MONROE COMMUNITY MENTAL HEALTH AUTHORITY
BOARD MEETING

November 18, 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**	**01 min**
III.	**PLEDGE OF ALLEGIANCE**	**02 min**
IV.	**CONSIDERATION TO ADOPT THE DRAFT AGENDA AS PRESENTED**	**02 min**
V.	**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".*

VI. BOARD CHAIR REPORT **05 min**

A. Executive Committee
B. Correspondence
C. Monthly Meeting Evaluations / Comments
D. Board and Executive Leadership Holiday Event
E. Questions during presentations should be relevant and not jump ahead

VII. BOARD ACTION **15 min**

A. Consent Calendar
1. Board Consent Agenda
a. **Consideration to approve items 1 and 2 of the Board Consent Agenda**
i. October 28, 2026 Board Meeting minutes and waive the reading thereof
ii. 2027 Board Meeting Calendar

2. Required Approvals
    a. **Consideration to approve items 1 and 2 of the Required Approvals**
        i. Service Contracts
        ii. Administrative Contracts

B. Board Action Request: Vehicle Purchase – Jim Brown
    1. **Consideration to approve the purchase of two (2) 2026 Chevrolet Trax FWD passenger vehicles from Allen Chevrolet of Monroe in the amount of $50,300.00 and one (1) 2027 Ford Ranger Crew Cab from Spirit Ford in the amount of $32,656.12 for a total expenditure of $82,956.12**

C. Board Action Request: Vehicle Purchase – Jim Brown
    1. **Consideration to approve the purchase of one (1) 2026 Chevrolet Trax FWD from Allen Chevrolet of Monroe in the amount of $25,150.00, with available insurance proceeds in the amount of $10,250.00 applied toward the purchase cost**

D. Items removed from the Board Consent Calendar (*placeholder)*

VIII. EXTERNAL AND OWNERSHIP LINKAGE **05 min**

A. Board Committee Minutes *(Information Only)*
    1. Business & Finance
    2. Bylaws & Policy
    3. Community Relations
    4. Performance Evaluation

B. PIHP Board Meeting Minutes *(Information Only)* – Did not meet in November

C. CMHAM Policy & Legislation Committee Report – Rebecca Pasko

IX. BOARD EDUCATION **15 min**

A. Response: MI Occupational Safety and Health Administration (MIOSHA) – Jim Brown

B. Board Governance: What the Board Owns – Lisa Graham

X. ASSURANCE OF PERFORMANCE **20 min**

A. Chief Executive Officer Report – Lisa Graham

C. FY2026 4th Quarter Clinical Report – Crystal Palmer

D. FY2026 3rd Quarter CCBHC Quality Metrics – Sabrina Polenciewicz

E. FY2026 September Financial Report *(Information Only)*

XI. ITEMS FOR FUTURE AGENDA **02 min**

A. Board Bylaws

B. Board Governance Policy Manual

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

XIII. BOARD ANNOUCEMENTS AND COMMENTS FOR THE GOOD OF THE ORDER **03 min/person**

XIV. ADJOURNMENT **01 min**

The next regularly scheduled meeting for the Monroe Community Mental Health Authority Board of Directors is **Wednesday, December 16, 2026** beginning at 6:00pm in the Aspen Room located at Monroe Community Mental Health Authority.

LG/dp, 11:12pm

BOARD EXECUTIVE COMMITTEE

Thursday, November 12, 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 (virtual), Becca Curley, Reda Biniecki, and Lisa Graham were present.

II. ITEMS FOR DISCUSSION

a. Review of the Draft November 18, 2026 Board Meeting Agenda – The November 18, 2026 draft agenda was reviewed.
b. Review of the October 28, 2026 Board Meeting Evaluation Report - The committee reviewed the evaluation report from October. There were a couple surveys that did not have comments listed for scoring a 3 or less. Rebecca Pasko requested to add instructions to the top of the evaluation form that if you score a 3 or less to leave a corresponding comment. This will help the Executive Committee to monitor any emergent issues or trends.
c. Policy Governance – The committee discussed the new policy governance structure.
d. Board and Executive Leadership Holiday Event – An invitation will be sent to the Board and Executive Leadership and request an RSVP. Four dinner options will be available to choose from and that information will be included in the invitation. The event will take place at the Little Brown Jug on Friday, December 4, 2026 from 6:00pm-9:00pm.

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 – December 4, 2026 at Little Brown Jug from 6:00pm-9:00pm

IV. NEXT AGENDA

a. Review of December 16, 2026 Board Meeting agenda
b. November Board Meeting Evaluation Report

V. AJOURNMENT

The meeting adjourned at 6:49pm.

VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for **Thursday, December 10, 2026** at 6:00pm in the Aspen Room.

Respectfully submitted,

Rebecca Pasko (dp)

Rebecca Pasko
Board Chairperson

11/13/26

BOARD OF DIRECTORS REGULAR MEETING MINUTES
October 28, 2026

Present: Rebecca Pasko, Chairperson; Becca Curley, Vice Chairperson; Dave Swartout; Rob Calhoon; John Cullen; Henry Werner; Nanette McCloud; LaMar Frederick; Doug Stevens; and John Burkardt

Excused: Reda Biniecki, Secretary; and Juanita Roscoe

Absent: N/A

Staff: Lisa Graham

Guests: 12 guests were present.

I. CALL TO ORDER

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

II. ROLL CALL

Roll Call confirmed a quorum existed.

III. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Rebecca Pasko.

Rebecca Pasko appointed John Burkardt as Secretary Pro-Tem.

IV. CONSIDERATION TO ADOPT THE DRAFT AMENDED AGENDA AS PRESENTED

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

V. PUBLIC COMMENTS

Nicole Yeary, River Raisin Clubhouse, commented on unsustainable health care premiums and requested the Board consider the impact the increase would have on staff and to give serious thought to moving to 80/20 cost-sharing model.

Deb Mason, MCMHA President of Local 2529, advocated for our union members regarding the increase to health care premiums in the 2027 calendar year and commented on the hardships for staff. If the Board approved moving from the hard cap to the 80/20 cost sharing model, the percentage for pretax income would be lower than the hard cap. Deb requested the Board consider the impact and to support staff by choosing 80/20 cost-sharing model.

VI. ITEMS FROM THE BOARD CHAIR

A. **Executive Committee**

1. The Executive Committee reviewed the draft agenda for tonight's meeting. There were no questions for the Executive Committee from the Board.

   The agenda has been structured differently for flow per our policy governance training. Once the governance policies are adopted, we will know how things are getting done. A policy discussion section will be added to the agenda. The Bylaws & Policy Committee are meeting on Saturday, November 7, 2026 to complete the review of the Governance Policy Manual.

B. **Correspondence**

1. Letter: Michigan Occupational Safety and Health Administration (MIOSHA)
   a. A letter was addressed to Becca Curley but should have been addressed to Lisa Graham as the CEO. Rebecca Pasko asked for consideration to request Lisa Graham to respond to MIOSHA on what has transpired.

      i. **Consideration to assign the MIOSHA response to Lisa Graham, CEO.**

      Rob Calhoon moved; John Cullen supported. No debate followed. Rebecca Pasko asked if there were any objections to assign the MIOSHA response to Lisa Graham. Hearing no objections, the Board approved to assign the MIOSHA response to Lisa Graham, CEO, by a unanimous vote.

   b. Lisa Graham will provide follow-up at the November Board Meeting.

C. **River Raisin Clubhouse**

1. Nanette McCloud has volunteered to serve on the River Raisin Clubhouse Board.

D. **Board and Executive Leadership Holiday Event**

1. The date is finalized for Friday, December 4, 2026 and a "Save the Date" was sent from 6-9pm at the Little Brown Jug.

E. **Presentations**

1. Board members that ask questions during presentations should be relevant and not jump ahead.

VII. BOARD ACTION

A. Consent Calendar

1. Required Approvals
   a. **Consideration to approve items 1 and adopt item 2 of the Required Approvals**
      i. Service Contracts
      ii. Regional Policies *(Executive Summary was included in Packet)*

FCM3023	Financial Audits of Contracts Policy
RR8037	Security of Consumer Related Information Policy

John Cullen moved; Dave Swartout supported. No debate followed. Rebecca Pasko asked if there were any objections on the Required Approvals. Hearing no objections, the Board approved item 1 and adopted item 2 of the Required Approvals by a unanimous vote.

2. Board Consent Agenda
    a. **Consideration to approve item 1 and item 2 of the Board Consent Agenda**
        i. September 23, 2026 Board Meeting minutes and waive the reading thereof.
        ii. Endorse River Raisin Clubhouse Board Meetings as a Board approved function for one board member to receive a stipend and mileage.

        Rob Calhoon moved; Doug Stevens supported. No debate followed. Rebecca Pasko asked if there were any objections on the Board Consent Agenda. Hearing no objections, the Board approved item 1 and item 2 of the Board Consent Agenda by a unanimous vote.

B. Board Action Request: 2027 Healthcare Insurance
1. Jim Brown presented a health insurance cost analysis and an overview of compliance. Jim advocated moving from the hard cap to the 80/20 cost-sharing method to lessen the hardship for employees and help strengthen our recruitment and retention. Based upon the review of cost analysis and compliance that included the premiums, hard cap inflation mismatch, employee cost calculation, guaranteed savings, and meeting the organizational mission, it is recommended the Board approve the 80/20 cost-sharing method.

    a. **Consideration to approve the 80/20 cost-sharing methodology under Public Act 152 for the 2027 health insurance plan year, replacing the current hard cap method, and to authorize the Administration to amend Article XIX of the Collective Bargaining Agreement with AFSCME Local 2529 accordingly**

    Dave Swartout moved; Rob Calhoon supported. No debate followed. Rebecca Pasko asked if there were any objections to approve the 80/20 cost-sharing method. Hearing no objections, the Board approved the 80/20 cost-sharing methodology under Public Act 152 for the 2027 health insurance plan year, replacing the current hard cap method, and to authorize the Administration to amend Article XIX of the Collective Bargaining Agreement with AFSCME Local 2529 accordingly by a unanimous vote.

C. Board Action Request: Building Lease
1. Lisa Graham commented that the Board Action Request was initially brought to the Business & Finance Committee in July and they advocated a 3-year lease. We tried extremely hard to push for a 3-year lease and the landlord was adamant on a 5-year lease. The original monthly payment was much less and the rent has changed. They are asking for $4,250 a month with a one-time security payment of $6,375. The building space is over 5000 square feet of space. Lisa reminded the Board that we had been talking about leasing a new space for several months. The number of consumers we see is increasing, employees are increasing. We need additional offices, training areas, and tele-health rooms. The lease space is necessary for agency growth and an environment that works for consumers and staff. Lisa is comfortable with a 5-year lease. Dykema has reviewed the lease.

    Guiliano Mancini, Dykema, provided an overview of the lease and answered board member questions.

    a. **Consideration to approve a five-year lease at 1180 North Monroe Street, Monroe, MI 48162 in the amount of $4,250 monthly, with an additional, one-time $6,375 security deposit with the lease commencing upon signature of the Chief Executive Officer**

    John Burkrdt moved; Dave Swartout supported. No debate followed. Rebecca Pasko asked if there were any objections to approve a five-year lease at 1180 North Monroe Street. Hearing no objections, the Board approved a five-year lease at 1180 North Monroe Street, Monroe, MI 48162 in the amount of $4,250 monthly, with an additional, one-time $6,375 security deposit with the lease commencing upon signature of the Chief Executive Officer by a unanimous vote.

Lisa Graham thanked the Board and thanked Bridgitte Gates for her dedication and hard work on this lease.

VIII. EXTERNAL AND OWNDERSHIP LINKAGE

A. Board Committee Minutes *(information only)*
   1. Business & Finance
   2. Bylaws & Policy
   3. Community Relations

B. PIHP Board Meeting Minutes *(information only)*

C. CMHAM Policy & Legislation Committee Report – No report for October.

There were no questions from the Board on committee minutes or the PIHP Board Meeting minutes.

IX. BOARD EDUCATION

A. FY2026 3rd Quarter Consumer Advisory Council (CAC) Report
   1. Sarah Klawitter presented the 3rd Quarter CAC Report. During 3rd quarter the council voted for new board members; participated in the Monroe County Fair, passing out 100 flyers and did very well with the prize wheel; participated in the Town Hall today and had a table set up; the CAC Training is coming up in November in Washtenaw and have several people attending; and the Walk-a-Mile went well and had 100% participation with Clubhouse, and we are wearing our t-shirts this evening that everyone wore for the event.
   2. Rebecca Pasko commented that moving forward, the Board requests the CAC to provide a report during 1st Quarter to the Board and for the 2nd, 3rd, and 4th quarters to provide a written report of what occurred that quarter for the Board Packet as information only.

B. Board Summary: Psychiatric Nurse Practitioner Cost Analysis
   1. Jim Brown presented the Psychiatric Nurse Practitioner Cost Analysis requested by the Board at their September Board Meeting. Monroe CMHA currently utilizes psychiatric nurse practitioners (NPs) through LocumTenens.com at hourly rates of $170-$178 per hour, which fall squarely within the 2026 psychiatric NP locum market range of $160-$185 per hour. The analysis compared the cost and operational impact of (1) employing psychiatric NPs versus psychiatrists, and (2) contracting NP services through a Locums agency versus direct hire. All comparisons were based on hourly cost. The cost analysis was included in the Board Packet for review. Jim was available to answer all questions from board members.

X. ASSURANCE OF PERFORMANCE

A. Chief Executive Officer Report
   1. Lisa Graham presented the CEO Report highlighting: State/RFP Updates; SAMHSA Grant; Fiscal Year 2027 Rates; Provider Network Adequacy; CCBHC Sustainability; Mental Health Summit; River Raisin Clubhouse; MCMHA was awarded the Partner of the Year Award by MCCC; Fundraiser; Community Events; and Upcoming Events.

      Lisa added, Regional 6 is not contractually obligated, but historically, all partners agreed to a CLS rate. It is not a regional mandated rate but an agreed upon rate. Monroe has been pushing hard for an increase for our providers and CLS providers. Last year we did give a 3% increase and other partners did not. Our budget sustained that and we actually ended up with a surplus. Our CLS providers are always last at the table. We have budget restraints, but will be working with the region to increase rates.

MCMHA participated in the following community events in October:

- 10/9: Faith in Blue
- 10/11: River Raisin Clubhouse bowling fundraiser
- 10/16: Ghosts, Goblins and Grief, Trunk or Treat, Mall of Monroe
- 10/17: NAMI Walk and raised (x) to donate from MCMHA
- 10/21: Supporting our Community Vigil, Monroe High School
- 10/22: MCMHA's Mental Health Summit
- 10/27: Veteran's Safe Talk event
- 10/28: MCMHA's Town Hall

Dave Swartout commented that he attended the Mental Health Summit, Lisa did a fantastic job!

Upcoming Events:

- As part of MCMHA's ongoing commitment to community engagement and service, staff are participating in a friendly agency-wide donation drive to collect Thanksgiving meal items. Contributions will be assembled into food baskets and distributed to individuals and families we serve, helping to support community members during the holiday season while reinforcing MCMHA's culture of compassion and giving.

B. FY2026 3rd Quarter MDHHS Behavioral Transformation Metrics
   1. Lisa Graham presented the 3rd Quarter MDHHS Behavioral Transformation Metric. The state is still monitoring some metrics, but we are continuing to monitor all metrics. The state is still monitoring indicator 2A. We are still doing well but we'd like to see the number higher. The indicators the state is monitoring show green if we are meeting them and for those that we are not, we are only off by a couple percentage points. Overall, we are doing well.

C. FY2026 3rd Quarter Operations Report
   1. Bridgitte Gates presented the 3rd Quarter Operations Report highlighting priorities under the Strategic Plan.

D. FY2026 August Financial Report
   1. Amy Rottman presented the August Financial Report and provided monthly highlights:
      a. Statement of Position: Cash in the bank is $21,802,658.
      b. Estimated surplus (due back to the PIHP) is $3,264,831.
      c. Estimated surplus from CCBHC Medicaid Operations is $2,421,337.
      d. Estimated deficit from CCBHC non-Medicaid operations $2,445,830.
      e. Estimated deficit from other General Fund spend is $44,183.
      f. Total estimated fund balance addition is $876,736.
   2. Amy pointed out that we have a surplus for the PIHP that we plan to return for this fiscal year in March of next year during settlement. This is a positive outcome.
   3. As Lisa Graham mentioned, the FY2027 revenue is likely to be similar of what we received in FY2026. The FY2027 projection from the state actuary will look pretty consistent to this. Instead of having a surplus we are planning to use the full amount next year. If we need to do a budget amendment based on how revenue comes in we will bring that to the Board.

XI. ITEMS FOR FUTURE AGENDA

A. Governance Policies: Ends and Executive Limitations (Section 1 & 2)
B. Governance Policies: Board Means Policies
C. Board Bylaws
   1. The Bylaws & Policy Committee is on November 7, 2026 to finish the review of the Governance Policies. All of the work we have been doing is ending and the Board will be receiving emails on what will happen. You need to read the policies and if you have any questions they need to be sent to Dawn Pratt right away so that if the committee needs to get together again we can meet to review feedback.

XII. PUBLIC COMMENTS

There were no public comments.

XIII. BOARD ANNOUNCEMENTS AND COMMENTS FOR THE GOOD OF THE ORDER

John Burkardt attended the CMHAM Fall Conference and learned that ADA was not the first law passed it was the civil rights law of 76. John commented it was an interesting read and has a link if anyone is interested in the history with Ed Roberts. John also commented on the Michigan Wolverines football program.

Doug Stevens attended the Mental Health Summit and thought it was interesting. Lisa Graham and others were under a lot of pressure getting questions, but they did a great job. It was educational.

Nanette McCloud attended the River Raisin Clubhouse for lunch and met a lot of people. It was a wonderful experience. If you get the chance, lunch is $3 and everything is prepared from the Clubhouse members; Nanette attended the bowling fundraiser. They had a live auction, she took her two kids, and that was a wonderful time; attended the Mental Health Summit and that was wonderful. It was very eye-opening for all of us; and attended the CMHAM Fall Conference also and it was a wonderful experience. Everything held my attention, so educational. I've learned what people have gone through in life, different grant writing, how to approach it, disabilities. There was so much educational experience, and I was glad I had the opportunity to go.

John Cullen attended the Mental Health Summit and commented "good job" to Lisa Graham. John liked the way the panel was set up. The Sherrif's comments on everything were a nice balance to others speaking. Sherrif had a lot of positive comments about CMH, and it was very enlightening to me. Good job!

Rebecca Pasko commented that Lisa Graham and CMH have been very busy. I haven't heard any negative things and pretty excited about that for Lisa and Monroe CMH. Rebecca reminded everyone that the next Board Meeting is November 18, 2026 and to please watch your emails regarding Bylaws and Governance Policies. Rebecca commented that tonight's meeting went very well for our first agenda change. We will continue to grow.

XIV. ADJOURNMENT

Rebecca Pasko adjourned the meeting at 7:34pm.

Submitted by,

_____
John Burkardt, Secretary Pro-Tem

LG/dp
11/9/26

2027 MCMHA Board of Directors Meeting Calendar

January

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5*	6	7	8	9
10	11	12	13	14	15	16
17	18	19*	20	21	22	23
24 31	25	26	27	28	29	30

February

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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14	15	16*	17	18	19	20
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28						

March

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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28	29	30	31			

April

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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18	19	20*	21	22	23	24
25	26	27	28	29	30	

May

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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9	10	11	12	13	14	15
16	17	18*	19	20	21	22
23 30	24 31	25	26	27	28	29

June

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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13	14	15*	16	17	18	19
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27	28	29	30			

July

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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4	5	6*	7	8	9	10
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August

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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29	30	31				

September

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
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October

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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November

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2*	3	4	5	6
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14	15	16*	17	18	19	20
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28	29	30				

December

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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5	6	7*	8	9	10	11
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26	27	28	29	30	31	

- Agency Closed / Holiday
- Board Holiday Dinner - TBD
- Board Meeting
- Board Workshop
- Business & Finance
- Bylaws & Policy
- Community Relations
- * County Commissioners Meeting
- Executive Committee
- Performance Evaluation Committee
- Recipient Rights Advisory Council
- Regional PIHP Board Meeting
- CMHAM State Conferences
- National Conference / NATCON
- Monroe County Fair

10/1/2026

MEETING DETAILS			
MEETING:	**TIME:**	**FREQUENCY:**	**MEMBERSHIP:**
Board Meeting	6pm	4th Wednesday, Monthly 3rd Wednesday (Nov-Dec)	Full Board
Board Workshop	9am-1pm	As Needed *(Board Chair to establish frequency and time)*	Full Board
Business & Finance	6pm	1st Wednesday, Monthly	Frederick (C), Biniecki, Calhoon, Cullen, Werner, and Pasko (EO)
Bylaws & Policy	5pm	1st Wednesday, Monthly	Curley (C), Biniecki, Burkardt, Calhoon, Cullen, and Pasko (EO)
Community Relations	5pm	3rd Wednesday, Monthly (Jan-Oct) 2nd Tuesday (Nov) 1st Tuesday (Dec)	Biniecki (C), Roscoe, Stevens, McCloud, Vacancy, and Pasko (EO)
Commissioner's Meeting	6pm	1st and 3rd Tuesday, Monthly	N/A
Executive	6pm	3rd Wednesday, Monthly (Jan-Oct) 2nd Tuesday (Nov) 1st Tuesday (Dec)	Pasko (C), Curley (VC), and Biniecki (S)
Performance Evaluation	4pm	1st Wednesday, Quarterly (Feb, May, Aug, and Nov - *or as needed)*	Pasko (C), Curely (VC), Biniecki (S), and Frederick
Recipient Rights Advsiory Council	3pm	May, August, December	Representative: Burkardt
Regional PIHP Board Meeting	6pm	2nd Tuesday *(Feb, Apr, Jun, Aug, Sep, Oct, and Dec)*	Representative: Curley, Frederick, and Pasko

(C) Chair; (VC) Vice Chair; (S) Secretary; (EO) Ex-Officio

CONFERENCES		
CMHAM:	**WHEN / WHERE:**	**ATTENDEES:**
Winter Conference	2/8/27 Pre-conference 2/9/27 - 2/10/27 Conference Kalamazoo, Michigan	Up to 3 board members / contact Dawn Pratt
Policy Governance Bootcamp	5/13/27 - 5/14/27 Ann Arbor, Michigan	Up to 3 board members / contact Dawn Pratt
Spring Conference	6/15/27 - 6/16/27 Traverse City, Michigan	Up to 3 board members / contact Dawn Pratt
Fall Conference	10/25/27 - 10/26/27 Traverse City, Michigan	Up to 3 board members / contact Dawn Pratt
NATIONAL COUNCIL:	**WHEN / WHERE:**	**ATTENDEES:**
NATCON27	4/11/27 Pre-conference 4/12/27 - 4/14/27 Conference New Orleans, Louisana	Up to 3 board members / contact Dawn Pratt

MCMHA Finance Board Action Request

Service Contract(s) and Amendments

Wednesday, November 18, 2026

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

PROVIDER	CONTRACT TERM	SERVICE DESCRIPTION	FY2024-2026 RATE / UNIT		FY2026-2028 RATE / UNIT		ADDITIONAL INFORMATION
Hospitals							
N/A							
Community Living Supports (CLS) / Supported Employment / Respite							
New Dawn AFC	11/18/2026-9/30/2028	Licensed Residential			Tier 2 Tier 2 + transition Tier 3 Tier 3 + transition Tier 4 Tier 4 + transition Base Base + transition Intensive Intensive + transition Enhanced staffing (1:1) Enhanced staffing (2:1)	$100.00/day $132.32/day $128.90/day $175.66/day $172.19/day $240.61/day $247.74/day $353.93/day $311.56/day $449.66/day $35.00/hour $80.00/hour	This is a brand new provider that has been identified to provide service to a consumer in need of a placement.
Autism / Waiver Services							
Gateway ABA Therapy	12/1/2026-9/30/2028	ABA Identification assessment ABA follow-up assessment ABA behavior treatment ABA group behavior treatment ABA clinical observation ABA family guidance ABA multiple family guidance ABA treatment group ABA exposure adaptive behavior treatment			$38.00 $24.00 $30.00 $21.25 $16.50 $4.79 $4.47 $30.00 $21.25 $30.00 $21.25 $12.00 $8.00 $8.57 $6.07 $31.06 $26.06	Per 15 minutes Per 15 minutes Per 15 minutes Per 15 minutes Per 15 minutes Per 15 minutes Per 15 minutes Per 15 minutes Per 15 minutes	We currently contract with this provider and would like to expand the services they offer by adding ABA to their agreement. Rate differences are due to clinicians credentials.

MCMHA Finance Board Action Request

Administrative Contracts(s)

Wednesday, November 18, 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	1/1/27-12/31/27	PHS	Hourly rate increase for Dr. Romero	$245.87 per hour up to 32 hours per week Hours may increase as needed	3.2% annual increase

Board Action Request:
PURCHASE OF FLEET VEHICLES

Action Request:

Management has identified the need to purchase three additional fleet vehicles to support agency operations, client transportation, and maintenance activities. Funding for these vehicle purchases was included in the approved FY 2027 budget.

In accordance with agency procurement requirements, management obtained and evaluated three competitive quotes for both passenger vehicles and a maintenance vehicle from local dealerships. The recommended purchases represent the lowest responsive bids received and provide the most cost-effective options to meet agency operational needs.

Quotes:

Passenger Vehicle Purchase (Two Vehicles)

Dealer	Vehicle	Cost
Allen Chevrolet of Monroe	2026 Chevrolet Trax FWD 4dr	$25,150.00
Williams Brothers, Dundee MI.	2026 Jeep Compass 4dr	$32,985.00
Spirit Ford, Dundee MI.	2027 Bronco Sport Big Bend (4dr)	$30,761.56

Management recommends the purchase of **two (2) 2026 Chevrolet Trax FWD vehicles** from **Allen Chevrolet of Monroe**, as they represent the lowest responsive quote received and adequately meet the agency's transportation requirements.

Purchase of 1 maintenance vehicle

Dealer	Vehicle	Cost
Spirit Ford, Dundee MI.	2027 Ranger Crew Cab	$32,656.12
Allen Chevrolet of Monroe	2026 Colorado 2 WD Crew Cab WT	$34,495.00
Williams Brothers, Dundee MI.	2026 Ram 1500 Crew Cab	$43,652.60

Management recommends the purchase of **one (1) 2027 Ford Ranger Crew Cab** from **Spirit Ford**, as it represents the lowest responsive quote received and will effectively support the agency's maintenance operations.

Financial Impact

Purchase	Amount
Two (2) Chevrolet Trax Passenger Vehicles	$50,300.00
One (1) Ford Ranger Maintenance Vehicle	$32,656.12
Total Purchase Cost	**$82,956.12**

Funding for these purchases is included in the approved FY 2027 budget.

Management has reviewed all quotations received and determined that the recommended purchases represent the lowest responsive and responsible bids that best meet the agency's operational requirements and approved budget.

Recommendation:

Consideration to approve the purchase of two (2) 2026 Chevrolet Trax FWD passenger vehicles from Allen Chevrolet of Monroe in the amount of $50,300.00 and one (1) 2027 Ford Ranger Crew Cab from Spirit Ford in the amount of $32,656.12 for a total expenditure of $82,956.12.

Board Action Request:
PURCHASE OF FLEET VEHICLE

Action Request:
In September 2026, an agency fleet passenger vehicle was declared a total loss following a motor vehicle accident. The agency received an insurance settlement of **$10,250**, representing the vehicle's replacement value.

To replace the vehicle and maintain operational capacity for agency programs and services, management solicited and reviewed three competitive quotes from local dealerships in accordance with agency procurement requirements.

Quotes:

Dealer	Vehicle	Cost
Allen Chevrolet of Monroe	2026 Chevrolet Trax FWD 4dr	$25,150.00
Williams Brothers, Dundee MI.	2026 Jeep Compass 4dr	$32,985.00
Spirit Ford, Dundee MI.	2027 Bronco Sport Big Bend (4dr)	$30,761.56

The Chevrolet Trax represents the lowest responsive quote received and will meet the agency's operational transportation needs while providing the most cost-effective replacement option. The insurance proceeds received for the totaled vehicle will be applied toward the purchase, reducing the agency's net replacement cost.

Financial Impact
- Vehicle Purchase Price: **$25,150.00**
- Insurance Proceeds Received: **($10,250.00)**
- Net Agency Cost: **$14,900.00**

Management recommends the purchase of the **2026 Chevrolet Trax FWD** from Allen Chevrolet of Monroe at a total cost of **$25,150.00.**

Recommendation:
Consideration to approve the purchase of one (1) 2026 Chevrolet Trax FWD from Allen Chevrolet of Monroe in the amount of $25,150.00, with available insurance proceeds in the amount of $10,250.00 applied toward the purchase cost.

BOARD BUSINESS OPERATIONS COMMITTEE
Wednesday, November 4, 2026
6:00pm

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 6:00pm. LaMar Frederick, Reda Biniecki, Rob Calhoon, Henry Werner, Rebecca Pasko, and Lisa Graham were present. John Cullen was excused. Ken Melvin and Lyndsay Kieselbach attended virtually as a guest.

II. BUSINESS OPERATIONS

A. September Financial Report

i. Ken Melvin presented the September Financial Report and provided monthly highlights:
   1. Statement of Position: Cash in the bank is $24,290,186.
   2. Estimated surplus (due back to the PIHP) is $3,997,201.
   3. Estimated surplus from CCBHC Medicaid Operations is $1,899,749.
   4. Estimated deficit from CCBHC non-Medicaid operations $2,581,486.
   5. Estimated deficit from other General Fund spend is $37,981.
   6. Total estimated fund balance addition is $1,183,699.

ii. Pension will be 92% funded this year. OPEB is over 100% funded. This is a great position to be in.

iii. Financial Reports will not be available until the January Board Meeting due to finalizing year end FY2026.

iv. Financial Audit is ramping up. Final numbers will be available toward end of March. Everything looks good.

v. There are 2 payments for CCBCH that were received. The quality performance bonus and the amount for the CCBHC allocation. Those are now reflected in these financial statements. The quality performance bonus is $850,000 and the non-Medicaid relief is $87,000. These two numbers are a one-time adjustment to the net position. Kudos to our clinical team for meeting the CCBHC quality metrics!

vi. While there has been a change in our revenue stream there isn't a need to bring an amended budget.

vii. Forward Looking
   1. 2026 rate amendment to put more dollars at the PIHP level.
   2. 2027 rates look positive state-wide, but may come up short.

B. Lisa Graham commented that the PIHP is evaluating numbers and may ask the PIHP Board to use their ISF to provide increases in result of the minimum wage requirements. Monroe is pushing hard for those increases.

C. LaMar Frederick expressed his concerns regarding Healthy Michigan beginning January 1, 2027. Ken Melvin responded that this will impact the PIHP and those that provide SUD services directly. Our revenue is based on total eligibles in the county. We are looking to deploy enhanced data in our system and continue doing what we can. LaMar commented that this is not a significant part of our budget, but when the numbers begin to change we'll understand why.

D. There will be no October Financial Report due to finalizing year end FY2026.

E. Committee members did not see anything out of range or significant, therefore, the September Finance Report will be listed as information only at the November 18, 2026 Board Meeting.

I. NEXT AGENDA

A. Financial Report.

II. PARKING LOT

A. Chief Financial Officer

B. Cash Flow with CCBHC and MDHHS

IV. ADJOURNMENT

The meeting adjourned at 6:47pm.

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

Respectfully submitted,

LaMar Frederick (dp)

LaMar Frederick
Committee Chair

11/9/26

BOARD BYLAWS & POLICY COMMITTEE
Wednesday, November 4, 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 5:00pm. Becca Curley, Rob Calhoon, Reda Biniecki, Rebecca Pasko, and Lisa Graham were present. Dr. Frances Jackson, Parliamentarian, attended as a guest. John Burkardt and John Cullen was excused.

II. COMMITTEE BUSINESS

A. Regional Policies

N/A	

III. REVIEW OF BOARD BYLAWS

A. The committee reviewed suggestions from Dr. Jackson for Article VII and Article XII.
B. The committee completed the revision of the Bylaws and will meet on December 2, 2026 for a final review of a clean copy before sending the Bylaws to the Board.
C. Bylaws require a previous 30-day notice. Notice, per Roberts Rules, is the date the Bylaws are sent out.
D. When there is a revision, the revised clean copy, not the tracked version, is what is sent to the Board for consideration. There is language that is used specifically when doing a revision and Dr. Jackson will provide a script for the Board Chair and Bylaws Chair for review at the next meeting.

IV. NEXT MEETING

A. Review clean copy of Bylaws and focus on flow and if anything is missing

V. PARKING LOT

A. Review of Board Bylaws *(review annually based on adoption date)*
B. Review of Board Governance Policy Manual *(review annually based on adoption date)*

VI. AJOURNMENT

The meeting adjourned at 6:06pm.

VII. NEXT MEETING

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

Respectfully submitted,
Becca Curley (dp)

Becca Curley
Committee Chair 11/9/26

BOARD BYLAWS & POLICY COMMITTEE
Saturday, November 7, 2026
9:00am

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 9:14am. Becca Curley, Rob Calhoon, John Burkardt, Reda Biniecki, Rebecca Pasko, and Lisa Graham were present. Susan Radwan, Governance Consultant, attended as a guest virtually. John Cullen was excused.

II. REVIEW OF THE BOARD GOVERNANCE POLICY MANUAL

A. The committee reviewed and amended Sections 2, 3, and 4 of the Board Governance Policy Manual with assistance from Susan Radwan. The committee reviewed the current policy manual against a sample policy manual and made amendments accordingly. The Board Ends (Section 1) and Financial Governance Policies (within Section 2) have already been reviewed and amended by the Board Ends Committee and the Business & Finance Committee.

B. Next steps will include Lisa Graham and Susan Radwan to discuss the monitoring of policies timeline that will be added to the policy manual, create an Appendix for procedures, and the committee will do a final review before sending to the Board for consideration.

III. NEXT MEETING

A. Review Clean Copy of Bylaws
B. Review of Board Governance Policy Manual

IV. PARKING LOT

A. Review Annually Based on Adoption Date
    i. Board Bylaws and Board Governance Policy Manual

V. AJOURNMENT

The meeting adjourned at 2:23pm.

VI. NEXT MEETING

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

Respectfully submitted,
Becca Curley (dp)

Becca Curley
Committee Chair 11/9/26

BOARD COMMUNITY RELATIONS COMMITTEE
Thursday, November 12, 2026
5:00pm

MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

Reda Biniecki, Chair; Nanette McCloud; Juanita Roscoe; Doug Stevens; Vacancy; and Rebecca Pasko (Ex-Officio)

DRAFT MINUTES

I. CALL TO ORDER

Reda Biniecki called the meeting to order at 5:00pm. Reda Biniecki, Doug Stevens, Juanita Roscoe, Rebecca Pasko (virtual), and Lisa Graham were present. Nanette McCloud was excused.

II. RADIO STATION SHOW

A. Reda Biniecki reached out to Dave McFadden regarding his Monroe Radio Show. It is a 30-minute show, casual and unscripted, and the schedule is flexible. The show is pre-recorded and airs on Sunday at 1pm and the following Tuesday at 8pm. They are located at 64 North Roessler in Monroe. Reda suggested this would be great for awareness in our community. Lisa Graham responded that she would be happy to do this and may work well for a quarterly recording. Lisa will connect with Dave to discuss it further.

B. Lisa Graham contacted Michelle at Monroe Radio to discuss monthly 30 second ads. Lisa would like to create topics for each month and tie the content between articles for Bedford press, Dave McFaddens show, the 30 second ads, Facebook content, etc. This would really help with awareness. Lisa will let the committee know when she hears back from Michelle.

1. Reda Biniecki suggested the same articles could be considered for Monroe News and Dundee.

III. BEDFORD AREA NEEDS

A. Rebecca Pasko will reach out to Al Prior, Bedford Township Supervisor, to reconnect with Lisa Graham regarding promotion and awareness in Bedford.

B. Beford Press – Lisa Graham will make it a priority to reach out to the Bedford Press and start articles in January 2027.

IV. COMMUNITY FESTIVALS

A. Juanita Roscoe has connections with the Christmas in Ida Festival. Lisa Graham would like to have a booth or table at the festival. Juanita will reach out to Dale Zorn and request him to connect with Lisa. The festival is the first weekend in December on Friday and Saturday.

B. Blue Christmas at 2/42 Church. Lisa Graham anticipates that CMH will participate with a table. This event occurs the first weekend in December on Sunday.

C. Bedford Craft & Vendor Show is November 14th from 9-3pm located at 8405 Jackman Road.

D. Juanita Roscoe suggested Lisa Graham reach out to the Amanda Sharp (Pressed Rose) and Jamie Hunter (The Rusty Cup). Amanda is big on helping people and both like to promote things. Lisa Graham will contact them both as well.

V. PROMOTION OF PROGRAMS

A. Lisa Graham provided a brief overview of services. A one-page flyer for each service can be found on the agency website. The community has the ability print the flyer as well.

1. Reda Biniecki suggested creating a one-page list of what CMH does, list CMH services, and a list of locations (access points, group homes, Clubhouse, BHUC, etc.). This information would be helpful for board members to have in efforts to increase their awareness. The committee recommended the Board have this information.

a. Lisa Graham committed to creating a one-page list of detailed information for promotion and awareness in the community. Lisa will present the one-page list at a future Board Meeting under Board Education. Lisa will bring a rough draft to the next Community Relations Committee for review.

VI. NEXT AGENDA

A. One-Page Detailed Information for Promotion and Awareness
B. Follow Up on Dave McFaddens Radio Show and Bedford Press
C. Community Committees and Workgroups with CMH Presence

VII. PARKING LOT

A. Strategic Planning / Community Awareness Budget
B. Community Festivals / Participation
C. Veterans
D. Farmer and Skilled Trade Suicide Prevention
E. Town Hall Promotion / Board Awards

VIII. AJOURNMENT

The meeting adjourned at 6:02pm.

IX. NEXT MEETING

The Next Meeting of the Community Relations Committee is scheduled for **Thursday, December 10, 2026** at 5:00pm in the Aspen Room.

Respectfully submitted,

Reda Biniecki (dp)

Reda Biniecki
Committee Chair 11/13/26

BOARD PERFORMANCE EVALUATION COMMITTEE
Wednesday, November 4, 2026
4:00pm

MAJOR COMMITTEE RESPONSIBILITIES	COMMITTEE MEMBERS	
1. Compile quarterly performance measures for Chief Executive Officer.	Board Chair	Business & Finance Chair
2. Compile quarterly performance measures for the Board.	Board Vice-Chair	Bylaws & Policy Chair
	Board Secretary	Community Relations Chair

DRAFT MINUTES

I. CALL TO ORDER
The meeting was called to order by Rebecca Pasko at 4:00pm. Rebecca Pasko, Becca Curley, Reda Biniecki, LaMar Frederick, and Lisa Graham were present.

II. FY2026 4th Quarter Performance Evaluation of Chief Executive Officer (CEO)
A. Committee members reviewed the 4th Quarter Performance Evaluation Report that contained a report from Lisa Graham and committee member feedback against the Strategic Plan.
   1. Rebecca Pasko commented on increasing presence in Bedford.
      a. Lisa Graham commented that we do need education on what services exist, not only in Bedford, but in surrounding areas as well. As part of the Strategic Plan that is currently in development, Lisa would like to do quarterly Town Halls in place of the CEO Coffee Hours that was not receiving much community participation. The Town Halls would be scheduled at Townships or Libraries in outlying areas for a listening session. The first 15 minutes would be a presentation on who we are and what services are available. The next 45 minutes would be to listen and answer questions. When it's closer to scheduling these, Lisa will work with the Community Relations Committee on who has connections in those outlying areas. There is a lack of awareness on what we provide.
         i. Rebecca Pasko suggested to place an article in the Bedford Press prior to the event.
         ii. Reda Biniecki suggested that we need to make sure that if there are areas that need transportation to work on that.
   2. Overall Summary: The committee met with Lisa Graham and provided a review of 4th quarter against the Strategic Plan. The evaluation was favorable.

III. Chief Executive Officer Updates:
A. We are excited about the new Strategic Plan and are hoping to have this up and running in January.
B. Reached out to Mike Bosanac about an increase on the annual contribution. The bond will be up on our building in 2027 and would like to bring someone in to see if we can make the building a little more efficient for our needs.
C. We are making sure to expand our clinical services and fidelity reviews.
D. We have great relationships with about 15 agencies in the county. Lisa's goal is to get out and set up meetings with schools, superintendents, township supervisors, etc. and get out in the community all across the county to expand community partnerships.
E. Lisa informed the Performance Evaluation Committee that she would rather not accept any bonuses that are stated in the current Employee Contract. Lisa explained that nobody else has the opportunity to receive a bonus. The change to the contract would not need Board approval. It would be to simply remove the bonus language and resign the contract. Rebecca Pasko will inform the Board of this change.

IV. NEXT STEPS
a. The committee will meet in February for the evaluation of 1st quarter.

V. NEXT AGENDA
A. Review 1st Quarter Performance Evaluation Report

VI. ADJOURNMENT
The meeting adjourned at 4:47pm.

The next meeting of the Performance Evaluation Committee is scheduled for **Wednesday, February 3, 2027** at 4:00pm in the Aspen Room.

Respectfully submitted,

Rebecca Pasko (dp)
Rebecca Pasko
Performance Evaluation Committee Chair 11/9/26



BOARD GOVERNANCE

What the Board Owns

Responsibilities of a Michigan Community Mental Health Board

Michigan law gives the board a substantive governance role

The Mental Health Code assigns duties to the board itself, not only to management.

MCL 330.1226

The statutory anchor

Needs assessment
Annual plan
Budget
Service contracts
Performance review
Executive director
Policy guidelines

Represent the community

Board composition must include meaningful representation from primary consumers and family members, along with providers, community partners and the public.

Keep priority populations central

CMH services are directed to people with serious mental illness, serious emotional disturbance and developmental disability, with priority for the most severe and urgent needs.

Board work is public stewardship

The board is accountable for community need, public resources, service quality and organizational direction. That is much more than approving items brought forward by staff.

Six responsibilities the board cannot outsource

Management does the work. The board remains accountable for governing the system.

1 Community need + plan

Know needs, hear the public, set priorities.

2 Financial stewardship

Approve the operating budget and pursue adequate resources.

3 Service contracts

Approve and authorize contracts for service provision.

4 Performance oversight

Evaluate quality, effectiveness and efficiency against written criteria.

5 CEO accountability

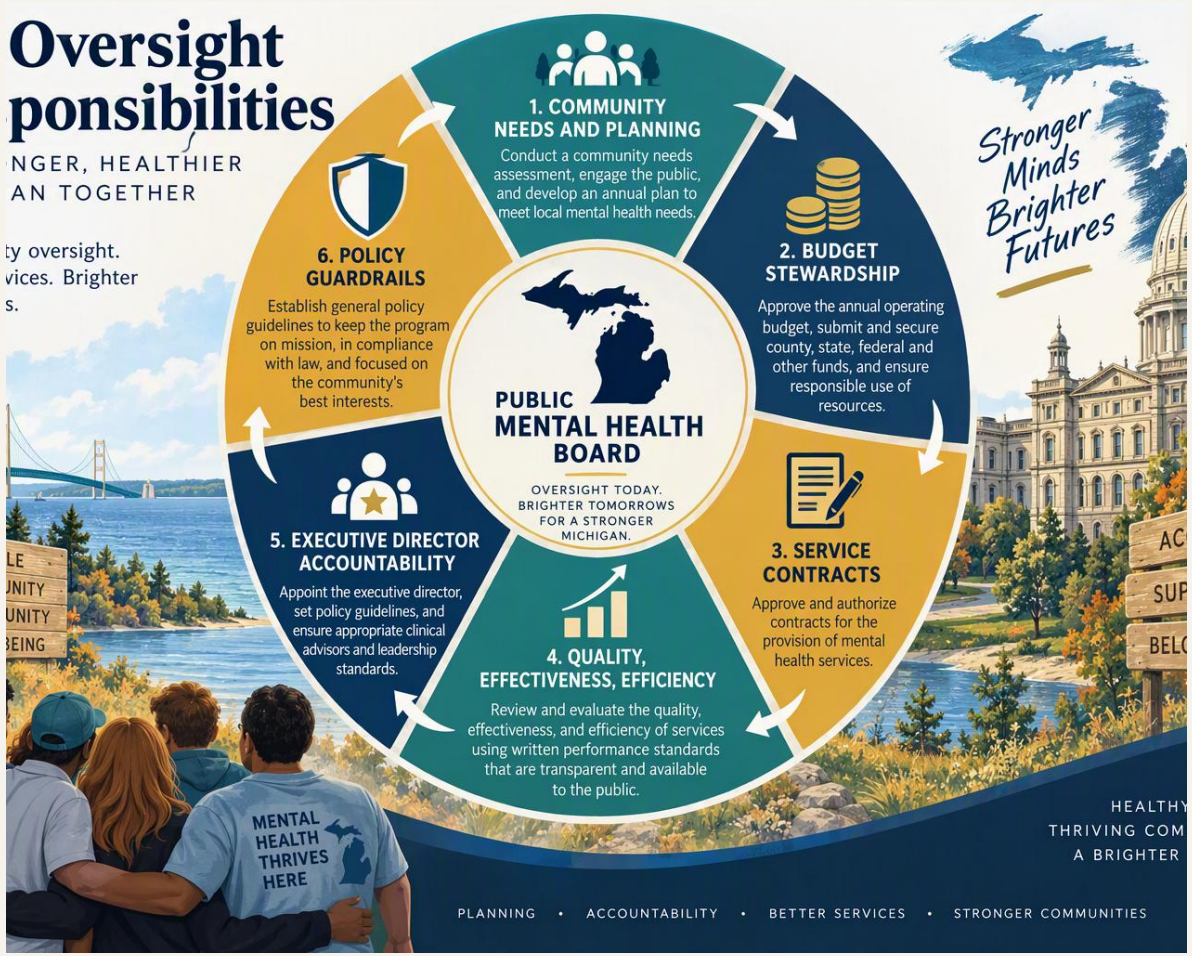
Appoint the executive director and hold the role accountable for results.

6 Policy guardrails

Establish general policy guidelines within which the CEO operates.

Governance sets direction. Management makes it happen.

Policy governance works when both sides stay in their lane and exchange reliable information.



BOARD

Defines outcomes
Sets policy boundaries
Approves what law reserves to the board
Monitors results and risk
Evaluates the CEO

CEO + STAFF

Choose methods
Manage people and operations
Negotiate and administer within authority
Solve implementation problems
Report evidence of performance

Oversight means asking for evidence, not running the operation

A strong board dashboard tells the story of mission, money, quality and risk.

ACCESS

Are priority populations getting appropriate and timely services?

QUALITY

Are services effective, safe and person-centered?

FINANCE

Are resources sufficient, sustainable and used as intended?

RIGHTS + COMPLIANCE

Are legal, contractual and ethical obligations being met?

WORKFORCE

Do we have the capacity needed to deliver the mission?

RISK

What could materially prevent us from achieving our outcomes?

Board question: “What evidence gives us reasonable assurance?”

A practical test before the board acts

Four questions keep discussion at the governance level.

1

Is this legally reserved to the board?

For example: statutory planning, budget approval, service contracts, CEO appointment or policy.

2

Is it a board policy decision?

Does it establish an outcome, expectation, boundary or level of risk?

3

Are we seeking assurance?

Ask for evidence of compliance, performance or risk rather than prescribing the method.

4

If not, should this remain with the CEO?

Avoid turning preference about a method, vendor or implementation detail into board direction.

The goal

Strong oversight without operational drift

THE BOARD'S JOB IN ONE SENTENCE

Set direction.
Set boundaries.
Demand evidence.

Then give management room to manage.

Good governance is not passive. It is focused accountability.

Michigan legal references for CMH board governance

Primary statutes that frame the board's authority, composition and public accountability.

MCL 330.1226 | Mental Health Code, Sec. 226

Board powers and duties: needs assessment and annual planning, operating budget, service contracts, quality/effectiveness/efficiency review, executive director appointment and general policy guidelines.

MCL 330.1222 | Mental Health Code, Sec. 222

Board composition and eligibility: consumer and family representation, community representation, eligibility restrictions and contract-related safeguards.

Michigan Open Meetings Act | 1976 PA 267

MCL 15.261 et seq. establishes Michigan's open-meeting framework for public bodies and permits a public body to adopt a greater degree of openness.

Michigan Freedom of Information Act | 1976 PA 442

MCL 15.231 et seq. states Michigan's public policy favoring access to information about government affairs and official acts, subject to the Act.

Board takeaway: Michigan law establishes the board's authority. Board policy defines how the board exercises that authority consistently.

For governance education; not a substitute for legal advice on a specific matter.

CEO REPORT

November 18, 2026

Since our last Board meeting three weeks ago, organizational operations have remained stable, with no significant issues or major developments to report.

Open Enrollment:
Open Enrollment concluded on November 15, 2026. Staff expressed appreciation for the Authority's transition from hard caps to an 80/20 premium-sharing model, which helped lessen the financial impact of increased healthcare premiums.

Rate Setting:
The PIHP and Region 6 partners continue discussions regarding potential rate increases for the provider network. Additional information is expected to be available at the December PIHP Board meeting.

PIHP RFP:
No updates at this time.

SAMHSA Grant:
No updates at this time.

Financial and Operational Status:
Financial data for the current reporting period is not yet sufficiently developed to provide meaningful analysis. Agency operations continue to run smoothly, and leadership remains focused on maintaining high-quality services, supporting staff, and advancing organizational priorities.

Community Relations:
No significant community events or outreach activities occurred during this reporting period.

The organization remains stable and well-positioned as we move toward year-end. I appreciate the continued dedication of our staff, providers, Board members, and community partners in supporting our mission and the individuals we serve.

Respectfully Submitted,



Lisa Graham, CEO

BOARD CLINICAL REPORT EXECUTIVE SUMMARY
October 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 8. This is a decrease from the 18 we had reported in August.

TRUSTED COMMUNITY PARTNER

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

- There were 50 universal referrals made in August, September and October. 52% received some type of follow-up, authorized services, etc. 0% declined any further intervention, and 48% 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 seven (7) programs/activities and zero (0) 1:1 meeting August through October.

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.

- MCMHA was awarded $25,000 for the Peer Support Capacity Building Grant and renewed the SOR IV for the JAIL MAT Program.

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 148 times during August, September and October, which averaged 0.71 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 21.82 minutes, which is likely due to over 50% of the calls from the 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 74% were from the Monroe County Sheriff's Department and Monroe City Police; 14% were from Access Dept/CMH, 12% were self-referral and 0% were from school.
- Enrollment for the CCBHC has decreased by 7 members since last reported in August. This is less than 1% decrease in enrollment.
- MCMHA currently has 52 enrollees in the Behavioral Health Home program.
- The Behavioral Health Urgent Care (BHUC) has served 560 unique guests since inception.
- MCMHA has remained in compliance with priority population screening timeframe requirements with 94% of screenings over the last 3 months.

CONSUMER VOICE INFORMS DECISION MAKING

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

- 21 youth surveys and 46 adult surveys had been completed for Patient Experience of Care (PEC) survey; results will be shared at a future meeting.

MISCELLANEOUS

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

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.

Several trainings were provided over the last three (3) months, and a summary of those trainings are provided below.

Ethical Practices & Recipient Rights Training
Presented by Lisa Graham and Crystal Palmer, this training explored the ethical principles, legal frameworks, and recipient rights that guide Michigan Community Mental Health Service Programs for the entire agency. Key topics included person-centered planning, trauma-informed care, cultural competence, and the application of the NASW Code of Ethics and Michigan Mental Health Code. The training also addressed common ethical dilemmas, Office of Recipient Rights (ORR) standards, and the importance of professional accountability in delivering quality care.

Staff Self-Care Day
Held immediately following the All-Staff Meeting, Staff Self-Care Day provided employees with an opportunity to prioritize wellness, build connections, and focus on burnout prevention. Many of the 30-minute breakout sessions were facilitated by MCMHA staff members who shared their individual talents and interests with colleagues. Activities incorporated a variety of holistic and creative approaches to self-care, including Reiki and Sound Healing, Cupping, Massage, Line Dancing, and Diamond Painting.

Clinical Training – Dr. Sadah
Led by Dr. Sadah, the September clinical training focused on essential health guidance, seasonal health trends, and clinical awareness strategies relevant to community mental health services. The session provided evidence-based information and perspectives designed to enhance care coordination, strengthen treatment planning, and support consistent clinical practices and organizational standards across MCMHA.

Clinical Training – Substance Use in Monroe County
Led by AJ Keck, the October clinical training focused on substance use trends and resources within Monroe County. The session provided staff with a practical, person-centered framework for understanding local substance use patterns, overdose response protocols, and effective intervention strategies.

Drawing on local data, the training equipped staff to recognize the physical and behavioral indicators associated with various substances without attempting to diagnose. Key areas of focus included stage-matched engagement, the immediate administration of naloxone during opioid-related emergencies, and conducting respectful, supportive screening conversations. Staff also gained greater awareness of community resources available to support individuals and families, including MCMHA's Access Line, Recovery Advocacy Warriors (RAW), and the Know More Monroe guide.

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.

Updated 11/12/26

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 November 9, 2026:

- Peer Support Specialist (PT)
- Crisis Mobile Clinician Contingent
- Adult CSM
- Child and Family CSM
- BHT CSM
- ICSM/Therapist (NEW POSITION)
- I/DD CSM
- Program Supervisor Child and Family

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 two (2) deployments. When MCMHA is made aware of events/incidents that occur in the community, we do reach out to offer this service.

On August 6th, MCMHA CISM team was deployed to the Community College in partnership with Gabby's Grief Center in response to the fatal crash on M-50 during fair week. The target audience was the community of pageant kids and families that were close to the girl who passed away. There was a good turnout, and they were able to break out into three (3) groups thanks to our two (2) employees who showed up to assist.

In October, our community experienced two heartbreaking tragedies in one week. A young man who had recently graduated from high school lost his life in a car accident, and another young man, a sophomore at Monroe High School, was the victim of a fatal assault in his home.

MCMHA participated in a community vigil by providing a booth staffed by five (5) of our CISM Team members who offered support, resources, and information about follow-up care for students, families, educators, and others who may have been struggling.

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

Education and Awareness/Community Events
Throughout August, September, and October, MCMHA staff actively engaged with community members, local organizations, schools, and community partners through a variety of outreach, education, and awareness events.

Suicide Prevention and Veterans Outreach (August–September): The CCBHC Program Director participated in Monroe County suicide prevention and veterans' initiatives, including the Veterans Workgroup meeting and a presentation to the Building Healthy Communities Coalition. In partnership with the VA, the Program Director also hosted a Veteran Resource Fair at MCMHA, welcoming approximately 20 community members. Additionally, the Suicide Prevention Coalition provided prevention resources at the Monroe County Fair and

hosted a Suicide Awareness and Remembrance Vigil at Loranger Square Pavilion. The vigil featured a guest speaker, a dove release, and an opportunity to honor loved ones lost to suicide, with approximately 40 attendees.

Community Education and School Outreach (August and October): MCMHA welcomed two groups of ISD employees as part of a community provider bus tour, reaching approximately 50–80 participants. Staff provided an overview of crisis and routine services, highlighting Crisis Mobile and BHUC services and distributing informational materials. In October, the I/DD Director participated in Transition Council Roadshows at Bedford, Ida, and Airport High Schools to educate students about CMH services and supports available as they transition into adulthood. The I/DD Director and Waiver Team Supervisor also hosted an informational table at the ISD Education Center's Trick-or-Treat event, connecting with students and sharing resources.

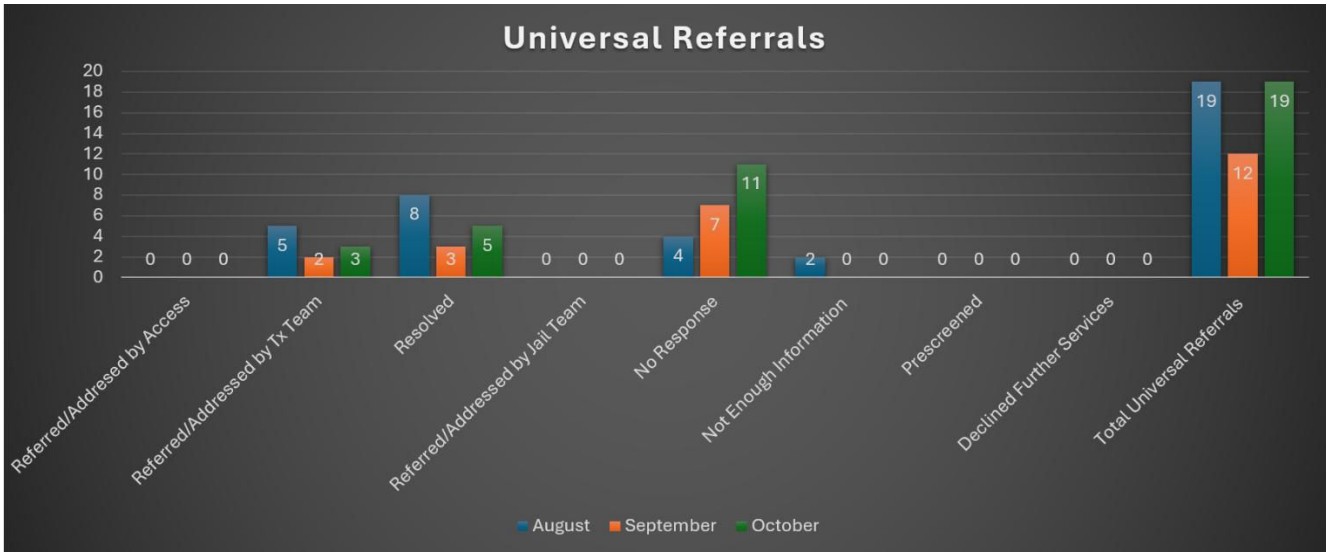
Annual Mental Health Summit (October): MCMHA hosted its annual Mental Health Summit at Monroe County Community College on October 22nd. The event featured keynote speaker Joe Reid of Broken People, who delivered an impactful presentation on advocacy, followed by a panel discussion with CEO Lisa Graham and community partners, including Monroe County Sheriff, Monroe County Health Department Director, and MCOP Executive Director. The summit brought together 103 attendees.

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 August, September, and October, there have been 50 universal mental health referrals, including both law enforcement and community referrals. The outcomes of these cases are as follows:



52% 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 August, September, and October, MCMHA Peer Support Staff provided zero (0) 1:1 meetings/appointments, and the peers did engage in seven (7) programs/activities within the Opportunity Center. In September, the Peer Support Supervisor was hired to oversee the peers and will evaluate this program to improve upon services.

Crisis Mobile Response Team

Please see the attached report (Attachment #1, Attachment #2, Attachment #3) regarding data from the Crisis Mobile Response Team for the months of August, September, and October.

MCMHA continued discussions with the Dispatch Supervisor and Sheriff regarding the potential co-location of the Crisis Mobile team at Monroe County Dispatch. This initiative aims to strengthen care coordination, improve communication, and support seamless transitions for individuals experiencing a behavioral health crisis. Discussions and planning will remain ongoing as this opportunity is further explored.

The Crisis Mobile Supervisor and Director attended the 2026 CrisisCon, joining behavioral health crisis leaders from across the country to collaborate, exchange ideas, and learn about emerging innovations and best practices. The conference provided valuable insights and networking opportunities. MCMHA will continue exploring ways to incorporate new strategies and innovative approaches into existing workflows to enhance crisis services.

Updated 11/12/26

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.

MCMHA successfully secured renewed SOR IV funding through the PIHP for the FY27 Jail MAT Program, ensuring continued support for services.

MCMHA was awarded a $25,000 Peer Support Capacity Building Grant through the Michigan Jail Peer Support Capacity Building Learning Collaborative and HMA to further strengthen Monroe County's existing Jail MAT Program. In addition to financial support, the grant provides opportunities for specialized training, collaboration, and knowledge-sharing with peer recovery programs across the state.

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

From August through October, Adult Services worked to maintain access to case management and outpatient therapy while managing staffing and capacity challenges. In August, there were no delays in case management services; however, 14 individuals were awaiting outpatient therapy through internal referrals due to limited clinician availability. With one therapist on medical leave, three therapists continued managing the existing caseloads, and referrals were reviewed and assigned as openings became available.

By October, outpatient therapy delays had been resolved, with no delay for therapy services. Four consumers were awaiting assignment to a case manager for medication-only case management services but continued receiving support from an Adult Supervisor in the interim. Consumers continue to receive needed services while awaiting permanent assignments. Additionally, a new internal referral process was developed and is being piloted to improve referral coordination and service access.

From August through October, Child & Family Outpatient Therapy continued to experience service delays due to sustained demand and limited clinical capacity. The number of youth receiving delay notifications fluctuated from 77 in August to 71 in September and 74 in October. Of those awaiting services, three youth are waiting exclusively for outpatient therapy and have chosen to remain on MCMHA's waiting list without receiving other agency services. The remaining youth are connected to psychiatry and/or other supportive services, including case management and Intensive Care Coordination with Wraparound (ICCW), while awaiting therapy assignment.

Home-Based Services, Wraparound (ICCW), and Infant Mental Health continued to have no service delays, with referrals reviewed and assigned promptly following intake.

The Child & Family Services team continues to closely monitor all delayed referrals. As openings become available, staff review the waiting list, contact families to reassess current needs, and prioritize assignments based on severity, intensity, risk, and clinical appropriateness. These ongoing efforts help ensure youth with the

highest levels of need receive priority while maintaining communication and access to supportive services for families awaiting outpatient therapy.

From August through October, the Clubhouse maintained strong membership and continued to experience increased daily participation. Membership included 81 individuals authorized through Medicaid and 30 participating through the CIP grant. Average daily attendance increased from 22–24 members in August to approximately 24–30 members by October, with monthly attendance highs of 36 and 34 members, respectively. Participation varies depending on scheduled activities and the day of the week.

The Clubhouse also continued its community engagement and fundraising efforts. A Thanksgiving dinner is planned for November 25, bringing members and supervisory staff together to promote awareness of Clubhouse services and encourage referrals. Additionally, the Clubhouse raised $4,878.26 through its Philanthropy Playoffs fundraiser.

Substance Use Disorder (SUD) Screening and Referral Data

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

July ’26 – September ‘26

- Total SUD Screenings = 234
- Total SUD call activity = 701
- Total SUD Requests = 264
- Total SUD Admissions = 213

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 (August, September, October), MCMHA has complied with priority population screening timeframe requirements with 94% 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 in July to evaluate current processes and programming. In September, we received recommendations that our ACT and Adult MI teams (both case management and therapy) need to better document the SUD services we are providing.

From August through October, MCMHA’s Internal Substance Use Disorder (SUD) Workgroup held several meetings to plan and advance the implementation of SUD Outpatient Services, a requirement under the Certified Community Behavioral Health Clinic (CCBHC) model. During this time, the group identified next steps, reviewed SUD documentation, and submitted an Information Technology Request (ITR) for necessary Electronic Health Record (EHR) updates to support the development and implementation of these services.

Certified Community Behavioral Health Clinic (CCBHC)

There are 1,987 members currently enrolled in CCBHC, which is a decrease of 7 enrollees or less than 1% since last reported in August. This number will continue to fluctuate as consumers enroll and disenroll in services. This remains to be around 80% of our open consumers.

MCMHA submitted its workplan and invoice to MPHI in October. This is an opportunity through MDHHS and MPHI that focuses on strengthening the agency's electronic health record (EHR), health information technology, and care coordination capabilities.

As previously stated in August, MCMHA completed 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. The award was supposed to be announced in September but as to date, it is still under review per the SAMHSA website.

The CCBHC Implementation Team Meeting was held on October 22nd. The group reviewed the latest MDHHS CCBHC Handbook and revisions that were made, Joint Care Planning, and monthly CCBHC Quality Metrics.

Objective #2: MCMHA delivers Evidenced-Based services

- Transition Age Youth Services
- Dialectical Behavioral Therapy Skills Group

Transition Age Youth Services

From August through October, the Transition Age Youth (TAY) program continued implementing the Transition to Independence Process (TIP) model, a strength-based, youth-driven approach that supports individuals ages 14–29 experiencing emotional or behavioral challenges as they work toward successful adulthood. The Transition Facilitator continued accepting additional case assignments, focusing on early psychiatric intervention, emotional support, and the development of independent living skills. The facilitator and supervisor also participated in monthly MDHHS training and technical assistance to support ongoing program development.

Collaboration with the local detention center continued to identify youth transitioning out of detention who may benefit from TIP services. Additionally, coordination between the Youth SED Program Supervisor and ACCESS was established to help guide and expedite case assignments using the MichiCANS Transition Age Youth assessment and identify presenting needs.

The program also continued its TIP Social Skills group for enrolled youth, facilitated by the Transition Facilitator at the Opportunity Center at ALCC (Arthur Lesow Community Center). This group provides additional opportunities for participants to strengthen social skills, build relationships, and develop skills that support greater independence and successful community integration.

Dialectical Behavioral Therapy (DBT) Skills Group

From August through October, the DBT program maintained active participation, increasing from two to three consumers, with an additional consumer in pre-treatment. The group began its second cycle of the treatment manual in September. Staff are coordinating a site visit with the MIFAST team to request a DBT fidelity review, a requirement for CCBHC certification and the provision of DBT services.

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 August through October, BHH enrollment fluctuated from 56 to 58 and then 52 individuals. Staff continue to identify eligible consumers for enrollment and additional support. Recruitment is underway to fill the Peer Support position following the previous peer's transition into a supervisory role.

Peer-Run Wellness Groups

From August through October, Adult MI Full-Time Peers expanded WRAP (Wellness Recovery Action Plan) group services, with the group successfully launching in September and averaging 5–6 consumers per session by October. Additionally, two new full-time Peer Recovery Coaches were hired to support the co-occurring consumer population, with efforts focused on building caseloads and integrating this new service into ongoing programming.

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

The ACT team completed its MI Fidelity Review in July receiving 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.

A mentor has been assigned to coach the team toward improving its IDDT certification status. MCMHA is waiting for the MDHHS MHP ACT Specialist to approve/finalize the workplan.

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. The BHUC has served a total of 560 unique guests for a total of 653 visits. Approximately 67% of these guests have Medicaid insurance.

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

From August through October, occupancy at the Swartz and Windemere homes continued to increase through ongoing referrals and placement efforts. By October, Swartz was fully occupied with four consumers and nearing

full licensure, while Windemere housed three consumers with one available opening. Both homes continue working toward full licensure, with referrals ongoing to fill available vacancies.

Crisis Mobile Response Team

As previously stated above, please see the attached report (Attachment #1, Attachment #2, Attachment #3) regarding data from the Crisis Mobile Response Team for August, September and October.

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 August, September and October data:

Deployments: 148

Referral Source:

- Law Enforcement – 74%
- CMH – 14%
- School – 0%
- Self - 12%

Primary Diagnosis or Reason for Deployment:

- Thought Disorder – 21%
- Suicidal Ideation – 28%
- Substance Abuse – 6%
- Neurocognitive – 10%
- Homicidal Ideation – 0%
- Environmental – 21%
- Other – 14%

CONSUMER VOICE INFORMS DECISION MAKING

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

MCMHA completed its 2026 Youth and Adult Patient Experience of Care (PEC) survey collection in September, fulfilling an annual CCBHC requirement. A total of 600 survey invitations were mailed, with 21 youth surveys and 46 adult surveys collected. Additional outreach efforts included providing postcards to consumers during appointments to encourage participation. Survey results will be compiled and shared.

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	August-26	September-26
Incoming Calls	4908	3451	3838	4017	3649	4052	3914	3492	4013	4783	3829	4149
Incoming calls minus abandon calls	4762	3358	3748	3948	3596	4017	3880	3466	3978	4757	3801	3996
Calls Answered	4478	3134	3503	3708	3324	3815	3634	3280	3765	3801	3606	3715
Missed/Abandoned Calls	430	316	334	308	324	237	280	212	246	982	223	434
Abandoned Calls	146	93	90	69	53	35	34	26	35	26	28	153
% incoming calls answered	91%	91%	91%	92%	91%	94%	93%	94%	94%	79%	94%	90%
% incoming calls answered minus abandon calls	97%	97%	98%	98%	99%	99%	99%	99%	99%	99%	99%	96%

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	61	Youth with an SED diagnosis receiving case management.
Transition Age Youth	20	20	The TIP Model is a strength-based, youth-driven framework that was developed for working with youth and young adults (14-29 years old) with emotional/behavioral difficulties. Therefore, the caseload is reduced.
Wraparound Services	10-12	11	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	11 HB 12 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	54	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. *Supervisor is holding 20 cases and 1 part-time staff is holding 34 cases*
Case Management (BHT/HAB/CWP-I/DD Waiver Teams)	45	47	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	21	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	10	This is a youth peer delivered service for parents whose child is diagnosed with an SED or I/DD.
Certified Peers	35	49	This team provides peer support services to consumers who are in the medication-assisted treatment (MAT) program.
Jail Diversion Case Management	30-40	33	This team provides case management services to those who are incarcerated.
Monthly Case Management (Adult MI)	55	50	This team provides monthly case management to consumers.
Bi-Monthly Case Management (Adult MI)	80	99	This team provides case management services to consumers who only require it every other month.
Meds Only Case Management (Adult MI)	100	102	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	50	This team provides outpatient therapy to adults who are diagnosed with an SMI.

Certified Peer Support Specialist (FT)	40	33	This team provides peer support services to consumers diagnosed with SMI.
Certified Peer Support Specialist (PT)	30	20	This team provides peer support services to consumers diagnosed with SMI.
ACT	50 for Team	35	Assertive Community Treatment team provides services to those diagnosed with an SMI in a team model.

Regional Behavioral Health Quality Transformation Workgroup

From August through October, the BH Quality Transformation regional workgroup continued meeting to monitor quality metrics, review regional performance reports and improvement plans, and discuss upcoming quality measures. The CCBHC Program Director, Compliance Manager, and Data Analytics Manager continued participating in the PIHP workgroup to establish regional monitoring plans and reporting frequencies and support implementation of newly required metrics.

Trauma Focused – Cognitive Behavioral Therapy (TF-CBT)

From August through October, the Child & Family Department increased its number of TF-CBT-certified clinicians from seven to nine, with one additional clinician awaiting certification. Three therapists completed their training cohort and progressed through the certification process, expanding the department's capacity to provide Trauma-Focused Cognitive Behavioral Therapy.

Parent Management Training Oregon (PMTO)

From August through October, the PMTO program maintained a team of two certified master's-level clinicians and two coaching staff, including an MDHHS fidelity implementation specialist. The program continues to provide individualized parent support to help manage emotions and reduce parenting-related stress. Following the announcement of a new MDHHS training cohort, the department is assessing program demand, clinician interest, and opportunities to expand its PMTO clinical capacity.

Parenting Through Change (PTC)

From August through October, the Parenting Through Change (PTC) program advanced clinician training and successfully launched a new group with 12 participating families, three times the response of previous groups. Two new clinician candidates completed their training experience and are progressing through the supervised learning, teaching, and coaching process. In-house coaches and the Child & Family Director continue to support the clinicians and families throughout the program and certification process.

Infant Mental Health (IMH)

From August through October, the Infant Mental Health (IMH) program continued providing support to infants, young children, and their families, with an emphasis on promoting healthy early childhood development and strengthening caregiver-child relationships. Services focus on helping young children develop secure attachments, express a range of emotions, and engage positively with their environment while supporting caregivers in navigating developmental challenges and building strong, nurturing relationships that promote lifelong mental and emotional well-being.

MCMHA also continued its partnership with the Monroe County Health Department's Maternal Infant Health Program to strengthen care coordination, improve referral pathways, and ensure families are connected to appropriate services without experiencing gaps in care. Through this collaboration, staff work together to identify families who may benefit from Infant Mental Health services, coordinate referrals, and support shared consumers. During this reporting period, three families were assisted through the universal referral process and connected with IMH clinicians. Ongoing collaboration with community partners remains an important component of expanding access to early intervention and supporting positive outcomes for children and families.

Serious Emotional Disturbance waiver - (SEDW)

From August through October, enrollment in the Michigan Medicaid pathway for children and youth with Serious Emotional Disturbance (SED) increased from two to three participants. The program also had two pending applications in September, with October reporting one pending enrollment and one pending closure due to the consumer receiving treatment out of state. The program continues to serve youth with intensive behavioral health needs who meet inpatient hospitalization criteria or are at risk of hospitalization without additional behavioral health supports.

Motivational Interviewing-Adolescents – (MI-A)

From August through October, MCMHA continued offering Motivational Interviewing for Adolescents (MI-A), a collaborative, youth-centered counseling approach designed to strengthen internal motivation and support positive behavioral changes. The program emphasizes empathy, personal choice, and empowering adolescents to identify their own reasons for making healthier decisions. One supervisor and one clinician remain certified to provide MI-A services.

Infant and Early Childhood Mental Health Consultant (IECMHC)

From August through October, MCMHA continued developing its Infant and Early Childhood Mental Health Consultation (IECMHC) program to address the behavioral and emotional health needs of children from birth through age five who are at risk of suspension, expulsion, or exclusion from childcare and preschool settings. The program focuses on early intervention by partnering with childcare providers, preschool staff, families, and community organizations to strengthen understanding of young children's behaviors, promote emotional regulation, and build supportive environments that foster healthy development and long-term well-being.

During this reporting period, the consultant continued participating in training, orientation, and technical assistance with the MDHHS coordinator while building relationships with regional and local community partners. The consultant also completed registration with the MiRegistry website and began developing course curriculum in preparation for accepting referrals and providing consultation services. In October, the Child & Family Director and consultant attended additional MDHHS training and the annual Early Childhood and Home Visitors Conference. These opportunities provided valuable collaboration with state and regional partners, updates on the progress of early childhood consultation efforts, and insight into the changing landscape of early childhood services, including the impact of funding changes to Great Start Collaboratives and Family Coalitions. MCMHA continues to build the infrastructure and partnerships necessary to expand preventative support for young children and the adults who care for them.

Select Month:: 2026 - 08 (1)

Monroe County CMH Crisis Mobile Utilization Report

Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

38

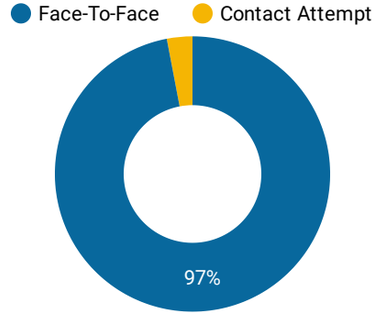
Mo... ❶	Init... ❷	#	%
2026 - 08	Follow-Up	0	0%
2026 - 08	Initial	38	100%



Average Face-to-Face Interaction Time (Hours)

0.77

Month	Avg F2F Contact
2026 - 08	0.77



Month	Contact Type	Hours
2026 - 08	Indirect Contact (Phone/Email/Other)	0
2026 - 08	Contact Attempt	0.15
2026 - 08	Face-To-Face	29.4

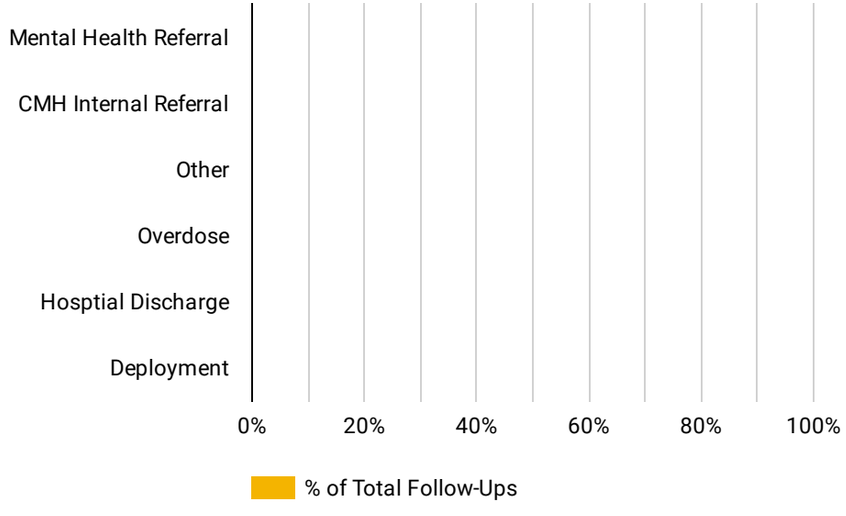
Select Month:: 2026 - 08 (1)

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

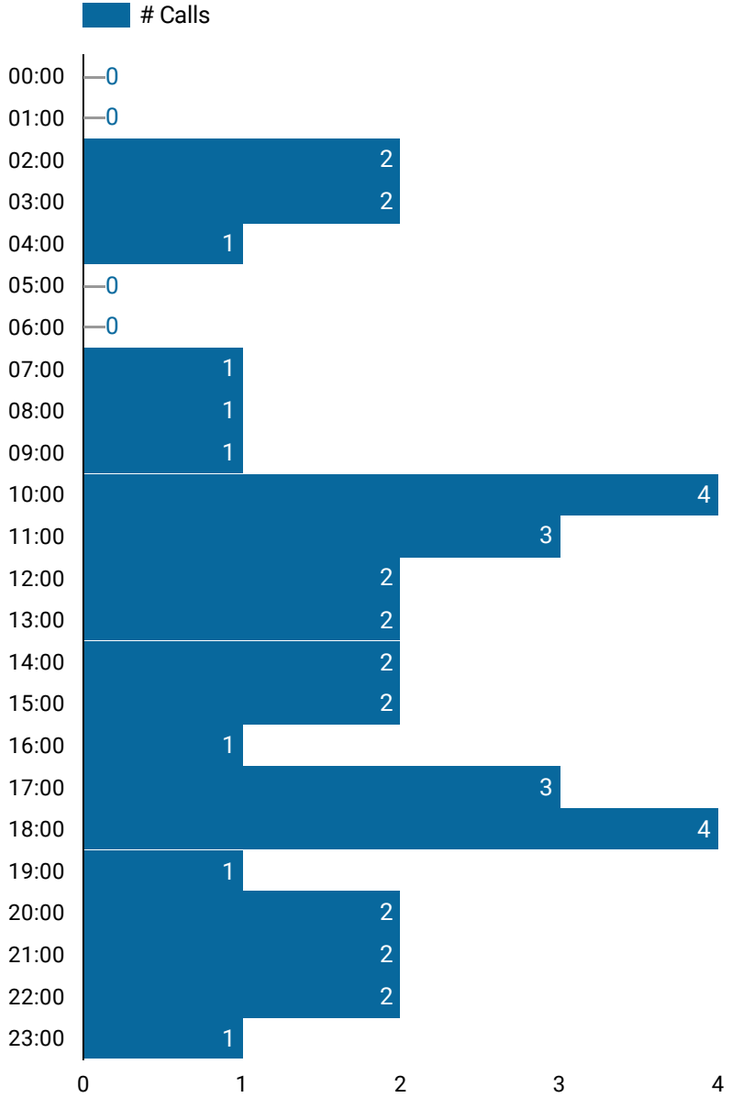
Month ❶	Type ❷	#	%
2026 - 08	CMH Internal Referral	0	null
2026 - 08	Deployment	0	null
2026 - 08	Hosptial Discharge	0	null
2026 - 08	Mental Health Referral	0	null
2026 - 08	Other	0	null
2026 - 08	Overdose	0	null



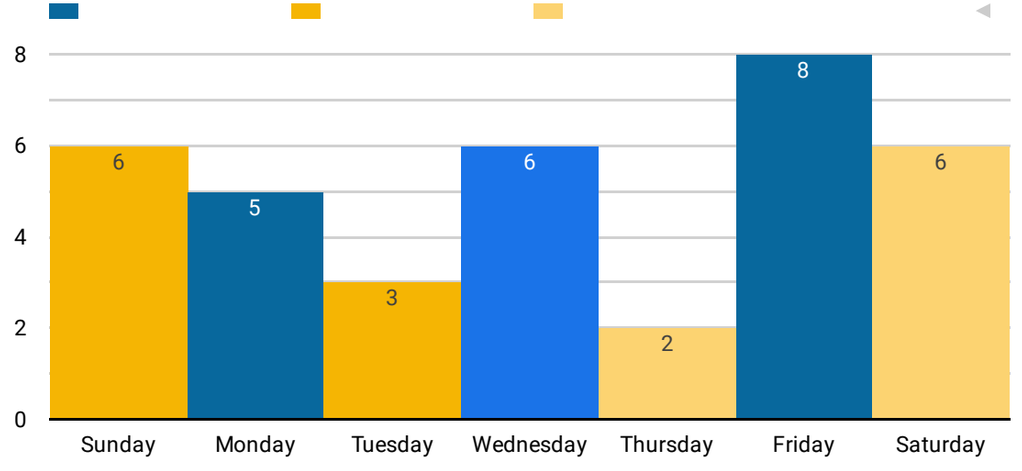
Select Month:: 2026 - 08 (1)

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)

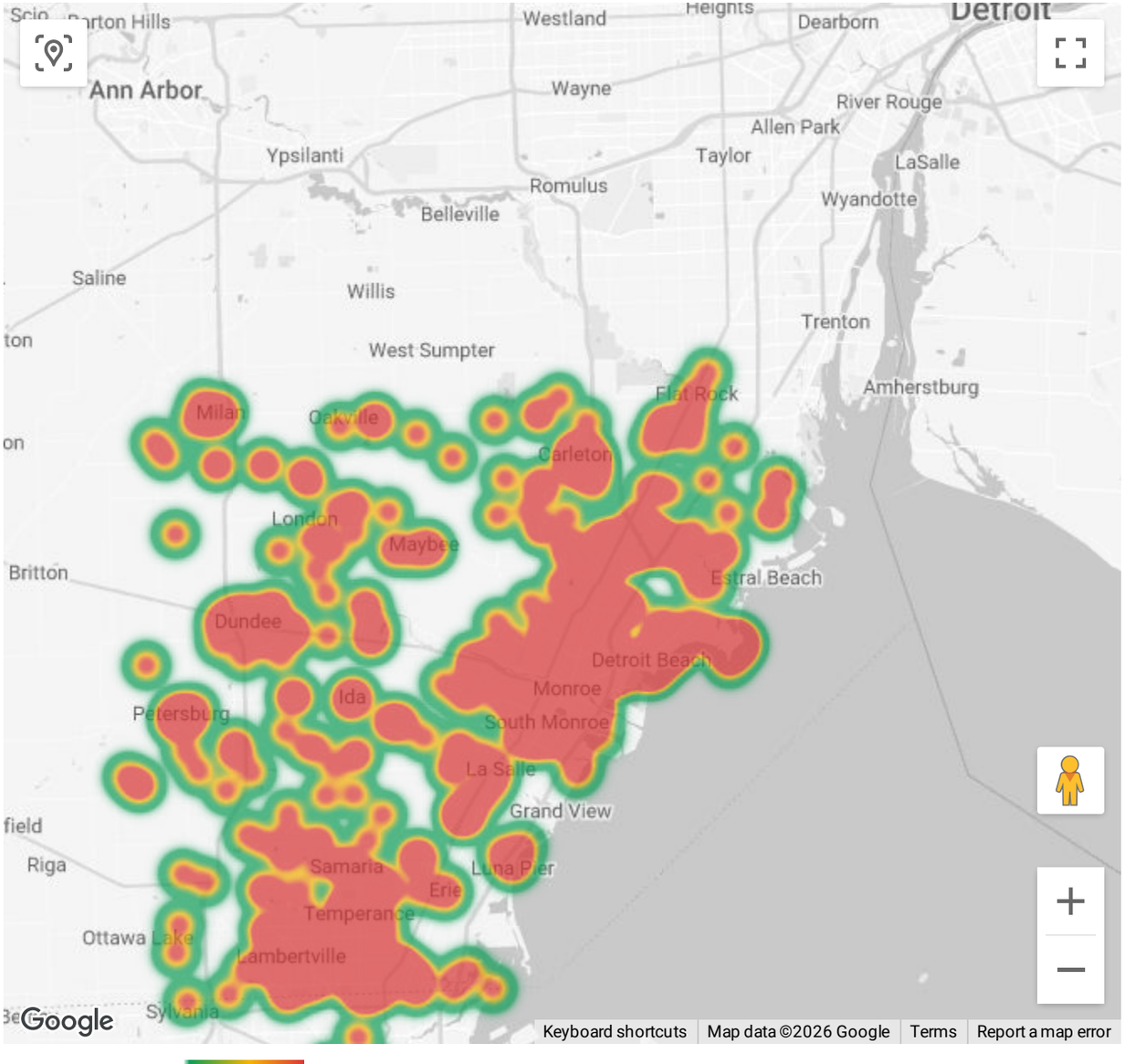
19.61

Month	Avg. Response Time
2026 - 08	19.61

Select Month:: 2026 - 08 (1)

Location

Mapping of locations deployed to:

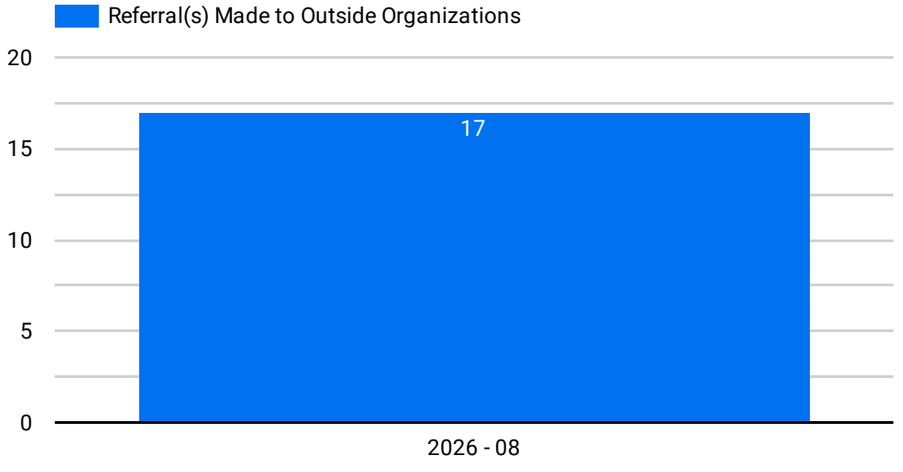


call_Address 0 1

Mo...	Zipcode	#	%
2026 - 08	49270	0	0%
2026 - 08	49267	0	0%
2026 - 08	48182	6	27%
2026 - 08	48179	0	0%
2026 - 08	48177	1	5%
2026 - 08	48173	0	0%
2026 - 08	48166	2	9%
2026 - 08	48162	8	36%
2026 - 08	48161	16	73%
2026 - 08	48160	0	0%
2026 - 08	48159	0	0%
2026 - 08	48157	0	0%
2026 - 08	48145	1	5%
2026 - 08	48144	1	5%
2026 - 08	48140	0	0%
2026 - 08	48133	1	5%
2026 - 08	48131	1	5%
2026 - 08	48117	2	9%
2026 - 08	48110	0	0%

Select Month:: 2026 - 08 (1)

Number of referrals made and where they were referred to:



Mo... ❶	Referred To: ❷	#	%
2026 - 08	Arrowhead Behavioral Health	0	0%
2026 - 08	Behavioral Health Treatment	2	6%
2026 - 08	CMH	16	52%
2026 - 08	Family Counseling and Shelter Services of Monroe	0	0%
2026 - 08	Fire Station	0	0%
2026 - 08	Gabby's Ladder	1	3%
2026 - 08	Harbor Light	1	3%
2026 - 08	Henry Ford Wyandotte	0	0%
2026 - 08	Holistic Wellness	0	0%
2026 - 08	Lemon Tree	0	0%
2026 - 08	MCOP	2	6%
2026 - 08	Michigan Works	0	0%
2026 - 08	Monroe County Animal Control	0	0%
2026 - 08	Paula's House	0	0%
2026 - 08	ProMedica ER	3	10%
2026 - 08	Pure Psych	1	3%
2026 - 08	RAW	0	0%
2026 - 08	Resource Flyer	0	0%
2026 - 08	SUD Treatment	4	13%
2026 - 08	Salvation Army Harbor Light	1	3%
2026 - 08	St. Joe's	0	0%

Select Month:: 2026 - 08 (1)

Where Referrals are Coming From:

	Month / # Calls
Deployed by:	2026 - 08
Monroe County Sheriff's Dept.	22
CMH	6
Monroe City Police	5
Self	5
Police Mental Health Referral	1
ACCESS	0
Mobile Crisis Follow Up	0

Primary Issue or Diagnosis:

(New question starting 12/2023)

	Month / #
Issue/Diagnosis	2026 - 08
Thought Disorder	13
Suicidal Ideation	9
Substance Abuse	3
Other	2
Neurocognitive	2
Homicidal Ideation	0
Environmental	8

Select Month:: 2026 - 08 (1)

Consumers, New and Repeats:

	Month ❶	New or Repeat Cons... ❷	#
1.	2026 - 08	New	25
2.	2026 - 08	Repeat	14

Select Month:: 2026 - 08 (1)

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

	Month / # / %	
	2026 - 08	
Race	#	%
White	32	89%
Unknown	1	3%
Other Race	1	3%
Black or African American	2	6%

Select Month:: 2026 - 08 (1)

Number of calls per population - Age

	Month / # / %	
	2026 - 08	
Age	#	%
0 to 9	0	0%
10 to 17	6	17%
18 to 28	6	17%
29 to 39	8	22%
40 to 50	6	17%
51 to 61	4	11%
62 to 72	4	11%
73 to 83	2	6%
84 to 94	0	0%
95 +	0	0%
Not Collected	0	0%

Select Month:: 2026 - 09 (1)

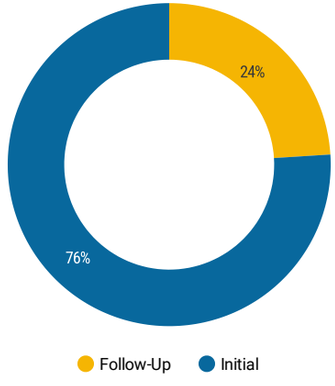
Monroe County CMH Crisis Mobile Utilization Report

Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

37

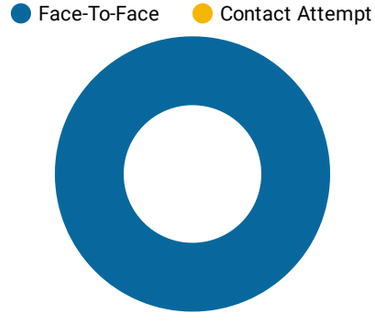
Mo... ❶	Init... ❷	#	%
2026 - 09	Follow-Up	9	24%
2026 - 09	Initial	28	76%



Average Face-to-Face Interaction Time (Hours)

0.71

Month	Avg F2F Contact
2026 - 09	0.71



Month	Contact Type	Hours
2026 - 09	Indirect Contact (Phone/Email/Other)	0
2026 - 09	Contact Attempt	0
2026 - 09	Face-To-Face	21.87

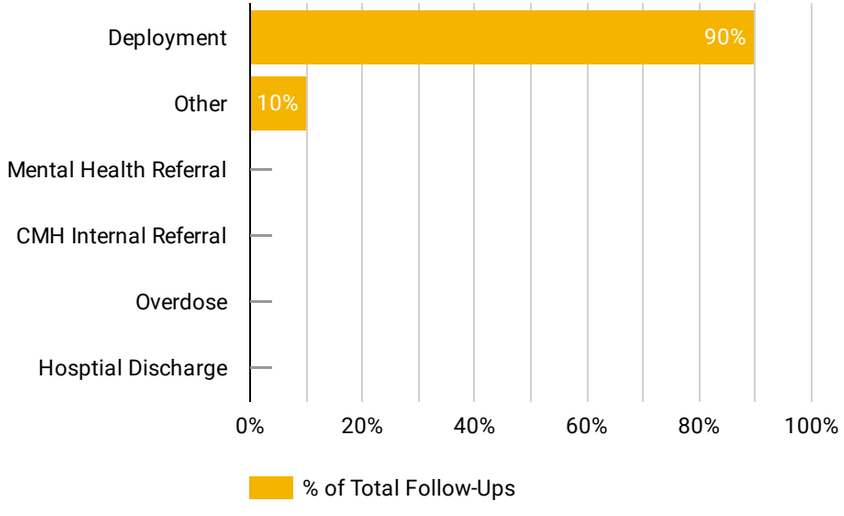
Select Month:: 2026 - 09 (1)

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

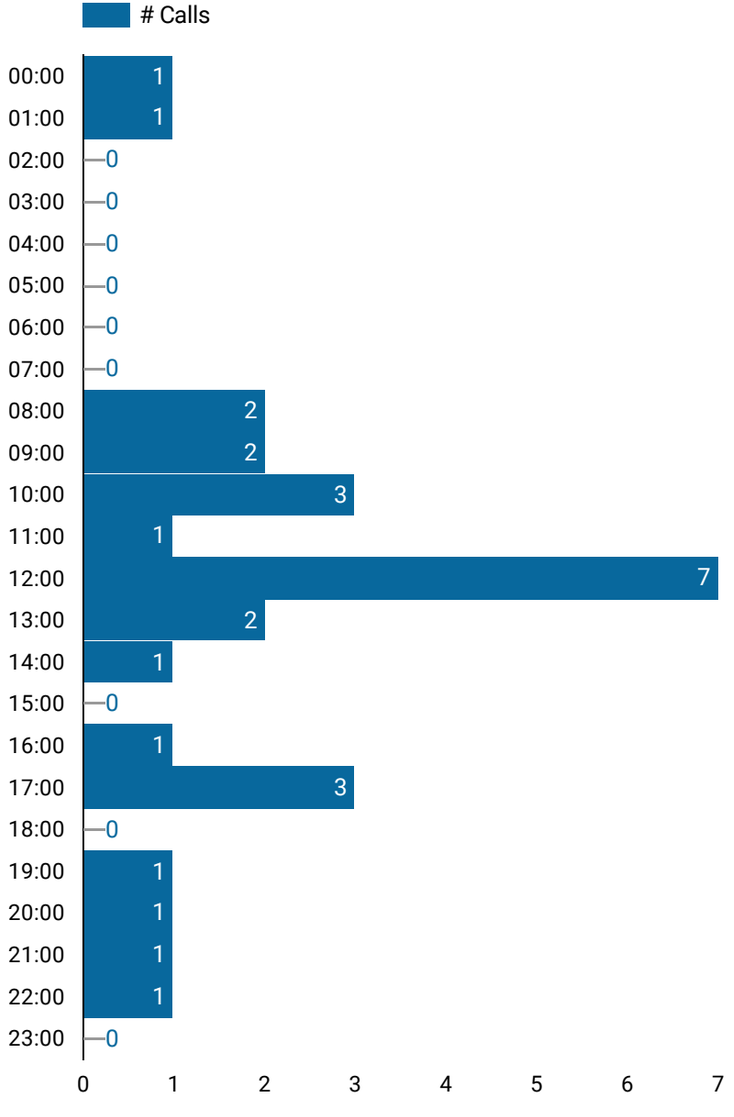
Month ❶	Type ❷	#	%
2026 - 09	CMH Internal Referral	0	0%
2026 - 09	Deployment	9	90%
2026 - 09	Hosptial Discharge	0	0%
2026 - 09	Mental Health Referral	0	0%
2026 - 09	Other	1	10%
2026 - 09	Overdose	0	0%



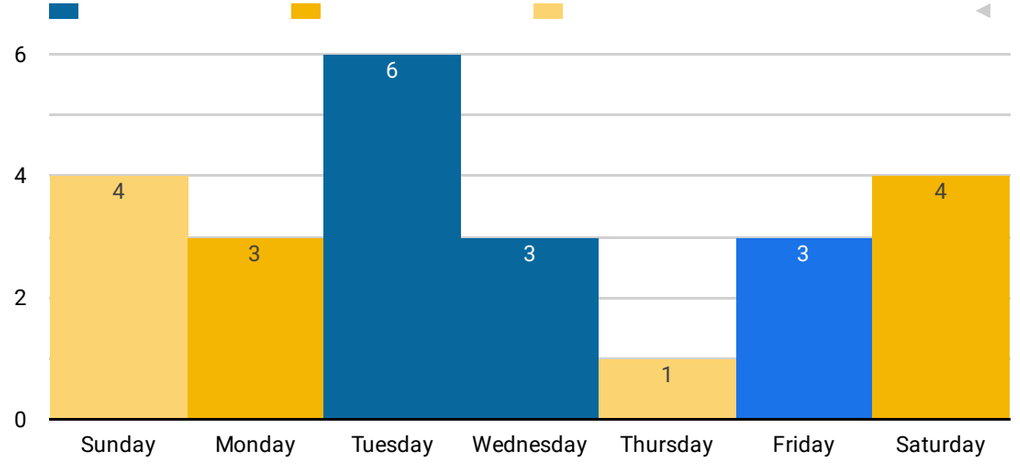
Select Month:: 2026 - 09 (1)

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)

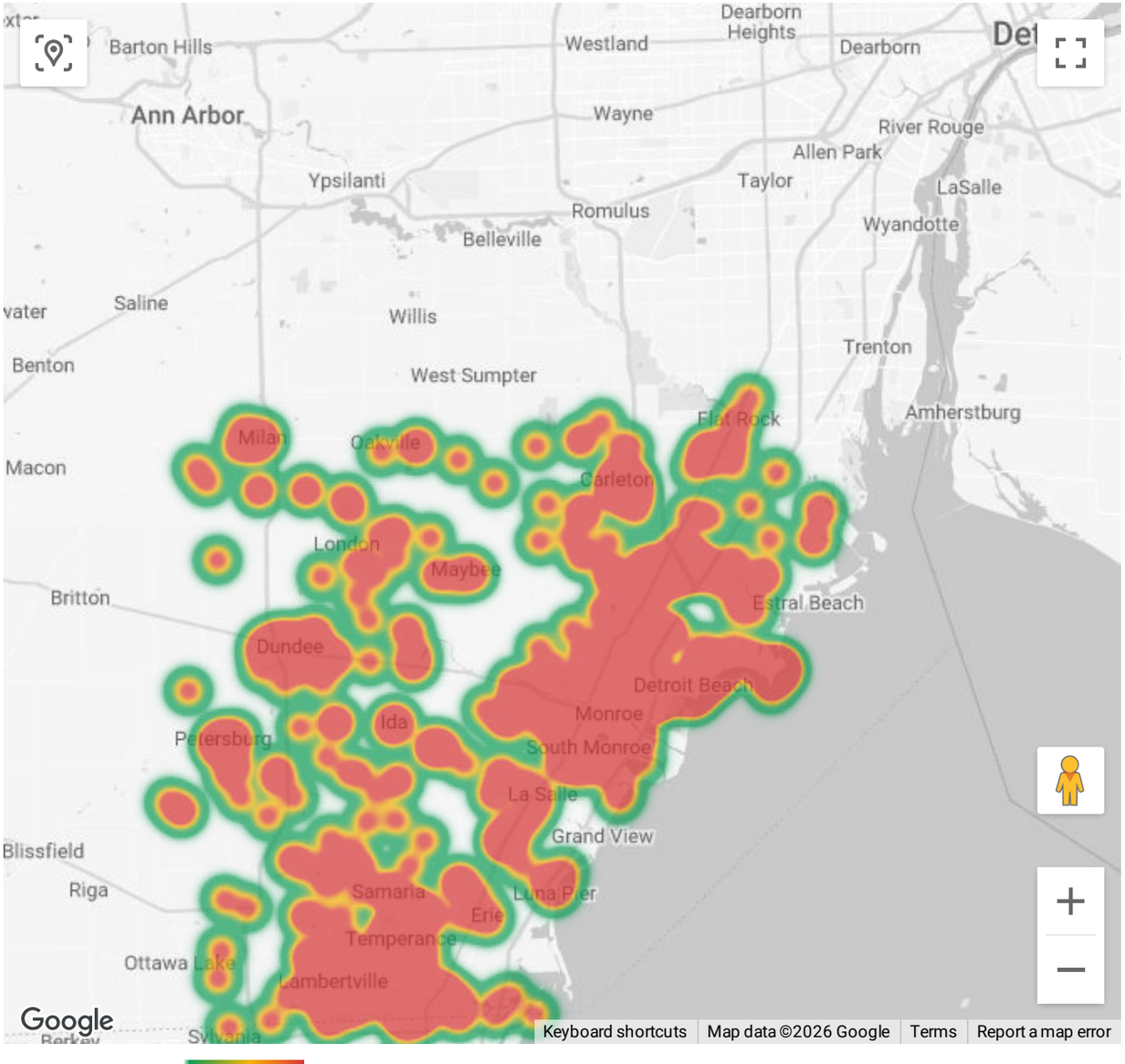
22.97

Month	Avg. Response Time
2026 - 09	22.97

Select Month:: 2026 - 09 (1)

Location

Mapping of locations deployed to:

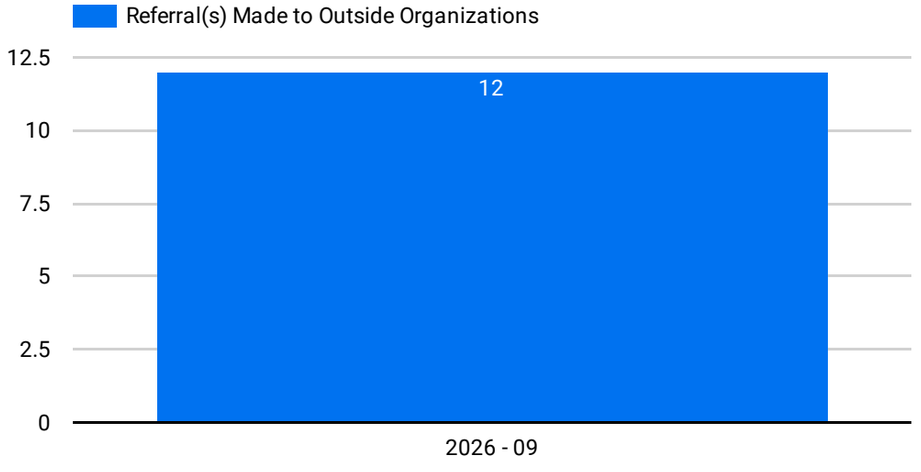


call_Address 0 1

Mo...	Zipcode	#	%
2026 - 09	49270	1	5%
2026 - 09	49267	0	0%
2026 - 09	48182	4	21%
2026 - 09	48179	0	0%
2026 - 09	48177	0	0%
2026 - 09	48173	0	0%
2026 - 09	48166	2	11%
2026 - 09	48162	4	21%
2026 - 09	48161	13	68%
2026 - 09	48160	0	0%
2026 - 09	48159	0	0%
2026 - 09	48157	0	0%
2026 - 09	48145	0	0%
2026 - 09	48144	1	5%
2026 - 09	48140	0	0%
2026 - 09	48133	3	16%
2026 - 09	48131	1	5%
2026 - 09	48117	1	5%
2026 - 09	48110	0	0%

Select Month:: 2026 - 09 (1)

Number of referrals made and where they were referred to:



Mo... ❶	Referred To: ❷	#	%
2026 - 09	Arrowhead Behavioral Health	0	0%
2026 - 09	Behavioral Health Treatment	1	5%
2026 - 09	CMH	16	76%
2026 - 09	Family Counseling and Shelter Services of Monroe	1	5%
2026 - 09	Fire Station	0	0%
2026 - 09	Gabby's Ladder	0	0%
2026 - 09	Harbor Light	0	0%
2026 - 09	Henry Ford Wyandotte	0	0%
2026 - 09	Holistic Wellness	0	0%
2026 - 09	Lemon Tree	0	0%
2026 - 09	MCOP	0	0%
2026 - 09	Michigan Works	0	0%
2026 - 09	Monroe County Animal Control	0	0%
2026 - 09	Paula's House	0	0%
2026 - 09	ProMedica ER	2	10%
2026 - 09	Pure Psych	0	0%
2026 - 09	RAW	0	0%
2026 - 09	Resource Flyer	1	5%
2026 - 09	SUD Treatment	0	0%
2026 - 09	Salvation Army Harbor Light	0	0%
2026 - 09	St. Joe's	0	0%

Select Month:: 2026 - 09 (1)

Where Referrals are Coming From:

	Month / # Calls
Deployed by:	2026 - 09
Monroe County Sheriff's Dept.	22
CMH	2
Self	2
Monroe City Police	1
Mobile Crisis Follow Up	1
Police Mental Health Referral	0
ACCESS	0

Primary Issue or Diagnosis:

(New question starting 12/2023)

	Month / #
Issue/Diagnosis	2026 - 09
Thought Disorder	5
Suicidal Ideation	5
Substance Abuse	1
Other	5
Neurocognitive	3
Homicidal Ideation	0
Environmental	11

Select Month:: 2026 - 09 (1)

Consumers, New and Repeats:

	Month ❶	New or Repeat Cons... ❷	#
1.	2026 - 09	New	21
2.	2026 - 09	Repeat	10

Select Month:: 2026 - 09 (1)

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

	Month / # / %	
	2026 - 09	
Race	#	%
White	24	86%
Other Race	1	4%
Multiracial	2	7%
Black or African American	1	4%

Select Month:: 2026 - 09 (1)

Number of calls per population - Age

	Month / # / %	
	2026 - 09	
Age	#	%
0 to 9	3	11%
10 to 17	5	18%
18 to 28	7	25%
29 to 39	4	14%
40 to 50	4	14%
51 to 61	4	14%
62 to 72	1	4%
73 to 83	0	0%
84 to 94	0	0%
95 +	0	0%
Not Collected	0	0%

Select Month:: 2026 - 10 (1)

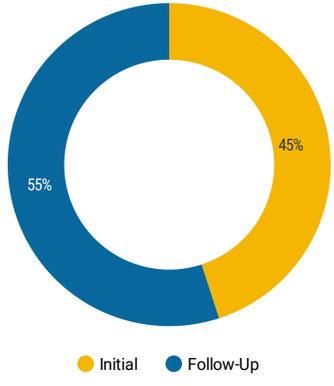
Monroe County CMH Crisis Mobile Utilization Report

Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

73

Mo... ❶	Init... ❷	#	%
2026 - 10	Follow-Up	40	55%
2026 - 10	Initial	33	45%

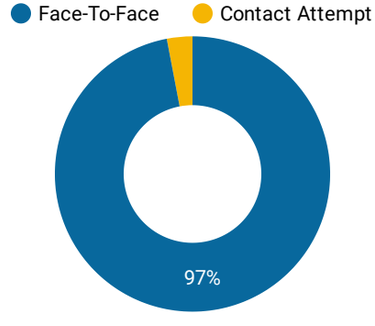


Average Face-to-Face Interaction Time (Hours)

0.65

Month	Avg F2F Contact
2026 - 10	0.65

Month	Contact Type	Hours
2026 - 10	Indirect Contact (Phone/Email/Other)	0
2026 - 10	Contact Attempt	0
2026 - 10	Face-To-Face	24.06



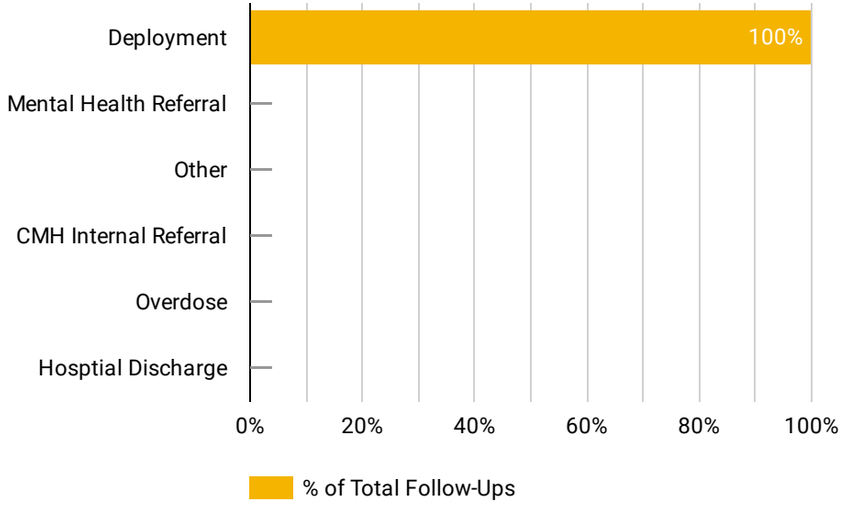
Select Month:: 2026 - 10 (1)

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

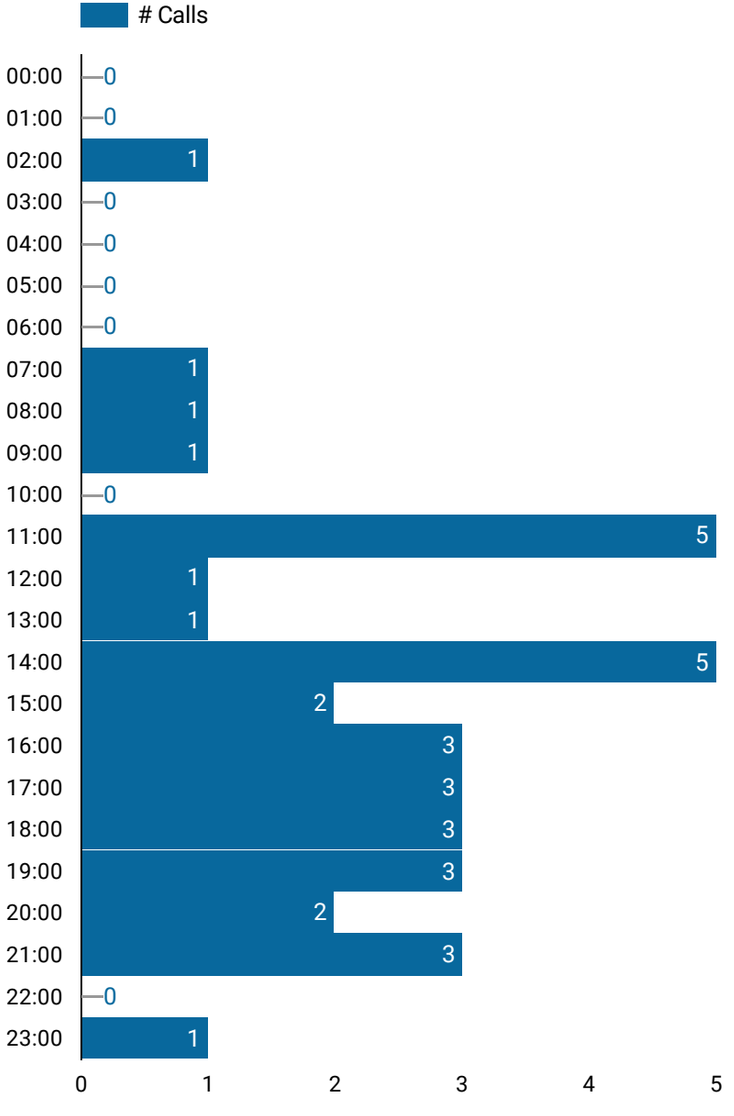
Month ❶	Type ❷	#	%
2026 - 10	CMH Internal Referral	0	0%
2026 - 10	Deployment	40	100%
2026 - 10	Hosptial Discharge	0	0%
2026 - 10	Mental Health Referral	0	0%
2026 - 10	Other	0	0%
2026 - 10	Overdose	0	0%



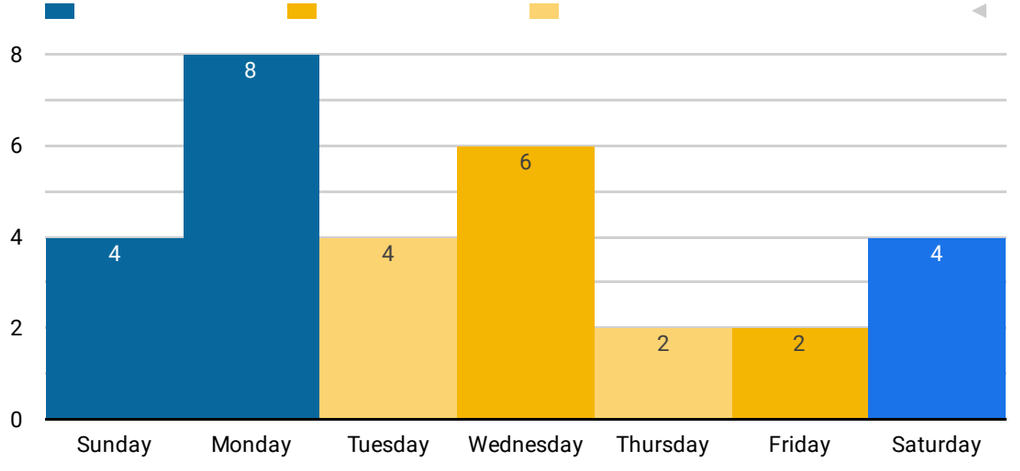
Select Month:: 2026 - 10 (1)

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)

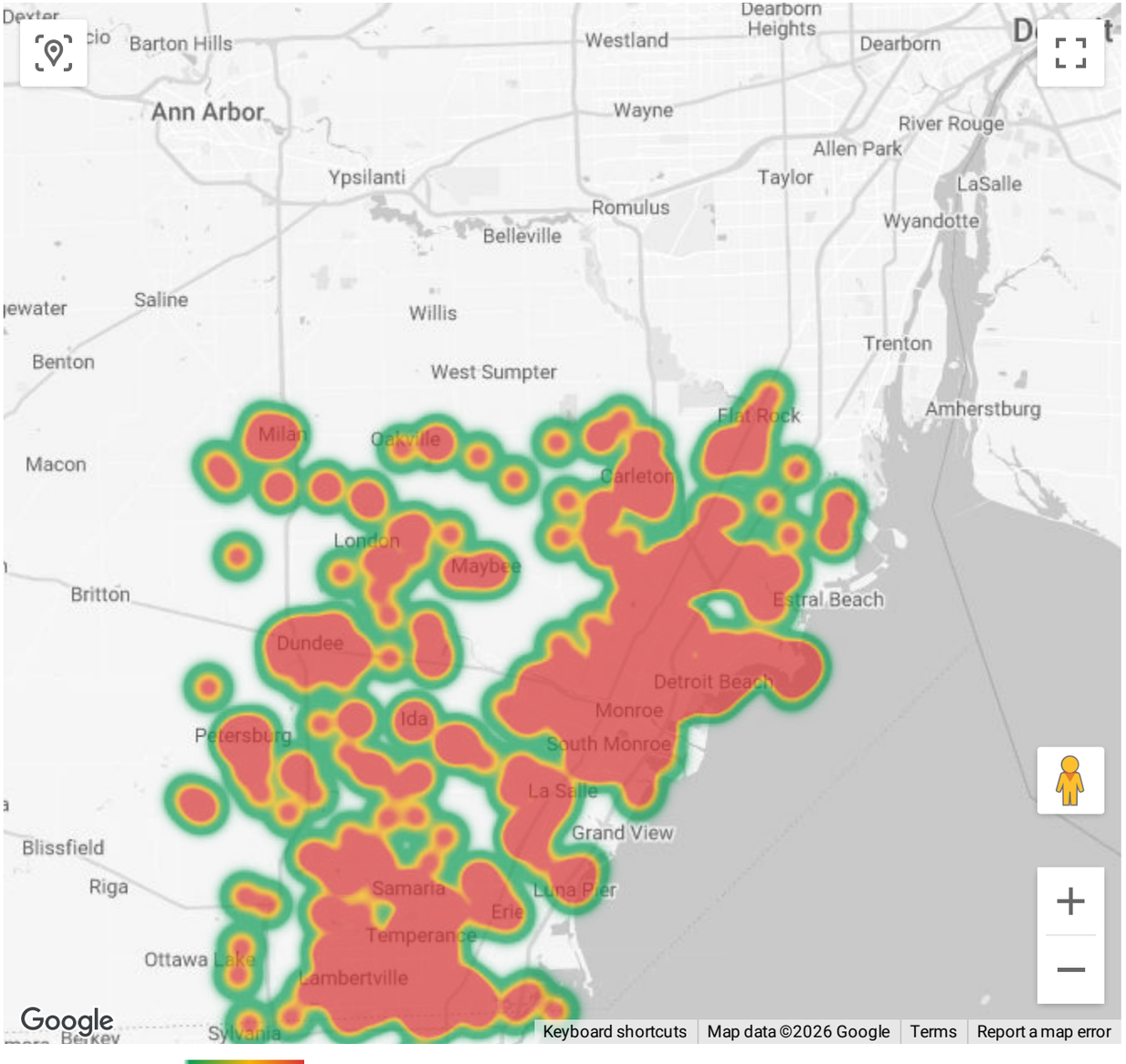
22.87

Month	Avg. Response Time
2026 - 10	22.87

Select Month:: 2026 - 10 (1)

Location

Mapping of locations deployed to:

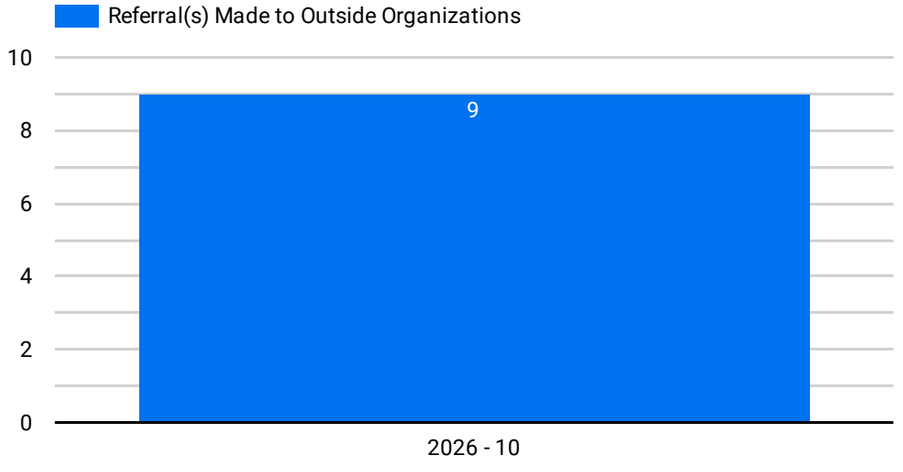


call_Address 0 1

Mo...	Zipcode	#	%
2026 - 10	49270	3	16%
2026 - 10	49267	0	0%
2026 - 10	48182	5	26%
2026 - 10	48179	0	0%
2026 - 10	48177	1	5%
2026 - 10	48173	0	0%
2026 - 10	48166	4	21%
2026 - 10	48162	5	26%
2026 - 10	48161	11	58%
2026 - 10	48160	0	0%
2026 - 10	48159	0	0%
2026 - 10	48157	0	0%
2026 - 10	48145	1	5%
2026 - 10	48144	1	5%
2026 - 10	48140	1	5%
2026 - 10	48133	0	0%
2026 - 10	48131	4	21%
2026 - 10	48117	1	5%
2026 - 10	48110	0	0%

Select Month:: 2026 - 10 (1)

Number of referrals made and where they were referred to:



Mo... ❶	Referred To: ❷	#	%
2026 - 10	Arrowhead Behavioral Health	0	0%
2026 - 10	Behavioral Health Treatment	1	6%
2026 - 10	CMH	10	59%
2026 - 10	Family Counseling and Shelter Services of Monroe	1	6%
2026 - 10	Fire Station	0	0%
2026 - 10	Gabby's Ladder	2	12%
2026 - 10	Harbor Light	0	0%
2026 - 10	Henry Ford Wyandotte	0	0%
2026 - 10	Holistic Wellness	0	0%
2026 - 10	Lemon Tree	0	0%
2026 - 10	MCOP	0	0%
2026 - 10	Michigan Works	0	0%
2026 - 10	Monroe County Animal Control	0	0%
2026 - 10	Paula's House	0	0%
2026 - 10	ProMedica ER	1	6%
2026 - 10	Pure Psych	0	0%
2026 - 10	RAW	0	0%
2026 - 10	Resource Flyer	1	6%
2026 - 10	SUD Treatment	1	6%
2026 - 10	Salvation Army Harbor Light	0	0%
2026 - 10	St. Joe's	0	0%

Select Month:: 2026 - 10 (1)

Where Referrals are Coming From:

	Month / # Calls
Deployed by:	2026 - 10
Monroe County Sheriff's Dept.	22
CMH	5
Self	5
Monroe City Police	3
ACCESS	1
Police Mental Health Referral	0
Mobile Crisis Follow Up	0

Primary Issue or Diagnosis:

(New question starting 12/2023)

	Month / #
Issue/Diagnosis	2026 - 10
Thought Disorder	4
Suicidal Ideation	15
Substance Abuse	2
Other	7
Neurocognitive	5
Homicidal Ideation	0
Environmental	3

Select Month:: 2026 - 10 (1)

Consumers, New and Repeats:

	Month ❶	New or Repeat Cons... ❷	#
1.	2026 - 10	New	19
2.	2026 - 10	Repeat	16

Select Month:: 2026 - 10 (1)

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

	Month / # / %	
	2026 - 10	
Race	#	%
White	32	94%
Multiracial	2	6%

Select Month:: 2026 - 10 (1)

Number of calls per population - Age

	Month / # / %	
	2026 - 10	
Age	#	%
0 to 9	1	3%
10 to 17	12	36%
18 to 28	8	24%
29 to 39	4	12%
40 to 50	3	9%
51 to 61	1	3%
62 to 72	2	6%
73 to 83	2	6%
84 to 94	0	0%
95 +	0	0%
Not Collected	0	0%

FY26Q3 CCBHC Quality Metrics

(January – September 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	**63%** (2.9% increase since last quarter) Sub-measure: Those who received brief counseling after a positive screen: **85.7%** (1.1% 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: **57.9%** (2.7% 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	**67.1%** (12.5% 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	**41.5%** (18.3% 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 Index Event Date.	25th percentile	**4.4%** (1.9% increase since last quarter)
SDOH: Percentage of adults screened for food insecurity,	25th percentile	**67.4%** (12.4% increase since last quarter)

Data updated 10/30/26

housing instability, transportation needs, utility difficulties, and interpersonal safety.		
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 decrease since last quarter)
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%	**79.5%** (1% decrease 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: **60.3%** (5.8% increase since last quarter) Those who screened positive and received tobacco cessation intervention: **95.9%** (1.3% decrease since last quarter) Of those screened positive AND provided intervention, identified as a non-tobacco user in six months: **59.3%** (5.3% 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** (no change) Average time to initial clinical services: **10 days** (0.3 day increase since last quarter) Average time to crisis services: **.7 hours** (.1 hour decrease since last quarter) Average time to Mobile Crisis Services (# of hours):**.6 hours** (no change) Average time to urgent care crisis services (# of hours): **.8 hour** (.2 hour decrease) Average Time to Other Crisis Services (# of hours): **2.4 hours** (.6 hour decrease since last quarter)

Data updated 10/30/26

MONROE COMMUNITY MENTAL HEALTH

September 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

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

MONROE CMH

September 2026

Monthly Highlights

- Statement of Position - Cash in the bank is $24,290,186
- Estimated surplus (due back to PIHP) is $3,997,201
- Estimated surplus from CCBHC Medicaid operations is $1,899,749
- Estimated deficit from CCBHC non-Medicaid operations is $2,581,486
- Estimated deficit from other General Fund spend is $37,981
- Total estimated fund balance addition is $1,183,699

BASIC FINANCIAL STATEMENTS

MONROE CMH

Statement of Position

October 1, 2025 through September 30, 2026

ASSETS & DEFERRED OUTFLOWS	September 30 Balance	Balance September 30 2025	Over (Under)
Current:			
Cash and cash equivalents	$ 24,290,186	$ 17,086,529	$ 7,203,657
Accounts receivable, net	2,294,284	624,002	1,670,282
Due from PIHP	3,748,593	5,309,685	(1,561,092)
Due from State of Michigan	44,649	132,810	(88,161)
Due from other governmental units	109,327	296,723	(187,396)
Prepaid items	456,502	442,258	14,244
Total current	30,943,541	23,892,007	7,051,534
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,637,431	2,922,208	(284,777)
Deferred outflows - Pension & OPEB	1,390,554	1,390,554	0
Total noncurrent	4,074,985	4,359,762	(284,777)
Total assets and deferred outflows	35,018,526	28,251,769	6,766,757
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	4,762,712	6,127,736	(1,365,024)
Accrued liabilities	3,639,680	410,543	3,229,137
Due to other governments	13,950,153	9,952,952	3,997,201
Unearned revenue	-	-	-
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
Total current liabilities	22,402,003	16,540,690	5,861,314
Noncurrent			
Long-term debt, due beyond one year	290,787	569,781	(278,994)
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	3,932,913	4,211,907	(0)
Total liabilities and deferred inflows	26,334,916	20,752,597	5,861,313
NET POSITION			
Net investment in capital assets	1,239,090	1,523,868	284,778
Unrestricted	7,444,520	5,975,304	(1,469,216)
Total net position	$ 8,683,610	$ 7,499,172	$ 1,184,438

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

MONROE CMH

Statement of Activities

October 1, 2025 through September 30, 2026

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Over (Under)
Operating revenue				
Capitation:				
Medicaid	$ 44,330,448	$ 44,330,448	$ 46,931,913	$ (2,601,465)
Medicaid - Settlement	(2,113,963)	(2,113,963)	(5,231,531)	3,117,568
Healthy Michigan	2,707,287	2,707,287	3,675,123	(967,836)
Healthy Michigan - Settlement	116,762	116,762	(294,833)	411,595
CCBHC	16,448,901	16,448,901	11,825,695	4,623,206
CCBHC - Settlement	-	-	(244,015)	244,015
Behavior Health Home	226,688	226,688	221,263	5,425
State General Funds	1,539,237	1,539,237	1,539,237	-
State General Funds - Carryover	-	-	-	-
County appropriations	914,653	914,653	997,803	(83,150)
Charges for services	401,477	401,477	311,039	90,438
Other grants	1,139,504	1,139,504	1,749,598	(610,094)
Other revenue	1,368,353	1,368,353	2,235,413	(867,060)
Total operating revenue	67,079,347	67,079,347	63,716,705	3,362,642
Operating expenses				
Administation				
Salaries	2,336,921	2,336,921	2,212,960	123,961
Benefits	991,151	991,151	3,537,217	(2,546,066)
Other	2,608,199	2,608,199	2,881,611	(273,412)
Internal Services				
Salaries	8,107,303	8,107,303	7,591,964	515,339
Benefits	3,293,097	3,293,097	3,293,097	-
Other	3,373,480	3,373,480	2,833,873	539,607
Provider Network Services	42,525,407	42,525,407	36,466,723	6,058,684
Facility costs	951,768	951,768	865,866	85,902
Vehicle costs	157,374	157,374	137,968	19,406
Grant expenses	1,137,988	1,137,988	1,215,749	(77,761)
Room & Board	412,961	412,961	90,192	322,769
GASB 68 & 75 Adjustment	-	-	(4,973,570)	4,973,570
Total operating expenses	65,895,649	65,895,649	56,153,649	9,742,000
Change in net position	1,183,698	1,183,698	7,563,056	$ (6,379,358)
Net position, beginning of year	7,499,912	7,499,912	(63,884)	
Net position, end of year	$ 8,683,610	$ 8,683,610	$ 7,499,172	

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MONROE CMH

Statement of Activities

Mental Health - Budget to Actual

October 1, 2025 through September 30, 2026

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
Operating revenue				
Capitation:				
Medicaid	$ 43,747,009	$ 43,747,009	$ 44,330,448	$ 583,439
Medicaid - Settlement	(5,143,474)	(5,143,474)	(2,113,963)	3,029,511
Healthy Michigan	2,707,287	2,707,287	2,707,287	-
Healthy Michigan - Settlement	1,970,947	1,970,947	116,762	(1,854,185)
CCBHC	17,098,879	17,098,879	16,448,901	(649,978)
CCBHC - Settlement	-	-	-	-
Behavior Health Home	222,283	222,283	226,688	4,405
State General Funds	1,539,237	1,539,237	1,539,237	-
County appropriations	997,803	997,803	914,653	(83,150)
Charges for services	671,106	671,106	401,477	(269,629)
Other grants	1,481,957	1,481,957	1,139,504	(342,453)
Other revenue	553,551	553,551	1,368,353	814,802
Total operating revenue	65,846,585	65,846,585	67,079,347	1,232,762
Operating expenses				
Administation				
Salaries	2,479,811	2,479,811	2,336,921	(142,890)
Benefits	881,112	881,112	991,151	110,039
Other	3,015,951	3,015,951	2,608,199	(407,752)
Internal Services				
Salaries	9,698,628	9,698,628	8,107,303	(1,591,325)
Benefits	3,100,986	3,100,986	3,293,097	192,111
Other	3,495,052	3,495,052	3,373,480	(121,572)
Provider Network Services	40,082,573	40,082,573	42,525,407	2,442,834
Facility costs	1,241,616	1,241,616	951,768	(289,848)
Vehicle costs	126,648	126,648	157,374	30,726
Grant expenses	1,223,618	1,223,618	1,137,988	(85,630)
Other expenses	400,797	400,797	-	(400,797)
Room & Board	-	-	412,961	412,961
Total operating expenses	65,746,792	65,746,792	65,895,649	148,857
Change in net position	99,793	99,793	1,183,698	1,083,905
Net position, beginning of year	7,499,912	7,499,912	7,499,912	-
Net position, end of year	$ 7,599,705	$ 7,599,705	$ 8,683,610	$ 1,083,905

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INCOME STATEMENT BY FUND SOURCE

Fiscal 2026 Revenues and Expenses by Fund Source

October 2025 through September 2026

Medicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	$ 43,747,009	$ 43,747,009	$ 44,330,448	$ 583,439
PIHP Redirect to CCBHC	-	-	-	-
1st/3rd Party Revenue	3,704	3,704	-	(3,704)
Expense	$ 38,607,239	38,607,239	40,216,485	1,609,246
Revenue over/(under) expenses	$ 5,143,474	$ 5,143,474	$ 4,113,963	$ (1,029,511)

Healthy Michigan	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	$ 2,707,287	$ 2,707,287	$ 2,707,287	$ -
PIHP Redirect to CCBHC	-	-	-	-
1st/3rd Party Revenue	-	-	-	-
Expense	$ 4,678,234	4,678,234	2,824,049	(1,854,185)
Revenue over/(under) expenses	$ (1,970,947)	$ (1,970,947)	$ (116,762)	$ 1,854,185

Total PIHP Sources	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Revenue	$ 46,454,296	$ 46,454,296	$ 47,037,735	$ 583,439
1st/3rd Party Revenue	3,704	3,704	-	(3,704)
Expense	43,285,473	43,285,473	43,040,534	(244,939)
Retain as local in FY 25	-	-	-	-
Revenue over/(under) expenses	$ 3,172,527	$ 3,172,527	$ 3,997,201	$ 824,674

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MONROE CMH

Fiscal 2026 Revenues and Expenses by Fund Source

October 2025 through September 2026

CCBHC Medicaid/Healthy Michigan	2026 Budget	YTD Budget	2026 Actual	Over (Under)
PIHP Cap Revenue	$ 14,481,285	$ 14,481,285	$ 16,448,901	$ 1,967,616
PIHP Supp Revenue	-	-	-	-
1st/3rd Party Revenue	1,246	1,246	-	(1,246)
Expense	12,683,676	12,683,676	14,549,152	1,865,476
Revenue over/(under) expenses	$ 1,798,855	$ 1,798,855	$ 1,899,749	$ 100,894

CCBHC NonMedicaid	2026 Budget	YTD Budget	2026 Actual	Over (Under)
State CCBHC Revenue	$ 55,000	$ 55,000	$ 87,561	$ 32,561
1st/3rd Party Revenue	-	-	-	-
Expense	2,607,096	2,607,096	2,669,047	61,951
Redirect from GF	2,552,096	2,552,096	2,581,486	29,390
Revenue over/(under) expenses	$ -	$ -	$ -	$ -

ALL CCBHC Combined	2026 Budget	YTD Budget	2026 Actual	Over (Under)
All CCBHC Revenue	$ 17,154,586	$ 17,154,586	$ 16,536,462	$ (618,124)
1st/3rd Party Revenue	1,246	1,246	-	(1,246)
Expense	18,423,360	18,423,360	17,218,199	(1,205,161)
Redirect from GF	2,552,096	2,552,096	2,581,486	29,390
Revenue over/(under) expenses	$ 1,284,568	$ 1,284,568	$ 1,899,749	$ 615,181

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Fiscal 2026 Revenues and Expenses by Fund Source

October 2025 through September 2026

State General Fund	2026 Budget	YTD Budget	2026 Actual	Over (Under)
Revenue	$ 1,920,289	$ 1,920,289	$ 1,617,566	$ (302,723)
Expense	2,821,975	2,821,975	1,655,547	(1,166,428)
Redirect to Other Programs	(2,552,096)	(2,552,096)	(681,737)	1,870,359
Redirect from Other Programs	3,453,782	3,453,782	719,718	(2,734,064)
Revenue over/(under) expenses	$ -	$ -	$ -	$ -

All Other Grants/Local	2026 Budget	YTD Budget	2026 Actual	Over (Under)
Revenue	$ 3,757,530	$ 3,757,530	$ 19,892,750	16,135,220
Expense	1,485,359	1,485,359	16,089,584	14,604,225
Redirects	(3,453,782)	(3,453,782)	(2,619,467)	834,315
Revenue over/(under) expenses	$ (1,181,612)	$ (1,181,612)	$ 1,183,699	$ 2,365,310

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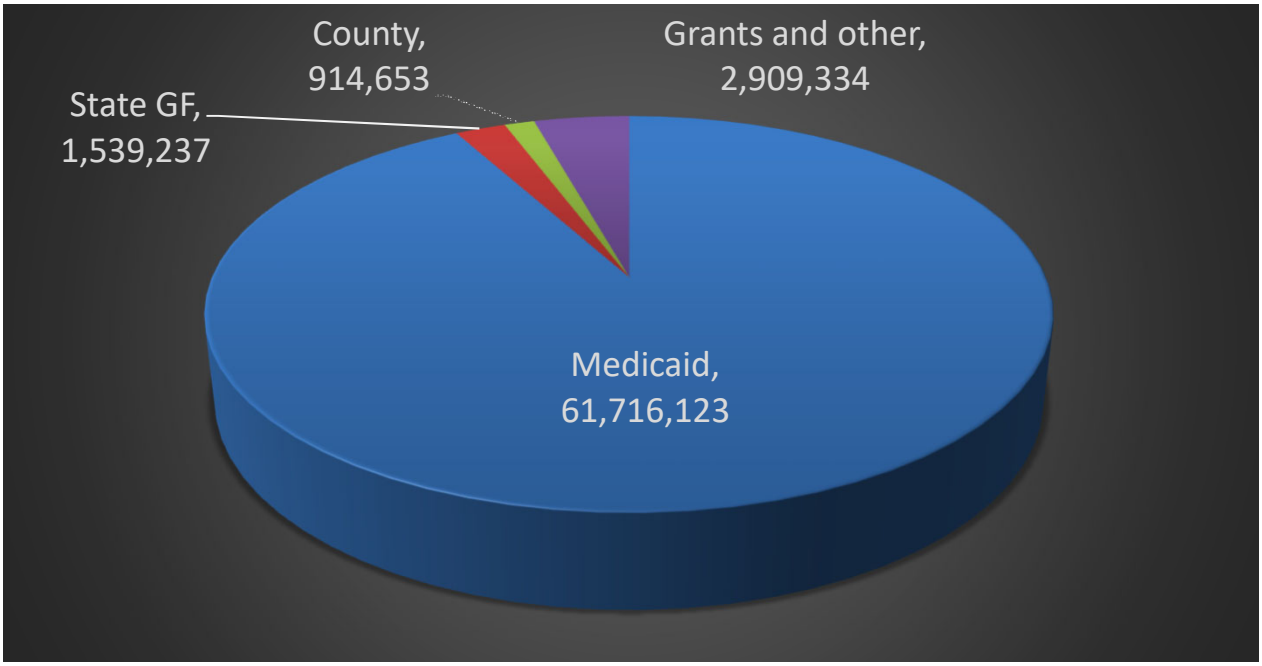
TRENDS AND PAYMENTS

MONROE CMH

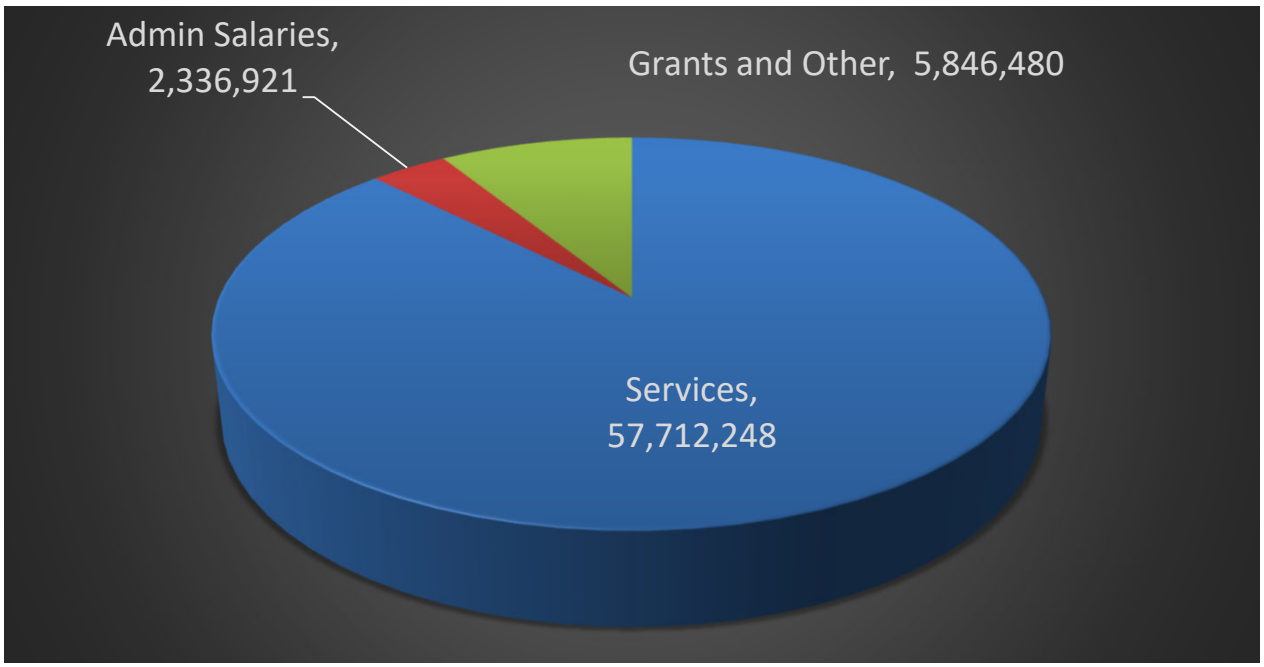
September 2026 Trends

Sources and Uses

Revenues by Source



Expenditures by Category



Monroe CMHA

Payment Summary Report

For the Month of September 2026

Vendor Name	Total
8X8 INC.	$ 4,674.72
A Heart That Cares, LLC	85,480.53
ABA INSIGHT, LLC	70,157.00
ADULT LEARNING SYSTEM, INC	44,173.14
ADVANCED THERAPEUTIC SOLUTIONS, LLC	137.08
AFLAC	1,328.16
AFSCME UNION / LOCAL 2529	5,053.95
APPLIED INNOVATION	615.38
ARA FAMILY HOLDINGS, LLC	2,435.87
ARKAY, INC	2,838.45
B & L OFFICE MACHINES	295.80
BBH VENTURES, LLC	5,126.99
BCA OF DETROIT, LLC	104,029.21
BEACON SPECIALIZED LIVING SERVICES, INC.	93,690.00
BEDFORD SEPTIC TANK AND SEWER CLEANING CO.	300.00
BETTER LIVING AFC LLC	61,113.48
BLUENET	5,332.80
CALVIN GAGE DBA GAGE CONSULTING FOR CHALLENGING BEHAVIOR LLC	839.10
CENTRIA HEALTHCARE, LLC	22,278.00
CHITTER CHATTER PC	116,690.65
CHOICES W/SELF DETERMINATION, LLC	8,872.40
CHS GROUP, LLC	186,783.21
CINTAS CORP - 306/K11	463.54
CINTAS FIRE 636525	679.93
CITY OF MONROE	538.25
COMMUNITY LIVING NETWORK	52,499.64
CONTRACT SERVICE GROUP	1,392.00
COUNTY OF WASHTENAW, MICHIGAN	23,735.12
CREATIVE REFRESHMENTS, INC.	85.00
Culligan of Ida	80.00
DYKEMA GOSSETT, PLLC	14,845.75
EISENHOWER CENTER	116,360.00
ELITE AFC, LLC	11,160.00
ENFIELD VILLAGE CONDOMINIUM	197.00
EVEREST, INC.	52,477.00

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Monroe CMHA

Payment Summary Report

For the Month of September 2026

Vendor Name	Total
EXPERT ON THE MIND LLC	40,655.00
FRAME'S PEST CONTROL, INC.	137.93
FRANCES JACKSON, LLC	144.60
FRIENDLY FORD, INC	77.89
FRIENDS WHO CARE, INC.	11,207.75
GATEWAY PEDIATRIC THERAPY LLC	4,720.78
GENOA HEALTHCARE, LLC	10.00
GIA JONES	(16.64)
GOODWILL INDUSTRIES OF SE MICH, INC	90,620.87
GOVCONNECTION, INC	2,868.19
GUARDIANTRAC, LLC	210,081.64
GUIDING LIGHT AFC LLC	12,600.00
HAVENWYCK HOSPITAL	16,625.00
HELP AT HOME, LLC	9,128.80
IBM CORPORATION	87.78
ILLUMINATE ABA SERVICES LLC	18,516.00
IRIS TELEHEALTH MEDICAL GROUP, PA	50,251.00
ISMAIL B. SENDI MD PC	5,550.00
JACKSON AND COKER LOCUMTENEMS, LLC	18,696.40
JASON STRAZZULLA	1,895.00
JASWANT S BAGGA	32,395.00
JOHN BURKARDT	95.32
JOHN M. CULLEN	78.24
KIMBERLY S. SANDERLIN	750.00
LAMOUR PRINTING CO.	130.00
LANGUAGELINE SOLUTIONS	2.56
LASCALA IT SOLUTIONS, INC	2,443.50
LEGAL SHIELD	212.61
LIFE ENRICHMENT ACADEMY, INC.	33,434.23
LIGHTHOUSE TELEHEALTH LLC	310.00
LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH AUTHORITY	34,297.13
LOCUMTENENS.COM	37,079.20
LOST AT LLC DBA WP HARBOR	159.80
LOUIS BALOGH	1,747.91
MACOMB RESIDENTIAL OPPORTUNITIES, INC	335,409.48

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Monroe CMHA

Payment Summary Report

For the Month of September 2026

Vendor Name	Total
MAGNET ABA THERAPY, LLC	20,120.50
MASTROFRANCESCO, A.F.C.	61,226.04
MCLAUGHLIN PROPERTIES LLC	12,902.70
MICH MUNICIPAL RISK MGT AUTHORITY	34,788.25
MICHIGAN BH JV LLC	12,077.78
MICHIGAN GAS UTILITIES	641.42
MONROE CENTER, LLC.	6,250.00
MONROE COUNTY RETIREMENT SYSTEM	110,061.25
NEW DIRECTIONS PEER RECOVERY CENTER	10,700.00
O'REILLY AUTO PARTS	83.95
PAN AMERICAN LANGUAGES & SERVICES, INC.	3,411.76
PANCONE'S AUTO, LLC	438.18
PETER CHANG ENTERPRISES DBA PCE SYSTEMS	62.50
PHC OF MI, INC	47,848.43
PHILLIP ARCHER, MD	8,388.00
PROGRESSIVE RESIDENTIAL SERVICES	184,150.05
PROMEDICA MONROE REGIONAL HOSPITAL	148,070.00
PURCHASE POWER / PITNEY BOWES	2,005.00
R LAMAR FREDERICK	211.60
REBECCA PASKO	279.20
REBECCA S CURLEY	179.28
REDA D. BINIECKI	121.92
REHMANN LLC	104,062.66
REPUBLIC SERVICES #259	2,615.61
RESIDENTIAL OPPORTUNITIES, INC	10,509.62
ROBERT A CALHOON JR	144.72
SABRINA R. CORBIN	129,103.67
SHAMROCK HOLDINGS LLC	882.00
SNOW CHIU WU	2,430.00
SONDRA L. THORN	50.00
ST MARY MERCY HOSPITAL DBA TRINITY HEALTH - MICHIGAN	3,693.48
ST. JOSEPH MERCY HOSPITAL DBA TRINITY HEALTH - MICHIGAN	14,773.92
ST. PIERRE ACE HARDWARE INC.	83.90
STAELGRAEVE PROPERTIES, INC	947.62
SUPERIOR VISION SERVICES, INC.	2,396.45

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Monroe CMHA

Payment Summary Report

For the Month of September 2026

Vendor Name	Total	
SUSAN S RADWAN		2,775.00
SVRC INDUSTRIES INC.		599.76
T MOBILE USA, INC.		2,649.53
THE SHERWIN-WILLIAMS COMPANY		168.53
THE TOLEDO HOSPITAL		3,045.00
UNIFIRST MANUFACTURING CORP		325.17
VELLOHEALTH INC		10,500.00
VIGILANTE SECURITY, INC.		379.50
VITAL RECORDS HOLDING		101.46
Wallace PsychServices LLC		716.13
WOLVERINE INVESTMENT PROPERTIES, LLC		7,128.91
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MONROE MICH		678.30
Grand Total	**$**	**3,033,940.87**

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