MONROE COMMUNITY MENTAL HEALTH AUTHORITY
BOARD MEETING

August 26, 2026 – 6:00 p.m. / Aspen Room
Draft Agenda

BOARD GUIDING PRINCIPLES:

1.1 Monroe Community Mental Health Authority ("Authority") exists to help individuals with mental illnesses and/or intellectual/developmental disabilities so they can live, work, and play in their communities to their fullest potential. As a Certified Community Behavior Clinic (CCBHC), the Authority will provide mental health and/or substance use care/services, regardless of ability to pay, place of residence, or age, including developmentally appropriate care for children and youth.

1.2 Monroe Community Mental Health Authority strives to be the provider of choice for Monroe County by offering the highest quality of treatment with positive measurable outcomes, while maintaining competitive service rates with the State.

1.3 Monroe Community Mental Health Authority establishes and sustains a culture that values each staff member; holds staff to high standards; is fair and respectful; values creativity, and promotes collaborative thinking.

1.4 Monroe Community Mental Health Authority continues to establish collaborative community relationships that enable MCMHA to provide quality service to consumers.

BOARD RULES OF CONDUCT:

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

CITIZEN RULES OF CONDUCT:

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

MISSION STATEMENT: Enrich lives and promote wellness.
VISION STATEMENT: To be a valued/active partner in an integrated System of Care that improves the health and wellness of our community.
CORE VALUES: Compassion, Authenticity, Trust, and Accountability.

		GUIDE
I.	**CALL TO ORDER**	**01 min**
II.	**ROLL CALL**	**02 min**
III.	**PLEDGE OF ALLEGIANCE**	**02 min**
IV.	**CONSIDERATION TO ADOPT THE AMENDED AGENDA AS PRESENTED**	**02 min**
V.	**CONSIDERATION TO APPROVE THE MINUTES FROM THE JULY 22, 2026 BOARD MEETING AND WAIVE THE READING THEREOF**	**02 min**
VI.	**PUBLIC COMMENTS**	**03 min/Person**

"*The Board will listen respectfully to public comments but will not respond directly during the meeting. You can expect a follow up contact from the Chief Executive Officer or representative within 24 hours if your comment is about a specific problem or complaint. Comments shall be limited to 3 minutes".*

VII. ITEMS FROM THE BOARD CHAIR **10 min**

a. Announcement of New Board Member
b. Executive Committee
c. Board Holiday Event
d. Correspondence
e. Questions during presentations should be relevant and not jumping ahead

VIII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER **10 min**

a. Chief Executive Officer's Report – Lisa Graham

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

a. Regional PIHP Board Meeting Minutes – August 12, 2026
b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko

X. BOARD COMMITTEE MINUTES **02 min**

a. Business & Finance
b. Bylaws & Policy

XI. PRESENTATIONS **50 min**

a. FY2026 3rd Quarter Clinical Report – Crystal Palmer
b. FY2026 2nd Quarter CCBHC Quality Metrics – Sabrina Bergman
c. June Financial Report – Amy Rottman
d. FY2027 Draft Board Budget – Amy Rottman

XII. UNFINISHED BUSINESS **00 min**

a. No unfinished business from July

XIII. NEW BUSINESS **10 min**

a. Service Contracts – Alicia Riggs
    i. **Consideration to Approve the Service Contracts as Presented**
b. Administrative Contracts – Alicia Riggs
    i. **Consideration to Approve the Administrative Contracts as Presented**
c. Appointment to Retiree Health Care Board of Trustees
    i. **Consideration to Appoint Jim Brown, Chief Human Resources Officer, as a Board Trustee for a 3-Year Term to Represent Monroe Community Mental Health Authority on the Retiree Health Care Board of Trustees**
d. Board Action Request: Rehmann Amendment – Lisa Graham
    i. **Consideration to Approve the Change Order to the Current Rehmann Contract in Order to Add Additional Hours for Billing and Supervision for an Additional Flat Fee of $10,900 Per Month, Retroactive to October 1, 2026**
e. Policy Governance Bootcamp – Rebecca Pasko
    i. **Consideration to Approve up to Three Board Members to Attend the Policy Governance Bootcamp on October 1st and 2nd, 2026 in Grand Rapids, Michigan**

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

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

XVI. ADJOURNMENT **01 min**

The next regularly scheduled meeting for the Monroe Community Mental Health Authority Board of Directors is **Wednesday, September 23, 2026** beginning at 6:00pm in the Aspen Room located at Monroe Community Mental Health Authority.

LG/dp, 4:21pm

BOARD OF DIRECTORS REGULAR MEETING MINUTES
July 22, 2026

Present: Rebecca Pasko, Chairperson; Becca Curley (arrived at 6:23pm), Vice Chairperson; Reda Biniecki, Secretary; Rob Calhoon; John Cullen; Henry Lievens; Nanette McCloud; Henry Werner; Juanita Roscoe; LaMar Frederick; Doug Stevens; and John Burkardt

Excused: N/A

Absent: N/A

Staff: Lisa Graham

Guests: Jovan Dragovic, Dykema, Gerald Aben, Dykema, and 5 guests were present.

I. CALL TO ORDER

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

II. ROLL CALL

Roll Call confirmed a quorum existed.

III. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Rebecca Pasko.

IV. CONSIDERATION TO ADOPT THE DRAFT AGENDA AS PRESENTED

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

V. CONSIDERATION TO APPOVE THE MINUTES FROM THE JUNE 24, 2026 BOARD MEETING AND WAIVE THE READING THEREOF

The June 24, 2026 Board Meeting minutes were as presented in the Board Packet. Rebecca Pasko asked if there were any changes to minutes. Hearing no changes, the June 24, 2026 minutes were approved by unanimous consent.

VI. PUBLIC COMMENTS

There were no public comments.

VII. ITEMS FROM THE BOARD CHAIR

a. **Announcement of New Board Member**
   i. Rebecca Pasko welcomed Nanette McCloud to the MCMHA Board of Directors.

b. **Executive Committee**
   i. The Executive Committee reviewed the draft agenda for tonight's meeting.

c. **Correspondence**
   i. An email was sent to the full Board regarding the resignation of Joan Canning, board member. Rebecca Pasko notified the County Commissioners, the vacancy was posted, and they appointed a new member at their meeting yesterday. We have a new board member, Nanette McCloud.

d. **Board Committees**
   i. Rebecca Pasko announced that the Recipient Rights Advisory Council (RRAC) invited John Burkardt to participate as a Board Representative. John accepted.
   ii. Rebecca Pasko appointed LaMar Frederick, Reda Biniecki, Rob Calhoon, John Cullen, and Henry Werner to the Business/Finance Committee
   iii. Rebecca Pasko appointed Becca Curley, Reda Biniecki, John Burkardt, Rob Calhoon, and John Cullen to the Bylaws/Policy Committee
   iv. Rebecca Pasko appointed Reda Biniecki, Nanette McCloud, Juanita Roscoe, and Doug Stevens to the Community Relations Committee
   v. Clinical Operations Committee
      1. **Consideration to Dissolve the Clinical Operations Committee Effective July 22, 2026**

         Reda Biniecki moved; Rob Calhoon supported. No debate followed. Rebecca Pasko asked if there were any objections to dissolve the Clinical Operations Committee. Hearing no objections, the Board approved to dissolve the Clinical Operations Committee effective July 22, 2026 by a unanimous vote.

   vi. Membership Screening Committee
      1. **Consideration to Dissolve the Membership Screening Committee Effective July 22, 2026**

         Rob Calhoon moved; Juanita Roscoe supported. No debate followed. Rebecca Pasko asked if there were any objections to dissolve the Membership Screening Committee. Hearing no objections, the Board approved to dissolve the Membership Screening Committee effective July 22, 2026 by a unanimous vote.

e. **Presentations**
   i. Board members that ask questions during presentations should be relevant and not jump ahead.

VIII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER

a. Lisa Graham presented the CEO Report highlighting: State/RFP Update; SAMHSA Grant; Strategic Planning; Space Needs; and Upcoming Events. The CEO report was included in the Board Packet for review.

   Events:
   - CEO Coffee Hour on July 23, 2026 from 10am-11am at Tim Hortons on Monroe Street.
   - St. Joe's Center of Hope Community Open House on July 31, 2026 from 12pm-4pm.
   - MCMHA Fair Booth in the Merchants Building August 2nd through August 8th, 2026.
   - Operation Connected Care on August 24, 2026 from 10am-2pm at Monroe CMH Authority.

IX. RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS

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

X. BOARD COMMITTEE MINUTES

Rebecca Pasko asked if there were any questions for the following Board Committees:

a. Business/Finance
b. Community Relations

There were no questions from the Board.

Reda Biniecki requested the Board to review the Revel Marketing presentation attached to the Community Relations minutes. It is exciting, we are doing good things.

XI. PRESENTATIONS

a. FY2025 Financial Statements and Report on Compliance – Christina Schaub, Roslund, Prestage & Company, presented the FY2025 Financial Statements and Report on Compliance for year ending September 30, 2025.

Financial Statements: In our opinion, the financial statements presented fairly, in all material respects, the respective financial position of the business-type activities and each major fund of the CMHSP as of September 30, 2025, and the respective changes in the financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Becca Curley arrived at 6:23pm.

Report of Compliance: In our opinion, the CMHSP complied, in all material respects, with the specified compliance requirements that are applicable to the Medicaid Contract and/or GF Contract for the year ended September 30, 2025.

The full Financial Statements and Report of Compliance were included in the Board Packet for review.

i. **Consideration to Accept the FY2025 Compliance Audit Ending September 30, 2025**

LaMar Frederick moved; Rob Calhoon supported. No debate followed. Rebecca Pasko asked if there were any objections to accepting the FY2025 Financial Statements and Report on Compliance. Hearing none, the Board accepted the FY2025 Financial Statements and Report on Compliance by a unanimous vote.

b. FY2026 2nd Quarter Consumer Advisory Council (CAC) Report & Flyer – Sarah Klawitter presented a new CAC flyer which better describes who the CAC is. The flyer will be placed in new consumer folders. Sarah provided an overview of items the CAC has been working on for 2nd Quarter. The flyer and presentation were included in the Board Packet for review.

c. FY2026 2nd Quarter Operations Report – The 2nd Quarter Operations Report was included in the Board Packet for Review. Lisa Graham was available for questions.

d. FY2026 2nd Quarter MDHHS Indicators – Lisa Graham presented the 2nd Quarter MDHHS Indicators. Michigan is changing from the old model and transitioning the indicators. Some of the indicators we are still monitoring even if the state is not. We are doing well with all of our indicators and are on track. If we are not meeting, we are exceeding.

e. Finance Report

i. Amy Rottman presented the May Financial Report and provided monthly highlights:
   1. Statement of Position: Cash in the bank is $20,786,169.
   2. Estimated surplus (due back to the PIHP) is $1,694,311.
   3. Estimated surplus from CCBHC Medicaid Operations is $1,946,586.
   4. Estimated deficit from CCBHC non-Medicaid operations $1,763,634.
   5. Estimated deficit from other General Fund spend is $186,814.
   6. Total estimated fund balance addition is $1,016,880.

ii. Overall, pretty comparable numbers for our statement of position.

iii. The CCBHC program revenue and expenditure are growing. We are doing more CCBHC activity through this point in time, which is what we expected and the direction the agency is headed. Some of this is shifting from capitation when doing more CCBHC services. The primary expense is provider network.

Henry Lievens was excused at 7:15pm.

XII. UNFINISHED BUSINESS

a. No unfinished business from June.

XIII. NEW BUSINESS

a. Service Contracts – Alicia Riggs presented the service contracts.

i. Consideration to Approve the Service Contracts as Presented

LaMar Frederick moved; Reda Biniecki supported. No debate followed. Rebecca Pasko 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. Regional Policy Executive Summary – Included in the Board Packet for review.

i. Consideration to Adopt the Regional Policies as Presented

Doug Stevens moved; John Burkardt supported. No debate followed. Rebecca Pasko asked if there were any objections to adopt the regional policies. Hearing no objections, the Board adopted the regional policies as presented by a unanimous vote.

XIV. PUBLIC COMMENTS

There were no public comments.

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

Reda Biniecki moved; LaMar Frederic supported. No debate followed. Rebecca Pasko asked if there were any objections to go into Closed Session. Hearing no objections, the Board approved going into Closed Session by a unanimous vote.

The Board went into Closed Session at 7:38pm.

Juanita Roscoe was excused at 7:58pm.

The Board went into Open Session at 8:08pm.

XVI. BOARD MEMBER ANNOUNCEMENTS

Rob Calhoon commented that he will be participating on a zoom meeting with Lisa Graham with Wayne from Bedford Veterans on suicide prevention.

Board members welcomed Nanette McCloud as a new board member.

Nanette McCloud commented that she is glad to be here and hopes she can do some good.

Reda Biniecki reminded everyone to turn in your stipend and evaluation forms at the end of the meeting.

John Burkardt commented on the CMHAM Fall Conference. Rebecca Pasko responded that more information well be sent to the full Board when it becomes available.

Rebecca Pasko mentioned that this was Henry Lievens last meeting with CMH and another County Commissioner, Dave Swartout, will be appointed and join us next month. Also, I hope everyone plans to attend the Monroe County Fair and stop by the CMH Booth and sign up with your email address.

XVII. ADJOURNMENT

Rebecca Pasko adjourned the meeting at 8:12pm.

Submitted by,

_____
Reda Biniecki, Secretary

LG/dp
7/24/26

BOARD EXECUTIVE COMMITTEE

Wednesday, August 19, 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
Becca Curley, Vice Chair
Reda Biniecki, Secretary

I. CALL TO ORDER

Rebecca Pasko called the meeting to order at 6:06pm. Rebecca Pasko, Becca Curley, Reda Biniecki, and Lisa Graham were present.

II. ITEMS FOR DISCUSSION

a. Review of the Draft August 26, 2026 Board Meeting Agenda – The August 26, 2026 draft agenda was reviewed.
b. Review of the July 22, 2026 Board Meeting Evaluation - The committee reviewed the evaluation report for any emergent issues or trends. The report will be sent to the Board.
d. Building Lease – There are three owners, two have agreed to everything in the lease and the third is considering if he wants to lease it or leave it empty. If the lease is signed and received before the Board Meeting next week there may be an amended agenda.
e. Retirement Options – Reda Biniecki commented on retirement benefits. Lisa Graham will request for Jim Brown to include information on retirement benefits in his next Human Resources report to the Board.
f. Board Holiday Event – Rebecca Pasko would like to give an update on the Board Holiday Event at the next Board Meeting. The location will be the Little Brown Jug in Maybee, Michigan. A survey of dates/times for December and January will be sent to the Board. Once a date has been confirmed an official invitation will be sent.
g. River Raisin Clubhouse – Reda Biniecki attended the last River Raisin Clubhouse Board Meeting. They asked if any of our board members would be interested in sitting on their Board. Reda will make an announcement at the board table during board member announcements. Lisa Graham will follow up with Stephan Pietszak on more information for the Clubhouse Board and if they receive a stipend and mileage. Other information for the Clubhouse will be included in the CEO report.
h. Policy Governance Bootcamp – Rebecca Pasko requested to include the flyer for the Policy Governance Bootcamp in the Board Packet and to add a consideration to send up to three board members.

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; FY25 Compliance Audit
h. Aug Bylaws and Governance Policy Manual;
i. Sep FY2026 Proposed Board Budget; and blanket motion for 2027 CMHAM Conferences, NATCON27, and Policy Bootcamp
j. Oct N/A
k. Nov 2027 Board Meeting Calendar
l. Dec Board and Executive Leadership Holiday Dinner Event – To be determined

IV. NEXT AGENDA

a. Review of September 23, 2026 Board Meeting agenda
b. August Board Meeting Evaluation Report
c. Board Holiday Event
d. Clubhouse Stipends

V. AJOURNMENT

The meeting adjourned at 7:24pm.

VI. NEXT MEETING

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

Respectfully submitted,

Rebecca Pasko (dp)

Rebecca Pasko
Board Chairperson

8/20/26

CEO REPORT

August 26, 2026

LOCAL/REGIONAL/STATE UPDATES

State/RFP Updates: No updates.

SAMHSA Grant: Monroe CMHA submitted CCBHC Expansion grant through SAMHSA. Awards are expected to be announced in September.

CCBHC Quality Bonus Award: Monroe CMHA has been awarded **$850,493.28 in Quality Bonus Revenue for Fiscal Year 2026**. This significant award reflects the exceptional work of our staff and leadership team in delivering high-quality, person-centered behavioral health services and achieving key quality and performance measures. The quality bonus recognizes our organization's commitment to improving access to care, enhancing health outcomes, and meeting the rigorous standards established for CCBHC providers. This achievement is a testament to the dedication of our clinical, administrative, and support teams who work every day to serve individuals and families across our community. Beyond acknowledging our strong performance, these additional funds will provide valuable opportunities to further strengthen services, invest in innovation, and support our strategic priorities as we continue to expand access to high-quality behavioral health care.

River Raisin Clubhouse Updates: (1) River Raisin Clubhouse recently learned that they have, once again, been awarded Michigan's Clubhouse Innovation and Prevention Grant, which provides funding for individuals who meet eligibility for clubhouse services, but do not have Medicaid. (2) Michigan Clubhouse and Clubhouse International have recommended that River Raisin Clubhouse's Board include one representative from MCMHA's Board of Directors. Their Board meets 2nd Monday, every other month, at 4 pm. Next meeting is 9/14. Please let Dawn Pratt know if you are interested. (3) River Raisin Clubhouse is participating in the Community Foundation's 2026 Philanthropy Playoffs, which runs 9/10-10/22. You will receive information on how you can participate/contribute closer to the date.

WRAP Group: Beginning in September, MCMHA will offer a weekly Wellness Recovery Action Plan (WRAP) group to open consumers. **WRAP (Wellness Recovery Action Plan)** is a self-directed, evidence-based process for creating and maintaining wellness. The group assists participants to identify simple, safe, and effective wellness tools to support life goals, create a plan to stay on track and respond to challenges, and to build personal responsibility, hope, education, self-advocacy, and support into daily life.

Provider Network Stability: MCMHA leadership continues to recruit providers, both direct hired staff and contractors, to meet our need for therapy and behavior management/psychology services.

COMMUNITY PARTNERSHIPS/COMMUNITY AWARENESS

Family Medical Center: MCMHA's Mobile Crisis Team spent two days (8/5-6) with Family Medical Center, one day at their Temperance campus and one day at their Monroe Campus, for a drive-through resource fair and food box distribution event for FMC patients. In total, Mobile Crisis provided about 300 bags with CMH resource information and swag.

Bedford/Temperance Outreach: On 8/6, CEO met with Bedford Township Supervisor, Al Prieur, to discuss MCMHA resources and outreach opportunities for the Bedford area. We planned to follow up with action items.

Monroe County Health Department: On 8/1, MCMHA participated in the MCHD's Health Fair. The event was aimed at the 5–19-year-old population and drew around 200 individuals.

Upcoming Events: The following events are scheduled for August and September:

- 8/27 & 9/2: **MCISD Agency Tour**: MCMHA, River Raising Clubhouse, as well as our skill building providers are included as part of the ISD's local human service agencies tour.
- 9/16: **Men on a Misson Job & Resource Fair**, MCOP Opportunity Center, time
- 9/8: **Annual Suicide Awareness and Remembrance Vigil**, Loranger Square, 5:30-6:30 pm.
- 9/23: **Annual State Walk a Mile** Event, State Capital, Lansing, 12-3
- 9/24: **MCMHA CEO Coffee Hour**, 3168 Lewis Ave, Ida, MI, 10-11

Respectfully Submitted,

Lisa Graham
Chief Executive Officer

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
August 12, 2026

Members Present for In-Person Quorum:	Judy Ackley, Rebecca Curley, LaMar Frederick, Molly Welch Marahar, Alfreda Rooks, Mary Serio, Holly Terrill, Andy Yurkanin
Members Not Present For In-Person Quorum:	Matt Ikle, Bob King, Rebecca Pasko, Annie Somerville, Ralph Tillotson
Staff Present:	**PIHP staff:** James Colaianne, Chief Executive Officer; Matt Berg, Chief Financial Officer; Michelle Sucharski, Chief Information Officer; Stephannie Weary, HR and Regional Coordinator; CJ Witherow, Chief Operating Officer; Callie Finzel, Quality Manager; Maureen Bowler, Substance Use Services Program Coordinator; Kate Hendricks, SUD Clinical Treatment Manager **Regional staff:** Connie Conklin, Livingston CMHA Executive Director; Lisa Graham Monroe CMH Executive Director; Kathryn Szewczuk, Lenawee CMHA Executive Director; Mike Harding, Washtenaw CMH Deputy Director
Guests Present:	

I. Call to Order
Meeting called to order at 6:00 p.m. by Board Chair J. Ackley.

II. Roll Call
- Quorum confirmed.

III. Consideration to Adopt the Agenda as Presented
Motion by L. Frederick, supported by M. Welch Marahar, to approve the agenda
Motion carried unanimously

IV. Consideration to Approve the Minutes of the June 10, 2026 Meeting and Waive the Reading Thereof
Motion by M. Serio, supported by M. Welch Marahar, to approve the minutes of the February June 10, 2026 meeting and waive the reading thereof
Motion carried unanimously

V. Audience Participation
None

VI. Old Business
a. Board Information: CMHPSM Finance Reports
- M. Berg presented. Discussion followed.

VII. New Business
a. Information: FY2027 Draft Budget Scenarios
- The state has not provided FY27 rates yet.
- J. Colaianne and M. Berg provided three revenue scenarios for the FY27 budget.

- The state will hold a rate-setting meeting on August 20, 2026. It is expected that the state will share draft rates with the PIHPs.
- The finalized budget will come to the September 16 board meeting for review and approval.

b. Action: FY2027 Regional Board Meeting Calendar

Motion by A. Yurkanin, supported by M. Serio, to approve the FY27 Regional Board Meeting schedule as presented
Motion carried unanimously

c. Information: FY2026 QAPIP Status Update Report
- C. Finzel provided an update through quarter 3.
- The state has begun a transition from state indicators to national indicators, which are used more widely and validated by national agencies.
- M. Serio noted the improved Adverse Event indicators over FY25.
- C. Finzel advised that staff compare some metrics from year-to-year and others from quarter-to-quarter to identify patterns.
- RCA stands for root cause analysis.
- C. Finzel provided the board with clarification regarding the differences between critical incidents and sentinel events.
- Board member M. Ikle asked how the region determines whether someone has stayed on their meds or not, and if there is a source of support for people to stay on their meds.
- C. Finzel advised that the region receives claims data from the state that indicates whether people have filled their prescription, and the region uses internal data to determine which people are prescribed the medications and may need follow-up. Doctors do not receive an alert to indicate if a prescription has been picked up or not.

d. Information: FY2026 Employee Engagement Survey
- J. Colaianne advised that 26 out of 28 employees participated in the survey.
- Scores were very similar to last year's scores.
- 26 out of 28 staff responded.
- The Board expressed concern about the employees who entered lower scores for the "I don't feel safe" question. J. Colaianne will consider questions to follow up on this question.

VIII. Reports to the CMHPSM Board

a. Information: CEO Report to the Board
- The PIHP hired new CFO Holly Schippers. Her first day is 8/24/26.
- Department Director Hertel resigned her position on 6/30/26. Amy Epkey was named as acting MDHHS Director as of July 1, 2026.
- J. Colaianne signed the FY2026 contract.
- There is a procurement placeholder on the Department of Technology Management and Budget procurement page estimating an August 2026 PIHP procurement release.
- There is a mediation session related to FY25 contract dispute tomorrow, August 13, 2026.
- There is a mediation session on August 19, 2026, related to the Waskul settlement. The PIHP and Washtenaw were dismissed from the lawsuit, but the judge retained the power to hold the PIHP and Washtenaw in contempt

- The FY27 contract has been issued; no negotiations were involved/allowed. The deadline to sign the contract is September 10, 2026. J. Colaianne did not identify any concerning contract requirements and anticipates signing the contract.

b. Information: Regional Gambling Prevention Campaign
   - M. Bowler shared highlights of the campaign.

c. No Oversight Policy Board Meeting Update

IX. Adjournment

Motion by H. Terrill, supported by M. Welch Marahar, to adjourn the meeting
Motion carried unanimously

- The meeting was adjourned at 7:28 pm.

X. Supplemental Materials
   a. Appendix A: Board Attendance Tracking Sheet

_____
Mary Serio, CMHPSM Board Secretary

BOARD BUSINESS OPERATIONS COMMITTEE
Wednesday, August 11, 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; Reda Biniecki; Rob Calhoon; John Cullen; Henry Werner; 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, Rob Calhoon, Henry Werner, Rebecca Pasko, and Lisa Graham were present. John Cullen was excused.

II. BUSINESS OPERATIONS

a. **Board Action Request: Rehmann Amendment**
   i. Lisa Graham presented the Board Action Request. An overview of the billing services provided by Rehmann since October 1, 2025. Legal counsel reviewed the contract and there is nothing in the contract that states Rehmann has to submit bills to MCMHA within 30-60 days.
      1. Lisa Graham has asked Rehmann if they would be open to amending the contract to state that anything that is a material change that it would need to be submitted to us within 90 days.
      2. The committee agreed with the suggested amendment.
   ii. Legal counsel also provided an opinion that even though the information within the Board Action Request was received later than what MCMHA would have liked, it is not uncommon for a Change Order such as this nor is it uncommon to be retractive.
   iii. The current budget supports the change to the contract. The committee recommends the full Board to approve the Board Action Request: Rehmann Amendment at the August 26, 2026 Board meeting.

b. **Board Action Request: Building Lease**
   i. Dykema reviewed the contract in great detail. It was sent to the three owners. The local owner agreed with everything but the 2 owners in California have not. We are waiting on them to provide their feedback to the changes to the lease. We are ready as soon as they are ready. Hoping to get this back before the August Board Meeting. We will have legal counsel here to answer any questions on the lease. Already talked with insurance company for coverage.

c. **Review of Amended Governance Financial Policies**
   i. LaMar Frederick commented that the financial policies were included in the meeting packet and asked committee members if there was a need to go through each financial policy. The committee agreed that there was no need for further review and only have the need to get feedback for a few policies.
      1. The committee requested feedback from Richard Carpenter, Chief Financial Officer, on the following: How much to keep in the bank for cash flow, savings, and how much to invest; Asset to liability ratio; Investing without a qualified broker; and Tax filings.
   ii. Lisa Graham will set up a meeting to review the financial policies with Richard Carpenter to get his feedback before the policies are brought forward to the Board for consideration.
   iii. LaMar Frederick thanked committee members for working on the financial policies. LaMar thanked Sue Radwan for her expertise.
   iv. The committee recommends the financial policies be forwarded to the Bylaws/Policy Committee.

d. **FY2027 Draft Budget**
   i. Lisa Graham mentioned that the FY27 Draft Budget will be presented to the Board in August. We will review it in August and then Finance will bring back the final draft budget at the September Board Meeting for consideration. Right now, the state requires us to have an approved budget by September 30, 2026. They still have not given us our rates. The PIHP is still saying that they anticipate a 5% increase to the base, and we are building the budget with that assumption.

II. NEXT AGENDA

a. FY2027 Proposed Budget

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 5:54pm.

The next Business Operations Committee Meeting is scheduled for **Wednesday, September 2, 2026** beginning at 6:00pm in the Aspen Room.

Respectfully submitted,

LaMar Frederick (dp)

LaMar Frederick
Committee Chair

8/12/26

BOARD BYLAWS & POLICY COMMITTEE
Wednesday, August 5, 2026
5:00pm

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, Rob Calhoon, John Cullen, Reda Biniecki, and Rebecca Pasko (Ex-Officio)

DRAFT MINUTES

I. CALL TO ORDER

Becca Curley called the meeting to order at 5:15pm. Becca Curley, John Burkardt (virtual), Rob Calhoon, John Cullen, Rebecca Pasko (virtual), and Lisa Graham were present. Reda Biniecki was excused. Dr. Frances Jackson, Parliamentarian, attended as a guest.

II. COMMITTEE BUSINESS

a. Regional Policies

Policies: POC7057 Medication Administration, Medication Storage & Other Medical Treatment

The committee recommends the regional policy for adoption at the July 22, 2026 Board Meeting.

III. REVIEW OF BOARD BYLAWS AND GOVERNANCE POLICY MANUAL

a. The committee reviewed ARTICLE VII. Committees in the Bylaws and need to specify the following:
   i. List the standing and/or ad-hoc committees along with the scope/function of the committee.
      1. Bylaws & Policy
      2. Business & Finance
      3. Community Relations
      4. Performance Evaluation
   ii. Dr. Jackson reminded the committee that you cannot have a special/ad-hoc committee that duplicates what a standing committee does.
   iii. The committee will review at their next meeting and make amendments as needed.

b. Dr. Jackson presented two different processes for committee nominations by the Chair. 1) The Chair can appoint and unappoint board members to a committee without confirmation from the Board, or, 2) The Chair nominates board members for committees, and the Board confirms by motion.
   i. The committee recommended the Chair nominates board members to committees and is confirmed by the Board. The committee will work on creating a new policy at their next meeting.
   ii. Add under ARTICLE VII: Committees
      1. A quorum is a majority of the membership.
         a. Dr. Jackson commented that if the Chair is made an Ex-Officio, the Chair does not count towards a quorum.
      2. If a committee's membership and the presence of the Chair as Ex-Officio equals the quorum of the elected body, that committee meeting is subject to the Open Meetings Act.

c. Scope of Notice
   i. Dr. Jackson commented that when there is an amendment or revision to the Bylaws or Governance Policy Manual that you have to give notice at the previous meeting, provide the items that will be up for consideration to the Board, and a motion will be added to the next meeting agenda for consideration. You have to say exactly what you are proposing and cannot exceed what you have proposed.
   ii. The committee recommended adding scope of notice language to the Bylaws and Governance Policy Manual.

IV. NEXT MEETING

a. Start review with ARTICLE VII: Committees
b. Dr. Jackson to provide language for Parliamentary Authority to follow Article VII
c. Review ARTICLE XII: Amendments to Bylaws
d. Create Policy for Nominations and Confirmation for Board Appointments
e. Add language for scope of notice for 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 6:11pm.

VII. NEXT MEETING

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Wednesday, September 2, 2026** at 5:00pm.

Respectfully submitted,

Becca Curley (dp)

Becca Curley
Committee Chair 8/6/26

BOARD CLINICAL REPORT EXECUTIVE SUMMARY
August 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 18. Some of these positions are being filled internally and some are new positions.

TRUSTED COMMUNITY PARTNER

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

- There were 45 universal referrals made in May, June and July. 58% received some type of follow-up, authorized services, etc. 2% declined any further intervention, and 40% 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 six (6) programs/activities and zero (0) 1:1 meeting during May through July.

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 156 times in the first two quarters, which averaged 0.81 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 19.03 minutes, which is likely due to 59% of the calls from the 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 71% were from the Monroe County Sheriff's Department and Monroe City Police; 7% were from Access Dept/CMH, 20% were self-referral and 2% were from school.
- Enrollment for the CCBHC has increased by 37 members since last reported in February. This is a 1.89% increase in enrollment.
- MCMHA currently has 60 enrollees in the Behavioral Health Home program.
- The Behavioral Health Urgent Care (BHUC) served 448 unique guests in May, June and July.
- MCMHA has remained in compliance with priority population screening timeframe requirements with 87% of screenings over the last 3 months.
- The ACT team completed its MI Fidelity Review on July 8 and received a one-year IDDT ACT certification.

CONSUMER VOICE INFORMS DECISION MAKING

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

- By the end of July, 18 youth surveys and 21 adult surveys had been completed for Patient Experience of Care (PEC) survey.

MISCELLANEOUS

- The data for incoming calls being answered is 98% for FY26, which meets MCMHA's goal of 95%.

Updated 8/7/26

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.

Clinical staff completed Counseling on Access to Lethal Means (CALM) training as part of MCMHA's Zero Suicide initiative. The training enhanced staff knowledge and confidence in addressing access to firearms, medications, and other lethal means during periods of suicide risk. Staff strengthened their skills in conducting collaborative safety conversations with youth and families, discussing secure storage options, and developing follow-up plans that support comprehensive safety planning and family-centered care.

Additionally, Children's therapists certified in evidence-based practices for youth with Serious Emotional Disturbance (SED) attended the annual MDHHS Evidence-Based Organization (EBO) Conference at Shanty Creek. The three-day conference provided specialized training in Parent Management Training–Oregon (PMTO/PTC) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), allowing therapists to enhance their clinical skills and share best practices. During the conference, MCMHA's Outpatient and Home-Based Program Supervisor, Devon Cunningham, received the prestigious PMTO Golden Loop of Excellence Award for PMTO Leadership in recognition of outstanding leadership and commitment to evidence-based practice.

The MCMHA Child & Family Services Director and Program Supervisor participated in the MDHHS/CMHA "Igniting Future Partnership" Cross-Systems Learning Event on May 21, 2026. The event focused on strengthening collaboration between Community Mental Health and Child Welfare systems through family-driven and youth-guided practices, improved cross-system communication, solution-focused strategies, and meaningful incorporation of youth and family voice and choice.

Training topics included national trends, system barriers, rethinking levels of care, strategies to support children remaining safe in their communities, and collaborative problem-solving around cross-system challenges. This learning opportunity further supports MCMHA's efforts to strengthen partnerships with child welfare, reduce unnecessary placement disruptions, and improve coordinated planning and outcomes for youth and families with complex behavioral health needs.

In May, CCBHC Program Director continued to promote the National Council for Mental Wellbeing's Community Behavioral Health Workforce Career Accelerator Program. This is offered as part of the CCBHC Transformation Program Michigan CCBHCs are participating in as part of the Ballmer Group grant mentioned previously. The program will provide milestone-based incentives for masters-level professionals' progress towards licensure. MCMHA masters-level clinicians can apply for this opportunity until May 22nd. To date, at least nine (9) MCMHA staff were accepted.

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 August 4, 2026:

- Peer Support Specialist (PT)
- Youth Peer Support Specialist
- Crisis Mobile Clinician
- Adult CSM
- Child and Family CSM
- Crisis Care Clinician
- Parent Support Partner
- ICSM/Therapist (NEW POSITION)
- SUD Jail Diversion Peer
- I/DD CSM (2)
- Infant Mental Health Specialist
- Outpatient Therapist (2 – 1 NEW POSITION)
- Peer Recovery Coach (2 – NEW POSITION)
- Peer Support Supervisor (NEW POSITION)
- Psychosocial Clubhouse Generalist

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
From May through June, the I/DD Waiver Team Program Supervisor, serving as Chair of the Suicide Prevention Coalition, actively engaged with the community by hosting resource tables at Mental Health Fun Day and Airport High School. These outreach efforts provided opportunities to connect with community members, youth, and adolescents while sharing suicide prevention and mental health resources.

Connected Communities held a successful meeting in June featuring guest speaker Dr. Kojo Quartey. The discussion continued to focus on expanding supports, resources, and opportunities for individuals with Intellectual/Developmental Disabilities (I/DD) within our community.

From May through July, leadership continued to strengthen community partnerships and expand awareness of behavioral health and crisis services. In May, the Director of Access/Crisis/Diversion met with the Monroe Dispatch Director to explore more innovative ways to identify behavioral health calls and improve connections with crisis staff, with potential grant opportunities and a stronger partnership being explored. In June, the Director of Access/Crisis/Diversion and Crisis Mobile Supervisor presented crisis services and the Behavioral Health Urgent Care (BHUC) to the Dundee and Bedford Housing Commissions, providing education on levels of

urgency, appropriate service utilization, and the Universal Referral Form. In July, the Jail Diversion Supervisor participated in Drug Court's graduation celebration, recognizing two additional graduates and their recovery successes.

From May through July, the CCBHC Program Director continued to support suicide prevention efforts and veteran outreach through participation in the Suicide Prevention Coalition and Veterans Workgroup. In June, the Veterans Workgroup focused on recruitment and rescheduling QPR training for veterans and their families. The CCBHC Program Director also met with the VA's Community Engagement and Partnership Coordinator to plan a Veteran's Resource Fair, scheduled for August 24 at 10am at MCMHA. No coalition or Veterans Workgroup meetings were held in July.

On June 17th, MCMHA participated in a Key Informant Interview with Public Consulting Group as part of Michigan's ongoing efforts to strengthen CCBHC implementation, enhance oversight, and plan for the post demonstration period. Insights gathered through PCG interviews will be used to inform alignment of state policy with federal CCBHC requirements, assessment and recommendations related to oversight, monitoring, and implementation activities, and evaluation of future oversight models.

Planning for the annual Mental Health Summit progressed throughout June and July, with keynote speaker Joseph Reid, Founder and Executive Director of Broken People Peer Support, secured for the event. The Mental Health Summit is scheduled for October 22nd at Monroe County Community College, in the auditorium to provide a larger venue for the event. It will feature a keynote address and a panel of local experts.

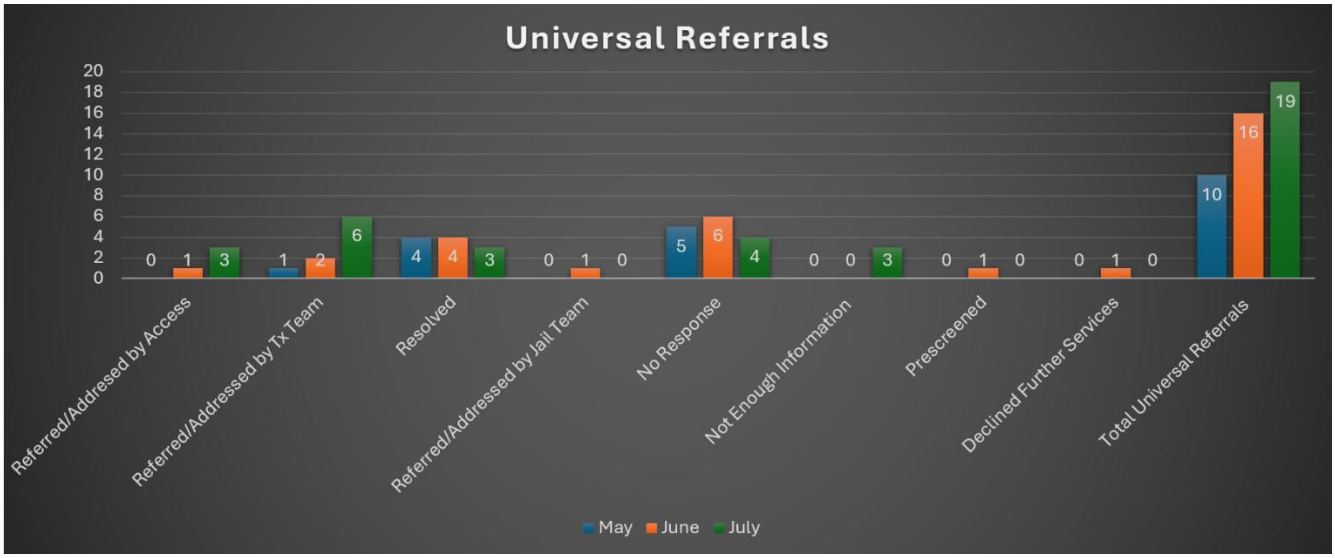
MCMHA continues to strengthen our partnership with the Monroe County Youth Center to promote continuity of care for youth already receiving MCMHA services. Our Detention Center Liaison also facilitates referrals for youth and families who may benefit from behavioral health services, while coordinating with the ACCESS Department and Psychiatric Services to ensure timely assessment, connection to care, and support for mental health needs identified during a youth's detention.

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 May, June and July, there have been 45 universal mental health referrals, including both law enforcement and community referrals. The outcomes of these cases are as follows:



58% of universal referrals MCMHA receives are resolved/addressed by MCMHA.

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 May, June, and July, MCMHA Peer Support Staff provided zero (0) 1:1 meetings/appointments, and the peers did engage in six (6) programs/activities within the Opportunity Center. Once we have a Peer Support Supervisor hired to oversee the peers, this is one of the areas the supervisor will evaluate and look to improve upon.

Crisis Mobile Response Team

Please see the attached report (Attachment #1) regarding data from the Crisis Mobile Response Team for the months of May, June and July.

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 have a delay in service for both adult and children's services for therapy. For Adult Outpatient Therapy, there are 11 individuals with internal referrals waiting for therapy services due to staff being at capacity. As space opens, these cases are reviewed and assigned in the order they were referred. From May through July, Child & Family Services continued to address access delays related to sustained demand and limited clinical capacity. Outpatient therapy delays improved slightly, decreasing from 63 youth in May and June to 62 in July, while the number waiting only for outpatient therapy services decreased from 12 to 6 (no other service requested). Home-Based Services delays also improved significantly, decreasing from 6 youth in June to 1 in July, with no delays in ICCW. The team continues to actively monitor delayed referrals, reassess family needs, prioritize assignments based on clinical severity and risk, and connect families with other appropriate supports while they await services.

From May through July, Clubhouse membership and participation remained strong, with total membership increasing from 87 to 94. Medicaid-authorized membership increased from 73 to 74, while 20 members remained enrolled through the CIP grant. Daily attendance remained steady, averaging 22–26 members, with the monthly high increasing from 30 to 35 members in July. July also saw 7 new members join and 14 new referrals received. The Clubhouse also participated in community outreach by representing Monroe CMHA at the Recovery Walk with an informational booth.

The Clubhouse received grant funding to help offset the cost of attending the 2026 USA Clubhouse Conference, which will be held October 1–3, 2026, at the Crystal Gateway Marriott in Arlington, Virginia. One staff member and one Clubhouse member will attend the conference.

Substance Use Disorder (SUD) Screening and Referral Data

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

April '26 – June '26

- Total SUD Screenings = 205
- Total SUD call activity = 921
- Total SUD Requests = 237
- Total SUD Admissions = 194

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. To remain in compliance, MCMHA must meet this standard by 75%. Over the past 3 months (May, June, July), MCMHA has complied with priority population screening timeframe requirements with 87% of screenings.

ICLC Learning Collaborative

The MI Team participated in an ICLC Learning Collaborative focused on strengthening and expanding the organization's SUD programming. An ICLC Fidelity Review was completed on July 14 to evaluate current processes and programming. The collaborative has been extended beyond September 2026 to allow for additional action planning. Currently, 26 groups are being assessed as part of the review process. Once the assessment is complete, recommendations will be provided regarding program improvements, priority areas, and strategies to enhance overall SUD care and treatment. The recommendations are anticipated to be received in October.

Certified Community Behavioral Health Clinic (CCBHC)

There are 1,994 members currently enrolled in CCBHC, which is an increase of 37 enrollees or 1.89% since last reported in May. This number will continue to fluctuate as consumers enroll and disenroll in services. This remains to be around 80% of our open consumers.

From May through June, the CCBHC Implementation Team focused on reviewing and finalizing key workplans, monthly data, and evidence-based practice updates. The Zero Suicide and Substance Use Disorder Workplans were finalized and approved for implementation in June. No CCBHC Implementation Meeting was held in July.

MDHHS has indicated that the Quality Bonus Payment review process began for FY25. Preliminary results indicated that MCMHA will receive $850,493.29 in Quality Bonus Payment awards. During the month-long consultation period, preliminary results may change. Final QBP award results are projected to be announced by August 31st with QBP payments being sent September 30th.

In July & August MCMHA began completing the application for the SAMHSA CCBHC-IA (Improvement and Advancement) grant. This four-year grant opportunity awards existing CCBHCs up to $1 million per year for improving and advancing their CCBHC.

Objective #2: MCMHA delivers Evidenced-Based services

- Transition Age Youth Services
- Dialectical Behavioral Therapy Skills Group

Transition Age Youth Services

From May through July, the Transition Age Youth (TAY) program continued to support youth ages 14–29 using the Transition to Independence Process (TIP) model, emphasizing youth voice, choice, and successful transition to adulthood. The Transition Facilitator continued accepting additional case assignments while helping youth develop independent living skills, with ongoing MDHHS technical assistance and training supporting program development. The team also strengthened collaboration with the detention center to identify youth who may benefit from TIP services upon discharge and began exploring coordination with ACCESS to use the MichiCANS TAY assessment to help expedite case assignments.

Dialectical Behavioral Therapy (DBT) Skills Group

The group currently has four consumers participating. Two staff members completed a five-day, in-person DBT training during the last week of July. With this additional training and capacity, the program anticipates being able to add more consumers to the group toward the end of August.

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 May through July, the BHH program maintained a consistent enrollment of 60 individuals. A part-time Peer Support Specialist continues to assist with members' medical and mental health needs, allowing the nurse to focus on individuals with higher levels of need. The program continues to monitor and identify individuals who may benefit from enrollment and additional ongoing supports.

Peer-Run Wellness Groups

From May through July, the Adult MI Full-Time Peer team successfully completed a WRAP (Wellness Recovery Action Plan) group with consistent attendance and positive outcomes. Participant feedback was gathered to identify strengths and opportunities for improvement. The team is now planning for a second WRAP group scheduled to begin in September 2026.

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

The ACT team completed its MI Fidelity Review on July 8 and received a one-year IDDT ACT certification. The state offered a six-month coaching opportunity to strengthen areas related to SUD, noting that the team was very close to meeting the requirements for a two-year certification. Coaching will be provided by a member of the state MI Review Team. Upon completion, the reviewer may recommend increasing the certification from one year to two years.

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 May, June, and July, the BHUC served 448 unique guests (which is a 45% increase since reported in May) for a total of 508 visits. Approximately 67% of these guests have Medicaid insurance.

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

From May through July, the Swartz and Windemere homes continued to provide residential services while working toward full licensure. Swartz maintained 3 residents with 1 opening available throughout the period. Windemere fluctuated between 2–3 residents and had 1–2 openings available. Referrals continued to be made for appropriate consumers to tour and consider placement in these homes.

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 May, June and July data:
Deployments: 156

Referral Source:

- Law Enforcement – 71%
- CMH – 7%
- School – 2%
- Self - 20%

Primary Diagnosis or Reason for Deployment:

- Thought Disorder – 25%
- Suicidal Ideation – 22%
- Substance Abuse – 8%
- Neurocognitive – 8%
- Homicidal Ideation – 1%
- Environmental – 27%
- Other – 9%

CONSUMER VOICE INFORMS DECISION MAKING

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

From May through July, collection of the 2026 youth and adult Patient Experience of Care (PEC) surveys continued as part of the annual CCBHC requirement. A total of 600 postcards were mailed to invite consumers to participate, with collection efforts continuing through September. By the end of July, 18 youth surveys and 21 adult surveys had been completed. In response to lower youth participation, additional outreach strategies are being implemented, including having Reception provide postcards and encourage consumers to complete the surveys during appointments.

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	May-26	June-26	July-26
Incoming Calls	4908	3451	3838	4017	3649	4052	3914	3492	4013	4783
Incoming calls minus abandon calls	4762	3358	3748	3948	3596	4017	3880	3466	3978	4757
Calls Answered	4478	3134	3503	3708	3324	3815	3634	3280	3765	3801
Missed/Abandoned Calls	430	316	334	308	324	237	280	212	246	982
Abandoned Calls	146	93	90	69	53	35	34	26	35	26
% incoming calls answered	91%	91%	91%	92%	91%	94%	93%	94%	94%	79%
% incoming calls answered minus abandon calls	97%	97%	98%	98%	99%	99%	99%	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).

Service	Desired Caseload Size	Current Average Caseload	Notes
Case Management (Child SED)	45	66	Youth with an SED diagnosis receiving case management.
Transition Age Youth	20	16	The TIP Model is a strength-based, youth-driven framework that was developed for working with youth and young adults (14-29 years old) with emotional/behavioral difficulties. Therefore, the caseload is reduced.
Wraparound Services	10-12	12	Caseload assignment cannot exceed a ratio of one (1) facilitator to twelve (12) child/youth and family teams or no more than 15 with 3 in transition to close.
Home Based Services (SED & I/EMH)	12 to 15	12 HB 13 IMH	The intensive home-based services worker-to-family ratio is 1:12. Face-to-face time is adjusted to accommodate the level of care needs for each family. The maximum worker-to-family ratio is fifteen (15) (no more than twelve (12) active and three (3) transitioning to a lower level of care or discharge). The same case limit rules apply to the Infant and Early Childhood (0-6year olds) 'Home-based' team.

Case Management (Adult I/DD)	45	45	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.
Case Management (BHT/HAB/CWP-I/DD Waiver Teams)	45	48	Both children and adults who are diagnosed with an I/DD and on a waiver are monitored by this team.
Outpatient Therapy (Child MI)	20-25	23	Targeted case management/outpatient caseloads are managed depending on the frequency of sessions per week/month.
Parent Support Partners (PSP)	31	20	This is a peer delivered service for parents whose child is diagnosed with an SED or I/DD.
Youth Peer Support Services (PT)	10	vacant	This is a youth peer delivered service for parents whose child is diagnosed with an SED or I/DD.
Certified Peers	35	82	This team provides peer support services to consumers who are in the medication-assisted treatment (MAT) program. One vacancy.
Jail Diversion Case Management	30-40	33	This team provides case management services to those who are incarcerated.
Monthly Case Management (Adult MI)	55	54	This team provides monthly case management to consumers.
Meds Only Case Management (Adult MI)	100	98	This team provides case management services to consumers whose goal is only medication management; therefore, the frequency is decreased based on the need.
Therapist (Adult MI)	40/50	44	This team provides outpatient therapy to adults who are diagnosed with an SMI.
Certified Peer Support Specialist (FT)	40	22	This team provides peer support services to consumers diagnosed with SMI.

Certified Peer Support Specialist (PT)	30	vacant	This team provides peer support services to consumers diagnosed with SMI.
ACT	50 for Team	33	Assertive Community Treatment team provides services to those diagnosed with an SMI in a team model.

Regional Behavioral Health Quality Transformation Workgroup

From May through July, the Behavioral Health Quality Transformation workgroups continued to monitor performance metrics, review reports, and develop performance improvement strategies. The team identified a gap in follow-up after emergency department visits for mental health and planned additional outreach, including an outreach letter. MCMHA leadership and data staff also continued participating in the regional PIHP workgroup to establish monitoring plans and reporting processes for newly required quality metrics. Regional meetings included review of performance improvement plans, root cause analysis, reporting feedback, and preparation for upcoming quality measures.

Prime for Life

The Youth Diversion Specialist and Transition Facilitator became certified in the Prime for Life substance use education program, a SAMHSA evidence-based practice. This certification expanded the program's availability to youth receiving MCMHA services, youth in the Monroe County Detention Center, and at-risk students in Monroe County schools who are not yet connected to services. The first class was launched on June 16 with four participants, including both CMH consumers and community youth.

Trauma Focused – Cognitive Behavioral Therapy (TF-CBT)

From May through July, the Child & Family Department increased its number of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) certified clinicians from six to seven, with Amy Hilliker becoming the newest certified clinician in July. Three additional therapists remain in a training cohort and are anticipated to complete certification later this year, further expanding the department’s clinical capacity.

Parent Management Training Oregon (PMTO)

From May through July, PMTO continued providing individualized support to help parents manage emotions and reduce the stress associated with parenting children experiencing serious mental health challenges. The program maintained a team of four certified staff, including two master’s-level clinicians and two coaching staff, one of whom serves as a fidelity implementation specialist.

Parenting Through Change (PTC)

From May through July, PTC continued to be provided by two in-house coaches, with efforts underway to expand the number of trained staff. The May group successfully completed its 10-week telehealth program, graduating three caregivers in June. Due to challenges with consistent group attendance, families unable to complete PTC are offered the individual PMTO model as an alternative. In July, two candidates were accepted into the next PTC training cohort beginning in September, with orientation and implementation activities already underway. The candidates have begun accepting referrals and will provide sessions as part of their training.

Infant Mental Health (IMH)

From May through July, Infant Mental Health services continued to support infants, young children, and families in developing secure relationships and strengthening early emotional and mental health. The program maintained its partnership with the Maternal Infant Health Program to identify referrals and coordinate services for shared families. In July, initial planning was completed to develop an Infant and Early Childhood Mental Health consultation capacity for Monroe County with support from MDHHS. This initiative will provide prevention-focused support for children birth through age five who are at risk of suspension, expulsion, or exclusion from early care and education settings. Planning included development of a workplan, clarification of the consultant role, referral and data tracking processes, staffing, and community outreach.

Serious Emotional Disturbance waiver - (SEDW)

From May through July, enrollment in the Michigan Medicaid pathway for children and youth with Serious Emotional Disturbance and intensive treatment needs increased from 1 to 2 participants. Enrollment remained at 2 in June and July, supporting youth who meet inpatient hospitalization criteria or are at risk of hospitalization without additional behavioral health services.

Motivational Interviewing-Adolescents – (MI-A)

From May through July, the program continued to offer Motivational Interviewing for Adolescents (MI-A), a collaborative, youth-centered approach that helps adolescents build internal motivation and make positive behavioral changes. One supervisor and one clinician remain certified to provide MI-A services.

Select Month:: 2026 - 07, 2026 - 06, ... (3)

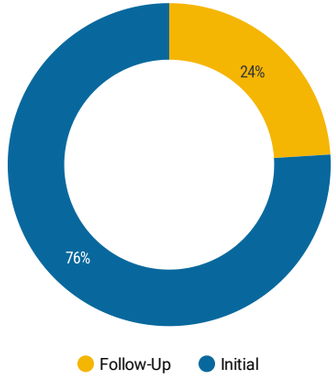
Monroe County CMH Crisis Mobile Utilization Report

Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

156

Mo... ❶	Init... ❷	#	%
2026 - 05	Follow-Up	28	40%
2026 - 05	Initial	42	60%
2026 - 06	Follow-Up	5	12%
2026 - 06	Initial	37	88%
2026 - 07	Follow-Up	9	20%
2026 - 07	Initial	35	80%

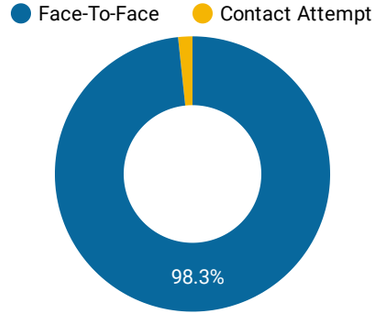


Average Face-to-Face Interaction Time (Hours)

0.81

Month	Avg F2F Contact
2026 - 05	0.92
2026 - 07	0.78
2026 - 06	0.74

Month	Contact Type	Hours
2026 - 05	Face-To-Face	37.75
2026 - 05	Indirect Contact (Phone/Email/Other)	0.5
2026 - 05	Contact Attempt	0.75
2026 - 06	Face-To-Face	28.79
2026 - 06	Indirect Contact (Phone/Email/Other)	0
2026 - 06	Contact Attempt	0
2026 - 07	Indirect Contact (Phone/Email/Other)	0
2026 - 07	Contact Attempt	0.75
2026 - 07	Face-To-Face	26.65



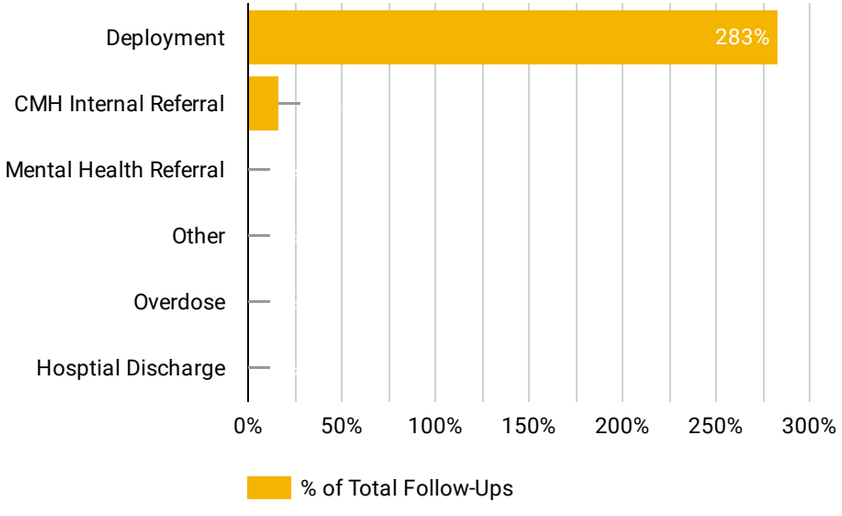
Select Month:: 2026 - 07, 2026 - 06, ... (3)

Monroe County CMH Crisis Mobile Utilization Report

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

Note: Tracking for follow-ups started October 2024

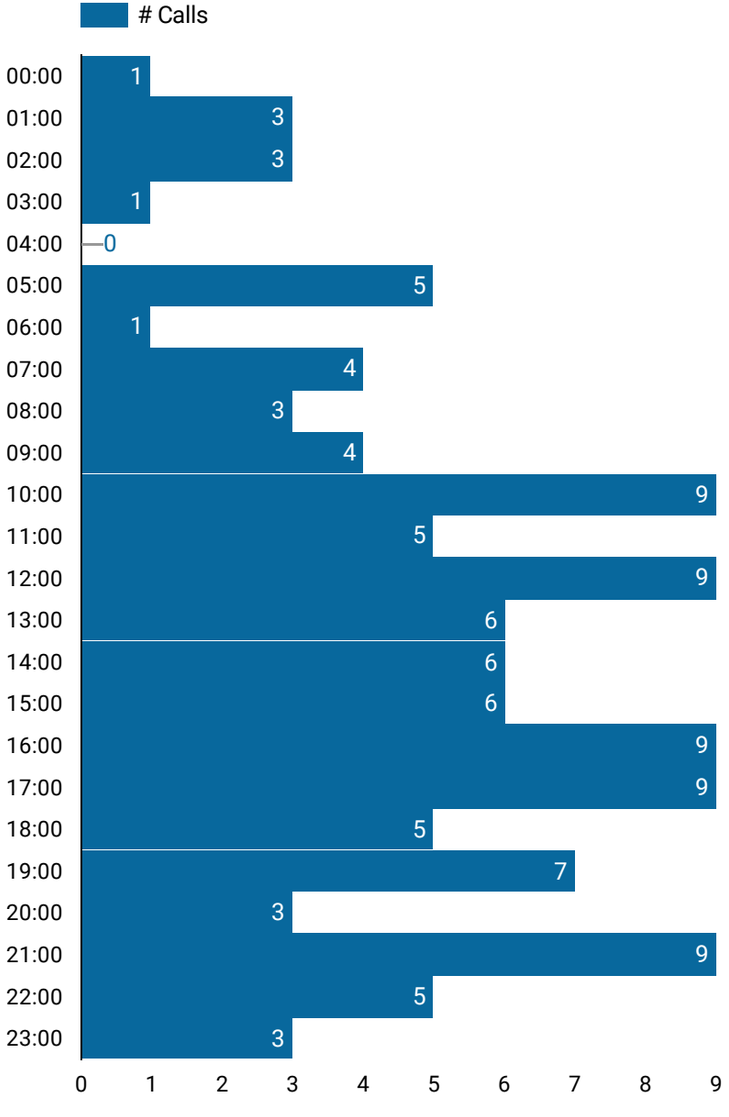
Month ❶	Type ❷	#	%
2026 - 05	CMH Internal Referral	0	0%
2026 - 05	Deployment	28	100%
2026 - 05	Hosptial Discharge	0	0%
2026 - 05	Mental Health Referral	0	0%
2026 - 05	Other	0	0%
2026 - 05	Overdose	0	0%
2026 - 06	CMH Internal Referral	1	16.67%
2026 - 06	Deployment	5	83.33%
2026 - 06	Hosptial Discharge	0	0%
2026 - 06	Mental Health Referral	0	0%
2026 - 06	Other	0	0%
2026 - 06	Overdose	0	0%



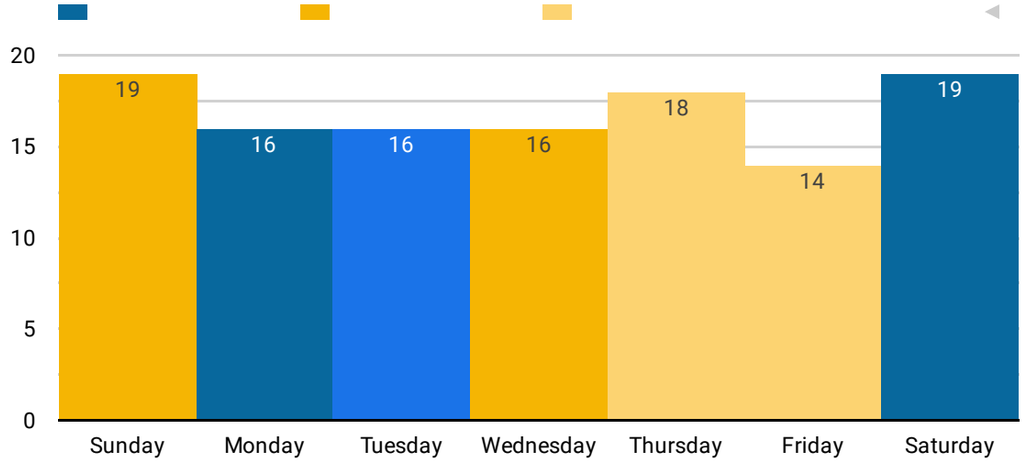
Select Month:: 2026 - 07, 2026 - 06, ... (3)

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)

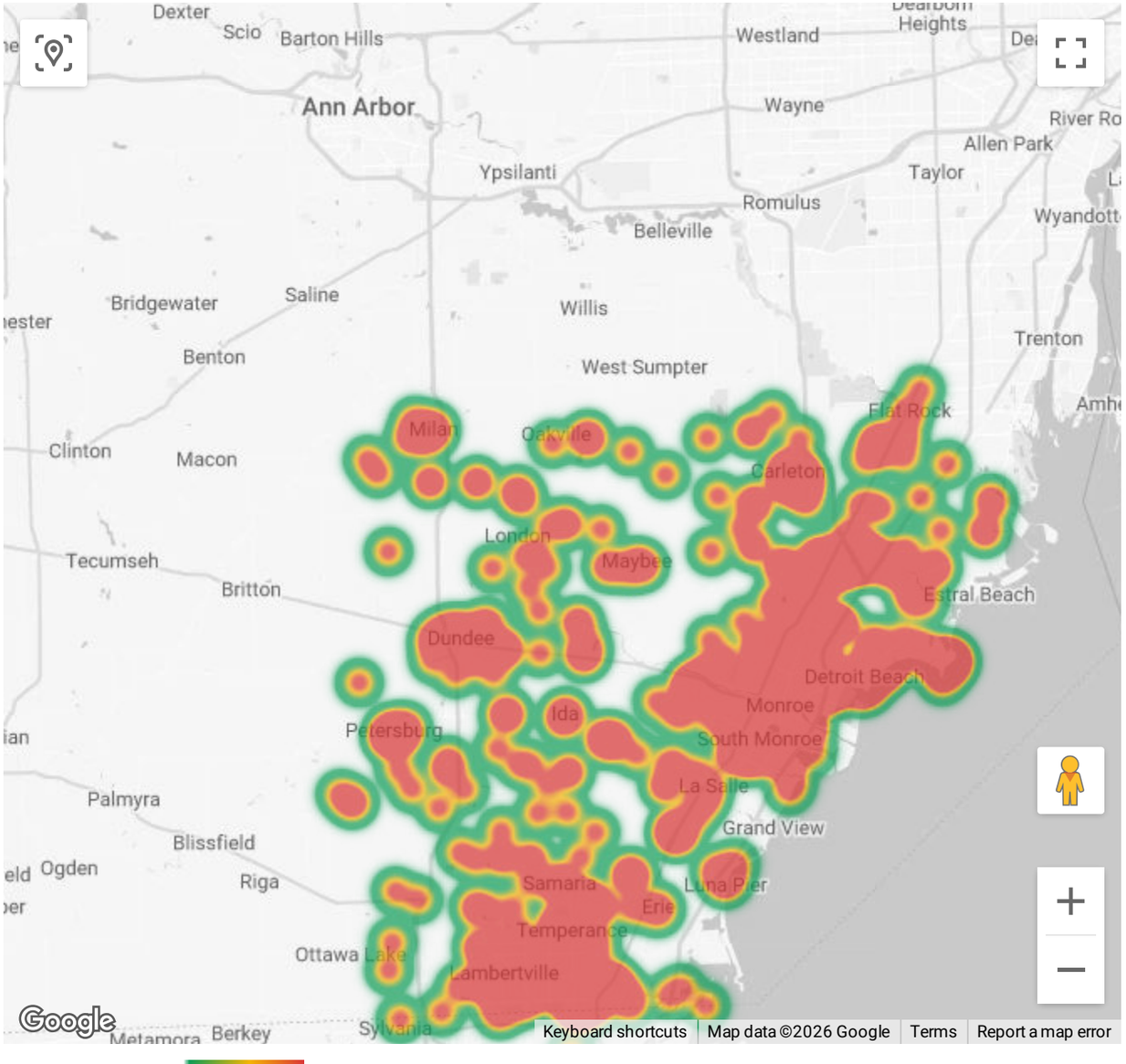
19.03

Month	Avg. Response Time
2026 - 07	20.83
2026 - 05	18.38
2026 - 06	17.88

Select Month:: 2026 - 07, 2026 - 06, … (3)

Location

Mapping of locations deployed to:

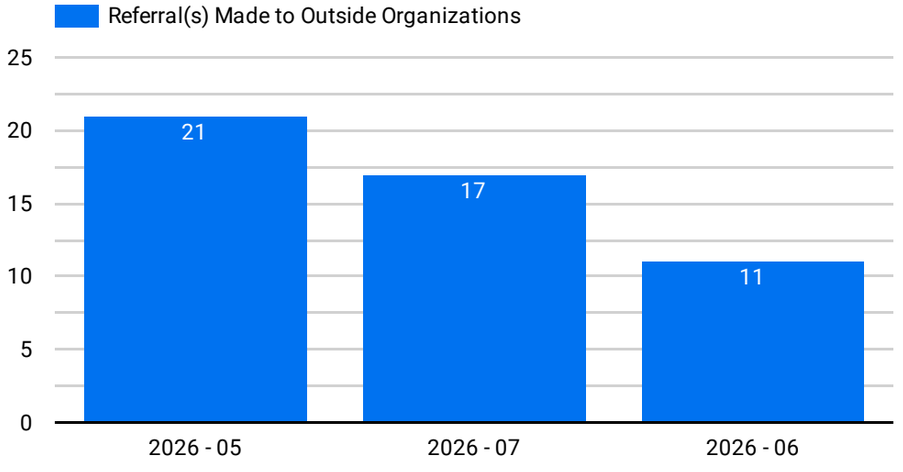


call_Address 0 1

Mo…	Zipcode	#	%
2026 - 05	49270	2	9%
2026 - 05	49267	0	0%
2026 - 05	48182	3	14%
2026 - 05	48179	1	5%
2026 - 05	48177	0	0%
2026 - 05	48173	0	0%
2026 - 05	48166	4	18%
2026 - 05	48162	10	45%
2026 - 05	48161	13	59%
2026 - 05	48160	0	0%
2026 - 05	48159	1	5%
2026 - 05	48157	0	0%
2026 - 05	48145	1	5%
2026 - 05	48144	0	0%
2026 - 05	48140	1	5%
2026 - 05	48133	1	5%
2026 - 05	48131	0	0%
2026 - 05	48117	4	18%
2026 - 05	48110	1	5%
2026 - 06	49270	1	4%
2026 - 06	49267	0	0%
2026 - 06	48182	2	7%

Select Month:: 2026 - 07, 2026 - 06, ... (3)

Number of referrals made and where they were referred to:



Mo... ❶	Referred To: ❷	#	%
2026 - 05	Arrowhead Behavioral Health	0	0%
2026 - 05	Behavioral Health Treatment	1	5%
2026 - 05	CMH	9	41%
2026 - 05	Family Counseling and Shelter Services of Monroe	0	0%
2026 - 05	Fire Station	0	0%
2026 - 05	Gabby's Ladder	0	0%
2026 - 05	Harbor Light	0	0%
2026 - 05	Henry Ford Wyandotte	0	0%
2026 - 05	Holistic Wellness	0	0%
2026 - 05	Lemon Tree	0	0%
2026 - 05	MCOP	0	0%
2026 - 05	Michigan Works	0	0%
2026 - 05	Monroe County Animal Control	0	0%
2026 - 05	Paula's House	1	5%
2026 - 05	ProMedica ER	6	27%
2026 - 05	Pure Psych	3	14%
2026 - 05	RAW	1	5%
2026 - 05	Resource Flyer	0	0%
2026 - 05	SUD Treatment	0	0%
2026 - 05	Salvation Army Harbor Light	0	0%
2026 - 05	St. Joe's	1	5%

Select Month:: 2026 - 07, 2026 - 06, ... (3)

Where Referrals are Coming From:

	Month / # Calls		
Deployed by:	2026 - 05	2026 - 06	2026 - 07
Monroe County Sheriff's Dept.	21	21	19
Self	11	3	9
Monroe City Police	5	10	5
CMH	3	2	1
ACCESS	0	1	1
School	2	0	0
Police Mental Health Referral	0	1	0

Primary Issue or Diagnosis:

(New question starting 12/2023)

	Month / #		
Issue/Diagnosis	2026 - 05	2026 - 06	2026 - 07
Thought Disorder	7	13	9
Suicidal Ideation	10	7	8
Substance Abuse	3	2	4
Other	3	7	1
Neurocognitive	4	1	4
Homicidal Ideation	0	0	1
Environmental	14	10	7

Select Month:: 2026 - 07, 2026 - 06, ... (3)

Consumers, New and Repeats:

	Month ❶	New or Repeat Cons... ❷	#
1.	2026 - 05	New	25
2.	2026 - 05	Repeat	18
3.	2026 - 06	New	26
4.	2026 - 06	Repeat	14
5.	2026 - 07	New	18
6.	2026 - 07	Repeat	17

Select Month:: 2026 - 07, 2026 - 06, ... (3)

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

						Month / # / %
	2026 - 05		2026 - 06		2026 - 07	
Race	#	%	#	%	#	%
White	28	67%	34	94%	24	80%
Other Race	3	7%	-	-	1	3%
Not Collected	8	19%	-	-	-	-
Multiracial	-	-	1	3%	1	3%
Black or African American	3	7%	1	3%	3	10%
Asian	-	-	-	-	1	3%

Select Month:: 2026 - 07, 2026 - 06, ... (3)

Number of calls per population - Age

	Month / # / %					
	2026 - 05		2026 - 06		2026 - 07	
Age	#	%	#	%	#	%
0 to 9	0	0%	1	3%	2	7%
10 to 17	11	28%	9	25%	8	28%
18 to 28	9	23%	7	19%	3	10%
29 to 39	11	28%	7	19%	8	28%
40 to 50	4	10%	6	17%	1	3%
51 to 61	3	8%	4	11%	4	14%
62 to 72	2	5%	2	6%	3	10%
73 to 83	0	0%	0	0%	0	0%
84 to 94	0	0%	0	0%	0	0%
95 +	0	0%	0	0%	0	0%
Not Collected	0	0%	0	0%	0	0%

MEMORANDUM

TO: MCMHA Board of Directors

FROM: Sabrina Bergman, CCBHC Program Director
RE: **FY26Q1&2 CCBHC Quality Metrics (Jan – Jun 2026)**
DATE: August 26, 2026

The following are CCBHC Quality Metrics.

QUALITY INDICATOR	BENCHMARK	MCMHA SCORE
ASC: Percentage of adult consumers who were screened at least once within 12 months for unhealthy alcohol use using a systematic screening AND who received brief counseling if identified as an unhealthy alcohol user.	25th percentile	**60.1%** (3.3% increase since last quarter) Sub-measure: Those who received brief counseling after a positive screen: **86.8%** (1.2% decrease since last quarter) 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: **55.2%** (3.5% increase since last quarter)
CDF-AD: Percentage of adult consumers who were screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and, if positive, a follow-up plan is documented on the date of the eligible encounter.	25th percentile	**54.6%** (17.3% increase since last quarter)
CDF-CH: Percentage of consumers ages 12-17 who were screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and, if positive, a follow-up plan is documented on the date of the eligible encounter.	25th percentile	**33.2%** (11.8% increase since last quarter)
DEP-REM-6: Percentage of consumers (12 years of age or older) with Major Depression or Dysthymia who reach Remission six months (+/- 60 days) after an	25th percentile	**2.5%** (2.5% increase since last quarter)

Data updated 8/13/26

Index Event Date.		
SDOH: Percentage of adults screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.	25th percentile	**55%** (20.6% increase since last quarter)
SRA-A: Percentage of all client visits for those clients that turn 18 or older during the Measurement Period in which a new or recurrent diagnosis of Major Depressive Disorder was identified AND a suicide risk assessment (SRA) was completed during the visit.	73%	**98.1% (no change)**
SRA-C: Percentage of client visits for those clients aged 6-17 years with a diagnosis of Major Depressive Disorder (MDD) with an assessment for suicide risk.	57%	**80.5%** (1.3% increase since last quarter)
TSC: Percentage of adult consumers who were screened for tobacco use one or more times within the measurement year AND who received a tobacco cessation intervention during the measurement year or in the six months prior to the measurement year if identified as a tobacco user.	25th percentile	Adults screened for tobacco use: **54.5%** (9.6% increase since last quarter) Those who screened positive and received tobacco cessation intervention: **97.2%** (2.8% increase since last quarter) Of those screened positive AND provided intervention, identified as a non-tobacco user in six months: **54%** (10.2% increase since last quarter)
I-SERV: Average time for consumers to access three different types of services at BHCs reporting the measure.	25th percentile	Average time to initial evaluation: **1.6 days** (.7 day decrease since last quarter) Average time to initial clinical services: **10 days** (1.6 day decrease since last quarter) Average time to crisis services: **.8 hours** (.01 hour increase since last quarter) Average time to Mobile Crisis Services (# of hours): **.6 hours** (.19 hour increase since last quarter) Average time to urgent care crisis services (# of hours): **1 hour** Average Time to Other Crisis Services (# of hours): **3 hours** (1.67 hour decrease since last quarter)

Data updated 8/13/26

MONROE COMMUNITY MENTAL HEALTH

June 2026

Board Report

Table of Acronyms

Acronym	Full Description
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

June 2026

Monthly Highlights

- Statement of Position - Cash in the bank is $20,576,399
- Estimated surplus (due back to PIHP) is $2,756,167
- Estimated surplus from CCBHC Medicaid operations is $1,721,650
- Estimated deficit from CCBHC non-Medicaid operations is $2,038,405
- Estimated surplus from other General Fund spend is $117,725
- Total estimated fund balance addition is $674,773.

BASIC FINANCIAL STATEMENTS

MONROE CMH

Statement of Position

October 1, 2025 through June 30, 2026

	June 30 Balance	Balance September 30 2025	Over (Under)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	$ 20,576,399	$ 17,086,529	$ 3,489,870
Accounts receivable, net	2,492,540	624,002	1,868,538
Due from PIHP	3,817,661	5,309,685	(1,492,024)
Due from State of Michigan	73,361	132,810	(59,449)
Due from other governmental units	46,316	296,723	(250,407)
Prepaid items	393,234	442,258	(49,024)
Total current	27,399,511	23,892,007	3,507,504
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,971,174	2,922,208	48,966
Deferred outflows - Pension & OPEB	1,390,554	1,390,554	0
Total noncurrent	4,408,728	4,359,762	48,966
Total assets and deferred outflows	31,808,239	28,251,769	3,556,470
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	3,928,462	6,127,736	(2,199,274)
Accrued liabilities	2,734,607	410,543	2,324,064
Due to other governments	12,709,119	9,952,952	2,756,167
Unearned revenue	-	-	-
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
Total current liabilities	19,421,646	16,540,690	2,880,957
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	3,789,955	3,789,955	(0)
Total noncurrent liabilities	4,211,907	4,211,907	(0)
Total liabilities and deferred inflows	23,633,553	20,752,597	2,880,956
NET POSITION			
Net investment in capital assets	1,572,833	1,523,868	(48,965)
Unrestricted	6,601,853	5,975,304	(626,549)
Total net position	$ 8,174,686	$ 7,499,172	$ 675,514

MONROE CMH

Statement of Activities

October 1, 2025 through June 30, 2026

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Over (Under)
Operating revenue				
Capitation:				
Medicaid	$ 33,258,719	$ 44,344,959	$ 46,931,913	$ (2,586,954)
Medicaid - Settlement	(2,854,595)	(3,806,127)	(5,231,531)	1,425,404
Healthy Michigan	2,030,465	2,707,287	3,675,123	(967,836)
Healthy Michigan - Settlement	98,428	131,237	(294,833)	426,070
CCBHC	12,657,369	16,876,492	11,825,695	5,050,797
CCBHC - Settlement	-	-	(244,015)	244,015
Behavior Health Home	165,915	221,220	221,263	(43)
State General Funds	1,297,489	1,729,985	1,539,237	190,748
State General Funds - Carryover	-	-	-	-
County appropriations	748,352	997,803	997,803	(0)
Charges for services	240,193	320,257	311,039	9,218
Other grants	852,243	1,136,324	1,749,598	(613,274)
Other revenue	415,010	553,347	2,235,413	(1,682,066)
Total operating revenue	48,909,588	65,212,784	63,716,705	1,496,079
Operating expenses				
Administation				
Salaries	1,688,917	2,251,889	2,212,960	38,929
Benefits	967,158	1,289,544	2,999,499	(1,709,955)
Other	1,887,250	2,516,333	2,881,611	(365,277)
Internal Services				
Salaries	5,815,030	7,753,373	7,591,964	161,410
Benefits	2,873,111	3,830,815	3,830,815	-
Other	2,555,473	3,407,297	2,833,873	573,424
Provider Network Services	30,665,609	40,887,479	36,466,723	4,420,756
Facility costs	549,721	732,961	865,866	(132,904)
Vehicle costs	48,619	64,825	137,968	(73,143)
Grant expenses	840,433	1,120,577	1,215,749	(95,171)
Room & Board	343,493	457,991	90,192	367,799
GASB 68 & 75 Adjustment	-	-	(4,973,570)	4,973,570
Total operating expenses	48,234,814	64,313,085	56,153,649	8,159,436
Change in net position	674,774	899,699	7,563,056	$ (6,663,357)
Net position, beginning of year	7,499,912	7,499,912	(63,884)	
Net position, end of year	$ 8,174,686	$ 8,399,611	$ 7,499,172	

MONROE CMH

Statement of Activities

Mental Health - Budget to Actual
October 1, 2025 through June 30, 2026

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
Operating revenue				
Capitation:				
Medicaid	$ 43,747,009	$ 32,810,257	$ 33,258,719	$ 448,462
Medicaid - Settlement	(5,143,474)	(3,857,606)	(2,854,595)	1,003,011
Healthy Michigan	2,707,287	2,030,465	2,030,465	(0)
Healthy Michigan - Settlement	1,970,947	1,478,210	98,428	(1,379,782)
CCBHC	17,098,879	12,824,159	12,657,369	(166,790)
CCBHC - Settlement	-	-	-	-
Behavior Health Home	222,283	166,712	165,915	(797)
State General Funds	1,539,237	1,154,428	1,297,489	143,061
County appropriations	997,803	748,352	748,352	(0)
Charges for services	671,106	503,329	240,193	(263,136)
Other grants	1,481,957	1,111,468	852,243	(259,225)
Other revenue	553,551	415,163	415,010	(153)
Total operating revenue	65,846,585	49,384,939	48,909,588	(475,351)
Operating expenses				
Administation				
Salaries	2,479,811	1,859,858	1,688,917	(170,941)
Benefits	881,112	660,834	967,158	306,324
Other	3,015,951	2,261,964	1,887,250	(374,714)
Internal Services				
Salaries	9,698,628	7,273,971	5,815,030	(1,458,941)
Benefits	3,100,986	2,325,739	2,873,111	547,372
Other	3,495,052	2,621,289	2,555,473	(65,816)
Provider Network Services	40,082,573	30,061,930	30,665,609	603,679
Facility costs	1,241,616	931,212	549,721	(381,491)
Vehicle costs	126,648	94,986	48,619	(46,367)
Grant expenses	1,223,618	917,714	840,433	(77,281)
Other expenses	400,797	300,598	-	(300,598)
Room & Board	-	-	343,493	343,493
Total operating expenses	65,746,792	49,310,094	48,234,814	(1,075,280)
Change in net position	99,793	74,844	674,774	599,930
Net position, beginning of year	7,499,912	7,499,912	7,499,912	-
Net position, end of year	$ 7,599,705	$ 7,574,756	$ 8,174,686	$ 599,930

INCOME STATEMENT BY FUND SOURCE

MONROE CMH

Fiscal 2026 Revenues and Expenses by Fund Source

October 2025 through June 2026

Medicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	$ 43,747,009	$ 32,810,257	$ 33,258,719	$ 448,462
PIHP Redirect to CCBHC	-	-	-	-
1st/3rd Party Revenue	3,704	2,778	-	(2,778)
Expense	$ 38,607,239	28,955,429	30,404,124	1,448,695
Revenue over/(under) expenses	$ 5,143,474	$ 3,857,605	$ 2,854,595	$ (1,003,010)

Healthy Michigan	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	$ 2,707,287	$ 2,030,465	$ 2,030,465	$ (0)
PIHP Redirect to CCBHC	-	-	-	-
1st/3rd Party Revenue	-	-	-	-
Expense	$ 4,678,234	3,508,676	2,128,893	(1,379,783)
Revenue over/(under) expenses	$ (1,970,947)	$ (1,478,210)	$ (98,428)	$ 1,379,782

Total PIHP Sources	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	$ 46,454,296	$ 34,840,722	$ 35,289,184	$ 448,462
1st/3rd Party Revenue	3,704	2,778	-	(2,778)
Expense	43,285,473	32,464,105	32,533,017	68,912
Retain as local in FY 25	-	-	-	-
Revenue over/(under) expenses	$ 3,172,527	$ 2,379,395	$ 2,756,167	$ 376,772

MONROE CMH

Fiscal 2026 Revenues and Expenses by Fund Source

October 2025 through June 2026

CCBHC Medicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Cap Revenue	$ 14,481,285	$ 10,860,964	$ 10,250,740	$ (610,224)
PIHP Supp Revenue	-	-	-	-
1st/3rd Party Revenue	1,246	934	137,606	136,672
Expense	12,683,676	9,512,757	8,589,253	(923,504)
Revenue over/(under) expenses	$ 1,798,855	$ 1,349,141	$ 1,799,093	$ 449,952

CCBHC Healthy Michigan	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Cap Revenue	$ 2,618,301	$ 1,963,726	$ 2,264,362	$ 300,636
PIHP Supp Revenue	-	-	-	-
1st/3rd Party Revenue	-	-	4,661	4,661
Expense	3,132,588	2,349,441	2,346,466	(2,975)
Revenue over/(under) expenses	$ (514,287)	$ (385,715)	$ (77,443)	$ 308,272

CCBHC NonMedicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
State CCBHC Revenue	$ 55,000	$ 41,250	$ -	$ (41,250)
1st/3rd Party Revenue	-	-	-	-
Expense	2,607,096	1,955,322	2,038,405	83,083
Redirect from GF	2,552,096	1,914,072	2,038,405	124,333
Revenue over/(under) expenses	$ -	$ -	$ -	$ -

ALL CCBHC Combined	2026 Budget	YTD Budget	2026 Actual	Over (Under)
All CCBHC Revenue	$ 17,154,586	$ 12,865,940	$ 12,515,102	$ (350,837)
1st/3rd Party Revenue	1,246	934	142,267	141,332
Expense	18,423,360	13,817,520	12,974,124	(843,396)
Redirect from GF	2,552,096	1,914,072	2,038,405	124,333
Revenue over/(under) expenses	$ 1,284,568	$ 963,426	$ 1,721,650	$ 758,224

MONROE CMH

Fiscal 2026 Revenues and Expenses by Fund Source

October 2025 through June 2026

State General Fund	2026 Budget	YTD Budget	2026 Actual	Over (Under)
Revenue	$ 1,920,289	$ 1,440,217	$ 1,367,295	$ (72,922)
Expense	2,821,975	2,116,481	1,249,570	(866,911)
Redirect to Other Programs	(2,552,096)	(1,914,072)	(1,990,727)	(76,655)
Redirect from Other Programs	3,453,782	2,590,337	1,873,002	(717,334)
Revenue over/(under) expenses	$ -	$ -	$ -	$ -

All Other Grants/Local	2026 Budget	YTD Budget	2026 Actual	Over (Under)
Revenue	$ 3,757,530	$ 2,818,147	$ 14,675,776	11,857,629
Expense	1,485,359	1,114,019	12,080,322	10,966,303
Redirects	(3,453,782)	(2,590,337)	(1,920,680)	669,656
Revenue over/(under) expenses	$ (1,181,612)	$ (886,209)	$ 674,774	$ 1,560,983

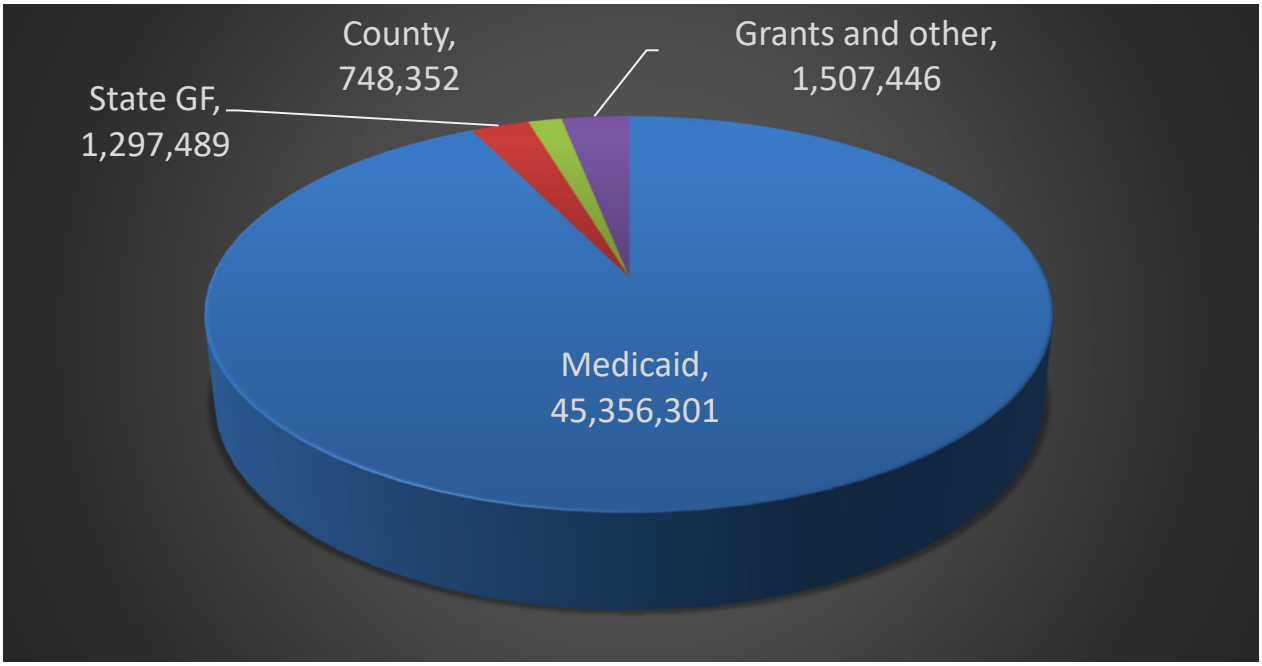
TRENDS AND PAYMENTS

MONROE CMH

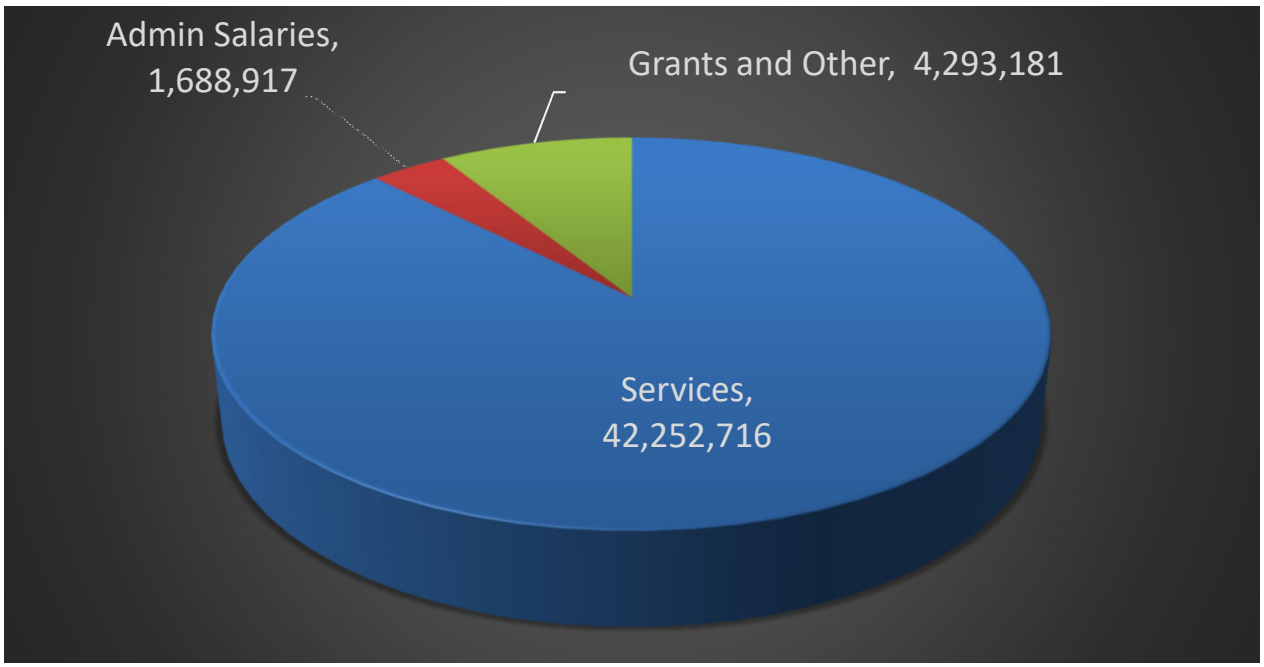
June 2026 Trends

Sources and Uses

Revenues by Source



Expenditures by Category



Monroe CMHA

Payment Summary Report

For the Month of June 2026

Vendor Name	Total
8X8 INC.	$ 4,750.23
A Heart That Cares, LLC	118,516.69
ABA INSIGHT, LLC	56,145.42
ACCESS & ALARM, INC.	650.00
ACCIDENT FUND INSURANCE COMPANY OF AMERICA	5,258.80
ADULT LEARNING SYSTEM, INC	41,383.97
ADVANCED PLUMBING OF MONROE	1,112.00
ADVANCED THERAPEUTIC SOLUTIONS, LLC	753.94
AFLAC	1,328.16
AFSCME UNION / LOCAL 2529	2,448.90
AMERICAN HTG, CLG, & REFRIG, INC	454.73
ANNA MARTINEZ	50.00
APPLIED INNOVATION	596.63
ARA FAMILY HOLDINGS, LLC	2,411.75
ARKAY, INC	3,098.80
BAKER'S ACE HARDWARE	290.33
BBH VENTURES, LLC	5,076.22
BCA OF DETROIT, LLC	14,753.17
BEACON SPECIALIZED LIVING SERVICES, INC.	114,750.00
BELLE TIRE DISTRIBUTORS	665.98
BERTEISMANN LEARNING LLC	27,697.02
BESTCO BENEFIT PLANS, LLC	27,793.08
BETTER LIVING AFC LLC	27,878.92
BLUEBIRD HOLDCO II LLC; BLUEBIRD MIDWEST LLC DBA BLUEBIRD FIBER	3,196.45
BLUENET	5,972.94
CALVIN GAGE DBA GAGE CONSULTING FOR CHALLENGING BEHAVIOR LLC	1,107.25
CATHOLIC CHARITIES OF SOUTHEAST MICHIGAN	19,000.00
CELLCO PARTNERSHIP	542.60
CENTRIA HEALTHCARE, LLC	16,981.50
CHARTER COMMUNICATIONS	161.65
CHITTER CHATTER PC	151,699.80
CHOICES W/SELF DETERMINATION, LLC	8,267.70

Monroe CMHA

Payment Summary Report

For the Month of June 2026

Vendor Name	Total
CHS GROUP, LLC	97,364.30
CINTAS CORP - 306/K11	478.27
CINTAS FIRE 636525	1,317.99
CITY OF MONROE	1,184.77
COGNIZANT TRIZETTO SOFTWARE GROUP, INC.	812.01
COMMUNITY LIVING NETWORK	23,985.94
CONTRACT SERVICE GROUP	1,392.00
COUNTY OF WASHTENAW, MICHIGAN	23,628.16
CRISIS PREVENTION INSTITUTE, INC	200.00
Culligan of Ida	80.00
DELTA DENTAL PLAN OF MICHIGAN	9,956.41
DIGIMATICS, INC.	43.00
DOUGLAS STEVENS	54.65
DYKEMA GOSSETT, PLLC	17,882.20
EISENHOWER CENTER	176,390.00
ELITE AFC II LLC	11,470.00
ELITE AFC, LLC	11,160.00
ENFIELD VILLAGE CONDOMINIUM	197.00
ERICA MERCHANT	25.00
EVEREST, INC.	47,224.00
EXPERT ON THE MIND LLC	28,905.00
FLATROCK MANOR, INC	444,624.06
FRAME'S PEST CONTROL, INC.	92.89
FRANCES JACKSON, LLC	382.95
FRIENDS WHO CARE, INC.	10,477.50
GENOA HEALTHCARE, LLC	1,041.96
GOODWILL INDUSTRIES OF SE MICH, INC	60,536.36
GORDON FOOD SERVICE	39.98
GOVCONNECTION, INC	4,604.56
GUARDIANTRAC, LLC	350,016.34
GUIDING LIGHT AFC LLC	29,760.00
GUTTERMAN, PAUL Y.	25,175.00

Monroe CMHA

Payment Summary Report

For the Month of June 2026

Vendor Name	Total
HAVENWYCK HOSPITAL	37,625.00
HAVENWYCK HOSPITAL-CEDAR CREEK	19,022.32
HELP AT HOME, LLC	14,744.70
HILLSDALE COMMUNITY HEALTH CENTER	7,200.00
HOME - COMMUNITY SUPPORTED LIVING ARRANGEMENTS	25,162.40
IBM CORPORATION	87.78
ILLUMINATE ABA SERVICES LLC	15,073.50
INT CTR FOR CLUBHOUSE DEVELOPMENT	867.50
IRIS TELEHEALTH MEDICAL GROUP, PA	59,177.00
IVYREHAB MICHIGAN, LLC	9,460.50
JACK'S LAWN SERVICE, INC.	632.50
JACKSON AND COKER LOCUMTENEMS, LLC	49,069.00
JALIAN BURRIS	25.00
JASON STRAZZULLA	3,483.00
JASWANT S BAGGA	21,185.00
JENNIFER DURELL	75.75
JOAN M. CANNING	90.48
JOHN BURKARDT	95.08
JOHN M. CULLEN	116.10
JOSEPH BATES DBA THE ABILITY HUB LLC	86,495.88
JUANITA A ROSCOE	44.50
KIMBERLY S. SANDERLIN	1,000.00
KODIAK HEATING & COOLING	685.00
KONICA MINOLTA BUSINESS SOLUTIONS USA INC.	391.86
LAMOUR PRINTING CO.	525.00
LANGUAGELINE SOLUTIONS	78.05
LAROY DOOR, INC.	460.00
LASCALA IT SOLUTIONS, INC	2,443.50
LAURA NIDA	25.00
LEGAL SHIELD	425.22
LIFE ENRICHMENT ACADEMY, INC.	37,398.13
LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH AUTHORITY	56,832.86

Monroe CMHA

Payment Summary Report

For the Month of June 2026

Vendor Name	Total
LOCUMTENENS.COM	31,329.00
LOUIS BALOGH	1,730.60
LOWES	1,742.56
LUTHERAN CHILD AND FAMILY SERVICE OF MICHIGAN, INC	3,459.90
MACOMB RESIDENTIAL OPPORTUNITIES, INC	313,014.90
MAGNET ABA THERAPY, LLC	12,572.00
MASTROFRANCESCO, A.F.C.	133,635.48
MCLAUGHLIN PROPERTIES LLC	12,526.89
MICH MUNICIPAL RISK MGT AUTHORITY	69,576.50
MICHIGAN BH JV LLC	13,175.76
MICHIGAN GAS UTILITIES	1,690.03
MONROE CENTER, LLC.	6,250.00
MONROE COUNTY RETIREMENT SYSTEM	110,061.25
MONROE URGENT CARE	360.00
MUTUAL OF OMAHA	24,284.81
NEW DIRECTIONS PEER RECOVERY CENTER	10,700.00
PAN AMERICAN LANGUAGES & SERVICES, INC.	2,200.00
PANCONE'S AUTO, LLC	980.06
PETER CHANG ENTERPRISES DBA PCE SYSTEMS	117.10
PHC OF MI, INC	23,638.50
PHILLIP ARCHER, MD	6,524.00
PRO CONCRETE LEVELING LLC	675.00
PROGRESSIVE RESIDENTIAL SERVICES	297,638.05
PROMEDICA MONROE REGIONAL HOSPITAL	329,220.00
PULSE FOR GOOD, L3C	12,600.00
PURCHASE POWER / PITNEY BOWES	3,214.67
QUANTUMLINK COMMUNICATIONS	107.09
R LAMAR FREDERICK	177.00
REBECCA PASKO	218.60
REBECCA S CURLEY	195.40
REDA D. BINIECKI	120.45
REGENTS OF THE UNIVERSITY OF MICHIGAN	2,200.00

Monroe CMHA

Payment Summary Report

For the Month of June 2026

Vendor Name	Total	
REHMANN LLC		172,858.59
REPUBLIC SERVICES #259		2,752.76
RESIDENTIAL OPPORTUNITIES, INC		15,594.92
ROBERT A CALHOON JR		94.80
ROSLUND PRESTAGE & COMPANY PC		3,437.50
SABRINA R. CORBIN		223,238.28
SIEB PLUMBING & HEATING, INC.		3,965.00
SNOW CHIU WU		540.00
ST JOSEPH MERCY HOSPITAL SMHC - TRINITY HEALTH MICHIGAN		6,463.59
ST MARY MERCY HOSPITAL DBA TRINITY HEALTH - MICHIGAN		3,693.48
ST. JOSEPH MERCY HOSPITAL DBA TRINITY HEALTH - MICHIGAN		21,325.77
STAELGRAEVE PROPERTIES, INC		3,676.00
STATE OF MICHIGAN / MDCH		24,567.74
SUPERIOR VISION SERVICES, INC.		4,491.92
SVRC INDUSTRIES INC.		2,199.12
T MOBILE USA, INC.		3,178.55
TM GROUP		1,015.00
TOWNSHIP OF FRENCHTOWN		191.53
UNIFIRST MANUFACTURING CORP		869.51
VELLOHEALTH INC		10,500.00
VIGILANTE SECURITY, INC.		537.09
VITAL RECORDS HOLDING		95.46
W A FOOTE MEMORIAL HOSPITAL		6,344.80
WOLVERINE INVESTMENT PROPERTIES, LLC		7,058.32
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MONROE MICH		701.74
Grand Total	**$**	**4,440,621.61**

MONROE COMMUNITY MENTAL HEALTH

Fiscal Year 2027

Proposed Budget

Table of Acronyms

Acronym	Full Description
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 Community Mental Health Authority

2027 Proposed Budget

Significant Assumptions and Key Points

I. Revenue

- MDHHS continues to work with its actuaries on developing revenue rates for 2027 that incorporate the Federal legislative changes that have recently gone into effect. These changes include additional work requirements for certain populations and limitations on retroactive Medicaid eligibility. Both changes are expected to reduce Medicaid enrollment across the country. MDHHS has scheduled a meeting with the PIHPs on August 24, 2026 to discuss draft rates. Current Medicaid and Healthy Michigan capitation revenue in the budget is based on expenditures.

- CCBHC funding for Medicaid and Healthy Michigan is estimated at $16.3 million which is very consistent with the previous year.

- It is important for the reader of this budget to understand that a increased share of Monroe's revenue is dependent on the actual number of daily visits that occur in the fiscal year.

- In this budget, Monroe has budgeted 47,600 daily visits in the CCBHC program, an increase of 2,700 daily visits compared to the FY26 budget. Those daily visits comprise on Medicaid & Healthy Michigan compensated visits of 38,100 and Non Medicaid uncompensated visits of 9,500. If we are unable to realize these planned daily visits it will have a negative impact on our ending fund balance. Alternatively, if we are able to realize more than the planned daily visits it will have a positive impact on our ending fund balance.

- The PPS-1 rate is based on the 2025 Federal Cost Report that is currently under review by MDHHS, but currently supports a PPS-1 rate of $420.86. Once finalized, this rate will be used to pay all daily visits in FY 2026. The proposed 2027 Cost Report PPS-1 rate of $430.96 per daily visit represents a 2.4% increase from the daily visit rate used in FY26. This increase is based on the Medicare Economic Index.

II. Medicaid and Healthy Michigan (HMP) - Expenses

- Expanded expenditures are expected for continued service expansion in the Certified Community Behavioral Healthcare Clinic (CCBHC) related to the demonstration. Additionally, we expect additional claims expense as our provider network continues to struggle with funding and staffing issues.

III. MDHHS CMHSP Contract Revenue and Expenses

- General Fund budgeted at a flat $1,539,237. This amount is not expected to change in the future.

- Use of State general fund dollars expected to continue largly for Medicaid spenddown services and services for those that do not have any insurance.

IV. Provider Network

- Provider Network services are expected to continue to grow. We have assumed rate increases for community living supports, specialized residential and community inpatient. We have budgted a 3% rate increase for all other serivces.

2027 Proposed Budget

Significant Assumptions and Key Points

V. General expense assumptions

- Payroll related costs are included based on currently filled positions plus vacant positions at the midpoint pay of the position range. In addition, the budget includes step increases. FY27 budget has added an additional 8 positions, compared to the FY26 annualized. The projected increase in staffing is primarily driven by the expansion clinic personnel in response to CCBHC and SUD.

- Budgeted fringe benefit expense increased proportionately with the additional FTEs while pension contributions remain consistent with the prior fiscal year.

- Internal - Other expenses are up as a result of projected increase to services through the CCBHC program.

- General expenses assumed a 3% increase. Contracted staff assumes a 4% increase.

MONROE CMH

2027 Proposed Budget by Fund Source

Medicaid	2026 Budget	May 2026 Annualized	2027 Proposed	Over (Under)
PIHP Revenue	$ 43,747,009	$ 41,855,559	$ 42,821,683	$ (925,326)
1st/3rd Party Revenue	3,704	-	-	(3,704)
Expense	$ 38,607,239	$ 41,855,559	42,821,683	4,214,444
Revenue over/(under) expenses	$ 5,143,474	$ -	$ -	$ (5,143,474)

Healthy Michigan	2026 Budget	May 2026 Annualized	2027 Proposed	Over (Under)
PIHP Revenue	$ 2,707,287	$ 2,923,697	$ 3,302,260	$ 594,973
1st/3rd Party Revenue	-	-	-	-
Expense	$ 4,678,234	$ 2,923,697	3,302,260	(1,375,974)
Revenue over/(under) expenses	$ (1,970,947)	$ -	$ -	$ 1,970,947

Total PIHP Sources	2026 Budget	May 2026 Annualized	2027 Proposed	Over (Under)
PIHP Revenue	$ 46,454,296	$ 44,779,256	$ 46,123,943	$ 46,123,943
1st/3rd Party Revenue	3,704	-	-	-
Expense	43,285,473	44,779,256	46,123,943	46,123,943
Retain as local	-	-	-	-
Revenue over/(under) expenses	$ 3,172,527	$ -	$ -	$ -

MONROE CMH

2027 Proposed Budget by Fund Source

CCBHC Medicaid	2026 Budget	May 2026 Annualized	2027 Proposed	Over (Under)
CCBHC Revenue	$ 14,481,285	$ 13,979,111	$ 14,297,504	$ (183,781)
1st/3rd Party Revenue	1,246	82,038	54,692	53,446
Expense	12,683,676	11,267,463	11,864,311	(819,365)
Revenue over/(under) expenses	$ 1,798,855	$ 2,793,686	$ 2,487,885	$ 689,030

CCBHC Healthy Michigan	2026 Budget	May 2026 Annualized	2027 Proposed	Over (Under)
CCBHC Revenue	$ 2,618,301	$ 3,013,433	$ 2,046,784	$ (571,517)
1st/3rd Party Revenue	-	5,295	3,530	3,530
Expense	3,132,588	2,892,536	3,423,794	291,206
Revenue over/(under) expenses	$ (514,287)	$ 126,192	$ (1,373,480)	$ (859,193)

CCBHC NonMedicaid	2026 Budget	May 2026 Annualized	2027 Proposed	Over (Under)
State CCBHC Revenue	$ 55,000	$ -	$ -	$ (55,000)
1st/3rd Party Revenue	-	-	-	-
Expense	2,607,096	2,645,451	2,856,663	249,567
Redirect from GF	2,552,096	2,645,451	2,856,663	304,567
Revenue over/(under) expenses	$ -	$ -	$ -	$ -

ALL CCBHC Combined	2026 Budget	May 2026 Annualized	2027 Proposed	Over (Under)
All CCBHC Revenue	$ 17,154,586	$ 16,992,543	$ 16,344,288	$ (810,298)
1st/3rd Party Revenue	1,246	87,333	58,222	56,976
Expense	18,423,360	16,805,450	18,144,768	(278,592)
Redirect from GF	2,552,096	2,645,451	2,856,663	304,567
Revenue over/(under) expenses	$ 1,284,568	$ 2,919,878	$ 1,114,405	$ (170,163)

MONROE CMH

2027 Proposed Budget by Fund Source

State General Fund	2026 Budget	May 2026 Annualized	2027 Proposed	Over (Under)
Revenue	$ 1,920,289	$ 1,459,355	$ 1,563,492	$ (356,797)
Expense	2,821,975	1,235,178	1,846,243	(975,732)
Redirect to Other Programs	(2,552,096)	(2,645,451)	(2,665,145)	(113,049)
Redirect from Other Programs	3,453,782	2,421,274	2,947,896	(505,886)
Revenue over/(under) expenses	$ -	$ -	$ -	$ -

All Other Grants/Local	2026 Budget	May 2026 Annualized	2027 Proposed	Over (Under)
Revenue	$ 3,757,530	$ 2,013,558	$ 4,245,234	487,704
Expense	1,485,359	1,237,020	1,875,887	390,528
Redirects	(3,453,782)	(2,421,274)	(2,947,896)	505,886
Revenue over/(under) expenses	$ (1,181,611)	$ (1,644,736)	$ (578,549)	$ 603,062

Total Non PIHP Sources	2026 Budget	May 2026 Annualized	2027 Proposed	Over (Under)
Revenue	$ 22,833,651	$ 20,552,789	$ 22,211,236	$ 16,478,417
Expense	22,730,694	19,277,648	21,925,120	15,010,690
Revenue over/(under) expenses	$ 102,957	$ 1,275,141	$ 286,116	$ 1,467,727

Monroe Community Mental Health Authority

2027 Proposed Budget

	2026 Actuals Projected	2026 Proposed Budget	2027 Proposed Budget	Actuals to Projected Budget Increase (Decrease)
Operating revenue				
Capitation:				
Medicaid	$ 41,073,841	$ 38,603,535	$ 42,821,683	$ 1,747,842
Healthy Michigan	2,923,697	4,678,234	3,302,260	378,563
CCBHC	16,876,492	17,098,879	16,344,288	(532,204)
Behavior Health Home	221,220	222,283	191,518	(29,702)
State General Funds	1,539,237	1,539,237	1,539,237	-
County appropriations	997,803	997,803	997,803	0
Charges for services	320,257	671,106	267,555	(52,702)
Other grants	1,136,324	1,481,957	924,082	(212,242)
Other revenue	553,347	553,551	1,946,753	1,393,407
Total operating revenue	65,642,218	65,846,585	68,335,179	$ 2,692,961
Operating expenses				
Administation				
Salaries	$ 2,251,889	$ 2,479,811	$ 2,660,469	$ 408,580
Benefits	1,289,544	881,112	1,173,841	(115,703)
Other	2,516,333	3,015,951	2,403,477	(112,856)
Internal Services				
Salaries	7,753,373	9,698,628	10,343,517	2,590,144
Benefits	3,830,815	3,100,986	4,563,722	732,907
Other	3,407,297	3,495,052	3,699,000	291,702
Provider Network Services	40,887,479	40,082,573	40,890,444	2,966
Facility costs	732,961	1,241,616	787,901	54,940
Vehicle costs	64,825	126,648	162,571	97,745
Grant expenses	1,120,577	1,223,618	1,005,825	(114,752)
Room & Board	457,991	400,797	358,296	(99,695)
GASB 68 & 75 Adjustment	-	-	-	-
Total operating expenses	64,313,085	65,746,792	68,049,063	3,735,978
Net Surplus (deficit)	$ 1,329,133	$ 99,793	$ 286,116	$ (1,043,017)

2027 Proposed Budget by Vendor - Provider Network

Vendor Name	Sum of 2027 Proposed
A Heart That Cares, LLC	$ 876,718
ABA INSIGHT, LLC	726,397
ADULT LEARNING SYSTEM, INC	454,010
ARKAY, INC	45,880
BCA OF DETROIT, LLC	375,090
BEACON SPECIALIZED LIVING SERVICES, INC.	1,273,262
BETTER LIVING AFC LLC	71,946
CENTRIA HEALTHCARE, LLC	244,564
CHITTER CHATTER PC	1,469,584
CHOICES W/SELF DETERMINATION, LLC	110,834
CHS GROUP, LLC	2,256,179
COMM HLTH CTR OF BRANCH CNTY	19,890
COMMUNITY LIVING NETWORK	486,425
EISENHOWER CENTER	1,921,153
ELITE AFC II LLC	24,173
ELITE AFC, LLC	70,560
EVEREST, INC.	643,761
FLATROCK MANOR, INC	4,746,365
FOREST VIEW PSYCHIATRIC HOSPITAL	12,326
FRIENDS WHO CARE, INC.	144,361
GENOA HEALTHCARE, LLC	13,793
GOODWILL INDUSTRIES OF SE MICH, INC	636,855
GUARDIANTRAC, LLC	3,940,078
GUIDING LIGHT AFC LLC	349,440
HAVENWYCK HOSPITAL	640,500
HAVENWYCK HOSPITAL-CEDAR CREEK	195,445
HELP AT HOME, LLC	101,558
HENRY FORD WYANDOTTE HOSPITAL	17,388
HFHS - ACADIA JOINT VENTURE, LLC DBA HENRY FORD HEALTH BEHAVIORAL HE	83,600
HILLSDALE COMMUNITY HEALTH CENTER	24,533
HOME - COMMUNITY SUPPORTED LIVING ARRANGEMENTS	276,301
ILLUMINATE ABA SERVICES LLC	127,126
ISMAIL B. SENDI MD PC	35,027
IVYREHAB MICHIGAN, LLC	173,159
JOSEPH BATES DBA THE ABILITY HUB LLC	368,298
LIFE ENRICHMENT ACADEMY, INC.	297,502
LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH AUTHORITY	381,384
LUTHERAN CHILD AND FAMILY SERVICE OF MICHIGAN, INC	47,228
MACOMB RESIDENTIAL OPPORTUNITIES, INC	4,249,368
MAGNET ABA THERAPY, LLC	142,946
MASTROFRANCESCO, A.F.C.	2,204,522
MICHIGAN BH JV LLC	439,175
PHC OF MI, INC	348,086
PINE REST CHRISTIAN MENTAL HEALTH SERVICES	15,157
PROGRESSIVE RESIDENTIAL SERVICES	3,319,107
PROMEDICA MONROE REGIONAL HOSPITAL	1,832,727
REGENTS OF THE UNIVERSITY OF MICHIGAN	38,533

2027 Proposed Budget by Vendor - Provider Network

Vendor Name	Sum of 2027 Proposed
RESIDENTIAL OPPORTUNITIES, INC	143,625
SAFEHAUS, INC	10,313
Spectrum Health Hospitals	22,000
ST. JOSEPH MERCY HOSPITAL DBA TRINITY HEALTH - MICHIGAN	95,800
TRINITY HEALTH - MICHIGAN	59,122
W A FOOTE MEMORIAL HOSPITAL	14,502

2027 Proposed Budget by Vendor - Admin/Other

Vendor Name	Sum of 2027 Proposed
8X8 INC.	$ 56,662
ACCIDENT FUND INSURANCE COMPANY OF AMERICA	65,661
AFLAC	21,956
AFSCME UNION / LOCAL 2529	30,902
ARA FAMILY HOLDINGS, LLC	28,941
BBH VENTURES, LLC	60,915
BERTEISMANN LEARNING LLC	36,929
BESTCO BENEFIT PLANS, LLC	323,384
BLUENET	40,204
CATHOLIC CHARITIES OF SOUTHEAST MICHIGAN	268,000
CLINICAL NOTES AI, INC	38,533
CMHA	25,553
COUNTY OF WASHTENAW, MICHIGAN	288,124
DELTA DENTAL PLAN OF MICHIGAN	118,316
DYKEMA GOSSETT, PLLC	95,449
EXPERT ON THE MIND LLC	421,590
GOVCONNECTION, INC	52,017
GUTTERMAN, PAUL Y.	176,827
IRIS TELEHEALTH MEDICAL GROUP PA	654,406
JACKSON AND COKER LOCUMTENEMS, LLC	319,488
JASWANT S BAGGA	315,273
LENOVO U.S., INC	146,221
LOCUMTENENS.COM	624,513
LOUIS BALOGH	20,767
MCLAUGHLIN PROPERTIES LLC	150,323
MICH MUNICIPAL RISK MGT AUTHORITY	136,736
MICHIGAN GAS UTILITIES	42,718
MONROE CENTER, LLC.	75,000
MONROE COUNTY RETIREMENT SYSTEM	1,320,735
MUTUAL OF OMAHA	325,629
NEW DIRECTIONS PEER RECOVERY CENTER	128,400
PAN AMERICAN LANGUAGES & SERVICES, INC.	22,013
PHILLIP ARCHER, MD	93,629
PHOENIX PERFORMANCE PARTNERS LLC	55,661
PULSE FOR GOOD, L3C	16,800
PURCHASE POWER / PITNEY BOWES	19,098
REHMANN LLC	1,179,744
REPUBLIC SERVICES #259	26,001
REVEL--QONVERGE, LLC	58,796
ROSLUND PRESTAGE & COMPANY PC	36,908
SAFE IN PLACE ACCESSIBILITY	54,800
SNOW CHIU WU	31,320
STAELGRAEVE PROPERTIES, INC	34,625
STATE OF MICHIGAN / MDCH	107,482
SUPERIOR VISION SERVICES, INC.	27,016
T MOBILE USA, INC.	38,181
THE SALVATION ARMY	17,867

2027 Proposed Budget by Vendor - Admin/Other

Vendor Name	Sum of 2027 Proposed
THERAPEUTICS, LLC	375,555
TM GROUP	16,693
TODD WENZEL BUICK GMC OF WESTLAND INC	65,287
VELLOHEALTH INC	134,000
WOLVERINE INVESTMENT PROPERTIES, LLC	84,473
ZANE A GAGNE	19,100

MCMHA Finance Board Action Request

Service Contract(s) and Amendments

Wednesday, August 26, 2026

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

PROVIDER	CONTRACT TERM	SERVICE DESCRIPTION	FY2022-2024 RATE / UNIT		FY2024-2026 RATE / UNIT		ADDITIONAL INFORMATION
Hospitals							
N/A							
Community Living Supports (CLS) / Supported Employment / Respite							
Community Living Network	9/1/26-9/30/26	Behavior Identification Assessment			$396.88	Encounter	Additional services added to agreement based on a consumer request.
		Behavior Treatment Plan Review			$33.42	Encounter	
		Behavior Treatment Plan Monitoring			$114.08	Encounter	
		Mental Health service plan development by non-physician			$84.87	Encounter	
		Mental Health service plan monitoring			$84.87	Encounter	
		Family Training			$84.87	Encounter	
		Non-Family Training			$84.87	Encounter	
Autism / Waiver Services							
N/A							

MCMHA Finance Board Action Request

Administrative Contracts(s)

Wednesday, August 26, 2026

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

CONTRACTOR	CONTRACT TERM	DEPARTMENT	SERVICE DESCRIPTION	BUDGET	ADDITIONAL INFORMATION
Iris Telehealth	9/1/26-9/30/27	Outpatient Therapy		$85 per hour 40 hours per week	Mayra Rivas-Rocha is a licensed master social worker and will be providing telehealth therapy to our child and family department. We have started the credentialing process and she will start working once that has been completed.
Locumtenens	9/11/26-9/30/26	PHS		$170.00 per hour Up to 40 hours per week	Increase in the number of hours worked for Tamiko Rice, a contracted nurse practioner.
Psychiatric Services of Toledo Inc.	9/1/26-9/30/28	PHS		$250 per hour Up to 20 hours per week	Dr. Kazmi is a psychiatrist that specializes in child and adolescents. He will be working with us on Tuesdays in person with a possible second day in the future as needs arise.
Susan Radwan dba Leading Edge Mentoring	9/1/26-2/28/27		Board governance support for the MCMHA Board of Directors.	$285 per hour not to exceed 20 hours Mileage for travel to and from official meetings to be paid at the IRS approved rate	The agreement is for a 6 month period with an option to extend an additional 3 months.

MEMORANDUM

To: MCMHA Board of Directors
From: Lisa Graham, Chief Executive Officer
Date: August 26, 2026

RE: Appointment of Jim Brown to the Retiree Health Care Board of Trustees

The Retiree Health Care Board of Trustees just revised their agreement and are adding a Board Trustee from the Road Commission, Retirement System, and Monroe Community Mental Health Authority.

This is the first time that an employee of Monroe Community Mental Health Authority will be appointed to this Board.

I am requesting the Board to consider the appointment of Jim Brown, Chief Human Resources Officer, as a Board Trustee to represent Monroe Community Mental Health Authority on the Retiree Health Care Board.

BOARD ACTION REQUEST

August 11, 2026

ACTION REQUESTED:

MCMHA Board of Directors approves a Change Order to the current Rehmann contract to add additional hours for billing services.

This contract amendment will add $10,900 monthly to the original Rehmann contract that expires September 28, 2028. This represents one FTE for billing and .25 FTE for supervision, retroactive to 10/1/25.

Background:

Effective October 1, 2025, the State of Michigan implemented significant changes to the reimbursement methodology for Certified Community Behavioral Health Clinics (CCBHCs), including Monroe Community Mental Health Authority. Under the revised reimbursement model, the scope of billing requirements expanded to include the submission of CCBHC daily visit claims through Michigan's Community Health Automated Medicaid Processing System (CHAMPS).

In June 2025, the Monroe Community Mental Health Authority Board approved an amendment to the Rehmann contract to provide reimbursement, billing and enrollment consultation services, at a flat monthly rate of $16,500. Since implementation of the new reimbursement model, the billing process has proven substantially more complex and labor-intensive than originally anticipated. The increased administrative requirements associated with claim validation, data reconciliation, claim correction, and timely submission have required significantly more staff time and resources to ensure accurate and efficient billing operations.

From October 1, 2025 – June 30, 2026, Rehmann has provided 1,427 billing-related hours in excess of what the current contract outlines, at costs ranging from $210-$405 per hour, depending on the staff performing the task.

Although the existing contract allowed Rehmann to bill Monroe Community Mental Health Authority for the additional hours incurred as a result of these expanded billing requirements, Rehmann elected not to invoice the Authority for those additional costs while it evaluated the long-term level of effort necessary to support the new CCBHC reimbursement model. Following this assessment, Rehmann has proposed a Change Order, retroactive to October 1, 2025, that reflects the actual scope and resource commitment required to perform these services.

The proposed Change Order represents a $296,000 cost avoidance to the Authority through June 30, 2026.

RECOMMENDATION:

MCMHA Board of Directors approves the Change Order to the current Rehmann contract in order to add additional hours for billing and supervision for an additional flat fee of $10,900 per month, retroactive to 10/1/26.

The current budget supports this change.

Policy Governance® Bootcamp

Location: Grand Rapids, Michigan

Hosted and facilitated by Sue Radwan, MEd, CAE, SMP. GSP Fellow

How does your board add value to your organization? If you are going to spend your valuable time serving on a board, wouldn't you want to see that your investment makes a difference?

Policy Governance® (PG) is a model for Boards of Directors that positions the board in a differentiated role to become a critical source of leadership in the organization. Isn't that why we volunteer to serve on non-profit boards…because we want to make a difference in our world?

This event is a two full day event focused on a systems approach to governing that engages the board in strategic relationships and generative dialogue.

During the session, you will learn:

- ✓ The essential elements and concepts that are *critical* to understanding a systems approach to governing
- ✓ The important concepts that contribute to why the system works
- ✓ How elements of a systems framework compare with other methods of governance
- ✓ How the 10 principles of PG change how governing is done
- ✓ What the benefits and value are of adopting a governing framework that incorporates a system of accountability
- ✓ Practical tips for the Board to apply in approaching Policy Governance activities

The interactive content and approach for this PG Bootcamp was developed by Eric Craymer and Sue Radwan, co-authors of Governing by Principles: An Approach to Unleash the Power of Policy Governance, © 2020, Leading Edge Press.

We have discovered that when people understand the lens of systems-thinking and the governing theory that grew out of it, there is huge value. AND when you can talk about how the ten principles are interpreted in different organizational contexts with other participants, you gain deeper insight and a new level of governance understanding

Please let us know if you have any specific food allergies or requirements that might influence our food menu. We can accommodate gluten free, vegan, and specific food allergies if we know in advance. Please email your food needs to: suzyradwan@aol.com

Location: Amway Grand Plaza Hotel
187 Monroe NW, Grand Rapids, Michigan

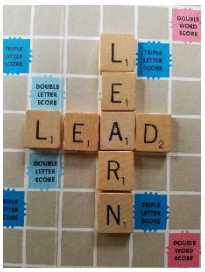
Date: Thursday-Friday, October 1 & 2, 2026

This session is limited to 25 participants

Next session: May 13-14, Hyatt Place, Ann Arbor, Michigan

The overall schedule for both days will be:

7:30 Breakfast
8:00 Session begins
9:45-10 Morning Break
10:30 Session continues
12-1 pm Group Lunch
Session continues
2:45-3:00 Afternoon break
3:00-5:00 Session continues
Day 2 Session ends at 3:30



PG Bootcamp Registration Fee

(includes breakfast, lunch and Governing By Principles book)

Early bird: **$875** before Aug 15
Regular rate: **$925** between Aug 16-Sept 15
Last minute rate: **$975** after Sept 15

Hotel Room Rate: $192 per night

https://book.passkey.com/e/51263956

If you prefer to call to reserve a room, dial 616 774-2000. Be sure to mention you are with the PG Bootcamp.

Cancellation Policy:

Registrations are transferable to individuals inside your organization.

- ➢ Transfers are available (limited to one time).
- ➢ Full refund (less Paypal fee) if cancelled 31+ days before the scheduled event.
- ➢ 50% refund if cancelled 16-30 days before.
- ➢ No refund if cancelled 15 or less days prior to the scheduled event or a no show.
- ➢ If we cancel due to COVID flare, there is no penalty, but registration transfer is encouraged.
- ➢ Transfers to a future event are limited to one transfer.

To register: Register and pay online at http://www.PGbootcamp.net

OR send your **commitment to attend** to suzyradwan@aol.com

You can send your registration fee in advance to 302 E Jefferson, Grand Ledge, MI 48837