



# MONROE COMMUNITY MENTAL HEALTH AUTHORITY BOARD MEETING

July 24, 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 June 26, 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. FY2023 Compliance Audit – Roslund Prestage & Company, PC	
<b>IX. Board Committee Reports</b>	<b>15 min</b>
a. <b>Committee Chair Reports</b>	
i. Business Operations	
ii. Clinical Operations	
iii. Executive	
b. <b>Motion to Place on File All Written Committee Reports</b>	
c. <b>Committee Structure Discussion</b>	
d. <b>Appointments for Committee Members and Chairs (handout)</b>	

- X. **Items for Board Action** **05 min**
  - a. **Motion to Approve the Consent Agenda Less Item \_\_\_\_\_**
    - i. Service Contracts as Presented
  - b. **Motion to Move the Start Time From 5:00pm to 6:00pm for Board Meetings Beginning August 28, 2024**
  
- XI. **Authority and Regional Policy Review/Approval** (*Executive Summary in Packet*) **05 min**
  - a. **Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented**
    - i. **Policy:** POC7064 Nutrition Screening Policy
    - ii. **Procedure:** N/A
    - iii. **Exhibit:** FCM3036-E1 Purchase Order Request Exhibit
    - iv. **Rescind:** N/A
    - v. **Relocate:** N/A
  - b. **Motion to Approve the Regional Policies as Presented**
    - i. **Policy:** POC7074 Continuity of Care Policy  
POC 7071 Transition of Planning for Individuals Being Released from State Facilities Policy
    - ii. **Exhibit:** N/A
  
- XII. **Relationship with the Region, County, and Others** **05 min**
  - a. Regional Reports
    - i. Regional PIHP Board Meeting Minutes – Did Not Meet
  - b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko
  
- XIII. **Items from the Chief Executive Officer** **20 min**
  - a. Financial Report – Ken Melvin
  - b. Chief Executive Officer’s Report – Lisa Graham (*handout*)
  
- XIV. **New Business** **00 min**
  
- XV. **Citizen Comments** **03 min/person**
  
- XVI. **Motion to go into Closed Session for Purposes of Collective Bargaining Pursuant to Section VIII (c) of the Open Meetings Act and Attorney Client Privilege** **2 min**
  
- XVII. **Adjournment** **01 min**

**The next regular scheduled meeting for the Monroe Community Mental Health Authority Board of Directors is on Wednesday, August 28, 2024 beginning at 5:00pm in the Aspen Room.**

LG/dp 12:52 p.m.



**BOARD OF DIRECTORS REGULAR MEETING MINUTES  
June 26, 2024**

- Present:** Catherine Bernhold, Secretary; Rebecca Pasko; Pam Ray; LaMar Frederick; John Burkardt; Rebecca Curley; Dawn Asper (arrived at 5:05pm); Naomi Stoner; Deb Staelgraeve; and Ken Papenhagen
- Excused:** Michael Humphries, Chairperson; and Susan Fortney, Vice Chairperson
- Absent:**
- Staff:** Lisa Graham
- Guests:** Drew Van de Grift, Dykema, Jerry Aben, Dykeman, and 6 guests attended

**I. CALL TO ORDER**

The Board Secretary, Catherine Bernhold, 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 Catherine Bernhold.

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

Catherine Bernhold requested to pull ahead item XIII. Items from the Chief Executive Officer to follow item VII. Citizen Comments.

Ken Papenhagen moved to adopt the draft amended agenda as presented. Pam Ray supported. Motion carried unanimously.

**V. CONSIDERATION TO APPROVE THE MINUTES FROM THE MAY 22, 2024 BOARD MEETING AND WAIVE THE READING THEREOF**

John Burkardt requested to amend the May 22<sup>nd</sup> minutes as his name is spelled incorrectly during Board Member Announcements.

John Burkardt moved to approve the amended minutes for the May 22, 2024 Board Meeting and waive the reading thereof. Rebecca Pasko supported. Motion carried unanimously.

**VI. FEEDBACK SUMMARY**

Catherine Bernhold reviewed feedback from the May 22, 2024 Board Meeting.

**VII. CITIZEN COMMENTS**

There were no citizen comments.

Dawn Asper arrived at 5:05pm.

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

- a. Finance Report: Richard Carpenter presented the April financials and highlighted:
  - i. The spike in revenue is due to the new rates the PIHP put out. We do expect eligibles to trend down through June. There is discussion happening at the association level as there may be a need for a second rate adjustment.
  - ii. In review of the finance statement on how the PIHP looks at us, through the month of April our Medicaid has a surplus of 1.5 million and Healthy Michigan has a surplus of \$200,000.
  - iii. In review of the CCBHC Medicaid side, we are overspending the revenue earned by \$270,000 and Health Michigan by \$250,000 for a total of approximately \$500,000. We are looking at productivity to break even. We are also proposing to the state for us to do a manual reconciliation to identify how many dollars are General Fund vs Medicaid in state reporting. If they accept the proposal, then we may be able to fix this issue. Part of the expense is because we are now a CCBHC but overall, it was still worth becoming a CCBHC. It is our first year as a CCBHC and we are working through these issues.
  - iv. A question was asked about how much Fund Balance we have. Liabilities are included in the amount. When you take the long-term liabilities out and review, we have a positive of approximately 2.6 million in Fund Balance.

Lisa Graham commented that the Governor's budget increased the funds for CCBHC. The state looks to be very invested in making the CCBHC programs successful. To Lisa, that says, the state wants this program to succeed and if multiple CMHs across the state are saying we cannot do it with this model that they will hear the issue and provide a fix.

- v. Managing General Fund Deficit – Lisa Graham provided an update on managing the General Fund deficit. We are identifying non-Medicaid consumers and make every effort to re-enroll them into Medicaid; verifying that spend downs are met and communicated to MDHHS; and limiting discretionary General Fund spending. The Non-Medicaid General Fund Policy is almost complete and will bring to the Board upon completion for feedback.
- b. Chief Executive Officer's Report:
  - i. Lisa Graham commented that MCMHA's Medical Director, Dr. Kim Horn, has announced her resignation, effective January 10, 2025. Dr. Horn has expressed a desire to continue with MCMHA as a part-time prescriber and will play an active role in securing a new Medical Director. We will begin the search for a new Medical Director immediately.
  - ii. Lisa Graham also commented on Crossroads Clubhouse receiving a 3-Year conditional accreditation; the new MCMHA Webpage to be completed by August; Strategic Planning; Behavioral Health Urgent Care; Group Homes; FY2023 Budget; and FY2025 Budget development.

Lisa Graham requested to refer to the Clinical Operations packet for detailed clinical and operations updates.

**IX. PRESENTATIONS, RECOGNITIONS, AND CELEBRATIONS**

- a. FY2024 Quality Metrics Report
  - i. MDHHS Audit Report - Clinical Services is audited by the state of Michigan and the PIHP alternate years. FY2023, MDHHS conducted the Waiver Audit October through December. A total of 15 cases were reviewed in the areas of Habilitation and Support Waiver, Children's Waiver, Serious Emotional Disturbances Waiver, and iSPA. They review everyone in the region. The audit covers many areas: Administrative Procedures, Eligibility, Freedom of Choice, Implementation of Person-Centered Planning, Plan of Service and Documentation Requirements, Behavior Treatment Plans and review Committees, Waiver Participation Health and Welfare, Staff Qualifications, and Home Visits/Training/ Interviews. There is no

overall score. Monroe had several citations, but nothing that rose to a level of concern. Examples are a record did not have evidence of consumer input, services were authorized as a range rather than with specificity, etc. There was one systemic issue with Medication Consents which has since been resolved. Monroe has submitted our Corrective Action Plan indicating that all citations will be remedied individually and systemically by June 30, 2024.

- ii. 1<sup>st</sup> and 2<sup>nd</sup> Quarter CCBHC Quality Metrics Report - Lisa Graham presented the state demographics and 1<sup>st</sup> and 2<sup>nd</sup> quarter CCBHC Metrics. Lisa commented that we have met some of the indicators and are showing improvement from 1<sup>st</sup> quarter to 2<sup>nd</sup> quarter. We expected this as the metrics are for the areas that required us to become a CCBHC by October 1, 2023. We are aware of the indicators, training staff on understanding the indicators, and providing training where it is needed, and feel we will continue to improve.

Lisa Graham will present the CCBHC Quality Metrics to the Board on a quarterly basis and is happy with the progress we are making.

LaMar Frederick asked is we know how other CCBHCs in the state of Michigan are doing with quality indicators. Lisa Graham asked Sabrina Bergman, CCBHC Program Director, to respond. Sabrina commented that it is a yes and no answer. There are certain metrics we have access to for other providers. There are a handful of CCBHCs that have historically not performed well. The state has acknowledged that CCBHCs cannot meet the current quality metrics and will be revising them for the next fiscal year. Lisa Graham commented that there is a performance bonus if the quality metrics are met. This fiscal year you have to meet all the quality metrics to get a bonus. Next fiscal year they will reconsider that.

- iii. 1<sup>st</sup> Quarter Michigan's Mission-Based Performance Indicator System (MMBPIS) Report - Lisa Graham presented the MDHHS indicators and commented that we are continuously working on quality improvement for all indicators.

## X. BOARD COMMITTEE REPORTS

### a. **Committee Chair Reports**

Clinical Operations – Lisa Graham commented that the FY2024 Quality Metrics Report was presented to the committee.

Community Relations – Rebecca Pasko commented that Kayla from Revel joined the committee and presented on the status of the new MCMHA Webpage and future campaign plans. MCMHA is in the planning stage of a Town Hall for October of this year. This will be an opportunity for this committee to assist helping the community to understand what CMH can and cannot do as a way to support Monroe CMH.

Executive – Catherine Bernhold commented that the committee met to review the Board Agenda for today's meeting.

- b. **Committee Sign Up Announcement** – Catherine Bernhold announced that board members will receive an email following the Board Meeting to sign up for what committees they would like to participate on. Appointments will be made at the July 24, 24 Board Meeting.

### c. **Motion to Place on File All Written Reports**

Ken Papenhagen moved to place all written committee reports on file. Dawn Asper supported. Motion passed unanimously.

Written reports placed on file were Business Operations; Clinical Operations; Community Relations; and Executive.

**XI. ITEMS FOR BOARD ACTION**

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

LaMar Frederick moved to approve the Service Contracts as presented. Pam Ray supported. Roll call: In favor: Pasko, Ray, Frederick, Burkardt, Bernhold, Curley, Asper, Stoner, Papenhagen, and Staelgraeve; opposed: none; motion carried unanimously.

LaMar Frederick moved to approve the Administrative Contracts as presented. Pam Ray supported. Roll call: In favor: Pasko, Ray, Frederick, Burkardt, Bernhold, Curley, Stoner, Papenhagen, and Staelgraeve; opposed: Asper; motion carried.

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

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

- i. Policy: HR4015 Exit Interview Policy  
POC7004 Consumer Discharge Policy
- ii. Procedure: HR4015-P1 Exit Interview Procedure  
POC7082-P1 Personal Health Review Procedure  
POC7027-P1 Physical and Dental Examinations Procedure  
EOC2002-P6 Clinic Visit Bed Bug Infestation Procedure
- iii. Exhibit: HR4015-E1 Exit Interview Survey Exhibit  
HR4015-E2 Supervisor Exit Checklist for Staff Departure Exhibit  
POC7004-E3 Discharge Satisfaction Survey Exhibit
- iv. Rescind: N/A
- v. Relocate: EOC2023 Medical Emergency Response Policy is being relocated from  
POC7013 Emergency Medical Response Policy

LaMar Frederick moved to approve the Authority Policy, Procedure, and Exhibits as presented. Ken Papenhagen supported. Motion carried unanimously.

- b. **Motion to Approve the Regional Policy, Procedure, and Exhibits as Presented**

- i. Policy: HR4040 Ethics and Conduct Policy  
POC7075 Clinical Record Content Policy  
POC7061 Critical Incident Sentinel Risk Event Policy
- ii. Exhibit: N/A

Ken Papenhagen moved to approve the Regional Policy, Procedure, and Exhibits as presented. LaMar Frederick supported. Motion carried unanimously.

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

- a. Regional Reports

- i. Regional PIHP Board Meeting Minutes – Rebecca Pasko commented that the subject of the FY2023 deficit came up again and it seems there is still some concern. The PIHP has requested to provide a written report within 30 days. That report will be presented at the August PHIP Board Meeting. Minutes from the June meeting were included in the packet.
- iii. State Legislation and Policy Committee Report – Rebecca Pasko commented that the committee meets tomorrow and will provide an update at the July Board Meeting.

**XIV. NEW BUSINESS**

Pam Ray commented on the loss of a consumer and how supportive CHS was to the consumers Mother. From the CHS Director down to line staff, they all were very supportive. We have providers and organizations in our community that do a stellar job and we don't hear that enough. Pam wanted to share that information with board members.

**XV. CITIZEN COMMENTS**

There were no citizen comments.

**XVI. MOTION TO GO INTO CLOSED SESSION FOR PURPOSES OF ATTORNEY WRITTEN OPINION PURSUANT TO SECTION VIII (h) OF THE OPEN MEETINGS ACT AND ATTORNEY CLIENT PRIVILEGE**

LaMar Frederick moved to go into Closed Session for purposes of Attorney Written Opinion pursuant to Section VIII (h) of the Open Meetings Act and Attorney Client Privilege. Pam Ray supported. Roll call: In favor: Pasko, Ray, Frederick, Burkardt, Bernhold, Curley, Asper, Stoner, Papenhagen, and Staelgraeve; opposed: none; motion carried unanimously.

The Board went into Closed Session at 6:43pm.

The Board went into Open Session at 7:57pm.

**XVII. ADJOURNMENT**

LaMar Frederick moved to adjourn the meeting at 7:59pm. Rebecca Curley supported. Motion carried unanimously.

Submitted by,

\_\_\_\_\_  
Catherine Bernhold  
Board Secretary

LG/dp  
6/27/24

**Monroe Community  
Mental Health Authority**

**Financial Statements**  
September 30, 2023







## Independent Auditor's Report

To the Members of the Board  
Monroe Community Mental Health Authority  
Monroe, Michigan

### Report on the Audit of the Financial Statements

#### **Opinions**

We have audited the accompanying financial statements of the business-type activities and each major fund of Monroe Community Mental Health Authority (the CMHSP) as of and for the year ended September 30, 2023, and the related notes to the financial statements, which collectively comprise the CMHSP's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and each major fund of the CMHSP as of September 30, 2023, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinions**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the CMHSP and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

#### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the CMHSP's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

#### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions.

Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the CMHSP's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the CMHSP's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Required Supplementary Information**

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and other required supplementary information, as identified in the table of contents, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

#### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated March 26, 2024, on our consideration of the CMHSP's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the CMHSP's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering CMHSP's internal control over financial reporting and compliance.

Sincerely,



Roslund, Prestage & Company, P.C.  
Certified Public Accountants

March 26, 2024

Monroe Community Mental Health Authority  
Statement of Net Position  
September 30, 2023

		Mental Health Fund
<b>Assets</b>		
Current assets		
Cash and cash equivalents		\$ 1,380,993
Accounts receivable, net		239,379
Lessor receivable		9,255
Due from other governmental units		10,063,356
Prepaid expenses		533,184
Total current assets		12,226,167
Noncurrent assets		
Capital assets not being depreciated		47,000
Capital assets being depreciated/amortized, net		2,331,650
Total noncurrent assets		2,378,650
<b>Total assets</b>	<b>PY Total Assets</b>	<b>\$15,166,539</b>
		<b>14,604,817</b>
<b>Deferred outflows of resources</b>		
Related to pension		4,442,402
Related to OPEB		512,925
Total deferred outflows of resources	<b>PY Total DO</b>	<b>\$4,731,347</b>
		<b>4,955,327</b>
<b>Liabilities</b>		
Current liabilities		
Accounts payable		4,499,510
Accrued payroll and related liabilities		1,341,767
Incurred but not reported liability		340,191
Due to other governmental units		869,107
Unearned revenue		86,499
Compensated absences, due within one year		55,743
Direct borrowings, due within one year		632,087
Total current liabilities		7,824,904
Noncurrent liabilities		
Compensated absences, due beyond one year		315,878
Direct borrowings, due beyond one year		920,921
Net pension liability		6,754,198
Net OPEB liability		6,308,718
Total noncurrent liabilities		14,299,715
<b>Total liabilities</b>	<b>PY Total Liabilities</b>	<b>\$24,020,240</b>
		<b>22,124,619</b>
<b>Deferred inflows of resources</b>		
Related to pension		974,528
Related to OPEB		2,255,696
Related to lessor activity		7,997
Total deferred inflows of resources	<b>PY Total DI</b>	<b>\$7,733,913</b>
		<b>3,238,221</b>
<b>Net position</b>		
Net investment in capital assets		825,642
Unrestricted		(6,628,338)
Total net position	<b>PY Total Net Position</b>	<b>(\$11,856,267)</b>
		<b>\$ (5,802,696)</b>

The notes to the financial statements are an integral part of this statement.

Monroe Community Mental Health Authority  
Statement of Revenues, Expenses and Changes in Net Position  
For the Year Ended September 30, 2023

		Mental Health Fund
<b>Operating revenues</b>		
Medicaid revenue		\$ 46,996,093
State and federal funding		1,643,183
County appropriations		997,803
Charges for services		178,710
Other grant revenue		1,154,418
Other revenues		79,027
<b>Total operating revenues</b>	PY operating revenues	\$44,818,656
		51,049,234
<b>Operating expenses</b>		
Administration - salaries		2,090,690
Administration - benefits		1,503,537
Administration - other		2,395,885
Internal services - salaries		6,157,460
Internal services - benefits		4,566,399
Internal services - other		1,917,638
Defined benefit pension and OPEB adjustment		(5,534,891)
Provider services		30,466,984
Facilities		1,320,775
Room and board		111,186
<b>Total operating expenses</b>	PY operating expenses	\$38,884,716
		44,995,663
<b>Operating income (loss)</b>		6,053,571
<b>Net position, beginning of year</b>		(11,856,267)
<b>Net position, end of year</b>		\$ (5,802,696)

Monroe Community Mental Health Authority  
Notes to the Financial Statements  
September 30, 2023

The change in the claims liability is as follows:

Fiscal Year	Beginning of Year Liability	Claims and Changes in Estimates	Claim Payments	End of Year Liability
2021	-	27,522,028	(27,522,028)	-
2022	-	29,333,906	(28,993,715)	340,191
2023	340,191	34,689,759	(34,689,759)	340,191

**NOTE 15 – CONTINGENT LIABILITIES**

Under the terms of various federal and state grants and regulatory requirements, the CMHSP is subject to periodic audits of its agreements, as well as a cost settlement process under the full management contract with the regional entity and the State. Such audits could lead to questioned costs and/or requests for reimbursement to the grantor or regulatory agencies. Cost settlement adjustments, if any, as a result of compliance audits are recorded in the year that the settlement is finalized. The amount of expenses which may be disallowed, if any, cannot be determined at this time, although the CMHSP expects such amounts, if any, to be immaterial.

**NOTE 16 – ECONOMIC DEPENDENCE**

The CMHSP receives over 80% of its revenues from the State of Michigan either directly from MDHHS or indirectly through the CMHSP's regional entity.

**NOTE 17 – RELATED PARTY TRANSACTIONS**

The County is deemed a related party by management due to the fact that the County is statutorily required to provide local funding to the CMHSP.

The County provided financing for office space located at 1001 S. Raisinville Road, Monroe, MI. The CMHSP paid \$245,500 during the year for its portion of the County's bond payments.

**NOTE 18 – DEFICIT NET POSITION**

As of year-end, the CMHSP is in a deficit net position, which is the result of recording the CMHSP's net pension liability as required with the implementation of GASB 68, and the CMHSP's net OPEB liability as required with the implementation of GASB 75. As outlined in Numbered Letter 2016-1 issued by the Department of Treasury, this deficit passes the 4 Step test for proprietary funds to determine if a deficit elimination plan is required. Therefore, the CMHSP is not required to file a deficit elimination plan with the State. The CMHSP will be exploring options over the next several years to reduce the net pension liability including opting for a shorter amortization period used to fund the plan.

**NOTE 19 – UPCOMING ACCOUNTING PRONOUNCEMENTS**

GASB Statement No. 100, *Accounting Changes and Error Corrections*, was issued by the GASB in June 2022 and will be effective for the CMHSP's fiscal year September 30, 2024. The primary objective of this Statement is to enhance accounting and financial reporting requirements for accounting changes and error corrections to provide more understandable, reliable, relevant, consistent, and comparable information for making decisions or assessing accountability.

This Statement prescribes the accounting and financial reporting for 1) each type of accounting change and 2) error corrections. This Statement requires that (a) changes in accounting principles and error corrections be reported retroactively by restating prior periods, (b) changes to or within the financial reporting entity be reported by adjusting beginning balances of the current period, and (c) changes in accounting estimates be reported prospectively by recognizing the change in the current period.

Monroe Community Mental Health Authority  
Notes to the Financial Statements  
September 30, 2023

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GASB Statement No. 101, *Compensated Absences*, was issued by the GASB in June 2022 and will be effective for the CMHSP's fiscal year September 30, 2025. The objective of this Statement is to better meet the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. That objective is achieved by aligning the recognition and measurement guidance under a unified model and by amending certain previously required disclosures.

This Statement requires that liabilities for compensated absences be recognized for (1) leave that has not been used and (2) leave that has been used but not yet paid in cash or settled through noncash means. A liability should be recognized for leave that has not been used if (a) the leave is attributable to services already rendered, (b) the leave accumulates, and (c) the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. This Statement requires that a liability for certain types of compensated absences—including parental leave, military leave, and jury duty leave—not be recognized until the leave commences. This Statement also establishes guidance for measuring a liability for leave that has not been used, generally using an employee's pay rate as of the date of the financial statements.



## **Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards**

To the Members of the Board  
Monroe Community Mental Health Authority  
Monroe, Michigan

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities and each major fund of Monroe Community Mental Health Authority (the CMHSP) as of and for the year ended September 30, 2023, and the related notes to the financial statements, which collectively comprise the CMHSP's basic financial statements, and have issued our report thereon dated March 26, 2024.

### **Report on Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the CMHSP's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the CMHSP's internal control. Accordingly, we do not express an opinion on the effectiveness of the CMHSP's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

### **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the CMHSP's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of This Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Sincerely,

*Roslund, Prestage & Company, P.C.*

Roslund, Prestage & Company, P.C.  
Certified Public Accountants

March 26, 2024



**Report on Compliance**

**Monroe Community Mental Health Authority**

*September 30, 2023*





## INDEPENDENT ACCOUNTANT'S REPORT ON COMPLIANCE

To the Members of the Board  
Monroe Community Mental Health Authority  
Monroe, Michigan

### Report On Compliance

We have examined Monroe Community Mental Health Authority's (the CMHSP) compliance with the compliance requirements described in the *Compliance Examination Guidelines* issued by Michigan Department of Health and Human Services that are applicable to the Medicaid Contract and/or General Fund (GF) Contract for the year ended September 30, 2023.

### Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to the Medicaid Contract and/or GF Contract.

### Independent Accountants' Responsibility

Our responsibility is to express an opinion on the CMHSP's compliance with the Medicaid Contract and/or GF Contract based on our examination of the compliance requirements referred to above.

Our examination of compliance was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the CMHSP complied, in all material respects, with the compliance requirements referred to above.

An examination involves performing procedures to obtain evidence about the CMHSP's compliance with the specified compliance requirements referred to above. The nature, timing, and extent of the procedures selected depend on our judgement, including an assessment of the risk of material noncompliance, whether due to fraud or error. The nature, timing and extent of the procedures selected depend on our judgment, including an assessment of the risk of material misstatement of the compliance requirements described in the *Compliance Examination Guidelines* issued by the Michigan Department of Health and Human Services.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion. However, our examination does not provide a legal determination of the CMHSP's compliance.

### Opinion on Each Program

In our opinion, the CMHSP complied, in all material respects, with the specified compliance requirements referred to above that are applicable to the Medicaid Contract and/or GF Contract for the year ended September 30, 2023.

### Other Matters

The results of our examination procedures disclosed instances of noncompliance, which are required to be reported in accordance with Compliance Examination Guidelines, and which are described in the accompanying Comments and Recommendations as items 2023-01 and 2023-02. Our opinion is not modified with respect to these matters.

The CMHSP's responses to the noncompliance findings identified in our examination are described in the accompanying Comments and Recommendations. The CMHSP's responses were not subjected to the examination procedures applied in the examination of compliance and, accordingly, we express no opinion on the responses.

**Purpose of this Report**

This report is intended solely for the information and use of the Board and management of the CMHSP and the Michigan Department of Health and Human Services and is not intended to be, and should not be, used by anyone other than these specified parties.

Sincerely,

A handwritten signature in cursive script that reads "Roslund, Prestage & Company, P.C.".

Roslund, Prestage & Company, P.C.  
Certified Public Accountants

June 18, 2024

Monroe Community Mental Health Authority  
Schedule of Findings  
September 30, 2023

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Control deficiencies that are individually or cumulatively material weaknesses in internal control over the Medicaid Contract and/or General Fund Contract:

None

Material noncompliance with the provisions of laws, regulations, or contracts related to the Medicaid Contract and/or General Fund Contract:

None

Known fraud affecting the Medicaid Contract and/or General Fund Contract:

None

Monroe Community Mental Health Authority  
Explanation of Examination Adjustments  
September 30, 2023

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**Special Fund Account**

The following examination adjustments were made to complete the Parts of the Special Fund that were left blank on the FSR that was submitted to MDHHS:

- Part A 1 County Funding 1979/1980 was increased from \$0 to \$136,982; a difference of \$136,982
- Part A 2 County Funding Current Fiscal Year was increased from \$0 to \$997,803; a difference of \$997,803

During our compliance audit, we may have become aware of matters that are opportunities for strengthening internal controls, improving compliance, and increasing operating efficiency. These comments and recommendations are expected to have an impact greater than \$25,000, but not individually or cumulatively be material weaknesses in internal control over the Medicaid Contract and/or General Fund Contract. Furthermore, we consider these matters to be immaterial deficiencies, not findings. The following comments and recommendations are in regard to those matters.

### **2023-01 FSR Examination Adjustments**

Criteria or specific requirements:

The CMHSP shall provide the financial reports to MDHHS as listed in the General Fund Contract. Forms and instructions are posted to the MDHHS website. (Contract Attachment C6.5.1.1)

Condition:

The CMHSP submitted financial reports that were not in compliance with FSR instructions referenced in Attachment C6.5.1.1 to the General Fund Contract.

Examination adjustments:

Examination adjustments were made to sections of the FSR. See detailed descriptions of these examination adjustments in the Explanation of Examination Adjustments section of this report.

Context and perspective:

Context and perspective have been included in the description shown on the Explanation of Examination Adjustments page of this report.

Effect:

See detailed descriptions of these examination adjustments in the Explanation of Examination Adjustments section of this report.

Recommendations:

The CMHSP should review its current policies and procedures regarding the preparation and review of the Financial Status Report to assure that all amounts are reported in compliance with the reporting instructions. Specifically, a review of the final draft should be performed by a knowledgeable person who is independent from the original preparation of the report(s).

Views of responsible officials:

Management is in agreement with this recommendation. The information that was inadvertently missing from the FSR is strictly informational in nature and has no impact on financial position, deficits/surpluses or settlements.

Planned corrective action:

We will more carefully review this tab for future submissions.

Responsible party:

Richard Carpenter, Chief Financial Officer

Anticipated completion date:

September 30, 2024

## **2023-02 Ability to Pay Forms**

### Criteria or specific requirements:

The CMHSP is required to determine the responsible party's insurance coverage and ability to pay before, or as soon as practical after, the start of services as required by MCL 330.1817. Also, the CMHSP must annually determine the insurance coverage and ability to pay of individuals who continue to receive services and of any additional responsible party as required by MCL 330.1828.

### Condition:

The CMHSP is not in compliance with MCL 330.1817 and MCL 330.1828.

### Examination adjustments:

None.

### Context and perspective:

The CMHSP has adopted and implemented *ability to pay* policies and procedures as required. However, during our testing of their implementation of these procedures we found 10 out of 40 consumers selected did not have *ability to pay* documentation completed or the consumer had an ability to pay that was not billed.

### Effect:

The CMHSP may not be billing and collecting available fees from individuals or third party payers for services provided to them.

### Recommendations:

The CMHSP should review its current policies and procedures regarding ability to pay forms and make the necessary changes to ensure that forms are completed, or consumers are billed as required. Also, policies and procedures should require periodic monitoring for compliance and include adequate documentation of such monitoring.

### Views of responsible officials:

Management is in agreement with this recommendation.

### Planned corrective action:

We have addressed processes, we expect to be in compliance in future fiscal years.

### Responsible party:

Richard Carpenter, Chief Financial Officer

### Anticipated completion date:

September 30, 2024



## BOARD BUSINESS OPERATIONS COMMITTEE

Wednesday, July 17, 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); and Michael Humphries (Ex-Officio)

### DRAFT MINUTES

#### I. CALL TO ORDER

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

#### II. BUSINESS OPERATIONS

##### a. Facilities

- i. K&B Asphalt has done some hot patching in preparation to redo the two parking lots over the next two weekends to cause the least disruption.
- ii. Crossroads Clubhouse is looking for a new location. We recently walked through the old Panera Bread location off Telegraph and it is very conducive to a Clubhouse setting. Real Estate is hot right now and if we need to submit a quick proposal it would be subsequent to Board approval.
  1. Lamar commented that when we talk about new facilities, we need a termination at the convenience of the government clause in the proposal and requested Jim to check if we are permitted to use that.

b. Contract Negotiations – Jim Brown commented that the Negotiations kick off meeting is scheduled for July 31, 2024. A Closed Session is scheduled for the July Board Meeting to get direction.

c. Technology – No update.

#### III. FINANCE

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

- i. Services Contracts – Lutheran Child and Family Services DBA Wellspring Lutheran Services and Advanced Therapeutic Solutions, LLC were presented by Alicia Riggs (recommend Board approval).

##### 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).

##### Ken Melvin presented the May financial highlights:

1. Eligibility continues to decline faster than anticipated. Rate adjustments are now in effect and are reflected in the charts to show increased April activity. We have received increases to HSW, SED, and CWP as a result. Also, we have additional funding from the PIHP for DCW.
  2. Cash and Investments are up from prior year primarily from collection of receivables from the PIHP.
  3. Liabilities are also up from prior year primarily related to estimated claims incurred but not reported.
  4. Net income is projected to be down compared to prior year primarily due to GASB 68 & 75 adjustments that are currently unknown and will be available in early 2025 from the actuaries.
  5. Revenue received from the PIHP exceeds expenses by \$636,070 this month. Part of the Medicaid and HMP surpluses are due to allowable costs being covered by GF as individuals continue to fall off Medicaid.
  6. The CCBHC program is showing a deficit of \$431,311 through this reporting period. We continue to work with the PIHP to accelerate the reporting of T1040s which will bring in more revenue. As we continue to look at generating more T1040s on the revenue side, primary focus shifts to expenses.
  7. State General Fund is showing a deficit of \$1,971,538, primarily related to spenddowns, individuals falling off Medicaid and CCBHC non-Medicaid. This deficit is covered by the local funds with a reported use of fund balance through this reporting period of \$1,653,920.
- ii. Pam Ray requested for all case managers to know and understand spend downs. Ken Melvin and Lisa Graham are in the process of developing a policy and upon approval will roll out to staff.
  - iii. Ken Melvin commented that on the Budget to Actual spreadsheet that there is an error for benefits listed under the administrative and internal services column. Total expenses are good, but the benefits are not allocated correctly in the right buckets.

#### V. INFORMATIONAL ITEMS

- a. Compliance Audit – The auditors from Roslund Prestage and Company PC will attend the July Board Meeting and present the Financial and Compliance Audit for year ending September 30, 2023. For the Compliance Audit there was a data entry error of copying from one form to another. This does not affect the numbers and did not result in a finding. Another comment in the report is for our Ability to Pay forms. During FY23, while we were waiting on state information of how to calculate ability to pay and financial determinations, we hit pause until we knew what to bill.

#### VI. PARKING LOT

- a. Review Needs for Agency Growth (Leadership Changes, Staffing Needs, Agency Space) – Lisa Graham



**VII. ADJOURNMENT**

The meeting adjourned at 6:00pm. The Business Operations Committee's next meeting is scheduled for **Wednesday, August 21, 2024** at 5pm in the Aspen Room.

Respectfully submitted,

*LaMar Frederick (4)*

LaMar Frederick  
Business Operations Chair

7/17/24



**BOARD CLINICAL OPERATIONS COMMITTEE**  
**Wednesday, July 10, 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; 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, Crystal Palmer, Lisa Graham, and Bridgitte Gates were present. Deb Staelgraeve and Mike Humphries were excused.

**II. CHIEF CLINICAL OFFICER UPDATE**

- a. Crystal Palmer presented the Clinical Operations Executive Summary highlighting information under the sections of Staff, Leadership, Community Outreach, and Services from the Strategic Plan.
  1. Staff: MCMHA continues to recruit and hire staff for current vacancies, which is 14 at this time. We have had several internal transfers, which in turn leave vacancies in other areas.
  2. Leadership: No updates provided this month.
  3. Community Outreach: There were 35 referrals made in May. 60% received some type of follow-up, services authorized, etc. 20% declined any further intervention, 20% were not engaged. Certified Peer Supports Specialists (CPSS) continue to provide support at the ALCC. The CPSS did engage in 20 program/activities and one (1) 1:1 meeting during the month of May.
  4. Finance: Updates on this strategy will be provided at the Business Operations Meeting.
  5. Services: Crisis Mobile responded to 30 contacts in May, which averaged 1.15 hours of face to face interaction time; the average response time for Crisis Mobile was approximately 15.93 minutes which is likely due to 78% of the calls being in 48161 and 48162 zip codes; there were multiple referral sources for Crisis Mobile, 69% were from the Monroe County Sheriff's Department, 28% were from Monroe City Police, and 34% were from Access Department/CMH; enrollment for CCBHC has decreased by 12 members this month due to an increase in enrollments. This is a less than 1% increase in enrollment from the previous month; which is expected; the data for incoming calls being answered is at 98%, which meets MCMHA's goal of 95%; and Crossroads Clubhouse received their 3-year conditional accreditation from Clubhouse International.

**III. OPERATIONS DIRECTOR UPDATE**

1. Bridgitte Gates presented the Director of Operations Report highlighting the topics: Customer Services, Kiosks, Revel Marketing, and 3<sup>rd</sup> Quarter Grievances.
2. Customer Service Mystery Shopper Highlights – The mystery shopper is someone that calls during business hours to see how front desk staff respond to incoming calls. Lisa commented that big kudos were given to the front desk staff as they received a 96% out of 100%.
3. 2<sup>nd</sup> Quarter Peer Report – At a glance, our industry rating is tenth across the United States and our group rating is fourth. We continue to average four stars.

**IV. INFORMATIONAL ITEMS**

- a. FY2024 1<sup>st</sup> and 2<sup>nd</sup> Quarter CCBHC Quality Metrics Report
  - i. Lisa Graham presented the FY2024 1<sup>st</sup> and 2<sup>nd</sup> Quarter CCBHC Quality Metrics Report at the June Clinical Operations Committee meeting and the June Board Meeting. The committee requested to have further discussion on the metrics and Lisa requested feedback on how the metrics should be presented in the future to the committee and the Board.
    1. Lisa will present the CCBHC Quality Metrics separately from the MDHHS Metrics within the same quarter.
    2. Susan Fortney requested the metrics be presented straight forward and to be transparent.
    3. Rebecca Pasko requested a comparison of metrics from other CMHs within the state of Michigan to see how Monroe is doing. Lisa Graham commented that she will check with the CCBHC Director to see if there is data available for other CCBHCs within the state of Michigan. A comparison of the MDHHS Metrics is available and Lisa will include that information with the next quarterly presentation.

**V. PARKING LOT**

**VI. ADJOURNMENT**

The meeting adjourned at 6:06pm. The Board Clinical Operations Committee's next meeting is scheduled for **Wednesday, August 7, 2024** at 5pm in the Aspen Room.

Respectfully submitted,

*Susan Fortney (4p)*

Susan Fortney  
Clinical Operations Chairperson

7/10/24

# Clinical Operations – Executive Summary

July 10, 2024

## 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 is 14 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***

- No updates provided this month.

## COMMUNITY OUTREACH

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

- There were 35 referrals made in May. 60% received some type of follow-up, services authorized, etc. 20% declined any further intervention, and 20% were not engaged.
- Certified Peer Support Specialists (CPSS) continue to provide support at the ALCC. The CPSS did engage in 20 programs/activities and one (1) 1:1 meeting during the month of May.

## FINANCE

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

- Updates on this strategy will be provided at the Business Operations Meeting.

## SERVICES

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

- Crisis Mobile responded to 30 contacts in May, which averaged 1.15 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 15.93 minutes which is likely due to 78% of the calls being in 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 69% were from the Monroe County Sheriff's Department, 28% were from Monroe City Police; and 3% were from Access Department/CMH.
- Enrollment for the CCBHC has increased by 12 members this month due to an increase in enrollments. This is a less than 1% increase in enrollment from the previous month, which is expected.
- The data for incoming calls being answered is at 98%, which meets MCMHA's goal of 95%.
- Crossroad Clubhouse received their 3-year conditional accreditation from Clubhouse International.

# **BOARD CLINICAL OPERATIONS COMMITTEE MEETING / ATTACHMENT A**

Clinical Updates – July 10, 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 July 1<sup>st</sup>:

- Access Screener
- Case Service Manager – Child/Family
- Case Service Manager – Intellectual/Developmental Disability (2 positions)
- Case Service Manager – Mental Health Court/Jail Diversion
- Children's Therapist/Case Manager (2 positions)
- Direct Support Professional
- Crisis Mobile Response Clinician/Peer
- Evaluation & Admission Specialist (2 positions)
- Peer Support Specialist (PT – 2 positions)
- Wraparound Facilitator

The Clinical Department continues to have vacancies and is recruiting for open positions. We continue to work with the Human Resources Department to hire the appropriate positions. Also, the Director of Access/Crisis/Diversion attended a job fair at the Michigan School of Psychology to advertise the opportunities for work and internships available at MCMHA.

## **LEADERSHIP**

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

No updates this month.

## **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. During May, CMH leadership met with Michigan Works to share the Universal Referral form with them and explain how and when to use it and give an overview of our services and how the Crisis Mobile unit could be useful to them. MCMHA has now has 10 agencies plus law enforcement utilizing the universal referral form. A list of the agencies is as followed:

- Opportunity Center at the ALCC
- Salvation Army
- Disabilities Network
- Paula's House
- Fairview
- Saleh Center

Updated as of 7/1/24

## **BOARD CLINICAL OPERATIONS COMMITTEE MEETING / ATTACHMENT A**

Clinical Updates – July 10, 2024

- Health Department’s Maternal and Child Health Services
- Monroe Housing Commission
- YMCA
- Michigan Works!

During May 2024, there have been 35 mental health referrals, including law enforcement and community referrals. The outcomes of these cases are as follows:

- 7 were sent to their treatment teams for follow up
- 12 were referred and following through with Access
- 1 sent to jail team for follow up
- 7 declined any further intervention
- 1 connected with Crisis Mobile in person with no further needs
- 7 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 help link and coordinate services, including engaging those who need community mental health services or those involved in them. In May, MCMHA provided one (1) 1:1 meetings, and the peers did engage in 20 programs/activities within the Opportunity Center.

### **Outreach Activities**

*Law Enforcement:* Every Tuesday in June, Crisis Mobile Director and Supervisor are meeting with each shift of the Sherrif road deputies to further brainstorm and collaborate on how to continue to improve the Crisis Mobile services now that we have been in operation for just over 6 months.

As part of the Attorney General’s visit to Monroe, we showed our Jail Diversion services and had an hour to present our Crisis Mobile services to the AG and her team. Her feedback was, “Now I just have to figure out how to get the rest of the state to perform like Monroe.”

*Mental Health Fun Day:* On May 21, 2024, MCMHA hosted our annual Mental Health Fun Day. There were approximately 110 attendees excluding vendors. One of the vendors was our very own Crossroads Clubhouse who hosted a table and shared what it means to be a part of the Clubhouse. Additionally, brochures were provided re: MCMHA services.

Later in the evening, MCMHA hosted the annual Town Hall Meeting. There were approximately 25 attendees for this event. People had the opportunity to provide input on services, etc. This information will be utilized for the upcoming strategic plan. MCMHA also recognized consumers and community stakeholders during the event. The following awards were provided:

Updated as of 7/1/24

## **BOARD CLINICAL OPERATIONS COMMITTEE MEETING / ATTACHMENT A**

Clinical Updates – July 10, 2024

- “Lifetime Achievement Award” - One (1) consumer recipient
- “You are a Star Award” - Two (2) consumer recipients
- “Stakeholder Award” – Four (4) recipients; Monroe Public Library System (Jenn McCarty), Monroe County Community College (Gerald McCarty), Monroe County Opportunity Program (Stephanie Kasprzak), and Catholic Charities of Southeast Michigan (Rebecca Turner)
- “Crystal Award” – One (1) recipient; St. Joseph’s Center for Hope (Rebecca Turner)

*Celebration of Children Event:* The Infant and Early Childhood team attended the ‘Celebration of Children’ event on May 4th. MCMHA provided information on programming and mental wellness. Many families were given pamphlets and mental health literature, and children were provided with color pages and a craft reminding them of emotional regulation. The event was attended by approximately 480+ and included 45 booths.

***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***

Updates on this strategy will be provided at the Business Operations Meeting.

### **SERVICES**

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

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

Please see the attached report (Attachment #1) regarding May data from the Crisis Mobile Response Team.

***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 below identifies the individuals' zip codes scheduled at the Benesh building during FY24. Note that the information includes all appointments, whether held in-person or virtually.

**BOARD CLINICAL OPERATIONS COMMITTEE MEETING / ATTACHMENT A**

**Clinical Updates – July 10, 2024**

Zip Code	Location	23-Oct	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Total
48101	Ann Arbor	0	1	0	0	0	0	0	0	1
48103	Ann Arbor	0	0	0	0	0	1	0	0	1
48105	Ann Arbor	0	0	0	0	0	0	0	0	0
48111	Belleville	0	0	0	0	0	1	0	0	1
48117	Carleton	2	3	2	0	1	4	2	3	17
48131	Dundee	3	2	1	0	1	0	2	4	13
48133	Erie	4	2	4	1	0	2	3	0	16
48134	Flat Rock	0	0	0	0	0	2	1	1	4
48135	Garden City	0	0	0	0	0	0	0	0	0
48140	Ida	0	0	0	0	0	0	0	1	1
48144	Lambertville	0	1	0	0	0	2	1	1	5
48145	LaSalle	1	1	2	0	0	1	5	0	10
48153	Maybee	0	0	0	0	0	1	0	0	1
48157	Luna Pier	3	0	0	0	0	0	0	1	4
48159	Maybee	0	0	0	0	0	0	0	2	2
48160	Millan	6	3	2	1	1	0	3	1	17
48161	Monroe	49	27	22	14	18	11	17	17	175
48162	Monroe	15	16	11	7	6	6	10	11	82
48164	New Boston	0	0	0	0	0	0	0	0	0
48166	Newport	9	2	7	3	2	0	6	4	33
48177	Samaria	0	0	0	0	0	0	0	0	0
48179	South Rockwood	0	0	0	0	0	0	1	0	1
48182	Temperance	3	9	2	0	3	9	1	3	30
48191	Willis	1	0	0	0	0	0	0	0	1
48198	Ypsilanti	0	0	0	0	0	0	1	0	1
48214	Detroit	0	0	0	0	0	1	0	0	1
48336	Fowlerville	1	0	0	0	0	0	0	0	1
48817	Corunna	0	0	0	0	0	0	1	0	1
49221	Adrian	0	0	1	0	0	0	0	0	1
49267	Ottawa Lake	1	0	0	0	0	0	0	0	1
49270	Petersburg	0	2	1	1	0	0	0	2	6
49276	Riga	0	0	0	1	0	0	0	0	1
<b>Total</b>		<b>98</b>	<b>69</b>	<b>55</b>	<b>28</b>	<b>32</b>	<b>41</b>	<b>54</b>	<b>51</b>	<b>428</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%
<b>January</b>	79%	43%
<b>February</b>	81%	66%
<b>March</b>	90%	54%
<b>April</b>	80%	72%
<b>May</b>	71%	63%

Note that we started having walk-ins in May and are now collecting this as in office appointments.

**Crossroad Clubhouse**

As previously stated, the Crossroads Clubhouse had its re-accreditation visit on April 22 – 24<sup>th</sup>. The Crossroads Clubhouse received its full 3-year conditional accreditation as of June 10, 2024. This is the most awarded accreditation. We have one (1) year to complete the recommendations. Those recommendations are: 1.) Located in its own physical space, 2.) Establish a work-ordered day that parallels typical working hours, 3.) establish enough meaningful work to sustain a full and engaging work-ordered day including the Culinary Unit, and 4.) Have recreational and social programs during evenings and on weekends/holidays celebrated on the actual day observed. Once these items are addressed, Crossroads Clubhouse will submit the appropriate documentation to Clubhouse International for final approval.

Updated as of 7/1/24

## **BOARD CLINICAL OPERATIONS COMMITTEE MEETING / ATTACHMENT A**

Clinical Updates – July 10, 2024

### **Assertive Community Treatment (ACT) Team**

The ACT Team MI FAST review has been scheduled for July 30<sup>th</sup>. Preparation for this has started, meeting with all parties that will be involved in this review.

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

There are 1,707 members currently enrolled in CCBHC through the WSA. This number will continue to fluctuate as consumers enroll and disenroll in services. This remains to be around 80% of our consumers.

In May, the Corporate Trainer offered multiple Question, Persuade, Refer (QPR) trainings to all staff to become gatekeepers. Gatekeepers can be anyone (teacher, ministers, doctors, nurses, supervisors, case workers, police, and other emergency personnel) who are strategically trained to recognize and refer someone at risk of suicide. As a Gatekeeper the learner will be able to recognize the warning signs of suicide, know how to offer hope, and be able to get help to save lives. QPR is an important component of the Zero Suicide model required as an evidenced based practice by CCBHCs.

MDHHS recently revised CCBHC certification requirements to indicate that CCBHCs must include a Behavioral Health Urgent Care (BHUC) by October 1, 2025. MDHHS has released a draft of BHUC requirements. At this time, MCMHA determined that the majority of these services are already provided in some form. MCMHA leadership will begin to plan the expansion of crisis receiving/stabilization services. Per MDHHS:

- BHUCs “must at a minimum include urgent care/walk in mental health and substance use disorder services for voluntary individuals. Stabilization services should be voluntary and very short term, always providing less than 23 hours of care. Urgent Care/walk in services must identify the immediate needs, de-escalate the crisis, and connect an individual to a safe and least-restrictive setting for ongoing care. Walk in hours should be determined via the community needs assessment and posted publicly. It is not expected that the CCBHC will provide care in a crisis receiving/stabilization setting to those who need a higher level of care but should facilitate the transition to a higher level of care when appropriate. No referrals are necessary for urgent care services. Behavioral health urgent cares can be co-located with a physical health urgent care and can operate virtually to extend availability.”

CCBHC re-certification was submitted to MDHHS on May 31, 2024. MDHHS tentatively plans to review applications prior to July 2024.

**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.

Updated as of 7/1/24



**BOARD CLINICAL OPERATIONS COMMITTEE MEETING / ATTACHMENT A**

Clinical Updates – July 10, 2024

Children’s Waiver Program (14 Enrolled – **no change**) 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 (8 Enrolled - **1 pending still**) – 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/126 Enrolled – **1 disenrolled**) - 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.

**Training**

Both April and May have been heavy training months and included several updates to state required assessments and procedures; Question, Persuade, Respond (QPR), Screening, Brief Intervention, and Referral for substance use disorders (S-BIRT), the brief screening and comprehensive versions of the new Children’s Assessment of Needs and Strengths (MichiCANS) replacing the CAFAS/PECFAS, as well as our regular monthly clinical trainings and several staff attending evidenced based practice annual conferences.

**MISCELLANEOUS**

**Call Volume Data**

Below is the call volume data for Fiscal Year 24.

	October-23	November-23	December-23	January-24	February-24	March-24	April-24	May-24
Incoming Calls	3929	3967	3418	4124	4390	4177	4484	4264
Incoming calls minus abandon calls	3863	3905	3345	4063	4311	4108	4377	4124
Calls Answered	3653	3680	3135	3815	4048	3832	4128	3816
Missed/Abandoned Calls	66	62	73	61	79	69	107	140
Abandoned Calls	265	276	280	287	323	325	351	405
% incoming calls answered	93%	93%	92%	93%	92%	92%	92%	89%
% incoming calls answered minus abandon calls	98%	98%	98%	99%	98%	98%	98%	97%

**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. As you can see, during Fiscal Year 2024 in the first eight months, we are at 98%, which is over our goal of 95%.

**Caseload Report**

This report will be provided quarterly. It was reported in the June 2024 meeting and will be reported again in the September 2024 meeting.

Updated as of 7/1/24

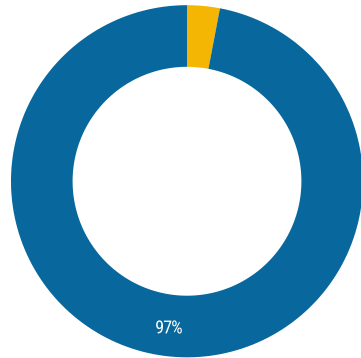
Select Month:: 2024 - 05 (1) ▾



# Monroe County CMH Crisis Mobile Utilization Report

## Number of encounters, Number of Follow Ups:

Month	Initial or ...	#	%
2024 - 05	Follow-Up	1	3%
2024 - 05	Initial	29	97%



1 - 2 / 2 < >

● Follow-Up ● Initial

Month	Contact Type	Hours
2024 - 05	Indirect Contact (Phone/Email/Other)	0
2024 - 05	Contact Attempt	0
2024 - 05	Face-To-Face	19.55

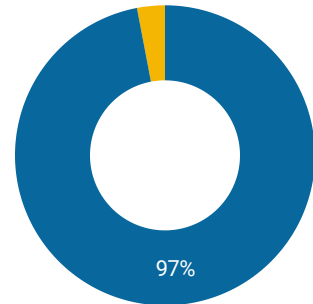
## Total Crisis Mobile Deployments

# 30

Month	Contact Type	#	%
2024 - 05	Indirect Contact (Phone/Email/Other)	0	0%
2024 - 05	Contact Attempt	1	3%
2024 - 05	Face-To-Face	29	97%

1 - 3 / 3 < >

● Face-To-Face ● Contact Attempt ● Indirect Contact (Phone/Email/Other)



## Average Face-to-Face Interaction Time

# 1.15

Month	Avg F2F Contact
2024 - 05	1.15

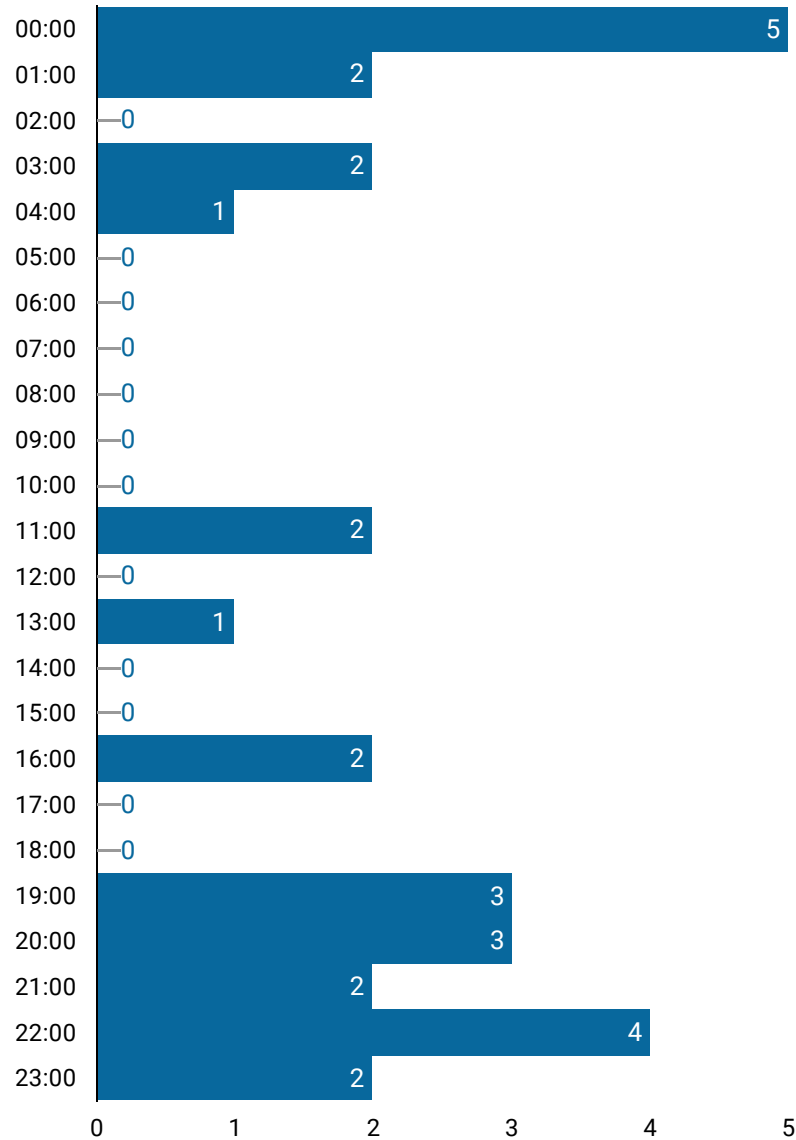
Select Month:: 2024 - 05

(1) ▾

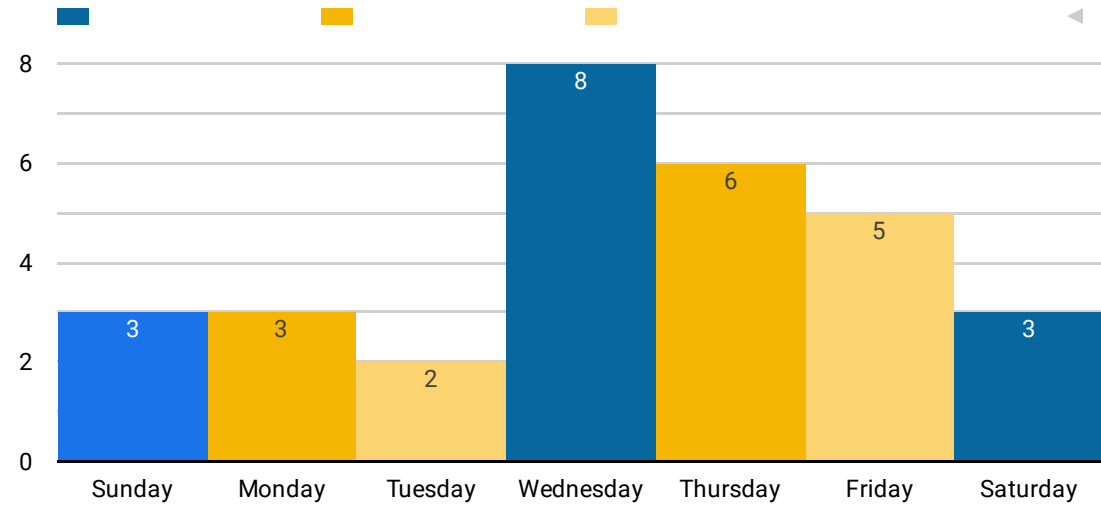
## Time of Calls

### Calls, by hour:

# Calls



### Calls, by Weekday:



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

Average Response Time (Minutes)

15.93

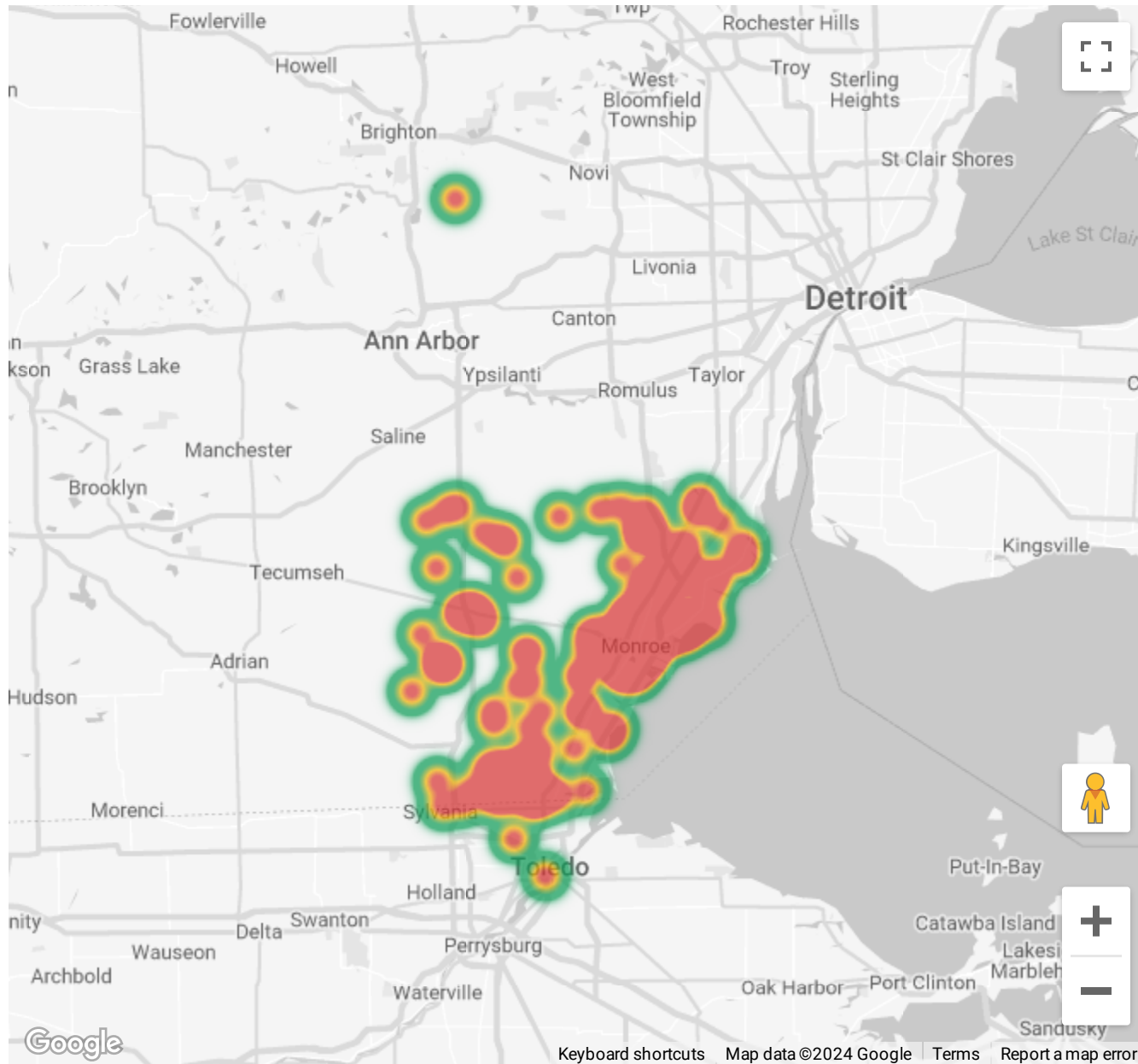
Month	Avg. Response Time ▾
2024 - 05	15.93

Select Month:: 2024 - 05

(1) ▾

# Location

## Mapping of locations deployed to:

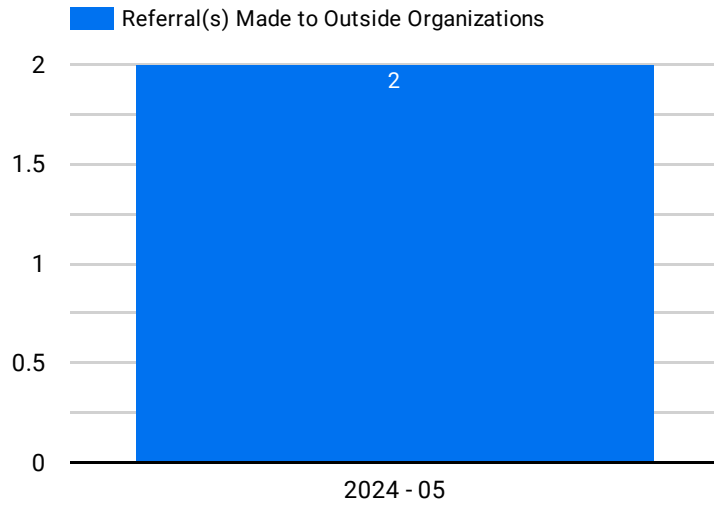


Month	Zipcode	#	%
2024 - 05	48182	2	7%
2024 - 05	48160	0	0%
2024 - 05	48173	0	0%
2024 - 05	48166	3	11%
2024 - 05	48117	0	0%
2024 - 05	48134	1	4%
2024 - 05	48161	13	48%
2024 - 05	48162	8	30%

Select Month:: 2024 - 05

(1) ▾

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



Month ① ...	Referred To: ② ▲	#	%
2024 - 05	Arrowhead Behavioral Health	0	0%
2024 - 05	Behavioral Health Treatment	0	0%
2024 - 05	CMH	7	64%
2024 - 05	Family Counseling and Shelter Services of Monroe	0	0%
2024 - 05	Fire Station	0	0%
2024 - 05	Gabby's Ladder	0	0%
2024 - 05	Harbor Light	1	9%
2024 - 05	Henry Ford Wyandotte	0	0%
2024 - 05	Holistic Wellness	0	0%
2024 - 05	Lemon Tree	0	0%
2024 - 05	MCOP	1	9%
2024 - 05	Michigan Works	1	9%
2024 - 05	Monroe County Animal Control	0	0%
2024 - 05	Paula's House	0	0%
2024 - 05	ProMedica ER	0	0%
2024 - 05	Pure Psych	0	0%
2024 - 05	RAW	0	0%
2024 - 05	Resource Flyer	0	0%
2024 - 05	SUD Treatment	0	0%
2024 - 05	Salvation Army Harbor Light	1	9%
2024 - 05	St. Joe's	0	0%

Select Month:: 2024 - 05

(1) ▾

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

		Month / # Calls
Deployed by:		2024 - 05
Monroe County Sheriff's Dept.		20
Monroe City Police		8
CMH		1
Police Mental Health Referral		0
ACCESS		0
Mobile Crisis Follow Up		0
Self		0

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

(New question starting 12/2023)

		Month / #
Issue/Diagnosis		2024 - 05
Thought Disorder		13
Suicidal Ideation		6
Substance Abuse		1
Neurocognitive		2
Homicidal Ideation		1
Environmental		3
Domestic Violence		2

Select Month:: 2024 - 05

(1) ▾

**Consumers, New and Repeats:**

	Month ⓘ ▲	New or Repeat Consumer...	#
1.	2024 - 05	New	22
2.	2024 - 05	Repeat	8

Select Month:: 2024 - 05

(1) ▾

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

# Narcan Kits Distributed

0

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

			Month / # / %
			2024 - 05
Race		#	%
White		23	85%
Unknown		1	4%
Not Collected		1	4%
Black or African American		2	7%



Select Month:: 2024 - 05

(1) ▾

## Number of calls per population - Age

			Month / # / %
			2024 - 05
Age		#	%
0 to 9		0	0%
10 to 17		1	4%
18 to 28		7	27%
29 to 39		3	12%
40 to 50		6	23%
51 to 61		5	19%
62 to 72		3	12%
73 to 83		1	4%
84 to 94		0	0%
95 +		0	0%
Not Collected		0	0%



## **DIRECTOR OF OPERATIONS REPORT / JULY 10, 2024**

### **Customer Services:**

- Next year's community event is scheduled for May 17<sup>th</sup> (Saturday) at 2/42 Community Church from 11 a.m. to 3 p.m.
- Hosting a table at the Monroe Community Fair
- Next Town Hall meeting to be scheduled in October 2024
- Prepping for upcoming HSAG audit

### **Kiosks:**

- June – 25 total responses. 4 at Benesh and 21 at Raisinville. No prescriber responses received.
- Comments from consumers/guardians at Raisinville
  - 1 stated the person they were meeting with was rushing them
  - 2 stated that the person they were to meet with was late
  - 1 stated they were kept waiting past their appointment time and they were more than 30 minutes late.
  - Conference room and bathroom was dirty
  - Front desk staff was not friendly
  - Appointment was rescheduled and they were not notified
  - Staff made the appointment before checking with the consumer first
  - Staff is not in the office the day that the consumer is available
- Comments from consumers/guardians at Benesh
  - 1 star – person they were to meet with was late
  - 1 star – outside of the building was unkept
  - 1 star – staff they met with was not friendly
  - 1 star – after school appointments were not available
  - 2 stated that Benesh was a far drive from their home

### **Revel:**

- Received test links to look at webpage
- FY2023 Annual Report – draft to be sent this week.

### **Quarter 3 Grievances FY23/24 (June):**

#### **9 Grievances**

3 – resolved

- 1 – Receptionist rude
- 1 - Request for new prescriber – granted
- 1 - Request for new CSM - granted

6 – pending

- 1 – Request for new therapist
- 2 – Requests for new CSM
- 1 – Discharge of services (moving out of county)
- 1 – Request for new prescriber
- 1 - Services

# PULSE FOR GOOD DATA

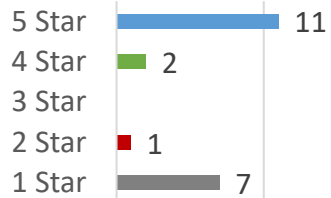
June 2024 / Location - Lobby Kiosk



Overall Rating: 4.18

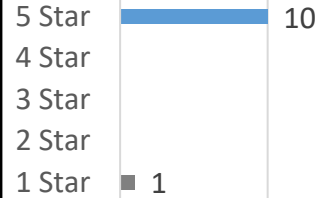
## How was your visit?

21 Responses / 3.43 Rating



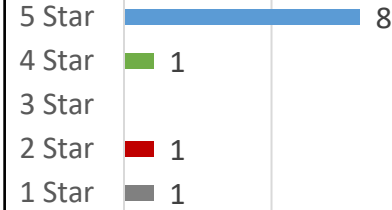
## Do you think this agency is a safe place to be?

11 Responses / 4.64 Rating



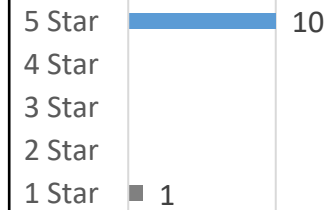
## How clean was it?

11 Responses / 4.27 Rating



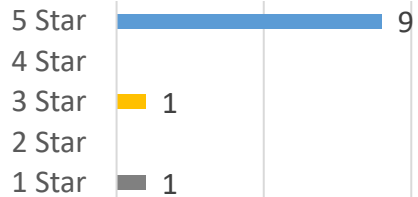
## How respectful was the staff?

11 Responses / 4.64 Rating



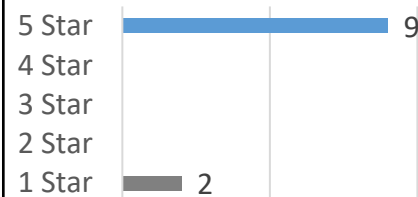
## How satisfied were you with scheduling your appointment?

11 Responses / 4.45 Rating



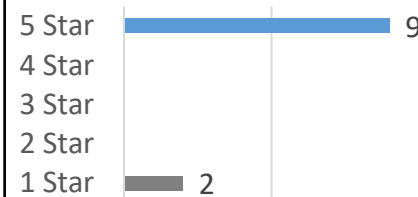
## How well did the appointment time work for you?

11 Responses / 4.27 Rating



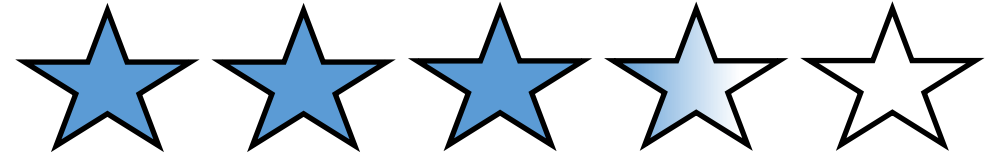
## How convenient is our location?

11 Responses / 4.27 Rating



# PULSE FOR GOOD DATA

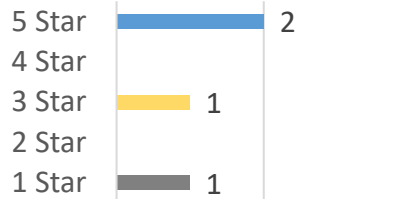
June 2024 / Location - Benesh Kiosk



Overall Rating: 3.64

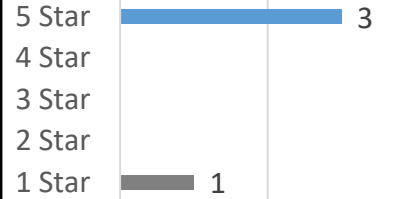
## How was your visit?

4 Responses / 3.50 Rating



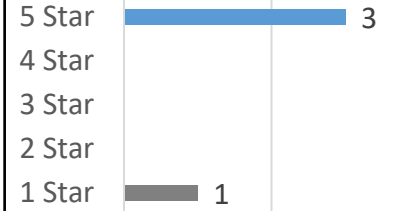
## Do you think this agency is a safe place to be?

4 Responses / 4.00 Rating



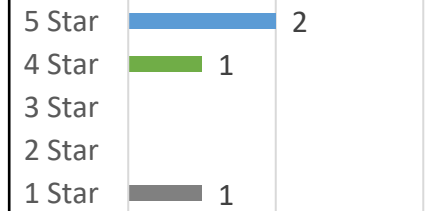
## How clean was it?

4 Responses / 4.00 Rating



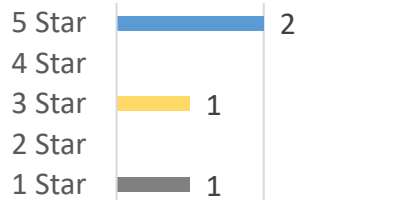
## How respectful was the staff?

4 Responses / 3.75 Rating



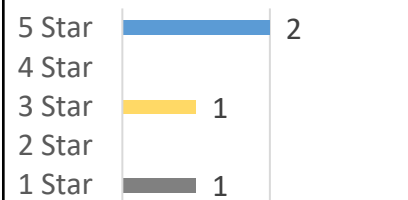
## How satisfied were you with scheduling your appointment?

4 Responses / 3.50 Rating



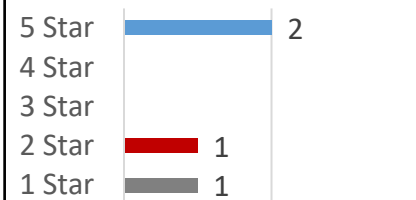
## How well did the appointment time work for you?

4 Responses / 3.50 Rating



## How convenient is our location?

4 Responses / 3.25 Rating



## Customer Service Mystery Shopper Highlights - 2024

### Lenawee - 99% "Yes"

**Strengths:** Consistently positive experiences for callers where a live person answered the phone, provided information that was easy to understand, and did not feel rushed or hurried through. Questions were answered and met expectations with positive feedback for Customer Service. Routinely noted as friendly, professional, and helpful.

**Opportunities:** There was 1 instance that the initial answer to the call felt less warm/less professional before being transferred to someone who could help. It would be helpful to have a list of resources ready to send re: AA/NA meetings/resources.

### Livingston - 89% "Yes"

**Strengths:** Consistently positive experiences for callers where a live person answered the call, the information was easy to understand. Most callers felt that the interaction was warm and professional, and the majority felt that their questions were answered, and expectations were met with positive feedback for Customer Service. Routinely noted as helpful, courteous, and professional.

**Opportunities:** There were 1-2 instances where the initial interaction felt less warm/less professional, 4 callers felt that their call was rushed/hurried and 5 felt that they did not have their questions answered. There were 6 calls that needed more than 2 people to have their questions answered and 1 that was on hold for more than 3 minutes. At times calls were transferred to people who did not have the information and the caller was directed elsewhere (ie; DHHS).

### Monroe - 96% "Yes"

**Strengths:** Consistently positive experiences for callers where a live person answered the phone who was warm and professional, provided information that was easy to understand, and did not feel rushed or hurried through. Questions were answered and met expectations with positive feedback for Customer Service. Routinely noted as helpful, pleasant, and knowledgeable.

**Opportunities:** There was 1 instance where the question was left unanswered, 1 instance where the information provided was hard to understand, 1 instance where the call was on hold for more than 3 minutes, 1 instance where more than 2 people were needed to answer the question and 1 instance where the call did not meet expectations. It was suggested to have information readily available re: interpreter services to reduce hold time. Some calls that were forwarded went to voicemail, which left questions unanswered.

### Washtenaw - 90% "Yes"

**Strengths:** Consistently positive experiences where callers experienced a warm greeting, and the majority of interactions were professional and easy to understand. Most callers had their questions answered and felt the call met their expectations, with positive feedback for Customer Service. Routinely noted as helpful, thorough, and knowledgeable.

**Opportunities:** Nearly 50% of calls were not answered by a live person. There were 2 instances where the caller felt that the person was less clear/professional, 1 instance where the terminology was not easily understood, 2 instances where questions were not answered, 1 instance of being on hold for more than 3 minutes, 1 instance that took more than 2 people to answer, and 2 instances that did not meet the caller's expectations. The automated call system can feel very impersonal and often when a live person did answer the phone they were from Access, which meant the questions did not apply to them directly.

### CMHPSM Customer Services Mystery Shopper Calls: January - April 2024

Customer Service Criteria	Lenawee		Livingston		Washtenaw		Monroe	
	Yes	No	Yes	No	Yes	No	Yes	No
The telephone was answered by a live voice.	15	0	20	0	9	8	14	0
The initial greeting was warm and welcoming.	14	1	19	1	17	0	14	0
The person spoke clearly and professionally.	14	1	18	2	15	2	14	0
The person used terminology that I understood.	15	0	20	0	16	1	14	0
The call was not "rushed" or "hurried" through.	15	0	16	4	17	0	14	0
My questions were answered.	15	0	15	5	15	2	13	1
I understood the information provided.	15	0	20	0	17	0	13	1
This call was never on hold for over 3 minutes.	15	0	19	1	16	1	13	1
I talked to no more than 2 people to get my question answered.	15	0	14	6	16	1	13	1
This call met my expectations.	15	0	16	4	15	2	13	1
<b>Percentage of "Yes" responses based on total calls to each (varied)</b>	<b>99%</b>	<b>0</b>	<b>89%</b>	<b>23</b>	<b>90%</b>	<b>17</b>	<b>96%</b>	<b>5</b>
Total Calls Recorded	15		20		17		14	

Feedback summary

- Lenawee:
- Livingston:
- Washtenaw:
- Monroe:

# Q2 2024 PEER REPORT

Monroe

Showing Results from Apr 1, 2024 - Jul 1, 2024

## AT A GLANCE:

INDUSTRY RANKING



PERCENTAGE OF POSITIVE FREE TEXT RESPONSES

23.8%

Of all free text responses

GROUP RANKING



Out of 6

PERCENTAGE OF NEGATIVE FREE TEXT RESPONSES

19.0%

Of all free text responses

TOP SENTIMENT



Suggestion

## OVERALL SATISFACTION

MONROE

4.23 ★★★★★☆

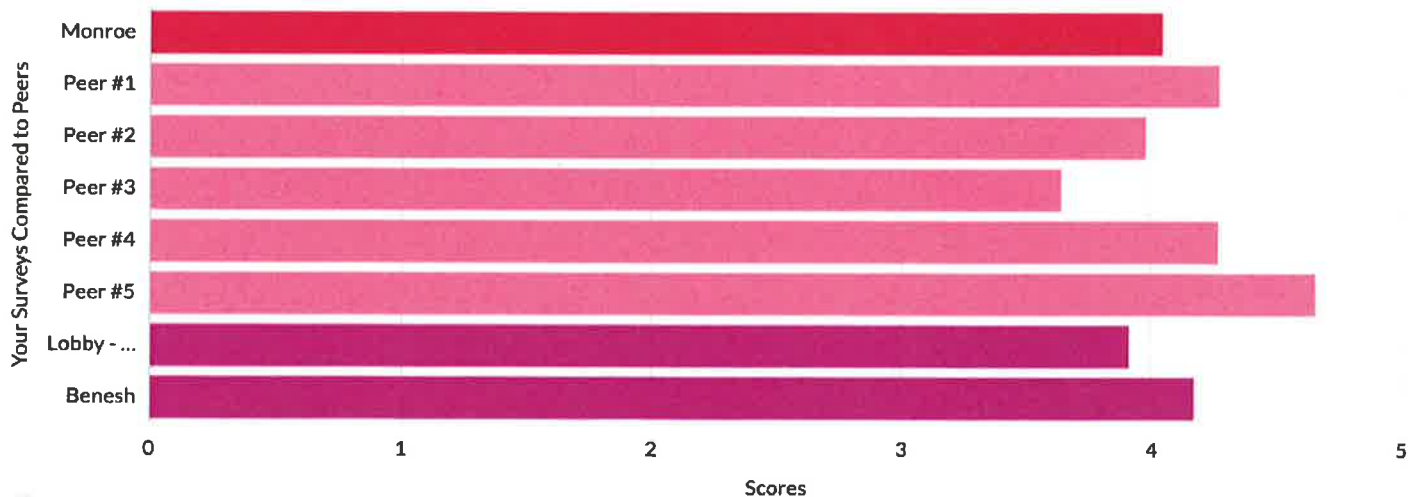
PEER GROUP AVG.

4.22 ★★★★★☆

INDUSTRY AVERAGE

3.34 ★★★★★☆

## IN COMPARISON



# STAFF

MONROE

4.55 ★★★★★

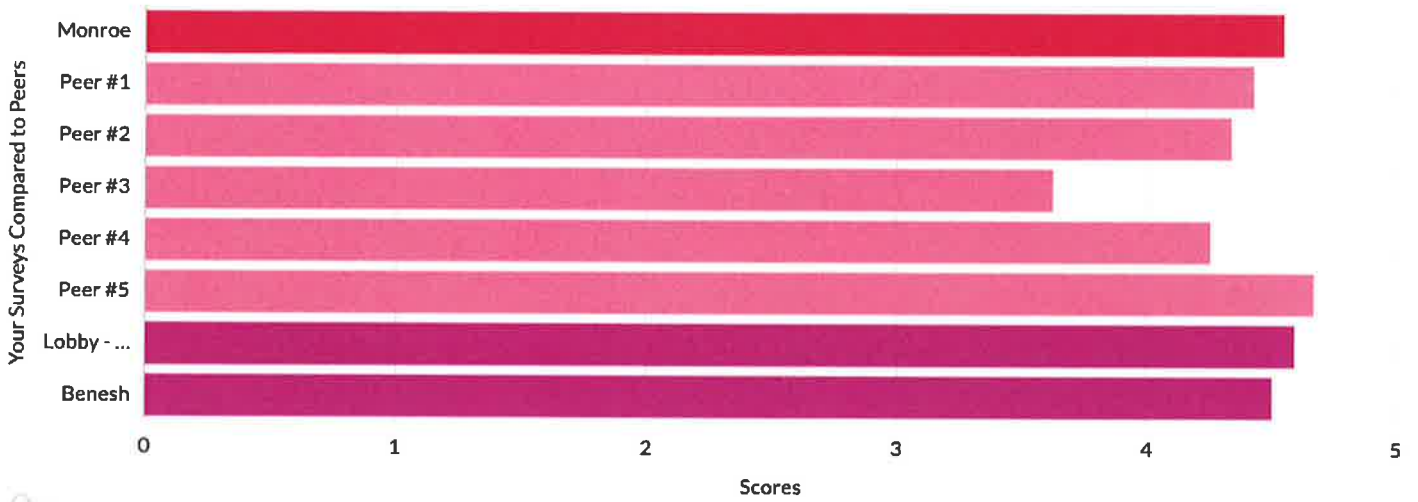
PEER GROUP AVG.

4.26 ★★★★★

INDUSTRY AVERAGE

3.74 ★★★★★

## IN COMPARISON





# SAFETY

MONROE

4.08 ★★☆☆☆

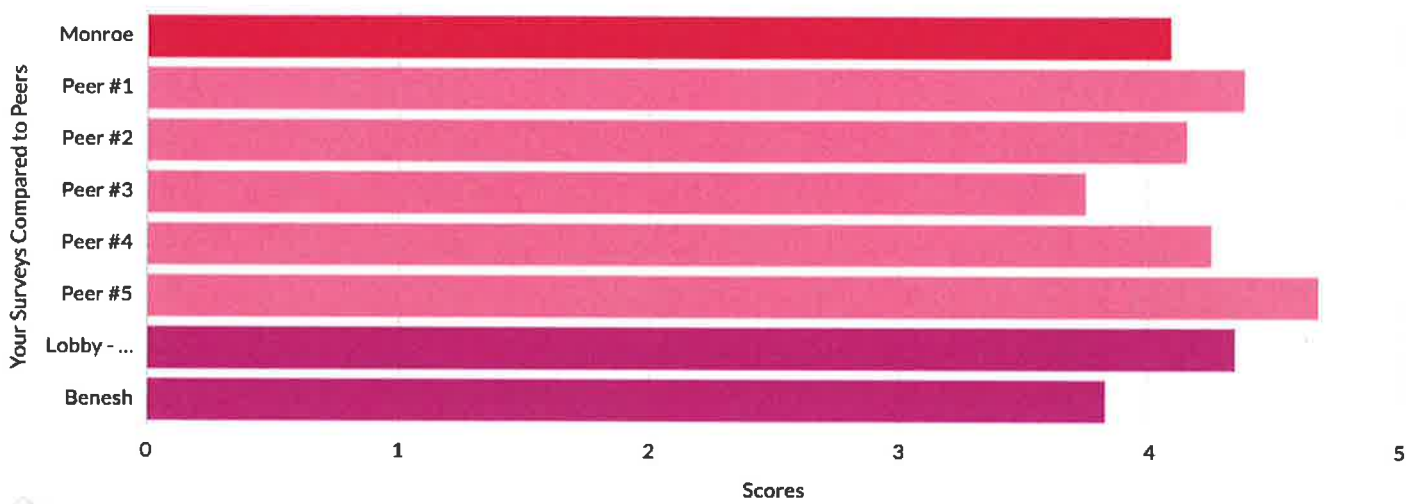
PEER GROUP AVG.

4.24 ★★☆☆☆

INDUSTRY AVERAGE

3.28 ★★☆☆☆

## IN COMPARISON



# FACILITY

MONROE

4.3



PEER GROUP AVG.

4.23

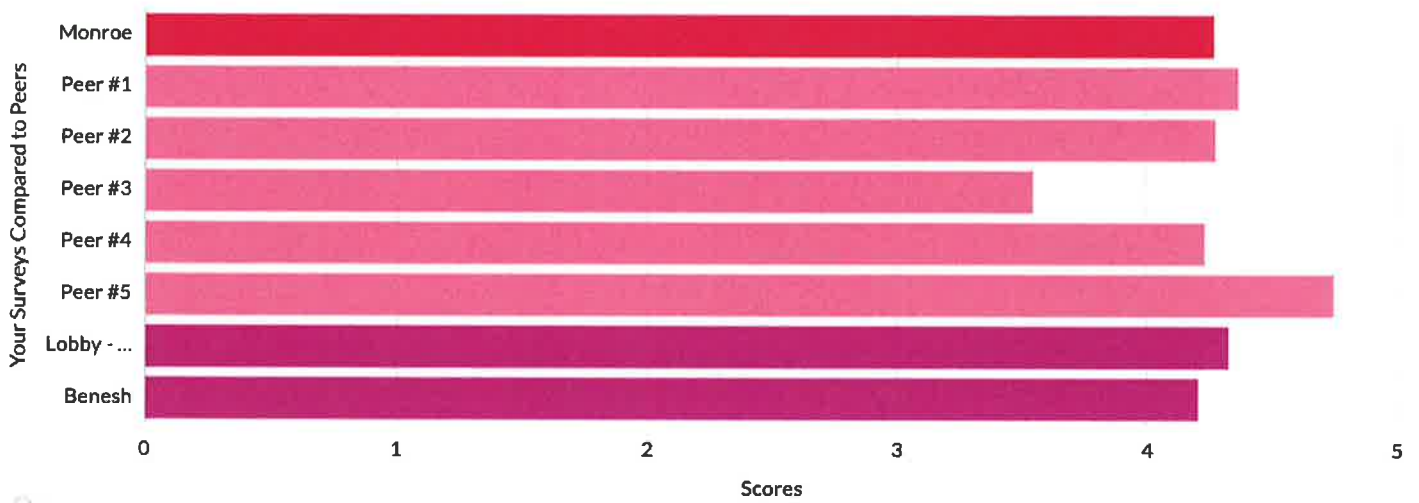


INDUSTRY AVERAGE

2.66



## IN COMPARISON



## Case Load – Age

Characteristic	Number Q1	Percent Q1	Number Q2	Percent Q2
0-11 years	146	10.5%	203	11.8%
12-17 years	219	15.7%	250	14.5%
18-64 years	962	69.1%	1200	69.6%
65+ years	65	4.7%	71	4.1%

**Totals: 1392 1724**

## Case Load – Gender

Characteristic	Number Q1	Percent Q1	Number Q2	Percent Q2
Women	670	48.1%	802	46.5%
Men	722	51.9%	922	53.5%
Other	0	0.0%	0	0.0%
Unknown	0	0.0%	0	0.0%

**Totals: 1392 1724**

## Case Load – Ethnicity

Characteristic	Number Q1	Percent Q1	Number Q2	Percent Q2
Not Hispanic or Latino	1260	90.5%	1571	91.1%
Hispanic or Latino	88	6.3%	111	6.4%
Unknown	44	3.2%	42	2.4%

**Totals: 1392 1724**

## Case Load – Race

Characteristic	Number Q1	Percent Q1	Number Q2	Percent Q2
White	1162	83.5%	1429	82.9%
Black or African American	123	8.8%	150	8.7%
American Indian or Alaskan Native	5	0.4%	7	0.4%
Asian	6	0.4%	8	0.5%
Native Hawaiian or Pacific Islander	1	0.1%	1	0.1%
More than one Race	39	2.8%	59	3.4%
Unknown	56	4.0%	70	4.1%

## Case Load – Insurance

Characteristic	Number Q1	Percent Q1	Number Q2	Percent Q2
Medicaid	1008	72.4%	1267	73.5%
CHIP	0	0.0%	0	0.0%
Medicare	22	1.6%	30	1.7%
Medicare and Medicaid Dually-Eligible	303	21.8%	309	17.9%
VHA/TRICARE	1	0.1%	1	0.1%
Commercially Insured	17	1.2%	44	2.6%
Uninsured	41	2.9%	73	4.2%
Other	0	0.0%	0	0.0%

## Case Load – Veteran

Characteristic	Number Q1	Percent Q1	Number Q2	Percent Q2
Active Military Duty	0	0.0%	0	0.0%
Prior Military Service/Veteran	0	0.0%	0	0.0%
Neither	1392	100.0%	1724	100.0%

<b>Totals:</b>	<b>1392</b>	<b>1724</b>
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## I-EVAL

**Program Benchmark:** First Contact: 57.8%

**Description:** 1. The percentage of new consumers with initial evaluation provided within 10 business days of first contact.

Age							
Measure	Numerator Q1	Denominator Q1	Rate Q1	Numerator Q2	Denominator Q2	Rate Q2	
<b>Age 12-17 years</b>							
<b>Totals:</b>	<b>15</b>	<b>18</b>	<b>83.3%</b>	<b>19</b>	<b>25</b>	<b>76.0%</b>	
Medicaid	13	15	86.7%	16	20	80.0%	
Medicare & Medicaid	0	0	N/A	0	0	N/A	
Other	2	3	66.7%	3	5	60.0%	
<b>Age 18+ years</b>							
<b>Totals:</b>	<b>47</b>	<b>68</b>	<b>69.1%</b>	<b>72</b>	<b>100</b>	<b>72.0%</b>	
Medicaid	32	48	66.7%	52	71	73.2%	
Medicare & Medicaid	1	1	100.0%	0	5	0.0%	
Other	14	19	73.7%	20	24	83.3%	
<b>Totals:</b>	<b>62</b>	<b>86</b>	<b>72.1%</b>	<b>91</b>	<b>125</b>	<b>72.8%</b>	

## I-EVAL (Mean Days)

**Program Benchmark:** Days to Eval: 20.8

**Description:** 2. The mean number of days until initial evaluation for new consumers.

Age									
	Numerator Q1	Denominator Q1	Denominator Exclusion Q1	Rate Q1	Numerator Q2	Denominator Q2	Denominator Exclusion Q2	Rate Q2	
<b>Age 12-17 years</b>									
<b>Totals:</b>	<b>170</b>	<b>18</b>	<b>0</b>		<b>255</b>	<b>22</b>	<b>3</b>		
Medicaid	128	15	0	8.5	204	18	2	11.3	
Medicare & Medicaid	0	0	0	N/A	0	0	0	N/A	
Other	42	3	0	14.0	51	4	1	12.8	

Age 18+ years									
	Numerator Q1	Denominator Q1	Denominator Exclusion Q1	Rate Q1	Numerator Q2	Denominator Q2	Denominator Exclusion Q2	Rate Q2	
<b>Totals:</b>	<b>894</b>	<b>66</b>	<b>2</b>		<b>973</b>	<b>89</b>	<b>11</b>		
Medicaid	651	46	2	14.2	650	63	8	10.3	
Medicare & Medicaid	3	1	0	3.0	92	3	2	30.7	
Other	240	19	0	12.6	231	23	1	10.0	

## BMI-SF

**Program Benchmark:** 32.5%

**Description:** The percentage of consumers aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up

Measure	Numerator Q1	Denominator Q1	Rate Q1	Numerator Q2	Denominator Q2	Rate Q2
Medicaid	87	663	13.1%	206	809	25.5%
Medicare & Medicaid	0	0	N/A	0	0	N/A
Other	12	47	25.5%	20	70	28.6%
<b>Totals:</b>	<b>99</b>	<b>710</b>	<b>13.9%</b>	<b>226</b>	<b>879</b>	<b>25.7%</b>

## WCC-CH

**Program Benchmark:** 44.3%

**Description:** The percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and who had evidence of body mass index (BMI) percentile documentation during the measurement year.

Age						
Measure	Numerator Q1	Denominator Q1	Rate Q1	Numerator Q2	Denominator Q2	Rate Q2
<b>BMI Percentile</b>	<b>0</b>	<b>155</b>	<b>0.0%</b>	<b>4</b>	<b>167</b>	<b>2.4%</b>
<b>Age 3-11 years</b>						
<b>Totals:</b>	<b>0</b>	<b>55</b>	<b>0.0%</b>	<b>0</b>	<b>64</b>	<b>1.6%</b>
Medicaid	0	52	0.0%	1	60	1.7%
Medicare & Medicaid	0	0	N/A	0	0	N/A
Other	0	3	0.0%	0	4	0.0%
<b>Age 12-17 years</b>						
<b>Totals:</b>	<b>0</b>	<b>100</b>	<b>0.0%</b>	<b>3</b>	<b>103</b>	<b>2.9%</b>
Medicaid	0	93	0.0%	3	99	30.0%
Medicare & Medicaid	0	0	N/A	0	0	N/A
Other	0	7	0.0%	0	4	0.0%

## TSC

**Program Benchmark:** 48.7%

**Description:** Percentage of consumers aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

Measure	Numerator Q1	Denominator Q1	Rate Q1	Numerator Q2	Denominator Q2	Rate Q2
Medicaid	96	324	29.6%	151	427	35.4%
Medicare & Medicaid	0	0	N/A	0	0	N/A
Other	13	23	56.5%	15	39	38.5%
<b>Totals:</b>	<b>109</b>	<b>347</b>	<b>31.4%</b>	<b>166</b>	<b>466</b>	<b>35.6%</b>

## ASC

**Program Benchmark:** 48.6%

**Description:** Percentage of consumers aged 18 years and older who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user.

Measure	Numerator Q1	Denominator Q1	Rate Q1	Numerator Q2	Denominator Q2	Rate Q2
Medicaid	1	331	0.3%	2	382	0.5%
Medicare & Medicaid	0	115	0.0%	0	113	0.0%
Other	1	37	2.7%	1	61	1.6%
<b>Totals:</b>	<b>2</b>	<b>483</b>	<b>0.4%</b>	<b>3</b>	<b>556</b>	<b>0.5%</b>

## SRA-BH-C

**Program Benchmark:** 47.9%

**Description:** The percentage of consumer visits for those consumers aged 6 through 17 years with a diagnosis of Major Depressive Disorder (MDD) with an assessment for suicide risk.

Measure	Numerator Q1	Denominator Q1	Rate Q1	Numerator Q2	Denominator Q2	Rate Q2
Medicaid	65	139	46.8%	69	125	55.2%
Medicare & Medicaid	0	0	N/A	0	0	N/A
Other	3	3	100.0%	2	2	100.0%
<b>Totals:</b>	<b>68</b>	<b>142</b>	<b>47.9%</b>	<b>71</b>	<b>127</b>	<b>55.9%</b>



**SRA-A****Program Benchmark:** 67.7%**Description:** Percentage of consumers aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.

Measure	Numerator Q1	Denominator Q1	Rate Q1	Numerator Q2	Denominator Q2	Rate Q2
Medicaid	42	42	100.0%	94	96	97.9%
Medicare & Medicaid	0	0	N/A	0	0	N/A
Other	12	12	100.0%	14	14	100.0%
<b>Totals:</b>	<b>54</b>	<b>54</b>	<b>100.0%</b>	<b>108</b>	<b>110</b>	<b>98.2%</b>

## CDF-AD

**Program Benchmark:** 37.2%

**Description:** Percentage of consumers aged 18 and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.

Age					Numerator Q2	Denominator Q2	Rate Q2
Measure	Numerator Q1	Denominator Q1	Rate Q1				
<b>Age 18-64 years</b>							
Medicaid	37	140	26.4%	129	345	37.4%	
Medicare & Medicaid	0	0	N/A	0	0	N/A	
Other	5	22	22.7%	13	35	37.1%	
				<b>142</b>	<b>380</b>	<b>37.4%</b>	

Age 65+ years					Numerator Q2	Denominator Q2	Rate Q2
Measure	Numerator Q1	Denominator Q1	Rate Q1				
Medicaid	4	13	30.8%	7	24	29.2%	
Medicare & Medicaid	0	0	N/A	0	0	N/A	
Other	0	1	0.0%	1	5	20.0%	
<b>Totals:</b>	<b>4</b>	<b>14</b>	<b>28.6%</b>	<b>8</b>	<b>29</b>	<b>27.6%</b>	

<b>Totals:</b>	<b>46</b>	<b>176</b>	<b>26.1%</b>	<b>150</b>	<b>409</b>	<b>36.7%</b>
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## DEP-REM-12

**Program Benchmark:** 13%

**Description:** Percentage of consumers aged 12 and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.

Measure	Numerator Q1	Denominator Q1	Rate Q1	Numerator Q2	Denominator Q2	Rate Q2
Medicaid	0	17	0.0%	1	23	4.3%
Medicare & Medicaid	0	0	N/A	0	0	N/A
Other	0	0	N/A	0	1	0.0%
<b>Totals:</b>	<b>0</b>	<b>17</b>	<b>0.0%</b>	<b>1</b>	<b>24</b>	<b>4.2%</b>



## BOARD EXECUTIVE COMMITTEE

Wednesday, July 17, 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 6:00pm. Mike Humphries and Lisa Graham were present. Susan Fortney and Catherin Bernhold were excused.

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

- a. Board Agenda – Reviewed
- b. Presentation – FY2023 Financial and Compliance Audit

#### III. ITEMS FOR DISCUSSION

- a. In review of the Board agenda, it was requested to add discussion on the committee structure and a motion to consider moving the start time of Board Meetings from 5:00pm to 6:00pm to accommodate Board Members and community attendance.

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

- a. Jul – Appointments for Committee Members and Chairs
- b. Aug –
- c. Sep – FY2025 Proposed Budget

#### V. AJOURNMENT

The meeting adjourned at 6:32pm.

#### VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for **Wednesday, August 21, 2024** at 6:00pm.

Respectfully submitted,

*Mike Humphries (dp)*

Mike Humphries  
Board Chairperson

7/17/24

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

Provider Name	Provider Location	Contract Term	Service Description(s) include	CPT code	FY 20-22 Rate/Unit	FY 22-24 Rate/Unit	Additional Information/ Background
<b>Hospitals:</b>							
<b>Community Living Supports/Supported Emp/Respite</b>							
Lutheran Child and Family Services DBA Wellspring Lutheran Services	210 Mayer Street Frankenmuth, MI 48734	8/1/24-9/30/24	Licensed Residential	H2016 T1020		Based on individualized consumer budget	Currently contracted with AbleLight who is in the process of a buyout by Wellspring.
<b>Autism/Waiver Services</b>							
Advanced Therapeutic Solutions, LLC	7794 Paint Creek Drive Ypsilanti, MI 48197	8/1/24-9/30/24	ABA Behavior Identification Assessment	97151 U5 Modifier HP/HO/HN		\$38/\$38/\$38 per 15 minutes	Current provider for recreation therapy that will be adding ABA therapy to their services. At this time all services are provided in the consumers home or school when necessary.
			ABA Adaptive Behavior Follow-up Assessment	0362T Modifier HP/HO/HN		\$30/\$30/\$21.25 per 15 minutes	
			ABA Adaptive Behavior Treatment	97153 Modifier HP/HO/HN/HM		\$13.75/\$13.75/\$13.75/\$12.50 per 15 minutes	
			ABA Group Adaptive Behavior Treatment	97154 Modifier HP/HO/HN/HM		\$4.25/\$4.25/\$4.25/\$3.93 per 15 minutes	
			ABA Clinical Observation and Direction of Adaptive Behavior Treatment	97155 Modifier HP/HO/HN		\$30.00/\$30.00/\$21.25 Per 15 minutes	
			ABA Family Behavior Treatment Guidance	97156 Modifier HP/HO/HN		\$30.00/\$30.00/\$21.25 per 15 minutes	
			ABA Multiple Family Behavior Treatment Guidance	97157 Modifier HP/HO/HN		\$12.00/\$12.00/\$8.00 per 15 minutes	
			ABA Adaptive Behavior Treatment Group	97158 Modifier HP/HO/HN		\$8.57/\$8.57/\$6.07 per 15 minutes	
ABA Exposure Adaptive Behavior Treatment	0373T Modifier HP/HO/HN 0373T		\$30.00/\$30.00/\$30.00 \$25.00 per 15 minutes				

**RECOMMENDATION:** As reviewed by the MCMHA Board Business Operations Committee on July 17, 2024 approval of the contract(s) listed on MCMHA Board Action Mental Health Service Contract(s) / Amendments on or before July 24, 2024.



# REVIEW AND APPROVAL

## Local (MCMHA) and Regional (CMHPSM) Policy, Procedure, and Exhibits

### Executive Summary:

- There is one local policy, and two regional policies.
- This document serves as an Executive Summary of the policies for review and approval at the July 24, 2024 Board Meeting.

LOCAL: Policy, Procedure, and Exhibits	Reason for Revision	Summary
POC7064 Nutrition Screening Policy	3-Year Review	<p><b><u>Purpose:</u></b> To identify individuals at nutritional risk and discover nutrition difficulties before disability or illness occur. Provide education to consumers and make appropriate referrals to assure that services are accessed, and consumer’s nutritional needs are met.</p> <p><b><u>Policy:</u></b> It shall be the policy of Monroe Community Mental Health Authority that the nutritional status of all individuals served shall be reviewed upon entry into services and at least annually thereafter.</p> <p><b><u>Significant Changes:</u></b> No recommended changes.</p>
FCM3036-E1 Purchase Order Request Exhibit	Language Update	<p><b><u>Significant Changes:</u></b> Language has been added to identify if the purchase is related to a grant.</p>

REGIONAL: Policy and Exhibits	Reason for Revision	Summary
POC7074 Continuity of Care Policy	Language Update	<p><b><u>Purpose:</u></b> Ensure consumers/individuals served receive care that is appropriate to their specific needs and is continuous and coordinated among agency departments and programs and between agency departments or programs and outside providers.</p> <p><b><u>Policy:</u></b> It is the policy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) that consumers/individuals served will receive continuity of services and care throughout an episode of care, between levels of care, and across an integrated array of services. Additionally, with written consent from consumers/individuals served, care will be coordinated with other organizations and providers.</p> <p><b><u>Significant Changes:</u></b> Changed language from Consumer to Consumers/Individuals Served.</p>

<p>POC7071 Transition Planning for Individuals Being Released from State Facilities Policy</p>	<p>3-Year Review</p>	<p><b><u>Purpose:</u></b> To ensure consistency across the region in meeting standards of good clinical practice in transitioning people with severe and persistent mental illness, intellectual and developmental disabilities, and serious emotional disturbance from state facilities back to the community.</p> <p><b><u>Policy:</u></b> Transition planning for individuals being discharged from State Facilities shall be individualized, person-centered, strength-based, collaborative, comprehensive, timely, orderly, and focused on the safety of both the consumer/individual served and the public.</p> <p><b><u>Significant Changes:</u></b> There were no significant updates.</p>
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MONROE  
COMMUNITY  
MENTAL  
HEALTH

May 2024

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

### Monthly Highlights

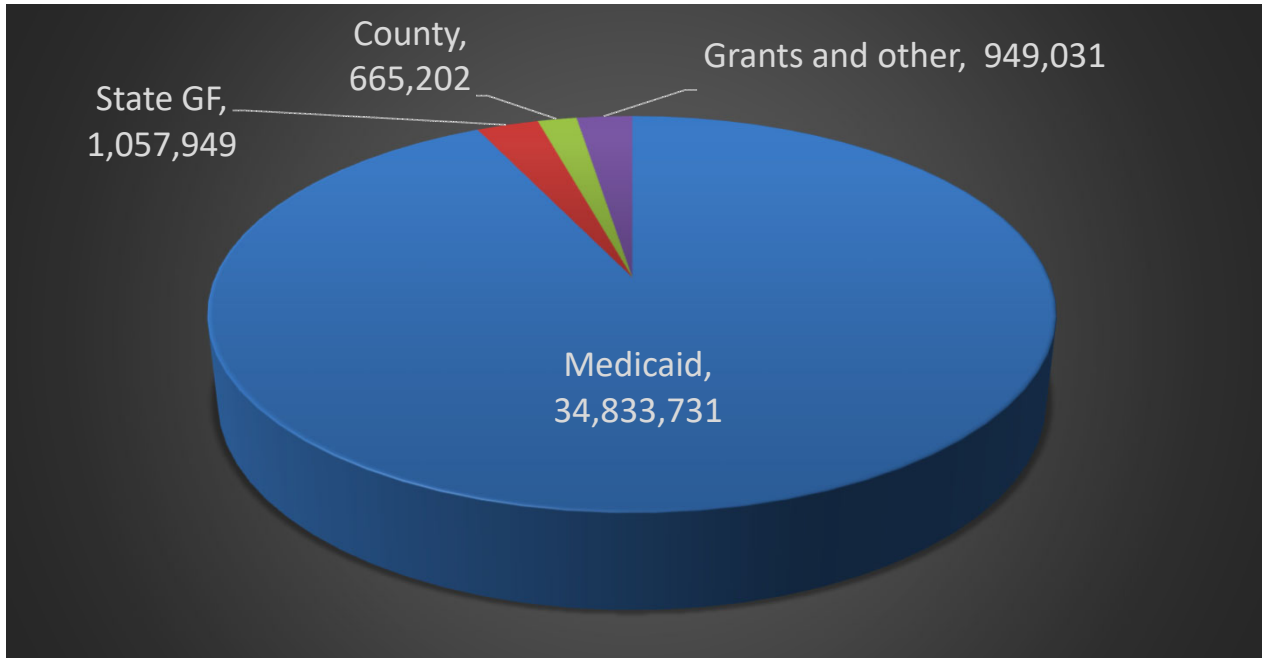
- Page 4 - Eligibility continues to decline faster than anticipated. Rate adjustments are now in effect and are reflected in the charts to show increased April activity. We have received increases to HSW, SED and CWP as a result. Also have additional funding from the PIHP for DCW.
- Page 5 - Cash and Investments are up from prior year primarily from collection of receivables from the PIHP.
- Page 5 - Liabilities are also up from prior year primarily related to estimated claims incurred but not reported.
- Page 6 - Net income is projected to be down compared to prior year primarily due to GASB 68 & 75 adjustments that are currently unknown and will be available in early 2025 from the actuaries.
- Page 8 - Revenue received from the PIHP exceeds expenses by \$636,070 this month. Part of the Medicaid and HMP surpluses are due to allowable costs being covered by GF as individuals continue to fall off Medicaid.
- Page 9 - The CCBHC program is showing a deficit of \$431,311 through this reporting period. We continue to work with the PIHP to accelerate the reporting of T1040s which will bring in more revenue. As we continue to look at generating more T-1040s on the revenue side, primary focus shifts to expenses.
- Page 10 - State General Fund is showing a deficit of \$1,971,538, primarily related to spenddowns, individuals falling off Medicaid and CCBHC non-Medicaid. This deficit is covered by local funds with a reported use of fund balance through this reporting period of \$1,653,920.

# MONROE CMH

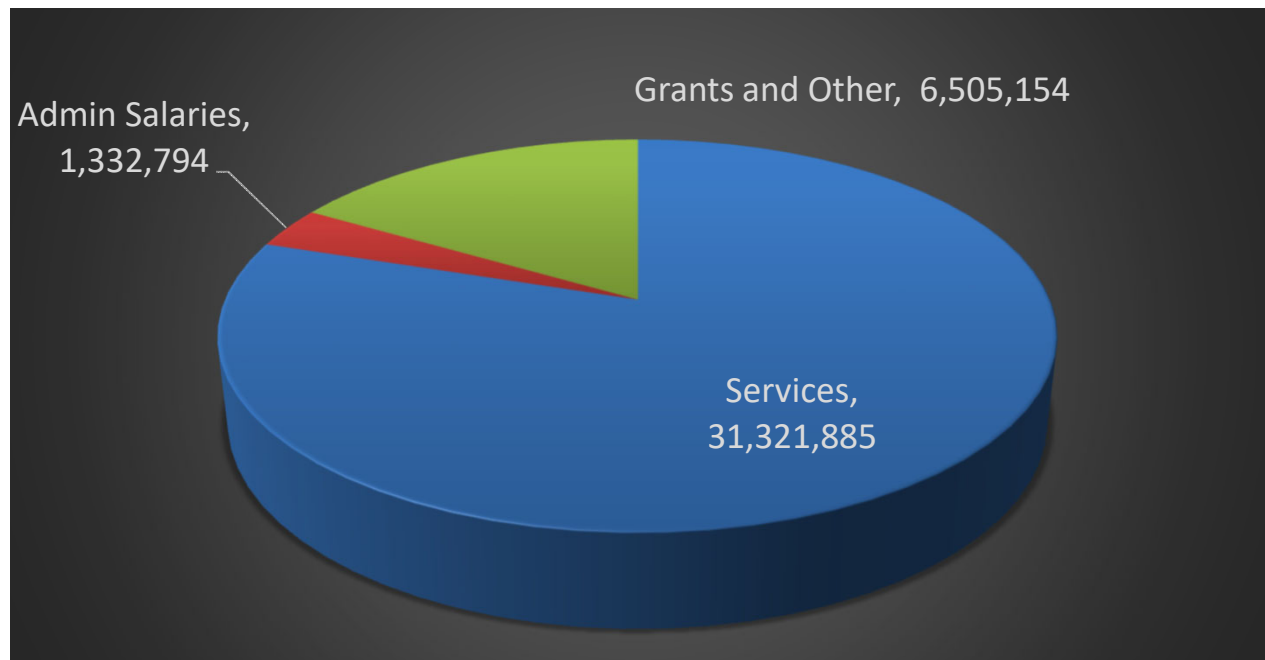
## May 2024 Trends

### Sources and Uses

#### Revenues by Source



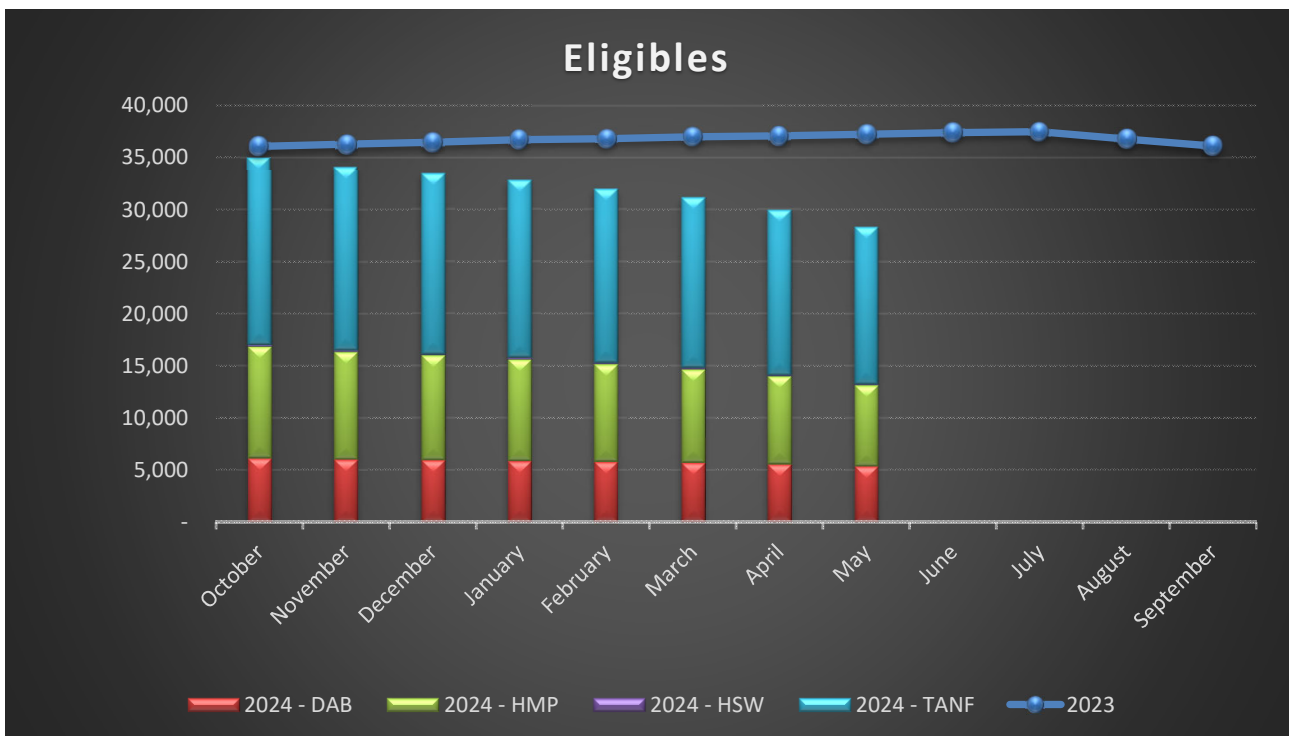
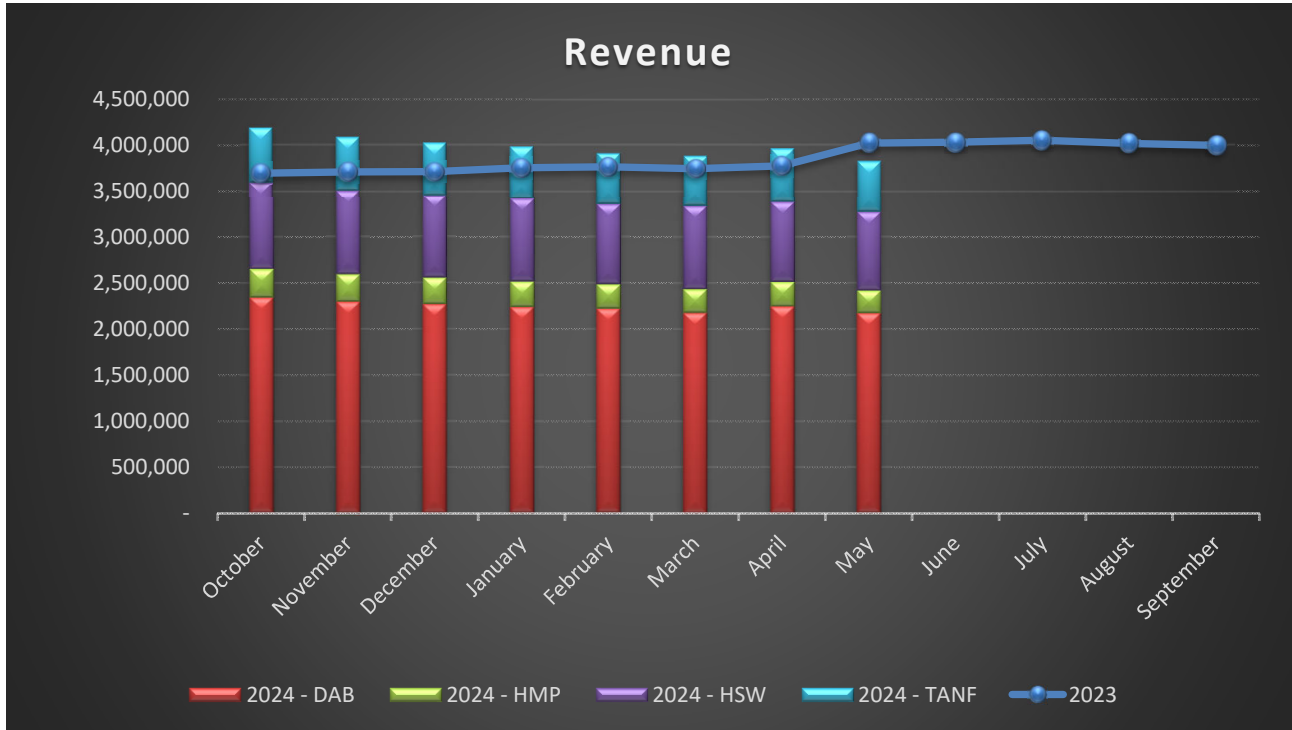
#### Expenditures by Category



# MONROE CMH

## May 2024 Trends

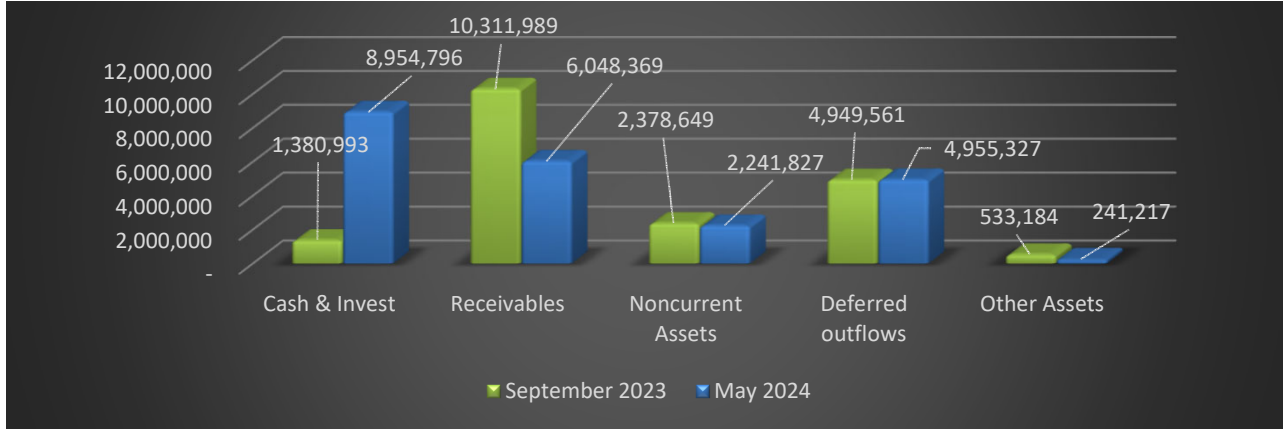
### MDHHS Payments



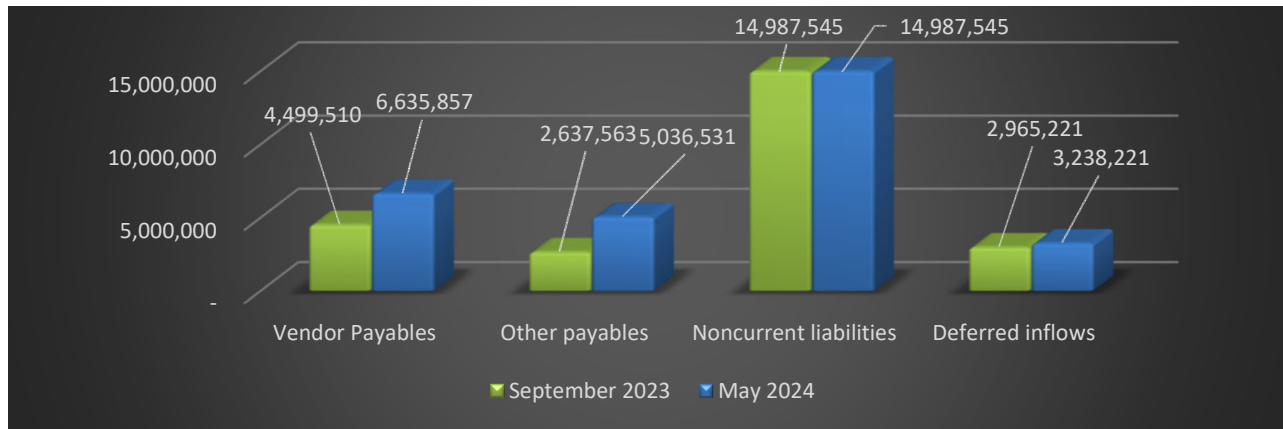
# MONROE CMH

## Comparative Charts September 2023 & May 2024

### Assets



### Liabilities



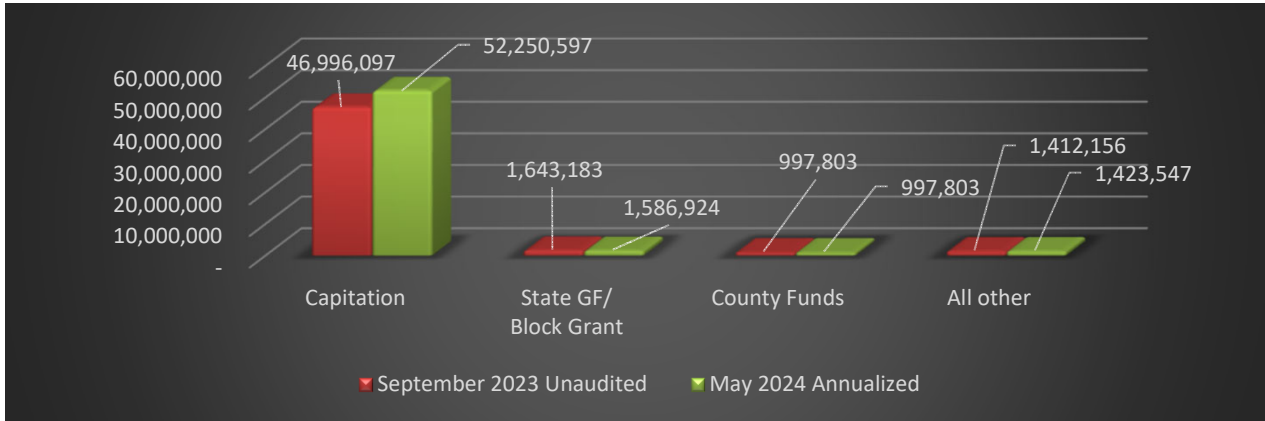
### Net Position



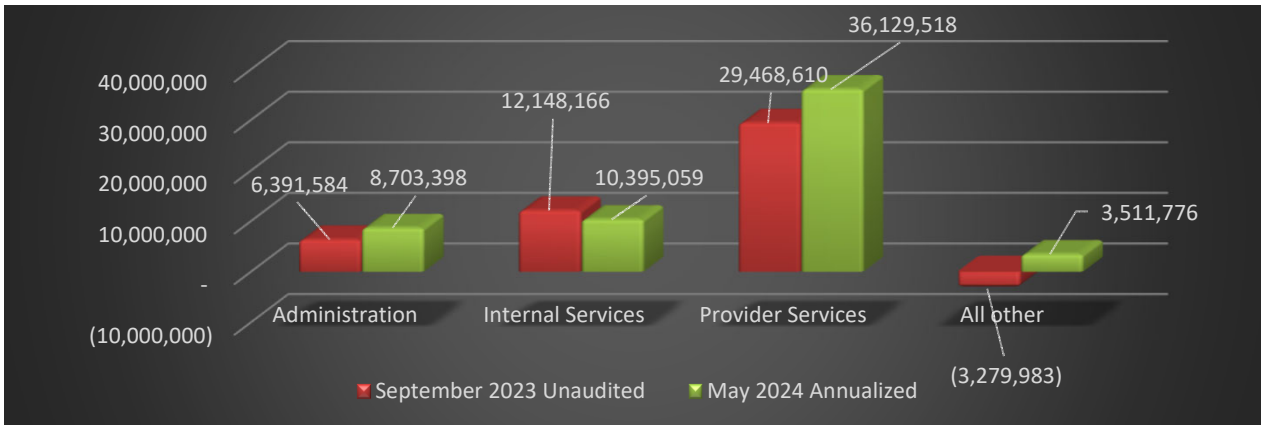
# MONROE CMH

## Comparative Charts September 2023 Unaudited & May 2024 Annualized

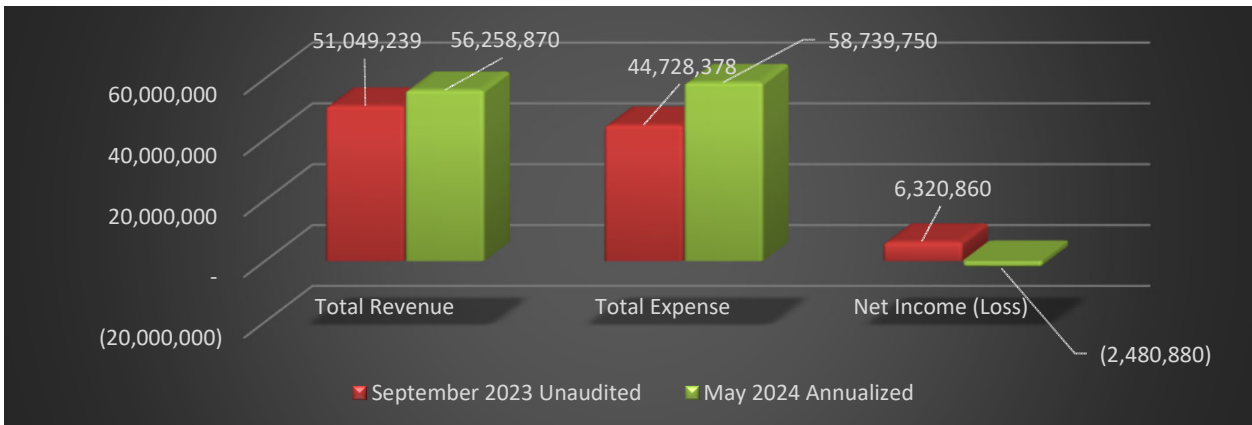
### Revenues



### Expenses



### Net Income



## **INCOME STATEMENT BY FUND SOURCE**

# MONROE CMH

## Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through May 2024

	2024 Budget	YTD Budget	2024 Actual	Over (Under)
<b>Medicaid</b>				
PIHP Revenue	\$ 35,116,485	\$ 23,410,990	\$ 27,871,778	\$ 4,460,788
PIHP Redirect to CCBHC	-	-	(1,774,833)	(1,774,833)
1st/3rd Party Revenue	-	-	-	-
Expense	34,577,285	23,051,523	25,449,471	2,397,948
<b>Revenue over/(under) expenses</b>	<b>\$ 539,200</b>	<b>\$ 359,467</b>	<b>\$ 647,474</b>	<b>\$ 288,007</b>
<b>Healthy Michigan</b>				
PIHP Revenue	\$ 2,860,301	\$ 1,906,867	\$ 1,906,867	\$ (0)
PIHP Redirect to CCBHC	-	-	(355,684)	(355,684)
1st/3rd Party Revenue	-	-	-	-
Expense	2,789,701	1,859,801	1,362,434	(497,367)
<b>Revenue over/(under) expenses</b>	<b>\$ 70,600</b>	<b>\$ 47,067</b>	<b>\$ 188,749</b>	<b>\$ 141,682</b>
<b>CCBHC Medicaid</b>				
PIHP Cap Revenue	\$ 6,000,000	\$ 4,000,000	\$ 1,774,833	\$ (2,225,167)
PIHP Supp Receipts (Cash Basis)	6,000,000	4,000,000	5,469,098	1,469,098
1st/3rd Party Revenue	-	-	30,247	30,247
Expense	12,000,000	8,000,000	6,623,438	(1,376,562)
Retain as local	-	-	(187,185)	(187,185)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 837,925</b>	<b>\$ 837,925</b>
<b>CCBHC Healthy Michigan</b>				
PIHP Cap Revenue	\$ -	\$ -	\$ 355,684	\$ 355,684
PIHP Supp Receipts (Cash Basis)	-	-	-	-
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	1,637,888	1,637,888
Retain as local	-	-	(244,126)	(244,126)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (1,038,077)</b>	<b>\$ (1,038,077)</b>
<b>Total PIHP Sources</b>				
PIHP Revenue	\$ 49,976,786	\$ 33,317,857	\$ 35,247,743	\$ 1,929,886
1st/3rd Party Revenue	-	-	30,247	30,247
Expense	49,366,986	32,911,324	35,073,231	2,161,907
Retain as local in FY 23	-	-	(431,311)	(431,311)
<b>Revenue over/(under) expenses</b>	<b>\$ 609,800</b>	<b>\$ 406,533</b>	<b>\$ 636,070</b>	<b>\$ 229,537</b>



# MONROE CMH

## Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through May 2024

CCBHC Medicaid	2024 Budget	YTD Budget	2024 Actual	Over (Under)
PIHP Cap Revenue	\$ 6,000,000	\$ 4,000,000	\$ 1,774,833	\$ (2,225,167)
PIHP Supp Revenue (Earned)	6,000,000	4,000,000	4,631,173	631,173
1st/3rd Party Revenue	-	-	30,247	30,247
Expense	12,000,000	8,000,000	6,623,438	(1,376,562)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (187,185)</b>	<b>\$ (187,185)</b>
CCBHC Healthy Michigan	2024 Budget	YTD Budget	2024 Actual	Over (Under)
PIHP Cap Revenue	\$ -	\$ -	\$ 355,684	\$ 355,684
PIHP Supp Revenue (Earned)	-	-	1,038,077	1,038,077
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	1,637,888	1,637,888
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (244,126)</b>	<b>\$ (244,126)</b>
CCBHC NonMedicaid	2024 Budget	YTD Budget	2024 Actual	Over (Under)
State CCBHC Revenue	\$ -	\$ -	\$ -	\$ -
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	1,200,863	1,200,863
Redirect from GF	-	-	1,200,863	1,200,863
<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	\$ 8,000,000	\$ 7,799,768	\$ (200,232)
1st/3rd Party Revenue	-	-	30,247	30,247
Expense	12,000,000	8,000,000	9,462,189	1,462,189
Redirect from GF	-	-	1,200,863	1,200,863
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (431,311)</b>	<b>\$ (431,311)</b>

# MONROE CMH

## Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through May 2024

State General Fund	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 1,729,980	\$ 1,153,320	\$ 1,057,949	\$ (95,371)
Expense	1,644,960	1,096,640	1,828,624	731,984
Redirect to Other Programs	-	-	(1,200,863)	(1,200,863)
Redirect from Other Programs	-	-	1,971,538	1,971,538
<b>Revenue over/(under) expenses</b>	<b>\$ 85,020</b>	<b>\$ 56,680</b>	<b>\$ -</b>	<b>\$ (56,680)</b>
All Other Grants/Local	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 2,785,336	\$ 1,856,891	\$ 1,793,846	(63,045)
Expense	2,785,336	1,856,891	1,036,269	(820,622)
Redirects	-	-	(1,971,538)	(1,971,538)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (1,213,961)</b>	<b>\$ (1,213,961)</b>
Total Non PIHP Sources	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 4,515,316	\$ 3,010,211	\$ 2,851,795	\$ (158,416)
Expense	4,430,296	2,953,531	4,065,756	1,112,225
CCBHC Retain as local	-	-	(431,311)	(431,311)
<b>Revenue over/(under) expenses</b>	<b>\$ 85,020</b>	<b>\$ 56,680</b>	<b>\$ (1,645,272)</b>	<b>\$ (1,701,952)</b>

## **BASIC FINANCIAL STATEMENTS**

# MONROE CMH

## Statement of Position

October 1, 2023 through May 31, 2024

	May 31 Balance	Balance September 30 2023	Over (Under)
<b>ASSETS &amp; DEFERRED OUTFLOWS</b>			
Current:			
Cash and cash equivalents	\$ 8,954,796	\$ 1,380,993	\$ 7,573,803
Accounts receivable, net	103,600	248,633	(145,033)
Due from PIHP	5,825,411	9,954,592	(4,129,181)
Due from State of Michigan	99,665	61,136	38,529
Due from other governmental units	19,693	47,628	(27,935)
Prepaid items	241,217	533,184	(291,967)
<b>Total current</b>	<b>15,244,382</b>	<b>12,226,165</b>	<b>3,018,217</b>
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,194,827	2,331,649	(136,822)
Deferred outflows - Pension & OPEB	4,955,327	4,949,561	5,766
<b>Total noncurrent</b>	<b>7,197,154</b>	<b>7,328,210</b>	<b>(131,056)</b>
<b>Total assets and deferred outflows</b>	<b>22,441,536</b>	<b>19,554,375</b>	<b>2,887,161</b>
<b>LIABILITIES &amp; DEFERRED INFLOWS</b>			
Current			
Accounts payable	6,635,857	4,499,510	2,136,347
Accrued liabilities	3,445,452	1,681,957	1,763,495
Due to State of Michigan	1,384,258	869,107	515,151
Unearned revenue	206,821	86,499	120,322
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
<b>Total current liabilities</b>	<b>11,721,846</b>	<b>7,186,531</b>	<b>4,535,315</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	456,473	456,473	(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	3,230,224	2,957,224	273,000
<b>Total noncurrent liabilities</b>	<b>18,176,308</b>	<b>17,903,308</b>	<b>273,000</b>
<b>Total liabilities and deferred inflows</b>	<b>29,898,154</b>	<b>25,089,840</b>	<b>4,808,314</b>
<b>NET POSITION</b>			
Net investment in capital assets	1,777,357	1,914,179	136,822
Unrestricted	(9,233,975)	(7,449,585)	1,784,390
<b>Total net position</b>	<b>\$ (7,456,618)</b>	<b>\$ (5,535,407)</b>	<b>\$ (1,921,211)</b>

# MONROE CMH

## Statement of Activities

October 1, 2023 through May 31, 2024

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Over (Under)
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 27,871,778	\$ 41,807,667	\$ 40,219,271	\$ 1,588,396
Medicaid - Settlement	(647,474)	(971,211)	3,239,791	(4,211,002)
Healthy Michigan	1,906,867	2,860,301	3,008,142	(147,841)
Healthy Michigan - Settlement	(188,749)	(283,124)	375,265	(658,389)
CCBHC	5,469,098	8,203,647	-	8,203,647
CCBHC - Settlement	200,152	300,228	-	300,228
Behavior Health Home	222,059	333,089	153,628	179,460
State General Funds	1,057,949	1,586,924	1,813,773	(226,850)
State General Funds - Carryover	-	-	(170,590)	170,590
County appropriations	665,202	997,803	997,803	-
Charges for services	43,802	65,703	178,711	(113,008)
Other grants	797,580	1,196,370	1,157,291	39,079
Other revenue	107,649	161,474	76,154	85,320
<b>Total operating revenue</b>	<b>37,505,913</b>	<b>56,258,870</b>	<b>51,049,239</b>	<b>5,209,631</b>
<b>Operating expenses</b>				
Administration				
Salaries	1,332,794	1,999,191	2,081,999	(82,808)
Benefits	2,467,428	3,701,142	1,503,538	2,197,604
Other	2,002,043	3,003,065	2,806,047	197,017
Internal Services				
Salaries	3,950,028	5,925,042	5,614,573	310,469
Benefits	1,748,270	2,622,405	4,094,150	(1,471,745)
Other	1,231,741	1,847,612	2,439,443	(591,832)
Provider Network Services	24,086,345	36,129,518	29,468,610	6,660,907
Facility costs	876,072	1,314,108	917,802	396,306
Vehicle costs	33,180	49,770	38,488	11,282
Grant expenses	1,126,431	1,689,647	1,454,666	234,981
Room & Board	305,501	458,252	111,186	347,065
GASB 68 & 75 Adjustment	-	-	(5,802,125)	5,802,125
<b>Total operating expenses</b>	<b>39,159,833</b>	<b>58,739,750</b>	<b>44,728,378</b>	<b>14,011,371</b>
Change in net position	(1,653,920)	(2,480,880)	6,320,860	\$ (8,801,740)
<b>Net position, beginning of year</b>	<b>(5,802,698)</b>	<b>(5,802,698)</b>	<b>(11,856,267)</b>	
<b>Net position, end of year</b>	<b>\$ (7,456,618)</b>	<b>\$ (8,283,578)</b>	<b>\$ (5,535,407)</b>	

# MONROE CMH

## Statement of Activities

Mental Health - Budget to Actual

October 1, 2023 through May 31, 2024

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 35,116,485	\$ 23,410,990	\$ 27,871,778	\$ 4,460,788
Medicaid - Settlement	(635,700)	(423,800)	(647,474)	(223,674)
Healthy Michigan	2,860,301	1,906,867	1,906,867	(0)
Healthy Michigan - Settlement	(70,600)	(47,067)	(188,749)	(141,682)
CCBHC	12,000,000	8,000,000	5,469,098	(2,530,902)
CCBHC - Settlement	-	-	200,152	200,152
Behavior Health Home	96,500	64,333	222,059	157,726
State General Funds	1,729,980	1,153,320	1,057,949	(95,371)
State General Funds - Carryover	(85,020)	(56,680)	-	56,680
County appropriations	997,803	665,202	665,202	-
Charges for services	217,870	145,247	43,802	(101,445)
Other grants	1,484,505	989,670	797,580	(192,090)
Other revenue	85,158	56,772	107,649	50,877
<b>Total operating revenue</b>	<b>53,797,282</b>	<b>35,864,855</b>	<b>37,505,913</b>	<b>1,641,058</b>
<b>Operating expenses</b>				
Administration				
Salaries	2,777,641	1,851,761	1,332,794	(518,967)
Benefits	1,387,182	924,788	2,467,428	1,542,640
Other	2,029,359	1,352,906	2,002,043	649,137
Internal Services				
Salaries	7,489,941	4,993,294	3,950,028	(1,043,266)
Benefits	4,775,202	3,183,468	1,748,270	(1,435,198)
Other	2,034,208	1,356,139	1,231,741	(124,398)
Provider Network Services	30,363,290	20,242,193	24,086,345	3,844,152
Facility costs	795,455	530,303	876,072	345,769
Vehicle costs	88,775	59,183	33,180	(26,003)
Grant expenses	1,488,493	992,329	1,126,431	134,102
Other expenses	20,288	13,525	-	(13,525)
Room & Board	547,448	364,965	305,501	(59,464)
<b>Total operating expenses</b>	<b>53,797,282</b>	<b>35,864,855</b>	<b>39,159,833</b>	<b>3,294,978</b>
Change in net position	-	-	(1,653,920)	(1,653,920)
Net position, beginning of year	(5,802,698)	(5,802,698)	(5,802,698)	-
Net position, end of year	<u>\$ (5,802,698)</u>	<u>\$ (5,802,698)</u>	<u>\$ (7,456,618)</u>	<u>\$ (1,653,920)</u>