



MONROE COMMUNITY MENTAL HEALTH AUTHORITY

BOARD MEETING

March 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. ELECTION OF OFFICER	10 min
a. Board Secretary (Term 4/1/26 – 6/23/26)	
V. CONSIDERATION TO ADOPT THE AGENDA AS PRESENTED	02 min
VI. CONSIDERATION TO APPROVE THE MINUTES FROM THE FEBRUARY 25, 2026 BOARD MEETING AND WAIVE THE READING THEREOF	02 min
VII. 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>	
VIII. ITEMS FROM THE BOARD CHAIR	05 min
a. Correspondence	
b. Board Member Recognition	
c. Board Appointments	
d. Board Orientation/Workshop – April 18, 2026	
e. Questions during presentations should be relevant and not jumping ahead	
IX. ITEMS FROM THE CHIEF EXECUTIVE OFFICER	05 min
a. Chief Executive Officer’s Report	

X.	RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS	05 min
	a. Regional PIHP Board Meeting Minutes – Did not meet in March	
	b. CMHAM Policy and Legislation Committee Report – No report for March	
XI.	BOARD COMMITTEES	05 min
	a. Chair Reports	
	i. Business Operations	
	ii. Bylaws & Policy	
	iii. Executive	
	b. Appointment of Reda Biniecki as the Community Relations Chair	
XII.	PRESENTATIONS	40 min
	a. FY2026 1 st Quarter Human Resources Report – Jim Brown	
	b. FY2026 1 st Quarter MDHHS Indicators – Lisa Graham	
	c. FY2025 3 rd and 4 th Quarter CCBHC Metrics – Sabrina Bergman	
	d. Finance Report – Ken Melvin	
XIII.	UNFINISHED BUSINESS	00 min
	a. No unfinished business for March	
XIV.	NEW BUSINESS	15 min
	a. Regional Policies	
	i. A1000 Corporate Compliance Policy	
	1. Consideration to Adopt the Regional Policies as Presented	
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, April 22, 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
February 25, 2026**

- Present:** Rebecca Pasko, Chairperson; John Burkardt, Vice Chairperson; Mike Humphries; Ken Papenhagen; Reda Biniecki; Henry Lievens; John Cullen; LaMar Frederick; Becca Curley; and Joan Canning
- Excused:** Susan Fortney, Secretary; and Naomi Stoner
- 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 February 25, 2026 Board Meeting. Rebecca asked if there were any objections for appointment. Hearing no objections, Becca Curley has been appointed as Secretary Pro-Tem for the February 25, 2026 Board Meeting.

IV. CONSIDERATION TO ADOPT THE DRAFT AGENDA AS PRESENTED

Item XI. c. Finance Report, will be pulled ahead to report out after item VII. Items from the Board Chair. There is an additional Service Contract in the handout that will be included in the Service Contract presentation.

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 JANUARY 28, 2026 BOARD MEETING AND WAIVE THE READING THEREOF

The January 28, 2026 Board Meeting minutes were as presented in the Board Packet. Rebecca Pasko asked if there were any changes to minutes. Hearing no changes, the January 28, 2026 Board Meeting minutes were approved by unanimous consent.

VI. PUBLIC COMMENTS

There were no public comments.

VII. ITEMS FROM THE BOARD CHAIR

- a. Board Appointments – The deadline to submit a board application is March 6, 2026 and encouraged those whose terms are ending March 31, 2026 to submit by the deadline if you are choosing to reapply.
- b. Board Orientation – April 2026 – Please do everything you can to attend as there will be new board members to welcome and provide the training they need. Board members need a refresher every year and that is why I am encouraging everyone to attend.
- c. Request to hold questions until the end of presentations – A friendly reminder to board members to be respectful to anyone providing presentations, community or staff, to allow them to finish their presentation before asking questions. There have been several comments on board evaluations throughout the last year that as the presentation goes along most often the question is answered if waited.

Board members expressed their concerns on waiting to ask questions during presentations.

Reda Biniacki moved; Ken Papenhagen supported. Debate followed. Rebecca Pasko asked if there were any objections to asking questions during presentations by raise of hand and being acknowledged by the Chair. Hearing no objections, the Board may ask questions during presentations by raise of hand and being acknowledged by the Chair was approved by unanimous consent.

VIII. FINANCE REPORT

- a. December Financials – Richard Carpenter presented the December Financial report and provided monthly highlights:
 - i. Statement of Position: Cash in the bank is \$16,858,747.
 - ii. Estimated surplus (due back to the PIHP) is \$1,307,781.
 - iii. Estimated surplus from CCBHC Medicaid Operations is \$2,383,276.
 - iv. Estimated deficit from CCBHC non-Medicaid operations \$1,738,774.
 - v. Estimated deficit from other General Fund spend is \$203,720.
 - vi. Total estimated fund balance addition is \$434,442.
- b. FY2025 - Submitted the final reports to the PIHP. We were able to reduce our unfunded liability related to the OPEB and pension program by a bit. It will impact our bottom line by 5 million. We will put 2 million into Fund Balance for FY2025. This is good news.
- c. FY2026 - We will see a reduction in our PSP1 rate. It will be about \$10 less for the CCBHC rate.

IX. ITEMS FROM THE CHIEF EXECUTIVE OFFICER

Lisa Graham presented the CEO Report highlighting: PIHP Procurement, MiPLAN, Michigan's FY2026 Budget; FY2024 Compliance Exam Report; Name Change; Quarterly Community Newsletter; Donation from Monroe County Credit Union to River Raisin Clubhouse; Community Survey; Vending Machine; Community Presence; and Upcoming Events.

Henry Lievens commented that the Courthouse on the 2nd floor has a break area. It would be worthwhile to reach out for another location for a vending machine.

X. RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS

- a. Regional PIHP Board Meeting Minutes – LaMar Frederick commented that there was discussion on three pending lawsuits. We offered to change the salary of the PIHP's CEO and at the next meeting will approve the contract language. Also learned about the decrease in eligibles and how that may impact us moving forward. Lisa Graham commented that we are seeing a slow decline in eligibles for Monroe CMH, it is not hitting our funding yet.
- b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko commented that the committee did not meet due to the CMHAM Winter Conference. They talked about PIHP Procurement. They are actively looking to put effort in motion as they believe the state has already started a new RFP.

XI. BOARD COMMITTEES

a. Chair Reports

- i. Business Operations – LaMar Frederick commented that the minutes reflect what occurred. The committee is trying to get ahead of the Finance Policies for the Governance Policy Manual. We looked at what we currently have, and along with Susan Radwan we discussed what is missing. We talked about an Asset Protection Policy, an Investment Policy and insurance governing the Board. Upon completion of review, we will give our recommendations to the Bylaws & Policy Committee and have them put their final touches and bring them to the Board for consideration.
 - 1. Lisa Graham thanked the Board for bringing Susan Radwan in to assist with Business Operations and Bylaws & Policy Committee. We are finding a number of things that are not in our governance policy.
- ii. Bylaws & Policy – Becca Curley commented that the committee continues to review the Bylaws and Governance Policy Manual. Between Susan Radwan and Dr. Frances Jackson’s assistance, we are moving along.
 - 1. Rebecca Pasko thanked Dr. Jackson for assisting her and helping the full Board with the Bylaws and Governance Policy Manual.
- iii. Executive – Rebecca Pasko commented that the committee agreed to reschedule the February Board Workshop to April as we have one new board member that will need Dr. Jackson’s training and to have everyone caught up at that time. Rebecca thanked the Board for understanding on rescheduling the workshop. The CEO Evaluation is coming up we have decided to use the last evaluation form until the Governance Policy Manual includes the new CEO Evaluation language. A 1st Quarter Questionnaire will be sent to the Performance Evaluation Committee members to complete to be prepared for the April 1, 2026 committee meeting.

XII. PRESENTATIONS

- a. FY2025 CMHSP Annual Submission – Lisa Graham presented the FY2025 CMHSP Annual Submission. The state requires an Annual Submission annually and requests information regarding a Waiting List, Request for Service and Disposition of Requests, and a Community Data Set Worksheet. A Stakeholder Survey, and a Priority Needs and Planned Activities Assessment are required every other year. The FY2025 Annual Submission presentation was included in the Board Packet for review.

Board members questioned transportation as part of the Priority Needs and Planned Activities Assessment. Lisa Graham responded that we ask consumers when we schedule them if they have transportation, or if our staff can come get you, or need a bus ticket. In the future, we would like to have an access point at Behavioral Health Urgent Care (BHUC). It may be a good idea to have different access points throughout the county to address the issue with transportation.

John Burkardt commented that LET has expanded their services, but they are removing and adding some stops. There are consumers outside of the bus line. My voice is for them. Would you be able to have vehicles go out to Bedford or Erie until there is an access point? Lisa Graham responded that if we assess there is a need for an additional access point it would be brought to the Board for consideration.

LaMar Frederick recommended looking into housing and income levels through SEMCOG. They have a lot of data that can be accessed and LaMar offered his assistance.

i. Consideration to Accept the FY2025 CMHSP Annual Submission

Mike Humphries, moved; Ken Papenhagen supported. No debate followed. Rebecca Pasko asked if there were any objections to accept the Annual Submission. Hearing no objections, the FY2025 CMSP Annual Submission has been accepted by unanimous consent.

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

- 1. MCMHA continues to recruit and hire staff for current vacancies, which is 9. Some of these positions are being filled internally.

2. 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.
3. 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 the month of December and January.
4. Crisis Mobile was deployed 98 times in December and January, which averaged 0.77 hours of face-to-face interaction time.
5. 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.
6. 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, and 7% were self-referral and 2% were from a school.
7. Enrollment for the CCBHC has increased by 17 members since last reported in December. This is a 0.88% increase in enrollment.
8. The Behavioral Health Urgent Care (BHUC) served 109 guests in December and January.
9. MCMHA currently has 57 enrollees in the Behavioral Health Home program.
10. The data for incoming calls being answered is 97% for FY26, which meets MCMHA's goal of 95%.

XIII. UNFINISHED BUSINESS

- a. No unfinished business for February.

XIII. NEW BUSINESS

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

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

Mike Humphries moved; Becca Curley 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: Clinically AI** – Jim Brown presented the Board Action Request.

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.

Jim Brown responded to board member comments and questions.

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

Mike Humphries moved 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. John Cullen supported. Debate followed. Rebecca Pasko called for a roll call vote. In Favor: Humphries; Papenhagen; Biniecki; Lievens; Burkardt; Pasko; Frederick; Cullen; and Curley; Opposed: Canning; motion carried.

XIV. PUBLIC COMMENTS

There were no public comments.

XV. BOARD MEMBER ANNOUNCEMENTS

Reda Biniecki was excited to receive the Clubhouse Newsletter this month.

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

XVI. ADJOURNMENT

Rebecca Pasko adjourned the meeting at 7:59pm.

Submitted by,

Becca Curley, Secretary Pro-Tem

LG/dp
3/9/26

CEO REPORT

March 25, 2026

LOCAL/REGIONAL/STATE UPDATES

Jail-Based Medication Assisted Treatment Program (Jail-Base MAT): Jail-Based MAT is a grant funded program (State Opioid Response funding through the CMHSPM) that provides substance use treatment to incarcerated individuals. MCMHA has been the recipient of these grant dollars for several years. In FY26, the costs of implementing the program are exceeding the grant funding, and we project that funding will be exhausted by April-May. In anticipation of this reality, CEO has been in discussion with Sheriff Goodnough and other county officials to generate ideas for other revenue sources. While it is not a required program, Jail Based MAT is an important program that has had a significant impact in our community, and it is our goal to maintain it.

MiPLAN: The MiPLAN Board met earlier this month to discuss next steps. At this time, the members rejected the idea of dissolving the entity until we have greater certainty on MDHHS' position on procurement.

Annual Submission: Earlier this month, MCMHA received confirmation from MDHHS that our Annual Submission has been received and accepted. This fulfills a critical obligation from this Board of Directors.

St. Joe's Center of Hope: As part of our commitment to continually assess the peer recovery services provided by St. Joe's Center of Hope, MCMHA and Catholic Charities have agreed upon a revised schedule of hours that better reflects the needs we are seeing. Beginning April 1, St. Joe's will reduce their hours of operation. The new hours will be Tuesday-Saturday, 9-5. The contract will be amended to reflect the reduction in revenue from MCMHA that corresponds to the reduction in hours.

CCBHC: Late last month, MDHHS informed MCMHA that we have successfully completed our Corrective Action Plan.

Strategic Planning: Next month, MCMHA leadership begins strategic planning for FY2027-2029.

COMMUNITY PARTNERSHIPS

Oaks of Righteousness Closure: MCMHA has been coordinating with local human service agencies to provide support to individuals who have been displaced because of the Oaks shelter closure. We have offered Crisis Mobile services to individuals who may need additional help during this transition.

Community Presence: Celebrate Children (3/7), Bedford Business Fair (3/15), Women's Conference (3/21), CEO Coffee Hour (3/26 at Panera Bread).

Respectfully Submitted,



Lisa Graham, CEO



BOARD BUSINESS OPERATIONS COMMITTEE

Wednesday, March 4, 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 5:05pm. LaMar Frederick, Reda Biniecki, John Cullen, Becca Curley, Rebecca Pasko, and John Cullen were present. Susan Radwan attended as a guest. Lisa Graham was excused.

II. BUSINESS OPERATIONS

a. Governance Policy Manual / Asset Protection Policy

- i. The committee, along with Susan Radwan, reviewed the Asset Protection Policy that was removed from the Governance Policy Manual during past revision against an example Asset Protection Policy and made amendments. The committee will continue to review the Asset Protection Policy starting with 2.5.9 at their April meeting.
- ii. The committee will continue to review all financial policies in the Governance Policy Manual. Amendments will be made if needed and upon completion will make a recommendation to the Bylaws & Policy Committee.
- iii. Jim Brown is looking into Cyber Security Insurance. Once Jim has information he will approach the Board.
- iv. Susan Radwan suggested the committee may want a policy for protection of consumer information. Susan will develop a policy for 2.5.6.1 that will address AI and client information for review at the next meeting.
 1. Rebecca Pasko commented that the PIHP is developing an AI Policy but is not yet available for review and feedback.
- v. Reda Biniecki asked if CMH insurance covers piracy and hacking for ransom. Does insurance cover paying for ransom?
 1. LaMar Frederick will look into this further.

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.
- c. Start Review with 2.5.9 of the Asset Protection Policy and continue with amendments.
- d. 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 6:22pm.

The next Business Operations Committee Meeting is scheduled for Wednesday, April 1, 2026 beginning at 5:00pm in the Aspen Room.

Respectfully submitted,

LaMar Frederick (fp)

LaMar Frederick
Committee Chair

3/12/26



BOARD BYLAWS & POLICY COMMITTEE
Wednesday, March 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, John Cullen, Susan Fortney, Reda Biniiecki, and Rebecca Pasko (Ex-Officio)

DRAFT MINUTES

I. CALL TO ORDER

Becca Curley called the meeting to order at 6:21pm. Becca Curley, Reda Biniiecki, John Burkardt, John Cullen, Susan Fortney, and Rebecca Pasko were present. Dr. Frances Jackson, Parliamentarian, and Susan Radwan attended as guests. Lisa Graham was excused.

II. COMMITTEE BUSINESS

- a. Regional Policies

Policies:	A1000 Corporate Compliance Policy
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The committee recommends adoption of the regional policy at the March 25, 2026 Board Meeting.

III. REVIEW OF BOARD BYLAWS AND GOVERNANCE POLICY MANUAL

- a. Dr. Jackson presented disciplinary procedures and how it speaks to what happens during a meeting versus outside a meeting.
 - i. Rebecca Pasko commented that the County Commissioner's would want a copy of the minutes when there is a request for removal. Committee members thoroughly discussed the process.
 - ii. Susan Radwan suggested adding the policy under Governing Style as 3.1.5. The Bylaws are to be broad with discipline, and the process is to be in the policy manual.
- b. Dr. Jackson presented the differences between an Executive Committee versus an Executive Board. The Bylaws need to be clear on what the Executive Committee does.
 - i. Susan Radwan suggested that the Executive Committee is to be advisory to the CEO, at the request of the CEO. Dr. Jackson added that the Executive Committee can also request issues of integrity.
 - ii. Committee members discussed the duties of the Executive Committee:
 1. Set board meeting agenda
 2. Advisory to the CEO at the request of the CEO for matters of importance
 3. Emergency situations
 4. Review Board Meeting evaluations
 5. Discuss with the CEO the issues of the executive committee
 6. Authorize virtual meetings for the executive committee
- c. Next Steps
 - i. Dr. Jackson will attempt to write the disciplinary process for the Bylaws and Policy Manual.
 - ii. Dr. Jackson will attempt to write up a Bylaw for the Executive Committee.
 - iii. Review items from Dr. Jackson at the April 1, 2026 meeting.

IV. PARKING LOT

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

V. AJOURNMENT

The meeting adjourned at 7:50pm.

VI. NEXT MEETING

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Wednesday, April 1, 2026** at 6:00pm.

Respectfully submitted,

Becca Curley (dp)

Becca Curley
Committee Chair



BOARD EXECUTIVE COMMITTEE

Wednesday, March 19, 2026 / 6:00pm (Virtual)

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 virtual meeting to order at 6:08pm. Rebecca Pasko, John Burkardt, Susan Fortney, and Lisa Graham were present.

II. ITEMS FOR DISCUSSION

- a. Review of the March 25, 2026 Board Meeting Agenda
 - i. The March 25, 2026 draft agenda was reviewed.
- b. Review of the February 25, 2026 Board Meeting Evaluation
 - i. The committee reviewed the evaluation report for any emergent issues or trends. The report will be sent to the Board.
- c. Board Orientation/Workshop – Saturday, April 18, 2026
 - i. The Board Orientation/Workshop will consist of training in the morning with Dr. Frances Jackson and training in the afternoon with Susan Radwan. In-between training, a meet and greet with the newly appointed board members for orientation.
 - ii. Susan Radwan has created a video for the first introduction to governance training she provided to the Board at previous workshops. The video will be sent to the full Board as well as newly appointed board members to view before the April 18th workshop as the training on April 18th will be move advanced.
- d. Dr. Frances Jackson Contract
 - i. The contract for Dr. Frances Jackson will conclude as of March 31, 2026 with the option for an additional three months. There is no need to bring the contract back to the Board as it has already been approved with the included language of an option for an additional three months. The Executive Committee agreed to continue with the option of an additional three months.
- e. Oaks of Righteousness
 - i. The Oaks Shelter will be closing as of Friday, March 20, 2026. Lisa Graham will provide an update in the CEO Report.
- f. Last Executive Committee Meeting for Susan Fortney
 - i. Susan Fortney has served on the Board for almost 15 years and thanked the Chair, Rebecca Pasko, for her leadership. Susan commented that she would like to see board member recognition and an increase in the board stipend in the future.

III. ACTION ITEMS FOR FUTURE BOARD MEETING AGENDA

- a. Jan Annual Recipient Rights Report
- b. Feb FY2025 CMHSP Annual Submission
- c. Mar Election of Officers - Secretary
- d. Apr Appoint Nominating Committee
- e. May Election of Officers and PIHP Board Representative
- f. Jun Board Committee Sign Up
- g. Jul Appoint Committee Members and Chairs
- h. Aug Bylaws and Governance Policy Manual
- i. Sep FY2026 Proposed Board Budget
- j. Nov Blanket motion for CMHAM Conferences and NATCON26 Conference; and 2027 Board Meeting Calendar
- k. Dec Board and Executive Leadership Holiday Dinner Event – December 4, 2026

IV. NEXT AGENDA

- a. Review of April 22, 2026 Board Meeting agenda
- b. March Board Meeting Evaluation Report

V. AJOURNMENT

The meeting adjourned at 7:04pm.

VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for Thursday, April 16, 2026 at 6:00pm in the Aspen Room.

Respectfully submitted,

Rebecca Pasko (dp)

Rebecca Pasko
Board Chairperson

HUMAN RESOURCES REPORT

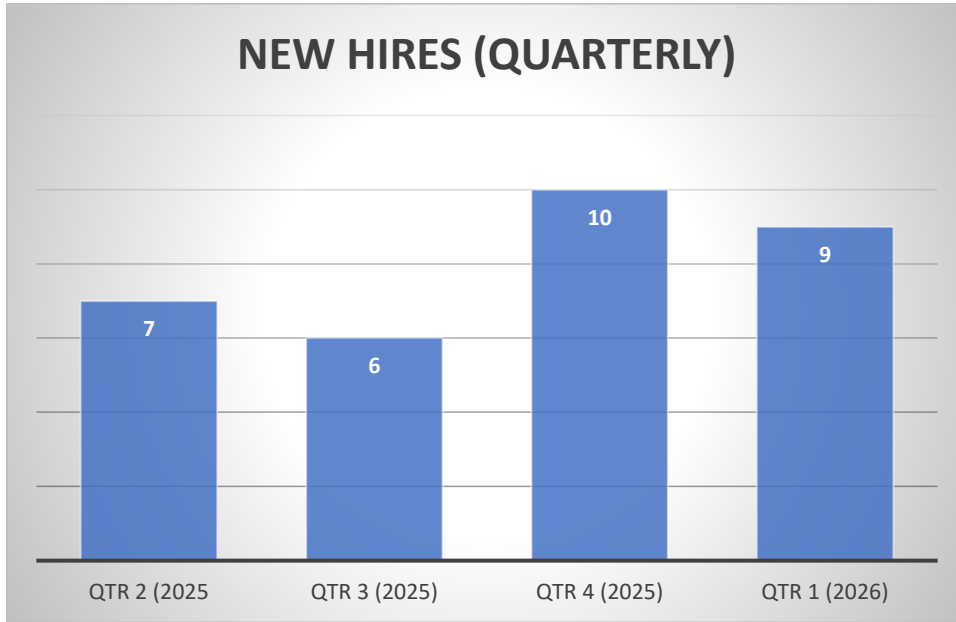
FY2026 1st Quarter

STAFF

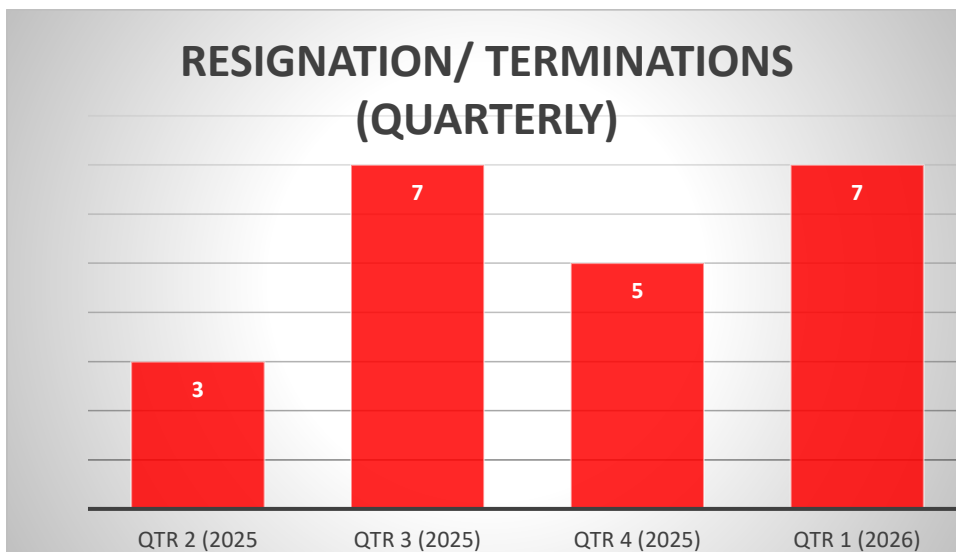
Strategic Plan Goal 1:

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

NEW HIRES

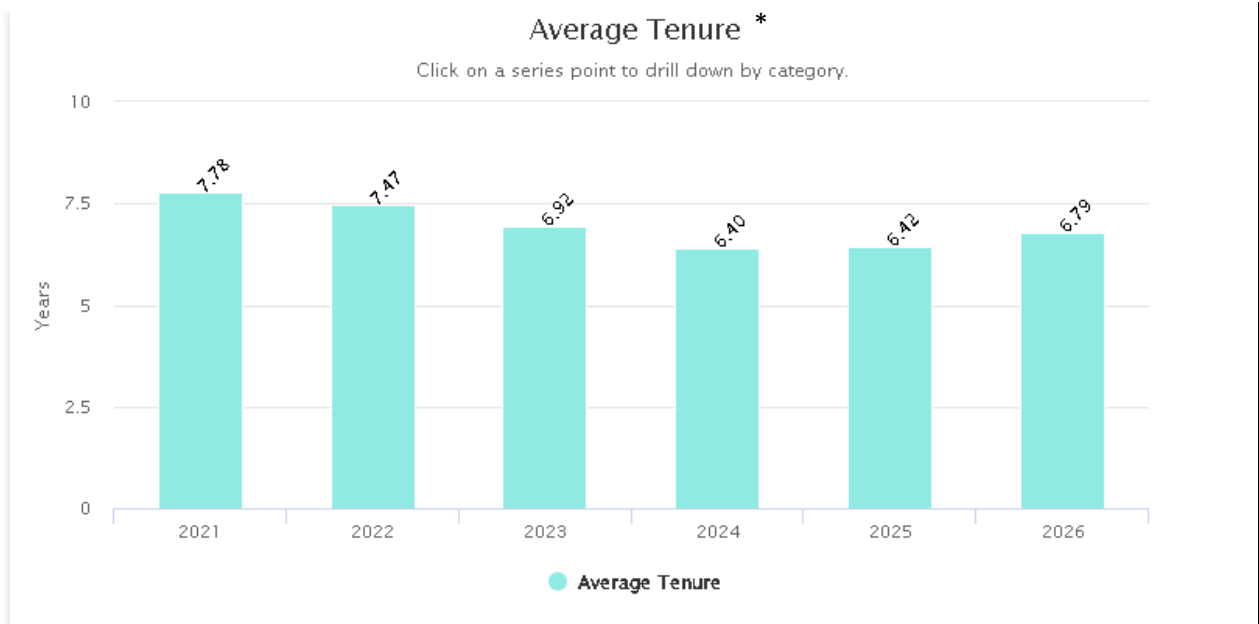


RESIGNATIONS/TERMINATIONS



HUMAN RESOURCES REPORT

FY2026 1st Quarter



*(See Tenure Analysis)

CURRENT VACANCIES

Position	Department	# Openings
Eval & Admission Specialist	Access	1
Youth Peer Support Specialist (PT)	Child & Family	1
Homebased Clinician	Child & Family	1
Peer Support Spec. (pt)	MI Adult	2
Crisis Care Clinician	Access/ Crisis	1
Client Services Manager	Child & Family	1
Client Servies Manager	Adult MI	1

GRIEVANCES

Grievances Received (Q.1)	0	Status: N/A
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Exit Interviews **1Q**

Enterprise Results

Requested 7

Completed: 5

HUMAN RESOURCES REPORT

FY2026 1st Quarter

CORPORATE TRAINING

1st Quarter Training Goals

Strengthening clinical competencies is essential to ensuring the delivery of high-quality care to the individuals we serve. Priority areas for development are determined through established MDHHS standards and other funding-source requirements, findings from peer-reviewed audits, and the ongoing identification of skill domains that warrant continued enhancement.

1. Continue to train all new staff and interns in the basic documentation, and clinical skills required as a clinician of MCMHA. This training is supportive with ensuring staff provide quality of care, feel confident in their roles at the agency, and ultimately improve our overall retention rates at the agency.
2. The clinical teams participated in a minimum of 8 hours of Motivational Interviewing training. Motivational Interviewing (MI) is a structured, evidence-based approach that teaches practitioners how to use collaborative, person-centered communication to strengthen an individual's own motivation for change. At its core, MI training develops the ability to guide conversations in a way that elicits a person's internal reasons for change rather than imposing external pressure.
3. Ensure all training is amount, scope and duration reflects the 2026 requirements from all regulatory bodies.

1st Quarter Clinical Staff Trained – 266

***Strategic Plan Goal 3:
Serve as a Responsive and Reliable Community Partner.***

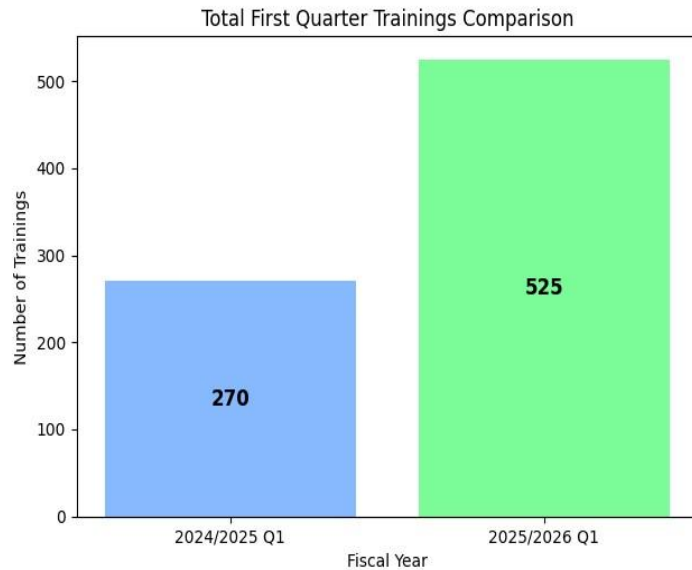
1st QUARTER OTHER CLINICAL TRAININGS

COURSE /TRAININGF	INTERNAL STAFF	COMMUNITY MEMBERS
Mental Health First Aid	6	12
BPS	6	
CPI (certified)	23	128
CPI Booster (re-certified)	9	
QPR	11	
Consumer Engagement	10	
LOCUS	5	
Overdose Prevention & Naloxone	17	
CAFAS Booster	3	
Clinical Leadership	13	
Conflict Management	8	
PECFAS Booster	3	

HUMAN RESOURCES REPORT

FY2026 1st Quarter

TOTAL Q1 TRAININGS COMPARISON:



1ST QUARTER COMPLIANCE DEPARTMENT

- Completion of the 2025 Joint Commission survey corrective action plan. Professional accreditation is required every 3 years by the Michigan Mental Health Code and MDHHS contract.
- Commencement of the 2025 MDHHS 1915 (c) Waiver and BH 1915 (i) SPA site review required by the MDHHS contract.
- Commencement of the 2025 PIHP monitoring of delegated functions and contractual requirements per state and federal regulations.
- Completion of MDHHS performance indicator data cleaning, reporting, and analysis to evaluate clinical compliance and identify trends in performance.
- Completion of critical incident and sentinel event reporting.
- Completion of Medicaid and non-Medicaid service appeals (local) and hearings (state-level).
- Monitoring of Medicaid and non-Medicaid Adverse Benefit Determination (ABD) notices and CCBHC Negative Action Determination (NAD) notices.
- Monitoring of the clinical peer review program (a qualitative data analysis to evaluate clinical compliance and identify trends in performance).
- Monitoring and review of all subpoenas, court orders, and records requests to ensure compliance with HIPAA and 42 CFR Part 2 (SUD).
- Completion of retrospective review appeals for inpatient hospitalization.

Monroe CMHA Tenure Analysis

MCMHA's tenure rate is 6.79.

How our 6.79 Year Tenure Compares

1. National Workforce Benchmarks

Group	Median Tenure	Source
All U.S. workers (2024)	3.9 years	U.S. BLS 2024 Employee Tenure

Our tenure (6.79 years) is ~74% higher than the national median.

2. Behavioral Health Industry Benchmarks

Behavioral health is one of the *highest-turnover* sectors in healthcare. Tenure is generally short because of burnout, low wages, high caseloads, and workforce shortages.

Applied Behavior Analysis (ABA) Sector

- Median tenure: ~1 year
- Turnover: 65%–103% depending on organization size

Behavioral Health Facilities (General)

- Industry reports emphasize **persistent staffing shortages** and **high turnover**, though they don't always publish tenure averages.
- 2023 HCS Behavioral Health Salary & Benefits Report shows turnover stabilizing but still high.

Community Mental Health / Public Behavioral Health

While specific tenure data is limited, research consistently shows:

1. MDHHS Behavioral Health & Direct Care Workforce Reports

These show:

- High turnover across behavioral health roles
- Persistent staffing shortages
- Difficulty retaining clinicians and direct care staff

High turnover → short tenure.

Low turnover → long tenure.

2. CMHSP Annual Reports & Workforce Shortage Analyses

These consistently highlight:

- Recruitment challenges
- Vacancy rates
- Burnout and churn
- **Inference based on available data:**
Community mental health agencies typically see **tenure between 2–4 years**, with many staff leaving earlier due to burnout and compensation pressures.

3. National Behavioral Health Tenure Data

Nationally, behavioral health tenure averages **~1 year** in many sub-sectors. Michigan’s workforce challenges mirror these patterns.

- High turnover among mental health workers
- Retention challenges tied to burnout and workload

Our 6.79 years is well above what is typical in public behavioral health settings.

What This Means for Monroe CMHA

Our tenure average suggests:

1. Strong organizational culture

Staff stay when they feel supported, safe, and connected to mission.

2. Effective leadership and HR systems

Our work on clarity, wellness, accountability, and culture is paying off.

3. Competitive advantage in recruitment

We can legitimately market Monroe CMHA as a *high-retention* employer in a high-turnover field.

4. A protective factor against burnout

Longer tenure often correlates with stronger peer networks, better supervision, and more stable caseloads.

Why This Matters for Organizational Performance

1. Better Continuity of Care

Longer tenure means:

- More consistent relationships with consumers
- Fewer disruptions in treatment
- Stronger therapeutic alliances
- Higher clinical quality and better outcomes

This is especially critical in crisis services, case management, and long-term supports.

2. Stronger Organizational Culture

High tenure reflects:

- Trust in leadership
- Psychological safety
- Effective supervision
- Alignment with mission and values

This reinforces Monroe CMHA's identity as a people-first, wellness-focused employer.

3. Financial Efficiency

Turnover in behavioral health is expensive. Nationally, replacing a single clinician costs 20–33% of annual salary.

Your high tenure reduces:

- Recruitment costs
- Onboarding and training expenses

- Productivity loss
- Overtime and contractor reliance

This creates measurable savings that can be reinvested into staff development and consumer services.

4. Workforce Stability in a Shortage Environment

Michigan's behavioral health system faces:

- Persistent staffing shortages
- High vacancy rates
- Difficulty recruiting licensed clinicians

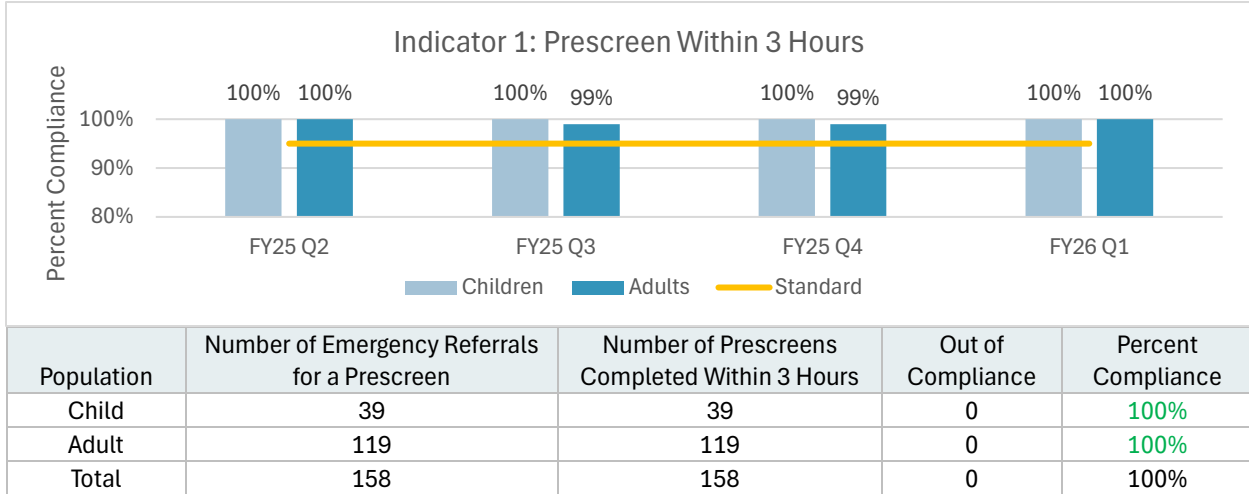
Monroe CMHA's stability is a competitive advantage in attracting and retaining talent.

Compliance Report on Performance Improvement

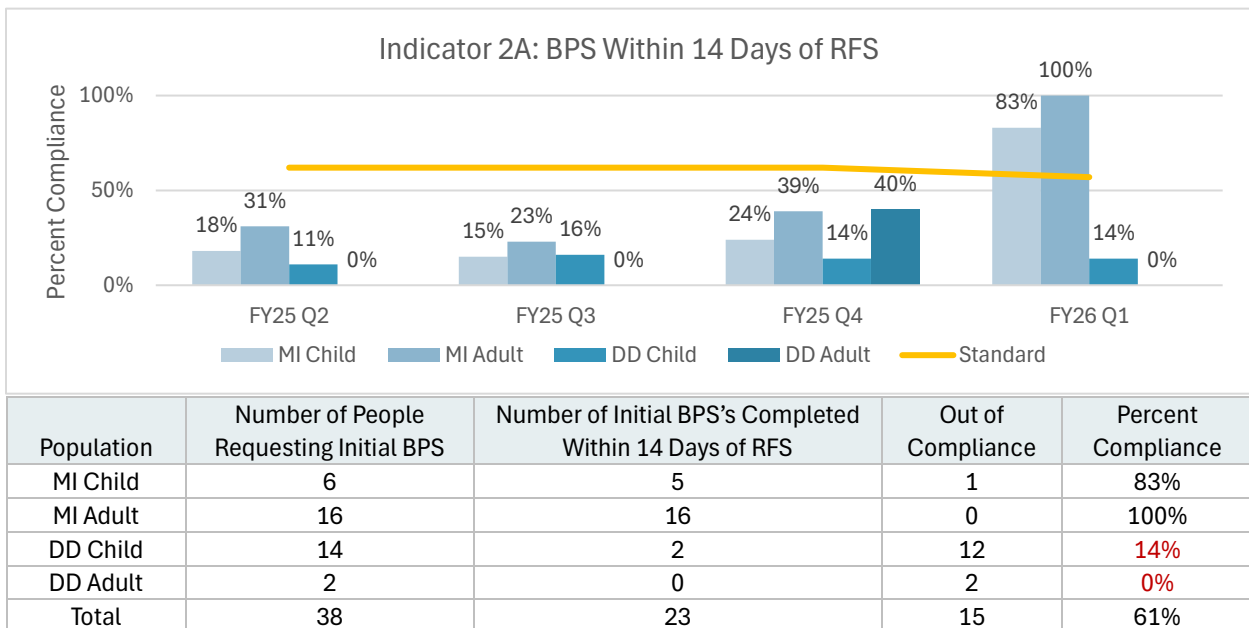
Fiscal Year 26 Quarter 1
(10/1/25 – 12/31/25)

MDHHS Michigan’s Mission-Based Performance Indicator System (MMBPIS)

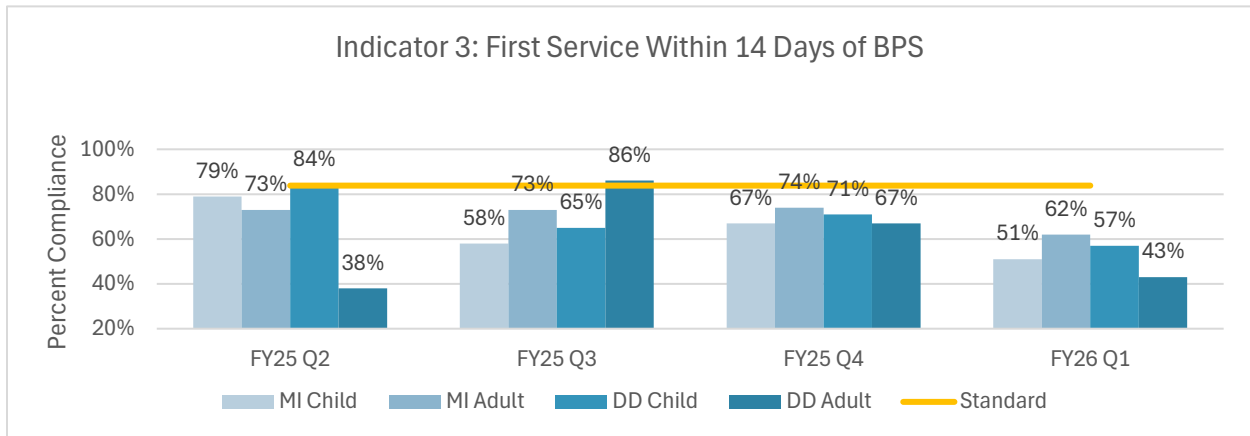
Indicator 1: The percent of all adults and children receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. [Effective 10/1/25, MDHHS no longer requires reporting on this indicator. The previous standard was 95%.](#)



Indicator 2A: The percentage of new persons during the quarter receiving a completed biopsychosocial (BPS) assessment within 14 calendar days of a non-emergency request for service. [Effective 10/1/25, data from consumers receiving CCBHC services \(primarily MI Adult and MI Child populations\) is excluded from Indicator 2A. The new FY26 MDHHS standard is 57%.](#)

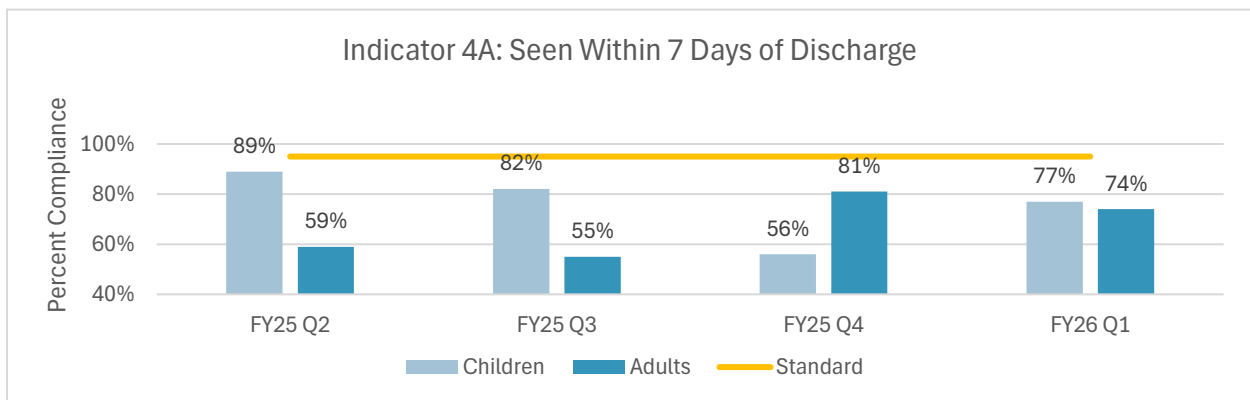


Indicator 3: Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial (BPS) assessment. [Effective 10/1/25, MDHHS no longer requires reporting on this indicator. The previous standard was 83.8%.](#)



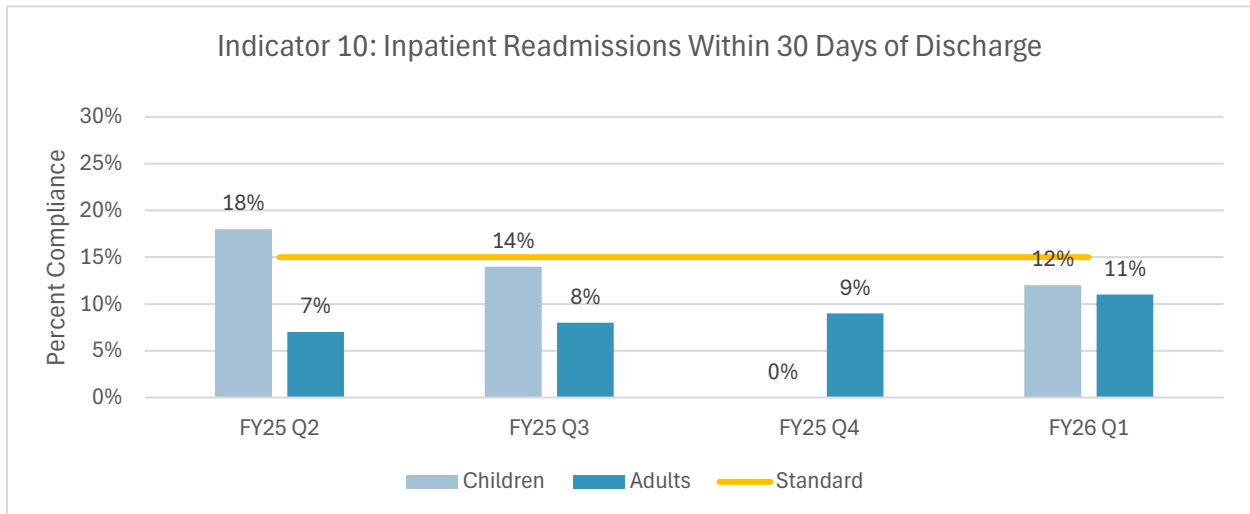
Population	Number of People Eligible for Services	Number of People Receiving First Service Within 14 Days of BPS	Out of Compliance	Percent Compliance
MI Child	57	29	28	51%
MI Adult	127	79	48	62%
DD Child	23	13	10	57%
DD Adult	7	3	4	43%
Total	214	124	90	58%

Indicator 4A: The percent of discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days. [Effective 10/1/25, MDHHS no longer requires reporting on this indicator. The previous standard was 95%.](#)



Population	Net Number of Discharges from Psychiatric Inpatient	Number of Discharges Seen Within 7 Days	Out of Compliance	Percent Compliance
Child	13	10	3	77%
Adult	38	28	10	74%
Total	51	38	13	75%

Indicator 10: The percent of MI and DD children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge. [Effective 10/1/25, MDHHS no longer requires reporting on this metric. The previous standard was 15% or less.](#)



Population	Number of Discharges from Psychiatric Inpatient	Number of Discharges Readmitted Within 30 Days	Percent Readmission
Child	17	2	12%
Adult	55	6	11%
Total	72	8	11%

MEMORANDUM



TO: MCMHA Board of Directors
FROM: Lisa Graham, Chief Executive Officer
RE: FY2025 Q3 CCBHC Quality Metrics
DATE: March 25, 2026

The following are CCBHC Quality Metrics for which Performance Bonus dollars are attached.

QUALITY INDICATOR	BENCHMARK	MCMHA SCORE
ASC: Percentage of adult consumers who were screened at least once within 12 months for unhealthy alcohol use using a systematic screening AND who received brief counseling if identified as an unhealthy alcohol user.	25 th percentile	54.3% (6.5% increase from last quarter) Sub-measure: Those who received brief counseling after a positive screen: 54.5% (5.6% increase from last quarter)
CDF-AD: Percentage of adult consumers who were screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and, if positive, a follow-up plan is documented on the date of the eligible encounter.	25 th percentile	48.9% (.2% increase from last quarter)
CDF-CH: Percentage of consumers ages 12-17 who were screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and, if positive, a follow-up plan is documented on the date of the eligible encounter.	25 th percentile	28.9% (9% increase from last quarter)
DEP-REM-6: Percentage of consumers (12 years of age or older) with Major Depression or Dysthymia who reach Remission six months (+/- 60 days) after an Index Event Date.	25 th percentile	1.5% (.3% increase from last quarter)
SDOH: Percentage of adults screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.	25 th percentile	54.1% (16.9% increase from last quarter)

<p>SRA-A: Percentage of all client visits for those clients that turn 18 or older during the Measurement Period in which a new or recurrent diagnosis of Major Depressive Disorder was identified AND a suicide risk assessment (SRA) was completed during the visit.</p>	<p>73%</p>	<p>95.1% (.3 decrease from last quarter)</p>
<p>SRA-C: Percentage of client visits for those clients aged 6-17 years with a diagnosis of Major Depressive Disorder (MDD) with an assessment for suicide risk.</p>	<p>57%</p>	<p>24.8% (3.3% decrease from last quarter)</p>
<p>TSC: Percentage of adult consumers who were screened for tobacco use one or more times within the measurement year AND who received a tobacco cessation intervention during the measurement year or in the six months prior to the measurement year if identified as a tobacco user.</p>	<p>25th percentile</p>	<p>Adults screened for tobacco use: 63% (9.2% increase from last quarter)</p> <p>Those who screened positive and received tobacco cessation intervention: 97.2% (1.9% increase from last quarter)</p> <p>Of those screened positive AND provided intervention, identified as a non-tobacco user in six months: 62.1% (9.5% increase from last quarter)</p>
<p>I-SERV: Average time for consumers to access three different types of services at BHCs reporting the measure.</p>	<p>25th percentile</p>	<p>Average time to initial evaluation: 23.4 days (.9 day increase from last quarter; previous quarter showed a 4.3 day increase so this is an improvement)</p> <p>Average time to initial clinical services: 33.0 days (1.1 day increase from previous quarter; previous quarter showed a 7.7 day increase so this is an improvement).</p> <p>Average time to crisis services: This information is currently reported in the Crisis Mobile reports.</p>

MEMORANDUM



**MONROE
COMMUNITY
MENTAL
HEALTH
AUTHORITY**

TO: MCMHA Board of Directors
FROM: Lisa Graham, Chief Executive Officer
RE: FY2025 Q4 CCBHC Quality Metrics
DATE: March 25, 2026

The following are CCBHC Quality Metrics for which Performance Bonus dollars are attached.

QUALITY INDICATOR	BENCHMARK	MCMHA SCORE
ASC: Percentage of adult consumers who were screened at least once within 12 months for unhealthy alcohol use using a systematic screening AND who received brief counseling if identified as an unhealthy alcohol user.	25 th percentile	56.9% (2.6% increase from last quarter) Sub-measure: Those who received brief counseling after a positive screen: 64.2% (9.8% increase from last quarter)
CDF-AD: Percentage of adult consumers who were screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and, if positive, a follow-up plan is documented on the date of the eligible encounter.	25 th percentile	50.5% (1.6% increase from last quarter)
CDF-CH: Percentage of consumers ages 12-17 who were screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and, if positive, a follow-up plan is documented on the date of the eligible encounter.	25 th percentile	31% (2.1% increase from last quarter)
DEP-REM-6: Percentage of consumers (12 years of age or older) with Major Depression or Dysthymia who reach Remission six months (+/- 60 days) after an Index Event Date.	25 th percentile	3.0% (1.5% increase from last quarter)
SDOH: Percentage of adults screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.	25 th percentile	65.3% (11.2% increase from last quarter)
SRA-A: Percentage of all client visits for those clients that turn 18 or older during the Measurement Period in which a new	73%	95.8% (.7 increase from last quarter)

<p>or recurrent diagnosis of Major Depressive Disorder was identified AND a suicide risk assessment (SRA) was completed during the visit.</p>		
<p>SRA-C: Percentage of client visits for those clients aged 6-17 years with a diagnosis of Major Depressive Disorder (MDD) with an assessment for suicide risk.</p>	<p>57%</p>	<p>24.8% (1.4% decrease from last quarter)</p>
<p>TSC: Percentage of adult consumers who were screened for tobacco use one or more times within the measurement year AND who received a tobacco cessation intervention during the measurement year or in the six months prior to the measurement year if identified as a tobacco user.</p>	<p>25th percentile</p>	<p>Adults screened for tobacco use: 67.7% (4.7% increase from last quarter)</p> <p>Those who screened positive and received tobacco cessation intervention: 97.3% (0.1% increase from last quarter)</p> <p>Of those screened positive AND provided intervention, identified as a non-tobacco user in six months: 66.8% (4.7% increase from last quarter)</p>
<p>I-SERV: Average time for consumers to access three different types of services at BHCs reporting the measure.</p>	<p>25th percentile</p>	<p>Average time to initial evaluation: 25.3 days (1.9 day increase from last quarter)</p> <p>Average time to initial clinical services: 35 days (2 day increase from previous quarter)</p> <p>Average time to crisis services: 1.8</p> <p>* the information below is subject to change. The current system set up only includes open consumers who received a crisis service and is likely not 100% accurate. Data Analytics Manager is working on an estimate for the data below. IT Systems Admin is working with PCE for a solution.</p> <p>Average time to Mobile Crisis Services (# of hours): 1.4</p> <p>Average time to urgent care crisis services (# of hours): .6</p> <p>Average Time to Other Crisis Services (# of hours): 1.9</p>



MONROE
COMMUNITY
MENTAL
HEALTH

January 2026

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

January 2026

Monthly Highlights

- Statement of Position - Cash in the bank is \$17,712,189.
- Estimated surplus (due back to PIHP) is \$3,206,990.
- Estimated surplus from CCBHC Medicaid operations is \$929,458.
- Estimated deficit from CCBHC non-Medicaid operations is \$878,752.
- Estimated deficit from other General Fund spend is \$360,451.
- Total estimated fund balance reduction is \$300,665.

BASIC FINANCIAL STATEMENTS

MONROE CMH

Statement of Position

October 1, 2025 through January 31, 2026

	January 31 Balance	Balance September 30 2025	Over (Under)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 17,712,189	\$ 17,086,513	\$ 625,676
Accounts receivable, net	1,771,374	624,002	1,147,372
Due from PIHP	607,895	5,309,685	(4,701,790)
Due from State of Michigan	103,361	132,810	(29,449)
Due from other governmental units	57,081	296,723	(239,642)
Prepaid items	295,001	442,258	(147,257)
Total current	20,546,901	23,891,990	(3,345,089)
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,971,174	2,922,208	48,966
Deferred outflows - Pension & OPEB	1,390,554	1,390,554	0
Total noncurrent	4,408,728	4,359,762	48,966
Total assets and deferred outflows	24,955,629	28,251,752	(3,296,123)
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	4,274,839	6,107,785	(1,832,946)
Accrued liabilities	594,165	6,142,365	(5,548,200)
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	14,832,857	16,482,181	(1,649,324)
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	19,033,814	20,683,139	(1,649,324)
NET POSITION			
Net investment in capital assets	1,572,833	1,523,868	(48,965)
Unrestricted	4,348,982	5,818,527	1,469,545
Total net position	\$ 5,921,815	\$ 7,342,395	\$ (1,420,580)

MONROE CMH

Statement of Activities

October 1, 2025 through January 31, 2026

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Over (Under)
Operating revenue				
Capitation:				
Medicaid	\$ 14,874,078	\$ 44,622,234	\$ 46,931,913	\$ (2,309,679)
Medicaid - Settlement	(3,241,992)	(9,725,976)	(5,731,822)	(3,994,154)
Healthy Michigan	902,429	2,707,287	3,675,123	(967,836)
Healthy Michigan - Settlement	35,002	105,006	-	105,006
CCBHC	4,356,511	13,069,533	11,825,695	1,243,838
CCBHC - Settlement	-	-	-	-
Behavior Health Home	64,580	193,740	221,263	(27,523)
State General Funds	576,661	1,729,983	1,539,237	190,746
State General Funds - Carryover	-	-	-	-
County appropriations	332,601	997,803	997,803	-
Charges for services	73,402	220,206	311,039	(90,833)
Other grants	358,787	1,076,361	1,749,598	(673,237)
Other revenue	190,681	572,043	2,235,413	(1,663,370)
Total operating revenue	18,522,740	55,568,220	63,755,262	(8,187,042)
Operating expenses				
Administation				
Salaries	770,773	2,312,319	2,212,960	99,359
Benefits	460,058	1,380,174	2,889,667	(1,509,493)
Other	951,115	2,853,345	2,881,611	(28,266)
Internal Services				
Salaries	2,657,630	7,972,890	7,591,964	380,926
Benefits	1,278,273	3,834,819	3,834,819	-
Other	1,085,780	3,257,340	2,833,873	423,467
Provider Network Services	12,126,089	36,378,267	36,465,357	(87,090)
Facility costs	265,834	797,502	870,405	(72,903)
Vehicle costs	21,310	63,930	137,968	(74,038)
Grant expenses	377,919	1,133,757	1,215,749	(81,992)
Room & Board	155,563	466,689	399,131	67,558
GASB 68 & 75 Adjustment	-	-	(4,984,520)	4,984,520
Total operating expenses	20,150,344	60,451,032	56,348,983	4,102,049
Change in net position	(1,627,604)	(4,882,812)	7,406,279	\$(12,289,091)
Net position, beginning of year	7,549,419	7,549,419	(63,884)	
Net position, end of year	\$ 5,921,815	\$ 2,666,607	\$ 7,342,395	

MONROE CMH

Statement of Activities

Mental Health - Budget to Actual

October 1, 2025 through January 31, 2026

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
Operating revenue				
Capitation:				
Medicaid	\$ 43,747,009	\$ 14,582,336	\$ 14,874,078	\$ 291,742
Medicaid - Settlement	(5,143,474)	(1,714,491)	(3,241,992)	(1,527,501)
Healthy Michigan	2,707,287	902,429	902,429	-
Healthy Michigan - Settlement	1,970,947	656,982	35,002	(621,980)
CCBHC	17,098,879	5,699,626	4,356,511	(1,343,115)
CCBHC - Settlement	-	-	-	-
Behavior Health Home	222,283	74,094	64,580	(9,514)
State General Funds	1,539,237	513,079	576,661	63,582
County appropriations	997,803	332,601	332,601	-
Charges for services	671,106	223,702	73,402	(150,300)
Other grants	1,481,957	493,986	358,787	(135,199)
Other revenue	553,551	184,517	190,681	6,164
Total operating revenue	65,846,585	21,948,862	18,522,740	(3,426,122)
Operating expenses				
Administration				
Salaries	2,479,811	826,604	770,773	(55,831)
Benefits	881,112	293,704	460,058	166,354
Other	3,015,951	1,005,317	951,115	(54,202)
Internal Services				
Salaries	9,698,628	3,232,876	2,657,630	(575,246)
Benefits	3,100,986	1,033,662	1,278,273	244,611
Other	3,495,052	1,165,017	1,085,780	(79,237)
Provider Network Services	40,082,573	13,360,858	12,126,089	(1,234,769)
Facility costs	1,241,616	413,872	265,834	(148,038)
Vehicle costs	126,648	42,216	21,310	(20,906)
Grant expenses	1,223,618	407,873	377,919	(29,954)
Other expenses	400,797	133,599	-	(133,599)
Room & Board	-	-	155,563	155,563
Total operating expenses	65,746,792	21,915,597	20,150,344	(1,765,253)
Change in net position	99,793	33,264	(1,627,604)	(1,660,868)
Net position, beginning of year	7,549,419	7,549,419	7,549,419	-
Net position, end of year	\$ 7,649,212	\$ 7,582,683	\$ 5,921,815	\$ (1,660,868)

INCOME STATEMENT BY FUND SOURCE

MONROE CMH

Fiscal 2026 Revenues and Expenses by Fund Source

October 2024 through January 2026

Medicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	\$ 43,747,009	\$ 14,582,336	\$ 14,874,078	\$ 291,742
PIHP Redirect to CCBHC	-	-	-	-
1st/3rd Party Revenue	3,704	1,235	-	(1,235)
Expense	\$ 38,607,239	12,869,080	11,632,086	(1,236,994)
Revenue over/(under) expenses	\$ 5,143,474	\$ 1,714,491	\$ 3,241,992	\$ 1,527,501

Healthy Michigan	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	\$ 2,707,287	\$ 902,429	\$ 902,429	\$ -
PIHP Redirect to CCBHC	-	-	-	-
1st/3rd Party Revenue	-	-	-	-
Expense	\$ 4,678,234	1,559,411	937,431	(621,980)
Revenue over/(under) expenses	\$ (1,970,947)	\$ (656,982)	\$ (35,002)	\$ 621,980

Total PIHP Sources	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	\$ 46,454,296	\$ 15,484,765	\$ 15,776,507	\$ 291,742
1st/3rd Party Revenue	3,704	1,235	-	(1,235)
Expense	43,285,473	14,428,491	12,569,517	(1,858,974)
Retain as local in FY 25	-	-	-	-
Revenue over/(under) expenses	\$ 3,172,527	\$ 1,057,509	\$ 3,206,990	\$ 2,149,481

MONROE CMH

Fiscal 2026 Revenues and Expenses by Fund Source

October 2024 through January 2026

CCBHC Medicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Cap Revenue	\$ 14,481,285	\$ 4,827,095	\$ 4,569,020	\$ (258,075)
PIHP Supp Revenue	-	-	-	-
1st/3rd Party Revenue	1,246	415	10,893	10,478
Expense	12,683,676	4,227,892	3,742,623	(485,269)
Revenue over/(under) expenses	\$ 1,798,855	\$ 599,618	\$ 837,290	\$ 237,671

CCBHC Healthy Michigan	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Cap Revenue	\$ 2,618,301	\$ 872,767	\$ 969,447	\$ 96,680
PIHP Supp Revenue	-	-	-	-
1st/3rd Party Revenue	-	-	1,291	1,291
Expense	3,132,588	1,044,196	878,570	(165,626)
Revenue over/(under) expenses	\$ (514,287)	\$ (171,429)	\$ 92,168	\$ 263,597

CCBHC NonMedicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
State CCBHC Revenue	\$ 55,000	\$ 18,333	\$ -	\$ (18,333)
1st/3rd Party Revenue	-	-	-	-
Expense	2,607,096	869,032	878,752	9,720
Redirect from GF	2,552,096	850,699	878,752	28,053
Revenue over/(under) expenses	\$ -	\$ -	\$ -	\$ 0

ALL CCBHC Combined	2026 Budget	YTD Budget	2026 Actual	Over (Under)
All CCBHC Revenue	\$ 17,154,586	\$ 5,718,195	\$ 5,538,466	\$ (179,729)
1st/3rd Party Revenue	1,246	415	12,184	11,769
Expense	18,423,360	6,141,120	5,499,945	(641,175)
Redirect from GF	2,552,096	850,699	878,752	28,053
Revenue over/(under) expenses	\$ 1,284,568	\$ 428,189	\$ 929,458	\$ 501,268

MONROE CMH

Fiscal 2026 Revenues and Expenses by Fund Source

October 2024 through January 2026

State General Fund	2026 Budget	YTD Budget	2026 Actual	Over (Under)
Revenue	\$ 1,920,289	\$ 640,096	\$ 614,344	\$ (25,752)
Expense	2,821,975	940,658	974,795	34,137
Redirect to Other Programs	(2,552,096)	(850,699)	(1,053,478)	(202,779)
Redirect from Other Programs	3,453,782	1,151,261	1,413,929	262,668
Revenue over/(under) expenses	\$ -	\$ -	\$ -	\$ -

All Other Grants/Local	2026 Budget	YTD Budget	2026 Actual	Over (Under)
Revenue	\$ 3,757,530	\$ 1,252,510	\$ 6,373,672	5,121,163
Expense	1,485,359	495,120	5,435,134	4,940,014
Redirects	(3,453,782)	(1,151,261)	(1,239,203)	(87,942)
Revenue over/(under) expenses	\$ (1,181,612)	\$ (393,870)	\$ (300,665)	\$ 93,206

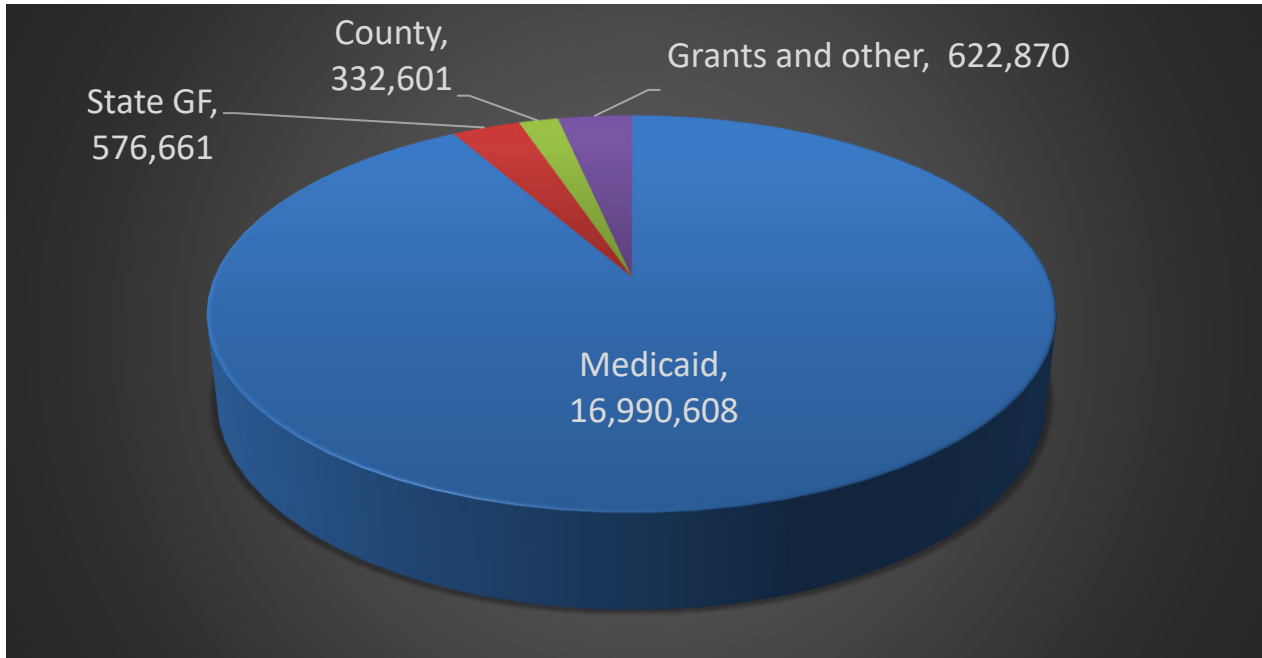
TRENDS AND PAYMENTS

MONROE CMH

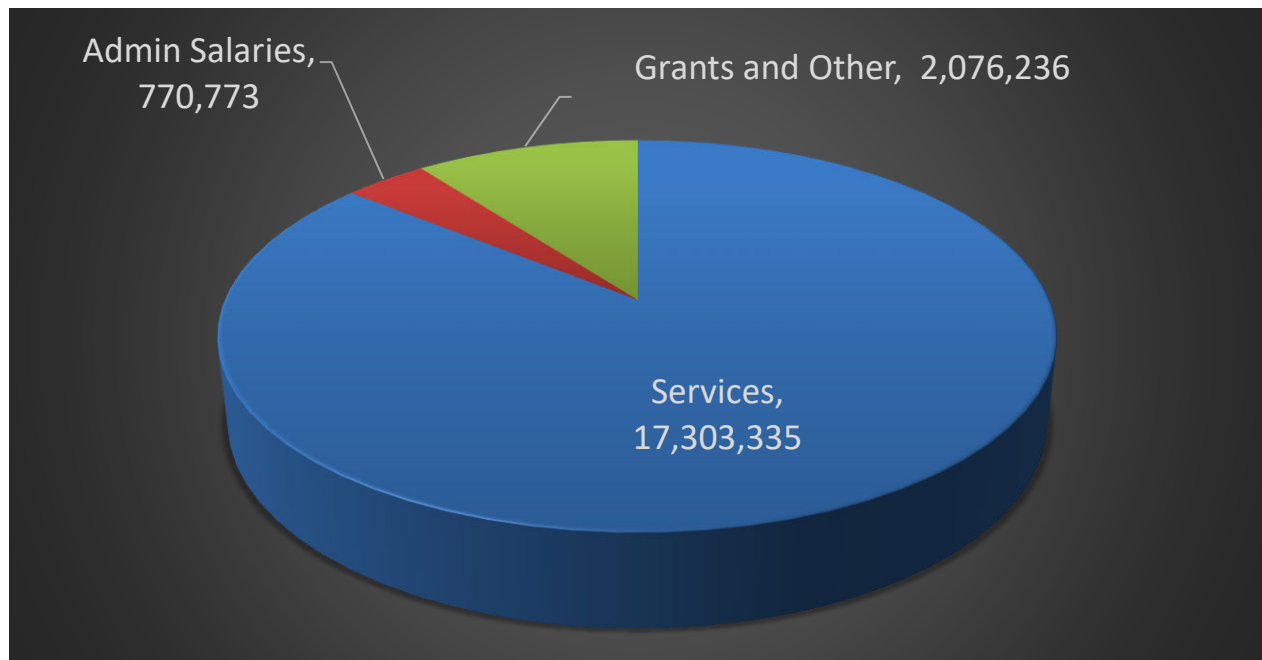
January 2026 Trends

Sources and Uses

Revenues by Source



Expenditures by Category



Monroe CMHA

Payment Summary Report

For the Month of January 2026

Amount

Vendor Name	Total
8X8 INC.	\$ 4,734.93
A Heart That Cares, LLC	41,014.94
ABA INSIGHT, LLC	43,476.40
ACCIDENT FUND INSURANCE COMPANY OF AMERICA	5,258.80
ADULT LEARNING SYSTEM, INC	34,259.27
AFLAC	1,884.46
AFSCME UNION / LOCAL 2529	2,246.20
AMERICAN HTG, CLG, & REFRIG, INC	1,533.00
APPLIED INNOVATION	1,037.60
ARA FAMILY HOLDINGS, LLC	2,411.75
ARKAY, INC	3,752.85
BBH VENTURES, LLC	5,076.22
BCA OF DETROIT, LLC	10,406.76
BEACON SPECIALIZED LIVING SERVICES, INC.	80,290.00
BEDFORD SEPTIC TANK AND SEWER CLEANING CO.	300.00
BELLE TIRE DISTRIBUTORS	1,051.88
BESTCO BENEFIT PLANS, LLC	26,799.62
BLUENET	3,030.00
CATHLEEN FARNHAM	25.00
CATHOLIC CHARITIES OF SOUTHEAST MICHIGAN	24,000.00
CELLCO PARTNERSHIP	542.70
CENTRIA HEALTHCARE, LLC	10,435.50
CHARTER COMMUNICATIONS	484.96
CHITTER CHATTER PC	78,330.24
CHOICES W/SELF DETERMINATION, LLC	8,502.54
CHS GROUP, LLC	159,847.44
CITY OF MONROE	566.15
COGNIZANT TRIZETTO SOFTWARE GROUP, INC.	310.88
COMMUNITY LIVING NETWORK	14,409.08
CONTRACT SERVICE GROUP	1,192.00
COUNTY OF WASHTENAW, MICHIGAN	25,581.53

Monroe CMHA

Payment Summary Report

For the Month of January 2026

Amount

Vendor Name	Total
Culligan of Ida	174.00
DAWN ASPER	47.50
DELTA DENTAL PLAN OF MICHIGAN	10,386.20
DESIRAE LLEVEL POUPARD	25.00
DOCUMENT MANAGEMENT SOLUTIONS	530.28
DOMINIC BRIGANTI	25.00
DYKEMA GOSSETT, PLLC	13,021.00
EISENHOWER CENTER	147,380.00
ENFIELD VILLAGE CONDOMINIUM	197.00
ERICA MERCHANT	50.00
EVEREST, INC.	52,786.00
EXPERT ON THE MIND LLC	37,600.00
FLATROCK MANOR, INC	334,621.48
FRAME'S PEST CONTROL, INC.	131.99
FRANCES JACKSON, LLC	160.95
FRIENDS WHO CARE, INC.	12,496.80
GO SIGN ME UP	5,926.00
GOODWILL INDUSTRIES OF SE MICH, INC	26,086.53
GORDON FOOD SERVICE	116.92
GOVCONNECTION, INC	778.18
GROSS ELECTRIC	925.00
GUARDIANTRAC, LLC	467,684.30
GUIDING LIGHT AFC LLC	29,760.00
GUTTERMAN, PAUL Y.	23,750.00
HAVENWYCK HOSPITAL	63,875.00
HAVENWYCK HOSPITAL-CEDAR CREEK	11,189.60
HELP AT HOME, LLC	9,677.40
HOME - COMMUNITY SUPPORTED LIVING ARRANGEMENTS	20,656.95
IBM CORPORATION	66.00
ILENE DUSSIA	25.00
ILLUMINATE ABA SERVICES LLC	11,067.00

Monroe CMHA

Payment Summary Report

For the Month of January 2026

Amount

Vendor Name	Total
IRIS TELEHEALTH MEDICAL GROUP, PA	51,009.00
IVYREHAB MICHIGAN, LLC	14,840.50
JACKSON AND COKER LOCUMTENEMS, LLC	36,220.00
JASON STRAZZULLA	690.00
JASWANT S BAGGA	26,410.00
JENNIFER DURELL	75.75
JOAN M. CANNING	50.30
JOHN BURKARDT	64.90
JOHN M. CULLEN	38.40
KENNETH R PAPENHAGEN	86.60
KIMBERLY S. SANDERLIN	250.00
KONICA MINOLTA BUSINESS SOLUTIONS USA INC.	219.71
LAMOUR PRINTING CO.	230.00
LANGUAGELINE SOLUTIONS	2.56
LASALLE TWP. TREASURER	1,752.99
LASCALA IT SOLUTIONS, INC	2,443.50
LAURA NIDA	25.00
LEGAL SHIELD	244.82
LENOVO U.S., INC	93,600.00
LIFE ENRICHMENT ACADEMY, INC.	19,733.53
LOCUMTENENS.COM	34,271.20
LOUIS BALOGH	1,730.60
LOWES	1,186.32
LUTHERAN CHILD AND FAMILY SERVICE OF MICHIGAN, INC	3,113.91
MACOMB RESIDENTIAL OPPORTUNITIES, INC	455,292.42
MAGNET ABA THERAPY, LLC	6,190.50
MARY L. BALL	25.00
MASTROFRANCESCO, A.F.C.	57,905.61
MCLAUGHLIN PROPERTIES LLC	12,526.89
MICHIGAN BH JV LLC	23,057.58
MICHIGAN GAS UTILITIES	8,237.19

Monroe CMHA

Payment Summary Report

For the Month of January 2026

Amount

Vendor Name	Total
MIDWEST FIBER HOLDINGS LP	1,550.00
MONROE CENTER, LLC.	6,250.00
MONROE COUNTY BUSINESS ALLIANCE	750.00
MONROE COUNTY OPPORTUNITY PROGRAM	35.00
MONROE COUNTY RETIREMENT SYSTEM	110,061.25
MONROE FLORIST	190.00
MONROE URGENT CARE	995.00
MUTUAL OF OMAHA	24,772.06
NAOMI REBECCA STONER	30.00
NEW DIRECTIONS PEER RECOVERY CENTER	10,700.00
O'REILLY AUTO PARTS	79.72
PAN AMERICAN LANGUAGES & SERVICES, INC.	3,506.00
PANCONES AUTO, LLC	347.08
PETER CHANG ENTERPRISES DBA PCE SYSTEMS	343.47
PHC OF MI, INC	29,154.15
PHILLIP ARCHER, MD	10,485.00
PHOENIX PERFORMANCE PARTNERS LLC	15,125.00
PINEAPPLE CONTRACTS, INC	7,046.75
PROGRESSIVE RESIDENTIAL SERVICES	87,098.93
PROMEDICA MONROE REGIONAL HOSPITAL	169,505.00
PURCHASE POWER / PITNEY BOWES	1,000.00
QUANTUMLINK COMMUNICATIONS	80.74
R LAMAR FREDERICK	58.00
REBECCA PASKO	501.09
REBECCA S CURLEY	96.40
REDA D. BINIECKI	79.60
REHMANN LLC	104,036.30
REPUBLIC SERVICES #259	1,825.76
RESIDENTIAL OPPORTUNITIES, INC	5,085.30
SABRINA R. CORBIN	173,205.90
SCREENVISION DIRECT INC. DBA SCREENVISION MEDIA	3,379.00

Monroe CMHA

Payment Summary Report

For the Month of January 2026

Amount

Vendor Name	Total
SHAMROCK HOLDINGS LLC	882.00
SNOW CHIU WU	2,880.00
SONDRA L. THORN	25.00
ST. JOSEPH MERCY HOSPITAL DBA TRINITY HEALTH - MICHIGAN	6,463.59
STANLEY STEEMER	845.00
SUPERIOR VISION SERVICES, INC.	4,505.82
SUSAN ELIZABETH FORTNEY	174.00
T MOBILE USA, INC.	3,179.45
THE JOINT COMMISSION	4,190.00
THE SALVATION ARMY	3,385.57
THERAPEUTICS, LLC	35,697.00
TIMOTHY ALLEN LASSEY	25.00
TM GROUP	150.00
UNIFIRST MANUFACTURING CORP	1,377.22
UNITED WAY OF MONROE CO, INC.	15.00
VELLOHEALTH INC	10,500.00
VITAL RECORDS HOLDING	250.44
WOLVERINE INVESTMENT PROPERTIES, LLC	7,033.32
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MONROE MICH	533.72
ZANE A GAGNE	4,350.00
Grand Total	\$ 3,579,369.19



REVIEW AND ADOPT / March 25, 2025 Regional (CMHPSM) Policies

Executive Summary:

- There is one regional policy for adoption.
- This document serves as an Executive Summary of the regional policies for review and approval at the March 25, 2026 Board Meeting.

<u>REGIONAL POLICIES:</u>	<u>REASON FOR REVISION:</u>	<u>SUMMARY:</u>
<p>A1000 Corporate Compliance Policy</p>	<ul style="list-style-type: none"> • 3 Year Review • Added Sanctions for Non-Compliance (Letter F) per OIG FY25 6.9 recommendations; minor revisions related to these sanctions made to Standard I. 	<p><u>PURPOSE:</u> To establish policy that ensures the Community Mental Health Partnership of Southeast Michigan (CMHPSM) complies with all relevant federal, state, and local laws, rules, and regulations and other standards set forth by accrediting organizations and professional licensure requirements.</p> <p><u>POLICY:</u> All staff, board members, students, volunteers, and providers with the CMHPSM network shall comply with all federal, state, and local laws, rules, and regulations applicable to the region’s business lines, as well as other standards set forth by accrediting organizations and professional licensure requirements. Due to the collaborative nature amongst the CMHPSM members, including integrated elements of the data systems, all members of the region shall coordinate efforts to ensure the security and privacy of protected health information, and to ensure compliance with all other applicable regulations, laws, and standards.</p>