



# MONROE COMMUNITY MENTAL HEALTH AUTHORITY

## BOARD MEETING

May 27, 2026 – 6:00 p.m. / Aspen Room  
Draft Amended Agenda

### **BOARD GUIDING PRINCIPLES:**

- 1.1 Monroe Community Mental Health Authority (“Authority”) exists to help individuals with mental illnesses and/or intellectual/developmental disabilities so they can live, work, and play in their communities to their fullest potential. As a Certified Community Behavior Clinic (CCBHC), the Authority will provide mental health and/or substance use care/services, regardless of ability to pay, place of residence, or age, including developmentally appropriate care for children and youth.
- 1.2 Monroe Community Mental Health Authority strives to be the provider of choice for Monroe County by offering the highest quality of treatment with positive measurable outcomes, while maintaining competitive service rates with the State.
- 1.3 Monroe Community Mental Health Authority establishes and sustains a culture that values each staff member; holds staff to high standards; is fair and respectful; values creativity, and promotes collaborative thinking.
- 1.4 Monroe Community Mental Health Authority continues to establish collaborative community relationships that enable MCMHA to provide quality service to consumers.

### **BOARD RULES OF CONDUCT:**

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

### **CITIZEN RULES OF CONDUCT:**

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

**MISSION STATEMENT:** Enrich lives and promote wellness.

**VISION STATEMENT:** To be a valued/active partner in an integrated System of Care that improves the health and wellness of our community.

**CORE VALUES:** Compassion, Authenticity, Trust, and Accountability.

	<b><u>GUIDE</u></b>
<b>I. CALL TO ORDER</b>	<b>01 min</b>
<b>II. ROLL CALL</b>	<b>02 min</b>
<b>III. PLEDGE OF ALLEGIANCE</b>	<b>02 min</b>
<b>IV. CONSIDERATION TO ADOPT THE AMENDED AGENDA AS PRESENTED</b>	<b>02 min</b>
<b>V. CONSIDERATION TO APPROVE THE MINUTES FROM THE APRIL 22, 2026 BOARD MEETING AND WAIVE THE READING THEREOF</b>	<b>02 min</b>
<b>VI. PUBLIC COMMENTS</b>	<b>03 min/Person</b>
<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>	
<b>VII. OFFICER ELECTIONS FOR MCMHA BOARD</b>	<b>15 min</b>
a. Board Chairperson	
b. Board Vice-Chairperson	
c. Board Secretary	
<b>VIII. RECOMMENDATION TO CMHPSM BOARD</b>	<b>05 min</b>
a. <b>Consideration to Recommend Appointment of Rebecca Pasko to the Community Mental Health Partnership of Southeast Michigan (CMHPSM) Board of Directors for the Term Beginning July 1, 2026 through June 30, 2029</b>	

<b>IX.</b>	<b>ITEMS FROM THE BOARD CHAIR</b>	<b>05 min</b>
	<ul style="list-style-type: none"> <li>a. Executive Committee</li> <li>b. Correspondence <ul style="list-style-type: none"> <li>i. Board Resignation / Vacancy</li> </ul> </li> <li>c. Board Meeting Evaluation</li> <li>d. Appointment of Juanita Roscoe and Doug Stevens to the Community Relations Committee</li> <li>e. Appointment of Rob Calhoun to the Business Operations and Bylaws &amp; Policy Committees</li> <li>f. Questions during presentations should be relevant and not jumping ahead</li> </ul>	
<b>X.</b>	<b>ITEMS FROM THE CHIEF EXECUTIVE OFFICER</b>	<b>10 min</b>
	<ul style="list-style-type: none"> <li>a. Years of Service Awards</li> <li>b. Chief Executive Officer's Report</li> </ul>	
<b>XI.</b>	<b>RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS</b>	<b>05 min</b>
	<ul style="list-style-type: none"> <li>a. Regional PIHP Board Meeting Minutes – Did not meet in May</li> <li>b. CMHAM Policy and Legislation Committee Report – Did not meet in May</li> </ul>	
<b>XII.</b>	<b>BOARD COMMITTEE MINUTES</b>	<b>02 min</b>
	<ul style="list-style-type: none"> <li>a. Business Operations</li> <li>b. Bylaws &amp; Policy</li> <li>c. Community Relations</li> <li>d. Ends</li> </ul>	
<b>XIII.</b>	<b>PRESENTATIONS</b>	<b>40 min</b>
	<ul style="list-style-type: none"> <li>a. FY2026 2<sup>nd</sup> Quarter Clinical Report – Crystal Palmer</li> <li>b. FY2026 1st Quarter CCBHC Quality Metrics – Sabrina Bergman</li> <li>c. Finance Report – Amy Rottman</li> </ul>	
<b>XIV.</b>	<b>UNFINISHED BUSINESS</b>	<b>00 min</b>
	<ul style="list-style-type: none"> <li>a. No unfinished business for May</li> </ul>	
<b>XV.</b>	<b>NEW BUSINESS</b>	<b>10 min</b>
	<ul style="list-style-type: none"> <li>a. Board Action Request: JPMorgan Chase Bank <ul style="list-style-type: none"> <li>i. <b>Consideration to Approve Ken Melvin, Deputy Chief Financial Officer as an Authorized Representative for All Existing and New Accounts through JPMorgan Chase Bank Effective May 27, 2026</b></li> </ul> </li> <li>b. Regional Policy Executive Summary <ul style="list-style-type: none"> <li>i. <b>Consideration to Adopt the Regional Policies as Presented</b></li> </ul> </li> </ul>	
<b>XIV.</b>	<b>PUBLIC COMMENTS</b>	<b>03 min/person</b>
<b>XV.</b>	<b>BOARD MEMBER ANNOUNCEMENTS</b>	<b>03 min/person</b>
<b>XVI.</b>	<b>ADJOURNMENT</b>	<b>01 min</b>

The next regularly scheduled meeting for the Monroe Community Mental Health Authority Board of Directors is **Wednesday, June 24, 2026** beginning at 6:00pm in the Aspen Room located at Monroe Community Mental Health Authority.

LG/dp, 2:18pm



**BOARD OF DIRECTORS REGULAR MEETING MINUTES  
April 22, 2026**

- Present:** John Burkardt, Vice Chairperson; Becca Curley, Secretary; Rob Calhoon; Reda Biniecki; Henry Lievens; Doug Stevens; Naomi Stoner; Juanita Roscoe; John Cullen; LaMar Frederick; and Joan Canning
- Excused:** Rebecca Pasko, Chairperson
- Absent:** N/A
- Staff:** Lisa Graham
- Guests:** 12 guests were present.

**I. CALL TO ORDER**

The Board Vice Chair, John Burkardt, called the meeting to order at 6:00 p.m.

**II. ROLL CALL**

Roll Call confirmed a quorum existed.

**III. PLEDGE OF ALLEGIANCE**

The Pledge of Allegiance was led by John Burkardt.

**IV. CONSIDERATION TO ADOPT THE DRAFT AGENDA AS PRESENTED**

The items in the Board Packet were as presented on the agenda. John Burkardt requested to move Item X d. Appointment of Dawn Pratt as the Nominating Committee to Item XII d. John Burkardt asked if there were any objections to the agenda, hearing none, the amended agenda was approved by unanimous consent.

**V. CONSIDERATION TO APPROVE THE MINUTES FROM THE MARCH 25, 2026 BOARD MEETING AND WAIVE THE READING THEREOF**

The March 25, 2026 Board Meeting minutes were as presented in the Board Packet. John Burkardt asked if there were any changes to minutes. Hearing no changes, the March 25, 2026 Board Meeting minutes were approved by unanimous consent.

**VI. PUBLIC COMMENTS**

There were no public comments.

**VII. ITEMS FROM THE BOARD CHAIR**

- a. Introduction of New Board Members – John Burkardt introduced and welcomed Rob Calhoon, Juanita Roscoe, and Doug Stevens to the Board of Directors.

- b. Board Training and Conference
  - i. Anyone interested in attending the Governance Boot Camp May 7<sup>th</sup> & 8<sup>th</sup>, which is an expanded version of the Saturday Board Workshop with Susan Radwan, please see Dawn Pratt following the meeting to discuss details.
  - ii. The CMHAM Spring Conference in Traverse City is scheduled for June 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup>. Dawn Pratt will, or has, sent out an email with details. Please look for that if you're interested in attending.
- c. Reminder - John Burkardt reminded the Board that if you have questions for presenters that they may be asked during their presentation, it is relevant to what they are currently reporting on and not jumping ahead in their presentation. Please raise your hand and address the Chair with any questions you may have. John Burkardt also reminded the presenters that the Chair will ask for questions after their presentations are finished.
- d. Nominating Committee
  - i. John Burkardt appointed Dawn Pratt as the Nominating Committee. John Burkardt asked if there were any objections, hearing none, Dawn Pratt was appointed as the Nominating Committee by unanimous consent.

## VIII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER

Lisa Graham presented the CEO Report highlighting: Jail-Based Medication Assisted Treatment Program (Jail-Base MAT); MiPLAN; Strategic Planning; Step Into March; NAMI Honors Banquet; Professional Development Day; and Upcoming Community Events. The CEO Report was included in the packet for review.

## IX. RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS

- a. Regional PIHP Board Meeting Minutes – April 8, 2026 minutes were included in the packet.
- b. CMHAM Policy and Legislation Committee Report – No report for April.

## X. BOARD COMMITTEES

- a. Chair Reports
  - i. Business Operations – LaMar Frederick commented that the minutes reflect what occurred. The committee is working on Board Governance financial policies and making amendments where necessary. When we finish those they will be recommended to the Bylaws & Policy Committee.
  - ii. Bylaws & Policy – Becca Curley commented that the committee continues to review the Bylaws and Governance Policy Manual. The committee continues to make progress with the assistance of Dr. Jackson.
    - 1. John Cullen commented on the definition of an electronic meeting. Dr. Jackson is researching the definition of an electronic meeting against the Open Meetings Act and if there are any option for the MCMHA Board and Board Committees and will report back to the committee. The Bylaws Committee will add language on electronic meetings to the Bylaws and/or Governance Policy Manual.
  - iii. Executive – Lisa Graham commented that the minutes were included in the packet for review.
  - iv. Performance Evaluation – Lisa Graham commented that the minutes were included in the packet for review.

b. **Ends Ad-Hoc Committee**

- i. **Consideration to Create an Ends Ad-Hoc Committee with Five Members and Include the Board Chair as Ex-Officio for the Purpose of Developing the Board Governance Ends Policies and for the Committee to Meet Until their Task is Complete.**
  1. Becca Curley moved; Naomi Stoner supported. No debate followed. John Burkardt asked if there were any objections to create an Ends Ad-Hoc Committee. Hearing no objections, the Board approved the creation of the Ends Ad-Hoc Committee, to include five members and the Board Chair as Ex-Officio for the purpose of developing the Board Governance Ends Policies and for the committee to meet until their task is complete by unanimous consent.
- c. Appointment of John Cullen, Joan Canning; LaMar Frederick; Becca Curley; and Rob Calhoon to the Ends Ad-Hoc Committee
  - i. Naomi Stoner moved; Joan Canning supported. No debate followed. John Burkardt asked if there were any objections in the appointment of members to the Ends Ad-Hoc Committee. Hearing no objections, John Cullen; Joan Canning; LaMar Frederick; Becca Curley; and Rob Calhoon are appointed to the Ends Ad-Hoc Committee by unanimous consent.

XI. **PRESENTATIONS**

- a. **FY2026 1<sup>st</sup> Quarter 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. **Social Media Posts** – The employee E-news is being read by 90% of employees; highest performing posts have been for staff recognition; community partnerships; and short form videos; and very high views for Lisa Grahams short videos.
  - ii. **Annual Report** – The FY2025 Annual Report has been posted to the agency website and Facebook Page for review.
  - iii. **Community Outreach** – Lisa Graham presented a Service Overview to Monroe Center for Aging; Disability Network Grand Opening; Monroe County ISD Resource Fair; Celebrate Children; Bedford Business Fair; Women’s Conference; and CEO Coffee Hour at Panera Bread.
  - iv. **Future Scheduled Events** – Mental Health Fun Day, May 30, 2026 from 11am-2pm at 2.42 Community Church and Monroe County Fair booth August 2, 2026 through August 8, 2026.
  - v. **Grievances** – 2<sup>nd</sup> quarter grievances were presented.
  - vi. **Pulse for Good** – Kiosk data was presented. A total of 25 responses were received in January, 25 responses in February, and 34 responses in March. The main lobby, prescriber hallway continues to receive over 4 stars out of five, and the Behavioral Health Urgent Care (BHUC) continues to receive over 4.5 stars out of five. Comments included: Would like to see a big bin of slime and stuff to make slime, a gumball machine; Staff is great and wish we had fidgets and handed out Pokémon cards; Very nice people, it’s great, I love this place, and three requests for a traveling/visiting nurse.
  - vii. **1<sup>st</sup> Quarter Provider Report** – Staff retention is at 93%; training compliance is at 97%, and increase from 4<sup>th</sup> quarter; providers greatest challenge remains to be between retention and recruitment with their greatest success also being in retention and recruitment; daily attendance at the Drop-In Center is averaging 6 people.
- b. **FY2026 1<sup>st</sup> Quarter Consumer Advisory Council (CAC Report)** – Sarah Klawitter provided a brief overview of the Consumer Advisory Council, their mission, members, when meetings occur, and presented on guest speaking events; community events – Mental Health Fun Day and Monroe County Fair; the 2026 Regional CAC Picnic and Annual Training; and 2026 Walk-a-Mile Rally in Lansing.

- c. **MDHHS Behavioral Health Quality Transformation Metrics** – For many years, MDHHS used Michigan’s Mission Based Performance Indicator System (MMBPIS) to assess quality and performance. In October 2023, MDHHS began a comprehensive review of the existing quality program with the goal of developing and implementing a new program closely aligned with current state and national requirements.

Three-Year Rollout Timeline:

Year One – FY2025: MMBPIS indicators continued to be reported to the PIHP/MDHHS. MDHHS began providing Year 1 measures and benchmarks from the CMS Core Set of Behavioral Health Measures.

Year Two – FY2026: Transition year where MDHHS rolled out Year 2 measures and phased out all MMBPIS indicators except Indicator 2A for consumers receiving non-CCBHC services. The PIHP created a new report dashboard and workgroup to monitor the new measures and benchmarks. MDHHS does not require corrective action at this time, but the PIHP implemented a mock corrective action process in preparation.

Year Three – FY2027: MDHHS will retire all MMBPIS indicators and roll out Year 3 measures that focus on patient experience and Home and Community Based Services (HCBS).

Included in the Board Packet was an attachment to the MDHHS Behavioral Health Quality Transformation Metrics Executive Summary of what new indicators the state is looking at and the benchmarks they set. Lisa Graham is reviewing these in a regional committee. Moving forward Lisa will be reporting on the new indicators.

d. **Finance Report**

- i. Richard Carpenter presented the February Financial Report and provided monthly highlights:
  1. Statement of Position: Cash in the bank is \$19,635,304.
  2. Estimated surplus (due back to the PIHP) is \$1,678,614.
  3. Estimated surplus from CCBHC Medicaid Operations is \$1,291,053.
  4. Estimated deficit from CCBHC non-Medicaid operations \$1,145,874.
  5. Estimated deficit from other General Fund spend is \$465,124.
  6. Total estimated fund balance addition is \$48,416.
- ii. When you look at the region and statewide, we see our eligibles continue to drop each month. Through February, we are still getting enough revenue from the PIHP.
- iii. LaMar Frederick asked how funds are protected and requested Richard Carpenter to provide an overview for the Board at the May Board Meeting.
  1. Richard Carpenter commented that when Rehmann joined MCMHA, we talked about FCID and made the recommendation to use JP Morgan Chase. If they go out of business then all of the state of Michigan’s money is not covered. We do a cash flow analysis. Richard will provide an overview in May.

- e. **VelloHealth App Report** – Last year, MCMHA engaged in a six-month pilot of the VelloHealth app. The app is designed specifically for community outreach teams who work in the field. It complements an agency’s Electronic Health Record (EHR) by providing real-time mobile access, safety tools, visit management, and community-based documentation. Its purpose is to help teams be safer, more coordinated, and more efficient while working outside the four walls of the agency. Jim Brown presented the financial and clinical impact (date of service to signature) where VelloHealth users reduced their average signing time by 5.45 days – more than five times the improvement seen among non-users over the same 6-month pilot period. For an agency operating partially on a fee-for-service model, the compression in date of service to signature directly accelerates the revenue cycle. Based on the pilot results, MCMHA and VelloHealth are aligned on the following priorities: track same day signing rate; expand ACT as mentors; monitor Adult MI momentum; and Youth & Family case study. Due to delays in implementation of the pilot, we do not yet have sufficient data to make an informed decision about moving forward. The request for the Board is to consider an additional six-month pilot to gather meaningful data in order to make an educated decision regarding the app. The VelloHealth Contract is included in the Administrative Contracts for Board consideration.

**XII. UNFINISHED BUSINESS**

- a. No unfinished business for March.

**XIII. NEW BUSINESS**

- a. Service Contracts were presented by Alicia Riggs
  - i. **Consideration to Approve the Service Contracts as Presented**

LaMar Frederick moved; Reda Biniiecki supported. No debate followed. John Burkardt asked if there were any objections to approve the Service Contracts. Hearing no objections, the Board approved the Service Contracts as presented by a unanimous vote.

- b. Administrative Contracts were presented by Alicia Riggs
  - i. **Consideration to Approve the Administrative Contracts as Presented**

Joan Canning moved; LaMar Frederick supported. No debate followed. John Burkardt asked if there were any objections to approve the Administrative Contracts. Hearing no objections, the Board approved the Administrative Contracts as presented by a unanimous vote.

- c. Governance Policy Bootcamp
  - i. **Consideration to Approve up to Three Board Members to Attend the Governance Policy Bootcamp on May 7, 2026 and May 8, 2026 in Ann Arbor, Michigan**

Becca Curley moved; Naomi Stoner supported. No debate followed. John Burkardt asked if there were any objections to send up to three board members to the Governance Policy Bootcamp. Hearing no objections, the Board approved up to three board members to attend the Governance Policy Bootcamp on May 7<sup>th</sup> 2026 and May 8<sup>th</sup> 2026 in Ann Arbor, Michigan by a unanimous vote.

**XIV. PUBLIC COMMENTS**

There were no public comments.

**XV. BOARD MEMBER ANNOUNCEMENTS**

Joan Canning welcomed the new board members and thanked Richard Carpenter for explaining the financials for the new members.

Doug Stevens thanked the Board for their kindness; you've showed us we have a lot to learn.

LaMar Frederick commented on a personal note that one month ago he lost his wife and the outpour from the Board and agency staff has been much appreciated. We were together for 63 years. Thank you to each and every one of you for your kind words and support.

John Cullen welcomed the new board members.

John Burkardt commented that once I have a new phone number I will give that to Dawn Pratt to distribute. As a reminder, the next Board Meeting is on May 27, 2026 at 6:00pm.

**XVI. ADJOURNMENT**

John Burkardt adjourned the meeting at 7:23pm.

Submitted by,

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Becca Curley, Secretary

LG/dp  
4/23/26



## BOARD EXECUTIVE COMMITTEE

Wednesday, May 20, 2026 / 6:00pm

### 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  
Becca Curley, Secretary

### I. CALL TO ORDER

Rebecca Pasko called the meeting to order at 6:18pm. Rebecca Pasko, John Burkardt (zoom), Becca Curley, and Lisa Graham were present.

### II. ITEMS FOR DISCUSSION

- a. Review of the May 27, 2026 Board Meeting Agenda
  - i. The May 27, 2026 draft agenda was reviewed.
- b. Review of the April 22, 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.
  - ii. The Board Meeting Evaluation Form will be updated with language to request if a 3 or less is chosen, to provide a comment. Rebecca Pasko will address the update at the May Board Meeting.
- c. Board Room Audio – The IT Team has been working on equipment to assist with audio in the Aspen Room. A form of a headset will be provided up to five board members. If there are more than five board members needing assistance, additional headsets can be ordered. The IT Team is looking to have this in place for the June 24, 2026 Board Meeting. Those currently interested in assistance are Rebecca Pasko; Becca Curley; Doug Stevens; LaMar Frederick; and Reda Biniiecki.
- d. CMH Financing 101 /Workshop – The workshop is scheduled for Wednesday, June 17, 2026 from 6:00p,-8:00pm. Dawn Pratt will send out a meeting invitation to the Board.
  - i. The Community Relations Committee will meet at 5:00pm on June 17, 2026 as planned.
  - ii. The Executive Committee is to be rescheduled to Thursday, June 18, 2026 at 5:30pm.
- e. Lisa Graham will contact Dykema and request a legal written opinion on electronic meetings and board workshops against the Open Meetings Act.
- f. June 24, 2026 Board Meeting – Lisa Graham will be absent for the June 24<sup>th</sup> Board Meeting and either Crystal Palmer, Jim Brown, or Bridgitte Gates will attend on behalf of Lisa.

### 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; and Blanket motion for CMHAM Conferences, NATCON26 Conference, and Governance Policy Bootcamp
- i. Sep FY2026 Proposed Board Budget
- j. Nov 2027 Board Meeting Calendar
- k. Dec Board and Executive Leadership Holiday Dinner Event – December 4, 2026

### IV. NEXT AGENDA

- a. Review of June 24, 2026 Board Meeting agenda
- b. May Board Meeting Evaluation Report

### V. AJOURNMENT

The meeting adjourned at 7:11pm.

### VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for Wednesday, June 18, 2026 at 5:30pm in the Aspen Room.

Respectfully submitted,

*Rebecca Pasko (dp)*

Rebecca Pasko  
Board Chairperson

5/21/26

# CEO REPORT

May 27, 2026

## LOCAL/REGIONAL/STATE UPDATES

**RFP Updates:** No updates on MDHHS' intention to release a new RFP.

**Federal/State Medicaid Changes:** MDHHS is issuing guidance on how Michigan will roll out the Medicaid changes that result from the 2025 federal legislation.

- For consistency, MDHHS will use “HR 1” instead of One Big Beautiful Bill.
- New work and six-month recertification requirements apply to *Healthy Michigan (HMP)* enrollees ages 19-64.
- MDHHS is committed to helping as many Michiganders stay enrolled in Medicaid as possible, while ensuring federal rules are met.
- Michigan is required to implement HR 1 by January 1, 2027.
  - 9/1/27: MDHHS required to begin outreach about new requirements.
  - 1/1/27: Work requirements and six-month renewals apply to NEW applicants.
  - 3/1/27: Work requirements and six-month renewals apply to CURRENT beneficiaries.
- HMP beneficiaries must work, train or volunteer for at least 80 hours for one month of the six-month lookback period. Non-compliance leads to loss of coverage.
- Individuals applying for HMP **must** meet the work requirement for at least one month immediately preceding the month during which the individual applies.
- No more 90-day retroactive coverage. HMP enrollees can have 30-day retroactive coverage, other Medicaid enrollees can have 60-day retroactive coverage.
- Beginning 10/26, some people who are legally residing in the U.S., but are not citizens will not qualify for full Medicaid coverage.
  - Refugees, humanitarian parolees, asylum grantees, certain abused spouses and children, and victims of human trafficking are no longer eligible.

## COMMUNITY PARTNERSHIPS/COMMUNITY AWARENESS

**Veterans Fair:** MCMHA participated in the Bedford Veterans Fair (5/9).

**Upcoming Community Events:** CEO Coffee Hour, Tim Hortons in Lambertville (Secor Rd), 10am-11am on May 28; Mental Health Fun Day, 2/42 Community Church, 925 S. Telegraph Rd., 11am-2pm.

**Respectfully Submitted,**



Lisa Graham, CEO



## BOARD BUSINESS OPERATIONS COMMITTEE

Wednesday, May 6, 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 5:00pm. LaMar Frederick, Reda Biniecki, John Cullen, Becca Curley, Rebecca Pasko, and Lisa Graham were present. Rob Calhoon and Susan Radwan attended as a guest.

#### II. BUSINESS OPERATIONS

- a. Board Governance Policy Manual / Financial Policies
  - i. The committee, along with Susan Radwan, reviewed and amended Policy 2.4 Financial Planning/Budgeting and Policy 2.6 Investments. The policies are being recommended to the Bylaws & Policy Committee.
  - ii. The committee will continue to review the remainder of the financial policies at their June meeting.
- b. Lisa Graham commented that she will request Richard Carpenter to provide a presentation at the May Board Meeting on how funds are invested and what a reasonable amount would be to have in reserves.
- c. Policy 2.6.3 Invest without consultation with a qualified investment broker – Lisa Graham will contact affiliation partners and Richard Carpenter for their feedback. Lisa commented that we used to have a Board budget, but it is now rolled into the full budget. We need to get back to having a Board budget so that the Board is operating within their budget.

#### II. NEXT AGENDA

- a. Review of Policy 2.3 Compensation and Benefits
- b. Review of Policy 2.5 Financial Conditions and Activities

#### 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 5:58pm.

The next Business Operations Committee Meeting is scheduled for Wednesday, June 3, 2026 beginning at 5:00pm in the Aspen Room.

Respectfully submitted,

*LaMar Frederick (fp)*

LaMar Frederick  
Committee Chair

5/7/26



**BOARD BYLAWS & POLICY COMMITTEE**  
Wednesday, May 6, 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, Reda Biniecki, and Rebecca Pasko (Ex-Officio)

**DRAFT MINUTES**

**I. CALL TO ORDER**

Becca Curley called the meeting to order at 6:08pm. Becca Curley, Reda Biniecki, John Burkardt, John Cullen, Rebecca Pasko, and Lisa Graham were present. Dr. Frances Jackson, Parliamentarian attended as a guest.

**II. COMMITTEE BUSINESS**

a. Regional Policies

<b>Policies:</b>	RR8034	Confidentiality and Access to Consumer Records Policy
	RR8032	Consumer Appeals Policy
	RR8030	Customer Services Policy
	POC7094	Emergency and Post-Stabilization Services Policy
	POC7070	Utilization Management and Review Policy

The committee recommends the regional policies for adoption at the May 27, 2026 Board Meeting.

**III. REVIEW OF BOARD BYLAWS AND GOVERNANCE POLICY MANUAL**

- a. Dr. Jackson commented that the Michigan legislature just passed a law that will allow elected bodies under certain circumstances to meet electronically but it doesn't talk about committees. Dr. Jackson suggests that we air on the side of caution to not meet electronically unless it is in the eyes of the authority for the need to meet electronically. Dr. Jackson suggests getting a legal opinion on whether the Open Meetings Act will allow committees to meet electronically and to get clarification if committees can meet electronically if it is a closed meeting. The full Board is not allowed to meet electronically.
  - i. Lisa will reach out to Dykema and request a written opinion.
  - ii. John Burkardt commented that when we search for new board members, if someone may have a disability that needs transportation and could only meet by zoom, that makes it an electronic meeting, and it would make more sense if the meeting was fully electronic for all attendees. The Board could be hindering itself for people who are sick or have other issues that a cannot attend a committee or board meeting.
- b. Dr. Jackson reviewed the Executive Committee Bylaw and disciplinary language for a Governance Policy.
  - i. Under section 10 of the disciplinary policy, add language: Penalties that can be imposed by the Monroe Community Mental Health Authority Board include but are not limited to: Public apology; censure; and/or recommendation to the Monroe County Board of Commissioners for suspension or removal.
- c. Dr. Jackson suggested for the committee to begin thinking about a Bylaw for committees. There is a need to identify each committee, duties of the committee, what is the quorum, as standing committees only have the authority of what the Bylaws provide.
  - i. Rebecca Pasko accepted the assignment of contacting committee chairs to get the information needed for the Bylaw.
    - ii. The executive committee is separate from committee reports. Should follow after Lisa's report? Could put under the Report from the Board Chair – exec committee. If there is no substantive information then no report.
    - iii. Dr. Jackson commented that it is not a requirement for committee chairs to provide a report at the board table. The Board Chair is to ask if there are any questions regarding the committee minutes.

**IV. NEXT STEPS**

- a. Review legal written opinion on electronic meetings, once received.
- b. Continue review of Bylaws and Governance Policy Manual.

V. **PARKING LOT**

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

VI. **AJOURNMENT**

The meeting adjourned at 7:13pm.

VII. **NEXT MEETING**

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Wednesday, June 3, 2026** at 6:00pm.

Respectfully submitted,

*Becca Curley (dp)*

Becca Curley  
Committee Chair

5/7/26



**BOARD COMMUNITY RELATIONS AD-HOC COMMITTEE**  
**Wednesday, May 20, 2026**  
**5:00pm**

**MAJOR COMMITTEE RESPONSIBILITIES**

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

**COMMITTEE MEMBERS**

Reda Biniecki, Chair; Vacancy; Vacancy; Vacancy; Vacancy; and Rebecca Pasko (Ex-Officio)

**DRAFT MINUTES**

**I. CALL TO ORDER**

Reda Biniecki called the meeting to order at 5:00pm. Reda Biniecki, Rebecca Pasko, and Lisa Graham were present. Rob Calhoon, Juanita Roscoe, and Doug Stevens attended as guests.

**II. COMMUNITY RELATIONS COMMITTEE CHARGE**

- a. Reda Biniecki provided an overview of the Community Relations Committee Charge.
- b. Lisa Graham commented that this committee is for how we are doing in the community. The bigger questions are, do we have the appropriate systems in place for access, quality of services, and for people to make complaints known. As the Board continues to work with Susan Radwan, the focus is outward facing and spending time in the community to know what our agency needs to bridge the gap. This committee has been helpful with good ideas and making recommendations.

**III. REVEL MARKETING / ADVERTISING**

- a. Website Ideas – Reda Biniecki requested for the committee to review the agency website and to provide any ideas or feedback for discussion at the June meeting.
- b. Radio Station Spot, TV Spot Ideas – Reda Biniecki attended a River Raisin Clubhouse Board Meeting and Devin Rucker was there interviewing members and had talked about how great it would be to get a quality TV Spot. Lisa Graham commented that we do have a relationship with IMPACT and do ads and radio spots with the local radio station. We could create a schedule of topics to use for ads and/or radio spots.
- c. Marketing Budget – Lisa Graham would like the committee to begin thinking about what advertising and education in the community needs may be for FY2027. Lisa would like to create a line item in the budget specifically for marketing purposes to continue educating the community on CMH programs and services and to promote the agency.

**IV. MONROE COUNTY FAIR**

- a. Lisa Graham will bring information to the committee at the June meeting on the overall theme for the Monroe County Fair booth developed by our Customer Services Department. Lisa will request feedback and other ideas to compliment the theme in June.

**V. BEST KEPT SECRETS**

- a. Behavioral Health Urgent Care (BHUC), Crisis Mobile, and Raisin River Clubhouse – Lisa Graham commented that these are the most prominent programs we hope the community knows about. This committee talks about ways we can get out in the community and educate people on our available services. What can we do to get the information into the hands for the right people to know.
  - i. BHUC – Last year we created a commercial for the BHUC that plays at Phoenix Theatre before a movie begins, we have done a bus wrap, and several social media posts and videos to make the community aware of this new program.
  - ii. Crisis Mobile -To become a Certified Community Behavioral Health Clinic (CCBHC), a part of being awarded that designation was to have a Crisis Mobile program. Crisis Mobile has been running 365 days and 24/7 for almost three years now. This team goes out all over the county and responds to anyone that calls that is having a crisis. Crisis Mobile and Jail Diversion staff work out of the BHUC building as well. Crisis mobile has been going great, and Crystal Palmer provides data in her quarterly Clinical Report to the Board.
  - iii. Raisin River Clubhouse – Reda Biniecki commented that the Clubhouse is a great place to get a meal, learn life skills, to get out and be social, and just a place where you can go and feel like you belong. Lisa Graham commented that we were only getting around 12 members a day at the Clubhouse and since we moved their location and had a grand opening they started to average 30 people a day. The impact the Clubhouse has had in the community has been amazing.
- b. Rebecca Pasko suggested that there are several new board members to consider a tour of the BHUC and Clubhouse. Lisa Graham suggested a 10:30am start for BHUC as they open at 11:00am and will work on getting a date scheduled for a tour.

- c. Juanita Roscoe asked if CMH has presence in the schools or if there are signs or information that can be handed out. Lisa Graham responded that we created posters with a QR code, and they were distributed to the locations of township halls, libraries, and schools.
- d. Reda Biniiecki commented that we want to help people realize that it is okay if you need help and to not be embarrassed. Remove the stigma.
- e. Committee members discussed the possible needs for south county. Examples were a satellite location, education on services, and a Town Hall held in Bedford.

**VI. WHAT'S UP?**

- a. CEO Coffee Hour is scheduled for Thursday, May 28, 2026 from 10am-11am at the Tim Hortons on West Sterns.
- b. Mental Health Fun Day is scheduled for Saturday, May30, 2026 from 11am-2pm at the 2/24 Community Church. If board members encouraged board members to attend.
- c. The Executive Leadership Team is starting strategic planning for FY2027.
- d. Lisa Graham commented that before we became a CCBHC we didn't serve veterans. Now that we are a CCBHC we can treat veterans and work with Wayne Blank to promote more for veterans. CMH Staff have had a lot of specialized training in order to serve the veteran population.
  - i. Rob Calhoon spoke with Wayne Blank and will be having coffee to discuss some items. Wayne is passionate about suicide prevention and may need some guidance in helping to promote awareness for veterans. Lisa Graham commented that she will email Wayne this week to discuss some dates and discuss how to help assist in providing the guidance he may need for suicide awareness.
    - o Lisa Graham shared that the age group, early 20-39, is highest rate of suicide among veterans but are seeing an uptake in veterans from the Vietnam era. Older men who are isolated and have mental health issues, they are high risk.
    - o Rebecca Pasko thanked Doug Stevens for attending the Veterans Fair at the Bedford Library on Saturday.
- e. Juanita Roscoe and Doug Stevens are interested in participating on the Community Relations Committee. Rebecca Pasko requested to have their appointment added to the May 27, 2026 Board Meeting agenda.

**VII. NEXT AGENDA**

- a. Website Ideas
- b. Monroe County Collaborative Group
- c. Monroe County Fair Booth Theme
- d. Town Hall in Bedford

**VIII. PARKING LOT**

- a. Revel Marketing – Phase 2
- b. Agency Promotional Materials - Brochures, Flyers, Etc. for Review
- c. Community Perception and Response

**IX. AJOURNMENT**

The meeting adjourned at 6:13pm.

**X. NEXT MEETING**

The Next Meeting of the Community Relations Committee is scheduled for **Wednesday, June 17, 2026** at 5:00pm in the Aspen Room.

Respectfully submitted,

*Reda Biniiecki (dp)*

Reda Biniiecki  
Committee Chair

5/21/26



## BOARD ENDS COMMITTEE

Saturday, May 9, 2026 / 9:00am – 1:00pm

### MAJOR COMMITTEE RESPONSIBILITIES

1. Development of Board Ends Policies.

### COMMITTEE MEMBERS

John Cullen, Chair	Becca Curley
Joan Canning	Rob Calhoon
LaMar Frederick	Rebecca Pasko

#### I. CALL TO ORDER

John Cullen called the meeting to order at 9:00am. John Cullen, Joan Canning, Becca Curley, LaMar Frederick, Rob Calhoon, Rebecca Pasko, and Lisa Graham were present. Susan Radwan, Consultant, attended as a guest.

#### II. ENDS POLICIES

- a. The committee met with the Board's Governance Policy consultant Susan Radwan to develop an "Ends Document" that will be formally recommended to the Bylaws & Policy Committee for future consideration and adoption by the full Board.
- b. The committee reviewed the Board's current Mission Statement, Vision Statement, and Core Values as a starting point for the development of an Ends Document.
- c. Susan Radwan provided the committee with a two-page "Ends Discussion Starter" she had developed through a ChatGPT prompt. The Ends Discussion Starter was used to guide the committee in developing the Boards own Ends Document.
- d. After thorough discussion and review, the committee completed the development of an "Ends Document" that should meet the needs of the full Board.

#### III. NEXT STEPS

- a. The committee requested that the "Ends Document" be formally recommended to the Bylaws & Policy Committee.
- b. With the "Ends Document" completed, the Ends Committee agreed that no further committee meetings were necessary.

#### IV. AJOURNMENT

The meeting adjourned at 12:00pm.

#### V. NEXT MEETING

The Ends Committee has determined that no further committee meetings are necessary.

Respectfully submitted,

*John Cullen (dp)*

John Cullen  
Chairperson

5/21/26

## BOARD CLINICAL REPORT EXECUTIVE SUMMARY

May 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 12. 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 102 universal referrals made in Q1 and Q2. 69% received some type of follow-up, authorized services, etc. 0% declined any further intervention, and 31% MCMHA didn't have enough information for follow-up or received no response.
- Certified Peer Support Specialists (CPSS) continue to provide support at the ALCC. The CPSS did engage in four (4) programs/activities and zero (0) 1:1 meeting during February through April.

### 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 312 times in the first two quarters, which averaged 0.71 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 20.76 minutes, which is likely due to 57% of the calls from the 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 72% were from the Monroe County Sheriff's Department and Monroe City Police; 18% were from Access Dept/CMH, 7% were self-referral and 3% were from a school.
- Enrollment for the CCBHC has increased by 19 members since last reported in February. This is a 0.98% increase in enrollment.
- MCMHA currently has 58 enrollees in the Behavioral Health Home program.
- The Behavioral Health Urgent Care (BHUC) served 309 unique guests in the first two quarters of the FY.
- MCMHA has remained in compliance with priority population screening timeframe requirements with 87% of screenings over the past six months.
- Same Day Access has improved the average time to initial evaluation by 88% and improved by 61% for average time to initial clinical services.

### 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 98%.
- MCMHA unanimously voted as "Supporter of the Year" by MCCC.

Updated 5/21/26

## 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.

Monthly clinical staff trainings from February through April focused on strengthening assessment, intervention, and treatment planning skills across a range of behavioral health needs. February's training emphasized suicide prevention and veteran support through reviews of suicide risk assessments, the Zero Suicide Model, CSSRS, and VA S.A.V.E. training, along with reminders about veteran services and suicide intervention resources. In March, staff received training on strengthening crisis and safety planning, engaging consumers in prevention strategies, identifying risks in the home, and supporting individuals with ASD or serious mental illness who are non-verbal or have communication challenges. April's training focused on developmental frameworks and life experiences in assessing consumer needs and treatment planning, helping staff apply concepts such as Erikson's Eight Stages of Development and Piaget's developmental theory to support children and adults affected by trauma and ongoing mental health challenges.

As part of the CCBHC Transformation Program supported by the Ballmer Group grant, MCMHA registered in March with the National Council for Mental Wellbeing as an employment site for the Community Behavioral Health Workforce Career Accelerator Program. The program provides milestone-based incentives to support master-level professionals in progressing toward licensure. In April, at least two MCMHA staff members registered for the program, and MCMHA masters-level clinicians may apply for the opportunity through May 22.

The CCBHC Program Director attended the National Council for Mental Wellbeing 2026 Conference (NatCon) at the end of April 2026. This allows MCMHA to stay up to date on trends and anything new for CCBHCs.

### **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 May 18, 2026:

- Peer Support Specialist (PT)
- Home Based Clinician (NEW POSITION)
- Youth Peer Support Specialist
- Crisis Mobile Clinician (2 plus 1 PT Contingent which is NEW)
- Adult CSM (2)
- Child and Family CSM
- Crisis Care Clinician
- ICSM/Therapist (NEW POSITION)
- SUD Jail Diversion Peer

## 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 zero deployments. When MCMHA is made aware of events/incidents that occur in the community, we do reach out to offer this service.

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

### **Education and Awareness/Community Events**

The Infant Mental Health Home Base Team participated in the Celebrate Children's Event on March 7, 2026, by hosting an informational table for attendees. The event was expected to welcome approximately 600 children and families who had the opportunity to gather information and engage in activities. The team focused on sharing resources related to Infant Mental Health and Early On services for young children, while also providing information about additional MCMHA access and adult services. Celebrate Children's continues to be a valued annual community event in Monroe and a favorite opportunity for the team to participate in.

On March 26 and April 30, MCMHA facilitated Connected Communities group sessions that brought together parents, providers, advocates, and MCMHA leadership to discuss ways to better support I/DD young adults transitioning out of the school system. Discussions focused on strengthening collaboration and communication between MCISD and MCMHA, improving connections to vocational and community services before graduation, and identifying actionable next steps to support transition-aged youth and their families. During the April session, the group identified four priority areas: developing staffing solutions and a potential direct care worker registry in partnership with Michigan Works!, improving ISD and MCMHA coordination and family education, expanding meaningful community activities and employment opportunities, and increasing public awareness to reduce stigma surrounding the I/DD community.

On April 14, the Waiver Team Supervisor and a team member attended the Transition Fair and Transition Center Tour at the Monroe ISD Transition Center to connect with individuals and families who may be interested in available services.

The CCBHC Program Director actively participated in ongoing community collaboration efforts from February through April, attending monthly Suicide Prevention Coalition meetings, Veterans Workgroup sessions, and the Building Healthy Communities Coalition meeting to support suicide prevention initiatives and veteran outreach. Across these meetings, partners continued planning and promoting free suicide prevention training opportunities for veterans and community members, including a Question, Persuade, Refer (QPR) Gatekeeper Training scheduled for March 31, 2026, at the Bedford Branch Library. The Veterans Workgroup also focused on expanding access to training and prevention resources, while the April Veterans Workgroup meeting was canceled.

The CCBHC Program Director continued ongoing collaboration meetings with Saint Joseph's Center of Hope to support implementation and refinement of peer recovery and engagement center services. From October 1, 2025, through April 30, 2026, the Center provided a total of 408 unique services, averaging approximately 58 contacts per month, which remains below the goal of 70 monthly contacts. Service activity varied by month, including 21 services in March and 28 services in April, with earlier reporting indicating approximately 350

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services through March 2, 2026. These ongoing meetings have focused on problem-solving and strengthening processes to improve service engagement and reach.

The I/DD Director represented MCMHA at Community Conversations, a networking event hosted by the MCISD Transition Center on March 3rd. The event brought together community partners to discuss strategies for better supporting youth and young adults transitioning from the school system into the workforce.

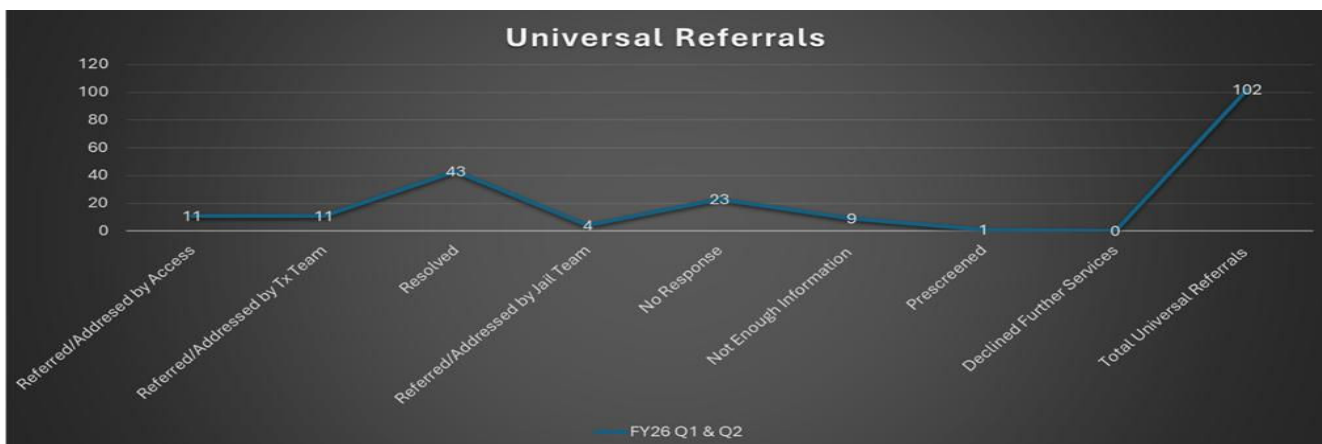
In February, the Director of Access, Crisis and Diversion and the Crisis Mobile/BHUC Supervisor attended Monroe Sheriff shift briefings to provide updates on Behavioral Health Urgent Care (BHUC) services and to reinforce awareness of Crisis Mobile services. They also gathered feedback on service performance and discussed potential opportunities for improvement.

### 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 Family Shelter
- 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 first two quarters of FY2026, there have been 102 universal mental health referrals, including both law enforcement and community referrals. The outcomes of these cases are as follows:



69% of universal referrals MCMHA receives are resolved/addressed by MCMHA.

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### **Opportunity Center at the ALCC**

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

Peers continue to help link and coordinate services, including engaging those who need community mental health services or those involved in them. In the months of February, March and April, MCMHA Peer Support Staff provided zero (0) 1:1 meetings/appointments, and the peers did engage in four (4) programs/activities within the Opportunity Center.

### **Crisis Mobile Response Team**

Please see the attached report (Attachment #1) regarding data from the Crisis Mobile Response Team for the months of quarter 1 and quarter 2.

## **ACCOUNTABLE STEWARDS OF PUBLIC DOLLARS**

*Strategic Plan Goal 3: Develop and Implement a Stable yet Agile Financial Strategy that Supports MCMHA's Mission and Operates in Accordance with Federal and State Regulations.*

The Finance Department will report on this goal.

## **SERVICES PROMOTE RECOVERY**

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

### **Objective #1: Individuals access services timely.**

- All services are delivered timely
- Services are delivered at a location that is convenient for the consumer
  - 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. From February through April 2026, Child & Family Outpatient Therapy continued to experience increasing delays in service access. The number of young people receiving a notice of delay rose from 40 in February to 48 in March and 61 in April. Across this period, a portion of individuals—ranging from 9 to 11 per month—were waiting specifically for outpatient therapy only and had chosen to remain on the waitlist for an opening at MCMHA, while the majority continued to receive other supports such as psychiatry, case management, or Intensive Case Coordination with Wraparound (ICCW).

Home-Based services experienced limited delays in March and April, with three cases pending assignment due to discharge timing from other facilities, while ICCW services remained without delays throughout the reporting period. As capacity allows, the full referral list is routinely reviewed, and consumers are assigned based on severity and intensity of need to ensure the most appropriate and timely level of care.

From February through April 2026, the River Raisin Clubhouse continued to maintain strong membership and engagement while experiencing shifts in funding sources and individual participation. Total membership remained relatively stable, ranging from 93 members in February to 91 in March and 87 in April, with changes largely reflecting transitions between Medicaid authorization and Community Integration Program (CIP) funding, as well as a small number of members discontinuing services due to relocation, death, or personal choice.

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Across this period, CIP participation remained consistent at approximately 30 members, while Medicaid-authorized membership declined from 73 in February to 57 in April, largely due to eligibility changes. New members continued to be added through CIP, and monthly attendance showed improvement, increasing from an average of 20–23 members in February and March to 25–29 members in April, with a peak daily attendance of 32. Overall, the Clubhouse maintained steady engagement and continued to support members through both recovery-oriented programming and community integration services.

MCMHA Access Department has fully implemented a Same Day Walk-In Access model. Walk-ins are now the primary method for initiating services. Walk-ins are accepted throughout normal business hours; however, individuals arriving after 3:00 PM will receive an initial needs assessment and may be scheduled for a follow-up appointment to complete the comprehensive intake process. This model has allowed the Access Department to improve the average time to initial evaluation by 88% and improved by 61% for average time to initial clinical services.

### **Substance Use Disorder (SUD) Screening and Referral Data**

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

January '26 – March '26

- Total SUD Screenings = 259
- Total SUD call activity = 960
- Total SUD Requests = 265
- Total SUD Admissions = 218

In Michigan, a priority population consists of individuals who are moved to the front of the line for substance use treatment because their needs are most urgent. This includes pregnant individuals, injection drug users, and those involved with CPS, all of whom must be seen within one business day. For those specifically referred by MDOC, the standard is to ensure they are connected to services within two business days to support their transition and safety. By prioritizing these groups, the state provides immediate help to those at the highest risk to protect families and save lives. In order to remain in compliance, MCMHA must meet this standard by 75%. Over the past 6 months, MCMHA has been in compliance with priority population screening timeframe requirements with 87% of screenings.

### **Certified Community Behavioral Health Clinic (CCBHC)**

There are 1,957 members currently enrolled in CCBHC, which is an increase of 19 enrollees or 0.98% since last reported in February. This number will continue to fluctuate as consumers enroll and disenroll in services. This remains to be around 80% of our open consumers.

From February through April 2026, monthly CCBHC Implementation Meetings focused on advancing Zero Suicide initiatives, reviewing organizational metrics, and supporting ongoing Evidence-Based Practice (EBP) implementation. Key activities included reviewing the new Zero Suicide Dashboard and education campaign, updating the CCBHC Handbook, discussing the CCBHC Vision, and evaluating results from the annual Zero Suicide Organizational Self-Assessment. Planning efforts also included development of staff education and informational materials related to the Zero Suicide Model. In support of these initiatives, the CCBHC Program Director delivered an educational presentation on the Zero Suicide Model during the April 23, 2026, All Staff meeting.

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Advocacy and development efforts for the I-SERV Supplemental data reporting process continued through February and March 2026. In collaboration with the PIHP, a PowerBI reporting solution was pursued, and the PIHP Health Data Analyst finalized the CCBHC I-SERV Supplemental report within the CRCT, MCMHA's electronic health record system. This enhancement will support more accurate submission of I-SERV metric data to MDHHS.

In February, the new CCBHC Recipient Handbook was posted to MCMHA's website for consumers to view and integrated into intake and annual paperwork to ensure consumer's receive information about CCBHC specific grievances and appeals.

CCBHC Transformation Technical Assistance sessions with MDHHS, CMHA, and the National Council for Mental Wellbeing began this quarter. The National Council for Mental Wellbeing and National Association of State Mental Health Program Directors announced a multistate pilot project aimed at expanding access to behavioral health services through Certified Community Behavioral Health Clinics (CCBHCs). The initiative is backed by a major investment—over \$72 million across three years—from Ballmer Group Philanthropy, supporting efforts in Illinois, Kansas, and Michigan. The project will offer technical assistance to states and clinics to strengthen the CCBHC model.

CCBHC Program Director & Data Analyst attended the CCBHC-T Aligning Clinic Vision April 2<sup>nd</sup> as part of the CCBHC Transformational Technical Assistance Project through National Council, CMHA, and MDHHS. A CCBHC Vision with goals were developed and discussed at the April CCBHC Implementation meeting. This vision will be used to inform CCBHC workplans throughout the CCBHC Transformation project.

### **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, guided by the Transition to Independence Process (TIP) model, continues to support youth and young adults ages 14–29 experiencing emotional or behavioral challenges as they work toward adulthood and independent living. This strength-based, youth-driven framework emphasizes youth voice and choice while promoting skill development and individualized goal planning.

The Transition Facilitator, who has completed MDHHS training, continues to expand caseload responsibilities as new TIP referrals are received and assessed, including youth experiencing early psychiatric challenges or emotional disturbance. The caseload has grown steadily, with capacity maintained for additional participants as services continue to develop.

The Transition Facilitator and Supervisor participate in ongoing monthly MDHHS technical assistance and training to ensure fidelity to the TIP model and prevent practice drift. Efforts are also underway to explore group topics that broaden youth engagement and strengthen natural supports. Across this period, continued focus has been placed on implementing the model with consistency while supporting youth in building independent life skills and achieving individualized transition goals.

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### **Dialectical Behavioral Therapy (DBT) Skills Group**

MCMHA has been approved to utilize the Dialectical Behavioral Therapy (DBT) CPT Code, which is a required Evidence-Based Practice for CCBHCs and one of the areas MDHHS identified during the CCBHC Site Visit to enhance. DBT focuses on teaching people skills to manage intense emotions, cope with challenging situations, and improve their relationships. It encourages people to learn and use mindfulness training in practical ways.

The Dialectical Behavioral Therapy (DBT) program continued development efforts through weekly consultation meetings, creation of a referral process, and team planning to support implementation of DBT services, including skills groups and individual therapy. Five referrals have been received in preparation for program launch.

As of March 3, 2026, MCMHA has resolved the CCBHC Corrective Action Plan and received official notification from MDHHS. Efforts to enhance our IDDT program and DBT program will continue.

### **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.

From February through April 2026, the Behavioral Health Home (BHH) program maintained steady enrollment and continued efforts to strengthen service delivery supports. Enrollment increased from 56 individuals in February to 58 in March and remained stable in April, with ongoing review of additional potential referrals during this period.

Program enhancements included an approved rate increase effective retroactive to October 1, raising reimbursement from \$410.49 to \$468.61 for the pay-for-performance bonus in the 2025–2026 fiscal year. Efforts also continued to integrate peer support into the program to assist with managing participants' medical and behavioral health needs. While initial recruitment efforts included veteran candidates, staffing transitioned to an internal transfer, with a peer support role expected to begin by June 1.

### **Peer-Run Wellness Groups**

From February through April 2026, the Adult MI Full Time Peers planned, promoted, and launched a peer-run WRAP (Wellness Recovery Action Plan) group focused on education related to health and wellness. WRAP is focused on self-determination and wellness strategies for people in recovery. Recruitment efforts included developing and distributing flyers and making referrals to encourage participation. The group officially began on April 8, 2026, and completed two successful sessions by the end of April. Participation increased during the second session, with continued growth anticipated as the program expands.

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

MCMHA received temporary approval for the use of the Y4 code, which is directly billing for the IDDT services. MCMHA has scheduled an ACT/IDDT MiFast Review for July 8, 2026. A successful review will provide full approval to use the Y4 code.

As of March 3, 2026, MCMHA has resolved the CCBHC Corrective Action Plan and received official notification from MDHHS. Efforts to enhance our IDDT program and DBT program will continue.

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

#### **Behavioral Health Urgent Care**

Behavioral Health Urgent Care (BHUC) provides timely, supportive care for urgent behavioral health needs as an alternative to the emergency department. During Q1 and Q2, the BHUC served 309 unique guests for a total of 338 visits. Approximately 58% of these guests have Medicaid insurance.

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

From February through April 2026, Swartz and Windemere homes continued to progress toward full licensure while maintaining stable occupancy and active referral activity. Swartz home consistently housed 3 consumers with one remaining opening, while Windemere housed 3 consumers in February and 2 consumers in March and April, with two openings available during the latter months.

Throughout this period, referrals were actively pursued to identify appropriate individuals to tour and transition into both homes as openings became available. Both homes moved closer to licensure, with site visits anticipated in April, and continued preparations toward expanded capacity. Once fully licensed, Swartz will accommodate up to 5 consumers and Windemere up to 6, increasing residential service availability.

#### **Crisis Mobile Response Team**

As previously stated above, please see the attached report (Attachment #1) regarding data from the Crisis Mobile Response Team for first and second quarters.

Crisis Mobile provides short-term crisis response and stabilization services for adults and children experiencing mental health or substance use crises. A 24/7 response team supports de-escalation, symptom reduction, and crisis resolution. Please see Q1 and Q2 data:

Deployments: 312

Referral Source:

- Law Enforcement – 72%
- CMH – 18%
- School – 3%
- Self - 7%

Primary Diagnosis or Reason for Deployment:

- Thought Disorder – 34%
- Suicidal Ideation – 26%
- Substance Abuse – 7%

Updated 5/21/26

BOARD CLINICAL REPORT

May 2026

- Neurocognitive – 7%
- Homicidal Ideation – 2%
- Environmental – 14%
- Other – 10%

**CONSUMER VOICE INFORMS DECISION MAKING**

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

The Operations Department reports on this goal.

**MISCELLANEOUS**

**Call Volume Data**

Below is the call volume data for Fiscal Year 26.

	October-25	November-25	December-25	January-26	February-26	March-26	April-26
<b>Incoming Calls</b>	4908	3451	3838	4017	3649	4052	3914
<b>Incoming calls minus abandon calls</b>	4762	3358	3748	3948	3596	4017	3880
<b>Calls Answered</b>	4478	3134	3503	3708	3324	3815	3634
<b>Missed/Abandoned Calls</b>	430	316	334	308	324	237	280
<b>Abandoned Calls</b>	146	93	90	69	53	35	34
<b>% incoming calls answered</b>	91%	91%	91%	92%	91%	94%	93%
<b>% incoming calls answered minus abandon calls</b>	97%	97%	98%	98%	99%	99%	99%

**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 98%. We have continued that trend, which is meeting our goal.

**Caseload Report**

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

<b><u>Service</u></b>	<b><u>Desired Caseload Size</u></b>	<b><u>Current Average Caseload</u></b>	<b><u>Notes</u></b>
<b>Case Management (Child SED)</b>	45	67	Youth with an SED diagnosis receiving case management.
<b>Transition Age Youth</b>	20	20	The TIP Model is a strength-based, youth-driven framework that was developed for working with youth and young adults (14-29 years old) with emotional/behavioral difficulties. Therefore, the caseload is reduced.

BOARD CLINICAL REPORT

May 2026

<b>Wraparound Services</b>	10-12	13	Caseload assignment cannot exceed a ratio of one (1) facilitator to twelve (12) child/youth and family teams or no more than 15 with 3 in transition to close.
<b>Home Based Services (SED &amp; I/EMH)</b>	12 to 15	13 HB 14 IMH	The intensive home-based services worker-to-family ratio is 1:12. Face-to-face time is adjusted to accommodate the level of care needs for each family. The maximum worker-to-family ratio is fifteen (15) (no more than twelve (12) active and three (3) transitioning to a lower level of care or discharge). The same case limit rules apply to the Infant and Early Childhood (0-6year olds) 'Home-based' team.
<b>Case Management (Adult I/DD)</b>	45	53	Overtime is being utilized to meet the needs of consumers, as needed. The team and supervisor are sharing management of the overage due to being down a team member.
<b>Case Management (BHT/HAB/CWP-I/DD Waiver Teams)</b>	45	47	Both children and adults who are diagnosed with an I/DD and on a waiver are monitored by this team.
<b>Outpatient Therapy (Child MI)</b>	20-25	22	Targeted case management/outpatient caseloads are managed depending on the frequency of sessions per week/month.
<b>Parent Support Partners (PSP)</b>	31	24	This is a peer delivered service for parents whose child is diagnosed with an SED or I/DD.
<b>Youth Peer Support Services (PT)</b>	10	vacant	This is a youth peer delivered service for parents whose child is diagnosed with an SED or I/DD.
<b>Certified Peers</b>	35	45	This team provides peer support services to consumers who are in the medication-assisted treatment (MAT) program. One vacancy.
<b>Jail Diversion Case Management</b>	30-40	33	This team provides case management services to those who are incarcerated.
<b>Monthly Case Management (Adult MI)</b>	55	48.6	This team provides monthly case management to consumers.

BOARD CLINICAL REPORT

May 2026

<b>Bi-Monthly Case Management (Adult MI)</b>	80	91	This team provides case management services to consumers who only require it every other month.
<b>Meds Only Case Management (Adult MI)</b>	100	97	This team provides case management services to consumers whose goal is only medication management; therefore, the frequency is decreased based on the need.
<b>Therapist (Adult MI)</b>	40/50	53	This team provides outpatient therapy to adults who are diagnosed with an SMI.
<b>Certified Peer Support Specialist (FT)</b>	40	26	This team provides peer support services to consumers diagnosed with SMI.
<b>Certified Peer Support Specialist (PT)</b>	30	0	This team provides peer support services to consumers diagnosed with SMI. VACANT position
<b>ACT</b>	50 for Team	35	Assertive Community Treatment team provides services to those diagnosed with an SMI in a team model.

**Regional Behavioral Health Quality Transformation Workgroup**

From February through April 2026, the CCBHC Program Director, Clinical Directors, and Data Analytics Manager continued participating in the Behavioral Health Quality Transformation workgroup. Efforts remained focused on developing a regional monitoring plan and establishing reporting frequency for newly required behavioral health metrics. The workgroup continues to support implementation, monitoring, and reporting processes to strengthen regional quality transformation initiatives.

**Prime for Life**

Through the PACC/MHJJ grants, the Youth Diversion Specialist has earned “Prime for Life” certification in partnership with local United Way agencies to provide substance use education for youth. In addition, the Transition Facilitator is currently pursuing the same certification to broaden the reach of the program. Once fully certified, both staff members will provide education, outreach, and support to youth and families in Monroe County who may be at risk for or currently experiencing substance use concerns. The first class is anticipated to begin in June, and referrals are currently being accepted.

**Trauma Focused – Cognitive Behavioral Therapy (TF-CBT)**

From March through April 2026, MCMHA continued active participation in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) learning cohorts to expand evidence-based trauma treatment capacity for children and youth. One clinician in Cohort 38 neared completion in March and subsequently submitted a certification application to MDHHS in April, pending approval as a TF-CBT Evidence-Based Practice therapist. Three additional clinicians in Cohort 39 continued progressing through training and are expected to complete the program later in the year.

Throughout this period, participating clinicians engaged in structured training sessions, monthly coaching calls, and trauma-focused supervision with supervisors and MDHHS coaching support. The program continues to

## BOARD CLINICAL REPORT

May 2026

strengthen clinical expertise, with plans to send seven TF-CBT-certified therapists to an upcoming joint conference.

### **Parent Management Training Oregon (PMTO)**

From February through April 2026, MCMHA continued implementation of Parent Management Training – Oregon (PMTO), an evidence-based program providing individualized sessions to help parents manage emotions and reduce stress associated with parenting children with serious mental health challenges. Staffing remained consistent throughout the reporting period, with two master’s-level clinicians certified in PMTO and two additional coaching staff, including one fidelity implementation specialist, supporting program delivery and implementation fidelity.

In March, staff recognition included a Home-Based clinician, Amanda Ostroski, who received an exemplary rating from the State fidelity monitoring team for her PMTO recertification video submission, highlighting continued quality and adherence to the model.

### **Parenting Through Change (PTC)**

From February through April 2026, the Parenting Through Change (PTC) program remained focused on both service delivery and program expansion. PTC services continued to be facilitated through telehealth by two in-house coaches, while the PTC coordinator actively recruited eligible clinical staff to prepare for the upcoming application and training process anticipated to open in June. During this time, five families participated in the 10-week PTC curriculum, progressing from week three in March to week seven by April. Recruitment, staff development, and ongoing group facilitation supported continued growth and sustainability of the program.

### **Infant Mental Health (IMH)**

From February through April 2026, the Infant Mental Health (IMH) program continued to support infants, young children, and their families in developing secure relationships, strengthening emotional expression, and building healthy engagement with their environment during critical early developmental stages. The program focused on promoting long-term mental and emotional well-being by helping families build strong connections and access support during challenging periods.

Throughout this timeframe, the IMH team maintained active collaboration with the Maternal Infant Health Program and the local health department to strengthen referral pathways, coordinate care, and ensure families do not fall through service gaps. This included participation in monthly staff meetings to connect individuals engaged in WIC services with Home-Based Prevention-Direct support. In April, the team continued these coordination efforts and prepared to attend the 2026 Biennial MI-AIMH Conference in Kalamazoo, supporting ongoing professional development and best practice implementation in infant and early childhood mental health.

The team continues to support the Babies First Committee, which partners with the United Way of Monroe/Lenawee Counties to host Health Check events four times per year—twice in the spring and twice in the fall. With the spring events approaching, these sessions are open to all community members, and participation is strongly encouraged for anyone who may benefit from these services.

### **Serious Emotional Disturbance waiver - (SEDW)**

From February through April 2026, enrollment in the Serious Emotional Disturbance Waiver (SEDW) program remained steady at one youth. SEDW is a Michigan Medicaid pathway supporting children and youth with

## BOARD CLINICAL REPORT

May 2026

Serious Emotional Disturbance who have intensive treatment needs that meet inpatient hospitalization criteria or require hospitalization without additional behavioral health services.

### **Acknowledgements**

On May 18<sup>th</sup> Monroe County Community College Board of Directors unanimously voted Monroe Community Mental Health Authority as the “Supporter of the Year,” per Dr. Scott Behrens, Vice President of Enrollment Management and Student Success.

The Child & Family Department received positive recognition from the Monroe County Youth Center Director, who praised the current team’s exceptional performance and expressed appreciation for the therapists, supervisors, and staff, noting that the program is stronger than it has ever been.

Select Month:: 2026 - 03, 2026 - 02, ... (6) ▾



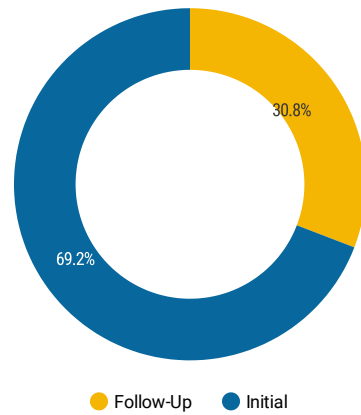
## Monroe County CMH Crisis Mobile Utilization Report

### Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

# 312

Mo...	Init...	#	%
2025 - 10	Follow-Up	43	50%
2025 - 10	Initial	43	50%
2025 - 11	Follow-Up	33	48%
2025 - 11	Initial	36	52%
2025 - 12	Follow-Up	5	15%
2025 - 12	Initial	29	85%

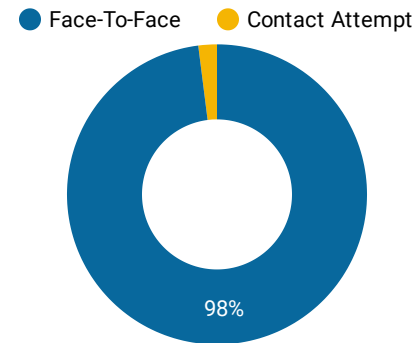


Month	Contact Type	Hours
2025 - 10	Face-To-Face	29.58
2025 - 10	Contact Attempt	1.5
2025 - 10	Indirect Contact (Phone/Email/Other)	0
2025 - 11	Face-To-Face	24.19
2025 - 11	Indirect Contact (Phone/Email/Other)	0
2025 - 11	Contact Attempt	0.5
2025 - 12	Contact Attempt	0.25
2025 - 12	Face-To-Face	22.44
2025 - 12	Indirect Contact (Phone/Email/Other)	0
2026 - 01	Face-To-Face	27.25

Average Face-to-Face Interaction Time (Hours)

# 0.7

Month	Avg F2F Contact
2026 - 01	0.78
2025 - 12	0.75
2026 - 02	0.73
2025 - 11	0.69



Select Month:: 2026 - 03, 2026 - 02, ... (6) ▾

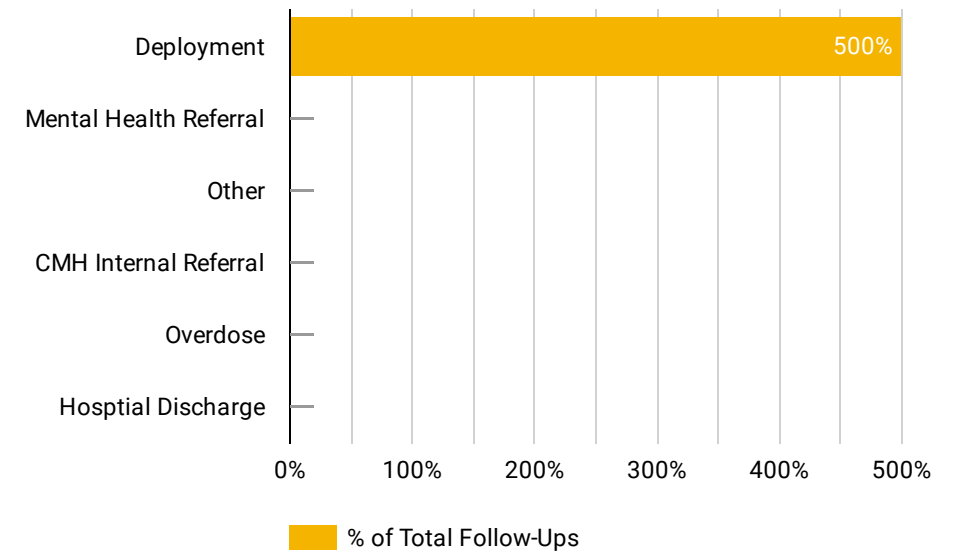


## Monroe County CMH Crisis Mobile Utilization Report

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

Note: Tracking for follow-ups started October 2024

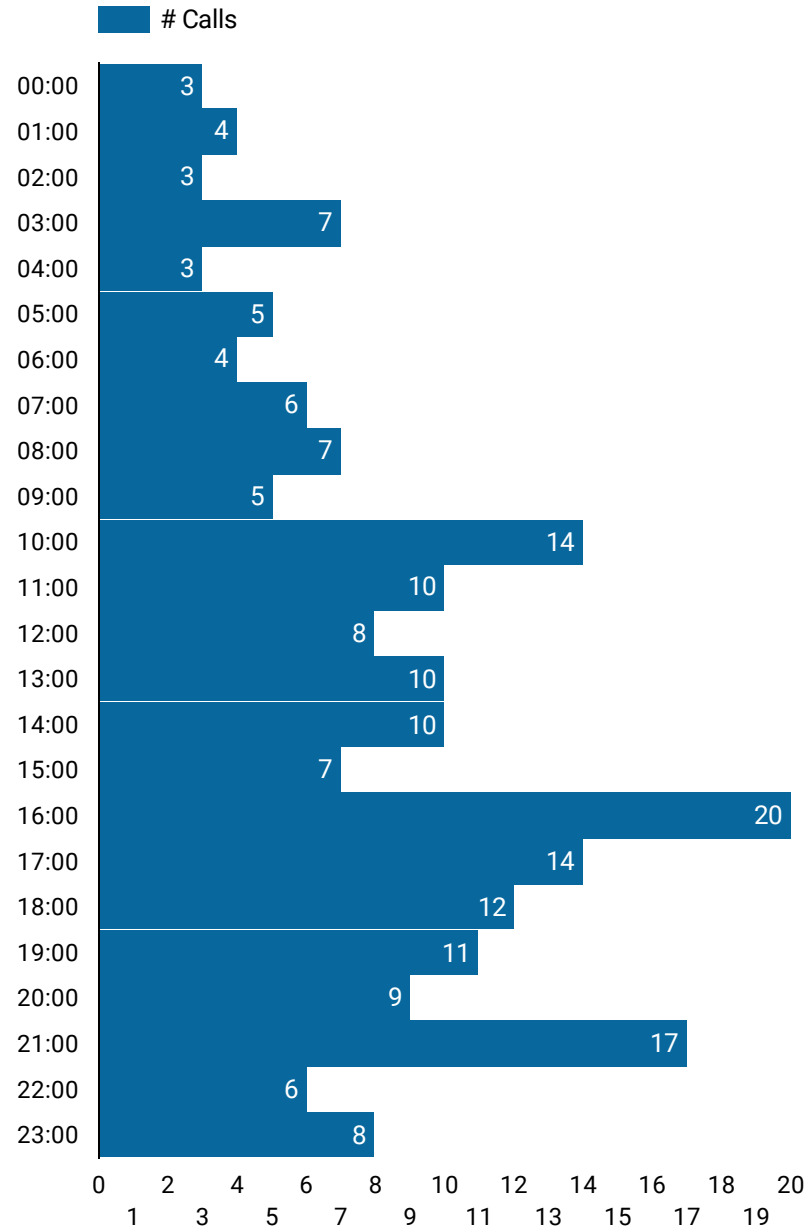
Month ① ▲	Type ② ▲	#	%
2025 - 10	CMH Internal Referral	0	0%
2025 - 10	Deployment	43	100%
2025 - 10	Hospital Discharge	0	0%
2025 - 10	Mental Health Referral	0	0%
2025 - 10	Other	0	0%
2025 - 10	Overdose	0	0%
2025 - 11	CMH Internal Referral	0	0%
2025 - 11	Deployment	33	100%
2025 - 11	Hospital Discharge	0	0%
2025 - 11	Mental Health Referral	0	0%
2025 - 11	Other	0	0%
2025 - 11	Overdose	0	0%



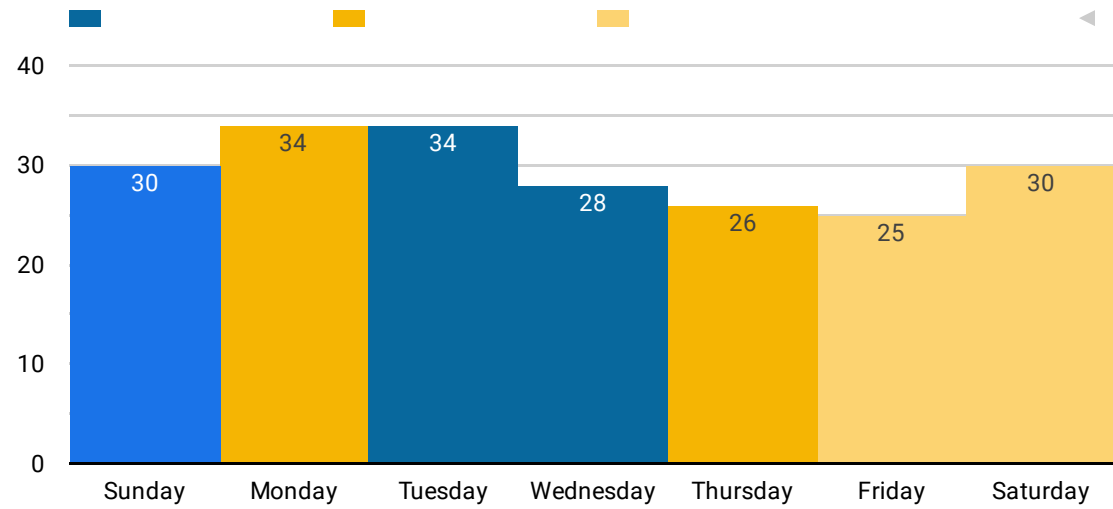
Select Month:: 2026 - 03, 2026 - 02, ... (6) ▾

## 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)

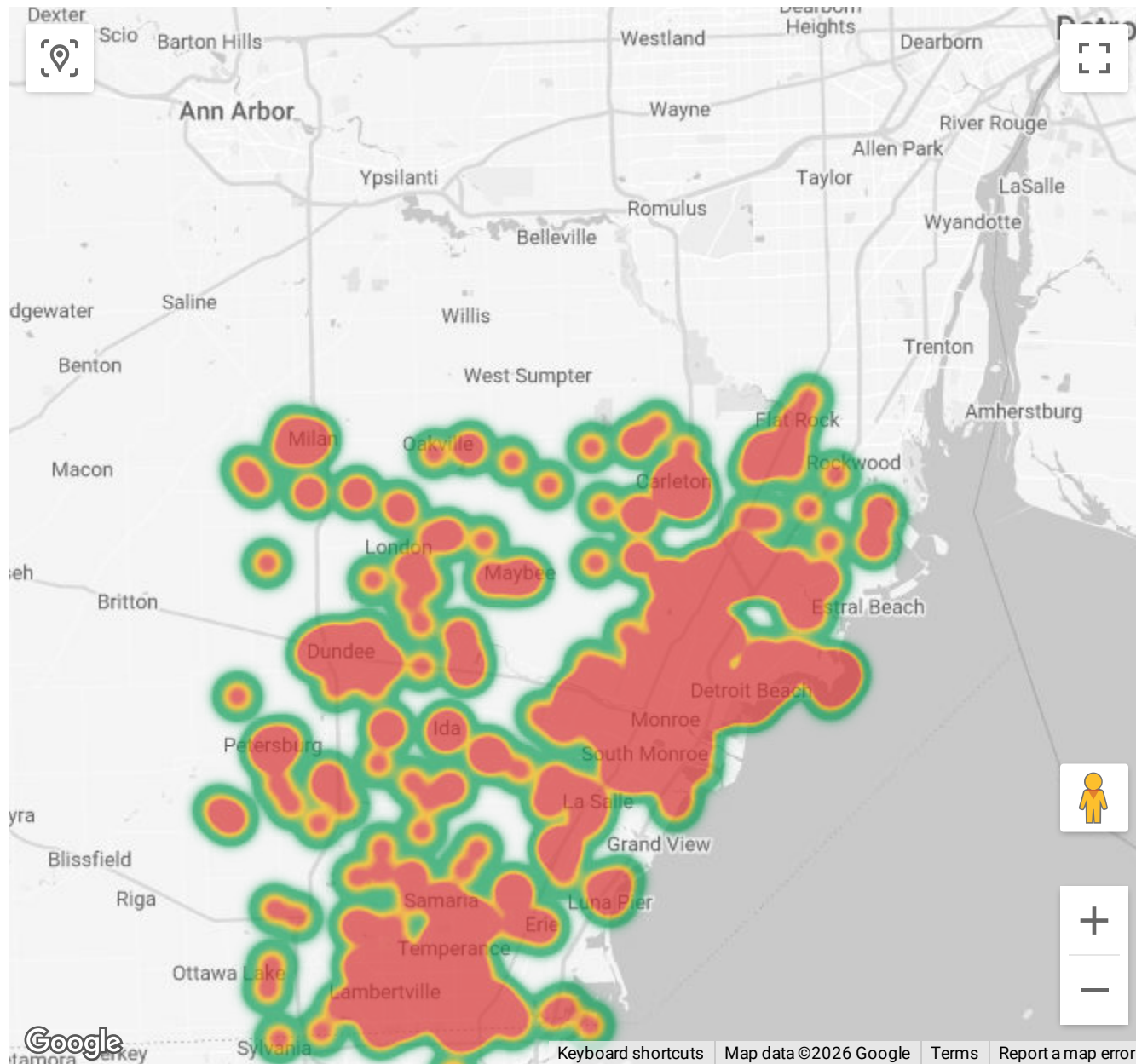
**20.76**

Month	Avg. Response Time ▾
2026 - 01	23.93
2025 - 10	21.63
2025 - 11	21.55
2026 - 02	20.83
2025 - 12	20
2026 - 03	16.63

Select Month:: 2026 - 03, 2026 - 02, ... (6) ▾

# Location

## Mapping of locations deployed to:

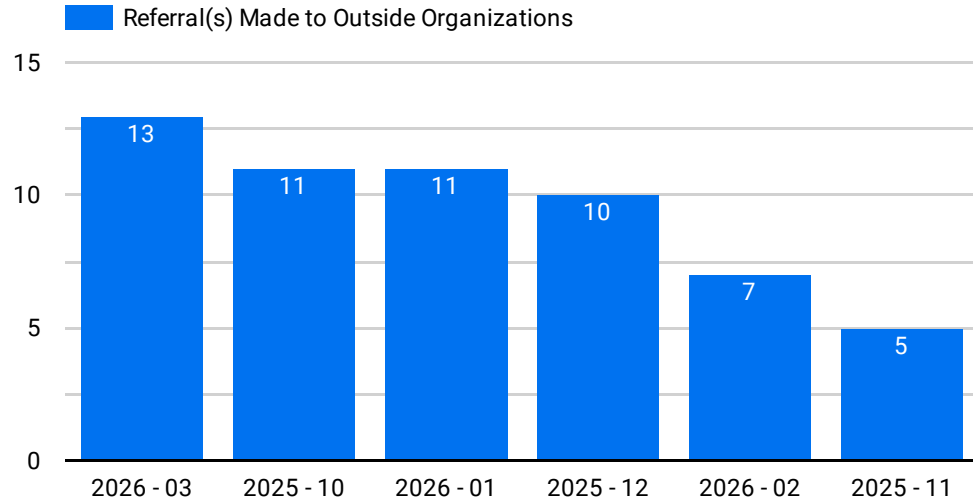


Mo...	Zipcode	#	%
2025 - 10	48182	5	11%
2025 - 10	48173	1	2%
2025 - 10	48166	3	7%
2025 - 10	48162	12	26%
2025 - 10	48161	17	37%
2025 - 10	48160	3	7%
2025 - 10	48117	3	7%
2025 - 11	48182	6	18%
2025 - 11	48173	1	3%
2025 - 11	48166	2	6%
2025 - 11	48162	9	27%
2025 - 11	48161	10	30%
2025 - 11	48160	0	0%
2025 - 11	48117	1	3%
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%

call\_Address 0 1

Select Month:: 2026 - 03, 2026 - 02, ... (6) ▾

**Number of referrals made and where they were referred to:**



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

Select Month:: 2026 - 03, 2026 - 02, ... (6) ▾

### Where Referrals are Coming From:

							Month / # Calls
Deployed by:	2025 - 10	2025 - 11	2025 - 12	2026 - 01	2026 - 02	2026 - 03	
Monroe County Sheriff's Dept.	26	25	14	22	6	26	
ACCESS	4	7	4	2	1	3	
Monroe City Police	4	2	5	4	1	2	
CMH	6	0	1	0	2	5	
Self	6	1	1	3	0	3	
School	1	1	1	0	1	0	
Police Mental Health Referral	0	0	0	0	0	1	

### Primary Issue or Diagnosis:

(New question starting 12/2023)

							Month / #
Issue/Diagnosis	2025 - 10	2025 - 11	2025 - 12	2026 - 01	2026 - 02	2026 - 03	
Thought Disorder	14	17	7	8	3	18	
Suicidal Ideation	10	10	10	7	2	12	
Substance Abuse	3	3	4	2	0	3	
Other	4	3	1	9	1	2	
Neurocognitive	7	0	3	1	2	2	
Homicidal Ideation	0	2	1	1	0	0	
Environmental	5	1	4	7	4	6	

Select Month:: 2026 - 03, 2026 - 02, ... (6) ▾

**Consumers, New and Repeats:**

	Month ① ▲	New or Repeat Cons... ② ▲	#
1.	2025 - 10	New	0
2.	2025 - 10	Repeat	7
3.	2025 - 11	New	0
4.	2025 - 11	Repeat	9
5.	2025 - 12	New	0
6.	2025 - 12	Repeat	1
7.	2026 - 01	New	21
8.	2026 - 01	Repeat	13
9.	2026 - 02	New	0
10.	2026 - 02	Repeat	2
11.	2026 - 03	New	0
12.	2026 - 03	Repeat	9

Select Month:: 2026 - 03, 2026 - 02, ... (6) ▾

## **Number of Narcan Kits Distributed:**

# Narcan Kits Distributed

0

## **Number of calls per population - Race**

Race	Month / # / %									
	2025 - 10		2025 - 11		2025 - 12		2026 - 01		2026 - 02	
	#	%	#	%	#	%	#	%	#	%
White	39	89%	29	83%	23	77%	28	85%	12	100%
Unknown	2	5%	-	-	1	3%	-	-	-	-
Other Race	-	-	1	3%	3	10%	-	-	-	-
Not Collected	-	-	1	3%	-	-	-	-	-	-
Native Hawaiian or other Pacific	-	-	-	-	-	-	1	3%	-	-
Multiracial	1	2%	1	3%	1	3%	-	-	-	-
Black or African American	2	5%	2	6%	2	7%	2	6%	-	-

Select Month:: 2026 - 03, 2026 - 02, ... (6) ▾

## Number of calls per population - Age

Age	Month / # / %											
	2025 - 10		2025 - 11		2025 - 12		2026 - 01		2026 - 02		2026 - 03	
	#	%	#	%	#	%	#	%	#	%	#	%
0 to 9	1	2%	1	3%	0	0%	0	0%	0	0%	0	0%
10 to 17	8	18%	8	23%	2	7%	4	12%	4	36%	8	19%
18 to 28	8	18%	6	17%	4	13%	9	27%	4	36%	8	19%
29 to 39	8	18%	12	34%	8	27%	9	27%	0	0%	9	21%
40 to 50	13	30%	1	3%	7	23%	5	15%	2	18%	4	10%
51 to 61	3	7%	5	14%	6	20%	1	3%	1	9%	5	12%
62 to 72	3	7%	2	6%	2	7%	3	9%	0	0%	5	12%
73 to 83	0	0%	0	0%	1	3%	2	6%	0	0%	3	7%
84 to 94	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
95 +	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Not Collected	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

# MEMORANDUM



**TO:** MCMHA Board of Directors  
**FROM:** Sabrina Bergman  
**RE:** FY26Q1 CCBHC Quality Metrics (January – March 2026)  
**DATE:** May 27, 2026

The following are CCBHC Quality Metrics:

QUALITY INDICATOR	BENCHMARK	MCMHA SCORE
<b>ASC:</b> 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 <sup>th</sup> percentile	<b>56.8%</b>  Sub-measure: Those who received brief counseling after a positive screen: <b>88%</b>  All clients who were screened for unhealthy alcohol use and, if identified as an unhealthy alcohol user, received brief counseling, or were not identified as an unhealthy alcohol user: <b>51.7%</b>
<b>CDF-AD:</b> 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 <sup>th</sup> percentile	<b>37.3%</b>
<b>CDF-CH:</b> 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 <sup>th</sup> percentile	<b>21.4%</b>
<b>DEP-REM-6:</b> 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 <sup>th</sup> percentile	<b>0%</b>

<p><b>SDOH:</b> Percentage of adults screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.</p>	<p>25<sup>th</sup> percentile</p>	<p><b>34.4%</b></p>
<p><b>SRA-A:</b> 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><b>98.1%</b></p>
<p><b>SRA-C:</b> 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><b>79.2%</b></p>
<p><b>TSC:</b> 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>25<sup>th</sup> percentile</p>	<p>Adults screened for tobacco use: <b>44.9%</b></p> <p>Those who screened positive and received tobacco cessation intervention: <b>94.4%</b></p> <p>Of those screened positive AND provided intervention, identified as a non-tobacco user in six months: <b>43.8%</b></p>
<p><b>I-SERV:</b> Average time for consumers to access three different types of services at BHCs reporting the measure.</p>	<p>25<sup>th</sup> percentile</p>	<p>Average time to initial evaluation: <b>2.3 days</b></p> <p>Average time to initial clinical services: <b>11.6 days</b></p> <p>Average time to crisis services: <b>.79 hours</b></p> <p>Average time to Mobile Crisis Services (# of hours): <b>.41 hours</b></p> <p>Average time to urgent care crisis services (# of hours): <b>1.10 hours</b></p> <p>Average Time to Other Crisis Services (# of hours): <b>4.67 hours</b></p>



MONROE  
COMMUNITY  
MENTAL  
HEALTH

March 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

March 2026

## Monthly Highlights

- Statement of Position - Cash in the bank is \$20,296,023.
- Estimated surplus (due back to PIHP) is \$1,786,003.
- Estimated surplus from CCBHC Medicaid operations is \$1,755,910.
- Estimated deficit from CCBHC non-Medicaid operations is \$1,394,649.
- Estimated deficit from other General Fund spend is \$471,612.
- Total estimated fund balance reduction is \$66,316.

## **BASIC FINANCIAL STATEMENTS**

# MONROE CMH

## Statement of Position

October 1, 2025 through March 31, 2026

	March 31 Balance	Balance September 30 2025	Over (Under)
<b>ASSETS &amp; DEFERRED OUTFLOWS</b>			
Current:			
Cash and cash equivalents	\$ 20,296,023	\$ 17,086,513	\$ 3,209,510
Accounts receivable, net	2,685,367	624,002	2,061,365
Due from PIHP	3,895,225	5,309,685	(1,414,460)
Due from State of Michigan	71,738	132,810	(61,072)
Due from other governmental units	57,567	296,723	(239,156)
Prepaid items	307,042	442,258	(135,216)
Total current	27,312,962	23,891,990	3,420,972
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
<b>Total assets and deferred outflows</b>	<b>31,721,690</b>	<b>28,251,752</b>	<b>3,469,938</b>
<b>LIABILITIES &amp; DEFERRED INFLOWS</b>			
Current			
Accounts payable	5,572,538	6,107,785	(535,247)
Accrued liabilities	2,720,461	6,142,365	(3,421,904)
Due to State of Michigan	11,700,399	4,182,573	7,517,826
Unearned revenue	-	0	(0)
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
Total current liabilities	20,042,856	16,482,181	3,560,675
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)
<b>Total liabilities and deferred inflows</b>	<b>24,243,813</b>	<b>20,683,139</b>	<b>3,560,675</b>
<b>NET POSITION</b>			
Net investment in capital assets	1,572,833	1,523,868	(48,965)
Unrestricted	5,905,044	5,818,527	(86,517)
<b>Total net position</b>	<b>\$ 7,477,877</b>	<b>\$ 7,342,395</b>	<b>\$ 135,482</b>

# MONROE CMH

## Statement of Activities

October 1, 2025 through March 31, 2026

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Over (Under)
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 22,275,183	\$ 44,550,366	\$ 46,931,913	\$ (2,381,547)
Medicaid - Settlement	(1,913,034)	(3,826,068)	(5,731,822)	1,905,754
Healthy Michigan	1,353,643	2,707,286	3,675,123	(967,837)
Healthy Michigan - Settlement	127,030	254,060	-	254,060
CCBHC	8,515,007	17,030,014	11,825,695	5,204,319
CCBHC - Settlement	-	-	-	-
Behavior Health Home	92,970	185,940	221,263	(35,323)
State General Funds	864,992	1,729,984	1,539,237	190,747
State General Funds - Carryover	-	-	-	-
County appropriations	498,902	997,804	997,803	1
Charges for services	127,407	254,814	311,039	(56,225)
Other grants	560,635	1,121,270	1,749,598	(628,328)
Other revenue	276,514	553,028	2,235,413	(1,682,385)
<b>Total operating revenue</b>	<b>32,779,249</b>	<b>65,558,498</b>	<b>63,755,262</b>	<b>1,803,236</b>
<b>Operating expenses</b>				
Administration				
Salaries	1,140,952	2,281,904	2,212,960	68,944
Benefits	683,867	1,367,734	2,916,242	(1,548,508)
Other	1,222,517	2,445,034	2,881,611	(436,577)
Internal Services				
Salaries	3,929,024	7,858,048	7,591,964	266,084
Benefits	1,904,122	3,808,244	3,808,244	-
Other	1,729,818	3,459,636	2,833,873	625,763
Provider Network Services	21,035,566	42,071,132	36,465,357	5,605,775
Facility costs	368,515	737,030	870,405	(133,375)
Vehicle costs	32,150	64,300	137,968	(73,668)
Grant expenses	563,138	1,126,276	1,215,749	(89,473)
Room & Board	241,122	482,244	399,131	83,113
GASB 68 & 75 Adjustment	-	-	(4,984,520)	4,984,520
<b>Total operating expenses</b>	<b>32,850,791</b>	<b>65,701,582</b>	<b>56,348,983</b>	<b>9,352,599</b>
Change in net position	(71,542)	(143,084)	7,406,279	\$ (7,549,363)
<b>Net position, beginning of year</b>	<b>7,549,419</b>	<b>7,549,419</b>	<b>(63,884)</b>	
<b>Net position, end of year</b>	<b>\$ 7,477,877</b>	<b>\$ 7,406,335</b>	<b>\$ 7,342,395</b>	

# MONROE CMH

## Statement of Activities

Mental Health - Budget to Actual

October 1, 2025 through March 31, 2026

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 43,747,009	\$ 21,873,505	\$ 22,275,183	\$ 401,679
Medicaid - Settlement	(5,143,474)	(2,571,737)	(1,913,034)	658,703
Healthy Michigan	2,707,287	1,353,644	1,353,643	(1)
Healthy Michigan - Settlement	1,970,947	985,474	127,030	(858,444)
CCBHC	17,098,879	8,549,440	8,515,007	(34,433)
CCBHC - Settlement	-	-	-	-
Behavior Health Home	222,283	111,142	92,970	(18,172)
State General Funds	1,539,237	769,619	864,992	95,374
County appropriations	997,803	498,902	498,902	1
Charges for services	671,106	335,553	127,407	(208,146)
Other grants	1,481,957	740,978	560,635	(180,343)
Other revenue	553,551	276,776	276,514	(262)
<b>Total operating revenue</b>	<b>65,846,585</b>	<b>32,923,292</b>	<b>32,779,249</b>	<b>(144,043)</b>
<b>Operating expenses</b>				
Administration				
Salaries	2,479,811	1,239,905	1,140,952	(98,953)
Benefits	881,112	440,556	683,867	243,311
Other	3,015,951	1,507,976	1,222,517	(285,459)
Internal Services				
Salaries	9,698,628	4,849,314	3,929,024	(920,290)
Benefits	3,100,986	1,550,493	1,904,122	353,629
Other	3,495,052	1,747,526	1,729,818	(17,708)
Provider Network Services	40,082,573	20,041,287	21,035,566	994,279
Facility costs	1,241,616	620,808	368,515	(252,293)
Vehicle costs	126,648	63,324	32,150	(31,174)
Grant expenses	1,223,618	611,809	563,138	(48,671)
Other expenses	400,797	200,398	-	(200,398)
Room & Board	-	-	241,122	241,122
<b>Total operating expenses</b>	<b>65,746,792</b>	<b>32,873,396</b>	<b>32,850,791</b>	<b>(22,605)</b>
Change in net position	99,793	49,896	(71,542)	(121,438)
Net position, beginning of year	7,549,419	7,549,419	7,549,419	-
Net position, end of year	\$ 7,649,212	\$ 7,599,315	\$ 7,477,877	\$ (121,438)

## INCOME STATEMENT BY FUND SOURCE

# MONROE CMH

## Fiscal 2026 Revenues and Expenses by Fund Source

October 2024 through March 2026

Medicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	\$ 43,747,009	\$ 21,873,505	\$ 22,275,183	\$ 401,679
PIHP Redirect to CCBHC	-	-	-	-
1st/3rd Party Revenue	3,704	1,852	-	(1,852)
Expense	\$ 38,607,239	19,303,620	20,362,150	1,058,531
<b>Revenue over/(under) expenses</b>	<b>\$ 5,143,474</b>	<b>\$ 2,571,737</b>	<b>\$ 1,913,033</b>	<b>\$ (658,704)</b>

Healthy Michigan	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	\$ 2,707,287	\$ 1,353,644	\$ 1,353,643	\$ (1)
PIHP Redirect to CCBHC	-	-	-	-
1st/3rd Party Revenue	-	-	-	-
Expense	\$ 4,678,234	2,339,117	1,480,673	(858,444)
<b>Revenue over/(under) expenses</b>	<b>\$ (1,970,947)</b>	<b>\$ (985,474)</b>	<b>\$ (127,030)</b>	<b>\$ 858,444</b>

Total PIHP Sources	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	\$ 46,454,296	\$ 23,227,148	\$ 23,628,826	\$ 401,678
1st/3rd Party Revenue	3,704	1,852	-	(1,852)
Expense	43,285,473	21,642,737	21,842,823	200,087
Retain as local in FY 25	-	-	-	-
<b>Revenue over/(under) expenses</b>	<b>\$ 3,172,527</b>	<b>\$ 1,586,263</b>	<b>\$ 1,786,003</b>	<b>\$ 199,740</b>

# MONROE CMH

## Fiscal 2026 Revenues and Expenses by Fund Source

October 2024 through March 2026

CCBHC Medicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Cap Revenue	\$ 14,481,285	\$ 7,240,643	\$ 7,054,764	\$ (185,879)
PIHP Supp Revenue	-	-	-	-
1st/3rd Party Revenue	1,246	623	223	(400)
Expense	12,683,676	6,341,838	5,447,637	(894,201)
<b>Revenue over/(under) expenses</b>	<b>\$ 1,798,855</b>	<b>\$ 899,427</b>	<b>\$ 1,607,349</b>	<b>\$ 707,922</b>

CCBHC Healthy Michigan	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Cap Revenue	\$ 2,618,301	\$ 1,309,151	\$ 1,458,481	\$ 149,331
PIHP Supp Revenue	-	-	-	-
1st/3rd Party Revenue	-	-	1,525	1,525
Expense	3,132,588	1,566,294	1,311,446	(254,848)
<b>Revenue over/(under) expenses</b>	<b>\$ (514,287)</b>	<b>\$ (257,143)</b>	<b>\$ 148,560</b>	<b>\$ 405,704</b>

CCBHC NonMedicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
State CCBHC Revenue	\$ 55,000	\$ 27,500	\$ -	\$ (27,500)
1st/3rd Party Revenue	-	-	-	-
Expense	2,607,096	1,303,548	1,394,649	91,101
Redirect from GF	2,552,096	1,276,048	1,394,649	118,601
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

ALL CCBHC Combined	2026 Budget	YTD Budget	2026 Actual	Over (Under)
All CCBHC Revenue	\$ 17,154,586	\$ 8,577,293	\$ 8,513,245	\$ (64,049)
1st/3rd Party Revenue	1,246	623	1,748	1,125
Expense	18,423,360	9,211,680	8,153,732	(1,057,948)
Redirect from GF	2,552,096	1,276,048	1,394,649	118,601
<b>Revenue over/(under) expenses</b>	<b>\$ 1,284,568</b>	<b>\$ 642,284</b>	<b>\$ 1,755,910</b>	<b>\$ 1,113,626</b>

# MONROE CMH

## Fiscal 2026 Revenues and Expenses by Fund Source

October 2024 through March 2026

State General Fund	2026 Budget	YTD Budget	2026 Actual	Over (Under)
Revenue	\$ 1,920,289	\$ 960,145	\$ 912,624	\$ (47,521)
Expense	2,821,975	1,410,988	1,384,236	(26,752)
Redirect to Other Programs	(2,552,096)	(1,276,048)	(1,646,093)	(370,045)
Redirect from Other Programs	3,453,782	1,726,891	2,117,705	390,814
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

All Other Grants/Local	2026 Budget	YTD Budget	2026 Actual	Over (Under)
Revenue	\$ 3,757,530	\$ 1,878,765	\$ 9,807,365	7,928,600
Expense	1,485,359	742,680	8,007,420	7,264,741
Redirects	(3,453,782)	(1,726,891)	(1,866,261)	(139,370)
<b>Revenue over/(under) expenses</b>	<b>\$ (1,181,612)</b>	<b>\$ (590,806)</b>	<b>\$ (66,316)</b>	<b>\$ 524,489</b>

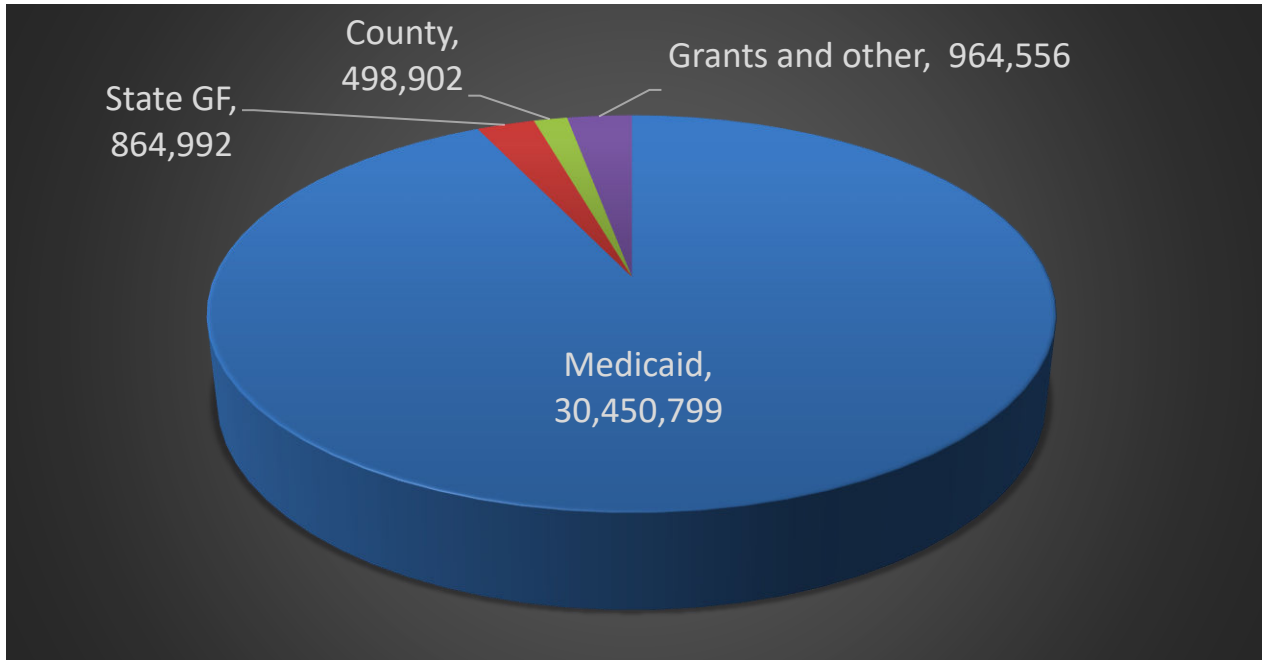
## TRENDS AND PAYMENTS

# MONROE CMH

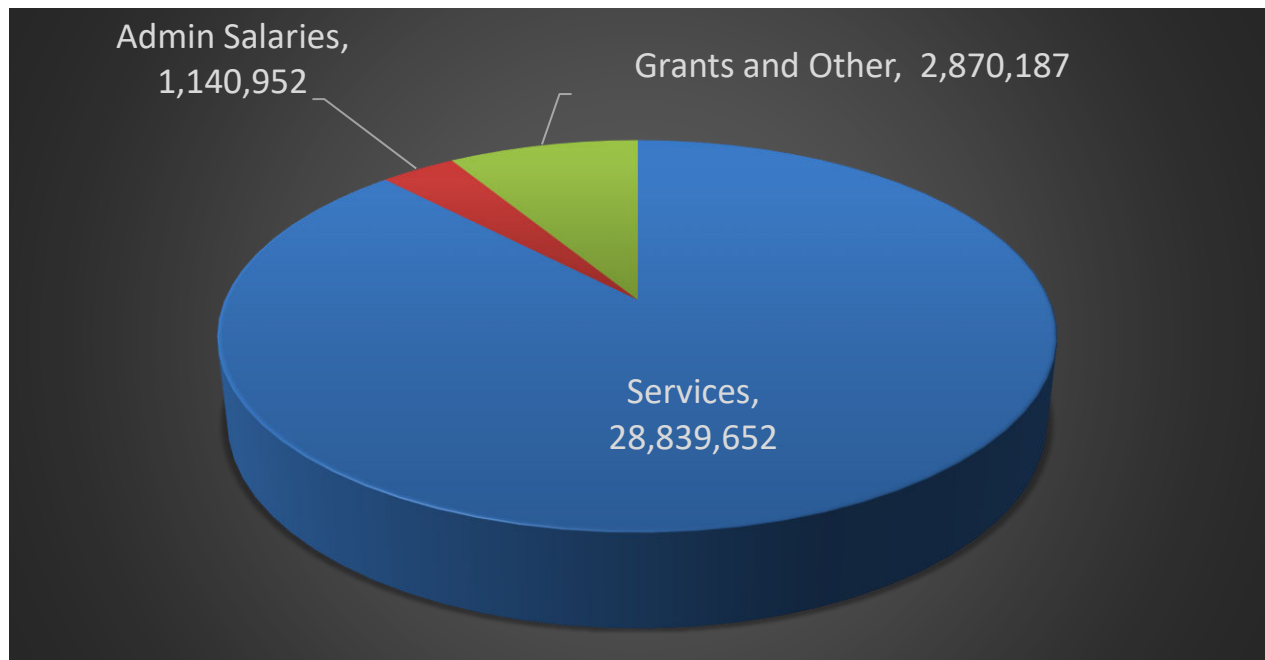
## March 2026 Trends

### Sources and Uses

#### Revenues by Source



#### Expenditures by Category



# Monroe CMHA

## Payment Summary Report

For the Month of March 2026

Amount

Vendor Name	Total
8X8 INC.	\$ 4,734.93
A Heart That Cares, LLC	64,560.74
ABA INSIGHT, LLC	59,791.12
ACCIDENT FUND INSURANCE COMPANY OF AMERICA	12,433.80
ADULT LEARNING SYSTEM, INC	34,734.25
ADVANCED THERAPEUTIC SOLUTIONS, LLC	891.02
AFLAC	1,446.48
AFSCME UNION / LOCAL 2529	2,348.30
AMERICAN HTG, CLG, & REFRIG, INC	1,275.00
APPLIED INNOVATION	563.41
ARA FAMILY HOLDINGS, LLC	2,411.75
ARKAY, INC	3,524.25
BBH VENTURES, LLC	5,076.22
BCA OF DETROIT, LLC	29,485.82
BEACON SPECIALIZED LIVING SERVICES, INC.	113,320.00
BEDFORD SEPTIC TANK AND SEWER CLEANING CO.	300.00
BELLE TIRE DISTRIBUTORS	943.96
BESTCO BENEFIT PLANS, LLC	27,793.08
BIANCA BARTLEY	10.00
BLUENET	3,030.00
BOOST SPORTS MEDIA INC. DBA BIG GAME PROMOTIONS	1,095.00
CBIZ RETIREMENT PLAN SERVICES	8,480.00
CELLCO PARTNERSHIP	1,085.42
CENTRIA HEALTHCARE, LLC	23,087.00
CHARTER COMMUNICATIONS	303.36
CHITTER CHATTER PC	32,943.72
CHOICES W/SELF DETERMINATION, LLC	12,425.06
CHS GROUP, LLC	136,718.40
CINTAS CORP - 306/K11	418.61
CITY OF MONROE	712.31
COGNIZANT TRIZETTO SOFTWARE GROUP, INC.	1,511.86

# Monroe CMHA

## Payment Summary Report

For the Month of March 2026

Amount

Vendor Name	Total
COMMUNITY LIVING NETWORK	58,738.02
CONTRACT SERVICE GROUP	1,392.00
COUNTY OF WASHTENAW, MICHIGAN	22,135.42
CREATIVE REFRESHMENTS, INC.	676.00
Culligan of Ida	94.00
DELTA DENTAL PLAN OF MICHIGAN	9,749.37
DOMINIC BRIGANTI	25.00
DYKEMA GOSSETT, PLLC	6,709.70
EISENHOWER CENTER	133,760.00
ELITE AFC, LLC	10,080.00
ENFIELD VILLAGE CONDOMINIUM	197.00
ERICA MERCHANT	25.00
EVEREST, INC.	54,949.00
EXPERT ON THE MIND LLC	37,130.00
FLATROCK MANOR, INC	374,836.59
FRAME'S PEST CONTROL, INC.	131.99
FRANCES JACKSON, LLC	219.60
FRIENDS WHO CARE, INC.	11,214.10
GENOA HEALTHCARE, LLC	1,317.47
GIA JONES	16.64
GOODWILL INDUSTRIES OF SE MICH, INC	33,477.00
GROSS ELECTRIC	119.24
GUARDIANTRAC, LLC	210,496.74
GUIDING LIGHT AFC LLC	29,760.00
GUTTERMAN, PAUL Y.	12,825.00
HAVENWYCK HOSPITAL	104,125.00
HAVENWYCK HOSPITAL-CEDAR CREEK	15,231.24
HELP AT HOME, LLC	12,769.85
HFHS - ACADIA JOINT VENTURE, LLC DBA HENRY FORD HEALTH BEHAVIORAL HEALTH	22,800.00
HILLSDALE COMMUNITY HEALTH CENTER	3,200.00
HOME - COMMUNITY SUPPORTED LIVING ARRANGEMENTS	16,240.00

# Monroe CMHA

## Payment Summary Report

For the Month of March 2026

Amount

Vendor Name	Total
IBM CORPORATION	73.92
ILLUMINATE ABA SERVICES LLC	7,969.50
IRIS TELEHEALTH MEDICAL GROUP, PA	50,414.00
IVYREHAB MICHIGAN, LLC	15,515.00
JACKSON AND COKER LOCUMTENEMS, LLC	30,465.42
JALIAN BURRIS	36.60
JASWANT S BAGGA	26,410.00
JAYNE JEWELL	11.45
JENNIFER DURELL	75.75
JOAN M. CANNING	45.24
JOHN BURKARDT	105.23
JOHN M. CULLEN	384.90
JOSEPH BATES DBA THE ABILITY HUB LLC	42,152.07
KENNETH R PAPHENHAGEN	43.78
KIMBERLY S. SANDERLIN	750.00
KODIAK HEATING & COOLING	4,500.00
KOHLER'S FLOOR & WALL COVERINGS	450.00
KONICA MINOLTA BUSINESS SOLUTIONS USA INC.	305.23
LAMOUR PRINTING CO.	160.00
LASCALA IT SOLUTIONS, INC	2,443.50
LAURA NIDA	25.00
LEGAL SHIELD	212.61
LIFE ENRICHMENT ACADEMY, INC.	27,885.62
LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH AUTHORITY	34,392.94
LOCUMTENENS.COM	80,158.41
LOUIS BALOGH	1,730.60
LOWES	2,267.02
LUTHERAN CHILD AND FAMILY SERVICE OF MICHIGAN, INC	3,575.23
MACOMB RESIDENTIAL OPPORTUNITIES, INC	258,332.21
MAGNET ABA THERAPY, LLC	9,142.00
MARIS, LLC DBA TOTAL TESTING	100.00

# Monroe CMHA

## Payment Summary Report

For the Month of March 2026

Amount

Vendor Name	Total
MASTROFRANCESCO, A.F.C.	73,660.72
MCLAUGHLIN PROPERTIES LLC	12,526.89
MICHAEL HUMPHRIES	38.70
MICHIGAN BH JV LLC	16,310.59
MICHIGAN GAS UTILITIES	5,116.91
MONROE AGING CONSORTIUM	35.00
MONROE CENTER, LLC.	6,250.00
MONROE COUNTY RETIREMENT SYSTEM	110,061.25
MONROE FLORIST	94.95
MONROE URGENT CARE	675.00
MUTUAL OF OMAHA	24,702.47
NEW DIRECTIONS PEER RECOVERY CENTER	10,700.00
NINJAONE LLC	6,602.40
O'REILLY AUTO PARTS	147.08
PAN AMERICAN LANGUAGES & SERVICES, INC.	1,650.00
PANCONE'S AUTO, LLC	1,122.09
PETER CHANG ENTERPRISES DBA PCE SYSTEMS	59.29
PHC OF MI, INC	17,334.90
PHILLIP ARCHER, MD	8,388.00
PHOENIX PERFORMANCE PARTNERS LLC	3,089.19
PITNEY BOWES	1,395.20
PROGRESSIVE RESIDENTIAL SERVICES	273,737.94
PROMEDICA MONROE REGIONAL HOSPITAL	162,400.00
PURCHASE POWER / PITNEY BOWES	1,005.00
QUANTUMLINK COMMUNICATIONS	47.67
R LAMAR FREDERICK	206.00
REBECCA PASKO	736.55
REDA D. BINIECKI	120.45
REHMANN LLC	103,892.41
REPUBLIC SERVICES #259	1,942.68
RESIDENTIAL OPPORTUNITIES, INC	10,509.62

# Monroe CMHA

## Payment Summary Report

For the Month of March 2026

Amount

Vendor Name	Total
REVEL--QONVERGE, LLC	14,686.45
ROSLUND PRESTAGE & COMPANY PC	4,643.75
SABRINA R. CORBIN	212,090.85
SAFEHAUS, INC	7,735.00
SHAMROCK HOLDINGS LLC	441.00
SIEB PLUMBING & HEATING, INC.	513.32
SNOW CHIU WU	2,970.00
ST. PIERRE ACE HARDWARE INC.	74.95
STAELGRAEVE PROPERTIES, INC	20,493.11
SUPERIOR VISION SERVICES, INC.	2,261.27
SUSAN S RADWAN	1,698.85
SVRC INDUSTRIES INC.	442.56
T MOBILE USA, INC.	3,179.45
THERAPEUTICS, LLC	27,344.50
TIMOTHY ALLEN LASSEY	80.80
TOLEDO MUNICIPAL COURT	627.54
TOWNSHIP OF FRENCHTOWN	163.79
UNIFIRST MANUFACTURING CORP	654.72
VELLOHEALTH INC	10,500.00
VIGILANTE SECURITY, INC.	379.50
VITAL RECORDS HOLDING	93.35
W A FOOTE MEMORIAL HOSPITAL	4,532.00
WOLVERINE INVESTMENT PROPERTIES, LLC	7,038.26
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MONROE MICH	697.98
ZANE A GAGNE	1,700.00
<b>Grand Total</b>	<b>\$ 3,551,631.02</b>

# **Board Action Request**

## **JPMorgan Chase Bank Authorized Representative**

**May 27, 2026**

### **ACTION REQUESTED:**

Ken Melvin, Deputy Chief Financial Officer has been identified as an Authorized Representative empowered to make changes to all existing and new accounts for Monroe Community Mental Health Authority through JPMorgan Chase Bank effective May 27, 2026

### **Background:**

As Deputy Chief Financial Officer, Ken Melvin manages the day-to-day operations for Finance. Therefore, it is recommended to add Ken Melvin as an Authorized Representative in addition to Richard Carpenter, Chief Financial Officer, and Lisa Graham, Chief Executive Officer.

### **JPMorgan Chase Bank Accounts ending in:**

0802 Benefits Account  
0786 Operating Checking Account

### **RECOMMENDATION:**

Approval of Ken Melvin, Deputy Chief Financial Officer as an Authorized Representative for all existing and new accounts through JPMorgan Chase Bank effective May 27, 2026.



## REVIEW AND ADOPT / May 27, 2026 Regional (CMHPSM) Policies

### Executive Summary:

- There are five regional policies for adoption.
- This document serves as an Executive Summary of the regional policies for review and approval at the May 27, 2026 Board Meeting.

<u>REGIONAL POLICIES:</u>	<u>REASON FOR REVISION:</u>	<u>SUMMARY:</u>
RR8034 Confidentiality and Access to Consumer Records Policy	<ul style="list-style-type: none"> <li>• Revisions made per HSAG FY25 Compliance Review corrective actions and state review of ORR policies.</li> </ul>	<p><b><u>PURPOSE:</u></b> This policy establishes guidelines for maintaining confidentiality of consumer/individual served information and consumer/individual served records, and to identify circumstances under which information may be disclosed.</p> <p><b><u>POLICY:</u></b> It is the policy of the CMHPSM that information in the record of a consumer/individual served, and other information obtained while providing services to a consumer/individual served shall be kept confidential and is not open to public inspection. Such information, including the fact that a person is or is not receiving services, is considered Protected Health Information (PHI). Confidential information may be disclosed outside the CMHSP and its contractual agencies only in the circumstances allowed by law and referenced in this policy.</p> <p><b><u>ALIGNS WITH GOVERNANCE POLICIES:</u></b> Yes</p>
RR8032 Consumer Appeals Policy	<ul style="list-style-type: none"> <li>• Revised to reflect the FY25 HSAG External Quality Review required actions and recommendations.</li> </ul>	<p><b><u>PURPOSE:</u></b> To establish policy and procedures to receive and resolve appeals regarding the denial, suspension, reduction, or termination of services; the timeliness of service provision; family support subsidy appeals; second opinion requests; local level appeals, and state level appeals.</p> <p><b><u>POLICY:</u></b> All grievance processes will be initiated at the local Board level and will be handled by the local Customer Services department of each local Board. All policies and procedures for grievance processes can be found in the CMHPSM Customer Services Policy.</p> <p>All appeal processes will be initiated at the local Board level and will be handled locally. Each CMHSP/ROSC Core Provider/SUD Provider shall have a designee to handle internal/local appeals until:</p>

		<ul style="list-style-type: none"> <li>a. A Medicaid consumer/individual served requests a State Fair Hearing with the Michigan Office of Administrative Hearings and Rules (MOAHR) after receiving notice that an adverse benefit determination (ABD) was upheld by the Local Dispute Resolution Committee (LDRC).</li> <li>b. A Medicaid consumer/individual served initiates a State Fair Hearing with MOAHR because the PIHP/CMHSP/SUD Provider failed to adhere to the notice and timing requirements. (When this occurs, a consumer/individual served is deemed to have exhausted the internal appeals processes).</li> <li>c. A Non-Medicaid consumer/individual served completes the local appeal/Local Dispute Resolution Process and requests a Michigan Department of Health and Human Services (MDHHS) Alternative Dispute Resolution Hearing.</li> </ul> <p>Upon the request of a state level hearing/appeal, the designated Fair Hearings Officer will assume responsibility for the process in collaboration with the local Board. This includes working in conjunction with MOAHR on behalf of the local Board, representing the local Board for the State Fair Hearing requests and representing the local Board for MDHHS Alternative Dispute Resolution requests.</p> <p>All appeal processes will be handled in accordance with the procedures attached to this policy. All appeal processes shall be:</p> <ul style="list-style-type: none"> <li>1. Timely</li> <li>2. Fair to all parties</li> <li>3. Administratively simple</li> <li>4. Objective and credible</li> <li>5. Accessible and understandable to consumers/individuals served and providers</li> <li>6. Cost and resource efficient</li> <li>7. Subject to quality improvement review</li> </ul> <p>These processes shall:</p> <ul style="list-style-type: none"> <li>1. Not interfere with communication between consumers/individuals served and their service providers.</li> <li>2. Assure that service providers who participate in an appeal process on behalf of a consumer/individual served are free from discrimination or retaliation.</li> <li>3. Assure that a consumer/individual served/legal representative who files an appeal is free from discrimination or retaliation.</li> </ul> <p><b><u>ALIGNS WITH GOVERNANCE POLICIES:</u></b> Yes</p>
RR8030 Customer Services Policy	<ul style="list-style-type: none"> <li>• Revisions based on FY25 HSAG Compliance review</li> </ul>	<p><b><u>PURPOSE:</u></b> To ensure satisfaction with services for consumers/individuals served and to enhance the relationship between consumers/individuals served and the community.</p>

	<p>CAPs and recommendations</p>	<p><b><u>POLICY:</u></b>  The focus of Customer Services includes problem prevention, removal of barriers to consumers/individuals served, grievance resolution, and advocacy for consumers /individuals served so that their voices are heard, respected, and included in organizational decisions and service provision. It is the responsibility of Customer Services to ensure that the community mental health system provides care that is respectful, available to all consumers/individuals served, informs consumers/individuals served of their choices in the system, and is free of stigma.</p> <p><b><u>ALIGNS WITH GOVERNANCE POLICIES:</u></b>  Yes</p>
<p>POC7094  Emergency and Post-Stabilization Services Policy</p>	<ul style="list-style-type: none"> <li>• Revisions based on CAP and recommendations of HSAG EQR review</li> </ul>	<p><b><u>PURPOSE:</u></b>  To provide clarity and definition to the scope of behavioral health and substance use disorder (SUD) emergency services and post-stabilization care services covered by Community Mental Health Partnership of Southeast Michigan (CMHPSM). To ensure behavioral health emergency and post-stabilization services are provided for all consumers/individuals served within the CMHPSM region operate consistently with all applicable federal requirements and how they apply to emergency services and post-stabilization care services in the CMHPSM system of care.</p> <p><b><u>POLICY:</u></b>  Federal and State legal authorities require Medicaid managed care entities, including Prepaid Inpatient Health Plans (PIHPs), to provide coverage and payment for emergency services and post-stabilization care services. The definition and descriptions of emergency medical conditions, emergency services, and care services focus heavily on physical health and serious bodily impairment. However, the same coverage provisions and requirements for emergency services and post-stabilization care services are still applicable to the PIHP for the scope of services which it is responsible to provide to consumers/individuals served by Medicaid and the Healthy Michigan Plan.</p> <p>It is the policy of CMHPSM to ensure behavioral health emergency and post-stabilization services for its consumers/individuals served. CMHPSM shall operate consistent with all applicable federal requirements and how they apply to emergency room and hospital settings versus emergency services obtained through community provider locations.</p> <p><b><u>ALIGNS WITH GOVERNANCE POLICIES:</u></b>  Yes</p>
<p>POC7070  Utilization Management Review Policy</p>	<ul style="list-style-type: none"> <li>• Standard policy review post 3 years</li> <li>• Updates from MDHHS contractual policy, guidelines and requirements;</li> </ul>	<p><b><u>PURPOSE:</u></b>  To establish consistent utilization management and review standards, requirements, structures, and activities to be used by Community Mental Health Service Providers (CMHSPs), Substance Use Disorder (SUD) Core Providers, primary contracted providers, and substance use disorder (SUD) provider systems; and to be monitored by the regional entity of Community Mental Health Partnership of Southeast Michigan (CMHPSM) as the Pre-Paid</p>

	corrections from HSAG EQR.	<p>Inpatient Health Plan (PIHP).</p> <p><b><u>POLICY:</u></b> It is the policy of CMHPSM as the regional entity that utilization management and review standards, requirements, structures and activities will be implemented and practiced in a way that ensures the efficient and effective use of resources. This includes ensuring service decisions are made consistently and based on medical necessity, and that consumers /individuals served with comparable needs receive comparable services and those decisions are made based on medical necessity.</p> <p><b><u>ALIGNS WITH GOVERNANCE POLICIES:</u></b> Yes</p>
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