



# MONROE COMMUNITY MENTAL HEALTH AUTHORITY

## BOARD MEETING

October 25, 2023 – 5:00 p.m. / Aspen Room

Draft Agenda

**PUBLIC ACCESS:** <https://us06web.zoom.us/j/82017690680> / 1-206-337-9723 / Meeting ID: 820 1769 0680

---

### **BOARD VALUES:**

- 1.1 Monroe Community Mental Health Authority exists so that individuals with severe and persistent mental illness and intellectual/development disabilities can live, work, and play in their communities to their fullest potential.
- 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 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; and values creativity and promotes collaborative thinking.
- 1.4 Monroe Community Mental Health Authority continues to establish collaborative community relationships that enable MCMHA to provide quality service to consumers.

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

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

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

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

### **MISSION STATEMENT:**

Enrich lives and promote wellness.

### **VISION STATEMENT:**

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

### **CORE VALUES:**

Compassion, Authenticity, Trust, and Accountability.

---

	<b><u>Guide</u></b>
<b>I. Call to Order</b>	<b>01 min</b>
<b>II. Roll Call</b>	<b>02 min</b>
<b>III. Pledge of Allegiance</b>	<b>02 min</b>
<b>IV. Motion to Adopt the Agenda as Presented</b>	<b>02 min</b>
<b>V. Motion to Approve the Minutes from the September 27, 2023 Board Meeting and waive the Reading Thereof</b>	<b>02 min</b>
<b>VI. Feedback Summary</b>	<b>02 min</b>
<b>VII. Citizen Comments</b>	<b>03 min/person</b>
<i>“The Board will listen respectfully to any comments you would like to make but will not respond directly tonight. You can expect a follow up contact from the Executive Director or her representative within 24 hours if your comment is about a specific problem or complaint. Comments shall be limited to 3 minutes”.</i>	
<b>VIII. Presentations Recognitions, and Celebrations</b>	<b>20 min</b>
a. CCBHC Presentation ( <i>handout</i> )	
<b>IX. Board Committee Reports</b>	<b>10 min</b>
a. <b>Motion to Place on File All Written Committee Reports</b>	
i. Business Operations	
ii. Bylaws & Policy	
iii. Clinical Operations	
iv. Executive	

- b. **Motion to Create a Community Relations Ad-hoc Committee**
  - i. Create Committee
  - ii. Appoint Rebecca Pasko, Chantele Steffens, Deb Staelgraeve, Susan Fortney, and Dawn Asper as committee members
  - iii. Appoint Rebecca Pasko as Chair of the Community Relations Committee

<b>X.</b>	<b>Items for Board Action</b>	<b>10 min</b>
	<ul style="list-style-type: none"> <li>a. <b>Motion to Approve the Consent Agenda Less Item _____</b> <ul style="list-style-type: none"> <li>i. Administrative Contracts as Presented</li> <li>ii. Service Contracts as Presented</li> </ul> </li> <li>b. <b>Motion to Approve the Purchase of Three (3) 2024 Chevrolet Trax from Allen in Monroe at the Total Cost of \$69,540</b></li> <li>c. <b>Motion to Approve up to Three Board Members to Attend FY2024 Winter, Spring, and Fall CMHAM Conference and the National Council NATCON24 Conference</b></li> <li>d. <b>Motion to Approve a Stipend for the October 17, 2023 and the November 8, 2023 Benesh Building Tour</b></li> <li>e. <b>Motion to Approve a Stipend for the October 26, 2023 CCBHC Ribbon Cutting Ceremony</b></li> </ul>	
<b>XI.</b>	<b>Authority and Regional Policy Review/Approval</b>	<b>00 min</b>
	<ul style="list-style-type: none"> <li>a. <b>Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented</b> <ul style="list-style-type: none"> <li>i. <b>Policy:</b> N/A</li> <li>ii. <b>Procedure:</b> N/A</li> <li>iii. <b>Exhibit:</b> N/A</li> <li>iv. <b>Rescind:</b> N/A</li> </ul> </li> <li>b. <b>Motion to Approve the Regional Policies as Presented</b> <ul style="list-style-type: none"> <li>i. <b>Policy:</b> N/A</li> </ul> </li> </ul>	
<b>XII.</b>	<b>Relationship with the Region, County, and Others</b>	<b>05 min</b>
	<ul style="list-style-type: none"> <li>a. Regional Reports <ul style="list-style-type: none"> <li>i. Regional PIHP Board Meeting Minutes</li> </ul> </li> </ul>	
<b>XIII.</b>	<b>Items from the Chief Executive Officer</b>	<b>10 min</b>
	<ul style="list-style-type: none"> <li>a. Financial Report</li> <li>b. Chief Executive Officer’s Report (<i>handout</i>)</li> </ul>	
<b>XIV.</b>	<b>New Business</b>	<b>03 min</b>
	<ul style="list-style-type: none"> <li>a. Board Holiday Dinner – December 1, 2023</li> </ul>	
<b>XV.</b>	<b>Citizen Comments</b>	<b>03 min/person</b>
<b>XVI.</b>	<b>Announcements by Board Members</b>	<b>03 min/person</b>
<b>XVII.</b>	<b>Adjournment</b>	<b>01 min</b>

**The next regular scheduled meeting for the Monroe Community Mental Health Authority Board of Directors is on Wednesday, November 15, 2023 beginning at 5:00pm in the Aspen Room.**



**BOARD OF DIRECTORS REGULAR MEETING MINUTES  
September 27, 2023**

**Present:** Michael Humphries, Chairperson; Susan Fortney, Vice Chairperson; Catherine Bernhold, Secretary; John Burkardt; Deb Staelgraeve; Chantele Steffens (arrived at 5:04pm); Dawn Asper (arrived at 5:09pm); Rebecca Pasko; Ken Papenhagen; Pam Ray; and LaMar Frederick

**Excused:** Rebecca Curley

**Absent:**

**Staff:** Lisa Graham

**Guests:** 10 guests attended

**I. CALL TO ORDER**

The Board Chairperson, Mike Humphries, called the meeting to order at 5:00 p.m.

**II. ROLL CALL**

Roll Call confirmed a quorum existed.

**III. PLEDGE OF ALLEGIANCE**

The Pledge of Allegiance was led by Mike Humphries.

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

Request made to move the Finance Report to VIII. b. and the July Financials to VIII. c.

Susan Fortney moved to adopt the draft amended agenda as presented. Deb Staelgraeve supported. Motion carried unanimously.

**V. CONSIDERATION TO APPROVE THE MINUTES FROM THE AUGUST 23, 2023 BOARD MEETING AND WAIVE THE READING THEREOF**

John Burkardt commented that his name was spelled incorrectly on pages 6 and 7.

John Burkardt moved to approve the minutes from the August 23, 2023 Board Meeting with spelling amendments and waive the reading thereof. Catherine Bernhold supported. Motion carried unanimously.

**VI. FEEDBACK SUMMARY**

Mike Humphries reviewed feedback from the August 23, 2023 Board Meeting.

**VII. CITIZEN COMMENTS**

Sandy Libstorff commented on the citizen comment rule and requested a correction to the August Board Meeting minutes.

**VIII. PRESENTATIONS, RECOGNITIONS, AND CELEBRATIONS**

- a. **FY2024 Proposed Budget** – Richard Carpenter presented the FY2024 Proposed Budget highlighting significant assumptions and key points which included: Medicaid and Healthy Michigan – revenue based on projections from CMHPSM; Medicaid and Health Michigan – expenses; MDHHS CMHSP Contract revenue and expenses; Provider Network; and general expense assumptions. Now that Monroe CMH is becoming a CCBHC as of October 1, 2023, Monroe is in a good position with additional CCBHC funding. The way the CCBHC program works is that this additional funding needs to be earned to receive reimbursement. Funding is not provided as a lump sum as of October 1, 2023. Not every CMH has this funding, and it will benefit Monroe going into next fiscal year.
- b. **Financial Report** – Richard Carpenter presented the July Financial Report. For eligibles, we have not seen the first dip in July, we will see that in August and expect a downward trend thereafter. There was a provider stabilization passthrough from the PIHP to Monroe for the Provider Network. In August we pushed out the first part of that provider stabilization and the other half will be paid in November. It is not anticipated that funds will be given back to the PIHP for FY2023.
- c. **Finance Presentation** – Lisa Graham presented a finance presentation highlighting MCMHA Board priorities, successes, accountability for increased revenue, what an optimal Finance Team looks like, and the current reality and how to fill those gaps. MCMHA can hire directly or contract for financial services. Hiring directly costs less but there are several challenges with a difficult job market, learning curve, and MCMHA holding the risk. Time is of the essence. Contracting for financial services you get ready to go staffing, proven CMH expertise, and the contractor holds the risk. The challenge is that it would cost more and there would be limited onsite presence. Lisa presented a proposal to the Board for either a three (3) or five (5) year contract with Rehman Robson to provide a Chief Financial Officer, Finance Supervisor, General Ledger Accountant, and Grant Accountant to fill the gaps for an Optimal Finance Team.

LaMar Frederick moved to accept the proposal to create the financial support system for the agency as proposed for a period of 5 years with Rehmann Robson with an annual cost of \$894,000 per year provided that the current contract with Rehmann Robson be terminated with the same date that the new contract for their services begins effective October 1, 2023 through December 31, 2028. Ken Papenhagen supported. Discussion followed. Roll call: In favor: Pasko, Ray, Steffens, Frederick, Burkardt, Humphries, Fortney, Bernhold, Asper, Papenhagen, and Staelgraeve; opposed: none; motion carried unanimously.

**IX. BOARD COMMITTEE REPORTS**

**a. Motion to Place on File All Written Reports**

Susan Fortney moved to place on file all written reports. Pam Ray supported. Motion carried unanimously.

Written reports on file: Business Operations, Bylaws & Policy, Clinical Operations, and Executive.

Board Bylaws & Policy – Catherine Bernhold commented that the committee has reviewed and amended the Board Governance Policy Manual. Sections 1 and 2 will be sent to the full Board for review and feedback. In the meantime, the committee will review the Board Bylaws.

Clinical Operations – Susan Fortney commented that the structure of the Clinical Operations Committee is very effective and the CCO and Operational reports are very informative.

**b. Motion to Create a Community Relations Ad-hoc Committee**

Mike Humphries moved to create a Community Relations Ad-hoc Committee. Pam Ray supported. Discussion followed.

Pam Ray pulled her support.

Deb Staelgraeve moved to postpone the creation of the Community Relations Ad-hoc Committee and requested a defined Charge and purpose of the Committee. Ken Papenhagen supported. Discussion followed. Roll call: In favor: Pasko, Ray, Frederick, Burkardt, Bernhold, Steffens, Papenhagen, and Staelgraeve; opposed: Asper and Fortney; motion carried.

**c. Appoint Pam Ray (May-Oct) and Susan Fortney (Nov-Apr) to the Business Operations Committee**

Mike Humphries appointed Pam Ray (May-Oct) and Susan Fortney (Nov-Apr) to the Business Operations Committee.

**d. Audience Presence at Committee Meetings**

Mike Humphries stated that as of October 1, 2023, the Board will no longer be inviting a public audience to its Board Committee Meetings. Board Committees do not have a quorum and no board action is being taken. This is in accordance with the Open Meetings Act.

**X. ITEMS FOR BOARD ACTION**

- a. Motion to Approve the Consent Agenda Less Item \_\_\_\_\_**
- i. Administrative Contracts as Presented
  - ii. Service Contracts as Presented

LaMar Frederick moved to approve the consent agenda as presented. Chantele Steffens supported. Discussion followed. Roll call: In favor: Ray, Pasko, Asper, Burkardt, Fortney, Bernhold, Humphries, Frederick, Steffens, Papenhagen, and Staelgraeve: opposed: none; motion carried unanimously.

**b. Motion to Approve the FY2024 Proposed Budget**

LaMar Frederick moved to approve the FY2024 Proposed Budget. Susan Fortney supported. Roll call: In favor: Ray, Pasko, Asper, Burkardt, Fortney, Bernhold, Humphries, Frederick, Steffens, Papenhagen, and Staelgraeve: opposed: none; motion carried unanimously.

**c. Motion to Approve up to Three Board Members to Attend the CMHAM Fall Conference Beginning October 23, 2024 in Traverse City, Michigan**

John Burkardt moved to approve up to three Board Members to attend the CMHAM Fall Conference beginning October 23, 2024 in Traverse City, Michigan. Susan Fortney supported. Discussion followed. Roll call: In favor: Ray, Pasko, Asper, Burkardt, Fortney, Bernhold, Humphries, Frederick, Steffens, Papenhagen, and Staelgraeve: opposed: none; motion carried unanimously.

**XI. AUTHORITY AND REGIONAL POLICY REVIEW/APPROVAL**

**a. Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented**

- i. Policy: Treatment Planning for Veterans Policy  
Health and Wellness of MCMHA Consumers Policy  
Laboratory Tests, Vital Signs, and Medication Reconciliation Policy
- ii. Procedure: MCMHA Crisis Mobile Procedure  
IPOS Planning Procedure  
PHQ-9 Procedure  
Death Event Reporting Procedure  
Discharge Procedure  
Vital Sign Measurement, Medication Reconciliation, Coordination of Care, and Ordering Laboratory Tests
- i. Exhibit: Crisis Mobile Intervention Guidance Exhibit  
Access Follow-Up Process After Referral from Community Exhibit

- ii. Rescind: N/A

Pam Ray moved to approve the Authority Policy, Procedure, and Exhibits as presented. John Burkardt supported. Discussion followed. Motion passed unanimously.

**b. Motion to Approve the Regional Policies as Presented**

- i. Policy:
  - Abuse and Neglect Policy
  - Communication by Mail, Telephone, and Visits Policy
  - Consent to Treatment and Services Policy
  - Dignity and Respect Policy
  - Family Planning Policy
  - Fingerprints, Photographs, Recordings, or use of 1-way Glass Policy
  - Freedom of Movement Policy
  - Limitation of Rights Policy
  - Non-Discrimination in Provision of Service Policy
  - Office of Recipient Rights Policy
  - Personal Property and Funds Policy
  - Physical Management and Restraint Policy
  - Recipient Payment for Damage to Property Policy
  - Religious Freedom and Treatment by Spiritual Means Policy
  - Report and Review of Recipient Death Policy
  - Rights to Entertainment Materials, Information, and News Policy
  - Services Suited to Condition Policy
  - Work Performed by Recipients Policy
  - Conflict Free Case Management Policy
  - Employee Competency and Credentialing Policy
  - Training Policy

Deb Staelgraeve moved to approve the Regional Policies as presented. John Burkardt supported. Discussion followed. Motion passed unanimously.

**XII. RELATIONSHIP WITH REGION, COUNTY, AND OTHERS**

- a. Regional Reports
  - i. Regional PIHP Board Meeting Minutes – Minutes were included in the packet.

**XIII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER**

- a. Financial Report – Richard Carpenter presented at beginning of meeting.
- b. Chief Executive Officer's Report included an update on: CCBHC; Crisis Mobile; Skill Building; Staffing Levels; the FY2024 Budget; Community Outreach; Quality Improvement; and Community Trainings.

**XIV. NEW BUSINESS**

- a. Expectation of Board Members – Mike Humphries reminded Board Members to follow the Board Bylaws and Board Governance Policy Manual and reminded Board Members of their expectations and scope of their role.
- b. Community Relationships – Lisa Graham informed Randy Richardville, Executive Director of Oaks of Righteousness, that the Crisis Mobile Unit will be made available to go to Oaks daily between a certain timeframe for any crisis needs. Lisa received a response and a request from Randy stating that this was a start and would like to schedule a meeting with both agencies' Board of Directors to form an agreement. Lisa read the statement and asked the Board how they would like to proceed. Discussion followed. The Board responded that the Chief Executive Officer, Chief Clinical Officer, and Operations Director should be in attendance for a meeting, along with an Arbiter from MDHHS as operations is not Board business.

**XV. CITIZEN COMMENTS**

Sandy Libstorff provided citizen comment expressing dissatisfaction in several areas. When she refused to yield after her three minutes the meeting was adjourned.

**XVI. BOARD ANNOUNCEMENTS**

**XVII. ADJOURNMENT**

Ken Papenhagen requested to adjourn the meeting. LaMar Frederick supported.

Mike Humphries adjourned the meeting at 7:46pm.

Submitted by,

---

Catherine Bernhold  
Board Secretary

LG/dp 10/6/23



**BOARD BUSINESS OPERATIONS COMMITTEE**  
**Wednesday, October 18, 2023**  
**5:00pm**

**MAJOR COMMITTEE RESPONSIBILITIES**

- Review and monitor the Strategic Plan of the Authority as it relates to Business Operations and Administrative Support including Finances, Contracts, Facilities, Technology Infrastructure, and Customer Service.
- Review and make recommendations to the full Board regarding changes in Services, Contracts, and Budget.
- Monitor the organization's finances and strategies for managing overages and shortfalls.

**COMMITTEE MEMBERS**

LaMar Frederick, Chair; Rebecca Curley; Susan Fortney (Nov-Apr); Ken Papenhagen; Pam Ray (May-Oct); Chantele Steffens; and Michael Humphries (Ex-Officio)

**DRAFT MINUTES**

**I. CALL TO ORDER**

LaMar Frederick called the meeting to order at 5:00pm. LaMar Frederick, Ken Papenhagen, Rebecca Curley, Pam Ray; Lisa Graham, Richard Carpenter, Jim Brown, Bridgitte Gates, and Alicia Riggs were present. Chantele Steffens and Mike Humphries were excused.

**II. BUSINESS OPERATIONS**

**a. Facilities**

- Resurfacing of the Parking Lot:** This may not be completed until Spring of 2024. The County of Monroe provided 4 bids and we have reached out to the lowest bidder, and they cannot fit us in their schedule before the end of November. The second lowest bidder may or may not be able to fit us into their schedule this year as well. The bids would not remain the same if having to wait until Spring 2024.
- Lobby Restroom:** Looking to retrofit the handicap restroom off the main lobby in order to access the restroom more easily. Will be working on getting this done as soon as possible.
- Stolen Van Update:** The van that was stolen from the Crossroads Clubhouse parking lot was found through GPS in upstate New York. That person was arrested. The van was returned in good condition. Since this incident, vehicle keys are locked in a lock box inside a locked supervisors office.

- Technology** – Chantele Steffens initiated the conversation at the last meeting about technological needs. Lisa Graham met with the Information Systems Team, and they provided a summary with various items that happened in FY2023. We have the highest level of domain controllers. These are things we often do not talk about in Board Meetings however it is important for the Board to know that we are keeping up with our technological needs. There was a thought from Chantele that we may need to contract someone to come in and review our Information Systems. Right now, our IS Team feels good about what we have in place. We did add an additional IS staff to focus on helpdesk issues as well.

- Question on domain controllers. Richard Carpenter provided an example, that having the highest level of domain is like having an alarm system on your building. The monitoring and detection and response. Now that the alarm is going off, who is going to respond to stop anything bad from happening.
- Lamar Frederick commented that there are two separate issues. Security of the servers and security of the overall process.
- Lisa Graham commented that there will be a contact brought forward to Business Operations possibly in November.

**III. FINANCE**

**a. Items for Board Action (Consent Agenda)**

- Purchase of Three (3) Fleet Vehicles:** Jim Brown presented the Board Action Request to purchase three fleet vehicles through Allen Chevrolet for the total cost of \$69,540 (recommend Board approval).
- Administrative Contracts:**
  - Pulling the Iris Telehealth contract as it does not expire until January 2024 would like to work a few things out before bringing it back to the Board.
  - Master Contract Revenue Agreement with Washtenaw; Salvation Army; and Dykema Gosset PLLC were presented by Alicia Riggs (recommend Board approval).
- Service Contracts:** BCA of Detroit, Havenwyck Hospital, Guardian Trac, and Flatrock Manor were presented by Alicia Riggs (recommend Board approval).

**b. Financial Reports**

- The Fiscal Finance Report for Trends and Comparative Charts, Fiscal Revenues and Expenses by Fund Source, and Basic Financial Statements were provided in the packet for review (recommend Board approval).
  - Richard Carpenter presented the August financial reports.
    - Eligibles** - Starting to dip and trend downward. We are working hard to get as many eligibles back as we can. From a statewide perspective the CEOs are watching this closely. There will be a 4-month period to watch for trends and will have better information on where we will stand closer to Christmas.
    - Comparatives for assets and liabilities** - We have a large receivable on the books from 2018 and 2019. We are in active conversation and hopefully this will get resolved in the next few months. Will keep the board updated and reflect that in future finance statements once resolved.
    - Decapitation payments** – we are seeing increases in internal and in provider services, that is earning the extra decapitation payment.
    - We have been planning to provide an additional contribution to OPEB. We will not know until the actuary is done with their analysis, but it should show a positive net income for 2023.
    - Not planning on sending any funds back to the PIHP this year and looking to have a solid ending for 2023 and closing the books soon.



LaMar Frederick commented that at the last meeting Richard indicated that some of our consumers would come off of this financial statement and into the CCBHC. Will there be updated financials to reflect CCBHC funds? Richard commented that that yes, there will be a breakdown of CCBHC dollars. Example: Page 1 will be all PIHP information. Medicaid, Medicaid CCBHC, Health Michigan, Health Michigan CCBHC. Page 2 will be our breakout for local, etc. Richard expects to have the breakdown for the October financials that will be presented at the January Business Operations Committee meeting.

Currently we are allowed to keep any third-party insurance dollars in our local funds. In the new world for CCBHC, we are required to report this under the CCBHC section. We will show CCBHC revenue, commercial insurance, expenses, and deficits.

LaMar Frederick requested Richard to prepare the Board for a new format for the balance sheet and how the funds will be presented.

#### V. **INFORMATIONAL ITEMS**

- a. **Rehmann Robson Contract Follow-up** – Last month the Board approved the contract to provide a variety of financial services and the Board had questions about termination penalties. The contract was sent to Dykema for review. There were three areas not discussed in Business Operations and did not come up at the Board Meeting.
  - i. We may terminate the contract with no cause. Since they are providing a discount, there is a fee to terminate early.
  - ii. A deposit was due at the time of commencement of services. This is not additional dollars to the contract but is held and returned at the end of the contract.
  - iii. There is an annual 5% rate increase. This is standard practice and is already built into the contract and will not need to bring back to the Board.
  - iv. As the Board requested in their motion to approve the contract, the current contract terminates and the new contract begins October 1, 2023 so there is no overlap.

Dykema reviewed this contract and negotiated some items for us. Jim Greene concluded that these are standard terms and that both Dykema and Rehmann are satisfied with the contract.

Lisa Graham commented that this was a valuable learning experience to have a contract vetted prior to bringing it to the Board.

#### VI. **PARKING LOT**

- a. Jan 2024: Explanation of new financial report format that includes CCBHC dollars and private party insurance
- b. May 2024: Review of surplus funds and how it can be utilized

#### VII. **ADJOURNMENT**

The meeting adjourned at 6:12pm. The Business Operations Committee's next meeting is scheduled for **Tuesday, November 7, 2023** at 5pm in the Aspen Room.

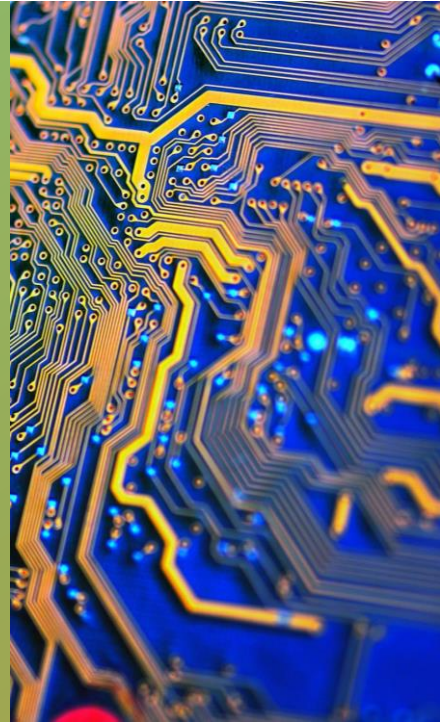
Respectfully submitted,

*LaMar Frederick (sp)*

LaMar Frederick  
Business Operations Chair

10/20/23

# FY23 TECHNOLOGY UPDATE



1

## SECURITY AND SYSTEM PERFORMANCE

- Penetration Testing and Security Assessment (VDA Labs)
- Remediation of issues identified in Security Assessment
- Office 365 Security Review (Blue Net)
- Replaced Backup Infrastructure
- Replaced oldestst VMWare host.
- Replaced the entire network infrastructure at Raisinville Building
- Segmented the network with VLANs for performance and security purposes



2



## **SECURITY AND SYSTEM PERFORMANCE**

- Updated the domain controllers, domain functional level, DNS and DHCP for both security and performance.
- Replaced SAN (including storage and switches).
- Began solicitation bids for Managed Detection and Response (MDR) services for enhanced security and monitoring.
- Purchased server licensing to upgrade datacenter servers.
- Upgrading agency cell phone data plans to prevent any throttling.



**BOARD BYLAWS & POLICY COMMITTEE**  
**Thursday, October 19, 2023**  
**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**

Catherine Bernhold, Chair; John Burkardt; Susan Fortney; Rebecca Pasko; Pam Ray; and Michael Humphries (Ex-Officio).

**DRAFT MINUTES**

**I. CALL TO ORDER**

Catherine Bernhold called the meeting to order at 5:05pm. Catherine Bernhold, John Burkardt, Susan Fortney, Pam Ray, and Rebecca Pasko were present. Mike Humphries was excused.

**II. COMMITTEE BUSINESS**

- a. Authority Policy, Procedures, and Exhibits (Review/Recommend Approval)

<b>Policies:</b>	n/a
<b>Procedures:</b>	n/a
<b>Exhibits:</b>	n/a
<b>Rescind:</b>	n/a

- b. Regional Policies

<b>Policies:</b>	n/a
------------------	-----

**III. REVIEW BOARD GOVERNANCE POLICY MANUAL**

- a. Review of Policy 3.2 Board Member Responsibilities – The committee commented that a new tool is needed for the feedback summary. Lisa committed to provide an updated tool to the committee by November 1, 2023. Catherine Bernhold requested to add this to the next agenda for review and discussion.
- b. Review of Policy 4.3 Monitoring the Chief Executive Officer’s Performance – The committee discussed what happens if the Performance Evaluation Committee does not meet quarterly to receive quarterly updates. Lisa Graham commented that she has a lot of faith in the Board Workshops taking place and that with the last evaluation being delayed, this year has been cut short. However, the Performance Evaluation Committee is getting back on track and if there is concern of this committee not meeting quarterly Lisa will inform the full Board.
  - i. The committee requested the Performance Evaluation Committee consider providing information to the full Board during the evaluation process for the full Board to make a thorough decision on the recommendations being presented by the committee to the full Board.
    - o Request for a copy of the Chief Executive Officer’s Self Evaluation upon completion.
    - o Request for a copy of the 360 survey results upon completion.
  - ii. Lisa Graham can request a Closed Session for her performance evaluation.
- c. Review of Policy 4.4 Monitoring the Board of Directors Performance
  - i. At the request of the committee, Lisa Graham reached out to Affiliate partners, and they do not have a tool to monitor Board Performance. Lisa is attending the CMHAM Fall Conference and can ask Bob Sheehan for information on Board Performance tools.
  - ii. Pam Ray suggested asking Evans Panton for ideas on how to measure Board Performance. He may be able to assist in creating the policy.
  - iii. Susan would like to see the tool to include a personal evaluation as well as for the Board as a whole.
- d. Section 1 and 2 of the Governance Policy Manual – Due to technical difficulty, there was a delay in getting Section 1 and 2 sent out to the full Board for review and feedback. This has now been resolved and will be sent out with the request to review and provide feedback over 2 weeks. Feedback will be compiled and reviewed at the next Bylaws & Policy Committee Meeting.

**IV. REVIEW OF BOARD BYLAWS**

- a. The committee is in the process of reviewing the Board Bylaws and upon completion will send them to the full Board for review and feedback.

**V. PARKING LOT**

- a. Monthly Board Performance Evaluation Tool

VI. **AJOURNMENT**

The meeting adjourned at 6:00pm.

VII. **NEXT MEETING**

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Thursday, November 16, 2023** at 5:00pm.

Respectfully submitted,

*Catherine Bernhold (dp)*

Catherine Bernhold  
Committee Chair

10/20/23



**BOARD CLINICAL OPERATIONS COMMITTEE**  
**Wednesday, October 4, 2023**  
**5:00pm**

**MAJOR COMMITTEE RESPONSIBILITIES**

- Review and monitor the Strategic Plan of the Authority as it relates to Clinical Programs and Psychological Services.
- Review and make recommendations to the full Board regarding Clinical Programs and Psychological Services.

**COMMITTEE MEMBERS**

Susan Fortney, Chair; Rebecca Curley; Rebecca Pasko; Deb Staelgraeve; Chantele Steffens; and Michael Humphries (Ex-Officio).

**DRAFT MINUTES**

**I. CALL TO ORDER**

Susan Fortney called the meeting to order at 5:00pm. Susan Fortney, Rebecca Curley, Rebecca Pasko, Chantele Steffens, Lisa Graham, Crystal Palmer, and Bridgitte Gates were present. Deb Staelgraeve was absent. Mike Humphries was excused.

**II. CHIEF CLINICAL OFFICER UPDATE**

a. Clinical Updates - Attachment A

1. Crystal Palmer presented the clinical report highlighting the topics: Reporting format; universal referral form, Crisis Mobile Response; Benesh Expansion; Behavioral Health Home (BHH); Call Volume; New Crisis Mobile Report; and Crossroads Clubhouse report card.
  - i. Updated CCO report to reflect the Strategic Plan and shows what objectives are being met.
  - ii. Universal Referral – Have requested that moving forward the referrals go directly to the Crisis Mobile Team. Putting a format in place to be able to report data from community partners and law enforcement. Lisa Graham commented on meeting with the Housing Commission and adding them to the universal project. Met with Nancy Wain, Director, and she is excited to have the ability to use the universal referral form.
  - iii. Crisis Mobile Response - 7 out of 10 hired for our team. Also hired a supervisor internally. The supervisor we hired has worked with our ID population and ran group homes. She is committed to filling in when needed. 3 more positions to fill. 1 is moving from California. The other 2 are in process and hope to have a full team by November. In the meantime, we have coverage and have been running 24/7 since October 1, 2023.
  - iv. Benesh Expansion - In August 70% appointments were scheduled in office and 43% kept their appointments.
  - v. Behavioral Health Home (BHH) - As of September 30th we have 101 enrolled into BHH. We met our goal of 100 in 1 year. Crystal pointed out that every person enrolled into BHH and receives a service, we get \$389.39 a month of revenue per person. This is additional revenue we can earn funds for care coordination.
  - vi. Call Volume – Abandoned calls count against us. This may be a phone call and then hung up and there isn't anyone that answers when they pick up the phone. All it has to do is ring once and is considered an abandoned call. We have asked for a more detailed report and are looking into the queue for the calls.
  - vii. New Crisis Mobile Report – Replaced what it looks like from last month and it provides more detail. The response time is dependent on where the starting point is from. Lisa Graham commented on updating this report to make it easier to understand.
  - viii. Clubhouse Report Card - There are 13 out of 20 items completed. The rest of them are in progress. Staff went to training in September which helped meet requirements.

b. Customer Service Update

1. Bridgitte Gates presented the Operations Report highlighting the topics: Revel Project Update; New Directions Update; Customer Services; Kiosks; External Provider Performance Indicator Survey results; and 4<sup>th</sup> Quarter Grievances.
  - i. At the last meeting there was a suggestion to be able to have a case manager that sees a consumer in the field to have the ability for the consumer to fill out the customer service survey. Revel has created a QR code with a link. The case managers will be educating consumers on how to use the QR code.
  - ii. Instead of a Town Hall Meeting on Thursday, October 26<sup>th</sup> there will be a CCBHC Celebration and Ribbon Cutting Ceremony. This will take place from 3:00-5:30pm at the MCISD.

**III. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)**

- a. Lisa Graham will provide a CCBHC presentation at the October Board Meeting. Rebecca Pasko requested if this could be sent to Board Member a couple weeks in advance to have time to review and prepare questions.

**IV. INFORMATIONAL ITEMS**

- a. FY2022-FY2024 Strategic Plan – Lisa Graham presented the Strategic Plan goals and objectives and provided talking points against the objectives that have been completed. Lisa commented that many things were completed earlier than anticipated and now that we are a CCBHC Lisa would like to start thinking about creating a new FY2024-2026 Strategic Plan. It feels good to know all the work we have completed. The challenge now is to sustain what we have accomplished and see what else do we need to do. Some examples to add to the Strategic Plan are quality metrics, access metrics, engagement metrics, crisis services expansion, family psychoeducation, EBPs and CCBHC (zero suicide, and air traffic control model) to name a few.
- b. MCMHA Mission, Vision, and Values – Tabled to next meeting.
- c. MCMHA Core Values – Tabled to next meeting.
- d. Discussion: Benesh Building, Crossroads Clubhouse, and New Directions Tour – Chantele Steffens is looking to tie "First Impressions" to the Benesh Tour and to include in the Strategic Plan. How do we incorporate a culture of first impressions? I would like the Board to walk through the building and then ask what is their first impressions? If you go to Benesh, it is difficult to find New Directions. There isn't anyone to greet you. Why isn't the Clubhouse and New Directions combined in the entrance? That combined entrance could be a great first impression. Chantele knows this is operational business, but would it be helpful if we had a consultant to do this type of work, to see what we need, and then bring it to the Board for decision? Susan Fortney commented that once we take the tour, we can provide recommendations.

- i. Lisa Graham commented that due to the amount of discussion surrounding the scheduling of the Benesh Tour, Lisa would like to provide two different date and time options for Board Members to sign up. Information will be sent to the full Board.

V. **PARKING LOT**

- a. FY2022 CMHPSM Annual Submission
- b. Engagement Strategy – Chantele Steffens

VI. **ADJOURNMENT**

The meeting adjourned at 6:52pm. The Board Clinical Operations Committee's next meeting is scheduled for **Wednesday, October 4, 2023** at 5pm in the Aspen Room.

Respectfully submitted,

*Susan Fortney (dp)*

Susan Fortney  
Clinical Operations Chairperson

10/13/23

## STAFF

### ***Strategic Plan Goal 1: Recruit and Retain Qualified Staff and Competent Provider Staffing that Meets the Needs of our Community.***

The Clinical Department still has vacancies and continues to recruit vacant positions. We have the following vacancies as of October 1st:

- Outpatient Therapist
- Children’s Therapist/Intensive Case Manager – new hire starting 10/9
- Children’s Therapist/Intensive Case Manager
- Evaluation & Admission Specialist (backfilling Maxim position)
- Home Based Clinician (Children’s)
- Crisis Mobile Clinician or Peer – starting 11/6
- Crisis Mobile Clinician or Peer – in process
- Crisis Mobile Clinician or Peer
- Youth Peer Support Specialist
- CSM IDD – Internal transfer
- Adult CSM – Internal transfer from PT to FT
- Part-time Peer Support Specialist
- Crisis Mobile Response Team Supervisor – Internal transfer\*\*\*
- CCBHC Program Director – Starting 10/9 \*\*\*
- ACT Therapist (backfilling Maxim position)
- BHT CSM
- UM/UR Specialist\*\*\*\*
- Program Supervisor

\*\*\*New positions due to CCBHC funding.

Last month, we reported that the Clinical Department has seven (7) Interns starting in Fall and Winter semesters. These candidates are both internal and external. This is one of the many ways that MCMHA supports continued education for our employees and continues to build our workforce. ***This meets objective #1 MCMHA Internal Staff under “continue MCMHA internship Program.”***

The Executive Leadership Team has been partnering with the Best of Monroe on how to ensure our agency is informed about Secondary Traumatic Stress practices. ***This also meets objective #1 MCMHA Internal Staff under “Executive Leadership Team (ELT) and Best of Monroe (BOM) Partner to Develop and Implement Culture of Trust Work Plan.”***

## LEADERSHIP

### ***Strategic Plan Goal 2: Assure Competent and Accountable Leadership***

No Clinical Updates.



## **COMMUNITY OUTREACH**

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

### **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 to refer individuals they encounter that they believe to be in need. There have been 27 referrals which includes both law enforcement and community partners. Future reporting will allow us to report on the outcomes of all referrals received.

### **Collaborations/Partnerships**

The Access Department and the Jail Diversion Program met with representatives from Hope Not Handcuffs who are starting a chapter in Monroe. Ideas and strategies were discussed as ways our programs can partner together. There will be more to come on this in the upcoming months.

The Director of Access/Crisis/Diversion and the Jail Diversion Program Supervisor participated in a plenary meeting with Judge Nichols, Probation, Sheriff's Office, Prosecutors, Defense Attorneys and Salvation Army Harbor Light to work on the launch of Monroe's first Adult Drug Court. MCMHA will continue to be a team player in the process of planning and implementation over the next fiscal year.

The Director of Access/Crisis/Diversion and the Youth Diversion Liaison partnered with the Monroe County Youth Center to help interview for a new clinician/forensic interviewer to offer clinical expertise in finding the right candidate. This partnership will continue until the right candidate can be found.

The Chief Clinical Officer in partnership with the Monroe County Director of Juvenile Services/Probate Court Administrator and Monroe County Youth Center Director presented at the Public Mental Health and Juvenile Justice in Michigan: An Event to Promote Shared Understanding and Cross System Learning on September 7<sup>th</sup> in Lansing and on September 14<sup>th</sup> in Mount Pleasant. Monroe County was specifically asked by the Michigan Department of Health and Human Services to discuss the unique partnership we have and encourage other Community Mental Health and Juvenile Justice agencies in the State of Michigan to partner in order to have improved continuity of care for youth and their families.

MCMHA participated in the 'End of Summer Bash' back to school event with MCOP. MCMHA had a great turn out with over 100 contacts at the booth. Mental health wellness was promoted through games and activities and the distribution of fidgets, calm down techniques, and lots of education and information.

The ISD Transition Council resumed during the month of September, and MCMHA continues to be a partner at the table with participation from the Director of Child/Family and I/DD and the Housing/Employment Specialist. This is a collaborative group providing education and resources to the I/DD community. Planning for the district "roadshow" to deliver resources and information to each of the participating high schools, the annual ACES employment support workshop, and the 'Transition Night' open house started last week.

The Children's Department resumed attendance as a community support with the Great Starts Collaborative. This participation allows MCMHA to maintain community connection with the early

childhood and preschool populations. This supports our prevention direct, infant, and early childhood services.

### **Mental Health First Aid (MFHA)**

A Mental Health First Aid training was provided on September 11<sup>th</sup>. There were 28 Mental Health First Aiders that graduated. Another training is scheduled for October 6<sup>th</sup> and October 9<sup>th</sup> for additional community partners. ***This meets objective #2 Community Outreach which is under Mental Health First Aid (MHFA) Trainings.***

### **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, Wednesdays, and Thursdays from 12-4pm for anyone interested. These days had the highest volume of contacts and services. Appointments will be continuously monitored, and availability will be increased if the need changes.

The peers continue to assist in linking and coordinating services which includes engaging those who need community mental health services or those involved in community mental health services. In August, we provided 4 1:1 meetings. The peers also engaged in 17 programs/activities within the Opportunity Center.

***This meets objective #3 Increase/Improve Community Presence under "create and implement a strategic community presence plan for each event."***

## **FINANCE**

### ***Strategic Plan Goal 4: Develop and Implement a Stable yet Agile Financial Strategy that Supports MCMHA's Mission***

MCMHA is working with the Monroe County Sheriff's office to get the contract renewed between Monroe County and MCMHA to sustain the funding for the in-jail clinician and jail diversion peer support positions.

MCMHA was awarded the same amount of funding for FY24 as was awarded in FY23 for the Jail MAT program through SORIII funding through the PIHP.

Additionally, MCMHA was accepted into the Certified Community Behavioral Health Clinic (CCBHC) which will begin 10/1/23.

***These items meet objective #2 Identify and Accomplish Diversified Revenue Streams to Create Capacity for Prevention and Outreach under "apply for funding through community, state and federal grant programs."***

## SERVICES

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

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

As of 10/1/23, MCMHA will have seven (7) Crisis Mobile Response Team Staff. We have one (1) more who has accepted the position and has a start date of 11/6/23 and two (2) more applicants that are in the hiring process and should be given offers soon. 10 total staff would achieve fully staffed for the Crisis Mobile Response Team, but despite still building the team, we are committed to covering 24/7 and starting 10/1/23 we will have 24/7 coverage. The shifts are as follows:

	# Of Staff	Shift	Work Days
A-shift	1 Clinician; 1 Peer	Shift 7am - 8:30pm	Sat, Sun, Mon
B-Shift	1 Clinician; 1 Peer	Shift 7pm - 8:30am	Sat, Sun, Mon
C-Shift	1 Clinician; 1 Peer	Shift 8am- 6:30pm (Tuesday till 6pm)	Tue, Wed, Thu, Fri
D-Shift	1 Clinician; 1 Peer	Shift 2pm- 11:30pm (Tuesday till 11pm)	Tue, Wed, Thu, Fri
E-shift	1 Clinician; 1 Peer	Shift 11pm- 9:30am (Tuesday till 9am)	Tue, Wed, Thu, Fri

The current shift coverage is A, C, and E. Law enforcement has been updated on the schedule.

We also have hired an internal transfer for the position of Crisis Mobile Response Team Supervisor who will bring a wealth of knowledge and experience in crisis to the position. The Crisis Mobile Response Team continues to receive great feedback on responses from the community and law enforcement.

As stated in the previous month, MCMHA will be reporting data regarding the Crisis Mobile Response Team in a different format. Please see the attached report (Attachment #1).

#### ***Developing and implementing a crisis mobile response team meets objective #1 Enhance Programs for Highly Vulnerable Populations under “mobile crisis unit.”***

#### **Waiver Program Services**

The Michigan Department of Health and Human Services (MDHHS) offers several waiver programs. These programs provide a pathway to Medicaid for individuals with the highest medical need for Developmental Disabilities and Serious Emotional Disturbance.

- *Children’s Waiver Program (14 Enrolled – no change this month)* – This waiver makes it possible for children, under the age of 18, have a documented developmental disability, meet requirement for Intermediate Care Facility (IFC) and need for habitative medical and/or behavioral care in the home, to receive Medicaid. There are a limited number of accepted cases per state and region and 14 is one of the highest numbers of these cases MCMHA has ever held.
- *Serious Emotional Disturbances Waiver (9 Enrolled – no change this month)* – Another Michigan pathway to Medicaid for children and youth with a Serious Emotional Disturbance (SED) diagnosis and intensive treatment need that meets criteria for inpatient hospitalization or without added behavioral services they would require hospitalization. Again, this is the highest number of these cases MCMHA has held, and before 2021 we had zero SED waiver cases.

- *Habilitation Supports Waiver (HAB Waiver/130 Enrolled)* - This is a cooperative Federal and State agreement allowing for a waiver on certain requirements to allow us to provide services in a community setting rather than in an institution. Enrolled consumers on the HAB waiver must meet specific guidelines to be eligible including a documented developmental disability, living in the community, active Medicaid, need for Intermediate Care Facility, active and ongoing treatment, and assistance to support functioning, and at least one HAB waiver service per month in addition to supports coordination.  
\*\*\*It should be noted that MCMHA has 126 assigned slots for the HAB Waiver and has utilized for additional slots from other counties in our region.

### **Peer Groups/Groups**

The WHAM group began on August 23<sup>rd</sup>. They are in their 4<sup>th</sup> week of a 10-week session. There are 10 consumers registered to participate. This group is being held at the Benesh building and is an open session. This is a peer led group that focuses more on physical health and how it impacts your mental health. **This meets objective #3 Improve Integration of Physical and Behavioral Health Care and Overall Wellness Services under “development of peer run wellness groups.”**

The Depression and Anxiety Group (a psychoeducation group) started and is on week three (3). This group meets at the Raisinville Rd. location and has an open attendance for those that wish to participate. We currently have 10 registered but any individual with an interest can attend. The consumers will work on building coping skills, problem solving skills and techniques to manage anxiety and depression.

The Parenting Through Change (PTC) group began on September 14, 2023, with 14 individuals enrolled. This group is led by one (1) supervisor and one wraparound facilitator. PTC is a group that focuses on parenting intervention to address behavior problems amongst children and adolescents.

### **Crossroad Clubhouse**

The Crossroad Clubhouse had one (1) staff, one (1) member colleague and the Adult Department Director attending a 2-week Clubhouse training at Independence Center in St. Louis, Missouri. This meets our final requirement for required training for our re-accreditation that will occur in Fiscal Year 2024. See the updated Clubhouse Report Card (Attachment #2).

The Clubhouse Director and member colleague will be attending the USA Clubhouse Conference in Salt Lake City, Utah on October 26<sup>th</sup> through 28<sup>th</sup>. Funding for all training and conferences has been acquired through State grant allocations.

The Clubhouse continues to work on completion of all requirements for the upcoming re-accreditation. Feedback from two internationally accredited Clubhouses have all been positive when they have reviewed our clubhouse process and changes and they have expressed confidence in obtaining a full three (3) years at the next review. Stephan Pietszak, Clubhouse Director, will be working on completing the application for accreditation in the month of October.

**Benesh Expansion**

The data provided below identifies the individuals zip codes who were scheduled at the Benesh building. It should be noted that the information includes all appointments whether they were held in-person or virtually.

Zip Code	Location	April	May	June	July	August	September	Total
48103	Ann Arbor	0	0	1	0	0		1
48105	Ann Arbor	0	1	0	0	0		1
48117	Carleton	1	4	2	3	5		15
48131	Dundee	4	3	2	0	1		10
48133	Erie	5	1	1	0	3		10
48135	Garden City	1	0	0	0	0		1
48140	Ida	0	0	0	1	0		1
48144	Lambertville	2	0	0	0	4		6
48145	LaSalle	1	1	0	0	0		2
48157	Luna Pier	0	1	1	0	0		2
48159	Maybee	0	3	2	0	1		6
48160	Milan	5	2	1	0	2		10
48161	Monroe	23	44	42	40	45		194
48162	Monroe	11	34	28	20	20		113
48164	New Boston	0	0	1	0	0		1
48166	Newport	7	18	12	9	7		53
48177	Samaria	1	0	0	0	0		1
48179	South Rockwood	1	1	0	0	3		5
48182	Temperance	6	8	6	1	6		27
49267	Ottawa Lake	1	0	0	0	0		1
49270	Petersburg	8	1	1	3	2		15
<b>Total</b>		<b>77</b>	<b>122</b>	<b>100</b>	<b>77</b>	<b>99</b>	<b>0</b>	<b>475</b>

Below a table is provided indicating out of the total number appointments scheduled each month, how many of those appointments were in-person at the Benesh Building; and out of all appointments scheduled, whether in-person or virtual, how many were kept.

	<b>% Appointments in Office</b>	<b>% Kept Appointments (in-person/virtual)</b>
<b>April</b>	45%	58%
<b>May</b>	55%	67%
<b>June</b>	58%	56%
<b>July</b>	66%	58%
<b>August</b>	70%	43%

**Behavioral Health Home**

As of August 2023, there have been an additional 24 consumers enrolled in the BHH program, increasing enrollment to 94 consumers. Also, there were an additional eight (8) consumers that are in process and only need releases completed and 5 consumers that have been closed from services or disenrolled over the course of the past year. The Adult MI Case Management Team will continue into the new fiscal year, identify, and enroll individuals that would benefit from the BHH program.

Our goal was to have 100 individuals enrolled by September 30th. It should be noted that even though the above information is for the month of August, MCMHA did meet the goal of having 100 individuals enrolled. Final numbers for September will be reported in November 2023.

### Jail Misdemeanor IOP Program

The Jail Misdemeanor IOP program continues to increase the number of enrollees and services provided. Data collection has started as of August 8<sup>th</sup>. Below is data provided for August 2023:

- # assessed and enrolled: 6
- # of discharges: 5 successful
- # currently in the program: 5
- # denied due to ICE/Marshall: 0
- # denied due to not interested: 1
- # denied due to not being in jail: 26
- # denied out of county: 4

In September, the Director of Access/Crisis/Diversion also presented a 6-month update to the Board of Commissioners for the Misdemeanor IOP program in partnership with the Salvation Army Harbor Light.

### Training

On September 18-20, 2023, four (4) therapists attended the Children's Trauma Initiative Conference provided by the Michigan Department of Health and Human Services (MDHHS). This conference allowed for therapists to receive updated education and techniques for trauma treatment, along with fulfilling the required trauma initiative training hours.

### Certification

Monroe Community Mental Health Authority has been accepted into the upcoming MDHHS TF-CBT Learning Collaborative (cohort 35). Two (2) master's level children's therapist will be participating.

In addition to being accepted into Cohort 35, MDHHS is providing a unique opportunity through the Children's Trauma Initiative in partnership with Dr. Anthony Mannarino (one of the TF-CBT model developers) for the most experienced TF-CBT supervisors to participate in a Michigan based TF-CBT Train-The-Supervisor (TTS) learning cohort. TTS was created by the TF-CBT model developers to assure fidelity to the model and provide sustainability of the TF-CBT program within a given agency. This opportunity is by invitation only and Program Supervisor, Devon Cunningham, was selected to participate. This training has begun.

***Both of these items meet objective #1 for Enhance Programs for Highly Vulnerable Populations under "Trauma Focused Cognitive Behavioral Therapy."***

### Certified Community Behavioral Health Clinic (CCBHC)

As previously stated, MCMHA will be a part of the Michigan Department of Health and Human Services (MDHHS) CCBHC Demonstration Project. This status will allow MCMHA to expand the population served. ***Therefore, this allows us to meet/exceed objective #3 for Improve Integration of Physical and Behavioral Health Care and Overall Wellness Services under "access benefits of certified community behavioral health clinic (CCBHC) vs. health home certification and make recommendation."***

## MISCELLANEOUS

### Call Volume Data

Below is the call volume data through August 2023.

	December-22	January-23	February-23	March-23	April-23	May-23	June-23	July-23	August-23
Incoming Calls	3522	4136	3948	4256	3594	4195	4195	3859	4528
Incoming calls minus abandon calls	3177	3789	3639	3932	3346	3900	3914	3615	4195
Calls Answered	3100	3761	3575	3911	3279	3904	3915	3609	4221
Missed/Abandoned Calls	434	386	380	353	322	297	283	258	333
Abandoned Calls	345	347	309	324	248	295	281	244	333
% incoming calls answered	88%	91%	91%	92%	91%	93%	93%	94%	93%
% incoming calls answered minus abandon calls	90%	92%	92%	92%	93%	93%	93%	94%	93%

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

Missed is someone calls in and the call wasn't answered as staff could have been on their phones taking care of others. Duplication of missed and abandoned.

As stated previously, MCMHA is setting an internal goal of 95% of calls answered. In the month of August, there was a decrease in the number of calls answered. Even though it was a minimal decrease, we are still monitoring why this may have occurred. The following issues were noted that may have impacted the decrease in success rate:

- For two (2) weeks in August we were entering all requests for information (RFS), even for hospital discharges. That would increase the amount of time they were on the phone with those calls as well.
- Ongoing issue of a call coming up and nobody being there.
- There is also the missed call notice, when they are not on the phone, and it has never rung they get a missed call notice.
- An increase in foot traffic in the building therefore, more traffic at the desk. We have a 30-minute time frame where my 2 people that are on phones are in different buildings. They have said that there seems to be more RFS coming through the phones as well as having in person appointments in the office/desk traffic.

These issues are being addressed internally in order to ensure we are meeting our internal goal.



# Monroe County CMH Mobile Crisis Utilization Report

## b) Number of encounters, Number of Follow Ups:

Select Month:: 2023 - 08 (1) ▾

Month	Initial or Follow Up...	#	%
2023 - 08	Follow-Up	61	72.62%
2023 - 08	Initial	22	26.19%

Month	Contact Type	Hours
2023 - 08	Indirect Contact (Phone/Email/Other)	0.25
2023 - 08	Contact Attempt	4
2023 - 08	Face-To-Face	62.65

# Total Mobile Crisis Deployments

## 84

Month...	Contact Type	#	%
2023 - 08	Indirect Contact (Phone/Email/Other)	1	1.2%
2023 - 08	Contact Attempt	33	39.76%
2023 - 08	Face-To-Face	49	59.04%

1 - 3 / 3 < >

# Average Face-to-Face Interaction Time

## 1.28

Month	Avg F2F Contact
2023 - 08	1.28

1 - 1 / 1 < >

1 - 3 / 3 < >



# Time of Calls from Law Enforcement

Select Month:: 2023 - 08

(1) ▾

## j) Time of day of calls:

Hour ▾	# Calls from Law Enforcement
00:00	0
01:00	0
02:00	1
03:00	0
04:00	0
05:00	0
06:00	0
07:00	0
08:00	1
09:00	0
10:00	0
11:00	1
12:00	3
13:00	1
14:00	0
15:00	3
16:00	0
17:00	3
18:00	0
19:00	1
20:00	0
21:00	0
22:00	0
23:00	0

Day	# Calls from Law Enforcement
Sunday	4
Monday	5
Tuesday	4
Wednesday	4
Thursday	5
Friday	3
Saturday	7

## c) Length of time to respond from time of call to arriving on scene:

Average Response Time (Minutes)

31.57

Month	Avg. Response Time ▾
2023 - 08	31.57

**Urban (48161 & 48162)**

Month	Minutes ▾
2023 - 08	32.14

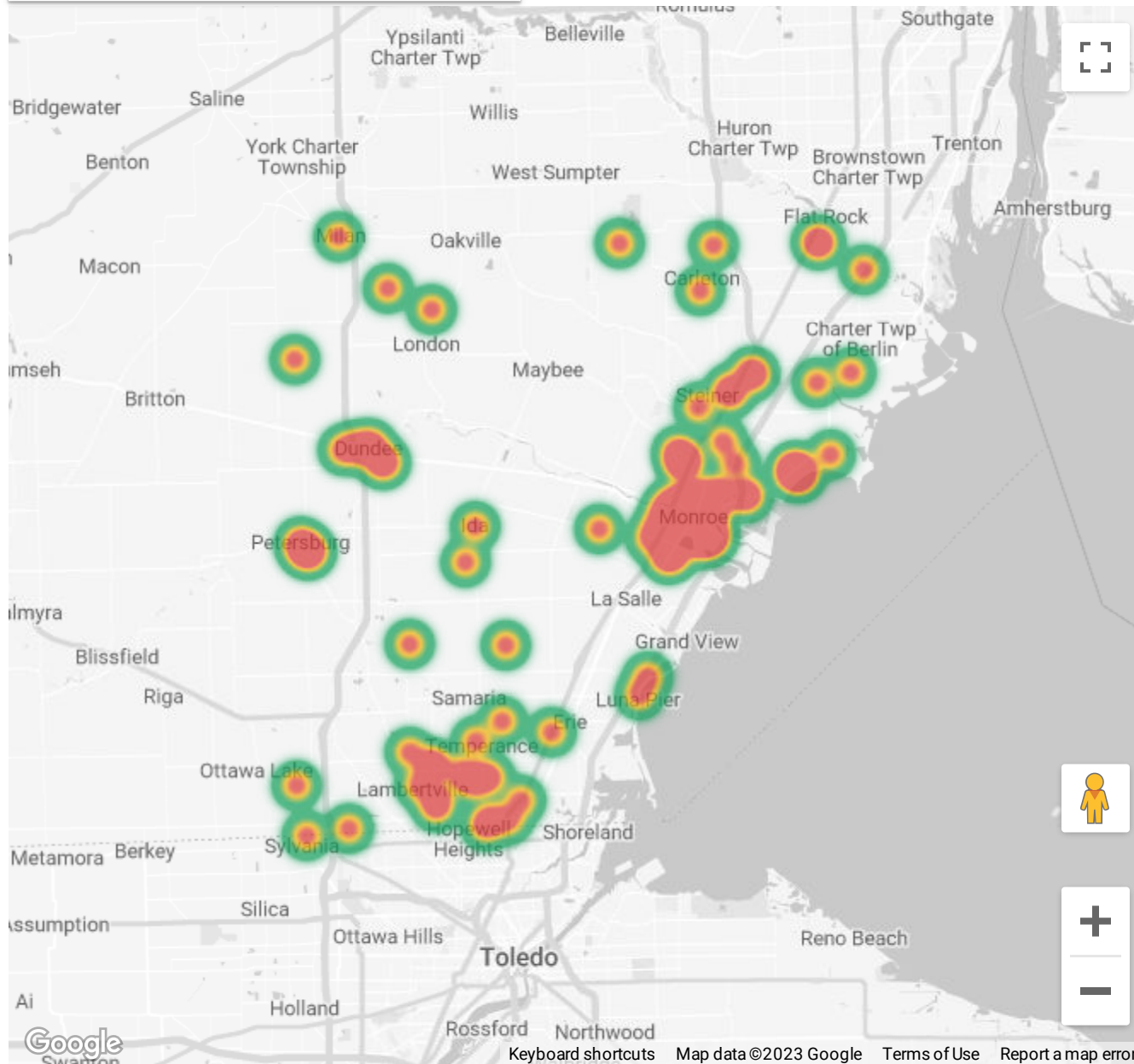
**Rural**

Month	Minutes ▾
2023 - 08	32.83

# Location

## d) Mapping of locations deployed to:

Select Month:: 2023 - 08 (1) ▾



Month	Zipcode	#	%
2023 - 08	48182	8	12.31%
2023 - 08	48160	2	3.08%
2023 - 08	48173	0	0%
2023 - 08	48166	4	6.15%
2023 - 08	48117	4	6.15%
2023 - 08	48134	1	1.54%
2023 - 08	48161	20	30.77%
2023 - 08	48162	24	36.92%

call\_Address 0 1

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

Referral(s) Made to Outside Organizations: Organiz...	Month / Referral(s) Made to Outside Organizations		
	2023 - 08	2023 - 07	2023 - 09
null	0	2	0
0			1
Arrowhead Behavioral Health	1		
CMH	8	4	1
CMH SUD	1		
CMH, fire station	2		
CMH, resource flyer	6		
CMH/FCSSMC/Gabbys Ladder	3		
CMH/Paulas House/St.Josephs	3		
Family Counseling Center	1		
Family Counseling and Shelter Services			1
Family Counseling and Shelter Services of Monroe	1		
Henry Ford Wyandotte	1		
Holistic Wellness/Lemon Tree/Pure Psych	3		
MCOP/MC Housing Commission/FCSSMC	3		
N/A			0
Promedica	2		
Promedica PES		5	
Promedica hospital			1
Providers List/CMH	3		
SA Treatment/Behavioral Health		2	

**g) Where Referrals are Coming From:**

Month / # Calls			
Deployed by:	2023 - 08	2023 - 07	2023 - 09
Monroe County Sheriff's Dept.	12	9	5
CMH	7	4	0
Monroe City Police	3	0	1
ACCESS	0	0	4
Police Mental Health Referral	0	1	0
Mobile Crisis Follow Up	0	0	0
Self	0	0	0

**g) Number of Narcan Kits Distributed:**

# Narcan Kits Distributed

8

**h) Number of calls per population:**

TASK	NOT STARTED	IN PROGRESS	COMPLETED
<p><b>Membership</b> 1.2 – Clubhouse open membership</p>		<p>Discussion on ways to advertise Clubhouse Services with community providers such as Inpatient Hospitals, Community Outpatient Therapists, United Way, Etc. explored. Director will discuss with Clubhouse board and MCMHA for next steps.</p>	<p><b><u>COMPLETE IN PART:</u></b> State Innovation grant obtained and scheduled to start 10/01/23.</p>
<p>1.7 – Establish a reach out system</p>			<p><b><u>COMPLETE:</u></b> A new reach out system is developed for the Clubhouse and will be run out of the clerical unit. This new system will be implemented 10/1/23</p>
<p><b>Relationships</b> 2.8 – Open meetings to staff and members</p>			<p><b><u>COMPLETE:</u></b> Established a rotation of staff for agency meetings so as not to impact clubhouse operations.</p>
<p>2.10 – Generalist Roles for Transitional Employment positions (part-time, fixed, term entry level paid position in an organization with a high level of support to members and employers for the duration of the placement. The purpose is to regain basic work skills and confidence.)</p>		<p>All staff in process of learning Transitional Employment roles</p>	<p><b><u>COMPLETE:</u></b> All staff are in the process of being trained in TE duties. 2 permanent placement managers will remain in place while the other two staff will remain as backups to support these roles.</p>

<p>2.11 – Clubhouse operations responsibilities</p>		<p><b><u>IN PROGRESS:</u></b>  Advisory board is active with membership in requesting/approving budget lines to MCMHA. Discussions continue on budget proposal. As of 09/18/23 Clubhouse Working with Auspice Agency to increase Advisory Board participation with standard budget line items</p>	
<p><b>Space</b>  3.12 – Clubhouse Identity</p>			<p><b><u>COMPLETE:</u></b>  Independent website is up and running for the clubhouse.</p>
<p>3.13 – Clubhouse Space</p>			<p><b><u>COMPLETE:</u></b> Staff have been asked not to access the Clubhouse for appts. They will arrange appts in meeting rooms within Benesh.</p> <p>Signage has been added to Benesh Building, identifying Clubhouse separate from MCMHA.</p> <p>Floor space has been reorganized to improve side by side Work Ordered Day tasks</p>
<p><b>Work Ordered Day</b>  4.15 – Work ordered day (Members engage in day-to-day operations and success of the</p>			<p><b><u>COMPLETE:</u></b>  Wellness activities have been scheduled outside of the clubhouse work ordered day. New</p>

<p>Clubhouse within the working hours of the clubhouse. These hours mimic the hours of a normal workday with tasks that are completed during those hours. The Clubhouse supports the belief that work is a key part of recovery.)</p>			<p>structured work order day to begin 8/1/23</p> <p>New Standard #28 has changed, to allow for wellness activities in the work order day. This new standard is set to be introduced 10/1/23</p>
<p>4.17 – Clubhouse opened 5 days a week paralleling typical working hours</p>		<p><b><u>IN PROGRESS:</u></b> Clubhouse hours of operation change 8am-4pm has been proposed. This is a Union contract negotiation agenda item. Hours of operation change is pending negotiations.</p>	<p><b><u>COMPLETE IN PART:</u></b> Clubhouse is now open all holidays (actual holiday). This was negotiated with the Union. Clubhouse is open 5 days per week.</p> <p>Training base has indicated that Clubhouse should be open on the major holidays and not all. Staff. This will be reviewed with HR for further plan development regarding staffing holidays.</p>
<p>4.18 – Work Units (The Clubhouse has 4 established work units that teach new tasks to the members. These units are designed to build the skills of the individual to make them more</p>			<p><b><u>COMPLETE:</u></b> Work units have been updated and now consist of 4 units with clear identified tasks in each.</p>



marketable when searching for employment.)			
<b>Employment</b> 5.22 – Transitional Employment (TE) Positions			<b><u>COMPLETE:</u></b> Collaboration with MCMHA Housing & Employment Specialist has been implemented.
5.22e – Transitional Employment (TE) positions are from a wide variety of job opportunities		Housing/Employment Specialist to expand opportunities for jobs in various fields of work.	<b><u>COMPLETE IN PART:</u></b> Collaboration with MCMHA Housing & Employment Specialist has been instituted. 10 new TE sales pitches have been given, 2 positive/possible opportunities have been explored and considered by potential employers
5.22f – Transitional Employment (TE) positions are part-time and limited		Current Transitional Employment positions only require 8hr weekly. As new positions are obtained it is expected that work hours will expand to the normal 12/20hrs or per consumers capacities to fulfil the role.  New TE positions will be 12-20 hours per week.	<b><u>IN PROGRESS:</u></b> Obtained one new Transitional Employment placement which is 3 days per week. 12 hours per week. We continue to work on gaining added work assignments in the community.  Goal is to have 3.5 Transitional Employment Placements by April 2024
<b>Education</b> 6.25 – Organized/structured education function			<b><u>COMPLETE:</u></b> Clubhouse member is actively tutoring

			<p>others on the use of PC's.</p> <p>Now utilizing Khan Academy (internet) to assist with tutoring needs.</p>
<p><b>Functions of the House</b></p> <p>7.27 - Community support services provided by members vs. staff</p>		<p>Clubhouse staff are identifying community resources to increase utilization.</p>	<p><b><u>IN PROGRESS:</u></b></p> <p>Clubhouse Advisory Board has been actively assisting members in this area.</p>
<p>7.31 – Clubhouse staff/appropriate persons participate in certified training</p>			<p><b><u>COMPLETE:</u></b></p> <p>1 work ordered day training was completed 6/19/23. 1 member and 1 staff attended. An 8-week hybrid Michigan training begins in July 2023 and is currently in process.</p> <p>The final training was completed on September 10-22 in Missouri and was attended by: Clubhouse Director, Member, (2wks). MCMHA Agency Administrator (1wk), Grant funds were utilized</p>
<p>7.32 – Clubhouse rec and social programs offered during evening, weekend, and holidays</p>		<p>In discussions and will require Union approval.</p> <p>Currently In discussions with Union to increase frequency of these events.</p>	<p><b><u>COMPLETE IN PART:</u></b></p> <p>Currently completing 1 in house activity in the evening and 1 activity in the community per month.</p> <p>Current staff have rotated on holidays</p>

			to allow the Clubhouse to be open on the actual day of the holiday.
<b>Funding, Governance &amp; Administration</b> 8.33 – Advisory board has not actively assisted with development of new employment opportunities.			<b><u>COMPLETE:</u></b> Advisory Board is active with assistance locating potential Transitional Employment placement opportunities in the community.
8.34 – Clubhouse develops its own budget		<b><u>IN PROGRESS:</u></b> Auspice Agency will be providing Clubhouse with a budget to manage.	



**MONROE  
COMMUNITY  
MENTAL  
HEALTH  
AUTHORITY**

### Director of Operations report – October 4<sup>th</sup>, 2023

#### **Revel project update:**

- QR/Link cards – survey
- Annual Report
- Clinical Flyers
- Dashboard – Agency scorecard
- FB posts – flyers, events, staff shout outs and community events
- Staff highlights newsletter
- Ads for advertising in community partners resource books
- Webpage (Testimonials)

#### **New Directions update:**

Meeting held on Thursday, September 28<sup>th</sup> with Tim, Alicia and myself.

- New Directions to schedule an open house.
- When asked about advocacy training was informed that the training is a stepping stone for those wanting to go further into Peer support training in Lansing.  
Guest speakers are usually brought in and it's a training where engagement is highly recommended.
- Tim stated that he attended the state JIMHO (Justice in Mental Health Organization) meeting on the 27<sup>th</sup> of September (This is a state meeting that offers admin support at the State level, and assists with complying for certified requirements). The discussion was around attendance. Tim stated that currently all drop-in centers in the State are struggling with low attendance due to the shut down from Covid, all drop-ins are working to find out how to increase attendance. Summer is also a lower attendance for the drop-ins.
- Discussed ways to market – share New Directions Flyer on our FB page. Tim to send success stories monthly that will be shared in our agency staff newsletter. Letter will be sent out to past consumers informing them of their new address. They are in process of creating a FB page.

#### **Customer Services:**

- EOB letters in process of being sent out
- Newsletter in process – going out in October
- Town Hall flyer – go into consumer newsletter, webpage and FB
- Quarter 4 grievances (see handout)

### **Kiosks –**

- Cards in process to share with consumers being seen in the community to take the survey through QR code or link
- For month of September at Benesh not enough responses received to provide data – current rating is 4.8, also for Prescriber hallway – current rating is 4.9
- For month of September comments from below average experience in lobby were:
  - Always too long of a wait – 9/21
  - They said it would be five minutes it's been 45 and I am still waiting – 9/18

Question asked what do you wish was here?

- Amazing
  - Café
  - Vending Machines
  - Fidgets in every room
  - Cases manager Lauren is a good therapist
- In response to when 2 stars or below are given and responses are not received as to the reason for the low score given, I have sent a list of additional questions to Pulse for Good to see if they can be added to the questions being asked when 2 stars or below are given. When someone gives a 2, it will then go to the next set of questions, so the person has more options to select from for their reason of a low score. (Currently awaiting response to see if this can be done). See attached questions sent.

### **External Provider Performance Indicator survey results:**

- Qtr 4 surveys in process and going out to providers on Monday, October 2<sup>nd</sup>.

### Quarter 4 Grievances FY 22/23 (July-September)

16 grievances in the 4<sup>th</sup> quarter (July-September)

#### **3 Grievances in July**

2 request for a new prescriber

- 1 granted- Reconciliation meeting occurred, consumer was granted transfer to a new prescriber.
- 1 request withdrawn – Concerns addressed with prescriber, prescriber called the consumer and was able to reconcile with the consumer. Consumer then agreed to continue treatment with prescriber.

1 vehicle safety concerns

- Unsubstantiated, maintenance team has provided pre-trip inspection of vehicle before it was used. Concerns would be related to extreme weather conditions.

#### **12 Grievances in August**

1 request for out of home placement/lack of case manager follow through

- Out of home placement was found for the consumer, case manager and supervisor had been working on this prior to grievance filed. Resolved.

Request for new prescriber

- 1 denied – reconciliation meeting scheduled to resolve. Consumer to continue with prescriber.
- 1 withdrawn – decided to go into the community for psychiatric services.
- 1 consumer withdrew request for new prescriber for unprofessional response/and request for prescription increase once agreeable to medication adjustments.
- 1 request withdrawn – consumer felt unheard but withdrew request after speaking to the provider who apologized for making the consumer feel this way.
- 1 denied – consumer/guardian felt disrespected, prescriber provided clarification on options for conducting psychiatric appointments.
- 1 granted – consumer granted change to new prescriber after feeling disrespected and unheard by his prescriber.

Request for a new case manager

- 4 cases transferred to new case managers

Timeliness of service request

- 1 – environmental modification request - Identified there is a systems process issue. Resolved for consumer. Clinical and Finance teams are working on a policy/procedure to address this issue in the future.

## **5 Grievances in September (updated)**

Request for new case manager

1 case transferred to new case manager

1 pending new case manager request

Service Timeliness

1 request for prescriber to be more timely with appointments. Addressed, prescriber oversight on his schedule, will be keeping a paper copy of schedule available to have as a reference at all times. Resolved

Accommodations

1 pending request for prescriber change. Consumer requesting a prescriber that they can see in person for appointments. Current prescriber only has virtual appointments.

Quality of care

1 pending request for therapy through MCMHA



MONROE  
COMMUNITY  
MENTAL  
HEALTH  
AUTHORITY

Talk With Us.





Your feedback is important to us. Please scan the QR code and fill out our satisfaction survey. All info is confidential.

Thank you for taking time for us today!

[kiosk.pulseforgood.com/survey/56705db5-899c-4ea9-baec-abe94346ff28](https://kiosk.pulseforgood.com/survey/56705db5-899c-4ea9-baec-abe94346ff28)



**pulse**

**[www.pulseforgood.com](http://www.pulseforgood.com)**

**[support@pulseforgood.com](mailto:support@pulseforgood.com)**

# Lobby - Monroe

Data Between 09/01/2023 and 09/29/2023



4.24 Overall Rating



How was your visit? 3.73



Do you think this agency is a safe place to be? 4.37



How clean was it? 4.08



How respectful was the staff? 4.32



How satisfied were you with scheduling your appointment? 4.48



How convenient is our location? 4.57



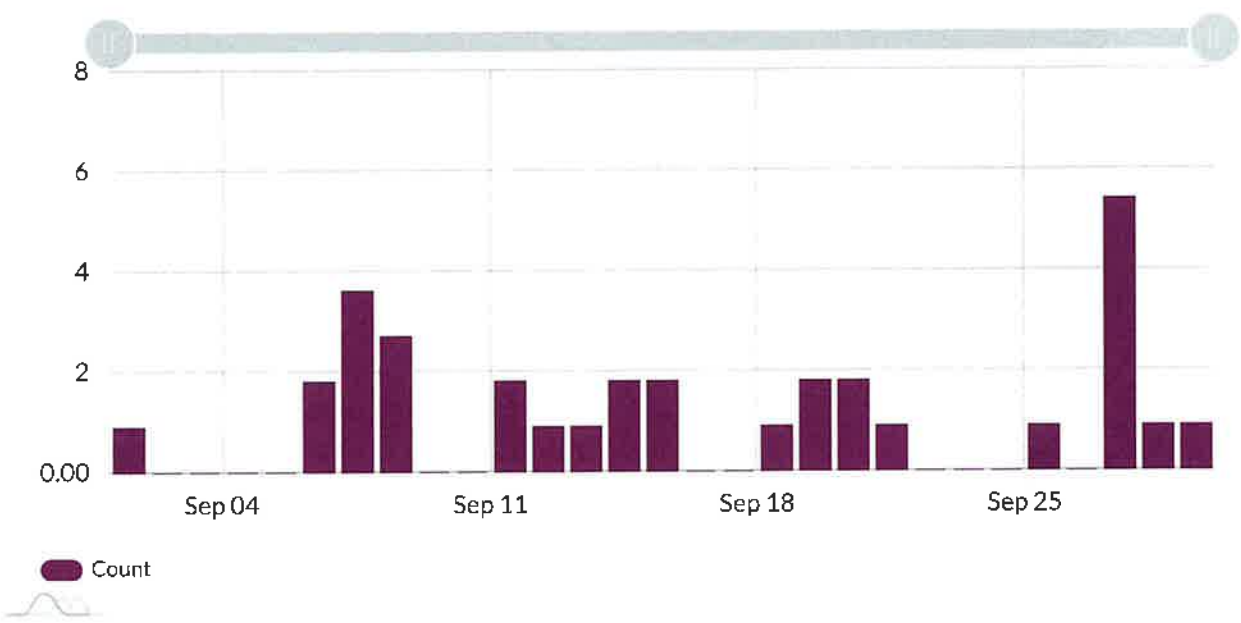
How well did the appointment time work for you? 4.35

Total Responses: 91

### Trends Between 09/01/2023 and 09/29/2023

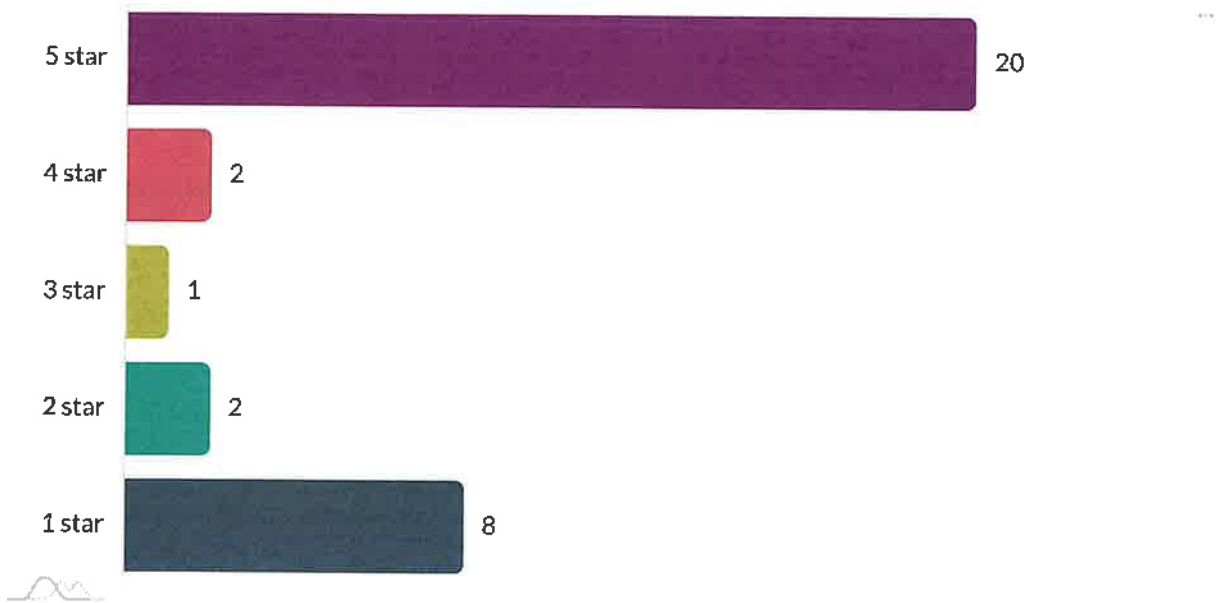


### Responses Between 09/01/2023 and 09/29/2023



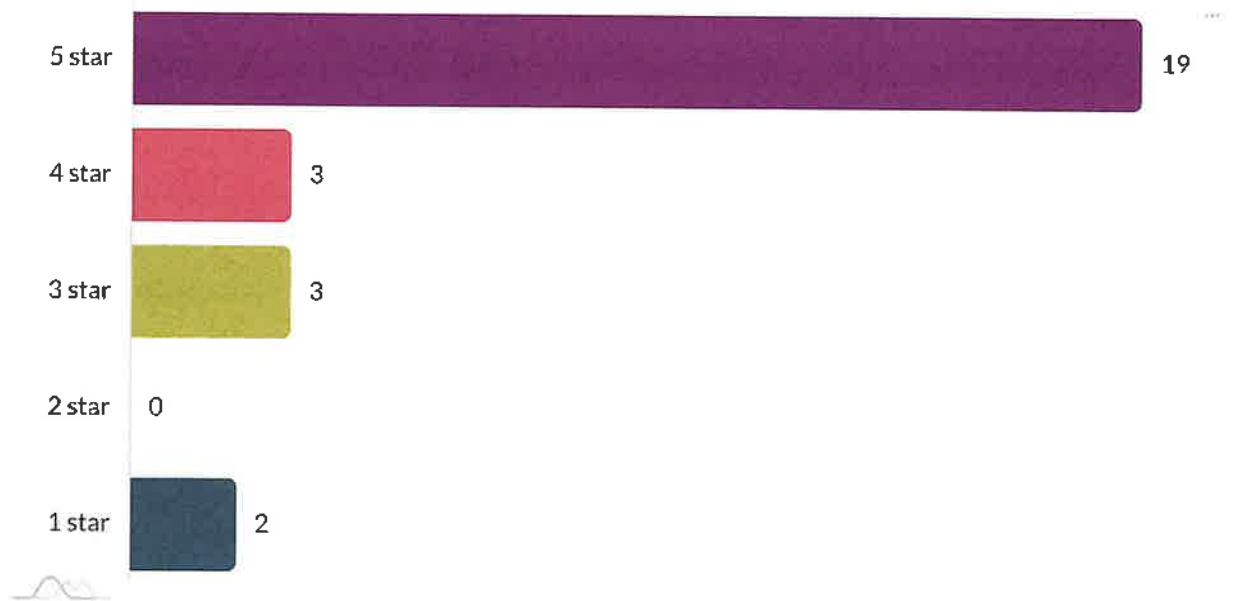
### How was your visit?

33 answers to this question.



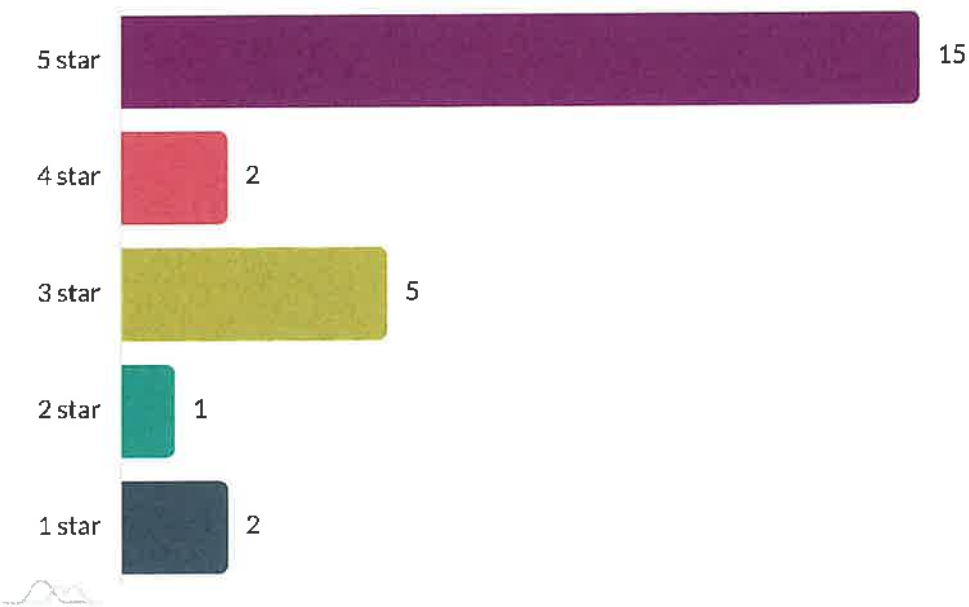
### Do you think this agency is a safe place to be?

27 answers to this question.



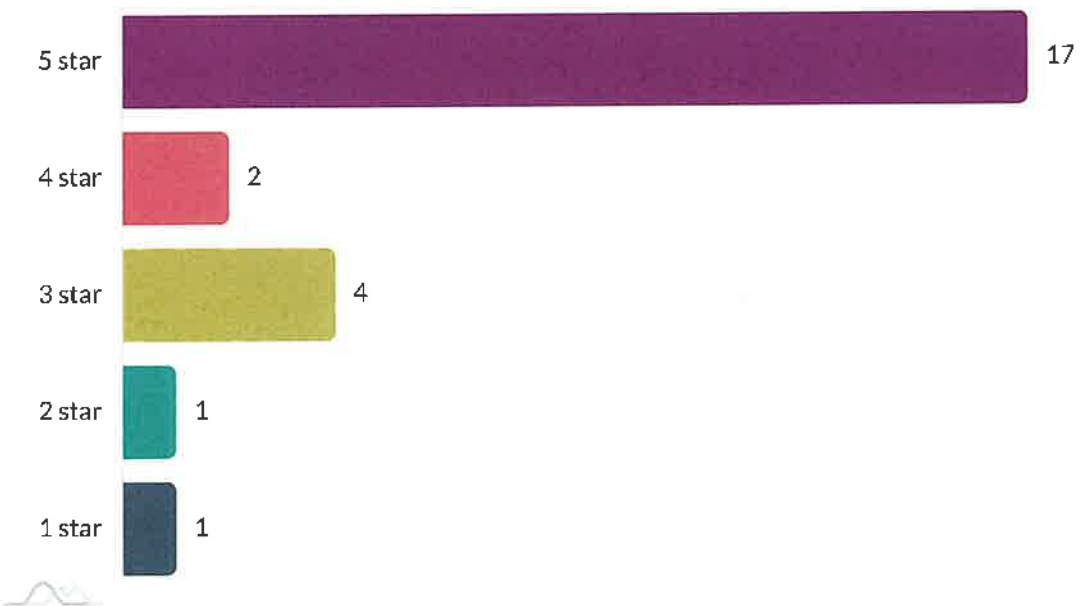
### How clean was it?

25 answers to this question.



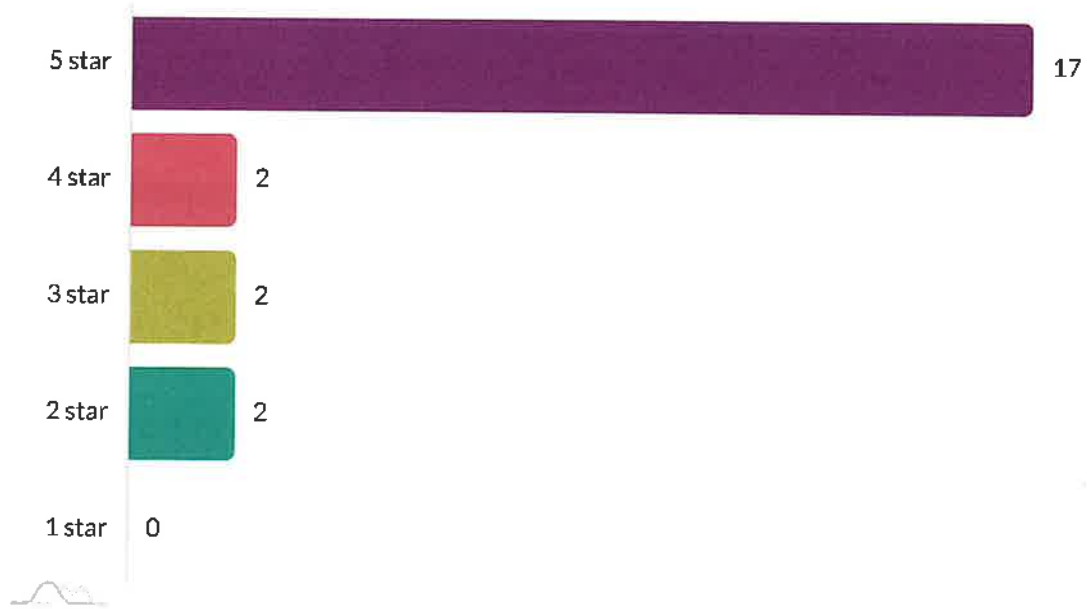
### How respectful was the staff?

25 answers to this question.



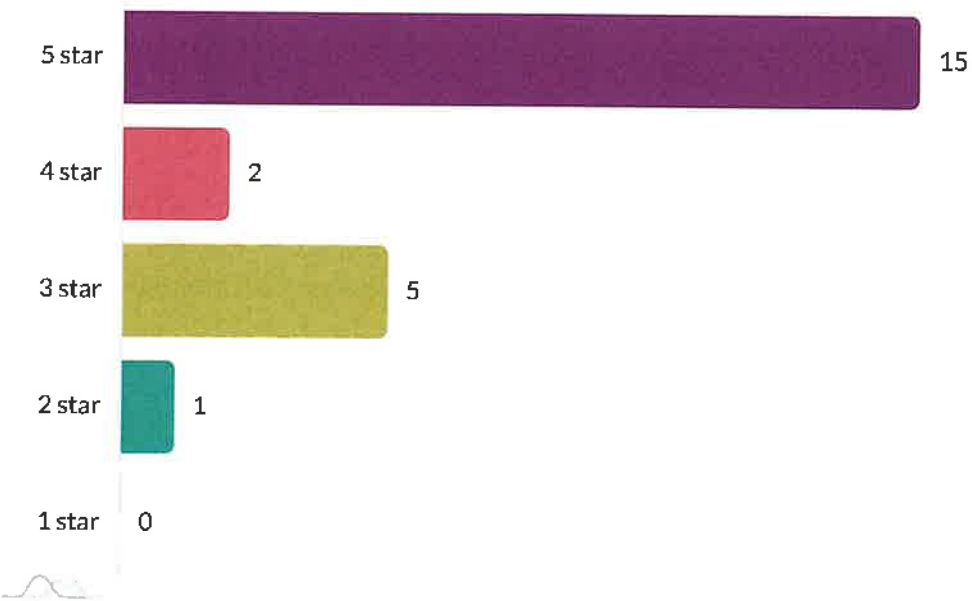
### How satisfied were you with scheduling your appointment?

23 answers to this question.



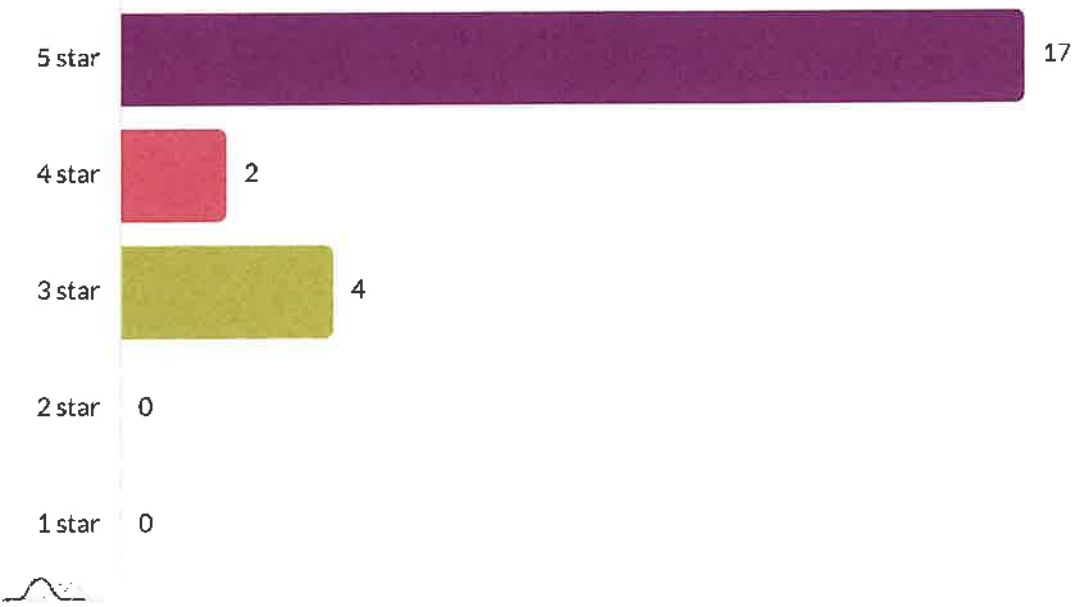
### How well did the appointment time work for you?

23 answers to this question.



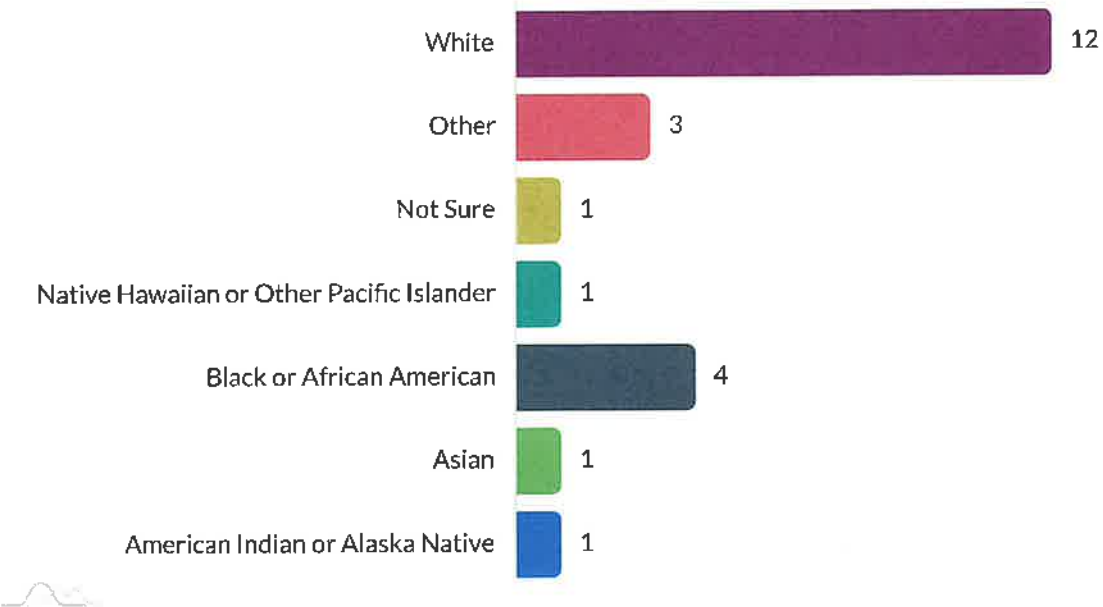
### How convenient is our location?

23 answers to this question.



### What is your race?

23 answers to this question.





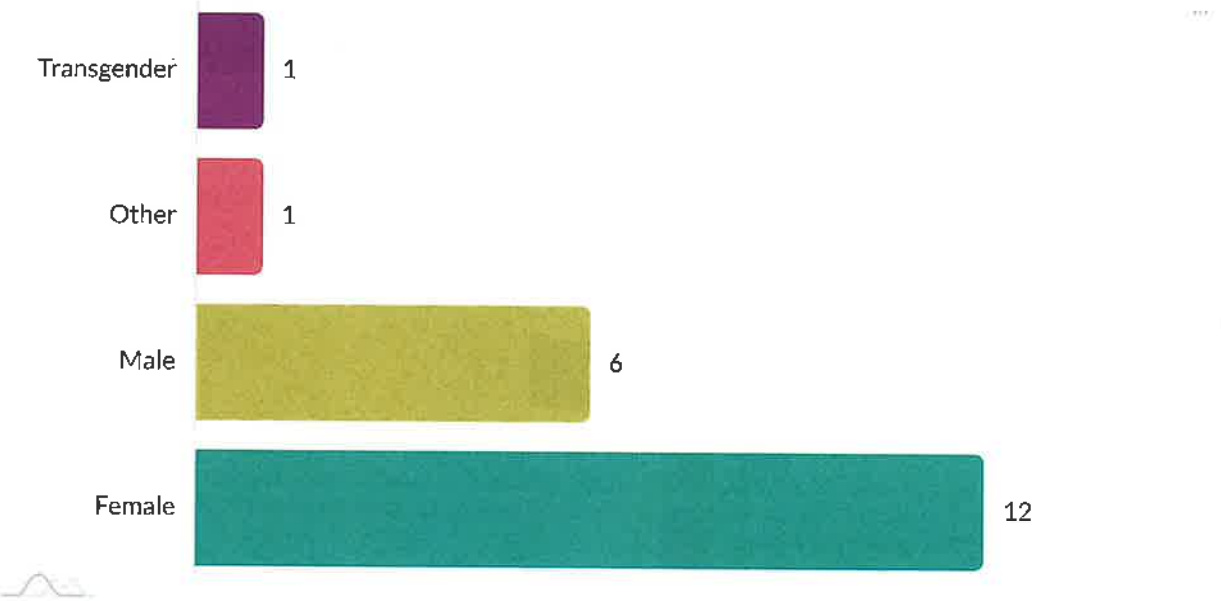
## How old are you?

21 answers to this question.



## What is your gender?

20 answers to this question.



### **How was your visit?**

- The person I was meeting with was late.
- My appointment was supposed to be in the office, but the staff was not there or was working from home.
- I didn't get to talk about everything I wanted to.
- The person I was meeting with was rushing me.
- The person I was meeting with wasn't listening to me.
- I was kept waiting past my scheduled appointment time:
  - 5 to 10 minutes
  - 11 to 20 minutes
  - 21 to 30 minutes
  - More than 30 minutes

### **How clean was it?**

- The lobby was dirty.
- The bathroom was dirty.
- The conference room was dirty.
- The outside was unkept.

### **How respectful was staff?**

- The staff I met with was not friendly.
- The front desk staff was not friendly.
- The pharmacy staff was not friendly.

### **How satisfied were you with scheduling your appointment?**

- After school appointments were not available.
- Office appointments were not available when I am available.
- The staff made the appointment without checking with me first.
- My appointment was cancelled/rescheduled and I was not notified.

### **How well did the appointment time work for you?**

- After school appointments were not available.
- Late appointments were not available.
- The staff made the appointment without checking with me first.
- My appointment was cancelled/rescheduled and I was not notified.
- The staff is not in the office on the days I am available.

### **How convenient is our location?**

- It's a far drive from my house.
- The building is hard to find.
- The bus does not come to my house and I do not have transportation.



## **Monroe Community Mental Health Authority Strategic Plan FY2022 – FY2024**

---

MCMHA Board of Directors Accepted the FY2022-2024 Strategic Plan

10/2/2021

Michael Humphries  
Board Chairperson

Date

## WELCOME

The Board of Directors and staff of Monroe Community Mental Health Authority (MCMHA) are excited to publish our Strategic Plan for FY2022-2024. Our plan was developed with input from our staff, our consumers, and our community partners and reflects our desire to create an organization that accomplishes its mission to “enrich lives and promote wellness.”

The COVID-19 pandemic changed life as we knew it in almost every area. In behavioral healthcare, we were forced to shift rapidly from an in-office and face to face model to working from home and delivering services “virtually.” The process of adjusting our practices to the conditions the pandemic created highlighted our strengths as well as our opportunities for improvement.

As we adjusted to the stay at home mandate, we saw that flexibility in our working schedules and service delivery models was not only possible, but welcomed. The individuals we serve indicated that they were happy to have the option of services delivered via telehealth. Staff found that working from home had benefits as well. As we move into a “new normal,” MCMHA understands that these are options that will be necessary to maintain our workforce and engage those we serve.

Throughout the pandemic, the number of individuals of all ages experiencing mental health and substance use disorders increased significantly. While MCMHA has always valued our community partnerships, the last year reinforced the crucial role we play not only in service provision, but in awareness, education, and outreach. This plan reflects our intention to build on the strengths of our current partnerships and having an even greater presence in our community.

Accomplishing our strategic goals requires a sound financial strategy, efficient internal processes, and skilled leadership. This plan addresses those areas and includes projects that will diversify our revenue streams, simplify communication processes, enhance leadership, and promote data driven decision making.

MCMHA’s Board of Directors and staff are committed to ensuring that Monroe County residents with mental health needs receive excellent care, that the staff who dedicate their careers to our mission and vision are supported and valued, and that our community views us as the primary choice for behavioral health resources.

We are eager to get to work!



Lisa Jennings, LMSW  
Executive Director



Michael Humphries  
Board Chairperson

## MISSION

Enrich Lives and Promote Wellness.

## VISION

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

## CORE VALUES

- Compassion:*** Demonstrating kindness, care, consideration, and the willingness to help others.
- Authenticity:*** Operating in a transparent, consistent, and genuine manner.
- Trust:*** Assuring confidence in the reliability, truth, and certainty among ourselves and our community.
- Accountability:*** Taking responsibility and ownership for ourselves and how our actions impact others.

## GUIDING DEFINITIONS

Wellness is not the absence of disease, illness, or stress but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness.

*SAMSHA, Wellness Overview, 2016*

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

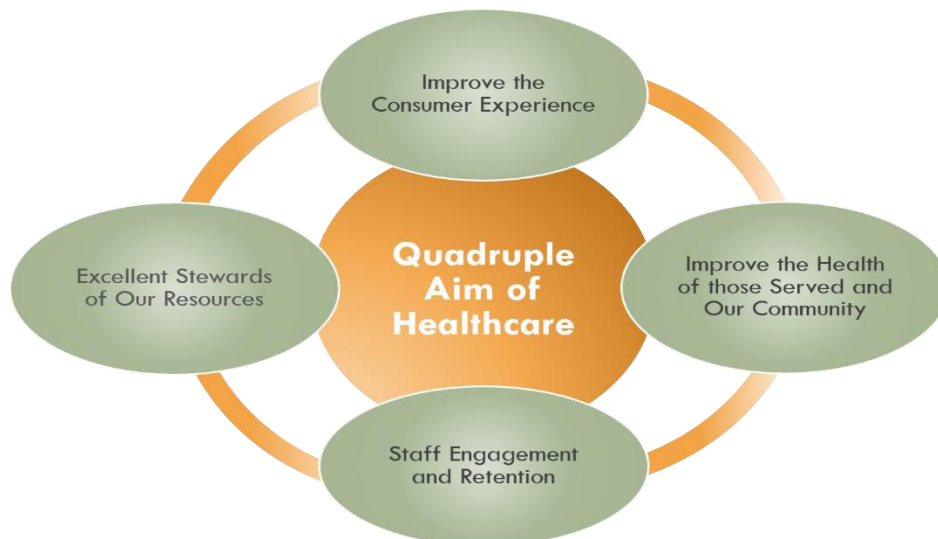
*SAMSHA, Recovery Defined, August 2010*

All people, regardless of disability, deserve the opportunity for a full life in the community where they can live, learn, work, and play alongside each other through all stages of life. People with intellectual and/or developmental disabilities need varying degrees of support to reach personal goals and establish a sense of satisfaction with their lives.

*The ARC, Life in the Community Position Statement, November 2009*

A system of care is: A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

*System of Care Definition and Philosophy, National Technical Assistance Center for Children's Mental Health*



## STRATEGIC GOALS AND PRIORITIES

### STAFF

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

#### **Measures:**

- Increase in Annual Staff Satisfaction Survey Scores
- Retention Rate is 85% or Higher Annually
- Consumers Waiting for Services Due to No Providers

### LEADERSHIP

*Assure Competent and Accountable Leadership*

#### **Measures:**

- Development of a Strategic Communication Plan
- Development of Strategic Data Plan
- Performance Evaluations Completed Annually Using 360 Degree Surveys for Leadership Teams (FAS, ELT)

### COMMUNITY OUTREACH

*Serve as a Responsive and Reliable Community Partner*

#### **Measures:**

- Build MCMHA Critical Incident Stress Management (CISM) Team
- Increase/Improve Community Presence

### FINANCE

*Develop and Implement a Stable yet Agile Financial Strategy that Supports MCMHA's Mission*

#### **Measures:**

- Establish Board-Approved Financial Indicators and Targets
  - Fund Balance
  - Administrative Rate
  - Number of Days to a Paid Claim
- Identify and Accomplish Diversified Revenue Streams to Create Capacity for Prevention and Outreach

### SERVICES

*At all Levels of the Organization, Services Meet the Needs of the Customer*

#### **Measures:**

- Population Specific Outcome Tools
- Michigan Department of Health and Human Services (MDHHS) Mission Based Performance Indicators
- Consumer Satisfaction Surveys
- Jail Diversion Data
- Number of Active MyStrength Users
- Substance Use Disorder (SUD) Screening and Referral Data

## STRATEGIC GOALS AND OBJECTIVES

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

#### **Objective #1: MCMHA Internal Staff**

- Full Administrative Staff (FAS) will Complete Assessment of Recruitment Process
- FAS will Complete Assessment of Current Retention Practices
- Human Resources will Develop and Implement a Recruitment and Retention Strategy/Work Plan
- Continue MCMHA Internship Program
- Executive Leadership Team (ELT) and Best of Monroe (BOM) Partner to Develop and Implement Culture of Trust Work Plan

#### **Objective #2: External Provider Staff**

- Contracts Team will Facilitate Quarterly Provider Meetings
- Provider Help Desk System Tickets will be Resolved Within 30 Days
- Contracts Team will Implement Provider Scorecards

### Assure Competent and Accountable Leadership

#### **Objective #1: Annual Staff Evaluations will be Completed Timely**

#### **Objective #2: 360 Surveys will be Implemented for ELT Members 2021; FAS Members 2022**

#### **Objective #3: Leadership will Provide Consistent and Accurate Communication**

- Develop and Implement a Strategic Communication Plan with Input from Staff

#### **Objective #4: Integrate Leadership Habits in ELT and FAS Meetings**

#### **Objective #5: Engage in Data Driven Decision Making**

- Develop and Implement a Strategic Data Plan to Drive Performance Improvement

### Serve as a Responsive and Reliable Community Partner

#### **Objective #1: Build MCMHA Critical Incident Stress Management Team**

#### **Objective #2: Community Outreach**

- Mental Health First Aid (MHFA) Trainings
- myStrength Community Collaboration
- Informational Pamphlets

#### **Objective #3: Increase/Improve Community Presence**

- Identify at Least 4 Community Events Annually where MCMHA will be Present
- Create and Implement a Strategic Community Presence Plan for Each Event

### Develop and Implement a Stable yet Agile Financial Strategy that Supports MCMHA's Mission

#### **Objective #1: Establish Board-Approved Financial Indicators and Targets**

- Agreed Upon Procedures Engagement Presented to Board of Directors
- Board Provides Feedback on Monthly Reports

#### **Objective #2: Identify and Accomplish Diversified Revenue Streams to Create Capacity for Prevention and Outreach**

- Apply for Funding Through Community, State, and Federal Grant Programs
  - American Recovery Plan (ARP)
  - Michigan Department of Health and Human Services (MDHHS) Block Grants



## **At All Levels of the Organization, Services Provided Meet the Needs of the Customer**

### **Objective #1: Enhance Programs for Highly Vulnerable Populations**

- Substance Use Disorder Treatment (SUD)
- Assertive Community Treatment (ACT)
- Jail Based Medication Assisted Treatment (MAT)
- Michigan Re-entry Program (MI-REP)
- Forensic Assertive Treatment (FACT)
- Mobile Crisis Unit
- Fetal Alcohol Syndrome (FAS)
- Trauma Focused Cognitive Behavior Therapy (TF-CBT)

### **Objective #2: Identify and Implement Outcome Tools for Each Population**

- Child & Family: Child and Adolescent Functional Assessment Scale (CAFAS)
- Child & Family: Preschool and Early Childhood Functional Assessment Scale (PECFAS)
- Adults with Severe and Persistent Mental Illness (SPMI): Level of Care Utilization System (LOCUS)
- Adults with Intellectual and Developmental Disabilities (I/DD) – Developmentally Disabled (DD) Proxy Measures
- Patient Health Questionnaire (PHQ-9)

### **Objective #3: Improve Integration of Physical and Behavioral Health Care and Overall Wellness Services**

- Assess Benefits of Certified Community Behavioral Health Clinic (CCBHC) vs. Health Home Certification and Make Recommendation
- Development of Peer Run Wellness Groups
- Personal Health Review (PHR) Completed Annually for Every Consumer

## TIMELINE OF STRATEGIC GOALS AND OBJECTIVES

STAFF						
1. Recruit and Retain Qualified Staff and Competent Provider Staffing that Meets the Needs of our Community	2021 Oct-Dec	2022 Jan-Mar	2022 Apr-Jun	2022 Jul-Sep	2023	2024
a. Full Administrative Staff (FAS) will Complete Assessment of Recruitment Process						
b. FAS will Complete Assessment of Current Retention Practices						
c. Human Resources will Develop and Implement a Recruitment and Retention Strategy/Work Plan i. Continue MCMH Internship Program						
d. Executive Leadership Team (ELT) and Best of Monroe (BOM) Partner to Develop and Implement Culture of Trust Work Plan						
e. Contracts Team will Facilitate Quarterly Provider Meetings						
f. Contracts Team will Implement Provider Scorecards						
g. Implement Provider Help Desk System Tickets with a Goal to Resolve Within 30 Days						

LEADERSHIP						
1. Assure Competent and Accountable Leadership	2021 Oct-Dec	2022 Jan-Mar	2022 Apr-Jun	2022 Jul-Sep	2023	2024
a. Performance Evaluations Completed Annually Using 360 Degree Surveys for Leadership Teams i. Implement for Executive Leadership Team (ELT) 2021 ii. Implement for Full Administrative Staff (FAS) 2022						
b. Leadership will Provide Consistent and Accurate Communication i. Develop and Implement Strategic Communication Plan						
c. Engage in Data Driven Decision Making i. Develop and Implement Strategic Data Plan to Drive Performance Improvement						
d. Annual Staff Evaluation Completed Timely						
e. Integrate Leadership Habits in ELT and FAS Meetings						

<b>COMMUNITY OUTREACH</b>						
<b>1. Serve as a Responsive and Reliable Community Partner</b>	<b>2021</b> Oct-Dec	<b>2022</b> Jan-Mar	<b>2022</b> Apr-Jun	<b>2022</b> Jul-Sep	<b>2023</b>	<b>2024</b>
<b>a. Build MCMHA Critical Incident Stress Management (CISM) Team</b>						
<b>b. Community Outreach</b> i. Mental Health First Aid (MHFA) Trainings ii. myStrength Community Collaboration iii. Informational Pamphlets						
<b>c. Increase/Improve Community Presence</b> i. Identify at Least 4 Community Events Annually where MCMHA will be Present ii. Create and Implement a Strategic Community Presence Plan for Each Event						

<b>FINANCE</b>						
<b>1. Develop and Implement a Stable yet Agile Financial Strategy that Supports MCMHA's Mission</b>	<b>2021</b> Oct-Dec	<b>2022</b> Jan-Mar	<b>2022</b> Apr-Jun	<b>2022</b> Jul-Sep	<b>2023</b>	<b>2024</b>
<b>a. Agreed Upon Procedures Engagement Presented to Board of Directors</b>						
<b>b. Board Provides Feedback on Monthly Reports</b>						
<b>c. Identify and Accomplish Diversified Revenue Streams to Create Capacity for Prevention and Outreach</b> i. Apply for Funding Through Community, State, and Federal Grant Programs 1. American Recovery Plan (ARP) Applications 2. Michigan Department of Health and Human Services (MDHHS) Block Grants						

<b>Services</b>						
<b>1. At all Levels of the Organization, Services Meet the Needs of the Customer</b>	<b>2021</b> Oct-Dec	<b>2022</b> Jan-Mar	<b>2022</b> Apr-Jun	<b>2022</b> Jul-Sep	<b>2023</b>	<b>2024</b>
<p><b>a. Enhance Programs for Highly Vulnerable Populations</b></p> <ul style="list-style-type: none"> <li>i. Substance Use Disorder Treatment (SUD)</li> <li>ii. Assertive Community Treatment (ACT)</li> <li>iii. Jail Based Medication Assisted Treatment (MAT)</li> <li>iv. Forensic Assertive Community Treatment (FACT)                             <ul style="list-style-type: none"> <li>1. MDOC Partnership</li> </ul> </li> <li>v. Develop and Implement Mobile Crisis Unit</li> <li>vi. Fetal Alcohol Syndrome (FAS)</li> <li>vii. Trauma Focused Cognitive Behavior Therapy (TF-CBT)</li> <li>viii. Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) Youth</li> </ul>						
<p><b>b. Improve Integration of Physical and Behavioral Health Care and Overall Wellness Services</b></p> <ul style="list-style-type: none"> <li>i. Assess Benefits of Certified Community Behavioral Health Clinic (CCBHC) vs. Health Home Certification and Make Recommendation</li> <li>ii. Development of Peer Run Wellness Groups</li> <li>iii. Personal Health Review (PHR) Completed Annually for Every Consumer</li> </ul>						
<p><b>c. Identify and Implement Outcome Tools for Each Population</b></p> <ul style="list-style-type: none"> <li>i. Child &amp; Family: Child and Adolescent Functional Assessment Scale (CAFAS)</li> <li>ii. Child &amp; Family: Preschool and Early Childhood Functional Assessment Scale (PECFAS)</li> <li>iii. Adults with Severe and Persistent Mental Illness (SPMI): Level of Care Utilization System (LOCUS)</li> <li>iv. Adults with Intellectual/Developmental Disabilities (I/DD) – Developmentally Disabled (DD) Proxy Measures</li> <li>v. Patient Health Questionnaire (PHQ-9)</li> </ul>						

## MEASURES OF SUCCESS

MEASURE	GOAL/TARGET
<b>Process Measures</b>	
MDHHS Mission-Based Performance Indicators	<ul style="list-style-type: none"> <li>Meet or exceed all MDHHS Mission-Based Performance Indicators</li> </ul>
CMHSPM Clinical Audits; MDHHS Audits; and Joint Commission Reviews	<ul style="list-style-type: none"> <li>Meet or exceed all CMHPSM and MDHHS Audits, and Joint Commission Reviews</li> </ul>
<b>Health, Recovery, Self Sufficiency, Satisfaction Measures</b>	
<b>CAFAS</b> Child and Adolescent Functional Assessment Scale	<ul style="list-style-type: none"> <li>% Improvement on 1 or More Outcome Indicators</li> <li>% Meaningful and Reliable Improvement</li> <li>% Improvement in Severe Impairment</li> <li>% Improvement in Pervasive Behavioral Impairment</li> </ul>
<b>PECFAS</b> Preschool and Early Childhood Functional Assessment Scale	<ul style="list-style-type: none"> <li>% Improvement in Severe Impairment</li> <li>% Improvement in Moderate Impairment</li> <li>% Improvement in Pervasive Behavioral Impairment</li> </ul>
<b>DD Proxy Measures</b> Outcome Scale for Adults with Intellectual and Developmental Disability (I/DD)	<ul style="list-style-type: none"> <li><u>Year One</u>: All Active Consumers Assigned to I/DD Services Participate in Outcome Tool</li> <li><u>Year Two</u>: Maintain or Improve the Average Score</li> </ul>
<b>LOCUS</b> Outcome Scale for Adults with Severe Persistent Mental Illness (SPMI)	<ul style="list-style-type: none"> <li><u>Year One</u>: Implement LOCUS Tool for All Active Consumers Assigned to SPMI</li> <li><u>Year Two</u>: Maintain or Improve the Average Score</li> <li>Patient Health Questionnaire (PHQ-9)</li> </ul>
Consumer Satisfaction Survey	<ul style="list-style-type: none"> <li>Meet or Exceed the Regional Expectation of 90% or Higher on all Measures for all Persons Served</li> <li>Grievances Resolved Within 10 Days</li> </ul>
Community Partnerships and Engagement	<ul style="list-style-type: none"> <li>Number of Active myStrength Users</li> <li>Substance Use Disorder (SUD) Screening and Referral Data</li> <li>Jail Diversion Data</li> </ul>
Integrated Health	<ul style="list-style-type: none"> <li>% of Consumers with Annual Personal Health Review (PHR)</li> </ul>
<b>Foundational and Financial Measures</b>	
Budget Health	<ul style="list-style-type: none"> <li>Board Financial Indicators and Targets                             <ul style="list-style-type: none"> <li>Fund Balance; Administrative Rate; and Number of Days to a Paid Claim</li> </ul> </li> <li>Annual Finance and Compliance Audit Results</li> </ul>
Efficient Internal Processes	<ul style="list-style-type: none"> <li>% of Service Activity Log Timeliness (SALs)</li> <li>Information Systems Network Up Time - Goal 99%</li> <li>Maintenance Help Desk Tickets Resolved Within 5 Days</li> <li>Information System Help Desk Tickets Resolved Within 5 Days</li> <li>Provider Help Desk Tickets Resolved Within 30 Days</li> </ul>
Staff Satisfaction	<ul style="list-style-type: none"> <li>Increase in Annual Staff Satisfaction Survey Scores</li> <li>85% or Higher Annual Retention Rate</li> </ul>
Leadership	<ul style="list-style-type: none"> <li>Annual Staff Evaluations will be Completed Timely</li> <li>360 Survey Results will Drive Leadership Performance Improvement</li> </ul>

## **MILESTONES, MEASURES OF SUCCESS**

*This is a partial, representative summary of critical milestones outlined in the implementation plan developed and overseen by CMH leadership and staff.*

## ACRONYMS

ACT	Assertive Community Treatment
ARP	American Recovery Plan
BOM	Best of Monroe
CAFAS	Child and Adolescent Functional Assessment Scale
CCBHC	Certified Community Behavioral Health Clinic
CISM	Critical Incident Stress Management
CMHPSM	Community Mental Health Partnership of Southeast Michigan
DD	Developmental Disabilities (Proxy Measures)
FACT	Forensic Assertive Community Treatment
FAS	Full Administrative Staff
FAS	Fetal Alcohol Syndrome
I/DD	Intellectual and Developmental Disabilities
LOCUS	Level of Care Utilization System
MAT	Medication Assisted Treatment, Jail Based
MCMHA	Monroe Community Mental Health Authority
MDHHS	Michigan Department of Health and Human Services
MHFA	Mental Health First Aid
MI-REP	Michigan Re-Entry Program
PECFAS	Preschool and Early Childhood Functional Assessment Scale
PHQ-9	Patient Health Questionnaire
SAL	Service Activity Log
SPMI	Severe Persistent Mental Illness
SUD	Substance Use Disorder
TF-CBT	Trauma Focused Cognitive Behavior Therapy

## Clinical Operations Committee

### Strategic Plan 2022-2024/Outcomes Report

October 4, 2023

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

- Used ARPRA/Grant funding to create sign on bonuses.
- Contracted with staffing agency to “fill in” for key vacant positions.
- Developed case load size monitoring tool to manage case load size.
- Adding case management positions to this year’s budget to address case load size.
- Placed emphasis on importance of staff’s self-care by providing specific trainings on secondary trauma.
- HR has monthly meeting with Indeed on vacancies posted. Indeed provides feedback and strategy on improving job postings to attract more applicants.
- HR reviews student loan forgiveness program and benefit package during orientation.
- HR is enhancing its benefit package by offering Healia Health in 2024; supplements spouse’s health insurance coverage enhancing health insurance coverage by minimizing out of pocket expenses.
- Non-union grievance process added.
- Updated wellness room.
- Hired an Agency trainer; increasing staff competency levels.
- Placed an emphasis on providing trainings that provide CE credits at no cost to licensed clinicians.
- Wage study increase and bonus.
- In 2022 we looked at recruitment process – hired an HR specialist
- MCMHA Internship Program – ongoing
- Employee Morale Committee ~ quarterly activities
- Updated New Hire Orientation process including all new hires meeting with ELT.
- Recruited a much more diverse workforce than anytime in the past.
- DEI Committee and trainings
  - Related to Trust:
    - Contracted third party to do exit interviews and employee satisfaction survey
    - Labor Management Meetings
    - Best of Monroe Advisory/PI group
    - Implemented 360 surveys for leadership staff
    - Non-union grievance procedure
    - Created policy re: electronic communications monitoring
  - Related to Providers:
    - Provider Help Desk ticket system



- Quarterly Provider Meetings
- Provider stabilization
- Timely payment of claims
- Quarterly provider satisfaction survey presented at Clinical Operations
- MCMHA provides support for providers – staff training

What are the next steps to sustain the progress we have made?

- Therapy Providers – either direct or indirect
- Enhanced credentialing and auditing of external providers
- Policy that assures the Board that any contract that is brought to the board has been vetted, credentialed, satisfactory audit within required timeframes – include the clinical form process
- EVV – March 2024 (Does not include group homes or residential settings)

**Assure Competent and Accountable Leadership:**

- Implemented 360 surveys for all supervisors/leaders (2023)
- Supervisor Training – when
- Created Communication Plan (this was also a goal of the trust initiative)
  - Alert Media
  - Best of Monroe
  - Labor Management
  - ED Q & A
  - Happy Friday! email
  - More to come with Revel
- Strategic Data Plan – MCMHA Dashboard Complete in November
- Annual Staff Evaluations timely – 2023
- Integrate leadership habits into leadership meetings – Learning Organization

Consider folding this into the Retention and Recruitment goal? Leadership also shows up in a number of other areas: consumer outcomes, community partner, financial, etc.

**Serve as a Responsive and Reliable Community Partner**

- a. Build MCMHA CISM Team – Complete and ongoing
- b. Community Outreach - Numerous
- c. Increase/Improve Community Presence
  - i. More than 4 events annually
  - ii. Strategic Community Presence
- d. ADDITIONAL: COMMUNITY COALITION, PSAs, MPACT SHOW

What are the next steps to sustain the progress we have made in this area? Revel

**Develop and Implement a Stable yet Agile Financial Strategy that Supports MCMHA's Mission**

DISCUSS DURING BUSINESS OPERATIONS

**Services: At all levels of the organization, services meet the needs of the customer.**

- a. Enhance Programs for Vulnerable Populations
  - i. SUD – yes
  - ii. ACT – fully staffed
  - iii. MAT – grant funded and piloting two projects in FY24
  - iv. FACT – does not exist, but we do co-locate at MDOC
  - v. Crisis Mobile Unit – yes
  - vi. FAS – yes
  - vii. TF – CBT – yes
  - viii. SED and I/DD youth – implemented SED Waiver
  - ix. ADDITIONALLY – Expanded Access at Benesh Building, created Peer Support Program at Opportunity Center, Universal Referral Form, Pulse for Good kiosks
- b. Improve Integration of Physical and Behavioral Health Care and Overall Wellness
  - i. CCBHC and BHH status
  - ii. Peers are running wellness group (WHAM)
  - iii. PHRs – ongoing –
  - iv. ADDITIONALLY – Hired Medical Assistants, Created Telehealth Rooms
- c. Identify and Implement Outcome Tools for Each Population
  - i. Child and Family - CAFAS, PECFAS
  - ii. Adults with SPMI – LOCUS
  - iii. I/DD – yes
  - iv. PHQ-9 – yes

**Next steps?**

**Quality Metrics**

**Access Metrics**

**Engagement Metrics**

**Crisis Services Expansion**

**EBPs for CCBHC**

**Zero Suicide**

**Air Traffic Control Model**



## **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.

## **VALUES**

Partnerships with Consumers

Quality

Community

Effectiveness

Efficiency

Leadership

# Core Values

## Compassion

Demonstrating kindness, care, consideration, and the willingness to help others.

## Authenticity

Operating in a transparent, consistent, and genuine manner.

## Trust

Assuring confidence in the reliability, truth, and certainty among ourselves and our community

## Accountability

Taking responsibility and ownership for ourselves and how our actions impact others.



**BOARD EXECUTIVE COMMITTEE**  
**Wednesday, October 18, 2023**  
**6:00pm**

**MAJOR COMMITTEE RESPONSIBILITIES**

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

**COMMITTEE MEMBERS**

Mike Humphries, Chair  
Susan Fortney, Vice Chair  
Catherine Bernhold, Secretary

**I. CALL TO ORDER**

Mike Humphries called the meeting to order at 6:20pm. Susan Fortney, Catherine Bernhold, Mike Humphries, and Lisa Graham were present.

**II. REVIEW OF THIS MONTH'S BOARD MEETING**

- a. Board Agenda – Reviewed
- b. Presentation – CCBHC Presentation

**III. ITEMS FOR DISCUSSION**

- a. **Citizen Comment Rules of Conduct** - There has been a request to add Citizen Comment Rules of Conduct following the Board Rules of Conduct on the Board agenda. Language will read: In order for our Board to move efficiently through the meeting agenda, we ask that everyone present conduct themselves respectfully and with decorum. Anyone that chooses not to comply with this will be asked to leave the building.
- b. **Board Holiday Dinner Event** – The Board Holiday Dinner Event will take place at the Monroe Golf and Country Club on December 1, 2023 with a reservation of 6:30pm in the Ross Room. An invite and menu selection will be sent to the Board for an RSVP. As a reminder, this is not an agency sponsored event. Anyone that attends is responsible for their own meal and beverage.
- c. **Motion for State and National Conferences** – Lisa Graham proposed for the Board to consider making a motion at the beginning of the fiscal year for up to three Board Members to attend the Winter, Spring, and Fall CMHAM Conferences and the NATCON24 Conference. In doing so, when the information is received for the conferences, accommodations can begin to be made timely. The Executive Committee agreed and requested to place it on the agenda for consideration.
- d. **Audience at Committee Meetings** – Lisa Graham commented that there has been some discussion at Board Workshops about the structure of Board committee meetings as of October 1, 2023 and asked if this needs to be brought forward for further Board discussion. Susan Fortney commented that this issue has been resolved.
- e. **Community Relations Committee** – Lisa Graham commented that at the last Board Meeting the motion to create a Community Relations Ad-hoc Committee was postponed due to the request of a committee Charge to review. Mike Humphries requested that Lisa reach out to Ken Papenhagen and Rebecca Pasko for a draft committee Charge and include in the Board Packet along with adding the motions postponed from last month to the agenda. If a draft is not ready to be included, can add for November's meeting.
- f. **Board Workshop** – Rebecca Pasko asked why there is a delay in getting notification of a scheduled Board Workshop. Lisa Graham suggested to have Evans Pantan confirm with Dawn Pratt when the next scheduled workshop is so a meeting invitation can be sent out. This should help to be timelier.
- g. **Next Meeting** – The Committee requested to reschedule their Tuesday, November 7<sup>th</sup> meeting at 6:00pm to Wednesday, November 8<sup>th</sup> at 4:30pm.

**IV. ACTION ITEMS FOR FUTURE BOARD MEETING AGENDA**

- a. Oct – Save the date – Board Holiday Dinner
- b. Nov – N/A
- c. Dec – NATCON24

**V. AJOURNMENT**

The meeting adjourned at 6:55pm.

**VI. NEXT MEETING**

The Next Meeting of the Executive Committee is scheduled for **Wednesday, November 8, 2023** at 4:30pm.

Respectfully submitted,

*Mike Humphries (dp)*

Mike Humphries  
Board Chairperson

10/19/23

# Community Relations Committee (CRC)

- DRAFT -

## COMMITTEE CHARGE

### Vision of the Community Relations Committee (CRC):

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

### Mission:

Much of the success of the Monroe County Community Mental Health Authority is dependent on the relationship of trust between the community, the consumers, the community partners, and the Community Mental Health Authority. Therefore, this committee is a resource, for the board of directors and the authority, to collect concerns, review and monitor relationship between the authority and other interested parties, and to offer feedback in keeping with the scope of this committee.

### Scope:

- Collect and record the concerns of the community, consumers, and community partners
  - Through community town hall like meeting with the community
  - Through public comment times at public meetings
  - In collaboration with the CMHA's Customer Service
  - In collaboration with the Consumer Advisory Board
  
- Review and monitor the relationships between the authority and other interested parties
  - Through interaction with community partners
    - MCOP
    - Sherriff's Department
    - ProMedica Monroe Regional Hospital
    - Others
  - In conjunction with the CMHA CEO
  
- Offer feedback to the board of directors
  - Provide appropriate reports to the appropriate committees, the CEO, and the board of directors
  - Offer recommendations to the appropriate committees, the CEO, and the board of directors
  
- Assist CMHA in educating the community
  - Communication and message are to be developed through the Agency's public relations agency
  - Outward communication is to educate the public in the following areas:
    - The need for mental health services
    - Clarification of the roles and responsibilities of
      - CMHA
      - The Board of Directors
    - Where to go for more answers

<b>MCMHA Board Action Request Mental Health Administrative Contract(s) / Amendments</b>	<b>FY 2022-23</b>	<b>October 18, 2023</b>
-----------------------------------------------------------------------------------------	-------------------	-------------------------

**Action Requested:** Approval Requested for the Mental Health Administrative Contracts Listed Below:

Contractor name	Department	Request	Budget	Contract Term	Service Description
Master Earned Revenue Agreement with Washtenaw	Agency	Office of Recipient Rights reimbursement	\$307,071.34	10/1/23-9/30/24	MCMHA share of cost for the Office of Recipient Rights, which includes salary and benefits for two (2) full-time Rights Officers.
Iris Telehealth	PHS	Rate increase for Dr. Dubash a contractual child psychiatrist	\$222 per hour for 32 hours per week	1/1/24-12/31/24	7% negotiated rate increase per contract
Salvation Army	Agency	Office space lease	\$38,409.50 per year	11/15/23-11/14/24	Budget amount is to lease a 2,697 sq. ft. space. An annual amount of \$2,000 is included for them to furnish the space and all utilities.
Dykema Gossett PLLC	Agency	Continue retention of Dykema Gossett PLLC	\$6,500 per month retainer	No contract term Month to month retainer	Monthly retainer for legal counsel

RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on October 18, 2023 approval of the contract(s) listed on MCMHA Board Action Mental Health Administrative Contract(s) / Amendments on or before October 25, 2023.



MCMHA Board Action Request Mental Health Service Contract(s) / Amendments				FY 2022-23	October 18, 2023	
<b>Action Requested:</b> Approval Requested for the Mental Health Service Contracts Listed Below:						
Provider Name	Contract Term	Service Description(s) include	CPT code	FY 20-22 Rate/Unit	FY 22-24 Rate/Unit	Additional Information/Background
<b>Hospitals:</b>						
BCA of Detroit	10/1/23-9/30/24	Community Psychiatric Inpatient	0100	\$786.00 per diem	\$817.44 per diem	Regional 4% rate increase
		Community Psychiatric Inpatient, enhanced staffing (1:1)	0100 CD		\$1,200.00 per diem	Addition of enhanced staffing rate for behavioral consumers
Havenwyck Hospital	10/1/23-9/30/24	Community Psychiatric Inpatient	0100	\$810.00 per diem	\$842.40 per diem	Regional 4% rate increase
		Partial Hospitalization	0912		\$350.00	Add partial hospitalization
<b>Community Living Supports/Supported Empl/Respite:</b>						
Guardian Trac	10/1/23-9/30/24	Fiscal intermediary services	T2025	\$103 monthly per consumer served	\$106.09 monthly per consumer served	3% increase for FY 23/24
		Fiscal intermediary services and new enrollee fee (first month only)	T2025	\$275 one time setup fee	\$283.25 one time setup fee	
FlatRock Manor	10/1/23-9/30/24	Mental Health service plan development by non-physician	H0032	\$225.00 per encounter	\$231.75 per encounter	
		Mental Health service plan development by non-physician	H0032 TS	\$75.00 per encounter	\$77.25 per encounter	
		Comprehensive community support services per day in specialized residential settings	H2016	\$233.35 per diem	\$262.76 per diem	
		Personal Care in a licensed residential setting	T1020	\$233.34 per diem	\$262.76 per diem	
		Comprehensive community support services per day in specialized residential settings (enhanced 1:1 service)	H2016	\$449.63 per diem	\$565.49 per diem	
		Personal Care in a licensed residential setting (enhanced 1:1 service)	T1020	\$449.63 per diem	\$565.49 per diem	
		Community Living supports	H2015/T2027	\$4.93 per 15 minutes	\$5.47 per 15 minutes	
<b>Autism/Waiver Services:</b>						

RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on October 18, 2023 approval of the contract(s) listed on MCMHA Board Action Mental Health Service Contract(s) / Amendments on or before October 25, 2023.

## **Board Action Request:**

### **ACTION REQUESTED:**

Approval to purchase three (3) fleet vehicles.

### **Background:**

As a benefit, MCMHA provides fleet vehicles for staff to use in providing community based behavioral health services to our consumers. During the COVID period the agency sold eight vehicles (6 passenger/ staff use vehicles) due to non-use during COVID. With the return of in-person work, there is a need to replenish our fleet as a result of us selling vehicles during COVID. Last year the agency purchased two (2) fleet vehicles to replenish our fleet. This year, we are requesting to purchase three (3) additional vehicles as there continues to be an increased utilization of agency vehicles beyond what we currently have in our fleet.

### **RECOMMENDATION:**

To purchase three Chevrolet Trax at total cost of \$69,540 as reviewed by the Board Business Operations Committee on October 18, 2023.

Fleet Vehicle Purchase  
 Bid Summary

<b>PURCHASE OF THREE (3) FLEET VEHICLES</b>	<b>BID 1</b>	<b>BID 2</b>	<b>BID 3</b>
<b>Year</b>	2024	2024	2023
<b>Make</b>	Chevrolet	Ford	JEEP
<b>Model</b>	Trax LS 4wd	Escape	Compass
<b>Cost</b>	\$23,180	\$30,840	\$29,500
<b><u>Vendor</u></b>	<u>Allen of Monroe</u>	<u>Friendly Ford</u>	<u>Williams of Dundee</u>
<b>TOTAL (3)</b>	<b>\$69,540</b>	<b>\$92,520</b>	<b>\$88,500</b>

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  
REGULAR BOARD MEETING MINUTES  
October 11, 2023**

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

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

**Staff Present:** Kathryn Szewczuk, Stephannie Weary, James Colaianne, Matt Berg, Nicole Adelman, Connie Conklin, Stacy Pijanowski, CJ Witherow, Lisa Graham, Nicole Phelps, Michelle Sucharski

**Guests Present:**

- I. Call to Order  
Meeting called to order at 6:02 p.m. by Board Chair B. King.
- II. Roll Call
  - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented  
**Motion by M. Welch Marahar, supported by H. Terrill, to approve the agenda**  
**Motion carried**
- IV. Consideration to Approve the Minutes of the 9-13-2023 Meeting and Waive the Reading Thereof  
**Motion by M. Welch Marahar, supported by M. Serio, to approve the minutes of the 9-13-2023 meeting and waive the reading thereof**  
**Motion carried**
- V. Audience Participation  
None
- VI. Old Business
  - a. Board Information: FY2023 Finance Report through July 30, 2023  
M. Berg presented.
- VII. New Business
  - a. Board Action: Cost of Living Increase Proposal  
**Motion by J. Ackley, supported by M. Serio, to adjust the previously approved cost of living increase from 3% to the new rate of 6% for FY24**  
**Motion carried**
  - b. Board Information: FY2021-23 Strategic Plan Metrics Review
    - J. Colaianne shared the final metrics for the FY2021-2023 Strategic Plan.
    - 10 out of 11 goals were completed.
  - c. Board Action: FY2024-26 Strategic Plan and FY2024 Plan Metrics

**Motion by M. Welch Marahar, supported by J. Ackley, to accept the FY2024-26 Strategic Plan metrics**  
**Motion carried**

d. Board Action: Election Chair/Committee for Officers Election

**Motion by M. Welch Marahar, supported by R. Curley, to reappoint the current slate of officers for another term for FY24**

**Motion carried**

- FY2024 Slate of Regional Board officers:
  - ❖ Chair: B. King
  - ❖ Vice-Chair: J. Ackley
  - ❖ Secretary: R. Pasko

VIII. Reports to the CMHPSM Board

a. Board Information: SUD Oversight Policy Board – No update

b. Board Information: CEO Report to the Board

- J. Colaianne's written report includes updates from staff, regional and state levels. Please see the report in the board packet for details.

c. Board Information: FY18-19 Deficit Repayment Update

- J. Colaianne shared a recent communication from the state regarding the deficit. A response is requested within 10 days, which is Friday, 10/13/2023.
- J. Colaianne will send updates to the board as progress happens.

IX. Adjournment

**Motion by M. Welch Marahar, supported by P. Bridge, to adjourn the meeting**

**Motion carried**

- The meeting was adjourned at 7:01 p.m.

---

Rebecca Pasko, CMHPSM Board Secretary



MONROE  
COMMUNITY  
MENTAL  
HEALTH

August 2023

Board Report

# Table of Acronyms

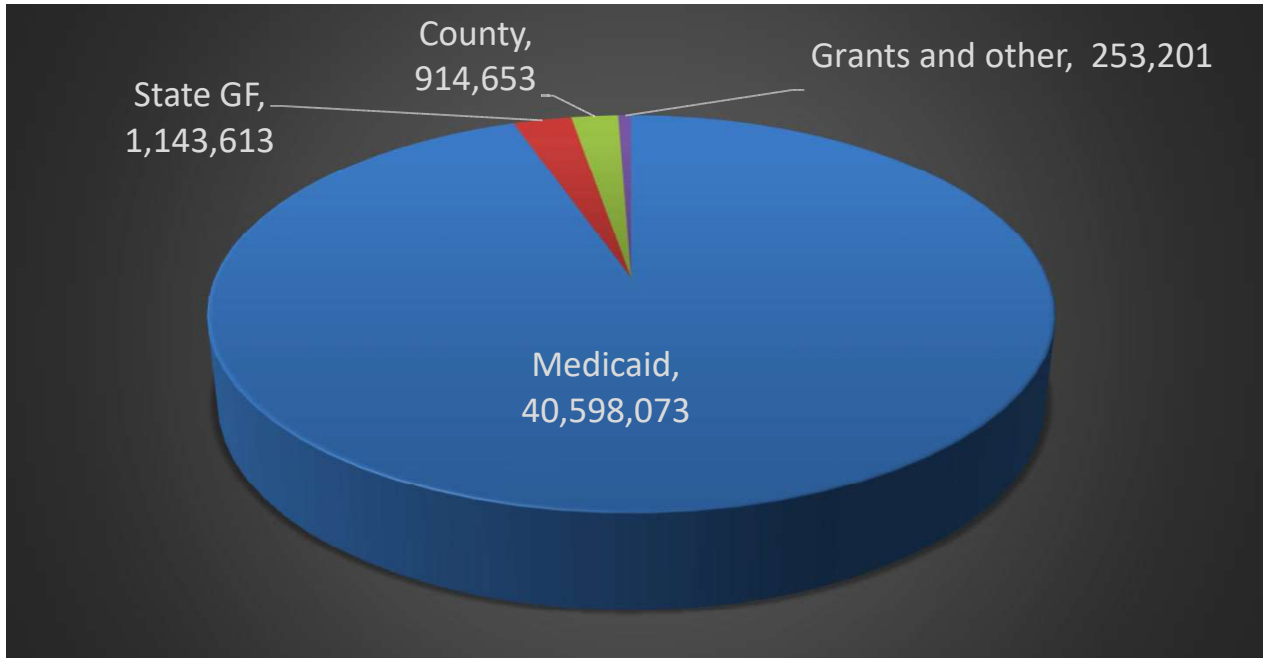
<u>Acronym</u>	<u>Full Description</u>
DAB	Disabled, Aged, & Blind
HMP	Healthy Michigan Plan
HSW	Habilitation Supports Waiver
TANF	Temporary Assistance for Needy Families
CWP	Child Waiver Program
SEDW	Severe Emotional Disturbance Waiver
HHBH	Health Home - Behavioral Health
CMHSP	Community Mental Health Services Program
PIHP	Prepaid Inpatient Health Plan
CCBHC	Certified Community Behavioral Health Clinic

# MONROE CMH

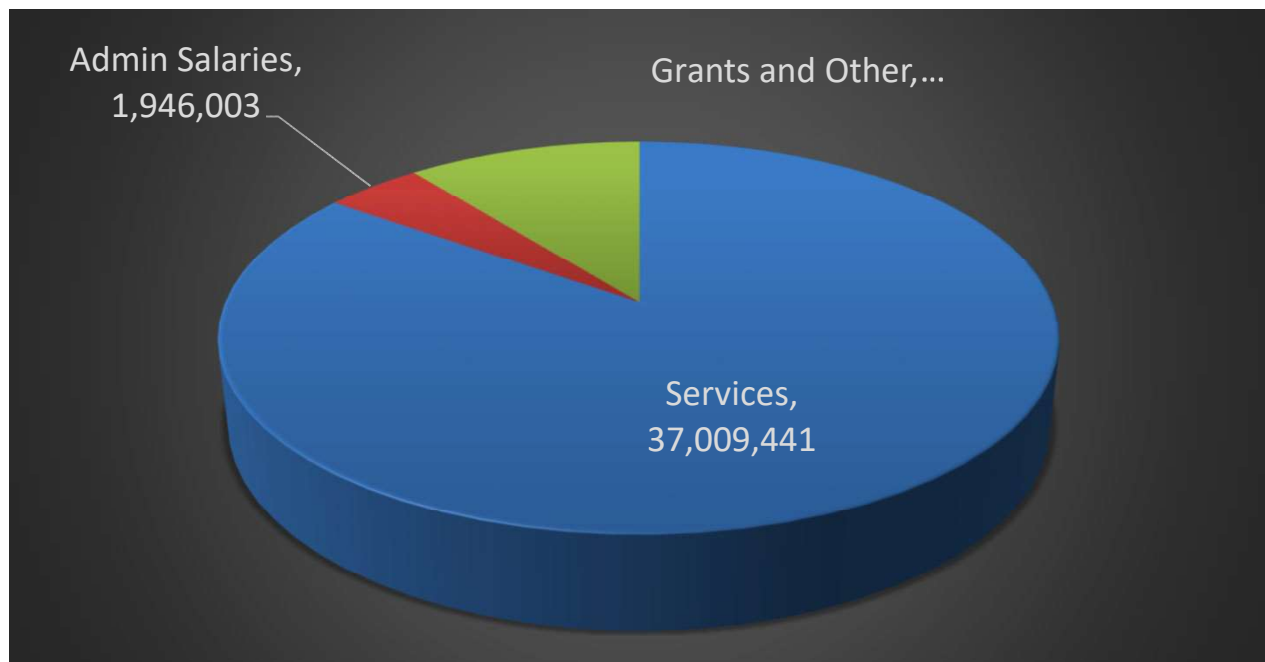
## August 2023 Trends

### Sources and Uses

#### Revenues by Source



#### Expenditures by Category



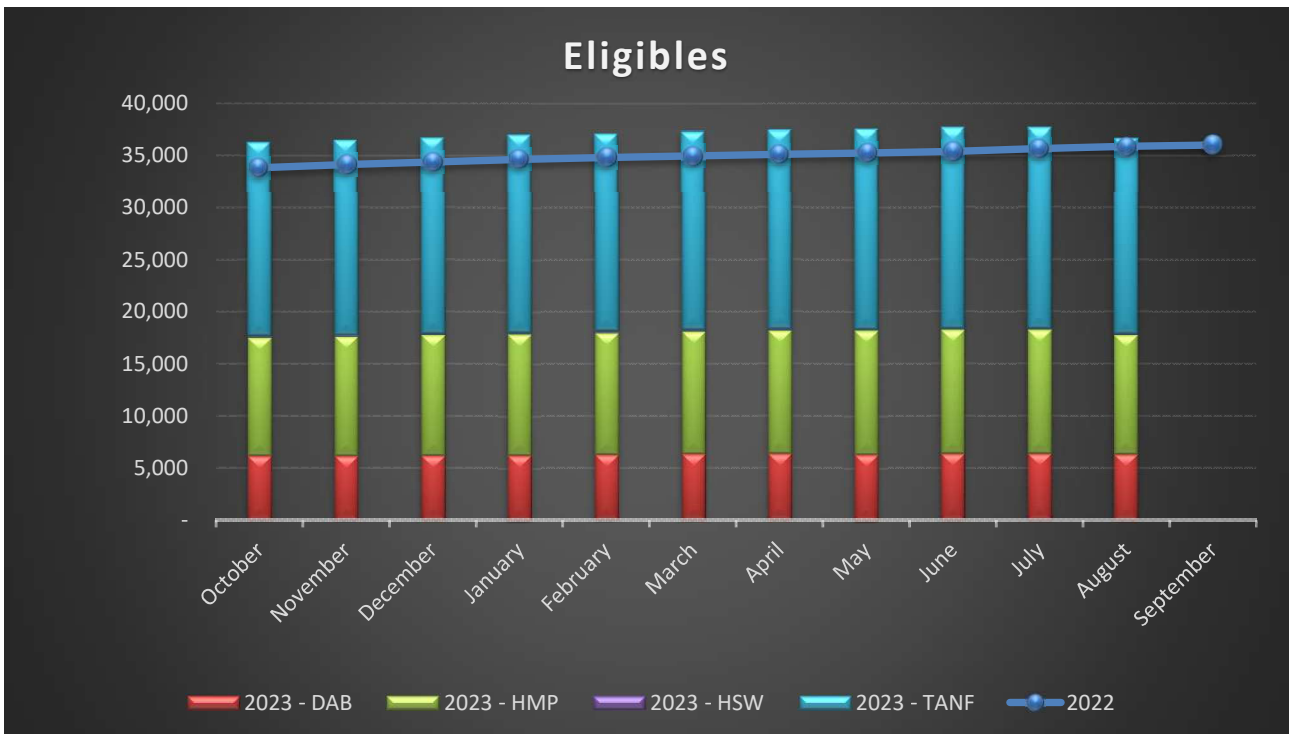
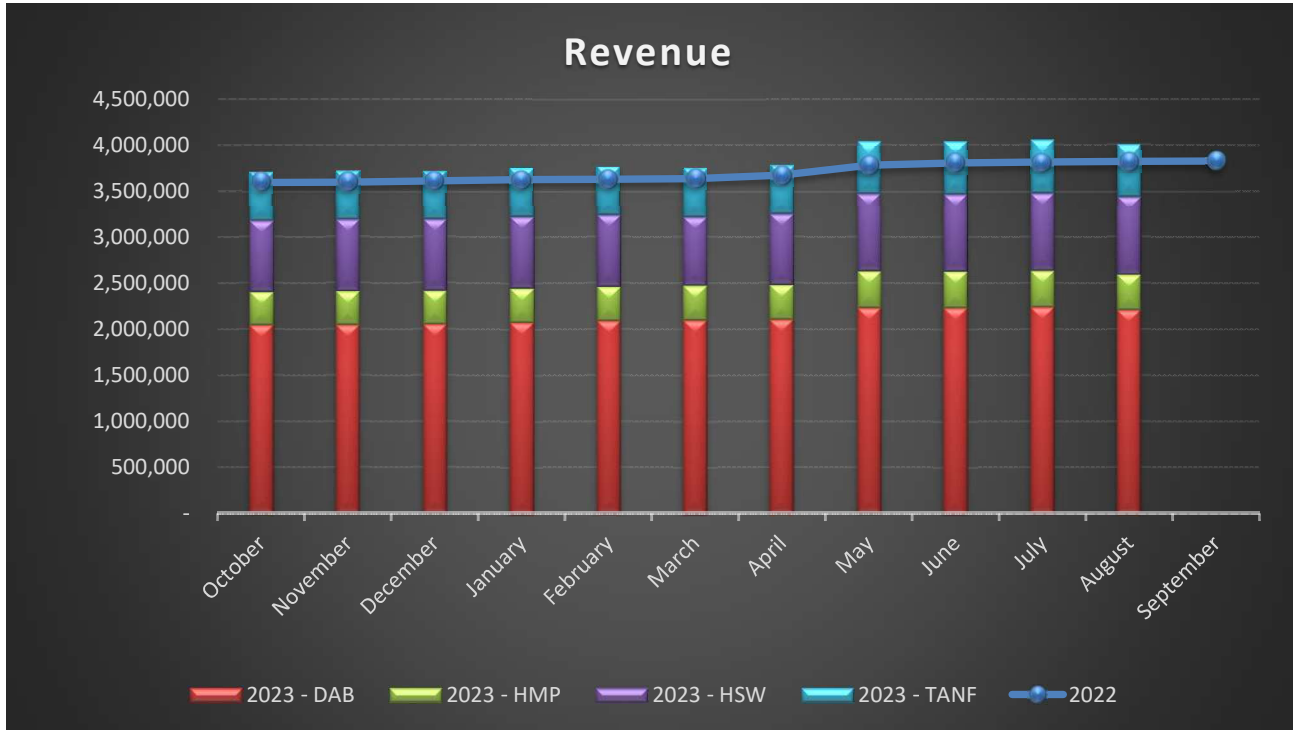
For internal use only. These financial statements have not been audited, and no assurance is provided.



# MONROE CMH

## August 2023 Trends

### MDHHS Payments



For internal use only. These financial statements have not been audited, and no assurance is provided.

# MONROE CMH

## Comparative Charts

September 2022 & August 2023

### Assets



### Liabilities



### Net Position



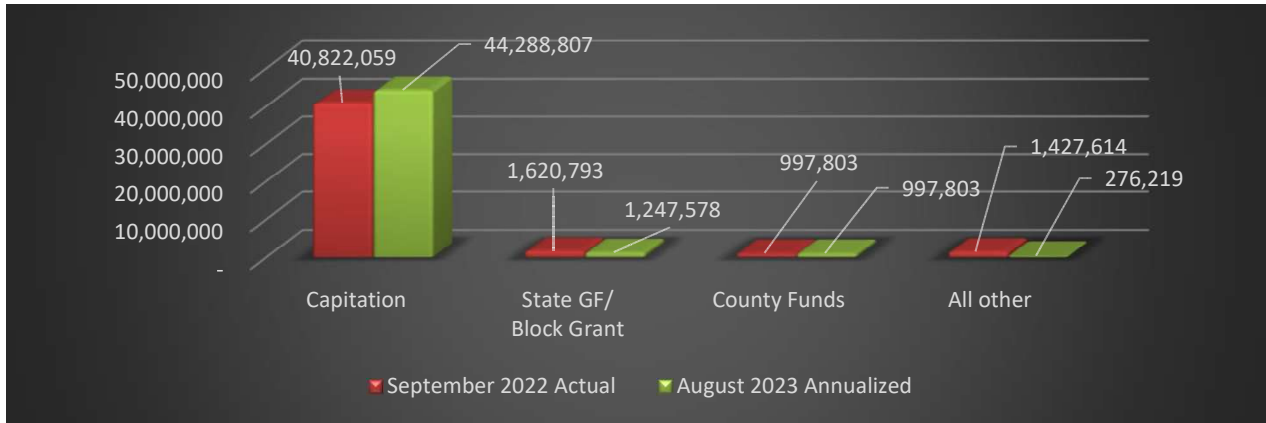
For internal use only. These financial statements have not been audited, and no assurance is provided.

# MONROE CMH

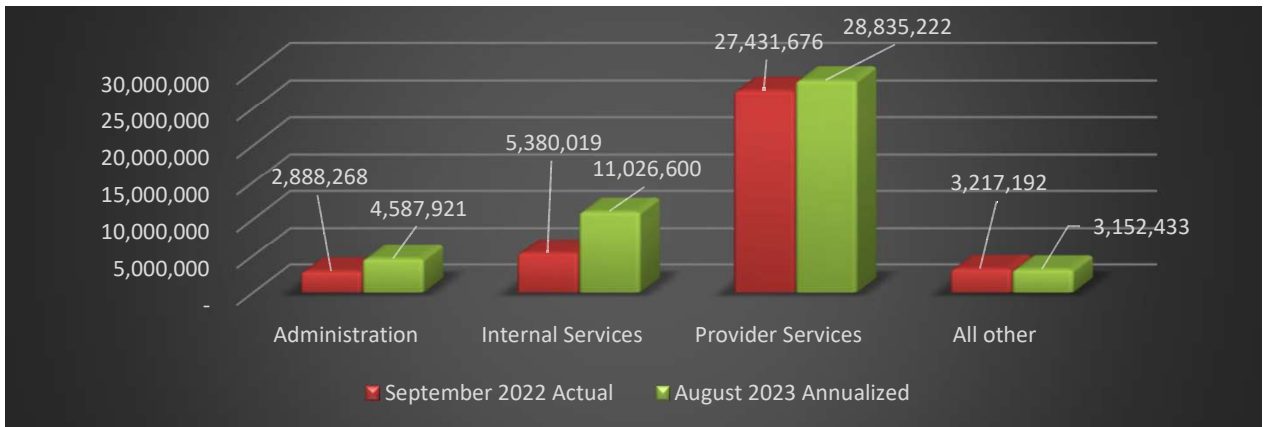
## Comparative Charts

September 2022 Actual & August 2023 Annualized

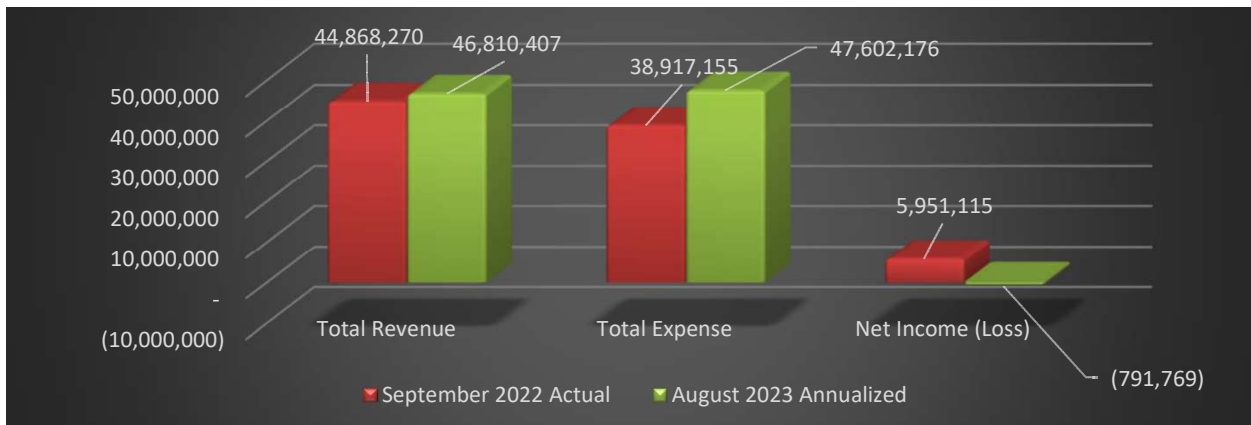
### Revenues



### Expenses



### Net Income



For internal use only. These financial statements have not been audited, and no assurance is provided.

## **INCOME STATEMENT BY FUND SOURCE**

For internal use only. These financial statements have not been audited, and no assurance is provided.

# MONROE CMH

## Fiscal 2023 Revenues and Expenses by Fund Source

October 1, 2022 through August 31, 2023

Medicaid/Autism Combined	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 39,991,864	\$ 36,659,209	\$ 37,670,005	\$ 1,010,796
Expense	39,991,864	36,659,209	37,443,410	(784,201)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 226,595</b>	<b>\$ 226,595</b>
Healthy Michigan	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 3,071,966	\$ 2,815,969	\$ 2,762,252	\$ (53,717)
Expense	3,071,966	2,815,969	3,049,066	(233,097)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (286,814)</b>	<b>\$ (286,814)</b>
Total CMHPSM	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 43,063,830	\$ 39,475,178	\$ 40,432,257	\$ 957,080
Expense	43,063,830	39,475,178	40,492,476	(1,017,299)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (60,219)</b>	<b>\$ (60,219)</b>
State General Fund	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 1,729,985	\$ 1,585,820	\$ 1,585,819	\$ (1)
Expense	1,729,985	1,585,820	1,143,613	442,207
Redirects	-	-	-	-
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 442,206</b>	<b>\$ 442,206</b>
All Other Grants/Local	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 3,001,878	\$ 2,751,722	\$ 2,695,840	\$ (55,882)
Expense	3,001,878	2,751,722	1,948,538	803,184
Redirects	-	-	-	-
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 747,302</b>	<b>\$ 747,302</b>

For internal use only. These financial statements have not been audited, and no assurance is provided.

## **BASIC FINANCIAL STATEMENTS**

For internal use only. These financial statements have not been audited, and no assurance is provided.

# MONROE CMH

## Statement of Position

August 31, 2023

	(Unaudited) September 30 Balance	Balance September 30 2022	Favorable (Unfavorable)
<b>ASSETS &amp; DEFERRED OUTFLOWS</b>			
Current:			
Cash and cash equivalents	\$ 4,046,377	\$ 4,973,206	\$ (926,829)
Accounts receivable, net	194,974	181,010	13,964
Due from other funds	278,767	-	278,767
Due from PIHP	7,337,853	6,464,550	873,303
Due from State of Michigan	141,456	29,938	111,518
Due from other governmental units	459,928	477,916	(17,988)
Prepaid items	222,792	222,167	625
Total current	12,682,147	12,348,787	333,360
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,495,629	2,770,752	(275,123)
Deferred outflows - Pension & OPEB	4,731,347	4,731,347	-
Total noncurrent	7,273,976	7,549,099	(275,123)
<b>Total assets and deferred outflows</b>	<b>19,956,123</b>	<b>19,897,886</b>	<b>58,237</b>
<b>LIABILITIES &amp; DEFERRED INFLOWS</b>			
Current			
Accounts payable	6,469,823	5,294,786	(1,175,037)
Accrued liabilities	(353,438)	1,007,289	1,360,727
Due to State of Michigan	1,106,302	664,096	(442,206)
Unearned revenue	83,789	83,789	-
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
Total current liabilities	7,355,934	7,099,418	(256,516)
Noncurrent			
Long-term debt, due beyond one year	1,383,859	1,366,492	(17,367)
Compensated absences, due beyond one year	249,770	249,770	(0)
Lease liability	485,662	817,511	331,849
Net pension liability	4,273,142	4,273,142	-
Net OPEB liability	9,560,127	10,213,906	653,779
Deferred inflows - leases	9,265	23,259	13,994
Deferred inflows - Pension/OPEB	7,770,782	7,710,654	(60,128)
Total noncurrent liabilities	23,732,607	24,654,734	939,494
<b>Total liabilities and deferred inflows</b>	<b>31,088,541</b>	<b>31,754,153</b>	<b>682,978</b>
<b>NET POSITION</b>			
Net investment in capital assets	2,047,702	1,976,981	(70,721)
Unrestricted	(14,629,757)	(13,833,248)	796,509
<b>Total net position</b>	<b>\$ (12,582,055)</b>	<b>\$ (11,856,267)</b>	<b>\$ (725,788)</b>

For internal use only. These financial statements have not been audited, and no assurance is provided.

# MONROE CMH

## Statement of Activities

October 1, 2022 through August 31, 2023

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Favorable (Unfavorable)
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 37,670,004	\$ 41,094,550	\$ 37,739,923	\$ 3,354,627
Medicaid - Settlement	(226,595)	(247,195)	105,849	(353,044)
Healthy Michigan	2,762,252	3,013,366	2,751,508	261,858
Healthy Michigan - Settlement	286,814	312,888	216,356	96,532
Behavior Health Home	105,598	115,198	8,423	106,774
State General Funds	1,585,819	1,729,984	1,756,848	(26,864)
State General Funds - Carryover	(442,206)	(482,407)	(136,055)	(346,352)
County appropriations	914,653	997,803	997,803	0
Charges for services	170,433	185,927	195,659	(9,732)
Other grants	1,446,184	1,577,655	1,182,266	395,389
Other revenue	(1,363,416)	(1,487,363)	49,689	(1,537,052)
<b>Total operating revenue</b>	<b>42,909,540</b>	<b>46,810,407</b>	<b>44,868,270</b>	<b>1,942,138</b>
<b>Operating expenses</b>				
Administration				
Salaries	1,946,003	2,122,912	1,767,941	354,971
Benefits	844,882	921,689	(38,457)	960,147
Other	1,414,709	1,543,319	1,158,784	384,535
Internal Services				
Salaries	4,512,335	4,922,547	3,990,650	931,898
Benefits	4,055,911	4,424,630	324,925	4,099,705
Other	1,539,471	1,679,423	1,064,445	614,978
Provider Network Services	26,432,287	28,835,222	27,431,676	1,403,546
Facility costs	972,499	1,060,908	1,010,753	50,155
Vehicle costs	70,148	76,525	59,978	16,547
Grant expenses	1,109,230	1,210,069	1,250,103	(40,034)
Other expenses	268,416	292,817	5,175	287,642
Room & Board	469,437	512,113	891,182	(379,069)
<b>Total operating expenses</b>	<b>43,635,328</b>	<b>47,602,176</b>	<b>38,917,155</b>	<b>8,685,021</b>
Change in net position	(725,788)	(791,769)	5,951,115	\$ (6,742,883)
<b>Net position, beginning of year</b>	<b>(11,856,267)</b>	<b>(11,856,267)</b>	<b>(17,807,381)</b>	
<b>Net position, end of year</b>	<b>\$ (12,582,055)</b>	<b>\$ (12,648,036)</b>	<b>\$ (11,856,267)</b>	

For internal use only. These financial statements have not been audited, and no assurance is provided.



# MONROE CMH

## Statement of Activities

Mental Health - Budget to Actual

October 1, 2022 through August 31, 2023

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 19,574,468	\$ 17,943,263	\$ 37,670,004	\$ 19,726,742
Medicaid - Settlement	-	-	(226,595)	(226,595)
Healthy Michigan	-	-	2,762,252	2,762,252
Healthy Michigan - Settlement	-	-	286,814	286,814
Behavior Health Home	-	-	105,598	105,598
State General Funds	786,357	720,827	1,585,819	864,992
State General Funds - Carryover	-	-	(442,206)	(442,206)
County appropriations	453,547	415,751	914,653	498,902
Charges for services	60,478	55,438	170,433	114,995
Other grants	829,472	760,349	1,446,184	685,835
Other revenue	20,993	19,244	(1,363,416)	(1,382,660)
<b>Total operating revenue</b>	<b>21,725,315</b>	<b>19,914,872</b>	<b>42,909,540</b>	<b>22,994,668</b>
<b>Operating expenses</b>				
Administration				
Salaries	1,064,211	975,527	1,946,003	970,476
Benefits	384,060	352,055	844,882	492,827
Other	744,467	682,428	1,414,709	732,281
Internal Services				
Salaries	2,465,856	2,260,368	4,512,335	2,251,967
Benefits	976,994	895,578	4,055,911	3,160,333
Other	537,002	492,252	1,539,471	1,047,219
Provider Network Services	13,671,676	12,532,370	26,432,287	13,899,917
Facility costs	552,525	506,481	972,499	466,018
Vehicle costs	41,209	37,775	70,148	32,373
Grant expenses	872,709	799,983	1,109,230	309,247
Other expenses	3,270	2,998	268,416	265,418
Room & Board	411,304	377,029	469,437	92,409
<b>Total operating expenses</b>	<b>21,725,283</b>	<b>19,914,843</b>	<b>43,635,328</b>	<b>23,720,485</b>
Change in net position	32	29	(725,788)	(725,817)
<b>Net position, beginning of year</b>	<b>(11,856,267)</b>	<b>(11,856,267)</b>	<b>(11,856,267)</b>	<b>-</b>
<b>Net position, end of year</b>	<b>(11,856,235)</b>	<b>(11,856,238)</b>	<b>(12,582,055)</b>	<b>(725,817)</b>

For internal use only. These financial statements have not been audited, and no assurance is provided.