



# MONROE COMMUNITY MENTAL HEALTH AUTHORITY

## BOARD MEETING

February 28, 2024 – 5:00 p.m. / Aspen Room

Draft Agenda

### **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 January 24, 2024 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. Substance Use Disorder (SUD), Access, and Resources	
<b>IX. Board Committee Reports</b>	<b>05 min</b>
a. <b>Motion to Place on File All Written Committee Reports</b>	
i. Bylaws & Policy	
ii. Clinical Operations	
iii. Community Relations	
iv. Executive	
v. Performance Evaluation	

<b>X.</b>	<b>Items for Board Action</b>	<b>15 min</b>
	<ul style="list-style-type: none"> <li>a. <b>Consideration to Approve a Board Stipend for any Board Member Participating in the St. Joes Center for Hope Tour on February 29, 2024</b></li> <li>b. <b>Consideration to Approve a Board Stipend for Board Members Participating at the Bedford Business Fair on March 9, 2024</b></li> <li>c. <b>Motion to Accept the Performance Evaluation Committee’s Recommendation for the Chief Executive Officer Performance Evaluation (<i>handout</i>)</b></li> </ul>	
<b>XI.</b>	<b>Authority and Regional Policy Review/Approval</b>	<b>05 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> POC7057-P10 Blood Pressure Readings and Response Procedure POC7067-P4 Autism Testing Referral Procedure POC7067-P3 CCBHC Targeted Service Catchment Area Procedure</li> <li>iii. <b>Exhibit:</b> POC7067-E7 CCBHC Access Flowchart Exhibit POC7067-E8 CCBHC Eligibility Chart Exhibit POC7067-E9 Autism Evaluation Internal Referral Exhibit</li> <li>iv. <b>Rescind:</b> POC7063 Nursing Process Procedure POC7057-P8 Taking a Manual Blood Pressure Procedure POC7057-P9 Taking a Blood Pressure with Digital Monitor Procedure POC7080-P1 Fall Risk Procedure</li> <li>v. <b>Relocate:</b> POC7063-P1 Fall Risk Procedure Relocate to POC7082-P3</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> POC7052 Clinical Practices Guidelines Policy</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 – Included in Packet</li> </ul> </li> <li>b. CMHAM Policy and Legislation Committee Report</li> </ul>	
<b>XIII.</b>	<b>Items from the Chief Executive Officer</b>	<b>15 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>00 min</b>
<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, March 27, 2024 beginning at 5:00pm in the Aspen Room.**

LG/dp 4:25 p.m.



**BOARD OF DIRECTORS REGULAR MEETING MINUTES  
January 24, 2024**

- Present:** Michael Humphries, Chairperson; Catherine Bernhold, Secretary; John Burkardt; Deb Staelgraeve; Ken Papenhagen; Dawn Asper; Chantele Steffens; and LaMar Frederick
- Excused:** Susan Fortney, Vice Chairperson; Rebecca Curley; Pam Ray; and Rebecca Pasko
- Absent:**
- Staff:** Lisa Graham
- Guests:** 14 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**

Ken Papenhagen moved to adopt the draft agenda as presented. Deb Staelgraeve supported. Discussion followed. Motion carried unanimously.

**V. CONSIDERATION TO APPROVE THE MINUTES FROM THE DECEMBER 12, 2023 BOARD MEETING AND WAIVE THE READING THEREOF**

John Burkardt commented that YouTube was spelled incorrectly in the minutes under Board Announcements.

John Burkardt moved to approve the minutes with amendment for the December 12, 2023 Board Meeting and waive the reading thereof. LaMar Frederick supported. Motion carried unanimously.

**VI. FEEDBACK SUMMARY**

Mike Humphries reviewed feedback from the December 12, 2023 Board Meeting.

**VII. CITIZEN COMMENTS**

There were no citizen comments.

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

- a. **Recipient Rights Annual Report** – Shelley Koyl and Coy Hernandez, Recipient Rights Officers, presented the FY2023 Executive Summary for the Recipient Rights Annual Report. The Executive Summary is a synopsis of the data that occurred throughout the fiscal year. The status of the Rights System in Monroe is doing a good job. The Rights Officers are pleased with the contact received from staff and providers. There were no trends for FY2023.

LaMar Frederick asked if there were any state measures to know if we are doing good, bad, or indifferent. Shelley Koyl commented that there are no required measures within our region or within the state. There is no baseline. You would think that getting no violations is a good thing, but it is not. The Rights Office encourages staff and providers to report.

- b. **Employee Engagement Survey Results** – Jim Brown commented that the Board contracted with a 3<sup>rd</sup> party, HSD Matrix, to conduct an annual Employee Engagement Survey and provide Exit Interviews. Jim Brown introduced Brenda Cahill from HSD Matrix who presented the results of the 2023 Employee Engagement Survey highlighting their survey methodology, level 1 and level 2 factors, how the data was measured, how to interpret the data and heatmaps.

Jim Brown commented that the overall score of 3.78 for the Employee Engagement Survey is favorable. There were three areas the Executive Leadership Team identified as improvement priorities by result of the survey. Pay, Benefits, and Coordination between Groups and Departments. Jim presented items that are currently being worked on or have already been accomplished for the three improvement priorities. Other areas of focus will be: 2024 is a Contract Negotiations year and we will be looking at employee wages compared to other CMHs in the state of Michigan and working with the Board for a compensation strategy; we will conduct a benefits survey to identify the benefits most important to our staff to better accommodate staff in the following year; and we will do a deeper dive into Coordination between Groups and Departments to better understand the “why” before acting.

- c. **Financial Report and Contracts** – Richard Carpenter presented the November 2023 Financial Report. Richard reminded the Board that the FY2023 Financial Audit has not yet been completed and that numbers in the November Report are unaudited numbers. There was also a general ledger transition to Standard Cost Allocation (SCA) on October 1, 2023 and due to this transition in the middle of the audit, the numbers are likely to change between now and next month.

Richard commented on: Medicaid eligibles trending down as anticipated and will continue to trend down until June of 2024. If this becomes a budgetary issue it will be brought back to the Board. It may not be an issue for this year, but it could be for FY2024-20255; our cash position has increased significantly. We received \$4 million of the \$6 million from the PIHP FY2018-2019 settlement. These funds were spent in prior years so it will not have a positive budget impact for us, it is a reimbursement only; for the CCBHC Program, every day we provide a service for a T1040 we must move funding buckets. There is a section called CCBHC Medicaid which is a new thing we haven't had to do before, but the state has given us guidance. We receive \$0 funding for non-Medicaid CCBHC consumers. We must calculate our expenses but take that from our state general fund. Our general fund contract allows us to use funds for non-Medicaid CCBHC consumers; the Medicaid program, we are underspent by approximately \$1 million and over the course of the year looking to break even; Healthy Michigan will decline faster and if it becomes a deficit can use Medicaid break even. We are seeing this consistent with every CMH across the state and within our region; individuals that used to have a spend down now have a spend down once again due to the public health emergency ending. We are also seeing individuals that are re-enrolled into Medicaid, but we are not getting funding for that. The state is saying they are Medicaid eligible, but their services are not covered. There are conversations at the state level that those services need to be covered.

Chantele Steffens requested to review the November Financial Report in further depth at the Business Operations Committee.

Richard summed up the presentation with the budget to actual report showing a net positive of \$248,758 and that we were able to take care of consumers that did not have Medicaid.

**IX. BOARD COMMITTEE REPORTS**

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

John Burkardt moved to place on file all written reports. Ken Papenhagen supported. Motion carried unanimously.

Written reports on file: Bylaws & Policy; Clinical Operations; Executive; Performance Evaluation; and Recipient Rights.

**X. ITEMS FOR BOARD ACTION**

**a. Motion to Approve the Consent Agenda Less Item \_\_\_\_\_**

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

LaMar Frederick moved to approve the Service Contracts as presented. Catherine Bernhold supported. Roll call: In favor: Staelgraeve, Papenhagen, Asper, Bernhold, Humphries, Burkardt, Frederick, and Steffens; opposed: none; motion carried unanimously.

**b. Motion to Accept the Recommendations from the Recipient Rights Advisory Committee for FY2023-2024**

John Burkardt moved to accept the recommendations from the Recipient Rights Advisory Committee for FY2023-2024. Deb Staelgraeve supported. Motion carried unanimously.

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

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

- i. Policy: N/A
- ii. Procedure: N/A
- iii. Exhibit: N/A
- i. Rescind: N/A

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

- i. Policy: N/A

There were no local or regional policies to approve in January.

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

**a. Regional Reports**

- i. Regional PIHP Board Meeting Minutes – LaMar Frederick commented that a budget amendment may be possible next month in view of the difference in eligibles and what was projected for when the budget was put together.
- ii. State Legislation and Policy Committee Report – N/A

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

- a. Financial Report – Richard Carpenter presented the financial report.
- b. Chief Executive Officer’s Report included an update on: Promoting Employment Opportunities, Staffing, CCBHC, Customer Service, First Impression Campaign, FY2023 Annual Submission, and CCBHC Promotions Tour.

LaMar Frederick commented that after the Bedford Township presentation, there is a TV channel that rotates on the TV station, could we get a page that would show for 15-20 seconds on how to get in touch with MCMHA? Lisa will provide LaMar with the information requested.

Mike Humphries commented that he has had some positive feedback on Lisa’s presentation at the Bedford Township. It seems to have been very well received.

Lisa will let Board Members know when the promotional tour presentations are scheduled in the community so they can attend.

**XIV. NEW BUSINESS**

**XV. CITIZEN COMMENTS**

There were no citizen comments.

**XVI. BOARD ANNOUNCEMENTS**

Deb Staelgraeve commented on the Night to Shine with Tim Tebow happening at the Monroe County Community College. Go Lions!

Chantele Steffens commented on the upcoming Bedford Business Fair and there may be a need for some volunteers for March 9<sup>th</sup> from 10am-5pm. Let Bridgitte Gates know if you can volunteer.

**XVII. ADJOURNMENT**

Mike Humphries adjourned the meeting at 7:04pm.

Submitted by,

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Catherine Bernhold  
Board Secretary

LG/dp  
1/30/24



**BOARD BUSINESS OPERATIONS COMMITTEE**  
**Wednesday, February 21, 2024**  
**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 5:03pm. LaMar Frederick, Ken Papenhagen, Rebecca Curley, Chantele Steffens, Susan Fortney (arrived at 5:33pm), Lisa Graham, Richard Carpenter, and Jim Brown were present. Pam Ray and Mike Humphries were excused.

**II. BUSINESS OPERATIONS**

a. Facilities

- i. Both the Jail Diversion and Crisis Mobile Unit Teams have moved to the Harbor Light location and are up and running.
- ii. An internal committee has been formed to review agency space needs.
- iii. Facilities will be securing bids to resurface the parking lot in the Spring as contractors were not available to complete prior to Winter.

b. Technology

- i. The Board approved technology for security needs and the Information Systems (IS) Team is moving forward with implementation. Lisa Graham commented that she could provide an update on Technology at the March Meeting.
- ii. A 3<sup>rd</sup> IS position has been posted to focus on the helpdesk and more day-to-day items.

- c. Committee members commented on the development of the Strategic Plan and requested to be informed of any changes to the leadership structure to be supportive as the agency grows due to CCBHC.

**III. FINANCE**

a. Items for Board Action (Consent Agenda)

- i. There were no Administrative Contracts or Service Contracts to recommend for approval in February.

b. Financial Reports

- i. The Fiscal Finance Report for Trends, 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 December financials highlighting:

1. The revenue and eligible trend on the revenue side, from October through December, as compared to same time last year, is not as high as we hoped it would be. We hoped the state would increase the rate as we expected to lose eligibles. Richard commented that he is working with CFOs across the state of Michigan to review trends and is sharing that information with the state to discuss a rate adjustment. That will happen by the end of this month. The amount of revenue the state budgeted for is not problem, they are not pushing out the funds quick enough.

Chantele Steffens requested for an update in May for any leadership structural changes, staffing needs, or agency space needs due to rapid agency growth with CCBHC.

2. The revenue and expenses by fund source page has been restructured to be user friendly for board members. This page is structured for how the PIHP views Monroe CMH. This is the Medicaid that flows through the PIHP and is the actual dollars in and dollars out.

The 2<sup>nd</sup> page of revenue and expenses by fund source is actual cash earned (billings to date). This is based on the CCBHC T1040s we billed for. Monroe is doing a great job at getting T1040s submitted, however, the PIHP only allows us to bill the state once per month. With once-a-month billing, information may be missing from the financial report and an estimate would need to be provided. Example: if we are aware that there are 1000 T1040s submitted but not yet paid by the state, there would be a \$400,000 difference in the financial report. Lisa Graham commented that she is working with the PIHP at all levels of leadership to request the PIHP to submit claims to the state more frequently than once per month. Once a week would be ideal but even twice a month is better than once. We continue to make our case on how important that is for Monroe. LaMar Frederick and Rebecca Curley, PIHP Board Representatives, commented they will propose the question of how do other PIHPs bill for CCBHC funds at the next PIHP Board Meeting, to begin the discussion.

Lis Graham commented that there is a regional policy on year-end close out. If we show a surplus with 2 months left in the year, the Board may ask, can we spend it? The regional policy states we must come within 5% of our budget at year end. Within that 5%, we must stay in line with other affiliation partners. Other affiliate partners reported a surplus and Monroe reported a deficit but was within 3% of the budget. With Monroe reporting a deficit within the allotment, Monroe had to explain the deficit as other affiliate partners had a surplus. The PIHP is going to expect Monroe's year end to be like everyone else's within the region. Right now, this is the regional policy. There is an expectation.

Chantele Steffens asked what caused the deficit. Lisa commented that it was due to Specialized Residential Services and serving 11% more consumers than in the prior year. We will be keeping an eye on this in FY2023-2024 but when the Board sees that we have a Medicaid surplus, Lisa will provide a report out of where the other affiliate partners are as well to follow the current regional policy.

The 3<sup>rd</sup> page of revenue and expenses by fund source covers the state general fund, all other grants/local and total non PIHP sources. With the end of the public health emergency, individuals are falling off Medicaid and showing up as having no eligibility. In the Plan First Medicaid Plan, there is a gap as it doesn't cover mental health services. We suspect the issue is that the Plan First for Medicaid Plan is easier to qualify for as people are being reinstated. We are working with the MDHHS Office to have consumers be put back onto the correct Medicaid Plan. In the meantime, we continue to provide services and once consumers are reinstated to the correct Medicaid Plan we can retro back for 3 months.

LaMar Frederick recommended adding an additional staff, a fact checker, to review all coding is completed correctly and to get consumers back onto the correct Medicaid Plan.

Lisa Graham commented that we are only allowed to bill for 1 CCBHC service per day. Even if the consumer received more than 1 service under CCBHC, we can only bill for one service per day. This is another area we will be looking into to see how often this happens and is impacting CCBHC funding.

**V. INFORMATIONAL ITEMS**

**VI. PARKING LOT**

- a. March 2024: Technology Update – Lisa Graham
- b. May 2024: Review Needs for Agency Growth (Leadership Changes, Staffing Needs, Agency Space) – Chantele Steffens
- c. May 2024: Review of Surplus Funds and How it Can be Utilized – LaMar Frederick
- d. Union Contract Negotiations: Year End Bonus – Chantele Steffens

**VII. ADJOURNMENT**

The meeting adjourned at 6:15pm. The Business Operations Committee's next meeting is scheduled for **Wednesday, March 20, 2024** at 5pm in the Aspen Room.

Respectfully submitted,

*LaMar Frederick (sp)*

LaMar Frederick  
Business Operations Chair

2/22/24





**BOARD BYLAWS & POLICY COMMITTEE**  
**Thursday, December 14, 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 5:23pm. Catherine Bernhold, Susan Fortney, John Burkardt, and Lisa Graham were present. Pam Ray, Rebecca Pasko, and Mike Humphries were 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
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**III. REVIEW BOARD GOVERNANCE POLICY MANUAL**

- a. Review of Annual Board Performance and Self Evaluation Tool – The committee reviewed a Board Performance and Self Evaluation Questionnaire and began to amend questions. Next meeting will start off with Section C.
- b. Policy 4.4 Monitoring Board Performance - The committee will develop a policy for Board Performance and attach the annual Board Performance and Self Evaluation Questionnaire.

**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. Add Policy 4.4 Board Performance

**VI. AJOURNMENT**

The meeting adjourned at 6:18pm.

**VII. NEXT MEETING**

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Thursday, January 18, 2024** at 5:00pm.

Respectfully submitted,  
*Catherine Bernhold (dp)*

Catherine Bernhold  
Committee Chair

12/15/23



**BOARD BYLAWS & POLICY COMMITTEE**

Thursday, February 15, 2024

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 5:11pm. Catherine Bernhold, Susan Fortney, John Burkardt, Rebecca Pasko, and Lisa Graham were present. Pam Ray and Mike Humphries were excused.

**II. COMMITTEE BUSINESS**

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

<b>Policies:</b>	n/a
<b>Procedures:</b>	POC7057-P10 Blood Pressure Readings and Response Procedure POC7067-P4 Autism Testing Referral Procedure POC7067-P3 CCBHC Targeted Service Catchment Area Procedure
<b>Exhibits:</b>	POC7067-E7 CCBHC Access Flowchart Exhibit POC7067-E8 CCBHC Eligibility Chart Exhibit POC7067-E9 Autism Evaluation Internal Referral Exhibit
<b>Rescind:</b>	POC7063 Nursing Process Procedure POC7057-P8 Taking a Manual Blood Pressure Procedure POC7057-P9 Taking a Blood Pressure with Digital Monitor Procedure POC7080-P1 Fall Risk Procedure
<b>Relocate:</b>	POC7063-P1 Fall Risk Procedure Relocate to POC7082-P3

- b. Regional Policies

<b>Policies:</b>	POC7052 Clinical Practices Guidelines Policy
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The committee recommends the Authority and Regional Policies for approval at the February 28, 2024 Board Meeting.

Susan Fortney commented on a Professional Development Policy that is currently in the review process.

**III. REVIEW BOARD GOVERNANCE POLICY MANUAL**

- a. Section 3 and 4 of the Board Governance Policy Manual has been provided to the full Board for review and feedback. The committee will review feedback at their March 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.
- b. The committee will begin with Article D, Section V at their March meeting.

**V. PARKING LOT**

**VI. AJOURNMENT**

The meeting adjourned at 5:58pm.

**VII. NEXT MEETING**

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Thursday, March 21, 2024** at 5:00pm.

Respectfully submitted,  
*Catherine Bernhold (dp)*

Catherine Bernhold  
Committee Chair

2/22/24



**BOARD CLINICAL OPERATIONS COMMITTEE**  
**Wednesday, February 7, 2024**  
**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 5:01pm. Susan Fortney, Becca Curley, Rebecca Pasko, Chantele Steffens, Lisa Graham, Crystal Palmer, and Bridgitte Gates were present. Deb Staelgraeve and Mike Humphries were excused.

**II. CHIEF CLINICAL OFFICER UPDATE**

- a. Crystal Palmer pulled out the highlights from the Clinical Updates Report and created an Executive Summary for the committee. Crystal presented the Executive Summary highlighting information under the sections of Staff, Leadership, Community Outreach, and Services from the Strategic Plan.
  - i. Clinical Updates Report – Attachment A
    1. Crystal Palmer will update the Clinical Updates Report under Finance to state that Finance is addressed at the Business Operations Committee.
    2. Chantelle Steffens commented on the Clubhouse Accreditation and the building not being ADA accessible. Lisa Graham commented that we are in the process of looking for a new building and that given the fact that we have made all the improvements requested accreditors and are looking for a new building that this will not be a hinderance for accreditation.
    3. Chantelle Steffens commented that a few months ago she suggested bringing in a consultant to help address building space needs. Lisa Graham commented that we will most likely want to bring in a consultant when we are ready. For our building space and programs, we developed an internal workgroup to make some solid recommendations and then will bring in a consultant to discuss what we want to accomplish. A few months ago, this discussion was premature.
    4. Chantele Steffens commented on blood pressure monitoring, protocol, and education for Family/Guardians. Lisa Graham will follow up with Chantele.
    5. Chantele Steffens requested to learn more about what consumer groups are available and if these groups could be brought to the Clubhouse Board to make them more accessible.
  - ii. Crisis Mobile Utilization Report – Attachment A1
- b. Operations Update
  1. Bridgitte Gates presented the Operations Report highlighting the topics: Customer Services, External Providers, Kiosks; and 2<sup>nd</sup> Quarter Grievances.
    - i. Chantele Steffens and Susan Fortney confirmed their shift at the Bedford Business Fair for March 9, 2024. Chantele will ask someone from the Clubhouse to join her.

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

- a. Lisa Graham provided a presentation at Frenchtown Fire and also provided them with information for New Directions. Anyone that they encounter that may benefit from the program can give them a card with information on where to attend. This is part of the CCBHC promotional tour to educate the community. Lisa is on the agenda in April for a public school's presentation.

**IV. INFORMATIONAL ITEMS**

- a. The FY2023 Annual Submission is due to the state March 29, 2024. This year there is a Needs Assessment. Surveys are being conducted in the community and we are getting a good response rate. Survey responses along with data from the Health Department and MCOP will be reviewed to develop the top 5 needs of our community. We will prioritize the top 5 and provide a goal related to each. For the FY2024 Annual Submission we will be required to report on the progress made in each of the five areas. The FY2023 Annual Submission will be presented at the March 27, 2024 Board Meeting.

**V. PARKING LOT**

- a. March: FY2023 CMHPSM Annual Submission – Lisa Graham
- b. Engagement Strategy – Chantele Steffens

**VI. ADJOURNMENT**

The meeting adjourned at 6:00pm. The Board Clinical Operations Committee's next meeting is scheduled for **Wednesday, March 6, 2024** at 5pm in the Aspen Room.

Respectfully submitted,

*Susan Fortney (dp)*

Susan Fortney  
Clinical Operations Chairperson

2/19/24

## **STAFF**

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

- MCMHA continues to recruit and hire staff for current vacancies, which remains to be 16 at this time. We have had several internal transfers, which in turn leave vacancies in other areas.

## **LEADERSHIP**

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

- MCMHA continues to provide training to leadership in both group settings and individually as needed to build competent and accountable leadership.

## **COMMUNITY OUTREACH**

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

- MCMHA continues to be an active partner in the community and working with many community partners, such as but not limited to, Law Enforcement, Opportunity Center at the ALCC, Salvation Army, Disabilities Network, Paula's House, Fairview, Saleh Center, Health Department's Maternal and Child Health Services, Monroe Housing Commission, YMCA, Monroe County, and the Monroe Intermediate School District.
- There were 42 referrals made in December. 62% received some type of follow-up, services authorized, etc. 19% declined any further intervention and 19% did not respond to follow up.
- Certified Peer Support Specialists continue to provide support at the ALCC. There was only one 1:1 meeting but they did engage in 15 programs/activities during the month.

## **FINANCE**

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

- No updates at this time.

## **SERVICES**

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

- The Crisis Mobile Response Team is fully staffed with one supervisor, one peer and nine clinicians.
- Crisis Mobile responded to 12 initial calls in December, which were all face to face and averaged 1.79 hours.
- The average response time for Crisis Mobile was approximately 16 minutes which is likely due to 82% of the calls being in 48161 and 48162 zip codes.
- Enrollment for the CCBHC has increased from 946 members to 1381. This is a 46% increase in enrollment from the previous month.
- The data for incoming calls being answered is at 98%, which meets MCMHA's goal of 95%.
- The re-accreditation site visit for Crossroads Clubhouse is tentatively scheduled for April 2024.

## 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 January 30<sup>th</sup>:

- ACT Therapist – Internal transfer
- Case Service Manager – Adult
- Case Service Manager – Intellectual/Developmental Disability
- Case Service Manager – Jail Diversion
- Children's Therapist/Case Manager (2 positions)
- Evaluation & Admission Specialist (backfilling Maxim position)
- Home Based Clinician
- Hospital and Court Liaison
- Infant Mental Health Specialist- Internal transfer
- OBRA Assessor – Internal transfer
- Outpatient Therapist
- Peer Support Specialist (FT)
- Peer Support Specialist (PT)
- Program Supervisor (ACT)
- Youth Peer Support Specialist

The Clinical Department continues to have vacancies and is recruiting for open positions. This is mostly due to the inability to hire master's level clinicians and ongoing growth and movement within the agency. We have had a couple of resignations resulting in someone leaving the agency but mostly these are internal moves. We continue to work with the Human Resources Department and make efforts to attract and promote the opportunities at MCMHA to colleagues and colleges in the area.

## LEADERSHIP

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

As stated in the previous month, we have two (2) supervisors who are receiving 1:1 leadership training with a coach in order to ensure optimal performance in developing and leading their teams. ***This meets objective #3 Leadership will provide consistent and accurate communication under “Develop and Implement a Strategic Communication Plan with Input from Staff.”***

## 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.

We did extend the Universal Referral program to the YMCA. Therefore, we now have 9 agencies plus law enforcement utilizing the universal referral form. A list of the agencies are as followed:

- Opportunity Center at the ALCC
- Salvation Army
- Disabilities Network
- Paula's House
- Fairview
- Saleh Center
- Health Department's Maternal and Child Health Services
- Monroe Housing Commission
- YMCA

There have been 42 referrals which include both law enforcement and community partners. The outcomes of these cases are as follows:

- 13 were sent to their treatment teams for follow up
- 4 were referred and following through with Access
- 1 was screened by Access and referred for community counseling
- 6 were authorized for inpatient psychiatric
- 8 declined any further intervention
- 2 was sent to Youth Diversion for follow up
- 8 were no response

### **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.

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 December, we provided one 1:1 meeting. The peers also engaged in 15 programs/activities within the Opportunity Center.

***These items meet 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***

No updates at this time.

## 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 1/26/24, MCMHA has all ten (10) Crisis Mobile Response Team Staff. The main focus continues to be training these staff as we are committed to quality 24/7 coverage. Additionally, we are providing outreach in order to increase the number of responses.

Please see the attached report (Attachment #1) regarding December data from the Crisis Mobile Response Team. Note: The team is working to break down the numbers of how many referrals to each program per the Clinical Operations Committee request.

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

#### **Benesh Expansion**

The data provided below identifies the individuals zip codes who were scheduled at the Benesh building during FY24. It should be noted that the information includes all appointments whether they were held in-person or virtually.

Zip Code	Location	23-Oct	Nov-23	Dec-23	Total
48101	Ann Arbor	0	1	0	1
48103	Ann Arbor	0	0	0	0
48105	Ann Arbor	0	0	0	0
48117	Carleton	2	3	2	7
48131	Dundee	3	2	1	6
48133	Erie	4	2	4	10
48135	Garden City	0	0	0	0
48140	Ida	0	0	0	0
48144	Lambertville	0	1	0	1
48145	LaSalle	1	1	2	4
48157	Luna Pier	3	0	0	3
48159	Maybee	0	0	0	0
48160	Milan	6	3	2	11
48161	Monroe	49	27	22	98
48162	Monroe	15	16	11	42
48164	New Boston	0	0	0	0
48166	Newport	9	2	7	18
48177	Samaria	0	0	0	0
48179	South Rockwood	0	0	0	0
48182	Temperance	3	9	2	14
48191	Willis	1	0	0	1
48336	Fowlerville	1	0	0	1
49221	Adrian	0	0	1	1
49267	Ottawa Lake	1	0	0	1
49270	Petersburg	0	2	1	3
<b>Total</b>		<b>98</b>	<b>69</b>	<b>55</b>	<b>222</b>

Below a table is provided indicating out of the total number appointments scheduled each month for FY24, 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>October</b>	76%	52%
<b>November</b>	75%	48%
<b>December</b>	70%	59%

**Jail Misdemeanor IOP Program**

The Jail Misdemeanor IOP program continues to increase the number of enrollees and services provided. Below is data provided for December 2023:

- # assessed and enrolled: 13
- # of discharges: 8
- # currently in the jail IOP portion: 17
- # currently in the aftercare portion: 27
- # denied due to not interested: 7
- # denied due to not being in jail: 7
- # denied out of county: 0
- # waiting to be assessed: 4
- # waitlist: 5

**Training**

Infant and Early Childhood staff attended training on December 7<sup>th</sup> for enhancing therapy through play. The training included practical and affordable ways to incorporate play into the therapy session and how to support parent child interaction through the communication of play.

In FY2023, the Michigan Department of Health and Human Services (MDHHS) offered a funding opportunity for Assertive Community Treatment (ACT) Teams via APRA funding. MCMHA applied for the funds and was granted the funding. Some of the funds are to be used for training. Therefore, an ACT trainer has been contracted to help the team focus on model fidelity and the first training is scheduled for January 30<sup>th</sup>.

**Groups**

Parenting Through Change is a group-based parenting and family functioning intervention. The group session for enrolled consumers in the Fall has now ended and the team is reviewing feedback in order to improve service delay for future sessions. The upcoming cohort will start in late January and will last 10 weeks. Sessions are planned to be in person unless feedback indicates otherwise. Preparations have been made to offer both virtual and in-person sessions. The sessions will focus on teaching parents several methods for emotional regulation during times of stress as well as child specific tools for encouraging children towards compliance and offering praise.

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

In the month of December and January, additional eligible members were identified for CCBHC enrollment. As of January 25, 2024, there have been 1,381 members enrolled into CCBHC services. The



CCBHC Director, Data Analyst and Client Accounts Officer continue to ensure members are identified, have the correct insurance policy in the electronic health record, and are entered into the WSA system.

On December 22, 2023, CCBHC Program Director and Medical Director met to discuss the Zero Suicide Model and areas of collaboration to enhance suicide prevention and care at MCMHA. Also in December, the CCBHC Program Director and a group of supervisors met to discuss the current staffing needs and caseloads. A process is being drafted to ensure MCMHA is prepared to serve members timely. Additionally, all Program Directors met to discuss the importance of care coordination and agreed to work collaboratively to develop language to support access staff.

As previously stated, MCMHA will be a part of the Michigan Department of Health and Human Services (MDHHS) CCBHC Demonstration Project beginning October 1, 2023. 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.”**

#### **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.

*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.

*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. **In November, we experienced three (3) discharges. We have enrolled three (3) new members to return to 130 for December.**

\*\*\*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.

**Certification**

Trauma Focused – Cognitive Behavior Therapy (TF-CBT), one (1) of our evidenced based practice services, continues to be fostered. We currently have five (5) clinicians certified in this modality and two (2) master’s level children’s therapists are participating in the 35<sup>th</sup> Cohort Learning Collaborative with MDHHS.

Parent Management Training-Oregon Model (PMTO) is individualized sessions that teach parents ways to manage emotions and alleviate the strain of parenting children with serious mental health challenges. MCMHA recently added a fourth (4th) PMTO certified therapist and are proud to also have a State of Michigan fidelity implementor on our team. Two (2) of our certified PMTO therapists are also certified in Parenting Through Change (PTC), the group model and fulfill roles as coaches to our staff learning or maintaining the model.

Parenting Through Change (PTC) provides the same parenting strategies through a group model. MCMHA has one (1) certified therapist and one (1) in training. The most recent PTC group was not able to be counted towards certification due to lack of consumer participation. We are looking into the feedback from participants to identify the barriers to participation. The group started strong with lots of interest and enrollment but dwindled within the first two (2) weeks even after adding a virtual option. Only two (2) participants completed the 10-week group, which does not meet the requirement of a “fidelity group.” Additional dates and times are scheduled, and we are working with staff to complete the series to fidelity for successful certification.

**Crossroads Clubhouse**

The site visit for reaccreditation has a tentative date in April 2024. Once the self-study is completed and submitted, a specific date will be assigned. The Clubhouse Director continues to work with the appropriate parties to ensure all requirements are being met.

**MISCELLANEOUS**

**Call Volume Data**

Below is the call volume data for Fiscal Year 24.

	October-23	November-23	December-23
Incoming Calls	3929	3967	3418
Incoming calls minus abandon calls	3863	3905	3345
Calls Answered	3653	3680	3135
Missed/Abandoned Calls	66	62	73
Abandoned Calls	265	276	280
% incoming calls answered	93%	93%	92%
% incoming calls answered minus abandon calls	98%	98%	98%

*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. MCMHA has been working with 8x8 to clean up the data. There are calls that are “zero” seconds long which are still being considered abandoned or missed due to calls even though these could be cell phone calls dropped, etc. Therefore, with some assistance, MCMHA’s IT department is able to look at the calls a little more in depth and more accurately report the numbers. As you can see, during Fiscal Year 2024 in the first quarter, we are at 98%, which is over our goal of 95%.

Select Month:: 2023 - 12 (1) ▾



## Monroe County CMH Mobile Crisis Utilization Report

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

Month	Initial or Follow Up...	#	%
2023 - 12	Follow-Up	0	0%
2023 - 12	Initial	12	100%

1 - 2 / 2 < >

Month	Contact Type	Hours
2023 - 12	Indirect Contact (Phone/Email/Other)	0
2023 - 12	Contact Attempt	0
2023 - 12	Face-To-Face	12.5

1 - 3 / 3 < >

## Total Mobile Crisis Deployments

# 12

Month...	Contact Type	#	%
2023 - 12	Indirect Contact (Phone/Email/Other)	1	8%
2023 - 12	Contact Attempt	1	8%
2023 - 12	Face-To-Face	10	83%

1 - 3 / 3 < >

## Average Face-to-Face Interaction Time

# 1.79

Month	Avg F2F Contact
2023 - 12	1.79

1 - 1 / 1 < >

Select Month:: 2023 - 12

(1) ▾

## Time of Calls from Law Enforcement

### Time of day of calls:

Hour ▾	# Calls from Law Enforcement
00:00	0
01:00	0
02:00	0
03:00	0
04:00	0
05:00	1
06:00	0
07:00	0
08:00	1
09:00	1
10:00	2
11:00	0
12:00	0
13:00	1
14:00	0
15:00	0
16:00	0
17:00	1
18:00	0
19:00	2
20:00	1
21:00	2
22:00	0
23:00	0

Day #

No data

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

# Average Response Time (Minutes)

# 16.1

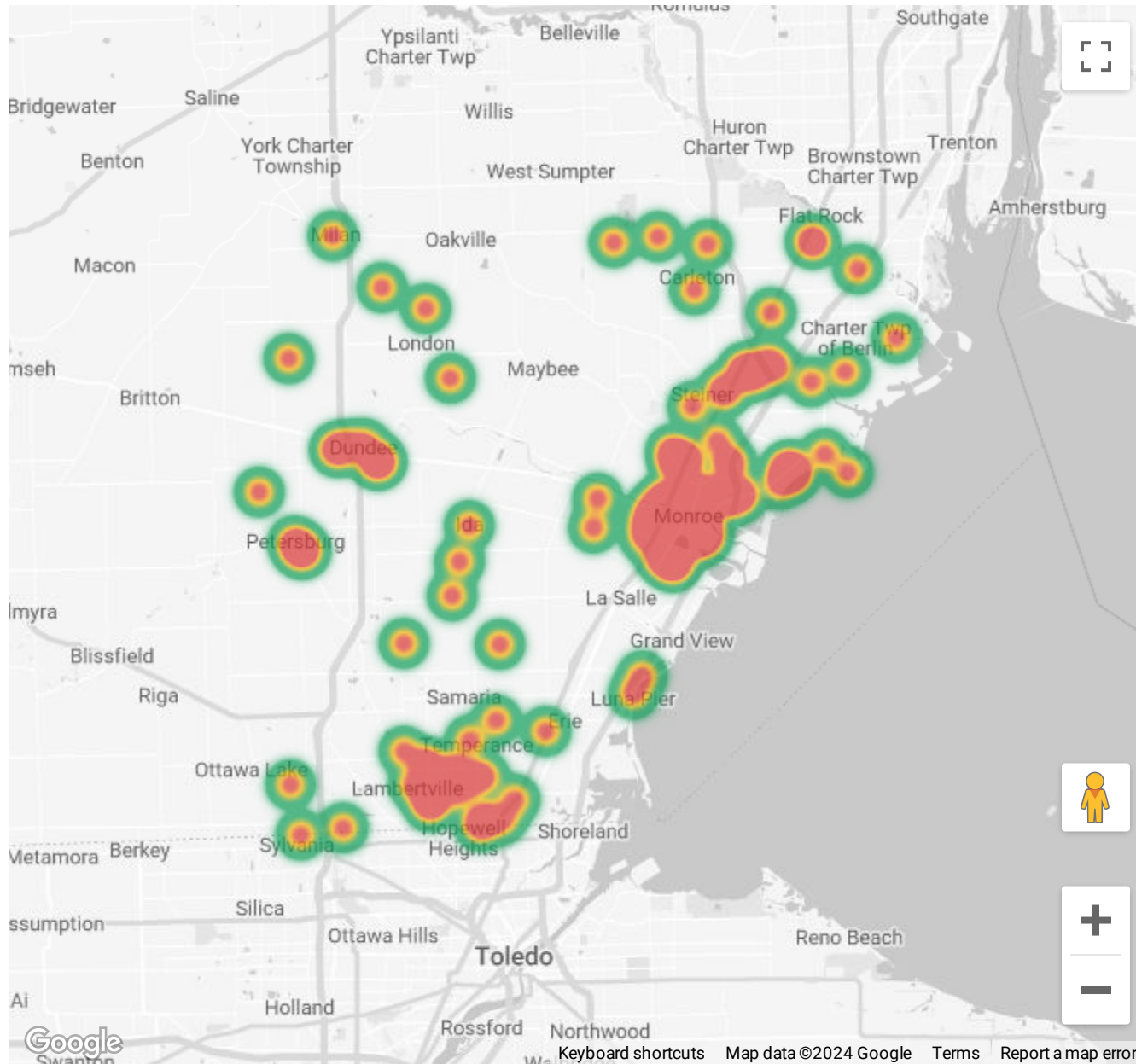
Month	Avg. Response Time ▾
2023 - 12	16.1

Select Month:: 2023 - 12

(1) ▾

# Location

## Mapping of locations deployed to:



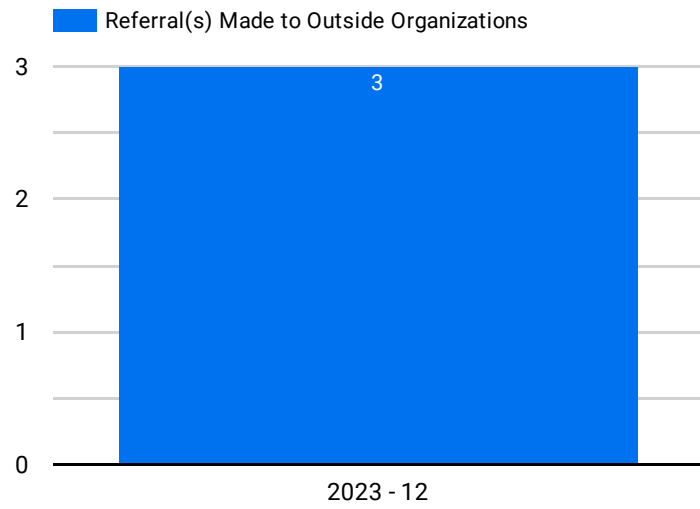
Month	Zipcode	#	%
2023 - 12	48182	0	0%
2023 - 12	48160	0	0%
2023 - 12	48173	0	0%
2023 - 12	48166	0	0%
2023 - 12	48117	1	9%
2023 - 12	48134	0	0%
2023 - 12	48161	3	27%
2023 - 12	48162	6	55%

call\_Address 0  1

Select Month:: 2023 - 12

(1) ▾

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



Month ① ▲	Referred to: ② ▲
2023 - 12	Harbor Light
2023 - 12	MCOP
2023 - 12	Promedica Monroe ED

Select Month:: 2023 - 12

(1) ▾

### **Where Referrals are Coming From:**

		Month / # Calls
Deployed by:		2023 - 12
Monroe City Police		6
Monroe County Sheriff's Dept.		2
ACCESS		2
CMH		1
Mobile Crisis Follow Up		1
Police Mental Health Referral		0
Self		0

### **Primary Issue or Diagnosis:**

(New question starting 12/2023).

		Month / #
Issue/Diagnosis		2023 - 12
Thought Disorder		4
Suicidal Ideation		2
Substance Abuse		2
Neurocognitive		0
Homicidal Ideation		1
Environmental		1
Domestic Violence		1



Select Month:: 2023 - 12

(1) ▾

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

# Narcan Kits Distributed

0

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

			Month / # / %
			2023 - 12
Race		#	%
White		7	58%
Not Collected		4	33%
Black or African American		1	8%

Select Month:: 2023 - 12

(1) ▾

## Number of calls per population - Age

			Month / # / %
			2023 - 12
Age		#	%
0 to 9		0	0%
10 to 17		1	8%
18 to 28		2	17%
29 to 39		1	8%
40 to 50		4	33%
51 to 61		3	25%
62 to 72		1	8%
73 to 83		0	0%
84 to 94		0	0%
95 +		0	0%
Not Collected		0	0%



## **Director of Operations Report – February 7, 2024**

### **Customer Services:**

- First Impression Training for all staff scheduled for April 18<sup>th</sup>.
- Bedford Business Fair – Saturday, March 9<sup>th</sup>
- Mental Health Community/Townhall Event – Thursday, May 23<sup>rd</sup> from 2 p.m. to 7 p.m. at 2 42 Church

### **External providers –**

- See attached Provider Survey data report.
- New Directions – hosted two events in Quarter 1, and had more visitors and contacts, starting to see more awareness amidst other social service programs.

### **Kiosks**

- For the month of January comments made from lobby kiosk:
  - “What you wish was here?” Stated – Good, Mrs. Jaclyn is (thumbs up emoji), stuff to do while in waiting room.
  - “How was your visit?” Comment - Consumers staff wasn’t there or was working from home.
  - “How satisfied were you with scheduling your appointment?” 1 unsatisfied – staff made appointment without checking with the consumer first.
- No responses for January from Prescriber kiosk.

## **Quarter 2 Grievances FY23/24 (January)**

### **12 grievances**

9 – resolved

- 8 were in favor of consumer
- 1 in favor of CMH

3 – pending

- 2 - waiting on consumer decision on options
- 1 – staff out of office

# MCMHA Performance Indicator Survey: External Providers

FY 2024 Q1: October 1, 2023 – December 31, 2023

Surveyed Providers		Retention	Training Compliance
# Sent Out	# Responses	Average Staff Retention	Average Training Compliance
32	28	89.27%	98.46%

## Greatest Challenges

Category	# of Providers
Staffing and Retention	19
COVID	3
Competitive Pay Rates	2
Scheduling Issues, both staff and consumer	1
Training Compliance	1
Remodeling taking place	1
Consumer engagement	1

## Greatest Successes

Category	# of Providers
New Consumers	9
Consumer successes	6
Keeping Healthy (both staff and consumers)	4
Staffing and Retention	4
Training Compliance	3
CARF Accreditation	1
Completing required maintenance	1

## Supported Employment

Number of Providers	Number of Supported Employment Consumers	Consumers at Least 6 Months Employed
1	5	5

## Drop-In Center

Number of Providers	Average Daily Attendance	Average Meals Per Day
2	28	0

The supported employment provider that responded was Life Enrichment Academy, and drop-in center providers that responded were New Directions and Goodwill.

We sent out less surveys this quarter, as we have 4 less providers at this time. There were also 4 providers that did not complete the survey.

# PULSE FOR GOOD DATA

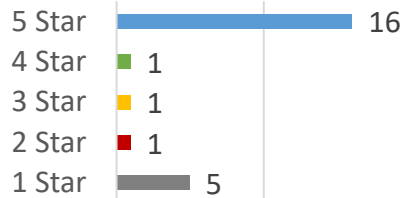


January 2024 / Location - Lobby Kiosk

Overall Rating: 4.39

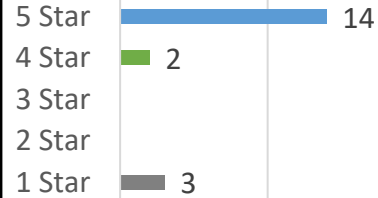
## How was your visit?

24 Responses / 3.92 Rating



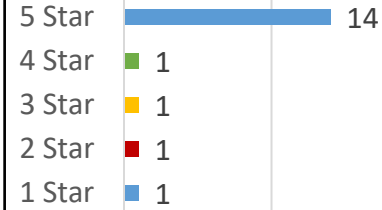
## Do you think this agency is a safe place to be?

19 Responses / 4.26 Rating



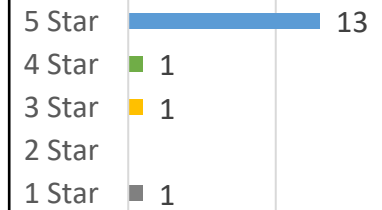
## How clean was it?

18 Responses / 4.44 Rating



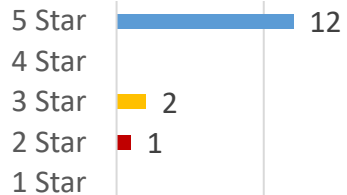
## How respectful was the staff?

16 Responses / 4.56 Rating



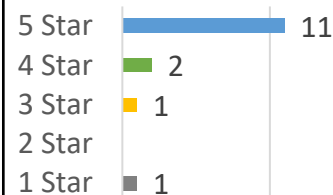
## How satisfied were you with scheduling your appointment?

15 Responses / 4.53 Rating



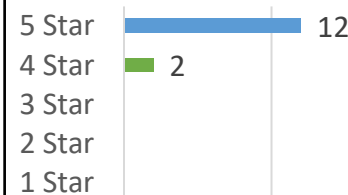
## How well did the appointment time work for you?

15 Responses / 4.47 Rating



## How convenient is our location?

14 Responses / 4.86 Rating



# PULSE FOR GOOD DATA

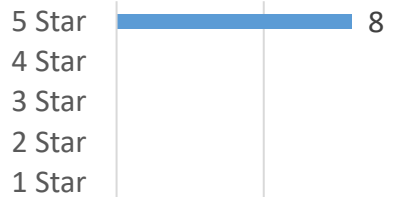
January 2024 / Location - Benesh Kiosk



Overall Rating: 4.88

How was your visit?

8 Responses / 5.00 Rating



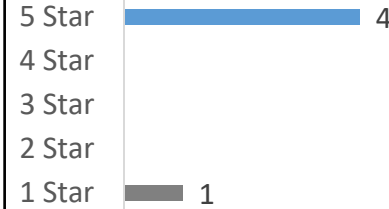
Do you think this agency is a safe place to be?

6 Responses / 5.00 Rating



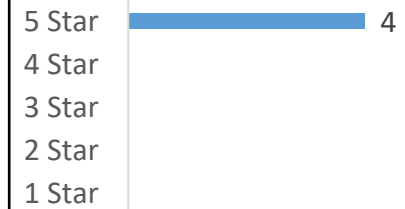
How clean was it?

5 Responses / 4.20 Rating



How respectful was the staff?

4 Responses / 5.00 Rating



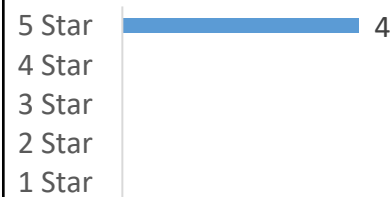
How satisfied were you with scheduling your appointment?

4 Responses / 5.00 Rating



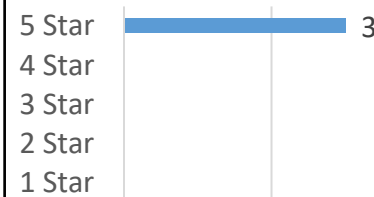
How well did the appointment time work for you?

4 Responses / 5.00 Rating



How convenient is our location?

3 Responses / 5.00 Rating





**BOARD COMMUNITY RELATIONS AD-HOC COMMITTEE**  
**Thursday, December 14, 2023**  
**4:00pm**

**MAJOR COMMITTEE RESPONSIBILITIES**

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

**COMMITTEE MEMBERS**

Rebecca Pasko, Chair; Dawn Asper; Rebecca Curley; Susan Fortney; and Michael Humphries (Ex-Officio)

**DRAFT MINUTES**

**I. CALL TO ORDER**

Mike Humphries called the meeting to order at 4:08pm. Rebecca Curley, Susan Fortney, Mike Humphries, Dawn Asper (arrived at 4:40pm), and Lisa Graham were present. Rebecca Pasko was excused. Jim Greene, Dykema, attended as a guest.

**II. FOLLOW UP FROM PREVIOUS MEETING**

- a. November Meeting Recap: Lisa Graham commented that the committee met last month, and Lisa could not attend. The committee decided to meet and talk about the goals of the committee and discuss finalizing the committee charge. During that meeting there were a lot of ideas discussed and there was a request to have corporate counsel attend the next meeting to know if the committee was heading in the right direction and clarify what the committee can and cannot do.
- b. Corporate Counsel provided guidance and support on the scope of the committee expressing a need for all activities of the committee to be centered around policy governance.

**III. NEXT STEPS**

- a. Next agenda
  - i. Discussion on how the committee will move forward after clarification from corporate counsel.
  - ii. Continue to review and amend the committee charge.
  - iii. Create a list of programs/services presentations for monthly board meetings.

**IV. PARKING LOT**

- a. Town Hall

**V. AJOURNMENT**

The meeting adjourned at 5:19pm.

**VI. NEXT MEETING**

The Next Meeting of the Board Community Relations Ad-hoc Committee is scheduled for **Thursday, January 18, 2024** at 6:00pm.

Respectfully submitted,

*Mike Humphries (dp)*

Mike Humphries  
Committee Chair  
2/23/24



## BOARD COMMUNITY RELATIONS AD-HOC COMMITTEE

Thursday, February 15, 2024

4:00pm

### MAJOR COMMITTEE RESPONSIBILITIES

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

### COMMITTEE MEMBERS

Rebecca Pasko, Chair; Dawn Asper; Rebecca Curley; Susan Fortney; and Michael Humphries (Ex-Officio)

### DRAFT MINUTES

#### I. CALL TO ORDER

Rebecca Pasko called the meeting to order at 4:11pm. Susan Fortney, Rebecca Pasko, and Lisa Graham were present. Rebecca Curley, Dawn Asper, and Mike Humphries were excused.

#### II. FOLLOW UP FROM PREVIOUS MEETING

- a. Recap from December Committee Meeting: Lisa Graham provided a recap from the December Meeting that included direction from corporate counsel. At the first meeting of the Community Relations Ad-hoc committee, there were a lot of ideas generated that were not the focus of the committee charge. We are a policy Board and when it comes to community relations, a committee like this could be valuable if we know what the community is experiencing problems with, asking questions on. There could be a lack of education where this committee could ask CMH what we are doing to address it. If the committee were to provide a list of topics to further educate the Board and community, a presentation could be provided at a board meeting monthly. The board meetings are recorded, and the presentation could be made available to the community through social media or the agency website.
- b. Programs/Services Presentations: The committee requested Lisa Graham to provide a monthly educational presentation at a Board Meeting on a program or services MCMHA provides and include what we can do and what we cannot do according to that program or service. The committee requested that the educational presentation either be recorded prior to the Board Meeting or recorded during the Board Meeting and posted on the agency website for community access. The committee requested the following topics:
  - i. Substance Use Disorder (SUD), Access, and Resources
  - ii. FY Annual Submission
  - iii. Assisted Outpatient Treatment (AOT)
  - iv. CCBHC Services (All 9 Core Services)The above educational presentations will begin in February and go through December 2024.
- c. Community Coalition Committee: Rebecca Pasko asked if there was a response from the Community Coalition Committee to have a member of the MCMHA Board Community Relations Ad-hoc Committee sit on the Community Coalition Committee as a representative. Lisa Graham commented that Deb Staelgraeve and Chantele Steffens already sit on the Community Coalition Committee but represent other organizations. Lisa will have further discussion with the Coalition partners and report back to the committee.

#### III. NEXT STEPS

- a. Next Meeting Agenda
  - i. Recap from February Meeting for members that could not attend
  - ii. List of monthly presentations for 2024
  - iii. Revel Update
  - iv. Community Coalition Update

#### IV. PARKING LOT

- a. Community Relations Ad-hoc Committee Charge
- b. Town Hall

#### V. AJOURNMENT

The meeting adjourned at 5:14pm.

#### VI. NEXT MEETING

The Next Meeting of the Board Community Relations Ad-hoc Committee is scheduled for **Thursday, March 21, 2024** at 6:00pm.

Respectfully submitted,

*Rebecca Pasko (dp)*

Rebecca Pasko  
Committee Chair

2/23/24





**BOARD EXECUTIVE COMMITTEE**  
**Wednesday, February 21, 2024**  
**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 6:17pm. Susan Fortney, Mike Humphries, Catherine Bernhold, and Lisa Graham were present.

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

- a. Board Agenda – Reviewed
- b. Presentation – Substance Use Disorder (SUD), Access, and Resources

**III. ITEMS FOR DISCUSSION**

- a. Add consideration for a board stipend for those that attend the St. Joes Tour or participate in the Bedford Business Fair.
- b. A Board Workshop is scheduled to follow the February 28, 2024 Board Meeting.

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

- a. Mar – Accept the FY2023 Annual Submission
- b. Apr – Appoint Nominating Committee
- c. May – Election of Officers; Recommendation for Representative to PIHP Board

**V. AJOURNMENT**

The meeting adjourned at 6:41pm.

**VI. NEXT MEETING**

The Next Meeting of the Executive Committee is scheduled for **Wednesday, March 20, 2024** at 6:00pm.

Respectfully submitted,

*Mike Humphries (dp)*

Mike Humphries  
Board Chairperson

2/22/24



## BOARD PERFORMANCE EVALUATION COMMITTEE

Wednesday, January 24, 2024

4:00pm

### MAJOR COMMITTEE RESPONSIBILITIES

1. Compile quarterly performance measures for Chief Executive Officer.
2. Compile quarterly performance measures for the Board.

### COMMITTEE MEMBERS

Board Chair  
Business Operations Chair  
Bylaws & Policy Chair  
Clinical Operations Chair

### DRAFT MINUTES

#### I. CALL TO ORDER

The meeting was called to order by Mike Humphries at 4:00pm. Mike Humphries, Susan Fortney, LaMar Frederick, Catherine Bernhold, and Lisa Graham were present.

#### II. REVIEW CEO SELF-EVALUATION AND FY2023 OUTCOMES REPORT

- a. The committee reviewed the CEO Self-Evaluation and FY2023 Outcomes Report with the Chief Executive Officer.

#### III. REVIEW CEO 360 FEEDBACK SURVEY RESULTS AND WRITTEN RESPONSES

- a. The committee reviewed the CEO 360 feedback survey results and written responses from Direct Reports, Board Members, the PIHP, and Community Partners with the Chief Executive Officer.

#### IV. NEXT STEPS

- a. The Performance Evaluation Committee to review the CEO Performance Evaluation Overall Summary with the Chief Executive Officer at the February 13, 2024 meeting.
- b. The Performance Evaluation Committee will present the CEO Performance Evaluation Overall Summary to the full Board at the February 28, 2024 Board Meeting. A motion to accept the committee's recommendation for the CEO's Performance Evaluation Overall Summary will be added to the February 28, 2024 Board Meeting Agenda.
- c. The Executive Administrative Assistant will provide the CEO Performance Evaluation Overall Summary to the full Board for review at the February 28, 2024 Board Meeting as a handout.

#### V. ADJOURNMENT

The meeting adjourned at 4:43pm. The next meeting is scheduled for Tuesday, February 13, 2024 beginning at 5:00pm.

Respectfully submitted,

*Michael Humphries (dp)*

Mike Humphries  
Performance Evaluation Committee Chair

1/25/24



## BOARD PERFORMANCE EVALUATION COMMITTEE

Tuesday, February 13, 2024

5:00pm

### MAJOR COMMITTEE RESPONSIBILITIES

1. Compile quarterly performance measures for Chief Executive Officer.
2. Compile quarterly performance measures for the Board.

### COMMITTEE MEMBERS

Board Chair  
Business Operations Chair  
Bylaws & Policy Chair  
Clinical Operations Chair

### DRAFT MINUTES

#### I. CALL TO ORDER

The meeting was called to order by Mike Humphries at 5:00pm. Mike Humphries, Susan Fortney, LaMar Frederick, Catherine Bernhold, and Lisa Graham (joined committee at 5:30pm) were present.

#### II. REVIEW OF CEO PERFORMANCE EVALUATION OVERALL SUMMARY WITH CHIEF EXECUTIVE OFFICER

- a. The committee is in the process of writing the CEO Performance Evaluation Overall Summary.
- b. The committee will provide a written report to the full Board at the February 28, 2024 Board Meeting.

#### III. NEXT STEPS

- a. The Performance Evaluation Committee will present the CEO Performance Evaluation Overall Summary to the full Board at the February 28, 2024 Board Meeting. A motion to accept the committee's recommendation for the CEO's Performance Evaluation Overall Summary will be added to the February 28, 2024 Board Meeting Agenda.
- b. The Executive Administrative Assistant will provide the CEO Performance Evaluation Overall Summary to the full Board for review at the February 28, 2024 Board Meeting as a handout.

#### IV. ADJOURNMENT

The meeting adjourned at 6:00pm. The next meeting is scheduled for Tuesday, March 19, 2024 beginning at 5:00pm.

Respectfully submitted,

*Michael Humphries (dp)*

Mike Humphries  
Performance Evaluation Committee Chair

2/14/24

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  
REGULAR BOARD MEETING MINUTES  
February 14, 2023**

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

**Members Not Present For In-Person Quorum:** Patrick Bridge, Mary Pizzimenti, Alfreda Rooks, Annie Somerville, Ralph Tillotson

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

**Guests Present:**

- I. Call to Order  
Meeting called to order at 6:02 p.m. by Board Chair Bob King.
- II. Roll Call
  - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented  
**Motion by J. Ackley, supported by M. Welch Marahar, to approve the agenda**  
**Motion carried**
- IV. Consideration to Approve the Minutes of the 12-13-2023 Meeting and Waive the Reading Thereof  
**Motion by M. Welch Marahar, supported by J. Ackley, to approve the minutes of the 12-13-2023 meeting and waive the reading thereof**  
**Motion carried**
- V. Audience Participation  
None
- VI. Old Business
  - a. Board Information: Finance Report through December 31, 2023
    - M. Berg presented. Discussion followed.
    - M. Berg presented eligibles projected for the rest of FY2024.
- VII. New Business
  - a. Contracts  
**Motion by M. Welch Marahar, supported by H. Terrill, to authorize the CEO to execute the contracts/amendments as presented**  
**Motion carried**
  - b. FY2023 Quality Assessment and Performance Improvement (QAPIP) Evaluation

**CMHPSM Mission Statement**

*Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.*

**Motion by M. Welch Marahar, supported by H. Terrill, to approve the annual summary and evaluation of the Quality Assessment and Performance Improvement Program (QAPIP) for FY2023**  
**Motion carried**

- C. Witherow presented.
  - For future reports, the Board requested a summary of the goal areas that weren't met and that were partially met.
  - The Board also requested a higher level executive summary for future reports.
- c. CEO Performance Review Committee for April 2024 Review
- The performance review tool is ready for board review.
  - Last year's CEO Performance Review Committee will serve in the role again: M. Serio, M. Welch Marahar and R. Tillotson. If R. Tillotson does not join the committee this year, R. Pasko will take his place.
  - J. Colaianne will provide review materials for the board's consideration in April. The formal review will take place at the June Regional Board meeting.

VIII. Reports to the CMHPSM Board

- a. Board Information: SUD Oversight Policy Board  
At the December meeting, the OPB elected officers for FY2024 and received an overview on FY2023 programming.
- 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.

IX. Adjournment

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

- The meeting was adjourned at 6:55 p.m.

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Rebecca Pasko, CMHPSM Board Secretary

**CMHPSM Mission Statement**

***Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.***



MONROE  
COMMUNITY  
MENTAL  
HEALTH

December 2023

Board Report

# Table of Acronyms

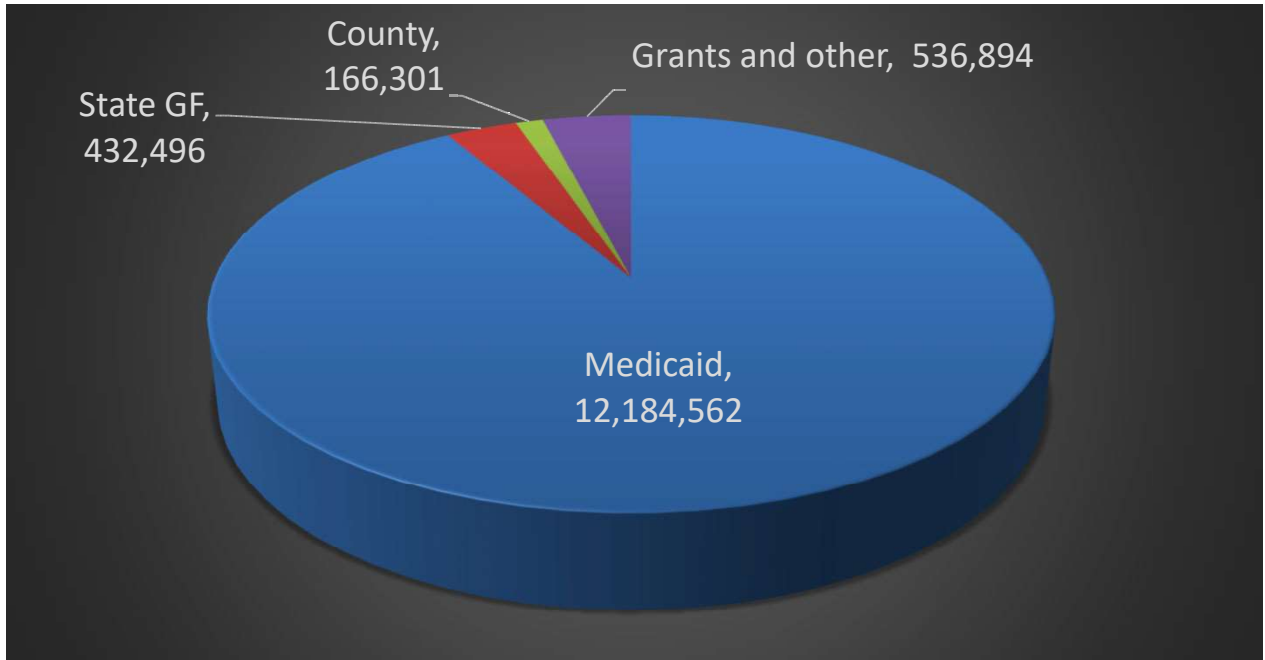
<u>Acronym</u>	<u>Full Description</u>
DAB	Disabled, Aged, & Blind
HMP	Healthy Michigan Plan
HSW	Habilitation Supports Waiver
TANF	Temporary Assistance for Needy Families
CWP	Child Waiver Program
SEDW	Severe Emotional Disturbance Waiver
HHBH	Health Home - Behavioral Health
CMHSP	Community Mental Health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

# MONROE CMH

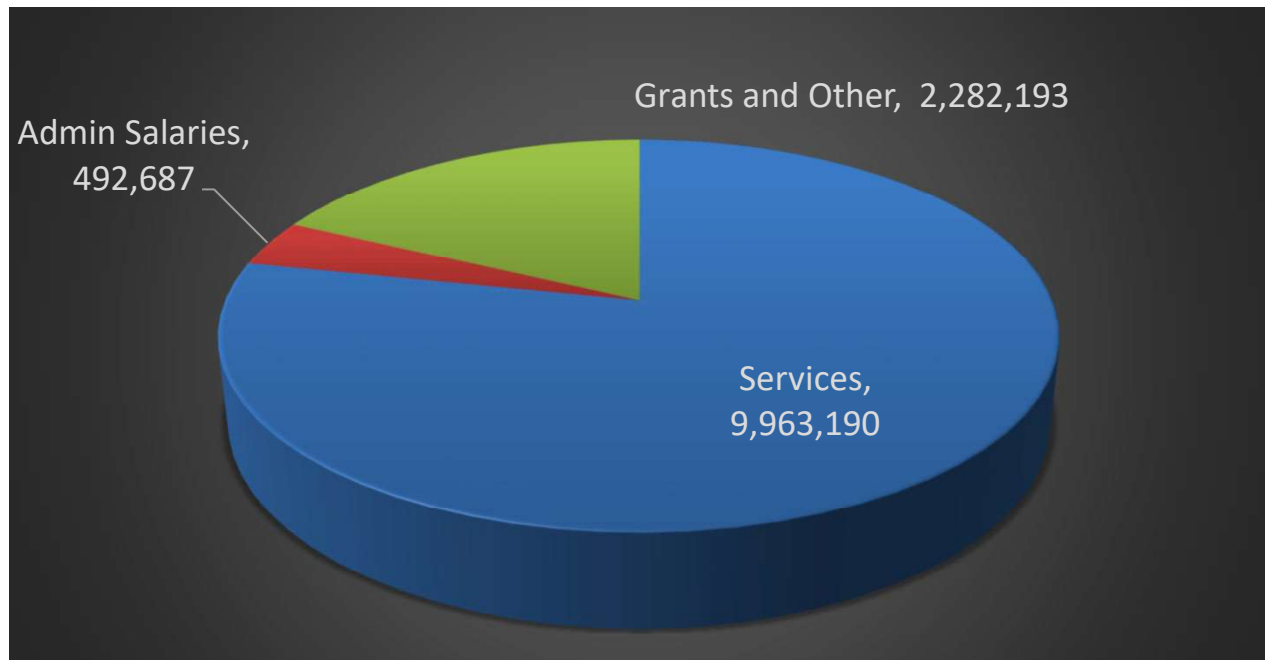
## December 2023 Trends

### Sources and Uses

#### Revenues by Source



#### Expenditures by Category

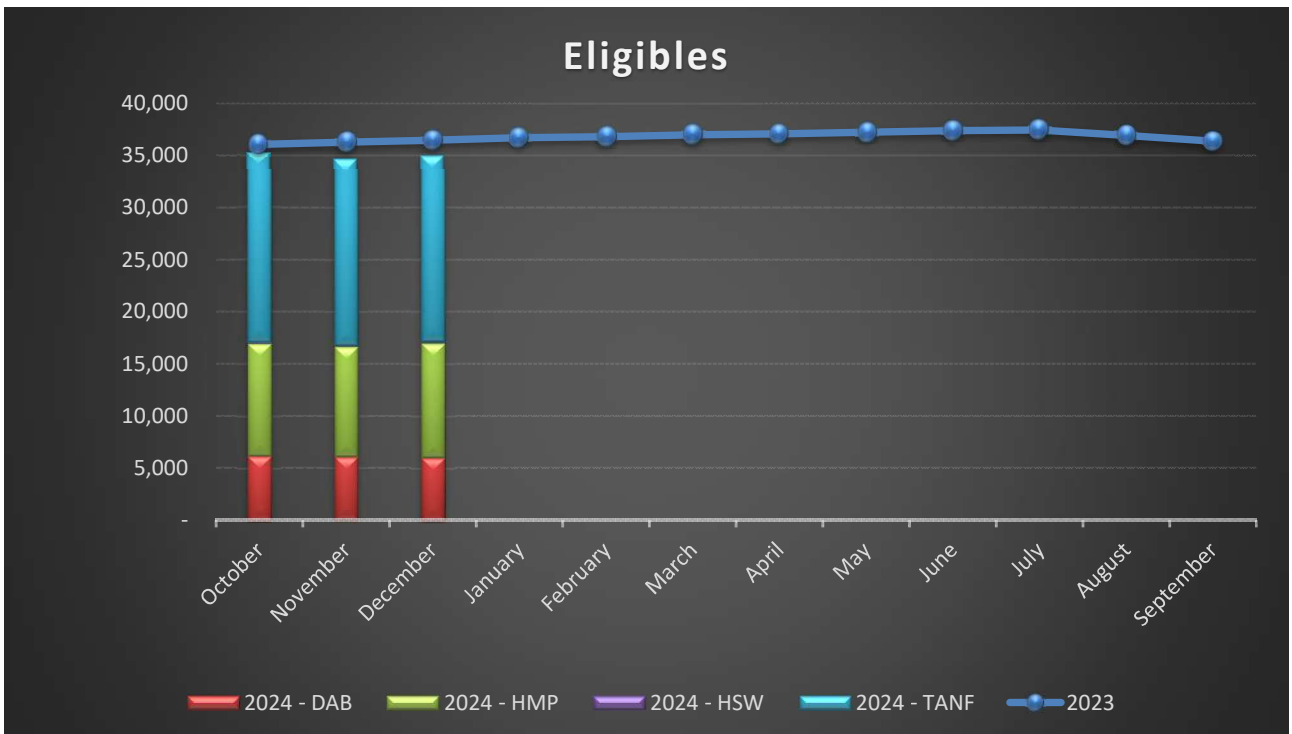
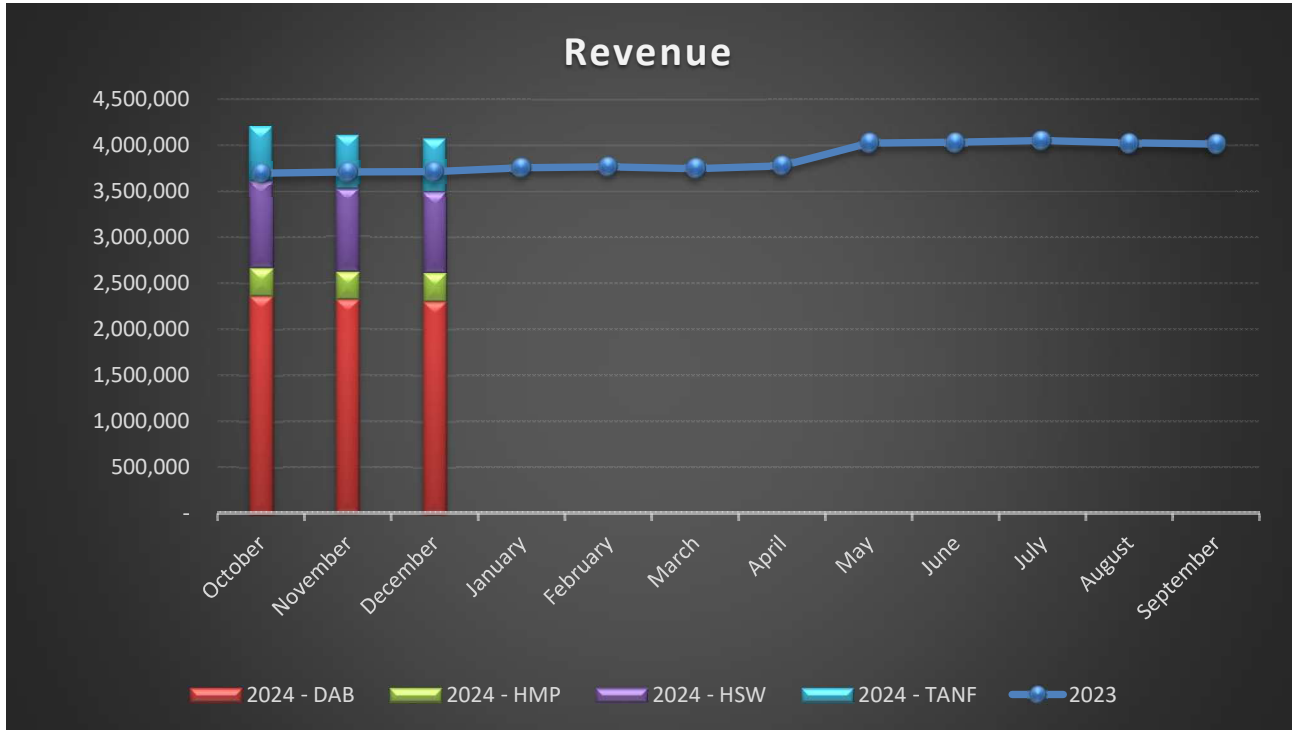




# MONROE CMH

## December 2023 Trends

### MDHHS Payments



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# MONROE CMH

## Comparative Charts

September 2023 & December 2023

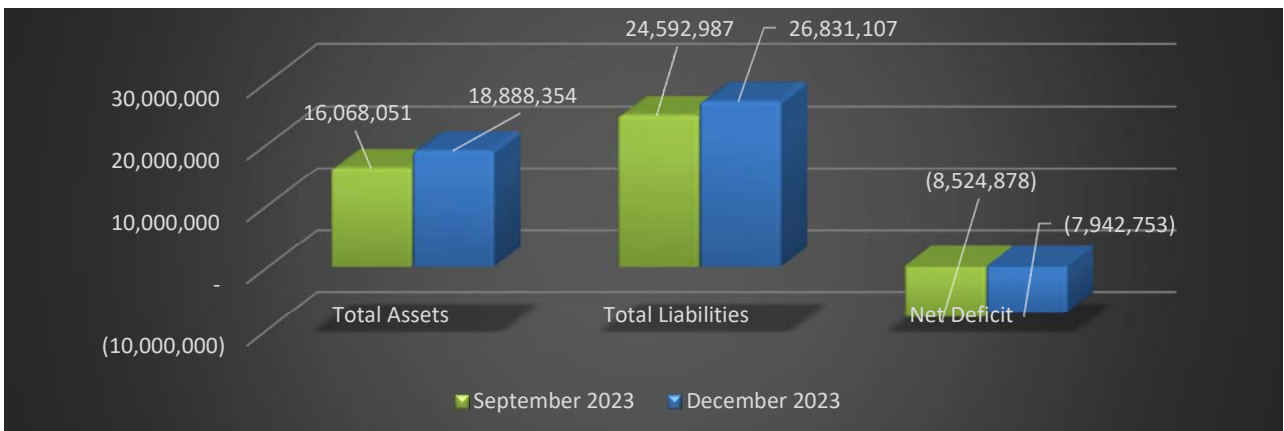
### Assets



### Liabilities



### Net Position



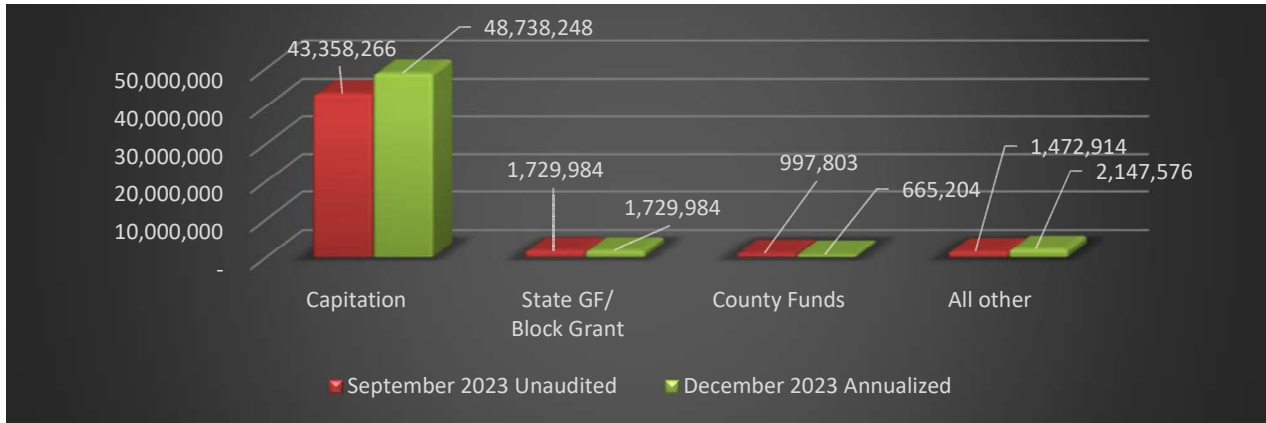
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# MONROE CMH

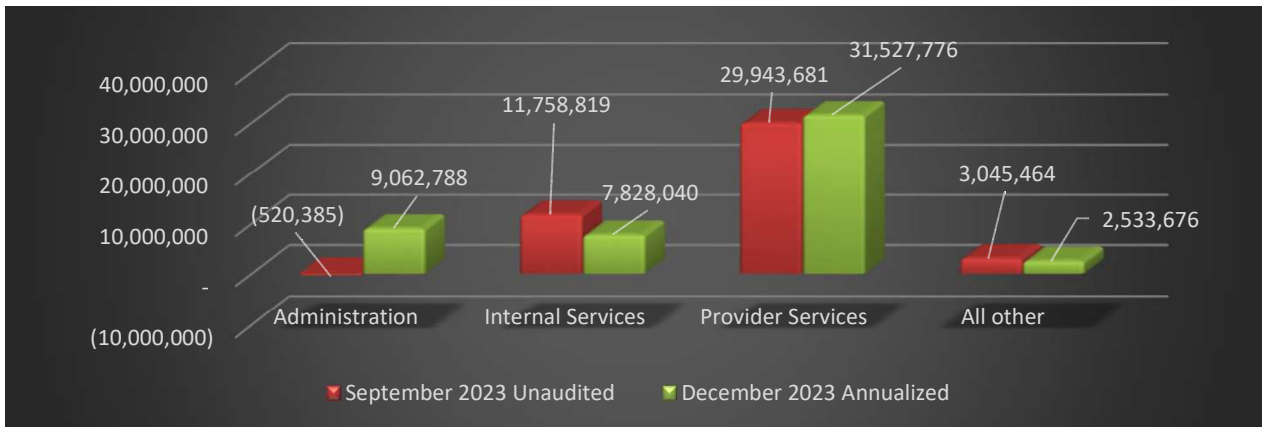
## Comparative Charts

September 2023 Unaudited & December 2023 Annualized

### Revenues



### Expenses



### Net Income



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## INCOME STATEMENT BY FUND SOURCE

# MONROE CMH

## Fiscal 2022 Revenues and Expenses by Fund Source

October 2023 through December 2023

	2024 Budget	YTD Budget	2024 Actual	Over (Under)
<b>Medicaid</b>				
PIHP Revenue	\$ 35,116,485	\$ 8,779,121	\$ 9,507,019	\$ 727,898
PIHP Redirect to CCBHC	-	-	(423,711)	(423,711)
1st/3rd Party Revenue	-	-	-	-
Expense	34,577,285	8,644,321	8,758,882	114,561
<b>Revenue over/(under) expenses</b>	<b>\$ 539,200</b>	<b>\$ 134,800</b>	<b>\$ 324,426</b>	<b>\$ 189,626</b>
<b>Healthy Michigan</b>				
PIHP Revenue	\$ 2,860,301	\$ 715,075	\$ 715,075	\$ (0)
PIHP Redirect to CCBHC	-	-	(90,753)	(90,753)
1st/3rd Party Revenue	-	-	-	-
Expense	2,789,701	697,425	458,342	(239,083)
<b>Revenue over/(under) expenses</b>	<b>\$ 70,600</b>	<b>\$ 17,650</b>	<b>\$ 165,980</b>	<b>\$ 148,330</b>
<b>CCBHC Medicaid</b>				
PIHP Cap Revenue	\$ 6,000,000	\$ 1,500,000	\$ 423,711	\$ (1,076,289)
PIHP Supp Receipts (Cash Basis)	6,000,000	1,500,000	2,015,132	515,132
1st/3rd Party Revenue	-	-	9,106	9,106
Expense	12,000,000	3,000,000	1,712,471	(1,287,529)
Retain as local	-	-	(92,425)	(92,425)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 827,903</b>	<b>\$ 827,903</b>
<b>CCBHC Healthy Michigan</b>				
PIHP Cap Revenue	\$ -	\$ -	\$ 90,753	\$ 90,753
PIHP Supp Receipts (Cash Basis)	-	-	-	-
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	356,384	356,384
Retain as local	-	-	863	863
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (266,495)</b>	<b>\$ (266,495)</b>
<b>Total PIHP Sources</b>				
PIHP Revenue	\$ 49,976,786	\$ 12,494,197	\$ 12,237,226	\$ (256,971)
1st/3rd Party Revenue	-	-	9,106	9,106
Expense	49,366,986	12,341,747	11,286,079	(1,055,668)
Retain as local in FY 23	-	-	(91,562)	(91,562)
<b>Revenue over/(under) expenses</b>	<b>\$ 609,800</b>	<b>\$ 152,450</b>	<b>\$ 1,051,815</b>	<b>\$ 899,365</b>

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# MONROE CMH

## Fiscal 2022 Revenues and Expenses by Fund Source

October 2023 through December 2023

CCBHC Medicaid	2024 Budget	YTD Budget	2024 Actual	Over (Under)
PIHP Cap Revenue	\$ 6,000,000	\$ 1,500,000	\$ 423,711	\$ (1,076,289)
PIHP Supp Revenue (Earned)	6,000,000	1,500,000	1,187,229	(312,771)
1st/3rd Party Revenue	-	-	9,106	9,106
Expense	12,000,000	3,000,000	1,712,471	(1,287,529)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (92,425)</b>	<b>\$ (92,425)</b>
CCBHC Healthy Michigan	2024 Budget	YTD Budget	2024 Actual	Over (Under)
PIHP Cap Revenue	\$ -	\$ -	\$ 90,753	\$ 90,753
PIHP Supp Revenue (Earned)	-	-	266,495	266,495
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	356,384	356,384
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 863</b>	<b>\$ 863</b>
CCBHC NonMedicaid	2024 Budget	YTD Budget	2024 Actual	Over (Under)
State CCBHC Revenue	\$ -	\$ -	\$ -	\$ -
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	187,317	187,317
Redirect from GF	-	-	187,317	187,317
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
ALL CCBHC Combined	2024 Budget	YTD Budget	2024 Actual	Over (Under)
All CCBHC Revenue	\$ 12,000,000	\$ 3,000,000	\$ 1,968,187	\$ (1,031,813)
1st/3rd Party Revenue	-	-	9,106	9,106
Expense	12,000,000	3,000,000	2,256,172	(743,828)
Redirect from GF	-	-	187,317	187,317
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (91,562)</b>	<b>\$ (91,562)</b>

# MONROE CMH

## Fiscal 2022 Revenues and Expenses by Fund Source

October 2023 through December 2023

State General Fund	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 1,729,980	\$ 432,495	\$ 432,496	\$ 1
Expense	1,644,960	411,240	708,560	297,320
Redirect to Other Programs	-	-	(187,317)	(187,317)
Redirect from Other Programs	-	-	463,381	463,381
<b>Revenue over/(under) expenses</b>	<b>\$ 85,020</b>	<b>\$ 21,255</b>	<b>\$ -</b>	<b>\$ (21,255)</b>
All Other Grants/Local	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 2,785,336	\$ 696,334	\$ 763,430	67,096
Expense	2,785,336	696,334	552,547	(143,787)
Redirects	-	-	(463,381)	(463,381)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (252,498)</b>	<b>\$ (252,498)</b>
Total Non PIHP Sources	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 4,515,316	\$ 1,128,829	\$ 1,195,926	\$ 67,097
Expense	4,430,296	1,107,574	1,448,424	340,850
CCBHC Retain as local	-	-	(91,562)	(91,562)
<b>Revenue over/(under) expenses</b>	<b>\$ 85,020</b>	<b>\$ 21,255</b>	<b>\$ (344,060)</b>	<b>\$ (365,315)</b>

## **BASIC FINANCIAL STATEMENTS**



# MONROE CMH

## Statement of Position

October 1, 2022 through December 31, 2023

	December 31 Balance	Balance September 30 2023	Favorable (Unfavorable)
<b>ASSETS &amp; DEFERRED OUTFLOWS</b>			
Current:			
Cash and cash equivalents	\$ 8,158,421	\$ 1,380,993	\$ 6,777,428
Accounts receivable, net	116,656	148,633	(31,977)
Due from PIHP	2,350,827	6,507,510	(4,156,683)
Due from State of Michigan	54,839	61,136	(6,297)
Due from other governmental units	216,732	108,386	108,346
Prepaid items	593,824	533,184	60,640
<b>Total current</b>	<b>11,491,299</b>	<b>8,739,841</b>	<b>2,751,458</b>
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,400,494	2,331,649	68,845
Deferred outflows - Pension & OPEB	4,949,561	4,949,561	-
<b>Total noncurrent</b>	<b>7,397,055</b>	<b>7,328,210</b>	<b>68,845</b>
<b>Total assets and deferred outflows</b>	<b>18,888,354</b>	<b>16,068,051</b>	<b>2,820,303</b>
<b>LIABILITIES &amp; DEFERRED INFLOWS</b>			
Current			
Accounts payable	5,501,554	4,090,232	(1,411,322)
Accrued liabilities	1,456,940	1,681,957	225,017
Due to State of Michigan	1,836,831	785,016	(1,051,815)
Unearned revenue	83,789	83,789	-
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
<b>Total current liabilities</b>	<b>8,928,572</b>	<b>6,690,452</b>	<b>(2,238,120)</b>
Noncurrent			
Long-term debt, due beyond one year	1,096,535	1,096,535	(0)
Compensated absences, due beyond one year	322,163	322,163	0
Lease liability	455,700	455,700	0
Net pension liability	6,754,198	6,754,198	-
Net OPEB liability	6,308,718	6,308,718	-
Deferred inflows - leases	7,997	7,997	(0)
Deferred inflows - Pension/OPEB	2,957,224	2,957,224	-
<b>Total noncurrent liabilities</b>	<b>17,902,535</b>	<b>17,902,535</b>	<b>0</b>
<b>Total liabilities and deferred inflows</b>	<b>26,831,107</b>	<b>24,592,987</b>	<b>(2,238,120)</b>
<b>NET POSITION</b>			
Net investment in capital assets	1,983,797	1,914,952	(68,845)
Unrestricted	(9,926,550)	(10,439,830)	(513,280)
<b>Total net position</b>	<b>\$ (7,942,753)</b>	<b>\$ (8,524,878)</b>	<b>\$ 582,125</b>

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# MONROE CMH

## Statement of Activities

October 1, 2022 through December 31, 2023

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Favorable (Unfavorable)
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 10,394,238	\$ 41,576,952	\$ 40,219,271	\$ 1,357,681
Medicaid - Settlement	(324,426)	(1,297,704)	-	(1,297,704)
Healthy Michigan	715,075	2,860,300	3,008,142	(147,842)
Healthy Michigan - Settlement	(165,980)	(663,920)	-	(663,920)
CCBHC	2,015,132	8,060,528	-	8,060,528
CCBHC - Settlement	(561,408)	(2,245,632)	-	(2,245,632)
Behavior Health Home	111,931	447,724	130,854	316,870
State General Funds	432,496	1,729,984	1,729,984	(0)
State General Funds - Carryover	-	-	-	-
County appropriations	166,301	665,204	997,803	(332,599)
Charges for services	9,295	37,180	178,711	(141,531)
Other grants	473,819	1,895,276	1,218,050	677,226
Other revenue	53,780	215,120	76,154	138,967
<b>Total operating revenue</b>	<b>13,320,253</b>	<b>53,281,012</b>	<b>47,558,967</b>	<b>5,722,045</b>
<b>Operating expenses</b>				
Administration				
Salaries	492,687	1,970,748	1,860,856	109,892
Benefits	123,774	495,096	1,390,517	(895,421)
Other	1,649,236	6,596,944	(3,771,759)	10,368,703
Internal Services				
Salaries	1,297,869	5,191,476	5,487,671	(296,195)
Benefits	365,244	1,460,976	4,040,153	(2,579,177)
Other	293,897	1,175,588	2,230,995	(1,055,407)
Provider Network Services	7,881,944	31,527,776	29,943,681	1,584,095
Facility costs	133,410	533,640	940,130	(406,490)
Vehicle costs	6,880	27,520	38,488	(10,968)
Grant expenses	368,893	1,475,572	1,978,761	(503,189)
Room & Board	124,236	496,944	88,085	408,859
<b>Total operating expenses</b>	<b>12,738,070</b>	<b>50,952,280</b>	<b>44,227,579</b>	<b>6,724,701</b>
Change in net position	582,183	2,328,732	3,331,388	\$ (1,002,656)
<b>Net position, beginning of year</b>	<b>(8,524,936)</b>	<b>(8,524,936)</b>	<b>(11,856,267)</b>	
<b>Net position, end of year</b>	<b>\$ (7,942,753)</b>	<b>\$ (6,196,204)</b>	<b>\$ (8,524,878)</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 December 31, 2023

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 35,116,485	\$ 8,779,121	\$ 10,394,238	\$ 1,615,117
Medicaid - Settlement	(635,700)	(158,925)	(324,426)	(165,501)
Healthy Michigan	2,860,301	715,075	715,075	(0)
Healthy Michigan - Settlement	(70,600)	(17,650)	(165,980)	(148,330)
CCBHC	12,000,000	3,000,000	2,015,132	(984,868)
CCBHC - Settlement	-	-	(561,408)	(561,408)
Behavior Health Home	96,500	24,125	111,931	87,806
State General Funds	1,729,980	432,495	432,496	1
State General Funds - Carryover	(85,020)	(21,255)	-	21,255
County appropriations	997,803	249,451	166,301	(83,150)
Charges for services	217,870	54,468	9,295	(45,173)
Other grants	1,484,505	371,126	473,819	102,693
Other revenue	85,158	21,290	53,780	32,491
<b>Total operating revenue</b>	<b>53,797,282</b>	<b>13,449,321</b>	<b>13,320,253</b>	<b>(129,068)</b>
<b>Operating expenses</b>				
Administration				
Salaries	2,777,641	694,410	492,687	(201,723)
Benefits	1,387,182	346,796	123,774	(223,022)
Other	2,029,359	507,340	1,649,236	1,141,896
Internal Services				
Salaries	7,489,941	1,872,485	1,297,869	(574,616)
Benefits	4,775,202	1,193,801	365,244	(828,557)
Other	2,034,208	508,552	293,897	(214,655)
Provider Network Services	30,363,290	7,590,823	7,881,944	291,122
Facility costs	795,455	198,864	133,410	(65,454)
Vehicle costs	88,775	22,194	6,880	(15,314)
Grant expenses	1,488,493	372,123	368,893	(3,230)
Other expenses	20,288	5,072	-	(5,072)
Room & Board	547,448	136,862	124,236	(12,626)
<b>Total operating expenses</b>	<b>53,797,282</b>	<b>13,449,321</b>	<b>12,738,070</b>	<b>(711,251)</b>
Change in net position	-	-	582,183	582,183
Net position, beginning of year	(8,524,936)	(8,524,936)	(8,524,936)	-
Net position, end of year	(8,524,936)	(8,524,936)	(7,942,753)	582,183

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