



MONROE COMMUNITY MENTAL HEALTH AUTHORITY

BOARD MEETING

May 22, 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.

| | <u>Guide</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| I. Call to Order | 01 min |
| II. Roll Call | 02 min |
| III. Pledge of Allegiance | 02 min |
| IV. Motion to Adopt the Agenda as Presented | 02 min |
| V. Motion to Approve the Minutes from the April 24, 2024 Board Meeting and waive the Reading Thereof | 02 min |
| VI. Feedback Summary | 02 min |
| VII. Citizen Comments | 03 min/person |
| <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> | |
| VIII. Election of Officers (handout) | 20 min |
| a. Board Chairperson | |
| b. Board Vice-Chairperson | |
| c. Board Secretary | |
| IX. Recommendation to CMHPSM Board (handout) | 10 min |
| a. Motion to Recommend Appointment for _____ to the Community Mental Health Partnership of Southeast Michigan (CMHPSM) Board of Directors for the Term Beginning July 1, 2024 through June 30, 2027 | |

- X. Presentations Recognitions, and Celebrations** **20 min**
- a. Veteran Services – Lisa Graham (*handout*)
 - b. Conflict Free Case Management – Lisa Graham
- XI. Board Committee Reports** **10 min**
- a. **Committee Chair Reports**
 - i. Business Operations
 - ii. Clinical Operations
 - iii. Community Relations
 - iv. Executive
 - b. **Motion to Place on File All Written Committee Reports**
- XII. Items for Board Action** **10 min**
- a. **Motion to Approve the Consent Agenda Less Item _____**
 - i. Service Contracts as Presented
 - ii. Administrative Contracts as Presented
 - b. **Motion for the Monroe Community Mental Health Authority Board of Directors to Oppose the Resolution for the Michigan Department of Health and Human Services (MDHHS) Decisions to Implement Conflict Free Access and Planning in Michigan**
 - c. **Motion to Recommend the Resolution to the Monroe County Board of Commissioners to Oppose the Resolution for the Michigan Department of Health and Human Services (MDHHS) Decisions to Implement Conflict Free Access and Planning in Michigan**
- XIII. 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:** EOC2022 Service Animals Policy
 - ii. **Procedure:** N/A
 - iii. **Exhibit:** N/A
 - iv. **Rescind:** N/A
 - v. **Relocate:** N/A
 - b. **Motion to Approve the Regional Policies as Presented**
 - i. **Policy:** POC7024 Person Centered Planning Policy
 - Exhibit:** POC7024-E2 Process for Person Centered Planning Exhibit A
POC7024-E9 Engagement Examples Exhibit B
POC7024-E6 IPOS Outcome Statement Guidelines Exhibit C
POC7024-E5 Outcome Improvement Exercise Exhibit D
- XIV. Relationship with the Region, County, and Others** **10 min**
- a. Regional Reports
 - i. Regional PIHP Board Meeting Minutes – Did Not Meet
 - b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko
- XV. Items from the Chief Executive Officer** **15 min**
- a. Financial Report – Richard Carpenter
 - i. Managing General Fund Deficit – Lisa Graham (*handout*)
 - b. Chief Executive Officer’s Report – Lisa Graham (*handout*)
- XVI. New Business** **00 min**

- | | |
|----------------------------------------------|----------------------|
| XVII. Citizen Comments | 03 min/person |
| XVIII. Announcements by Board Members | 03 min/person |
| XIX. Adjournment | 01 min |

The next regular scheduled meeting for the Monroe Community Mental Health Authority Board of Directors is on Wednesday, June 26, 2024 beginning at 5:00pm in the Aspen Room.

LG/dp 7:25 p.m.



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

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

I. CALL TO ORDER

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

Mike Humphries welcomed Naomi Stoner to the Board of Directors.

II. ROLL CALL

Roll Call confirmed a quorum existed.

III. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Mike Humphries.

IV. CONSIDERATION TO ADOPT THE DRAFT AGENDA AS PRESENTED

Mike Humphries requested to pull ahead item XIII. Finance Presentation to follow item VII. Citizen Comments.

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

V. CONSIDERATION TO APPROVE THE MINUTES FROM THE MARCH 27, 2024 BOARD MEETING AND WAIVE THE READING THEREOF

Catherine Bernhold moved to approve the minutes for the March 27, 2024 Board Meeting and waive the reading thereof. LaMar Frederick supported. Motion carried unanimously.

VI. FEEDBACK SUMMARY

Mike Humphries reviewed feedback from the March 27, 2024 Board Meeting.

Catherine Bernhold commented that the Board will review the new monthly feedback survey in June.

VII. CITIZEN COMMENTS

There were no citizen comments.

VIII. FINANCIAL REPORT

Richard Carpenter presented highlights from the February Financial Report - Revenue and eligibility continue to decline faster than anticipated; PIHP CFOs met with MDHHS and are expecting a 4-5% increase (including DCW) retro to October 1; cash and Investments are up from prior year primarily from collection of receivables from the PIHP. Liabilities are also up from prior year primarily related to estimated claims incurred but not reported; 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; revenue received from the PIHP exceeds expenses by \$772,672 as of February 29, 2024; part of the Medicaid and HMP surpluses are due to allowable costs being covered by GF as individuals continue to fall off Medicaid; the CCBHC program is showing a deficit of \$147,622 through February. We continue to work with the PIHP to accelerate the reporting of T1040s which will bring in more revenue. Additionally, CCBHC non-Medicaid continues to grow causing part of this deficit; and state General Fund is showing a deficit of \$1,023,390, primarily related to spenddowns, individuals falling off Medicaid and CCBHC non-Medicaid. This deficit is covered to the extent possible by local funds with a reported use of fund balance through January of \$509,922.

Finance Audit Letter – Richard Carpenter commented that the auditors sent out a preliminary letter and then they sent out a final letter. 99% is standard information. The auditors say they think we should have adjusted the financials around the amount of \$278,000. When going through the auditing process, we review how many claims may be out there. In taking a conservative approach, we estimated \$300,000 but passed on making the adjustment as it would have affected the PIHP numbers. The auditors disagreed in us not making the adjustment.

LaMar Frederick commented that the Business Operations Committee membership discussed the General Fund Deficit and requested Lisa Graham to present a plan at the May Business Operations Committee.

Richard Carpenter thanked the Board for pulling ahead the Finance Report.

VIII. PRESENTATIONS, RECOGNITIONS, AND CELEBRATIONS

- a. **Years of Service Awards** – Lisa Graham commented that staff are recognized for their Years of Service at quarterly All Staff Meetings. There were three Years of Service awards, all for five years of service. I would like to recognize Kristel Taylor, Lori Martell, and Leah Collins for their hard work and dedication. The Board thanked the staff for their years of service.
- b. **Targeted Case Management Presentation** – Case Management services assist consumers in accessing needed medical, social, educational, and other services. “Targeted” means aimed specifically at a special group of consumers, such as those with diagnosed mental illnesses. Lisa Graham presented the core components and principles of Targeted Case Management and commented that Case Management is one of the most common services at MCMHA and is provided based on the individual needs of the consumer served, but commonly occurs at least monthly. Nearly every consumer we serve receives case management services at some frequency. Targeted Case Management is also one of the 9 core services of a Certified Community Behavioral Health Clinic (CCBHC).

IX. BOARD COMMITTEE REPORTS

- a. **Committee Chair Reports**

Bylaws & Policy – Catherine Bernhold commented that the committee is basically finished with review of the Board Governance Policy Manual and Board Bylaws. These items will be sent to the Board for a review and feedback period and the committee will review feedback at their next meeting.

Clinical Operations – Susan Fortney commented that her committee is fortunate to have Crystal Palmer and Bridgitte Gates present clinical and operation reports. Susan asked the Board that if there is anything the committee should be focusing on to please let her know.

Community Relations – Rebecca Pasko commented that the committee re-established the scope and mission of the committee. Discussed a couple concerns that Lisa is addressing. One of the main goals of the committee is to educate the community on what we can and cannot do. We will participate in the Mental Health Fun Day and Town Hall in May. Lisa has begun to provide monthly educational presentations on services to the Board and are requesting the presentations to be added to the agency website for the community to view. The committee is looking to have a committee member participate on the Community Coalition which would result in an additional stipend request. If the Board has any suggestions to let Rebecca know.

Dawn Asper commented that she was pleased with the meeting and added that the committee is looking to get rack cards out to specific locations in the county along with QR Codes to direct you to the agency website and have the website link added to cities and townships.

Susan Fortney commented she has been working with the VA and has requested Lisa Graham to invite the VA to attend the Town Hall.

b. Motion to Place on File All Written Reports

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

Written reports placed on file were: Business Operations; Bylaws & Policy; Clinical Operations; Community Relations; and Executive.

X. ITEMS FOR BOARD ACTION

a. Motion to Appoint Dawn Pratt as the Nominating Committee

Rebecca Curley moved to appoint Dawn Pratt as the Nominating Committee. Ken Papenhagen supported. Roll call: In favor: Staelgraeve, Papenhagen, Stoner, Asper, Bernhold, Fortney, Humphries, Burkardt, Frederick, Curley, and Pasko; opposed: none; motion carried unanimously.

b. Motion to Open Contract Negotiations

Dawn Asper moved to open Contract Negotiations. Susan Fortney supported. Discussion followed. Roll call: In favor: Staelgraeve, Papenhagen, Stoner, Asper, Bernhold, Fortney, Humphries, Burkardt, Frederick, Curley, and Pasko; opposed: none; motion carried unanimously.

XI. AUTHORITY AND REGIONAL POLICY REVIEW/APPROVAL

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

- i. Policy: POC7027 Physical and Dental Examinations Policy
POC7028 Physical Pain Assessment Policy
- ii. Procedure: POC7052-P26 MCMHA Jail Diversion Process Procedure
- iii. Exhibit: N/A
- iv. Rescind: POC7069-P4 Annual Re-assessment, IPOS Review, and Service Authorization Procedure
- i. Relocate: N/A

Catherine Bernhold moved to approve the Authority Policy, Procedure, and Exhibits as presented. Rebecca Pasko supported. Motion carried unanimously.

b. Motion to Approve the Regional Policies as Presented

- i. Policy: N/A

There were no regional policies for approval.

XII. RELATIONSHIP WITH REGION, COUNTY, AND OTHERS

- a. Regional Reports
 - i. Regional PIHP Board Meeting Minutes – Included in the Packet
 - ii. State Legislation and Policy Committee Report – No Report for April

XIII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER

- a. Chief Executive Officer's Report included an update on: Professional Development Day; Staff Vacancies; Labor/Management Negotiations; Administrative Professional's Day; FY23 Year End; General Fund Deficit; Crossroads Clubhouse, Compassionate Accountability; Overview of MCMHA Services Presentations in the Community; NAMI Honors Banquet and awarding Sherriff Goodnough as a Mental Health Hero; Critical Incident Stress Management; and upcoming events for Celebrate Children on May 4, 2024 and Mental Health Fun Day/Townhall on May 23, 2024.

Lisa Graham thanked Adam Anastasoff and the CISM Team for being available to the community and community partners.

Lisa Graham encouraged everyone to come out and enjoy the Mental Health Fun Day and stay for the Town Hall.

XIII. NEW BUSINESS

Susan Fortney commented that Board Members attending the upcoming Mental Health Fun Day and Town Hall on May 23, 2024, as a Board representative and supporting the Agency in the community, there should be consideration to receive a Board Stipend.

Susan Fortney moved to approve Board Members attending the Mental Health Fun Day and Town Hall on May 23, 2024 to receive a Board Stipend. Catherine Bernhold supported. Roll call: In favor: Pasko, Frederick, Burkardt, Humphries, Fortney, Bernhold, Asper, Stoner, Curley, Papenhagen; opposed: Staelgraeve; motion carried.

XIV. CITIZEN COMMENTS

There were no citizen comments.

XV. BOARD ANNOUNCEMENTS

Dawn Asper thanked the staff who were recognized for their five years of service.

Ken Papenhagen thanked the Monroe CMH CISM Team members as he knows how much this means to people in the community during a traumatic time. Ken hopes the CISM Team will take care of themselves also.

Susan Fortney commented that the City of Monroe is celebrating Founders Day on May 4th at the Sawyer House.

Mike Humphries welcomed Naomi Stoner and mentioned that if any Board Members would like to stay after the board meeting for an informal meet and greet that would be appreciated.

XVII. ADJOURNMENT

Mike Humphries adjourned the meeting at 6:21pm.

Submitted by,

Catherine Bernhold
Board Secretary

LG/dp
4/30/24



BOARD BUSINESS OPERATIONS COMMITTEE

Wednesday, May 15, 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, Ken Papenhagen, Rebecca Curley, Pam Ray, Mike Humphries (arrived at 5:58pm), Lisa Graham, Richard Carpenter, Ken Melvin, Bridgitte Gates, and Alicia Riggs were present.

II. BUSINESS OPERATIONS

a. Facilities

- i. K & B Asphalt will be fixing the Raisinville Road parking lots this Spring. A contract is included for the Board's consideration.
- ii. Lisa Graham commented on the possibility of purchasing group homes and becoming a landlord in the future.

b. Technology – There were no updates for technology.

III. FINANCE

a. Items for Board Action (Consent Agenda)

- i. Services Contracts – Livingston County Community Mental Health Authority and A Heart That Cares, LLC. were presented by LaMar Frederick (recommend Board approval).
- ii. Administrative Contracts – Iris Tele-health/Dr. Zarko and K & B Asphalt Sealcoating were presented by LaMar Frederick (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 March financial highlights:

1. Revenue and eligibility continue to decline faster than anticipated. Rate adjustments are not in effect. 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 \$772,672 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 \$179,9912 through this reporting period. We continue to work with the PIHP to accelerate the reporting of T1040s which will bring in more revenue. Additionally, CCBHC non-Medicaid continues to grow causing part of this deficit.
7. State General Fund is showing a deficit of \$1,312,191, 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 \$999,951.

LaMar Frederick asked when planning begins for the FY2025 Budget. Ken Melvin commented that planning has already begun and he is meeting with the cost center managers for their individual pieces of the budget.

V. INFORMATIONAL ITEMS

- a. Managing General Fund Deficit – MCMHA is experiencing a significant non-Medicaid deficit that is expected to continue to grow. Contributing factors are Medicaid disenrollment, Medicaid Spend Down (deductible), and CCBHC Non-Medicaid enrollees. Other contributing factors is that the state General Fund and local dollars are the sources of revenue available to fund non-Medicaid services; CCBHC allows/requires us to provide CCBHC services to non-Medicaid consumers AND requires that we contribute some General Fund dollars to do that; and General Fund is currently spent in the following categories: consumers who "fall off" Medicaid; consumer spend downs; and CCBHC non-Medicaid. The plan is to continue to work on a detailed list of non-Medicaid consumers and make every effort to re-enroll them into Medicaid; verify that spend downs are met and communicated to MDHHS; and limit discretionary General Fund spending. Lisa Graham will present the plan to the full Board at the May 22, 2024 Board Meeting.

Richard Carpenter suggested bringing an analysis of the fund balance to the June Business Operations Committee.

- b. Union Negotiations Update – Lisa Graham commented that the Board moved to open negotiations at the April Board Meeting. We approached the Union and found that they will have a delay. They are waiting on a new Business Agent as their Business Agent retired.

VI. PARKING LOT

- a. June 2024: Analysis of Fund Balance – Richard Carpenter
- b. Review Needs for Agency Growth (Leadership Changes, Staffing Needs, Agency Space)

VII. ADJOURNMENT

The meeting adjourned at 6:25pm. The Business Operations Committee's next meeting is scheduled for **Wednesday, June 19, 2024** at 5pm in the Aspen Room.

Respectfully submitted,

LaMar Frederick (dp)

LaMar Frederick
Business Operations Chair

5/16/24



BOARD CLINICAL OPERATIONS COMMITTEE
Wednesday, May 1, 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, Lisa Graham, and Bridgitte Gates were present. Rebecca Pasko, Deb Staelgraeve, Mike Humphries, and Crystal Palmer were excused.

II. CHIEF CLINICAL OFFICER UPDATE

- a. Lisa Graham 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 remains to be 16 at this time. We have had several internal transfers, which in turn leave vacancies in other areas.
 2. Leadership: Training on Compassionate Accountability is being provided to the Clinical Leadership Team.
 3. Community Outreach: There were 36 referrals made in March. 53% received some type of follow-up, services authorized, etc. 22% declined any further intervention, 25% were not engaged.
 4. Finance: Updates on this strategy will be provided at the Business Operations Meeting.
 5. Services: Crisis Mobile responded to 31 contacts in March, which averaged 0.82 hours of face to face interaction time; the average response time for Crisis Mobile was approximately 17.76 minutes which is likely due to 69% of the calls being in 48161 and 48162 zip codes; there were multiple referral sources for Crisis Mobile, 45% were from the Monroe County Sheriff's Department, 16% were from Monroe City Police, 29% were from Access Department/CMH, and 10% were from self-referral; enrollment for CCBHC has decreased by 63 members this month due to disenrollments. This is a 3.8% decrease in enrollment from the previous month; and the data for incoming calls being answered is at 98%, which meets MCMHA's goal of 95%.

Susan Fortney suggested adding the VA to the list of agencies for the Universal Referral Form. Lisa Graham commented that she has been in conversation with the VA and talk with Adam Anastasoff about getting the VA connected to the Universal Referral Form.

Lisa Graham commented that two buildings have been toured for the relocation of Crossroads Clubhouse. The 1st building was a little too big and the 2nd building led us to believe we need at least 3500 to 4000 square feet. The realtor may have 5-6 locations for CMH to tour soon. More to come on this.

Lisa Graham will present an overview of the results from the MDHHS Audit at the June meeting.

Rebecca Curley began conversation with committee membership about what the value of having the Clinical Operations Committee is and is the committee membership of value to staff when scheduled to meet. After further discussion, Lisa Graham suggested to take information back to Crystal Palmer and continue the discussion at future meeting.

III. OPERATIONS DIRECTOR UPDATE

1. Bridgitte Gates presented the Director of Operations Report highlighting the topics: Customer Services, Kiosks, Revel Marketing, Provider Survey, and 3rd Quarter Grievances.

IV. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)

- a. Lisa Graham will present the CCBHC 1st and 2nd Quarter Quality Metrics at the June meeting.

V. INFORMATIONAL ITEMS

VI. PARKING LOT

- a. Committee Value and Value to Staff – Rebecca Curley

VII. ADJOURNMENT

The meeting adjourned at 5:53pm. The Board Clinical Operations Committee's next meeting is scheduled for **Wednesday, June 5, 2024** at 5pm in the Aspen Room.

Respectfully submitted,

Susan Fortney (4p)

Susan Fortney
Clinical Operations Chairperson

5/1/24

Clinical Operations – Executive Summary

May 1, 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 16 at this time. We have had several internal transfers, which in turn leave vacancies in other areas.
- MCMHA has seven (7) interns; three (3) external and four (4) internal plus an additional internal candidate to begin within the month.

LEADERSHIP

Strategic Plan Goal 2: Assure Competent and Accountable Leadership

- Training on Compassionate Accountability is being provided to the Clinical Leadership Team.

COMMUNITY OUTREACH

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

- There were 36 referrals made in March. 53% received some type of follow-up, services authorized, etc. 22% declined any further intervention, and 25% were not engaged.
- Certified Peer Support Specialists (CPSS) continue to provide support at the ALCC. The CPSS did engage in five (5) programs/activities and two (2) 1:1 meeting during the month of March.

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 31 contacts in March, which averaged 0.82 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 17.76 minutes which is likely due to 69% of the calls being in 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 45% were from the Monroe County Sheriff's Department, 16% were from Monroe City Police; 29% were from Access Department/CMH and 10% were from self-referral.
- Enrollment for the CCBHC has decreased by 63 members this month due to disenrollments. This is a 3.8% decrease in enrollment from the previous month.
- The data for incoming calls being answered is at 98%, which meets MCMHA's goal of 95%.

BOARD CLINICAL OPERATIONS COMMITTEE MEETING ATTACHMENT A

Clinical Updates – May 1, 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 April 25th:

- Access Screener
- Case Service Manager – Intellectual/Developmental Disability
- Case Service Manager – Child and Family
- Children's Therapist/Case Manager (2 positions)
- Crisis Mobile Response Clinician – Internal candidate
- Crisis Mobile Response Clinician/Peer
- Evaluation & Admission Specialist (4 positions)
- Home Based Clinician
- Infant Mental Health Specialist
- Outpatient Therapist (2)
- Peer Support Specialist (PT)

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. The case management team for adult services is now fully staffed. Crossroads Clubhouse increased their staffing to five (5) total positions.

As requested in the April 2024 Clinical Operations Meeting, the Clinical Department currently has seven (7) interns. Three (3) interns are external candidates; two (2) Master's Level and one (1) Bachelor's Level. The remaining four (4) interns are internal candidates; one (1) Bachelor's Level and three (3) Master's Level. We have one (1) internal candidate that will be starting a Master's Level program in the next month also. The universities we collaborate with are Eastern Michigan University, Spring Arbor University, Bellevue University, University of Toledo, Florida State University and Capella University.

LEADERSHIP

Strategic Plan Goal 2: Assure Competent and Accountable Leadership

As stated in previous reports, the Clinical Leadership Team was surveyed on what skills they would like to enhance, and several topics were identified. One topic was accountability. The Chief Clinical Officer began training on this topic during the month of April based off of the book: *Compassionate Accountability: How Leaders Build Connection and Get Results*. Training will be provided over the next couple of months on this topic along with homework assignments for leaders to complete in order to practice what is learned.

This meets objective #3 Leadership will provide consistent and accurate communication under "Develop and Implement a Strategic Communication Plan with Input from Staff."

COMMUNITY OUTREACH

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

Universal Referral

MCMHA continues to utilize the Universal Referral Form program which allows some of our community partners the opportunity to have a quick and easy way to refer individuals they encounter that they believe to be in need. MCMHA has nine (9) 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
- Health Department's Maternal and Child Health Services
- Monroe Housing Commission
- YMCA

During the month of March 2024, there have been a total of 36 mental health referrals which includes both law enforcement and community referrals. The outcomes of these cases are as follows:

- 5 were sent to their treatment teams for follow up
- 7 were referred and following through with Access
- 5 sent to jail team for follow up
- 8 declined any further intervention
- 2 were connected with Crisis Mobile on the phone with no further needs
- 9 were no response

As requested in the April 2024 Clinical Operations Meeting, a copy of the Universal Referral (Attachment #1) is attached for review.

Opportunity Center at the ALCC

Monroe Community Mental Health Authority (MCMHA) continues to partner with the Opportunity Center at the ALCC by placing peers' services within the center on a consistent schedule. Certified Peer Support Specialists/Parent Support Partners meet individuals at the Center on Mondays, Wednesdays, and Thursdays from 12-4pm for anyone interested. These days had the highest volume of contacts and services. Appointments will be continuously monitored, and availability will be increased if the need changes.

Peers continue to assist in linking and coordinating services which includes engaging those who need community mental health services or those involved in community mental health services. February, we provided two 1:1 meetings, and the peers did engage in five (5) programs/activities within the Opportunity Center.

BOARD CLINICAL OPERATIONS COMMITTEE MEETING ATTACHMENT A

Clinical Updates – May 1, 2024

Outreach Activities

Employment Symposium and Celebration: On April 11th, two (2) Clubhouse staff and one (1) Clubhouse member attended the Employment Symposium and Celebration. The Clubhouse member works in a Transitional Employment position for the Clubhouse. Also, in attendance included the manager of Town Home Suites by Marriot where Transitional Employment Placement is located. Marriot was given an award by the Lt. Governor for being a partner with Crossroads Clubhouse and Monroe Community Mental Health Authority for supporting transitional employment and being an advocate for Mental Health Awareness in the State of Michigan. This is a wonderful celebration for our members and community partners. The member shared his story, which was a transformation from isolation and fear of speaking to getting in front of a room of over a 100 people including State Dignitaries and speaking about how Clubhouse and Transitional Employment has given him hope and encouragement to take control of his life.

Consumer Advisory Council: The CCBHC Program Director presented at the March 12th Consumer Advisory Council meeting. Consumers were very interested in learning about CCBHC and asked a lot of questions. The CCBHC Program Director will continue to develop this relationship and illicit feedback from consumers to inform MCMHA's programs.

Monroe City Police: The Director of Access, Crisis and Diversion participated in the Monroe City Police day long training where he had a two-hour time slot to present on Community Mental Health and its roles, what is a crisis and what the process for crisis is, and some information on filling out a petition. The Director was able to discuss ways in which we can strengthen partnerships between the two agencies and how we might be able to work together to better manage community crises.

Monroe Probate Judges: The Director of Access, Crisis and Diversion has been meeting with the Monroe Probate Judges, Judge Lohmeyer and Judge Arnold, to discuss our county AOT process and how we can ensure we are doing our best to meet the community's needs. They have been ensuring they are adhering to the Michigan Mental Health code and brainstorming how they can achieve better outcomes with treatment adherence. Judge Lohmeyer plans to present to our staff in May regarding AOT overview and what makes a good testimony.

ProMedica: The Director of Access, Crisis and Diversion has planned meetings with Monroe ProMedica Inpatient and ER to discuss better collaboration and ultimately brainstorm better care of our community members. They intend to discuss improved discharge planning.

Monroe Public Schools: Staff from the Children's Department represented MCMHA at the Monroe Public Schools "A Community of Kindness-This Is Us" fair on March 21st. The event was well attended by several Monroe County citizens with approximately 150 individuals stopping by the MCMHA display table. Several items including pens, pill planners, ChapStick, colored pencils, footballs, and magnets with our information were distributed as well as our brochures and flyers. The most frequently sought out were the pamphlets on anxiety, depression, anger, and child development.

These items meet objective #3 Increase/Improve Community Presence under "create and implement a strategic community presence plan for each event."

BOARD CLINICAL OPERATIONS COMMITTEE MEETING ATTACHMENT A

Clinical Updates – May 1, 2024

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

| Zip Code | Location | 23-Oct | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Total |
|--------------|----------------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| 48101 | Ann Arbor | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| 48103 | Ann Arbor | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 48105 | Ann Arbor | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48111 | Belleville | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 48117 | Carleton | 2 | 3 | 2 | 0 | 1 | 4 | 12 |
| 48131 | Dundee | 3 | 2 | 1 | 0 | 1 | 0 | 7 |
| 48133 | Erie | 4 | 2 | 4 | 1 | 0 | 2 | 13 |
| 48134 | Flat Rock | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| 48135 | Garden City | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48140 | Ida | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48144 | Lambertville | 0 | 1 | 0 | 0 | 0 | 2 | 3 |
| 48145 | LaSalle | 1 | 1 | 2 | 0 | 0 | 1 | 5 |
| 48153 | Maybee | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 48157 | Luna Pier | 3 | 0 | 0 | 0 | 0 | 0 | 3 |
| 48159 | Maybee | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48160 | Milan | 6 | 3 | 2 | 1 | 1 | 0 | 13 |
| 48161 | Monroe | 49 | 27 | 22 | 14 | 18 | 11 | 141 |
| 48162 | Monroe | 15 | 16 | 11 | 7 | 6 | 6 | 61 |
| 48164 | New Boston | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48166 | Newport | 9 | 2 | 7 | 3 | 2 | 0 | 23 |
| 48177 | Samaria | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48179 | South Rockwood | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48182 | Temperance | 3 | 9 | 2 | 0 | 3 | 9 | 26 |
| 48191 | Willis | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 48214 | Detroit | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 48336 | Fowlerville | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 49221 | Adrian | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 49267 | Ottawa Lake | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 49270 | Petersburg | 0 | 2 | 1 | 1 | 0 | 0 | 4 |
| 49276 | Riga | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Total | | 98 | 69 | 55 | 28 | 32 | 41 | 323 |

Updated as of 4/25/24

BOARD CLINICAL OPERATIONS COMMITTEE MEETING ATTACHMENT A

Clinical Updates – May 1, 2024

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.

| | % Appointments in Office | % Kept Appointments (in-person/virtual) |
|-----------------|---------------------------------|------------------------------------------------|
| October | 76% | 52% |
| November | 75% | 48% |
| December | 70% | 59% |
| January | 79% | 43% |
| February | 81% | 66% |
| March | 90% | 54% |

It should be noted that there was a significant increase in kept appointments this month compared to the month of January.

Jail Misdemeanor IOP Program

Jail Misdemeanor program is now being operated by Salvation Army Harbor Light with MCMHA providing some of the aftercare through CCBHC programming. Below is data provided for March 2024 for the Jail Misdemeanor IOP program:

- # in aftercare with MCMHA: 31 (some of these may still be incarcerated)
- # currently in the jail IOP portion: 8
- # currently in the aftercare portion: 31
- # wait list: 5

Crossroad Clubhouse

The Crossroads Clubhouse had its re-accreditation visit on April 22 – 24th. The visit included observation and participation in the Clubhouse work ordered day. A meeting with the Auspice Agency Administrators, a meeting with their Advisory Board, and a preliminary finding meeting. We received four recommendations in our preliminary report. They are:

- Standard 13: The space is not conducive to the work ordered day.
- Standard 17: The work-ordered day does not parallel typical working hours.
- Standard 18.2: The culinary unit does not have enough meaningful work.
- Standard 32: Holidays are voted on instead of being consistent and the clubhouse does not have one weekday inning a week and one weekend outing per month.

This is a significant decrease in findings from the last visit. It will take approximately three (3) months before we will receive our final results from Clubhouse International.

Additionally, Crossroads Clubhouse has been awarded the Clubhouse Innovation Prevention Pilot Grant for 2024. This pilot program selected five (5) Clubhouses in five (5) Regions of Michigan; (A) 1 Upper Peninsula, (B) 1 Upper Michigan (C) 1 Central Michigan (D) 1 Southwest Region and (E) 1 Southeast Region. This pilot grant supports the opportunity of Clubhouse International Standard 1 and 2 which is membership and relationships. The purpose is to recruit individuals 18+ years of age, diagnosed with mental illness who are not authorized for traditional CMH services. Any person with a mental illness and 18+ years of age, including veterans and other community members, are eligible to attend Clubhouse under the CIP grant. The grant provides reimbursement to MCMHA for eligible individuals to attend

Updated as of 4/25/24

BOARD CLINICAL OPERATIONS COMMITTEE MEETING ATTACHMENT A

Clinical Updates – May 1, 2024

Clubhouse, the grant will reimburse MCMHA up to a total of \$6500.00 per month during the duration of the grant. The grant begins May 1, 2024. Five (5) Clubhouses were chosen out of 39 in the Michigan Clubhouse Coalition to pilot this program for the State of Michigan.

Certified Community Behavioral Health Clinic (CCBHC)

There are 1,614 members currently enrolled in CCBHC through the WSA. This number is a decrease from the previous month of 63 consumers. This number will continue to fluctuate as consumers enroll and disenroll in services.

CCBHC Program Director met with PHS staff Medical Director to review Q1 Quality Metric results and plan for improvement. Education and training on the importance of accurate data collection will continue throughout the demonstration year.

MCMHA received word from MDHHS that we will need to re-certify this spring. Our re-certification has significantly decreased from our applicable due to recently receiving CCBHC Status. Re-certification will primarily focus on aligning with the new FY23 SAMHSA criteria. MCMHA applied for a SAMHSA CCBHC grant last year so many of these items just need to be updated.

Patient Experience of Care (PEC) surveys are a requirement for CCBHCs, annually. The PEC is available in both youth and adult formats. MCMHA will be conducting these surveys April 2024 – September 2024. Surveys will be available online and in person with the goal of distributing at least 300 for youth and 300 for adults.

Therefore, this allows us to meet/exceed objective #3 for Improve Integration of Physical and Behavioral Health Care and Overall Wellness Services under “access benefits of certified community behavioral health clinic (CCBHC) vs. health home certification and make recommendation.”

Waiver Program Services

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

Children’s Waiver Program (13 Enrolled – **no change this month**) This waiver makes it possible for children, under the age of 18, have a documented developmental disability, meet requirement for Intermediate Care Facility (IFC) and need for habitative medical and/or behavioral care in the home, to receive Medicaid.

Serious Emotional Disturbances Waiver (8 Enrolled/1 Pending) – 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/127 Enrolled – **no change**) - 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

Updated as of 4/25/24

BOARD CLINICAL OPERATIONS COMMITTEE MEETING ATTACHMENT A

Clinical Updates – May 1, 2024

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.

Certification

Strengths & Strategies is the model of implementation for assessing and providing an informed practice to support the treatment of fetal alcohol spectrum disorders (FASD). Sessions are focused to identify the strengths and stress within the family and support the parent to implement strategies that reduce or reframe the challenging behaviors causing stress. We currently have one (1) implementation supervisor, one (1) clinical supervisor, and one (1) clinician working under the training and supervision of MDHHS with three (3) families. The screening of FASD continues for all children during the intake assessments. New Access staff are added to the FASD screening roster continually and all Child & Family staff attend FASD 101 training to increase our ability to identify children and youth in our county.

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 |
|-----------------------------------------------|------------|-------------|-------------|------------|-------------|----------|
| Incoming Calls | 3929 | 3967 | 3418 | 4124 | 4390 | 4177 |
| Incoming calls minus abandon calls | 3863 | 3905 | 3345 | 4063 | 4311 | 4108 |
| Calls Answered | 3653 | 3680 | 3135 | 3815 | 4048 | 3832 |
| Missed/Abandoned Calls | 66 | 62 | 73 | 61 | 79 | 69 |
| Abandoned Calls | 265 | 276 | 280 | 287 | 323 | 325 |
| % incoming calls answered | 93% | 93% | 92% | 93% | 92% | 92% |
| % incoming calls answered minus abandon calls | 98% | 98% | 98% | 99% | 98% | 98% |

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

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

As stated previously, MCMHA is setting an internal goal of 95% of calls answered. MCMHA has been working with 8x8 to clean up the data. There are calls that are “zero” seconds long which are still being considered abandoned or missed due to calls even though these could be cell phone calls dropped, etc. Therefore, with some assistance, MCMHA’s IT department is able to look at the calls a little more in depth and more accurately report the numbers. As you can see, during Fiscal Year 2024 in the first two quarters, we are at 98.17%, which is over our goal of 95%.

Caseload Report

This report will be provided on a quarterly basis.



MONROE COUNTY MENTAL HEALTH REFERRAL

INSTRUCTIONS: This form is designed to report contacts with consumers of mental health services and persons potentially needing mental health assistance. Please complete the form as accurately as possible, and email to the address listed below.

EMAIL COMPLETED FORMS TO: referrals@monroecmha.org

| | | | |
|-------------------------------|-------------------------------------------|--------------------------------------------|-------------------------------------|
| REFERRING AGENCY NAME: | | PHONE NO: | |
| REFERRING PERSON: | | | |
| | | | |
| CONTACT DATE/TIME: | | | |
| LOCATION: | | | |
| IDENTIFIED PERSON: | | | |
| DOB: | | PHONE NO: | |
| HOME ADDRESS: | | | |
| MENTAL HEALTH STATUS: | <input type="checkbox"/> CURRENT CONSUMER | <input type="checkbox"/> PREVIOUS CONSUMER | <input type="checkbox"/> NA/UNKNOWN |

BRIEF DESCRIPTION OF NEED/REASON FOR REFERRAL:

| | | | |
|--------------------------------------------|------------------------------|-----------------------------|--|
| ARE THEY AWARE OF REFERRAL? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| DO THEY WANT MENTAL HEALTH SUPPORT? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |

Monroe Community Mental Health Authority Use Only

Select Month:: 2024 - 03

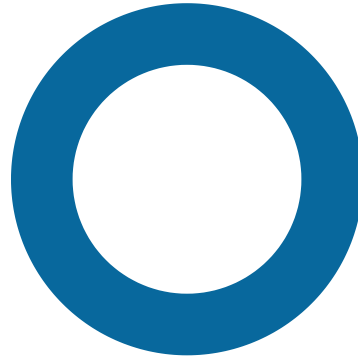
(1) ▾



Monroe County CMH Crisis Mobile Utilization Report

Number of encounters, Number of Follow Ups:

| Month | Initial or ... | # | % |
|-----------|----------------|----|------|
| 2024 - 03 | Follow-Up | 0 | 0% |
| 2024 - 03 | Initial | 31 | 100% |



1 - 2 / 2 < >

● Follow-Up ● Initial

| Month | Contact Type | Hours |
|-----------|--------------------------------------|-------|
| 2024 - 03 | Indirect Contact (Phone/Email/Other) | 0 |
| 2024 - 03 | Contact Attempt | 1.5 |
| 2024 - 03 | Face-To-Face | 16.35 |

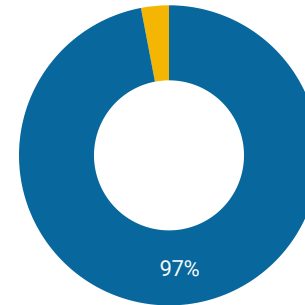
Total Crisis Mobile Deployments

31

| Month | Contact Type | # | % |
|-----------|--------------------------------------|----|-----|
| 2024 - 03 | Indirect Contact (Phone/Email/Other) | 0 | 0% |
| 2024 - 03 | Contact Attempt | 1 | 3% |
| 2024 - 03 | Face-To-Face | 30 | 97% |

1 - 3 / 3 < >

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



Average Face-to-Face Interaction Time

0.82

| Month | Avg F2F Contact |
|-----------|-----------------|
| 2024 - 03 | 0.82 |

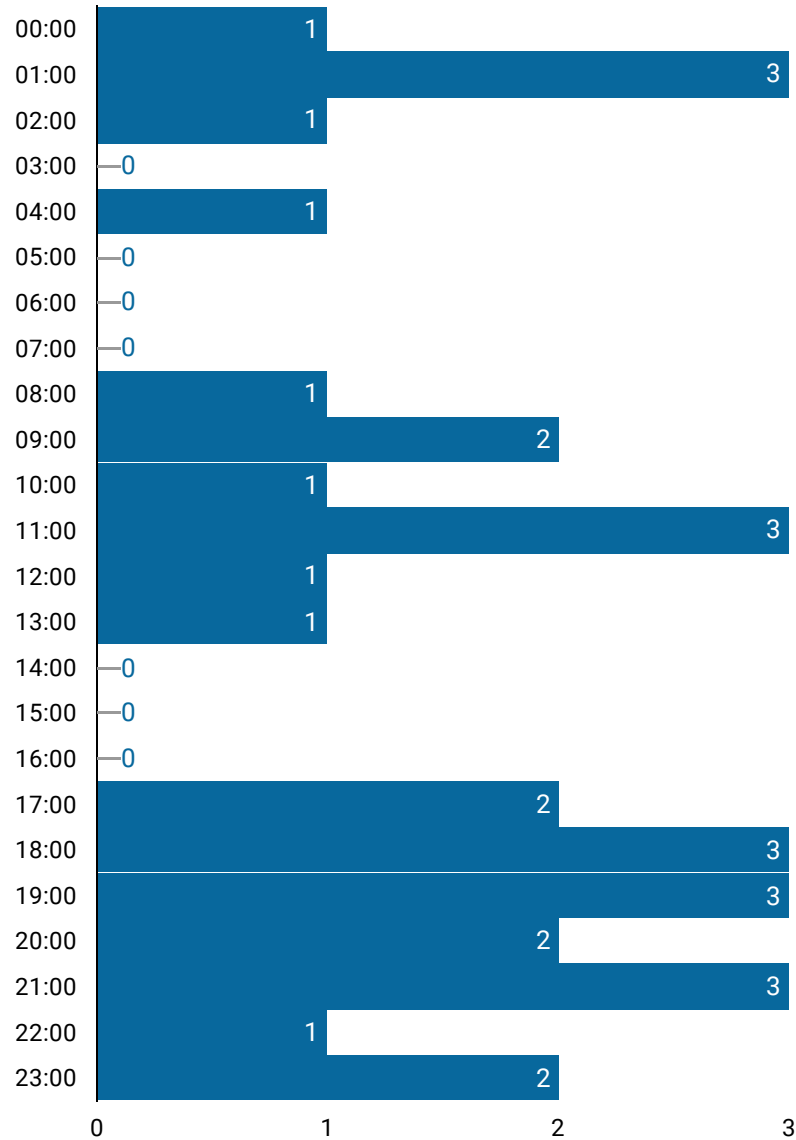
Select Month:: 2024 - 03

(1) ▾

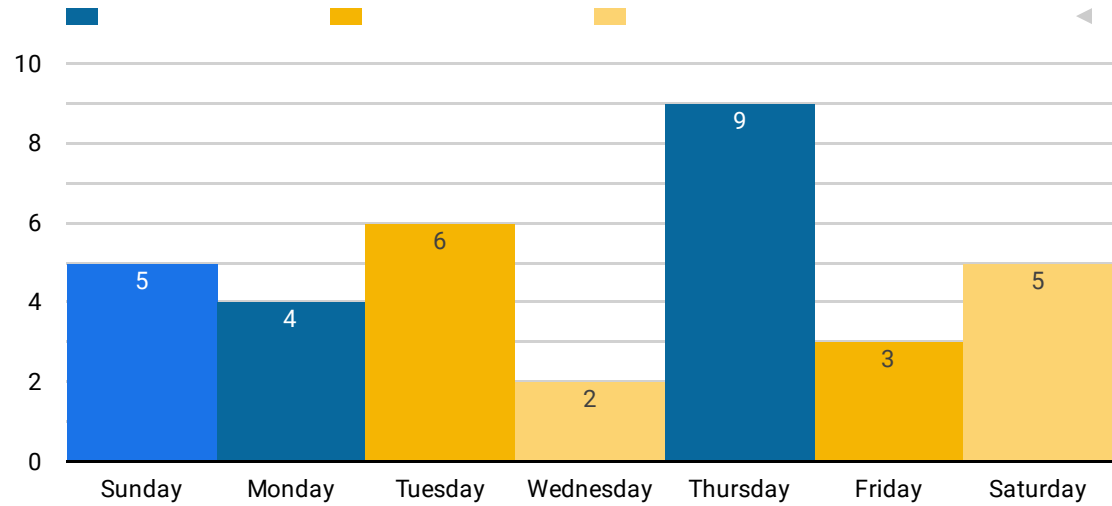
Time of Calls

Calls, by hour:

Calls



Calls, by Weekday:



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

Average Response Time (Minutes)

17.76

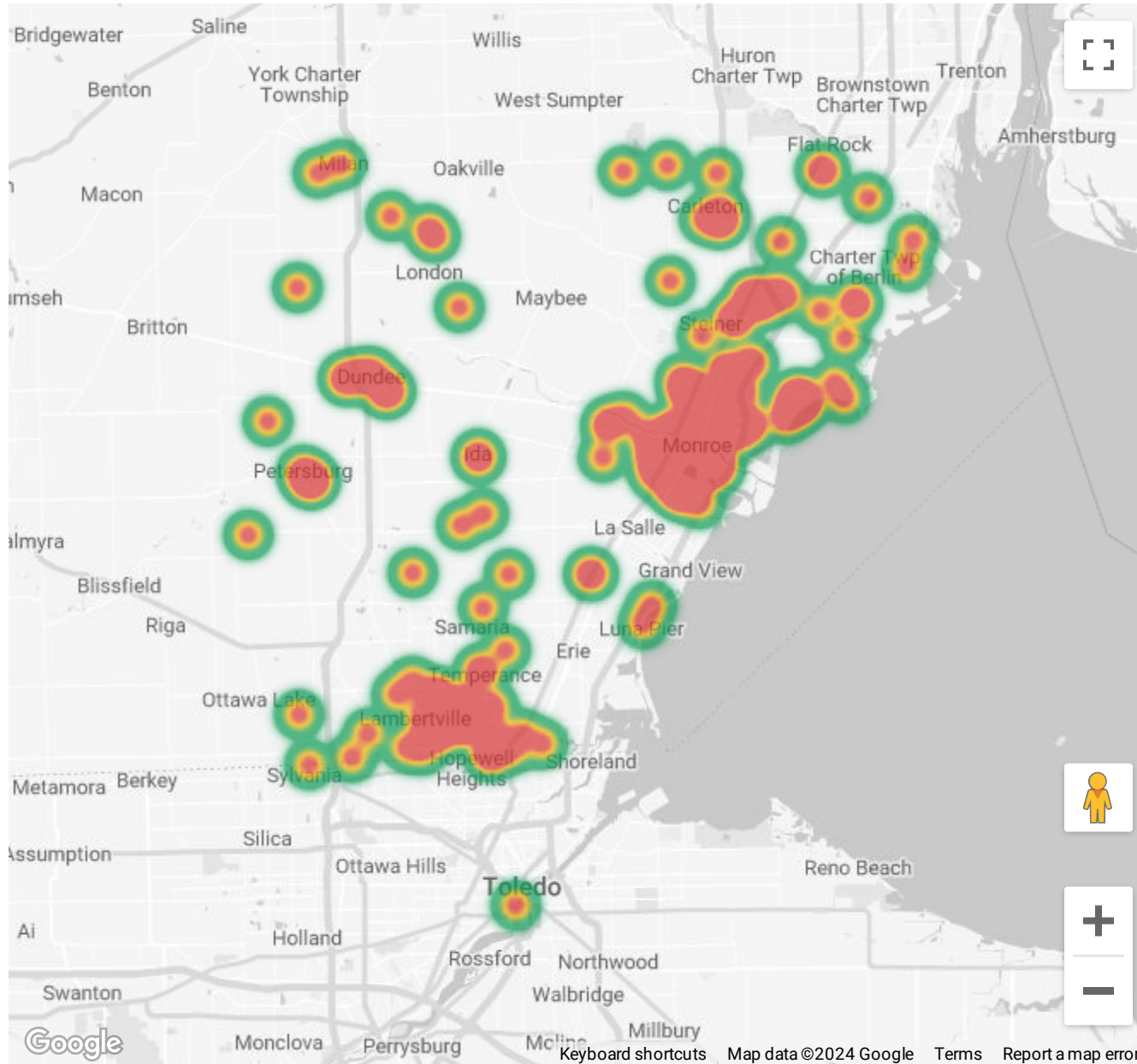
| Month | Avg. Response Time ▾ |
|-----------|----------------------|
| 2024 - 03 | 17.76 |

Select Month:: 2024 - 03

(1) ▾

Location

Mapping of locations deployed to:

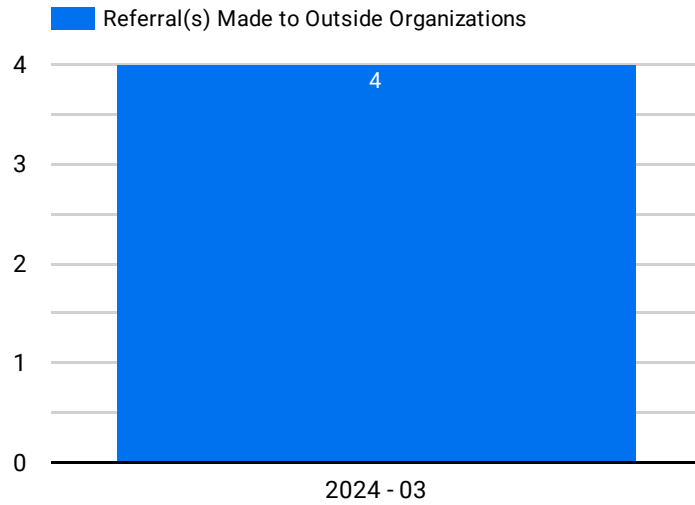


| Month | Zipcode | # | % |
|-----------|---------|----|-----|
| 2024 - 03 | 48182 | 4 | 15% |
| 2024 - 03 | 48160 | 0 | 0% |
| 2024 - 03 | 48173 | 0 | 0% |
| 2024 - 03 | 48166 | 2 | 8% |
| 2024 - 03 | 48117 | 2 | 8% |
| 2024 - 03 | 48134 | 0 | 0% |
| 2024 - 03 | 48161 | 8 | 31% |
| 2024 - 03 | 48162 | 10 | 38% |

Select Month:: 2024 - 03

(1) ▾

Number of referrals made and where they were referred to:



| Month ① ... | Referred To: ② ▲ | # | % |
|-------------|--------------------------------------------------|---|-----|
| 2024 - 03 | Arrowhead Behavioral Health | 0 | 0% |
| 2024 - 03 | Behavioral Health Treatment | 0 | 0% |
| 2024 - 03 | CMH | 2 | 67% |
| 2024 - 03 | Family Counseling and Shelter Services of Monroe | 0 | 0% |
| 2024 - 03 | Fire Station | 0 | 0% |
| 2024 - 03 | Gabby's Ladder | 0 | 0% |
| 2024 - 03 | Harbor Light | 0 | 0% |
| 2024 - 03 | Henry Ford Wyandotte | 0 | 0% |
| 2024 - 03 | Holistic Wellness | 0 | 0% |
| 2024 - 03 | Lemon Tree | 0 | 0% |
| 2024 - 03 | MCOP | 0 | 0% |
| 2024 - 03 | Michigan Works | 0 | 0% |
| 2024 - 03 | Monroe County Animal Control | 0 | 0% |
| 2024 - 03 | Paula's House | 0 | 0% |
| 2024 - 03 | ProMedica ER | 1 | 33% |
| 2024 - 03 | Pure Psych | 0 | 0% |
| 2024 - 03 | RAW | 0 | 0% |
| 2024 - 03 | Resource Flyer | 0 | 0% |
| 2024 - 03 | SUD Treatment | 0 | 0% |
| 2024 - 03 | Salvation Army Harbor Light | 0 | 0% |
| 2024 - 03 | St. Joe's | 0 | 0% |

Select Month:: 2024 - 03

(1) ▾

Where Referrals are Coming From:

| | | Month / # Calls |
|-------------------------------|--|-----------------|
| Deployed by: | | 2024 - 03 |
| Monroe County Sheriff's Dept. | | 14 |
| Monroe City Police | | 5 |
| ACCESS | | 5 |
| CMH | | 4 |
| Self | | 3 |
| Police Mental Health Referral | | 0 |
| Mobile Crisis Follow Up | | 0 |

Primary Issue or Diagnosis:

(New question starting 12/2023)

| | | Month / # |
|--------------------|--|-----------|
| Issue/Diagnosis | | 2024 - 03 |
| Thought Disorder | | 4 |
| Suicidal Ideation | | 13 |
| Substance Abuse | | 3 |
| Neurocognitive | | 3 |
| Homicidal Ideation | | 0 |
| Environmental | | 1 |
| Domestic Violence | | 2 |

Select Month:: 2024 - 03

(1) ▾

Consumers, New and Repeats:

| | Month ⓘ ▲ | New or Repeat Consumer... | # |
|----|-----------|---------------------------|----|
| 1. | 2024 - 03 | New | 13 |
| 2. | 2024 - 03 | Repeat | 18 |

Select Month:: 2024 - 03

(1) ▾

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

| | | | Month / # / % |
|---------------------------|--|----|---------------|
| | | | 2024 - 03 |
| Race | | # | % |
| White | | 15 | 75% |
| Unknown | | 1 | 5% |
| Refused to Provide | | 1 | 5% |
| Black or African American | | 3 | 15% |

Select Month:: 2024 - 03

(1) ▾

Number of calls per population - Age

| | | | Month / # / % |
|---------------|--|---|---------------|
| | | | 2024 - 03 |
| Age | | # | % |
| 0 to 9 | | 1 | 5% |
| 10 to 17 | | 4 | 20% |
| 18 to 28 | | 3 | 15% |
| 29 to 39 | | 3 | 15% |
| 40 to 50 | | 5 | 25% |
| 51 to 61 | | 1 | 5% |
| 62 to 72 | | 2 | 10% |
| 73 to 83 | | 1 | 5% |
| 84 to 94 | | 0 | 0% |
| 95 + | | 0 | 0% |
| Not Collected | | 0 | 0% |



Director of Operations Report – May 1, 2024

Customer Services:

- In process of hiring 4th receptionist.
- Scheduler is currently scheduling for two of our prescribers. Also checking and updating demographics when scheduling appointments.

Kiosks

- April – 26 total responses. 4 at Benesh and 22 at Raisinville. No prescriber responses received.
- Comments from consumers/guardians at Raisinville
 - Chelsea was knowledgeable, professional, and helpful. I would recommend her to anyone.
 - There's too many of us for your staff
 - I love it here, new to the area
 - Therapy dogs

Revel

- Continuing to work on webpage. Adding resources and provider information.

Provider Survey

- Quarter 2 data – see attached document. Slight decrease in staff retention. 89% in Qtr. 1 to just under 83%. Meeting compliance for staff trainings.

Quarter 3 Grievances FY23/24 (April)

7 grievances

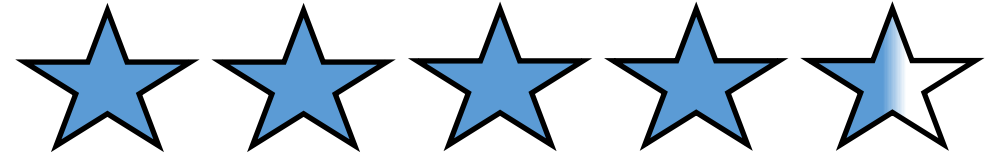
1 – resolved

- 1 - Request for new case manager – resolved – in favor of consumer

6 – pending

- 1 – requesting new therapist
- 1 – request for new case manager
- 1 – Centria – technician schedule
- 3 – prescriber – work schedule, med change, no longer wanting injection

PULSE FOR GOOD DATA

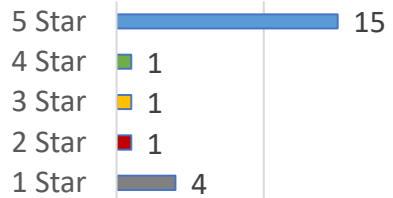


April 2024/ Location - Lobby Kiosk

Overall Rating: 4.47

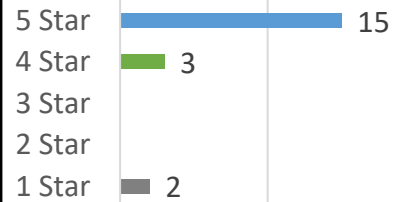
How was your visit?

22 Responses / 4.00 Rating



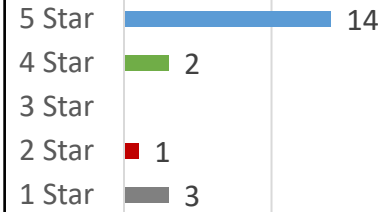
Do you think this agency is a safe place to be?

20 Responses / 4.21 Rating



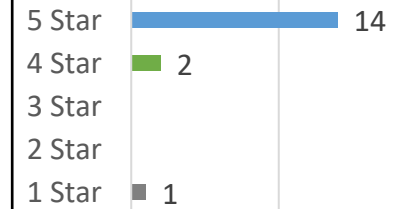
How clean was it?

20 Responses / 4.10 Rating



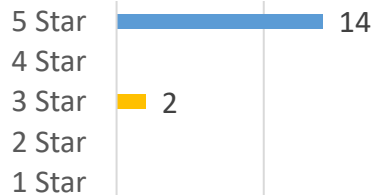
How respectful was the staff?

17 Responses / 4.65 Rating



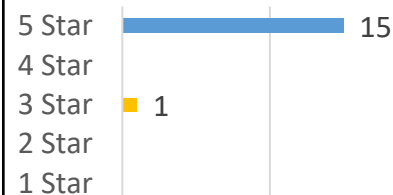
How satisfied were you with scheduling your appointment?

16 Responses / 4.75 Rating



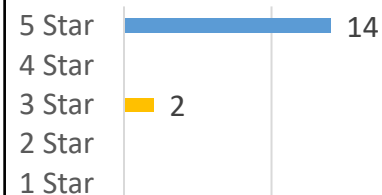
How well did the appointment time work for you?

16 Responses / 4.75 Rating



How convenient is our location?

16 Responses / 4.75 Rating



PULSE FOR GOOD DATA

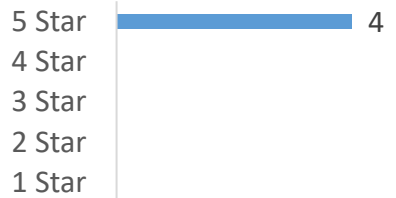
March 2024/ Location - Benesh Kiosk



Overall Rating: 5.00

How was your visit?

4 Responses / 5.00 Rating



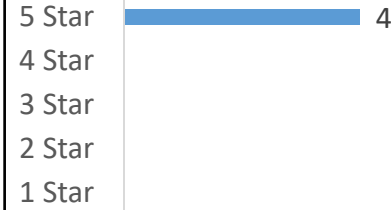
Do you think this agency is a safe place to be?

4 Responses / 5.00 Rating



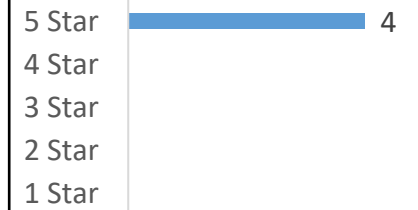
How clean was it?

4 Responses / 5.00 Rating



How respectful was the staff?

4 Responses / 5.00 Rating



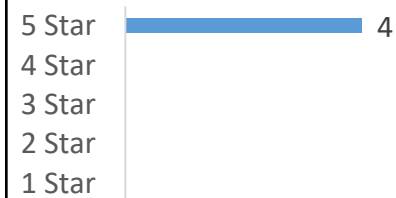
How satisfied were you with scheduling your appointment?

4 Responses / 5.00 Rating



How well did the appointment time work for you?

4 Responses / 5.00 Rating



How convenient is our location?

4 Responses / 5.00 Rating



MCMHA Performance Indicator Survey: External Providers

FY 2024 Q2: January 1 – March 31, 2024

| Surveyed Providers | | Retention | Training Compliance |
|--------------------|-------------|-------------------------|-----------------------------|
| # Sent Out | # Responses | Average Staff Retention | Average Training Compliance |
| 32 | 28 | Q1: 89.27% Q2: 82.72% | Q1: 98.46% Q2: 96.41% |

Greatest Challenges

| Category | # of Providers |
|------------------------|----------------|
| Staffing and Retention | 18 |
| Morale | 2 |
| Difficult guardians | 2 |
| Referrals | 2 |
| Clinical Capacity | 2 |
| Service Rates | 2 |
| Consumer engagement | 1 |

Greatest Successes

| Category | # of Providers |
|----------------------------------------------------|----------------|
| Staffing and Retention | 8 |
| Increased consumer activities and outings | 5 |
| Improved training compliance | 5 |
| Increased number of consumers/referrals | 4 |
| Improved consumer behaviors/coping skills | 3 |
| Completed remodeling/home improvements/maintenance | 1 |
| Low number of COVID-19 occurrences | 1 |

Supported Employment

| Number of Providers | Number of Supported Employment Consumers | Consumers at Least 6 Months Employed |
|---------------------|------------------------------------------|--------------------------------------|
| N/A | | |

Drop-In Center

| Number of Providers | Average Daily Attendance | Average Meals Per Day |
|---------------------|--------------------------|-----------------------|
| 2 | 16 | 0 |

Drop-in center providers that responded were New Directions and Goodwill. New Directions had a total attendance of 64 during the 2nd quarter, and a total of 61 phone inquiries.

We did not have any Providers of Supported Employment Consumers respond to the survey this quarter.



BOARD COMMUNITY RELATIONS AD-HOC COMMITTEE

Thursday, May 16, 2024

4:00pm

MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

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

DRAFT MINUTES

I. CALL TO ORDER

Rebecca Pasko called the meeting to order at 4:01pm. Susan Fortney, Rebecca Pasko, Dawn Asper, Rebecca Curley, and Lisa Graham were present. Mike Humphries was excused.

II. FOLLOW UP FROM PREVIOUS MEETING

- a. Community Relations Representation on Community Coalition – The Community Coalition is not accepting new members at this time as the coalition may be moving in a new direction. Kevin Fischer, Executive Director of NAMI Michigan, will be attending the next Community Coalition Meeting to talk about what it takes to become a National Alliance on Mental Illness (NAMI) Chapter. If the Community Coalition were to become a NAMI Chapter, they would review their original charge to see if there would still be a need to have a coalition.

III. PREPARE AN OUTLINE FOR COMMITTEE INTRODUCTION AT THE TOWN HALL MEETING MAY 23, 2024

- a. Rebecca Pasko commented that the committee has begun preparing an outline. The committee is looking for clear direction on where a citizen, consumer, or community partner goes if they have a concern or complaint. Lisa Graham commented that anyone that has questions should be directed to Amber Ellerman, Customer Services. Customer Services documents any complaints. Grievances are presented monthly at the Clinical Operations Committee and are included in the Operations Director Report. The community can be assured that the Board is hearing about complaints, how they are getting resolved, and if there are any trends. If the person has gone to Customer Services and feels their needs have not been met, they can also share their concerns during citizen comment time at a monthly Board Meeting.
 - i. Lisa Graham commented that there could be consideration of having a feedback portal on the agency website where feedback would be sent directly to Board members email addresses.
 - ii. Susan Fortney suggested the Board committee structure be added to the agency website.
 - iii. Susan Fortney requested to have Amber Ellerman attend a future meeting to present the Customer Services complaint process.
 - iv. Susan Fortney requested to have Shelley Koyl and Coy Hernandez attend a future meeting to present the Recipient Rights Complaint process.

IV. CREATE A LIST OF COMMUNITY LOCATIONS FOR RACK CARD DISTRIBUTION IN THE COMMUNITY

- a. Dawn Asper provided a list of locations that included 16 branch libraries, the Monroe County Courthouse, Secretary of State, Veteran locations, and VFW Halls. The committee requested the rack cards be placed in these locations along with a QR code that can link you to the agency website.
- b. Dawn Asper provided a list of 24 Cities and Townships and requested to provide them with a QR code that would direct you to the rack card and add our agency link to their website.

V. REVEL MARKETING / STATUS REPORT

- a. Lisa Graham commented that we are almost at a place to discuss next steps with Revel. An example would be a billboard for Crisis Mobile. They have done quite a bit for us so far.
 - i. Rebecca Pasko requested to invite Revel to the next Community Relations Meeting. Lisa Graham will reach out to Revel to attend the June meeting.
 - ii. Dawn Asper commented on adding short videos on available services as people are more apt to view a video then read.
- b. Rebecca Pasko asked about CMHs vision in connecting with schools. Lisa Graham commented that she recently presented at the Monroe Public Schools Board of Education Meeting and is following up with Andrew Shaw to talk about some of the ways we can support each other.
- c. Susan Fortney commented on websites that provide anyone an opportunity to write a review for Monroe CMH. There are a few out there and they do not give you the opportunity to remove them or respond. Susan asked if this could be investigated. Lisa Graham will follow up with Revel.

VI. NEXT STEPS

- a. Next Meeting Agenda
 - i. Review Progress on Outline for Committee Introduction
 - ii. Revel Marketing / Status Report

VII. PARKING LOT

- a. Customer Services Complaint Process – Invite Amber Ellerman
- b. Recipient Rights Complaint Process – Invite Shelley Koyl and Coy Hernandez

VIII. AJOURNMENT

The meeting adjourned at 5:00pm.

IX. NEXT MEETING

The Next Meeting of the Board Community Relations Ad-hoc Committee is scheduled for **Thursday, June 20, 2024** at 4:00pm.

Respectfully submitted,

Rebecca Pasko (dp)

Rebecca Pasko
Committee Chair

5/16/24



BOARD EXECUTIVE COMMITTEE

Wednesday, May 15, 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 6:34pm. Susan Fortney, Catherine Bernhold, Mike Humphries, and Lisa Graham were present.

II. REVIEW OF THIS MONTH'S BOARD MEETING

- a. Board Agenda – Reviewed
- b. Presentation – Veteran Services, and Conflict Free Case Management

III. ITEMS FOR DISCUSSION

- a. Lisa Graham commented that the state has been talking about Conflict Free Case Management for years but in the last couple of months the discussion has heated up. The state seems to be sticking to their interpretation of the federal regulations and the Association believes that the state is not interpreting the regulations correctly. By October 1, if you are to be the provider of the services then you cannot be the same provider that assesses the person. Lisa is requested the Board to consider opposing the Resolution for MDHHS Decisions to Implement Conflict Free Access and Planning in Michigan. The Resolution will be included in the Board Packet for review.
 - i. The Executive Committee suggested recommending the Resolution be sent to the Monroe County Board of Commissioner's to consider opposing as well.
- b. Lisa Graham commented that the Board Bylaws and Policy Committee have completed their review of the Board Governance Policy Manual and Board Bylaws and upon Board approval will be meeting to review policies only. The full Board has an opportunity to review policies and provide feedback prior to them going to the Bylaws and Policy Committee. The committee recommends the policies to the full Board for review and approval. Lisa is suggesting providing a Policy Executive Summary that will provide information in each policy, procedure, and exhibit that is being recommended for review and approval. The executive summary will be included in the Board Packet each month to coordinate with the motions on the agenda. Catherine Bernhold, Bylaws and Policy Committee Chair agreed that the executive summary will be helpful and will also be a discussion point each month to determine if there will be a need to meet or not. The Bylaws and Policy Committee will keep its meeting date and time as a placeholder.
- c. The Executive Committee requested to give Board Members an opportunity to have the election of officer information prior to the May Board Meeting. The Nominating Committee will provide the information to the full Board.
- d. Mike Humphries commented he has a conflict with the June 26, 2024 meeting date and will ask the Board at the May meeting if they would like to consider pulling the Board Meeting ahead or to leave on the same date with the Vice Chair to run the meeting in the Chair's absence.

IV. ACTION ITEMS FOR FUTURE BOARD MEETING AGENDA

- a. May – Election of Officers; Recommendation for Representative to PIHP Board
- b. Jun – Committee Sign Up
- c. Jul – Committee Appointment, Appointment of Committee Chairs

V. AJOURNMENT

The meeting adjourned at 7:01pm.

VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for Wednesday, June 19, 2024 at 6:00pm.

Respectfully submitted,

Mike Humphries (dp)

Mike Humphries
Board Chairperson

5/16/24

| | | |
|----------------------------------------------------------------------------------|---------------------|---------------------|
| MCMHA Board Action Request Mental Health Service Contract(s) / Amendments | FY 2023-2024 | May 15, 2024 |
|----------------------------------------------------------------------------------|---------------------|---------------------|

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

| Provider Name | Contract Term | Service Description(s) include | CPT code | FY 20-22 Rate/Unit | | Additional Information/Background |
|---------------------------------------------------------|----------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Hospitals:</i> | | | | | | |
| <i>Community Living Supports/Supported Empl/Respite</i> | | | | | | |
| Livingston County Community Mental Health Authority | 4/1/24-3/31/25 | One time setup fee Monthly Monitoring service | S5160 S5161 | \$1,440.27 \$2,475.33 | \$1,336.69 \$3,186.09 | Personal Emergency Response System (PERS)- Used to replace 24 hour CLS when appropriate for a consumer. There are currently 12 consumers using this service. |
| A Heart That Cares, LLC | 6/1/24-9/30/24 | Community Living Supports/Overnight Health & Safety | H2015/T2027 H2015/T2027 UN H2015/T2027 UP H2015/T2027 UQ H2015/T2027 UR H2015/T2027 US | | \$4.59 per 15 minute unit \$2.30 per 15 minute unit \$1.61 per 15 minute unit \$1.21 per 15 minute unit \$.97 per 15 minute unit \$.80 per 15 minute unit | |
| <i>Autism/Waiver Services</i> | | | | | | |

RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on May 15, 2024 approval of the contract(s) listed on MCMHA Board Action Mental Health Service Contract(s) / Amendments on or before May 22, 2024.

| | | |
|-----------------------------------------------------------------------------------------|---------------------|---------------------|
| MCMHA Board Action Request Mental Health Administrative Contract(s) / Amendments | FY 2023-2024 | May 15, 2024 |
|-----------------------------------------------------------------------------------------|---------------------|---------------------|

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

| Contractor name | Department | Request | Budget | Contract Term | Service Description |
|-----------------------------------|------------|---------|----------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Iris Telehealth/Dr. Rebecca Zarko | PHS | | \$239/hour for 16 hours per week | Target start date 7/22/24 | Dr. Zarko will be replacing one of our current Iris psychiatrists. She will see our youth population and will work Mondays and Thursdays. |
| K & B Asphalt Sealcoating | | | \$18,800.00 | Expected June completion | Repair front, side and rear parking lots at Raisinville location. |

RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on May 15, 2024 approval of the contract(s) listed on MCMHA Board Action Mental Health Administrative Contract(s) / Amendments on or before May 22, 2024.



RESOLUTION OF THE MONROE COMMUNITY BOARD OF DIRECTORS OPPOSING MDHHS DECISIONS TO IMPLEMENT CONFLICT FREE ACCESS AND PLANNING IN MICHIGAN

WHEREAS MDHHS has announced its decision to require CMHSP's to separate service assessment and planning from service delivery, requiring beneficiaries to receive the assessment and planning services from one entity and ongoing direct services from another separate entity by October 1, 2024.

WHEREAS after careful review of MDHHS's decision, the conclusions of the Monroe Community Mental Health Board of Directors are that the current decision:

- Is in conflict with the statutory responsibilities of CMHSPs under Michigan Law;
- Erroneously implies profit driven or undue enrichment motives on the part of government entities (CMHSPs and PIHPs) instead of recognizing what is actually a formal transfer of governmental responsibility from the State to the Counties for the delivery of public behavioral health services;
- Ignores the capitation-based financing of the Michigan public behavioral health system, which is constant and does not vary by volume of individuals served negating any conflicts of interest in service planning and service delivery;
- Ignores Michigan's current shared risk (with MDHHS) financing system which already mitigates against conflict and self-interest;
- Is in conflict with the Certified Community Behavioral Health Clinic (CCBHC) model currently being implemented and expanded in Michigan;
- Ignores, at best, and disregards, at worst, input from persons with lived experience that have consistently stated that the available procedural safeguards are preferable to systemic/structural upheaval inherent in MDHHS announced decisions;

THEREFORE, BE IT UNANIMOUSLY RESOLVED THAT, in the strongest possible terms, and for the reasons noted herein, the Monroe Community Mental Health Board of Directors **opposes the MDHHS announced structural strategies** for compliance with the federal Conflict Free Access and Planning Rules.

BE IT FURTHER UNANIMOUSLY RESOLVED THAT, the Monroe Community Mental Health Authority Board of Directors requests MDHHS's reconsideration of its current decisions and to honor CMS waiver approval of procedural mitigation of conflict, and to pursue CMS approval of strengthened procedural safeguards against conflict of interest in Michigan.

On behalf of the Monroe Community Mental Health Authority Board of Directors, this Resolution is declared adopted on the 22nd day of May, 2024.

Catherine Bernhold, MCMHA Board Secretary

Date

I hereby certify that the forgoing is a true and complete copy of the Resolution duly adopted by the Monroe Community Mental Health Board of Directors at a meeting held on May 22, 2024, at which a quorum was present, and that said meeting was conducted and public notice of said meeting was given pursuant to and in full compliance with the Open Meetings Act, 1976 P.A. 267, and that the minutes of said meeting were kept and will be or have been made available as required by said Act.



REVIEW AND APPROVAL

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

Executive Summary:

- There is one local and one regional policy (four regional exhibits).
- This document serves as an Executive Summary of the policies for review and approval at the May 22, 2024 Board Meeting.

| Local Policy # | Policy Name | Reason for Revision | Summary |
|-------------------|------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EOC2022 | Service Animals Policy | New Policy | <p>Purpose: To provide guidance in the use and permissibility of service animals in the workplace in order to meet state regulations as well as reasonable accommodations under the Americans with Disabilities Act (ADA).</p> <p>Policy: Service animals may be used by individuals with disabilities as a reasonable accommodation in performing their job duties or in order to participate in or gain access to programs, benefits, or services at MCMHA.</p> <p>In addition, Michigan law provides service animals in training similar access to public spaces for the purpose of training or socializing the animal. As with service animals, a service animal in training may be removed from a space if they are out of control, not housebroken, pose a direct threat to health or safety, or would fundamentally alter the nature of the services provided in the space.</p> |
| Regional Policy # | Policy Name | Reason for Revision | Summary |
| POC7024 | Person Centered Planning Policy | 3-Year Review Cycle | <p>Purpose: Establish the service and treatment philosophy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) is based on the values and principles of the person-centered planning process, establish standards and applications for person-centered planning, and ensure compliance with the requirements governing service delivery established by regulatory and/or funding bodies.</p> <p>Policy: It is the policy of the CMHPSM that all eligible consumers/individuals served are informed of their right to engage in Person Centered Planning at any time. All consumers/individuals who receive services shall have a plan outlining the individual outcomes to be achieved through various means of support and or services. The process by which a plan is developed shall be done in a way that is person centered as outlined in the standards of this policy.</p> <p>Significant Changes: Addition of "person served" for consistency.</p> |
| POC7024-E2 | Process for Person Centered Planning Exhibit A | 3-Year Review Cycle | |

| | | | |
|------------|---------------------------------------------|---------------------|--|
| POC7024-E9 | Engagement Examples Exhibit B | 3-Year Review Cycle | |
| POC7024-E6 | IPOS Outcome Statement Guidelines Exhibit C | 3-Year Review Cycle | |
| POC7024-E5 | Outcome Improvement Exercise Exhibit D | 3-Year Review Cycle | |



MONROE
COMMUNITY
MENTAL
HEALTH

March 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

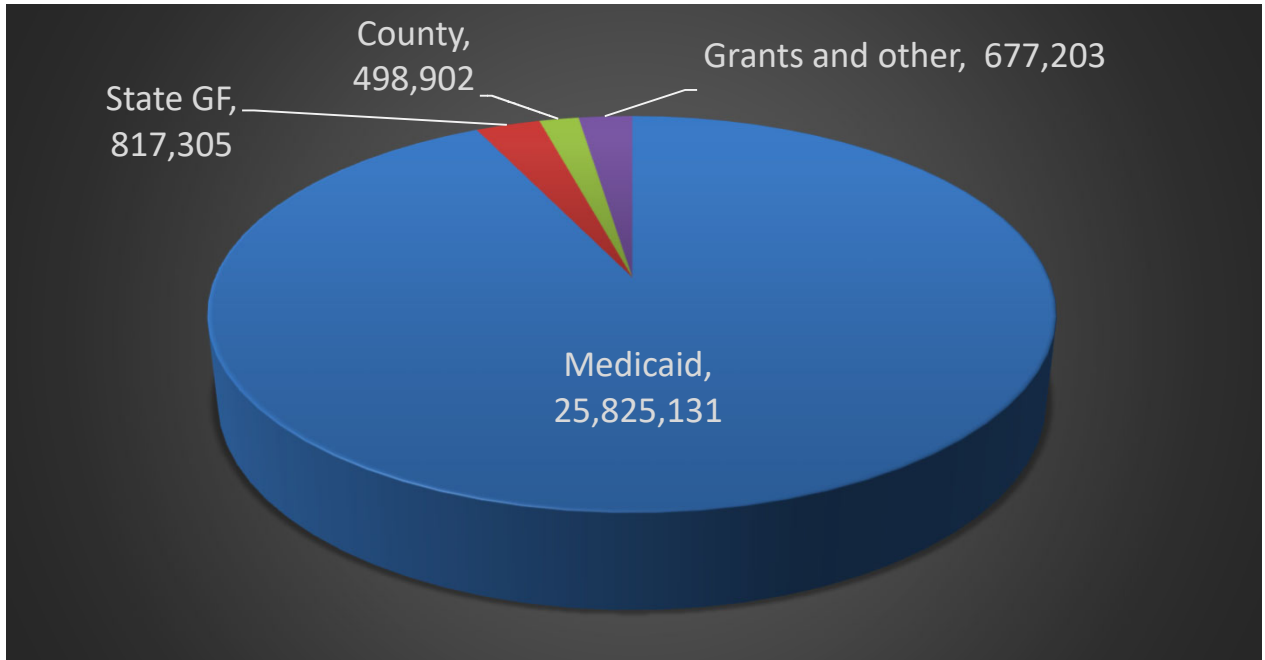
- Page 4 - Revenue and eligibility continues to decline faster than anticipated. Rate adjustments are now in effect. We have received increases to HSW, SED and CWP as a result. Also have additional funding from the PIHP for DCW.
- Page 5 - Cash and Investments are up from prior year primarily from collection 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 \$772,672 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 \$179,991 through this reporting period. We continue to work with the PIHP to accelerate the reporting of T1040s which will bring in more revenue. Additionally, CCBHC non-Medicaid continues to grow causing part of this deficit.
- Page 10 - State General Fund is showing a deficit of \$1,312,191, 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 \$999,951.

MONROE CMH

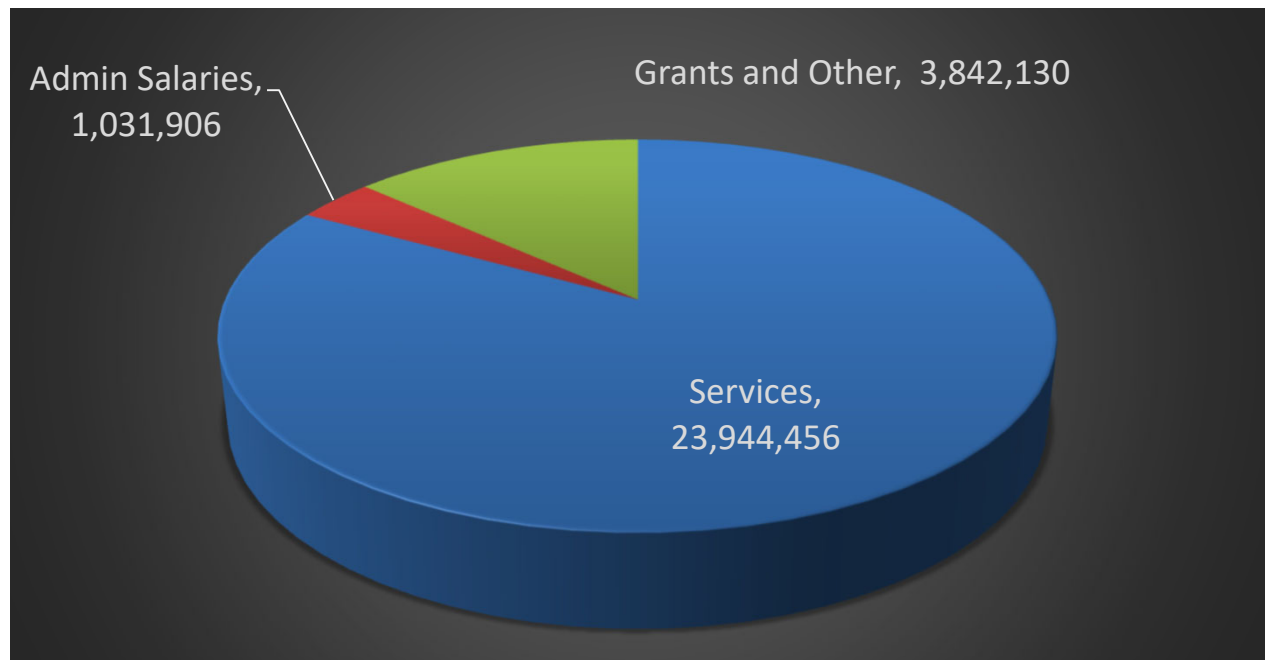
March 2024 Trends

Sources and Uses

Revenues by Source



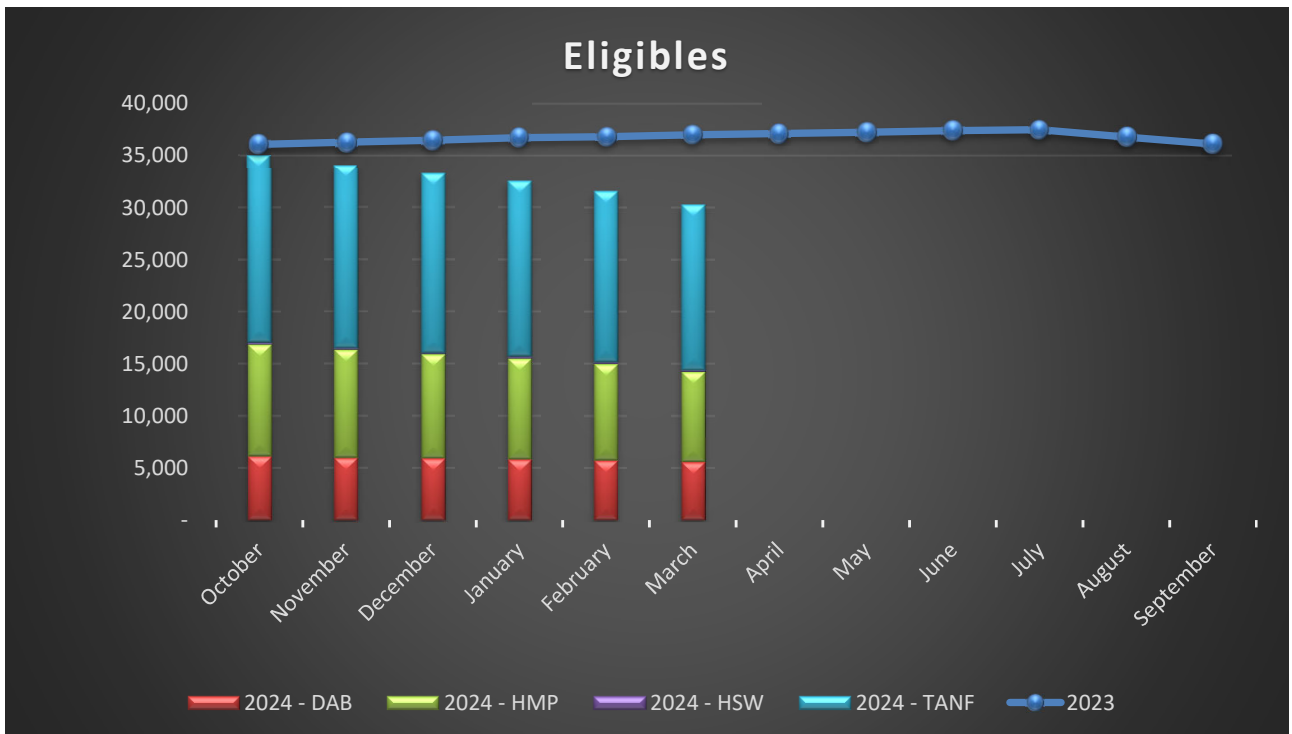
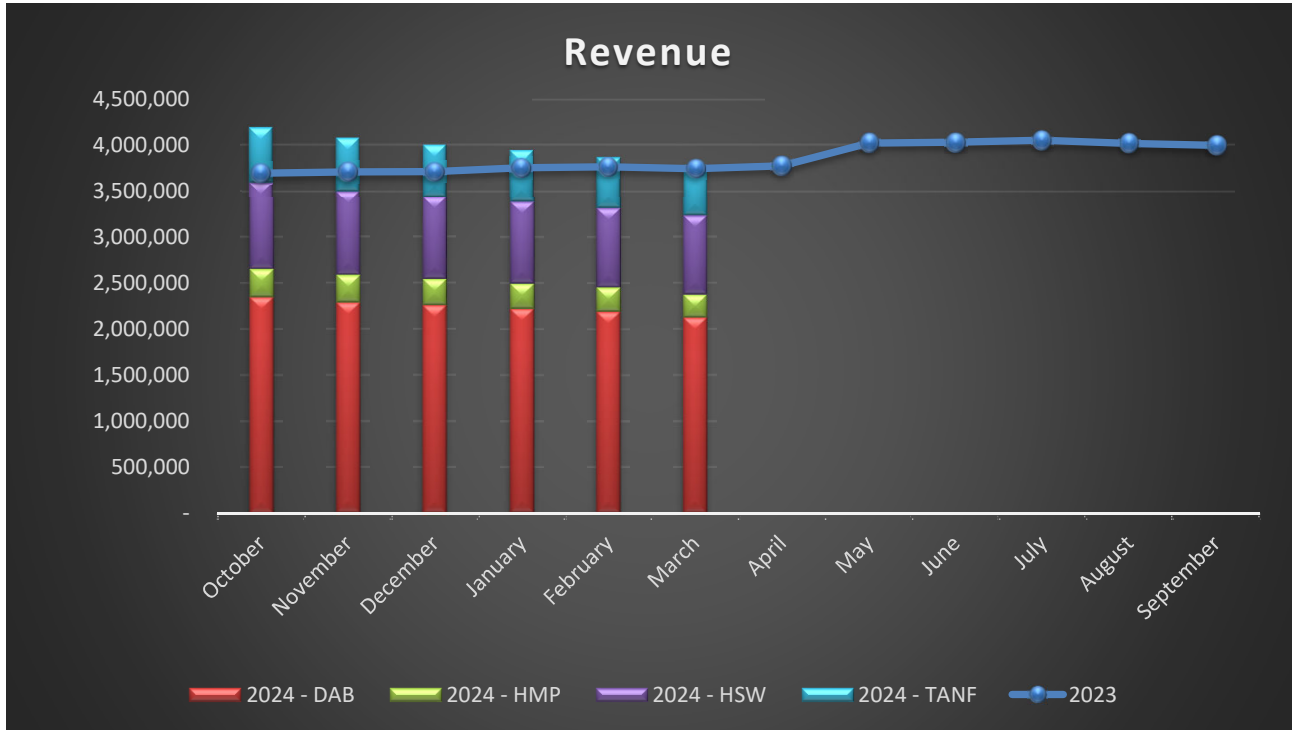
Expenditures by Category



MONROE CMH

March 2024 Trends

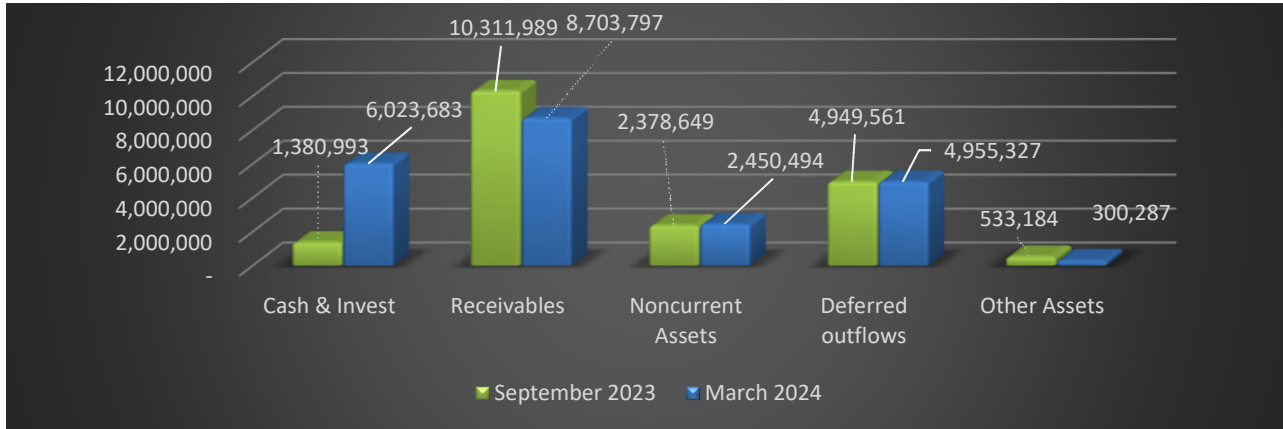
MDHHS Payments



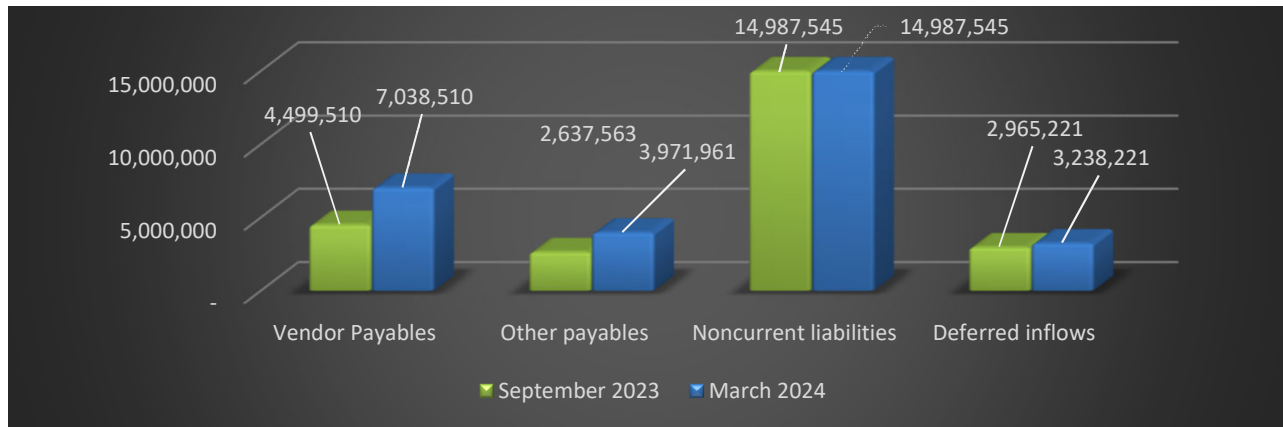
MONROE CMH

Comparative Charts September 2023 & March 2024

Assets



Liabilities



Net Position

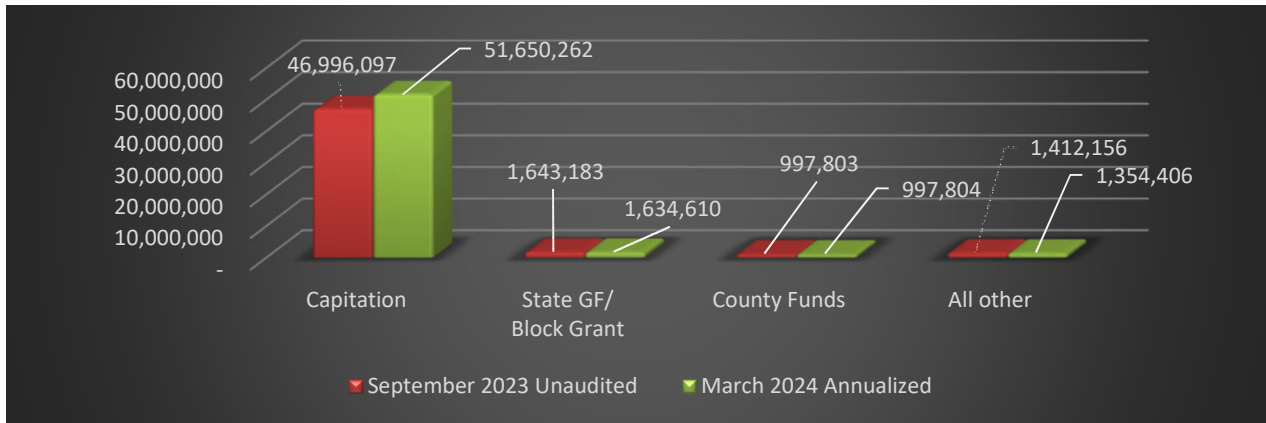


MONROE CMH

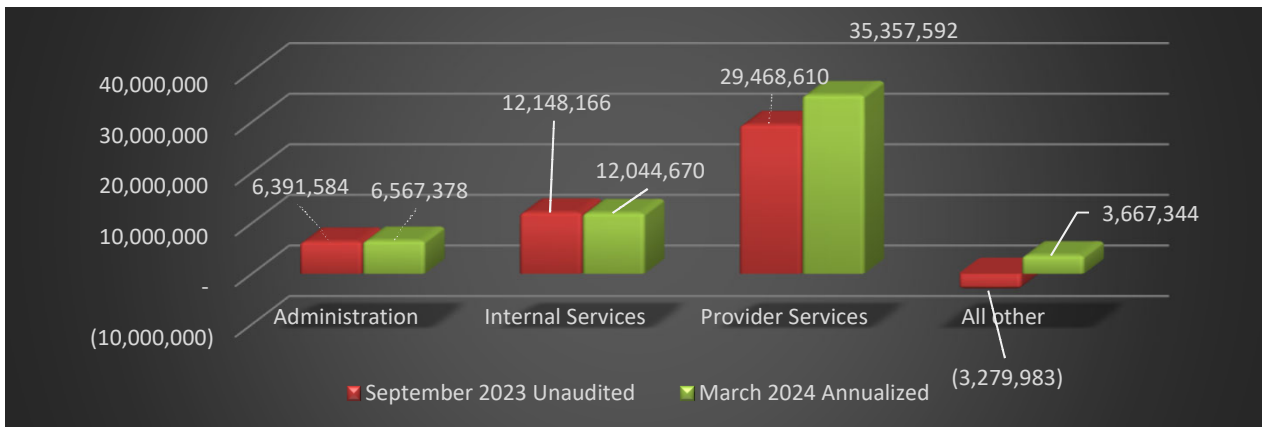
Comparative Charts

September 2023 Unaudited & March 2024 Annualized

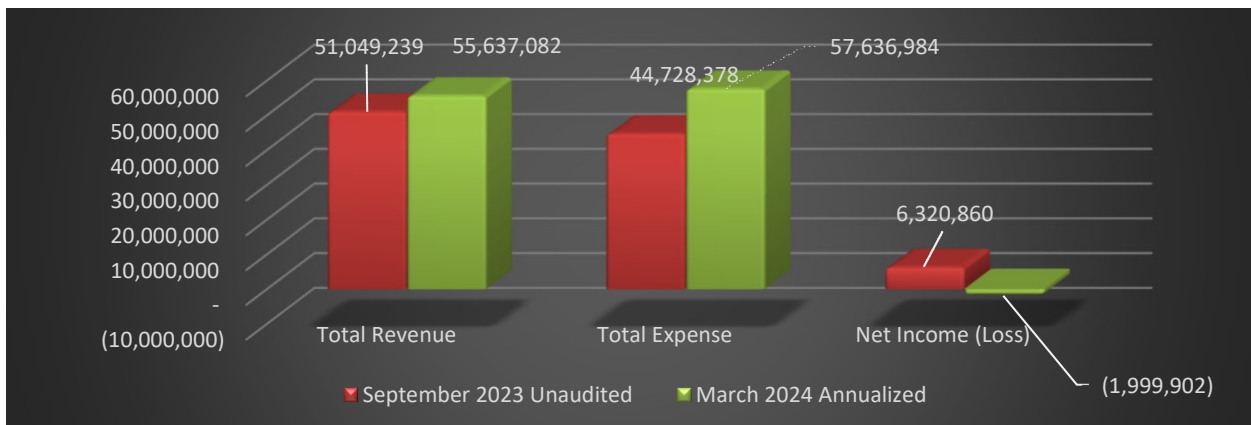
Revenues



Expenses



Net Income



INCOME STATEMENT BY FUND SOURCE

MONROE CMH

Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through March 2024

| | 2024 Budget | YTD Budget | 2024 Actual | Over (Under) |
|--------------------------------------|-------------------|-------------------|---------------------|---------------------|
| Medicaid | | | | |
| PIHP Revenue | \$ 35,116,485 | \$ 17,558,243 | \$ 20,840,929 | \$ 3,282,687 |
| PIHP Redirect to CCBHC | - | - | (1,230,467) | (1,230,467) |
| 1st/3rd Party Revenue | - | - | - | - |
| Expense | 34,577,285 | 17,288,643 | 19,165,699 | 1,877,057 |
| Revenue over/(under) expenses | \$ 539,200 | \$ 269,600 | \$ 444,763 | \$ 175,163 |
| Healthy Michigan | | | | |
| PIHP Revenue | \$ 2,860,301 | \$ 1,430,151 | \$ 1,430,151 | \$ 1 |
| PIHP Redirect to CCBHC | - | - | (225,312) | (225,312) |
| 1st/3rd Party Revenue | - | - | - | - |
| Expense | 2,789,701 | 1,394,851 | 1,128,912 | (265,939) |
| Revenue over/(under) expenses | \$ 70,600 | \$ 35,300 | \$ 75,927 | \$ 40,627 |
| CCBHC Medicaid | | | | |
| PIHP Cap Revenue | \$ 6,000,000 | \$ 3,000,000 | \$ 1,230,467 | \$ (1,769,533) |
| PIHP Supp Receipts (Cash Basis) | 6,000,000 | 3,000,000 | 4,095,694 | 1,095,694 |
| 1st/3rd Party Revenue | - | - | 21,198 | 21,198 |
| Expense | 12,000,000 | 6,000,000 | 4,640,031 | (1,359,969) |
| Retain as local | - | - | (165,737) | (165,737) |
| Revenue over/(under) expenses | \$ - | \$ - | \$ 873,065 | \$ 873,065 |
| CCBHC Healthy Michigan | | | | |
| PIHP Cap Revenue | \$ - | \$ - | \$ 225,312 | \$ 225,312 |
| PIHP Supp Receipts (Cash Basis) | - | - | - | - |
| 1st/3rd Party Revenue | - | - | - | - |
| Expense | - | - | 908,616 | 908,616 |
| Retain as local | - | - | (14,254) | (14,254) |
| Revenue over/(under) expenses | \$ - | \$ - | \$ (669,050) | \$ (669,050) |
| Total PIHP Sources | | | | |
| PIHP Revenue | \$ 49,976,786 | \$ 24,988,393 | \$ 26,366,774 | \$ 1,378,381 |
| 1st/3rd Party Revenue | - | - | 21,198 | 21,198 |
| Expense | 49,366,986 | 24,683,493 | 25,843,258 | 1,159,765 |
| Retain as local in FY 23 | - | - | (179,991) | (179,991) |
| Revenue over/(under) expenses | \$ 609,800 | \$ 304,900 | \$ 724,705 | \$ 419,805 |

MONROE CMH

Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through March 2024

| CCBHC Medicaid | 2024 Budget | YTD Budget | 2024 Actual | Over (Under) |
|--------------------------------------|---------------|--------------|---------------------|---------------------|
| PIHP Cap Revenue | \$ 6,000,000 | \$ 3,000,000 | \$ 1,230,467 | \$ (1,769,533) |
| PIHP Supp Revenue (Earned) | 6,000,000 | 3,000,000 | 3,222,629 | 222,629 |
| 1st/3rd Party Revenue | - | - | 21,198 | 21,198 |
| Expense | 12,000,000 | 6,000,000 | 4,640,031 | (1,359,969) |
| Revenue over/(under) expenses | \$ - | \$ - | \$ (165,737) | \$ (165,737) |
| CCBHC Healthy Michigan | 2024 Budget | YTD Budget | 2024 Actual | Over (Under) |
| PIHP Cap Revenue | \$ - | \$ - | \$ 225,312 | \$ 225,312 |
| PIHP Supp Revenue (Earned) | - | - | 669,050 | 669,050 |
| 1st/3rd Party Revenue | - | - | - | - |
| Expense | - | - | 908,616 | 908,616 |
| Revenue over/(under) expenses | \$ - | \$ - | \$ (14,254) | \$ (14,254) |
| CCBHC NonMedicaid | 2024 Budget | YTD Budget | 2024 Actual | Over (Under) |
| State CCBHC Revenue | \$ - | \$ - | \$ - | \$ - |
| 1st/3rd Party Revenue | - | - | - | - |
| Expense | - | - | 644,035 | 644,035 |
| Redirect from GF | - | - | 644,035 | 644,035 |
| Revenue over/(under) expenses | \$ - | \$ - | \$ - | \$ - |
| ALL CCBHC Combined | 2024 Budget | YTD Budget | 2024 Actual | Over (Under) |
| All CCBHC Revenue | \$ 12,000,000 | \$ 6,000,000 | \$ 5,347,458 | \$ (652,542) |
| 1st/3rd Party Revenue | - | - | 21,198 | 21,198 |
| Expense | 12,000,000 | 6,000,000 | 6,192,682 | 192,682 |
| Redirect from GF | - | - | 644,035 | 644,035 |
| Revenue over/(under) expenses | \$ - | \$ - | \$ (179,991) | \$ (179,991) |

MONROE CMH

Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through March 2024

| State General Fund | 2024 Budget | YTD Budget | 2024 Actual | Over (Under) |
|--------------------------------------|------------------|------------------|---------------------|---------------------|
| Revenue | \$ 1,729,980 | \$ 864,990 | \$ 817,305 | \$ (47,685) |
| Expense | 1,644,960 | 822,480 | 1,485,461 | 662,981 |
| Redirect to Other Programs | - | - | (644,035) | (644,035) |
| Redirect from Other Programs | - | - | 1,312,191 | 1,312,191 |
| Revenue over/(under) expenses | \$ 85,020 | \$ 42,510 | \$ - | \$ (42,510) |
| All Other Grants/Local | 2024 Budget | YTD Budget | 2024 Actual | Over (Under) |
| Revenue | \$ 2,785,336 | \$ 1,392,668 | \$ 1,329,599 | (63,069) |
| Expense | 2,785,336 | 1,392,668 | 754,922 | (637,746) |
| Redirects | - | - | (1,312,191) | (1,312,191) |
| Revenue over/(under) expenses | \$ - | \$ - | \$ (737,514) | \$ (737,514) |
| Total Non PIHP Sources | 2024 Budget | YTD Budget | 2024 Actual | Over (Under) |
| Revenue | \$ 4,515,316 | \$ 2,257,658 | \$ 2,146,904 | \$ (110,754) |
| Expense | 4,430,296 | 2,215,148 | 2,884,418 | 669,270 |
| CCBHC Retain as local | - | - | (179,991) | (179,991) |
| Revenue over/(under) expenses | \$ 85,020 | \$ 42,510 | \$ (917,505) | \$ (960,015) |

BASIC FINANCIAL STATEMENTS

MONROE CMH

Statement of Position

October 1, 2023 through March 31, 2024

| | March 31 Balance | Balance September 30 2023 | Over (Under) |
|-----------------------------------------------|-----------------------|---------------------------------|-----------------------|
| ASSETS & DEFERRED OUTFLOWS | | | |
| Current: | | | |
| Cash and cash equivalents | \$ 6,023,683 | \$ 1,380,993 | \$ 4,642,690 |
| Accounts receivable, net | 119,919 | 248,633 | (128,714) |
| Due from PIHP | 8,500,460 | 9,954,592 | (1,454,132) |
| Due from State of Michigan | 41,078 | 61,136 | (20,058) |
| Due from other governmental units | 42,340 | 47,628 | (5,288) |
| Prepaid items | 300,287 | 533,184 | (232,897) |
| Total current | 15,027,767 | 12,226,165 | 2,801,602 |
| Noncurrent: | | | |
| Capital assets not being depreciated | 47,000 | 47,000 | - |
| Capital assets being depreciated, net | 2,403,494 | 2,331,649 | 71,845 |
| Deferred outflows - Pension & OPEB | 4,955,327 | 4,949,561 | 5,766 |
| Total noncurrent | 7,405,821 | 7,328,210 | 77,611 |
| Total assets and deferred outflows | 22,433,588 | 19,554,375 | 2,879,213 |
| LIABILITIES & DEFERRED INFLOWS | | | |
| Current | | | |
| Accounts payable | 7,038,510 | 4,499,510 | 2,539,000 |
| Accrued liabilities | 2,291,650 | 1,681,957 | 609,693 |
| Due to State of Michigan | 1,593,812 | 869,107 | 724,705 |
| Unearned revenue | 86,499 | 86,499 | - |
| Long-term debt, due within one year | - | - | - |
| Compensated absences, due within one year | 49,458 | 49,458 | - |
| Total current liabilities | 11,059,929 | 7,186,531 | 3,873,398 |
| 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 |
| Total noncurrent liabilities | 18,176,308 | 17,903,308 | 273,000 |
| Total liabilities and deferred inflows | 29,236,237 | 25,089,840 | 4,146,397 |
| NET POSITION | | | |
| Net investment in capital assets | 1,986,024 | 1,914,179 | (71,845) |
| Unrestricted | (8,788,673) | (7,449,585) | 1,339,088 |
| Total net position | \$ (6,802,649) | \$ (5,535,407) | \$ (1,267,242) |

MONROE CMH

Statement of Activities

October 1, 2023 through March 31, 2024

| | Mental Health YTD | Projected Annual Activities | Prior Year Total Activities | Over (Under) |
|----------------------------------------|-----------------------|-----------------------------|-----------------------------|-------------------|
| Operating revenue | | | | |
| Capitation: | | | | |
| Medicaid | \$ 20,840,929 | \$ 41,681,858 | \$ 40,219,271 | \$ 1,462,587 |
| Medicaid - Settlement | (444,763) | (889,526) | 3,239,791 | (4,129,317) |
| Healthy Michigan | 1,430,151 | 2,860,302 | 3,008,142 | (147,840) |
| Healthy Michigan - Settlement | (75,927) | (151,854) | 375,265 | (527,119) |
| CCBHC | 4,095,694 | 8,191,388 | - | 8,191,388 |
| CCBHC - Settlement | (204,015) | (408,030) | - | (408,030) |
| Behavior Health Home | 183,062 | 366,124 | 153,628 | 212,496 |
| State General Funds | 817,305 | 1,634,610 | 1,813,773 | (179,163) |
| State General Funds - Carryover | - | - | (170,590) | 170,590 |
| County appropriations | 498,902 | 997,804 | 997,803 | 1 |
| Charges for services | 22,054 | 44,108 | 178,711 | (134,603) |
| Other grants | 564,872 | 1,129,744 | 1,157,291 | (27,547) |
| Other revenue | 90,277 | 180,554 | 76,154 | 104,401 |
| Total operating revenue | 27,818,541 | 55,637,082 | 51,049,239 | 4,587,843 |
| Operating expenses | | | | |
| Administration | | | | |
| Salaries | 1,031,906 | 2,063,812 | 2,081,999 | (18,187) |
| Benefits | 725,322 | 1,450,644 | 1,503,538 | (52,894) |
| Other | 1,526,461 | 3,052,922 | 2,806,047 | 246,875 |
| Internal Services | | | | |
| Salaries | 3,007,147 | 6,014,294 | 5,614,573 | 399,721 |
| Benefits | 2,228,367 | 4,456,734 | 4,094,150 | 362,584 |
| Other | 786,821 | 1,573,642 | 2,439,443 | (865,801) |
| Provider Network Services | 17,678,796 | 35,357,592 | 29,468,610 | 5,888,982 |
| Facility costs | 604,702 | 1,209,404 | 917,802 | 291,602 |
| Vehicle costs | 25,900 | 51,800 | 38,488 | 13,312 |
| Grant expenses | 959,745 | 1,919,490 | 1,454,666 | 464,824 |
| Room & Board | 243,325 | 486,650 | 111,186 | 375,464 |
| GASB 68 & 75 Adjustment | - | - | (5,802,125) | 5,802,125 |
| Total operating expenses | 28,818,492 | 57,636,984 | 44,728,378 | 12,908,606 |
| Change in net position | (999,951) | (1,999,902) | 6,320,860 | \$ (8,320,762) |
| Net position, beginning of year | (5,802,698) | (5,802,698) | (11,856,267) | |
| Net position, end of year | \$ (6,802,649) | \$ (7,802,600) | \$ (5,535,407) | |

MONROE CMH

Statement of Activities

Mental Health - Budget to Actual

October 1, 2023 through March 31, 2024

| | Annual Budget | YTD Budget | YTD Actual | Over (Under) YTD Budget |
|---------------------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| Operating revenue | | | | |
| Capitation: | | | | |
| Medicaid | \$ 35,116,485 | \$ 17,558,243 | \$ 20,840,929 | \$ 3,282,687 |
| Medicaid - Settlement | (635,700) | (317,850) | (444,763) | (126,913) |
| Healthy Michigan | 2,860,301 | 1,430,151 | 1,430,151 | 1 |
| Healthy Michigan - Settlement | (70,600) | (35,300) | (75,927) | (40,627) |
| CCBHC | 12,000,000 | 6,000,000 | 4,095,694 | (1,904,306) |
| CCBHC - Settlement | - | - | (204,015) | (204,015) |
| Behavior Health Home | 96,500 | 48,250 | 183,062 | 134,812 |
| State General Funds | 1,729,980 | 864,990 | 817,305 | (47,685) |
| State General Funds - Carryover | (85,020) | (42,510) | - | 42,510 |
| County appropriations | 997,803 | 498,902 | 498,902 | 1 |
| Charges for services | 217,870 | 108,935 | 22,054 | (86,881) |
| Other grants | 1,484,505 | 742,253 | 564,872 | (177,381) |
| Other revenue | 85,158 | 42,579 | 90,277 | 47,698 |
| Total operating revenue | 53,797,282 | 26,898,641 | 27,818,541 | 919,900 |
| Operating expenses | | | | |
| Administration | | | | |
| Salaries | 2,777,641 | 1,388,821 | 1,031,906 | (356,915) |
| Benefits | 1,387,182 | 693,591 | 725,322 | 31,731 |
| Other | 2,029,359 | 1,014,680 | 1,526,461 | 511,782 |
| Internal Services | | | | |
| Salaries | 7,489,941 | 3,744,971 | 3,007,147 | (737,824) |
| Benefits | 4,775,202 | 2,387,601 | 2,228,367 | (159,234) |
| Other | 2,034,208 | 1,017,104 | 786,821 | (230,283) |
| Provider Network Services | 30,363,290 | 15,181,645 | 17,678,796 | 2,497,151 |
| Facility costs | 795,455 | 397,728 | 604,702 | 206,975 |
| Vehicle costs | 88,775 | 44,388 | 25,900 | (18,488) |
| Grant expenses | 1,488,493 | 744,247 | 959,745 | 215,499 |
| Other expenses | 20,288 | 10,144 | - | (10,144) |
| Room & Board | 547,448 | 273,724 | 243,325 | (30,399) |
| Total operating expenses | 53,797,282 | 26,898,641 | 28,818,492 | 1,919,851 |
| Change in net position | - | - | (999,951) | (999,951) |
| 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>\$ (6,802,649)</u> | <u>\$ (999,951)</u> |