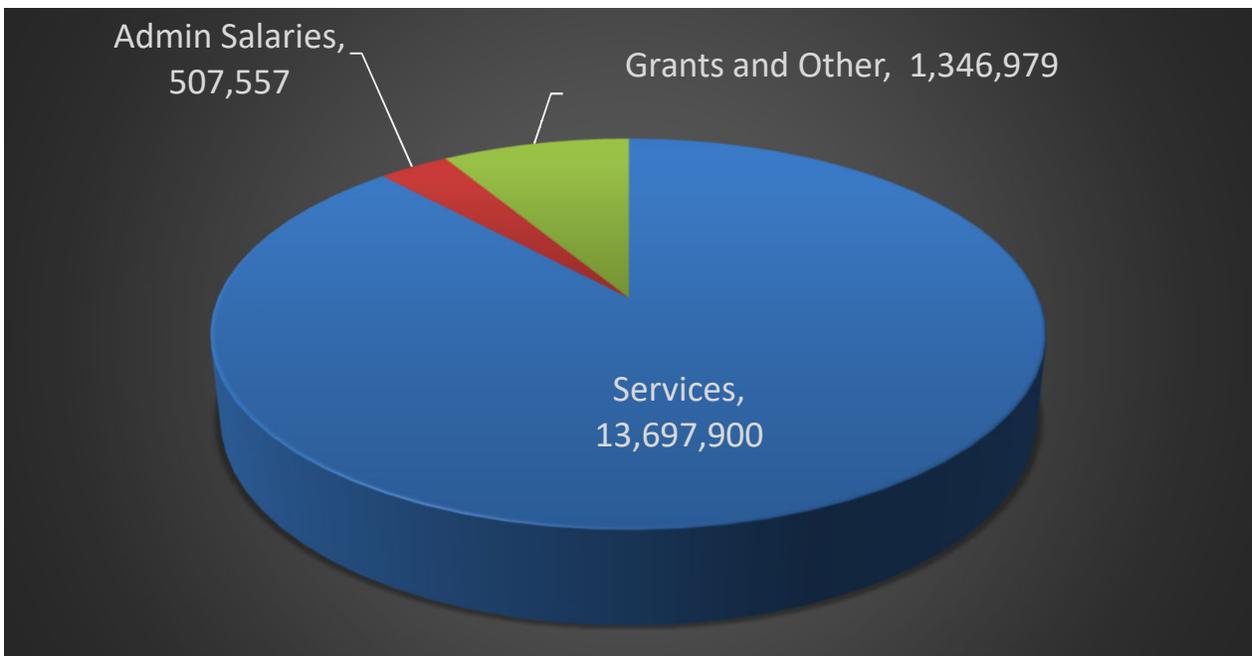
December 2025 Trends

Sources and Uses

Revenues by Source



Expenditures by Category



Monroe CMHA

Payment Summary Report

For the Month of December 2025

Vendor Name	Total
A Heart That Cares, LLC	64,662.34
ABA INSIGHT, LLC	53,671.50
ACCIDENT FUND INSURANCE COMPANY OF AMERICA	5,258.80
ADULT LEARNING SYSTEM, INC	33,071.82
AFSCME UNION / LOCAL 2529	2,253.60
ARA FAMILY HOLDINGS, LLC	2,411.75
ARKAY, INC	4,324.35
B & L OFFICE MACHINES	399.80
BEACON SPECIALIZED LIVING SERVICES, INC.	141,405.00
BELLE TIRE DISTRIBUTORS	2,038.91
CHS GROUP, LLC	285,119.69
CINTAS FIRE 636525	679.93
CITY OF MONROE	6.61
COGNIZANT TRIZETTO SOFTWARE GROUP, INC.	565.10
COMMUNITY LIVING NETWORK	47,499.84
DOMINIC BRIGANTI	25.00
EISENHOWER CENTER	189,187.32
ENFIELD VILLAGE CONDOMINIUM	197.00
EXPERT ON THE MIND LLC	30,080.00
FOREST VIEW PSYCHIATRIC HOSPITAL	9,244.26
FRANCES JACKSON, LLC	112.50
FRIENDS WHO CARE, INC.	12,045.95
GUIDING LIGHT AFC LLC	28,800.00
HAVENWYCK HOSPITAL-CEDAR CREEK	3,356.88
HENRY FORD WYANDOTTE HOSPITAL	3,105.00
ILLUMINATE ABA SERVICES LLC	10,164.00
IVYREHAB MICHIGAN, LLC	16,954.50
JACKSON AND COKER LOCUMTENEMS, LLC	18,389.20
JASWANT S BAGGA	20,900.00
JENNIFER DURELL	74.00
JOHN M. CULLEN	192.00
KIMBERLY S. SANDERLIN	750.00

Monroe CMHA

Payment Summary Report

For the Month of December 2025

Vendor Name	Total
LAKE ERIE TRANSPORTATION COMMISSION	7,068.00
LANGUAGELINE SOLUTIONS	27.02
LAURA NIDA	25.00
LIFE ENRICHMENT ACADEMY, INC.	26,985.55
LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH AUTHORITY	56,820.12
LOCUMTENENS.COM	51,366.00
LUTHERAN CHILD AND FAMILY SERVICE OF MICHIGAN, INC	7,032.03
MACOMB RESIDENTIAL OPPORTUNITIES, INC	246,848.30
MICHIGAN GAS UTILITIES	2,085.40
MONROE URGENT CARE	750.00
MUTUAL OF OMAHA	49,090.80
O'REILLY AUTO PARTS	241.61
PHC OF MI, INC	43,337.25
PHOENIX PERFORMANCE PARTNERS LLC	10,312.50
PROGRESSIVE RESIDENTIAL SERVICES	372,024.18
QUANTUMLINK COMMUNICATIONS	69.38
REPUBLIC SERVICES #259	2,111.99
RESIDENTIAL OPPORTUNITIES, INC	10,898.37
SIEB PLUMBING & HEATING, INC.	880.78
T MOBILE USA, INC.	3,179.45
THE SALVATION ARMY	3,430.93
UNIFIRST MANUFACTURING CORP	801.47
VELLOHEALTH INC	10,500.00
WOLVERINE INVESTMENT PROPERTIES, LLC	7,033.32
ZANE A GAGNE	1,025.00
Grand Total	\$ 3,831,094.06



MCMHA Finance Board Action Request
Service Contract(s) and Amendments

Wednesday, February 25, 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						
N/A						
Community Living Supports (CLS) / Supported Employment / Respite						
The Imagine Center, LLC	3/1/26-9/30/26	Skills Training and Development		\$8.25 \$4.32 \$3.00 \$2.34 \$1.95 \$1.68	Per 15 minutes	This is a new provider to expand services for Skill Building.
		Supported Employment		\$6.53 \$3.27 \$2.18 \$1.64 \$1.31 \$1.09	Per 15 minutes	
Autism / Waiver Services						
Sparks Behavioral Services, LLC	3/1/26-9/30/26	Behavior Identification Assessment		\$2,000.00	Encounter	Difference in rates is based on staff qualification level. BCBA is higher and would be distinguished utilizing the correct education modifier when billing the service.
		Mental Health Service Plan Development		\$400.00	Encounter	
		Behavior Treatment Plan Monitoring		\$200.00	Encounter	
				\$200.00	Encounter	

BOARD ACTION REQUEST

2/25/2026

ACTION REQUESTED:

Approval of a three-year contractual agreement with Clinically AI.

Background:

Clinically AI is an advanced clinical documentation platform that uses real-time conversational analysis to generate structured, high-quality progress notes with minimal clinician effort. Its unique capabilities include automated SOAP-style documentation, intelligent summarization of client–clinician dialogue, and integrated compliance safeguards that support Golden-Thread alignment across treatment plans, progress notes, and interventions. The platform also performs both real-time and retrospective auditing, identifying inconsistencies, missing elements, or documentation gaps that could affect quality or compliance. Collectively, these features reduce administrative burden, strengthen documentation defensibility, and enhance staff efficiency without requiring major workflow changes or extensive training.

As part of our due diligence, we evaluated three leading AI-enabled documentation platforms—Clinically AI, Eleos Health, and Sully AI. Each offers strengths; however, after reviewing their capabilities, risk profiles, and alignment with our operational and compliance needs, we recommend moving forward with Clinically AI. The decision to single-source this platform is based on the unique features identified in the single-source document, including its Golden-Thread compliance checks, real-time and retrospective auditing functions, and its ability to structure content directly from natural conversation. These capabilities position Clinically AI as the most strategically aligned solution for improving documentation quality, supporting staff, and preparing the organization for future AI-enabled workflows.

Clinically AI will be the second AI platform implemented at MCMHA, following the deployment of the Vello Health app. It will initially support prescribers, the Access team, and therapists during their session engagements with consumers. Clinically AI differs significantly from Vello Health: while Vello functions primarily as a transcription, dictation, and safety-support tool, Clinically AI provides a full clinical-documentation intelligence layer—analyzing conversations, structuring notes, and proactively checking for compliance alignment in ways that Vello is not designed to perform.

COST:

Year 1	\$5,000 onboarding /setup (1 time cost) \$23,900 annual subscription *
Year 2	\$23,900 annual subscription
Year 3	\$23,900 annual subscription
Total	\$76,700

* Annual subscription is based upon 25 users. Each additional user would be \$840.00 annually.

RECOMMENDATION:

To approve a three-year contractual agreement with Clinically AI. This agreement is for 3 years with the ability to opt out at the end of year 1 and year 2 when 30 days' advance notice is provided.

Comparative Analysis: Clinically AI vs. ELEOS vs. Sully AI

1. Purpose & Design Philosophy

Category	Clinically AI	ELEOS Health	Sully AI
Primary Purpose	Real-time clinical note generation with compliance intelligence	Behavioral health documentation + analytics	Voice-to-note transcription
Design Philosophy Approach	AI-driven clinical reasoning + compliance alignment Interprets conversation, structures notes, checks alignment	Enterprise-grade, structured documentation Structures notes based on BH standards	Lightweight, simple, safe Captures exactly what clinician says

2. Compliance & Risk Profile

Risk Area	Clinically AI	ELEOS Health	Sully AI
Golden-Thread Alignment	Yes — built-in checks across plans, goals, interventions, and notes	Partial — supports structured workflows	No
Real-Time Auditing	Yes — flags missing or inconsistent elements during documentation	Limited	No
Retrospective Auditing	Yes — reviews completed notes for compliance gaps	Limited	No
Hallucination Risk	Moderate	Moderate	Low

Risk Area	Clinically AI	ELEOS Health	Sully AI
Documentation Defensibility	Strengthened by auditing + alignment checks	Strong	Strong (because clinician-driven)
HIPAA Transparency	Strong – Built in Episodic consent.	Strong	Strong

3. Workflow Fit for CMH Staff

Workflow Factor	Clinically AI	ELEOS Health	Sully AI
Ease of Use	Moderate	Moderate	High
Training Burden	Moderate	Moderate	Very Low
Consistency Across Staff	High (due to alignment checks)	High	High
Community-Based Work	Good	Good	Excellent
Cognitive Load	Moderate (review required)	Moderate	Low

4. Documentation Quality & Standards (Michigan, CCBHC, ASAM, Medicaid)

Standard	Clinically AI	ELEOS Health	Sully AI
SOAP/DAP Accuracy	Very Strong; structured from conversation	Very strong	Depends on clinician clarity
ASAM Alignment	Supported through alignment checks	Explicit support	None
Medicaid Defensibility	Strengthened by auditing + Golden-Thread checks	Strong	Strong
Audit Readiness	High — real-time + retrospective auditing	High	High

5. Integration & Technical Fit

Category	Clinically AI	ELEOS Health	Sully AI
EHR Integration	Strongest	Strong	Minimal
API Maturity	Growing	Mature	Simple
Mobile/Field Use	Good	Good	Excellent
IT Complexity	Moderate	High	Low

6. Cost & Scalability (General Trends)

Category	Clinically AI	ELEOS Health	Sully AI
Cost Level	Moderate	High	Low
Scalability	Strong	Strong	Excellent
Best For	Mid /large -size agencies	Large BH agencies	Any size, especially field teams

Strategic Interpretation for Monroe CMHA

Why Clinically AI Rises to the Top

When you consider Clinically AI's compliance-focused features, Clinically AI becomes the only platform that offers:

- Golden-Thread alignment checks
- Real-time auditing of documentation
- Retrospective auditing for quality and compliance
- Structured note generation directly from natural conversation

These capabilities directly support:

- Documentation defensibility
- Medicaid/CCBHC/ASAM alignment
- Staff efficiency
- Reduction of compliance risk
- Consistency across clinicians

Ranking (Based on Compliance + Operational Fit)

1. Clinically AI — strongest compliance intelligence + alignment features
2. ELEOS — strong structure, but less compliance automation
3. Sully AI — safest and simplest, but no compliance intelligence



Clinical Notes AI

Clinical Notes AI, Inc. dba Clinically AI

17065 Via Del Campo
San Diego, CA 92127

January 22, 2026

To: Monroe Community Mental Health Authority
Attn: Procurement / Purchasing

Re: Sole Source Justification — Clinically AI: PCE Systems–Integrated Clinical Documentation & Compliance AI

Dear Procurement Officer:

Clinical Notes AI, Inc. dba Clinically AI respectfully submits this Sole Source Justification to support Monroe Community Mental Health Authority’s non-competitive procurement of our chart-aware clinical documentation and compliance platform, fully integrated with PCE Systems, Inc. (CRCT) Electronic Health Record (EHR).

Summary of need

Monroe Community Mental Health Authority requires a production-ready solution that (1) captures, structures, and writes clinical documentation directly into PCE using Monroe Community Mental Health Authority’s exact discrete fields and program forms, (2) enforces Golden-Thread alignment across assessments, treatment plans, progress notes, and claims artifacts, and (3) provides real-time and retrospective AI compliance auditing tuned to Michigan and Monroe Community Mental Health Authority requirements.

Basis for sole source determination

Under Monroe County/Monroe Community Mental Health Authority procurement policy ([Monroe County Procurement Policy](#)), a sole source (non-competitive) award is permissible when only one vendor possesses the unique and singularly available capability to meet the requirement, when proprietary technology is involved, and/or when compatibility with an existing system is essential. Clinically AI qualifies on all three grounds, as outlined below and per *Procurement Policy & Procedure Manual*.

1. Single-source capability (uniqueness of requirements & integration)

Clinically AI is the only vendor that currently delivers deep, field-level integration with



Clinical Notes AI

PCE Systems (CRCT) that writes to and reads from Monroe Community Mental Health Authority's discrete data elements—including checkboxes, dropdowns, radio buttons, conditional fields, and program-specific forms—across assessments, progress notes, and care plans, without middleware or manual re-entry. This capability is required to preserve data integrity, reporting, and claims workflows inside HealthWest's existing PCE environment and regional exchanges. (PCE/CRCT is widely deployed across Michigan CMH networks.)

2. **Proprietary & Monroe Community Mental Health Authority-specific AI models**

Our solution includes specific AI models prompted and aware of Monroe Community Mental Health Authority's program offerings, templates, and documentation standards; and Custom Compliance AI modules that perform real-time and post-encounter chart auditing against Golden-Thread expectations and payer/regulatory rules. These models combined with Monroe Community Mental Health Authority-specific instructions are proprietary to Clinically AI and not available from other vendors in combination with the PCE discrete-field write-back described above. This satisfies the policy provision for patented/copyrighted/proprietary functionality when no equivalent can meet the overall need.

3. **Compatibility with existing systems & continuity of operations**

Clinically AI's Chart-Aware AI context consumes client-, program-, and episode-level data captured by Clinically AI (diagnoses, problem lists, goals, interventions, prior notes) to enforce Golden-Thread alignment and reduce compliance risk. Selecting any vendor without this native PCE compatibility would materially degrade documentation quality, create duplicate data stores, and require risky, manual reconciliation—contrary to policy provisions authorizing sole source where compatibility to an existing system is required.

4. **Avoidance of unacceptable delay and duplication of cost**

Attempting to replicate these integrations and models with a general-purpose vendor would require custom interfaces, validation, and re-training would be very costly, time consuming, and there aren't vendors with the specific skillsets to accomplish within a reasonable amount of time. Competing solutions do not offer parity with Clinically AI PCE integration. Policy permits sole source when competition is inadequate or when only a single qualified source exists and a good-faith review shows no equivalent alternatives. ([Muskegon County](#))

Detailed scope uniquely provided by Clinically AI



Clinical Notes AI

- Deep Integration with PCE Systems, Inc. (CRCT): Read/write of all discrete data elements (checkboxes, dropdowns, radio controls, conditional fields), including assessments, progress notes, and care plans, mapped to Monroe Community Mental Health Authority's live forms and tables.
- **Monroe Community Mental Health Authority-Specificly prompted and Fine-Tuned AI Models:** Models tuned to HealthWest programs (e.g., CMH service arrays, LOCUS/ASAM contexts as applicable, and local documentation norms).
- **Custom Compliance AI (real-time & retrospective):** Automated checks for Golden-Thread alignment, medical necessity, time/units consistency, and payer/regulatory assertions, with evidence lines saved in the record.
- **Chart-Aware AI Context:** In-line use of PCE data (problems/goals/interventions, diagnoses, prior visit context) for aligned narrative generation and audit readiness.

Market research (good-faith review)

To support this justification, Clinically AI understands Monroe Community Mental Health Authority's procurement staff has (or will) conduct reasonable market research (e.g., vendor scans, discussions with regional CMH peers, and PCE partner outreach). To date, no other supplier has demonstrated **field-level CRCT write-back and Monroe Community Mental Health Authority-tuned compliance AI** as an integrated product that satisfies all required outcomes. Documentation of this review can be retained in the procurement file per County policy.

Price reasonableness & terms

Clinically AI will provide itemized pricing, including one-time integration/configuration and subscription/support, and will cooperate with Procurement to perform any required price or cost analysis to evidence fair and reasonable pricing for a non-competitive award.

Contracting & approvals

We understand that Monroe Community Mental Health Authority's Board approval (or other appropriate County authority) may be required for awards at or above the formal threshold, and that a Bid Waiver/Sole Source Justification must accompany the requisition per County



Clinical Notes AI

procedures. Clinically AI will promptly supply any additional technical memoranda, data maps, security/BAA documentation, or attestations needed to complete the file.

Period of performance

Agreement for a 12-month term, with implementation commencing upon approval and following Monroe Community Mental Health Authority's change-management plan.

If you need further technical exhibits (integration matrix, field-mapping catalog, compliance rule library), we will provide them for inclusion in Monroe Community Mental Health Authority's procurement record.

Sincerely,

A handwritten signature in black ink that reads "Ross Young".

01/23/2026

Ross Young

CEO

Clinical Notes AI, Inc. dba Clinically AI

Email: ross.young@clinicalnotes.ai Phone: (619) 804-4317