



MONROE COMMUNITY MENTAL HEALTH AUTHORITY

BOARD MEETING

June 26, 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.

I.	Call to Order	<u>Guide</u> 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 May 22, 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.	Presentations Recognitions, and Celebrations	20 min
	<ol style="list-style-type: none"> a. FY2024 1st Quarter Quality Metrics Report – Lisa Graham <ol style="list-style-type: none"> i. MDHHS Audit Report (<i>handout</i>) ii. 1st and 2nd Quarter CCBHC Quality Metrics Report iii. 1st Quarter Michigan’s Mission-Based Performance Indicator System (MMBPIS) 	

- IX. Board Committee Reports** **10 min**
- a. **Committee Chair Reports**
 - i. Business Operations
 - ii. Clinical Operations
 - iii. Community Relations
 - iv. Executive
 - b. Committee Sign Up Announcement
 - c. **Motion to Place on File All Written Committee Reports**
- X. Items for Board Action** **05 min**
- a. **Motion to Approve the Consent Agenda Less Item _____**
 - i. Service Contracts as Presented
 - ii. Administrative Contracts as Presented
- XI. Authority and Regional Policy Review/Approval** (*Executive Summary in Packet*) **05 min**
- a. **Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented**
 - i. **Policy:** HR4015 Exit Interview Policy
POC7004 Consumer Discharge Policy
 - ii. **Procedure:** HR4015-P1 Exit Interview Procedure
POC7082-P1 Personal Health Review Procedure
POC7027-P1 Physical and Dental Examinations Procedure
EOC2002-P6 Clinic Visit Bed Bug Infestation Procedure
 - iii. **Exhibit:** HR4015-E1 Exit Interview Survey Exhibit
HR4015-E2 Supervisor Exit Checklist for Staff Departure Exhibit
POC7004-E3 Discharge Satisfaction Survey Exhibit
 - iv. **Rescind:** N/A
 - v. **Relocate:** EOC2023 Medical Emergency Response Policy is being relocated from
POC7013 Emergency Medical Response Policy
 - b. **Motion to Approve the Regional Policies as Presented**
 - i. **Policy:** HR4040 Ethics and Conduct Policy
 - Exhibit:** POC7075 Clinical Record Content Policy
POC7061 Critical Incident Sentinel Risk Event Policy
N/A
- XII. Relationship with the Region, County, and Others** **10 min**
- a. Regional Reports
 - i. Regional PIHP Board Meeting Minutes – Included in Packet
 - b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko
- XIII. Items from the Chief Executive Officer** **15 min**
- a. Financial Report – Richard Carpenter
 - b. Chief Executive Officer’s Report – Lisa Graham (*handout*)
- XIV. New Business** **00 min**
- XV. Citizen Comments** **03 min/person**
- XVI. Motion to go into Closed Session for Purposes of Attorney Written Opinion Pursuant to Section VIII (h) of the Open Meetings Act and Attorney Client Privilege** **2 min**

XVII. Adjournment

01 min

The next regular scheduled meeting for the Monroe Community Mental Health Authority Board of Directors is on Wednesday, July 24, 2024 beginning at 5:00pm in the Aspen Room.

LG/dp 4:29 p.m.



**BOARD OF DIRECTORS REGULAR MEETING MINUTES
May 22, 2024**

- Present:** Michael Humphries, Chairperson; Susan Fortney, Vice Chairperson; Catherine Bernhold, Secretary; Rebecca Pasko; Pam Ray; John Burkardt; Rebecca Curley; Dawn Asper; Naomi Stoner; Deb Staelgraeve; and Ken Papenhagen
- Excused:** LaMar Frederick
- 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 5:03 p.m.

II. ROLL CALL

Roll Call confirmed a quorum existed.

III. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Mike Humphries.

IV. CONSIDERATION TO ADOPT THE DRAFT AGENDA AS PRESENTED

Mike Humphries requested to add discussion for the date and time of June Board Meeting under Section XIII. New Business.

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

V. CONSIDERATION TO APPROVE THE MINUTES FROM THE APRIL 24, 2024 BOARD MEETING AND WAIVE THE READING THEREOF

Deb Staelgraeve moved to approve the minutes for the April 24, 2024 Board Meeting and waive the reading thereof. Rebecca Curley supported. Motion carried unanimously.

VI. FEEDBACK SUMMARY

Mike Humphries reviewed feedback from the April 24, 2024 Board Meeting.

VII. CITIZEN COMMENTS

There were no citizen comments.

VIII. ELECTION OF OFFICERS

Dawn Pratt, Nominating Committee, took the Chair.

The Nominating Committee announced that all Board Members have been contacted regarding their interest in running for an office.

Election of Board Chairperson:

The Nominating Committee acknowledged that Mike Humphries has an interest in the Board Chairperson position.

The Nominating Committee recommended Mike Humphries for Board Chairperson. Mike Humphries accepted.

Nominations were opened to the floor for Board Chairperson. Hearing no further nominations, nominations were closed.

Mike addressed the Board as to why he would like to be considered as the Board Chairperson.

Pam Ray moved to cast a unanimous vote for Mike Humphries as Board Chairperson. Ken Papenhagen supported. Roll call: In favor: Pasko, Curley, Ray, Burkardt, Humphries, Fortney, Bernhold, Asper, Stoner, Papenhagen, and Staelgraeve; opposed: none; motion carried unanimously.

Dawn Pratt announced Mike Humphries as the Board Chairperson for 2024-2025.

Election of Board Vice Chairperson:

The Nominating Committee acknowledged there were two Board Members showing interest in the board Vice Chairperson position. Board Members showing interest are Deb Staelgraeve and Susan Fortney.

The Nominating Committee recommended Deb Staelgraeve for Board Vice Chairperson. Deb Staelgraeve accepted.

The Nominating Committee recommended Susan Fortney for Board Vice Chairperson. Susan Fortney accepted.

Nominations were opened to the floor for Board Vice Chairperson. Hearing no further nominations, nominations were closed.

Deb Staelgraeve addressed the Board as to why she would like to be considered for Board Vice Chairperson.

Susan Fortney addressed the Board as to why she would like to be considered for Board Vice Chairperson.

All those in favor of Deb Staelgraeve as Board Vice Chairperson, raise your hand.

Vote: Staelgraeve, Curley, Papenhagen, and Humphries

All those in favor of Susan Fortney as Board Vice Chairperson, raise your hand.

Vote: Pasko, Ray, Asper, Burkardt, Fortney, Bernhold, and Stoner

Dawn Pratt announced Susan Fortney as the Board Vice Chairperson for 2024-2025.

Election of Board Secretary:

The Nominating Committee acknowledged that Catherine Bernhold has interest in the Board Secretary position.

The Nominating Committee recommended Catherine Bernhold for Board Secretary. Catherine Bernhold accepted.

Nominations were opened to the floor for Board Secretary. Hearing no further nominations, nominations were closed.

Catherine Bernhold addressed the Board as to why she would like to be considered as Board Secretary.

Dawn Asper moved to cast a unanimous vote for Catherine Bernhold as Board Secretary. John Burkardt supported. Roll call: In favor: Pasko, Curley, Ray, Burkardt, Humphries, Fortney, Bernhold, Asper, Stoner, Papenhagen, and Staelgraeve; opposed: none; motion carried unanimously.

Dawn Pratt announced Catherine Bernhold as the Board Secretary for 2024-2025.

IX. RECOMMENDATION TO CMHPSM BOARD

The Nominating Committee announced that all Board Members have been contacted regarding their interest in being appointed to the CMHPSM Board of Directors.

The Nominating Committee acknowledged that there are two Board Members showing interest in being appointed to the CMHPSM Board of Directors. Board Members showing interest are Ken Papenhagen and LaMar Frederick. The Term for consideration begins July 1, 2024 through June 30, 2027.

The Nominating Committee recommended Ken Papenhagen be considered for appointment to the CMHPSM Board of Directors. Ken Papenhagen declined.

The Nominating Committee recommended LaMar Frederick be considered for appointment to the CMHPSM Board of Directors. LaMar Frederick accepted verbally with the Nominating Committee prior to the Board Meeting as he could not be present.

Mike Humphries moved for LaMar Frederick to be considered for appointment to the CMHPSM Board of Directors. Ken Papenhagen supported. Roll call: In favor: Pasko, Curley, Ray, Burkardt, Humphries, Fortney, Bernhold, Asper, Stoner, Papenhagen, and Staelgraeve; opposed: none; motion carried unanimously.

Dawn Pratt announced LaMar Frederick as being the CMHPSM Board Representative to serve the Term beginning July 1, 2024 through June 30, 2027.

Mike Humphries took the Chair, thanked the Nominating Committee, and congratulated the new officers and representative.

X. PRESENTATIONS, RECOGNITIONS, AND CELEBRATIONS

- a. **Veteran Services** – Lisa Graham presented Veteran Services, one of the 9 core Certified Community Behavioral Health Clinic (CCBHC) services. All individuals inquiring about CCBHC services must be asked whether they have served in the US Military. CCBHC assists veterans in enrolling in VHA for the delivery of physical and behavioral health services. Veterans who decline or who are ineligible will be served by the CCBHC. Behavioral health services for veterans must be recovery-oriented, and include additional recovery principles of privacy, security, and honor. Staff must be specifically trained on military and veteran culture. All Monroe CMH clinical staff have been trained on military culture and all new staff are required to take two trainings within 90 days of hire. The trainings are: Improving Clinical Competency through Understanding of Military Culture and Addressing Substance Use in Military and Veteran Populations. Monroe CMH has a formal care coordination agreement pending signature with the VA. Monroe CMH employs at least two veterans, a therapist and a peer. Monroe CMH partners with the PIHP's Veteran Navigators to provide education to staff and the community and to assist in service provision when appropriate and are assisting Monroe CMH on crisis mobile deployment. Next steps are to reach out to veteran organizations and continue to monitor service usage by veterans.

Dawn Asper asked if the trainings for Veterans could be given to Board Members. Lisa Graham commented that the online trainings in Relias could be added to Board Member transcripts.

- b. **Conflict Free Case Management** – Lisa Graham commented that the Michigan Department of Health and Human Services (MDHHS) has recently announced the concept of conflict free case management. It has been talked about for many years and now they are moving forward and want to have this implemented by October 1, 2024. The way our system is set up in Michigan is that we assess and provide treatment. What they are interpreting in the federal guidelines, is that we cannot do both, assess and provide the treatment, as it is a conflict of interest. Across the state of Michigan, almost every PIHP, CMH, and the Community Mental Health Association of Michigan (CMHAM) have been immediately opposing this to MDHHS. They are still moving ahead. Number one, our position is that there is no conflict of interest for CMHs for assessing and providing care. Telling us to do one and not the other implies there is profit. Lisa Graham asked the MCMHA Board of Directors to adopt the Resolution to oppose the MDHHS Decisions to Implement Conflict Free Access and Planning in Michigan. Lisa also requested for the Board to consider recommending the Resolution to the Monroe County Board of Commissioners for support in opposing the Resolution as well.

Discussion by the Board followed.

Dawn Asper called Point of Order, asking if the Board needs to take a vote. Mike Humphries responded that there is a consideration under Section XII. Items for Board Action.

XI. BOARD COMMITTEE REPORTS

a. Committee Chair Reports

Business Operations - Ken Melvin provided an update from the Business Operations Committee. The committee has had a lot of discussion on CCBHC. Sabrina Bergman and Ken Melvin have been digging into the data and hope to have some positive information next month. We continue to run a Medicaid surplus at the PIHP. General Fund is another topic and will address this in a later presentation.

Clinical Operations – Susan Fortney commented that every month we include in your packet what takes place at the committee meeting. Please take the time to review it. This committee reviews and monitors the Strategic Plan. It takes a lot of work and effort. Crystal Palmer and Bridgitte Gates are phenomenal in their reporting and Lisa Graham has been supportive.

Community Relations – Rebecca Pasko commented that the committee is in the process for preparing a presentation. We are not able to get this done before the Town Hall and will do this in the future. We spent a lot of time of rack card placements and connecting to townships on their websites. We are hoping to talk with Revel at the next meeting to get an update on what they are working on and next steps.

Dawn Asper thanked Rebecca Pasko for her leadership. Any work we are trying to create we are trying to do ourselves, so we are not putting more work on Lisa Graham and Revel. We identified 16 locations for rack cards and asking to have a QR code. Having the ability to print off a rack card. Gave the links to all of the cities and townships in our county.

b. Motion to Place on File All Written Reports

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

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

XII. ITEMS FOR BOARD ACTION

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

Ken Papenhagen requested to pull the K&B Asphalt contract as the amount falls under the Chief Executive Officer to approve. The Board does not need to approve this contract.

Ken Papenhagen moved to approve the Consent agenda. Dawn Asper supported. Roll call: In favor: Pasko, Curley, Ray, Burkardt, Humphries, Fortney, Bernhold, Asper, Stoner, Papenhagen, and Staelgraeve; opposed: none; motion carried unanimously.

- 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**

The Board is to “adopt” the opposed Resolution and will include this language in the motion.

Pam Ray moved for the Monroe Community Mental Health Authority Board of Directors to adopt the Resolution to oppose the Michigan Department of Health and Human Services (MDHHS) Decisions to Implement Conflict Free Access and Planning in Michigan. Roll call: In favor: Pasko, Curley, Ray, Burkardt, Humphries, Fortney, Bernhold, Asper, Stoner, Papenhagen, and Staelgraeve; opposed: none; motion carried unanimously.

- 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**

The request is for the Monroe County Board of Commissioners to “adopt” the opposed Resolution and will include this language in the motion.

Pam Ray moved to recommend the Resolution to the Monroe County Board of Commissioners to consider adopting the Resolution to Oppose the Michigan Department of Health and Human Services (MDHHS) Decisions to Implement Conflict Free Access and Planning in Michigan. Rebecca Pasko supported. Roll call: In favor: Pasko, Curley, Ray, Burkardt, Humphries, Fortney, Bernhold, Asper, Stoner, Papenhagen, and Staelgraeve; opposed: none; motion carried unanimously.

XIII. AUTHORITY AND REGIONAL POLICY REVIEW/APPROVAL

- 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
- i. Relocate: N/A

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

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

- i. Policy: POC7024 Person Centered Planning Policy
- ii. 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

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

Lisa Graham addressed the Board letting them know that the Policy Executive Summary is a new document in the Board Packet. Lisa asked if this was valuable to the Board and if they would like her to continue. The Board agreed that the Policy Executive Summary is very helpful and to continue providing it.

XIV. RELATIONSHIP WITH REGION, COUNTY, AND OTHERS

- a. Regional Reports
 - i. Regional PIHP Board Meeting Minutes – Did Not Meet
 - ii. State Legislation and Policy Committee Report – Did Not Meet

XIII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER

- a. Finance Report: 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. 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 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. 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. 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.

Susan Fortney asked how long the agency can survive if there is only 2.5 million in the Fund Balance. Ken Melvin commented that he can provide a Fund Balance Analysis at the next Business Operations Committee.

Managing General Fund Deficit – Lisa Graham commented that 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.

- b. Chief Executive Officer's Report included an update on: CCBHC Recertification; Conflict Free Case Management; General Fund/Non-Medicaid Services; Community Living Supports/Rates; Labor/Management Contract Negotiations; Community Presentations.

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

XIII. NEW BUSINESS

Mike Humphries commented that he will be out of town for the June 26, 2024 Board Meeting. Mike would like to participate in the June Board Meeting and asked if the Board would consider pulling the meeting ahead to Thursday, June 13, 2024.

Board consensus was to leave the Board Meeting scheduled for June 26, 2024 and the Vice Chair will lead the meeting in the Chairperson's absence.

XIV. CITIZEN COMMENTS

There were no citizen comments.

XV. BOARD ANNOUNCEMENTS

Susan Fortney commented on everyone participating in Memorial Day events. There will be a parade in Monroe and the Daughters of the American Revolution (DAR) will be involved. Come out and waive at us.

John Burkart recommended having Board Stipend forms available at the Board Meeting. John would like to be kept in the loop about CLS and if it works out with his schedule, he would like to go to the Regional PIHP to advocate for that.

Dawn Asper commented on transgender challenges, shared her concerns, and asked for everyone to be compassionate and accepting to promote a pathway that causes that person to have to change themselves. When we are accepting and compassionate, we accept them as they are. Dawn commented that when you change language, you change the way people think.

Pam Ray commented it felt good to be back with the Board of Directors.

Mike Humphries thanked the Board for continued faith in him as the Board Chair. Mike stated that there will be some challenges ahead and look forward to meeting them. People are paying attention to what we are doing here and that is a good thing. After the last meeting I received an earful of information as we just talked about being 3 million in deficit and made some decisions following that, that were questionable. We need to pay attention to what that looks like to the community. Mike apologized for missing the June Board Meeting and looks forward to working with everyone in the capacity as Chair.

XVII. ADJOURNMENT

Mike Humphries adjourned the meeting at 6:58pm.

Submitted by,

Catherine Bernhold
Board Secretary

LG/dp
5/30/24



BOARD BUSINESS OPERATIONS COMMITTEE

Wednesday, June 19, 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 5:05pm. LaMar Frederick, Ken Papenhagen, Rebecca Curley, Pam Ray, Lisa Graham, Ken Melvin, Jim Brown, Alicia Riggs, and Bridgitte Gates (arrived at 5:31pm) were present. Mike Humphries was excused.

II. BUSINESS OPERATIONS

- a. Facilities - No update on Facilities for June.
- b. Technology - Information Systems has purchased a new camera to broadcast zoom meetings. It has been placed in the Aspen Room.

III. FINANCE

- a. Items for Board Action (Consent Agenda)
 - i. Services Contracts – Community Living Network (CLN) and Guardian Trac LLC (GT) were presented by LaMar Frederick (recommend Board approval).
 - ii. Administrative Contracts – Snow Chiu Wu was presented by LaMar Frederick. Ken Papenhagen recommended to update the administrative contract description to be more clear (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. Eligibility continues to decline faster than anticipated. Rate adjustments are now in effect and are reflected in the charts to show increased April activity. We have received increases to HSW, SED, and CWP as a result. Also, we have additional funding from the PIHP for DCW.
2. Cash and Investments are up from prior year primarily from collection of receivables from the PIHP.
3. Liabilities are also up from prior year primarily related to estimated claims incurred but not reported.
4. Net income is projected to be down compared to prior year primarily due to GASB 68 & 75 adjustments that are currently unknown and will be available in early 2025 from the actuaries.
5. Revenue received from the PIHP exceeds expenses by \$1,619,483 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 \$514,774 through this reporting period. We continue to work with the PIHP to accelerate the reporting of T1040s which will bring in more revenue. As we continue to look at generating more T1040s on the revenue side, primary focus shifts to expenses.
7. State General Fund is showing a deficit of \$1,606,350, primarily related to spenddowns, individuals falling off Medicaid and CCBHC non-Medicaid. This deficit is covered by the local funds with a reported use of fund balance through this reporting period of \$1,077,143.

Lisa Graham provided an update on managing the General Fund deficit. We are identifying non-Medicaid consumers and make every effort to re-enroll them into Medicaid; verifying that spend downs are met and communicated to MDHHS; and limiting discretionary General Fund spending. The Non-Medicaid General Fund Policy is almost complete and will bring to the Board upon completion for feedback.

V. INFORMATIONAL ITEMS

- a. FY2023 Regional Update – Lisa Graham will be submitting a corrective action plan to the PIHP at the end of July and will present that at the August PIHP Meeting. Richard Carpenter will be in attendance as well.
- b. Analysis of Fund Balance – Ken Melvin commented that the financial statements are muddled by capital assets, OPEB, and retirement. We ended last year with 4.2 million. You will not see that information on our audited financials. The projection for this year is around 1.5 to 2 million for fund balance.
- c. Compliance Audit – The auditors have finished the compliance report and will present at the July 26, 2024 Board Meeting.
- d. Contract Negotiations – Jim Brown commented that the Union has their business agent and waiting for a date and time to begin negotiations.

VI. PARKING LOT

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

VII. ADJOURNMENT

The meeting adjourned at 6:17pm. The Business Operations Committee's next meeting is scheduled for Wednesday, July 17, 2024 at 5pm in the Aspen Room.

Respectfully submitted,
LaMar Frederick (fp)

LaMar Frederick
Business Operations Chair



BOARD CLINICAL OPERATIONS COMMITTEE
Wednesday, June 5, 2024
5:00pm

MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

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

DRAFT MINUTES

I. CALL TO ORDER

Susan Fortney called the meeting to order at 5:00pm. Susan Fortney, Rebecca Curley, Rebecca Pasko, Crystal Palmer, and Lisa Graham were present. Bridgitte Gates, Deb Staelgraeve, and Mike Humphries 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 15 at this time. We have had several internal transfers, which in turn leave vacancies in other areas.
 2. Leadership: Both the CCBHC and Child & Family/Intellectual Development Disabilities Director attending the National Council for Mental Wellbeing Conference April 15-17, 2024 in St. Louis, MO.
 3. Community Outreach: There were 46 referrals made in April. 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 46 contacts in April, which averaged 0.79 hours of face to face interaction time; the average response time for Crisis Mobile was approximately 16.61 minutes which is likely due to 63% of the calls being in 48161 and 48162 zip codes; there were multiple referral sources for Crisis Mobile, 78% were from the Monroe County Sheriff's Department, 15% were from Monroe City Police, 4% were from Access Department/CMH, and 2% were from self-referral; enrollment for CCBHC has decreased by 78 members this month due to an increase in enrollments. This is a 4.6% increase in enrollment from the previous month; and the data for incoming calls being answered is at 98%, which meets MCMHA's goal of 95%.

III. OPERATIONS DIRECTOR UPDATE

1. Lisa Graham presented the Director of Operations Report highlighting the topics: Customer Services, Kiosks, Revel Marketing, and 3rd Quarter Grievances.

Lisa Graham thanked Susan Fortney and Deb Staelgraeve for attending the Town Hall.

IV. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)

- a. No update

V. INFORMATIONAL ITEMS

- a. FY2024 1st Quarter Quality Metrics Report
 - i. MDHHS Audit Report – Clinical Services is audited by the state of Michigan and the PIHP alternate years. FY2023, MDHHS conducted the Waiver Audit October through December. A total of 15 cases were reviewed in the areas of Habilitation and Support Waiver, Children's Waiver, Serious Emotional Disturbances Waiver, and iSPA. They review everyone in the region. The audit covers many areas: Administrative Procedures, Eligibility, Freedom of Choice, Implementation of Person-Centered Planning, Plan of Service and Documentation Requirements, Behavior Treatment Plans and review Committees, Waiver Participation Health and Welfare, Staff Qualifications, and Home Visits/Training/Interviews. There is no overall score. Monroe had several citations, but nothing that rose to a level of concern. Examples are a record did not have evidence of consumer input, services were authorized as a range rather than with specificity, etc. There was one systemic issue with Medication Consents which has since been resolved. Monroe has submitted our Corrective Action Plan indicating that all citations will be remedied individually and systemically by June 30, 2024.
 - ii. 1st and 2nd Quarter CCBHC Quality Metrics Report – Lisa Graham presented the state demographics and 1st and 2nd quarter CCBHC Metrics. Lisa commented that we have met some of the indicators and are showing improvement from 1st quarter to 2nd quarter. We expected this as the metrics are for the areas that required us to become a CCBHC by October 1, 2023. We are aware of the indicators, training staff on understanding the indicators, and providing training where it is needed, and feel we will continue to improve.
 - iii. 1st Quarter Michigan's Mission Based Performance Indicator System (MMBPIS) – Lisa Graham presented the MDHHS indicators and commented that we are continuously working on quality improvement for all indicators.

Susan Fortney requested to include the 1st and 2nd Quarter CCBHC Quality Metrics Report on the next agenda for further review.

VI. PARKING LOT

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

VII. ADJOURNMENT

The meeting adjourned at 6:27pm. The Board Clinical Operations Committee's next meeting is scheduled for **Wednesday, July 10, 2024** at 5pm in the Aspen Room.

Respectfully submitted,

Susan Fortney (sp)

Susan Fortney
Clinical Operations Chairperson

6/6/24

Clinical Operations – Executive Summary

June 5, 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 15 at this time. We have had several internal transfers, which in turn leave vacancies in other areas.

LEADERSHIP

Strategic Plan Goal 2: Assure Competent and Accountable Leadership

- Both the CCBHC and Child & Family/Intellectual Developmental Disabilities Director attended the National Council for Mental Wellbeing Conference April 15 – 17, 2024 in St. Louis, MO.

COMMUNITY OUTREACH

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

- There were 46 referrals made in April. 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 April.

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 46 contacts in April, which averaged 0.79 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 16.61 minutes which is likely due to 63% of the calls being in 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 78% were from the Monroe County Sheriff's Department, 15% were from Monroe City Police; 4% were from Access Department/CMH and 2% were from self-referral.
- Enrollment for the CCBHC has increased by 78 members this month due to an increase in enrollments. This is a 4.6% increase 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 – June 5, 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 May 28th:

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

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.

LEADERSHIP

Strategic Plan Goal 2: Assure Competent and Accountable Leadership

Both the CCBHC and Child & Family/Intellectual Developmental Disabilities Program Directors attended the National Council for Mental Wellbeing Conference April 15 – 17, 2024 in St. Louis, MO. Many of the conference topics were about CCBHC or CCBHC services and it was a great opportunity to learn from and connect with other CCBHCs. Additionally, there were many other training courses pertinent to children, youth, and families. The Child & Family/Intellectual Developmental Disabilities Program Director also attended the Mental Health First Aid portion of the conference in order to meet certification requirements.

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

Updated as of 5/28/24

BOARD CLINICAL OPERATIONS COMMITTEE MEETING ATTACHMENT A

Clinical Updates – June 5, 2024

believe to be in need. During the month of May, CMH leadership met with Michigan Works to share the Universal Referral form with them and explain how and when to use it as well as giving a general overview of our services and how the Crisis Mobile unit could be of use to them. MCMHA has now has 10 agencies plus law enforcement utilizing the universal referral form. A list of the agencies is as followed:

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

During the month of April 2024, there have been a total of 47 mental health referrals which includes both law enforcement and community referrals. The outcomes of these cases are as follows:

- 6 were sent to their treatment teams for follow up
- 7 were referred and following through with Access
- 4 sent to jail team for follow up
- 17 declined any further intervention
- 1 connected with Crisis Mobile in person with no further needs
- 12 were no response

Opportunity Center at the ALCC

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

Peers continue to assist in linking and coordinating services which includes engaging those who need community mental health services or those involved in community mental health services. April, we provided zero 1:1 meetings, and the peers did engage in three (3) programs/activities within the Opportunity Center.

Outreach Activities

Monroe Drug Court: MCMHA continues to meet and play a role in the development of Monroe's Drug Court in collaboration with the Circuit Court, prosecutors, Salvation Army Harbor Light, probation, and many more partners.

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Clinical Updates – June 5, 2024

Monroe Community Ambulance (MCA): CMH Leadership attended the MCA’s board meeting to promote partnering better with ambulance for Crisis Mobile. MCMHA provided a synopsis of what our capabilities are along with how and when to contact. MCA is exploring state policy to learn more about when ambulances can cancel transport based on a Crisis Mobile Unit intervention.

Statewide County Jail Medications for Opioid Use Disorder (MOUD) Collaborative: The Jail team along with representatives from the Monroe County Sheriff’s Department, and Therapeutics participated in a state-wide County Jail MOUD Collaborative in Lansing through an invite by the State to collaborate and share progress with Jail MOUD programming to work and strengthen the program we already have, but also to assist and coach other Michigan Counties that may be much earlier in the programming process or haven’t started at all yet.

Judson Center: The Wraparound Community Collaborative Team (CCT) is working with the Judson Center to secure a post adoption support worker to participate on the integrated collaboration team.

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

FINANCE

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

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

SERVICES

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

Crisis Mobile Response Team

Please see the attached report (Attachment #1) regarding April 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.

BOARD CLINICAL OPERATIONS COMMITTEE MEETING ATTACHMENT A

Clinical Updates – June 5, 2024

Zip Code	Location	23-Oct	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Total
48101	Ann Arbor	0	1	0	0	0	0	0	1
48103	Ann Arbor	0	0	0	0	0	1	0	1
48105	Ann Arbor	0	0	0	0	0	0	0	0
48111	Belleville	0	0	0	0	0	1	0	1
48117	Carleton	2	3	2	0	1	4	2	14
48131	Dundee	3	2	1	0	1	0	2	9
48133	Erie	4	2	4	1	0	2	3	16
48134	Flat Rock	0	0	0	0	0	2	1	3
48135	Garden City	0	0	0	0	0	0	0	0
48140	Ida	0	0	0	0	0	0	0	0
48144	Lambertville	0	1	0	0	0	2	1	4
48145	LaSalle	1	1	2	0	0	1	5	10
48153	Maybee	0	0	0	0	0	1	0	1
48157	Luna Pier	3	0	0	0	0	0	0	3
48159	Maybee	0	0	0	0	0	0	0	0
48160	Millan	6	3	2	1	1	0	3	16
48161	Monroe	49	27	22	14	18	11	17	158
48162	Monroe	15	16	11	7	6	6	10	71
48164	New Boston	0	0	0	0	0	0	0	0
48166	Newport	9	2	7	3	2	0	6	29
48177	Samaria	0	0	0	0	0	0	0	0
48179	South Rockwood	0	0	0	0	0	0	1	1
48182	Temperance	3	9	2	0	3	9	1	27
48191	Willis	1	0	0	0	0	0	0	1
48198	Ypsilanti	0	0	0	0	0	0	1	1
48214	Detroit	0	0	0	0	0	1	0	1
48336	Fowlerville	1	0	0	0	0	0	0	1
48817	Corunna	0	0	0	0	0	0	1	1
49221	Adrian	0	0	1	0	0	0	0	1
49267	Ottawa Lake	1	0	0	0	0	0	0	1
49270	Petersburg	0	2	1	1	0	0	0	4
49276	Riga	0	0	0	1	0	0	0	1
Total		98	69	55	28	32	41	54	377

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%
April	80%	72%

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. Therefore, we will not be providing data on this element in future reports.

Crossroad Clubhouse

As previously stated, the Crossroads Clubhouse had its re-accreditation visit on April 22 – 24th. We continue to wait for our final report from Clubhouse International which could take up to three (3) months.

BOARD CLINICAL OPERATIONS COMMITTEE MEETING ATTACHMENT A

Clinical Updates – June 5, 2024

Certified Community Behavioral Health Clinic (CCBHC)

There are 1,695 members currently enrolled in CCBHC through the WSA. This number will continue to fluctuate as consumers enroll and disenroll in services.

The CCBHC Quarter 2 Metrics were submitted on April 30, 2024, to the Pre-paid Inpatient Health Plan. Overall, MCMHA improved in almost all metrics.

MCMHA implemented the CCBHC-required Evidence-Based Practice SBIRT (Screening, Brief Intervention, and Referral to Treatment) on April 12, 2024. April's monthly clinical training was on SBIRT with approximately 95% of staff trained.

As previously stated, 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. A random sample of youth and adult members were sent post cards in the mail inviting them to complete the survey for a chance to win a \$25 gift card. Additional efforts to get feedback from members will occur through September.

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

Waiver Program Services

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

Children's Waiver Program (14 Enrolled – **1 additional enrollee**) 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 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.

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BOARD CLINICAL OPERATIONS COMMITTEE MEETING ATTACHMENT A

Clinical Updates – June 5, 2024

Groups

PTC group graduated eight (8) families in March!! We are now recruiting for the spring session of PTC.

We are working to expand our ability to bring other group topics for our I/DD and youth populations to relieve the wait for individual therapy and provide a space for education for families. We are researching topics and evidenced based group curriculum to add to our service array we continue to work to meet the needs of youth and family not able to access individual therapy due to waitlists across our community.

We are assessing cases for need intensity and/or hours of contact versus the case load count to realign workloads and support both the consumer and clinician. This will support decision making and allow for clarity when considering case assignment. We are continuing to seek out other evidenced informed or evidenced based practices to meet the needs of individuals and the organization (I.e. school, detention center, community, organization, location, etc.)

Training

The March clinical training was Motivational Interviewing. Staff participated in virtual and face-to-face workshops to learn and/or enhance motivational interviewing skills to improve engagement and strengthen clinical practice.

The ACT Team attended the ACT Summit in Belair MI, April 17th – 19th. This event meets the yearly training requirement and was a good opportunity for connecting to other ACT Teams throughout the state of Michigan.

MISCELLANEOUS

Call Volume Data

Below is the call volume data for Fiscal Year 24.

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

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

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

As stated previously, MCMHA is setting an internal goal of 95% of calls answered. MCMHA has been working with 8x8 to clean up the data. There are calls that are "zero" seconds long which are still being considered abandoned or missed due to calls even though these could be cell phone calls dropped, etc. Therefore, with some assistance, MCMHA's IT department is able to look at the calls a little more in

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BOARD CLINICAL OPERATIONS COMMITTEE MEETING ATTACHMENT A

Clinical Updates – June 5, 2024

depth and more accurately report the numbers. As you can see, during Fiscal Year 2024 in the first seven months, we are at 98.14%, which is over our goal of 95%.

Caseload Report

This report will be provided on a quarterly basis.

<u>Service</u>	<u>Desired Caseload Size</u>	<u>Current Average Caseload</u>	<u>Notes</u>
Case Management (Child SED)	45	60	New intakes are being assigned at a rate of 4-6 per week in the 0-21 age group with a total of 421 cases, Supervisor is also holding 28 cases.
Wraparound Services	8-10	11	Caseload assignment cannot exceed a ratio of one (1) facilitator to ten (10) child/youth and family teams. Currently there are 30 wraparound and 3 CSM cases on this team. The 3 CSM cases will be transitioned to a lower level of care as soon as possible. 8 -of the 30 are SED Waiver. There is also 1 SEDW application in process.
Home Based Services (SED & I/EMH)	12 to 15	13	The intensive home-based services worker-to-family ratio is 1:12. Face-to-face time is adjusted to accommodate the level of care needs for each family. The maximum worker-to-family ratio in any circumstances is fifteen (15) (no more than twelve (12) active and three (3) transitioning to a lower level of care or discharge). The same case limit rules apply to the Infant and Early Childhood (0-6year olds) 'Home-based' team.
Case Management (Adult I/DD)	45	55	Overtime being utilized to meet face to face needs when necessary. Interviewing to fill an open position.
Case Management (Child/Adult - I/DD Waiver Teams)	45	47	Working to identify consumers and families who may qualify for waiver services. HAB=127 CWP=14
Outpatient Therapy (Child MI)	20-25	22	Targeted case management/outpatient therapy caseloads are managed depending on the frequency of sessions per week/month. 43 active cases and 47 waiting assignments. (This does not include Juvenile Sexual Offender, PMTO, FASD, or TF-CBT cases held on other caseloads.
Parent Support Partners (PSP)	25	16	1 of 2 parent support partner positions is still building capacity while attending certification classes.
Certified Peers (Jail)	35	42	A majority of consumers on this caseload has no engagement (MAT program); therefore, peer needs to make more attempts

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Clinical Updates – June 5, 2024

Jail Diversion Case Manager	30-40	29	Within range – caseload consists of consumers who are involved in the justice system
MH Court Case Manager	25	27	2 cases are in transition (SCAO only allows 25 at a time)
Case Manager (monthly)	50	51	This position meets with consumers monthly
Case Manager (bi-monthly)	80	57	Transition cases between monthly case management and medications only cases
Case Manager (Meds only)	100	75	This position oversees consumers who only needs medication management at MCMHA
Therapist	40	33	Not at full capacity due to not being full time yet
Certified Peer Support Specialist (FT)	40	23	Due to the changes in staffing, this position is not at capacity.
Certified Peer Support Specialist (PT)	30	25	Still building capacity for this position.
ACT Team	50	31	Due to the intensity of these cases and size of the team, this group is able to have a caseload of up to 50 consumers.

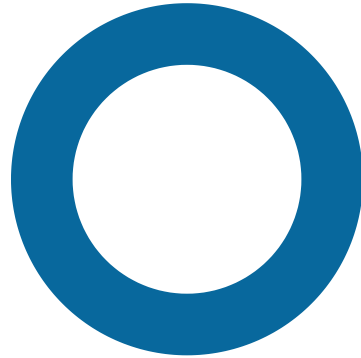
Select Month:: 2024 - 04 (1) ▾



Monroe County CMH Crisis Mobile Utilization Report

Number of encounters, Number of Follow Ups:

Month	Initial or ...	#	%
2024 - 04	Follow-Up	0	0%
2024 - 04	Initial	46	100%



1 - 2 / 2 < >

● Follow-Up ● Initial

Month	Contact Type	Hours
2024 - 04	Indirect Contact (Phone/Email/Other)	0
2024 - 04	Contact Attempt	0
2024 - 04	Face-To-Face	21.2

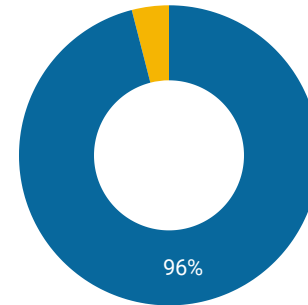
Total Crisis Mobile Deployments

46

Month	Contact Type	#	%
2024 - 04	Indirect Contact (Phone/Email/Other)	0	0%
2024 - 04	Contact Attempt	2	4%
2024 - 04	Face-To-Face	44	96%

1 - 3 / 3 < >

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



Average Face-to-Face Interaction Time

0.79

Month	Avg F2F Contact
2024 - 04	0.79

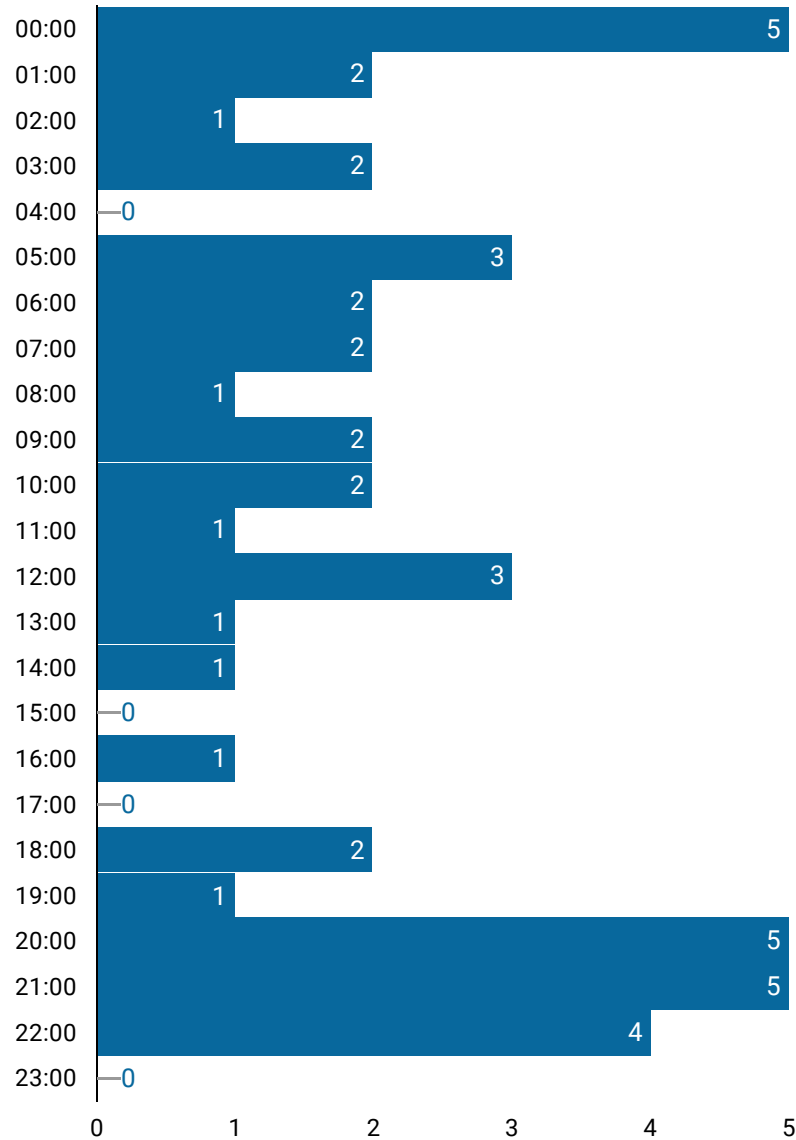
Select Month:: 2024 - 04

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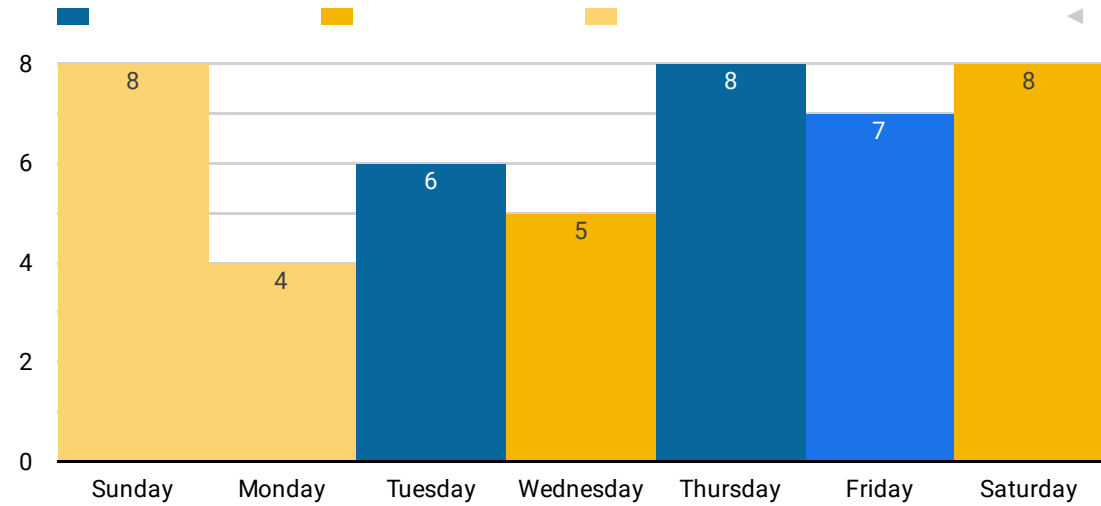
Time of Calls

Calls, by hour:

Calls



Calls, by Weekday:



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

Average Response Time (Minutes)

16.61

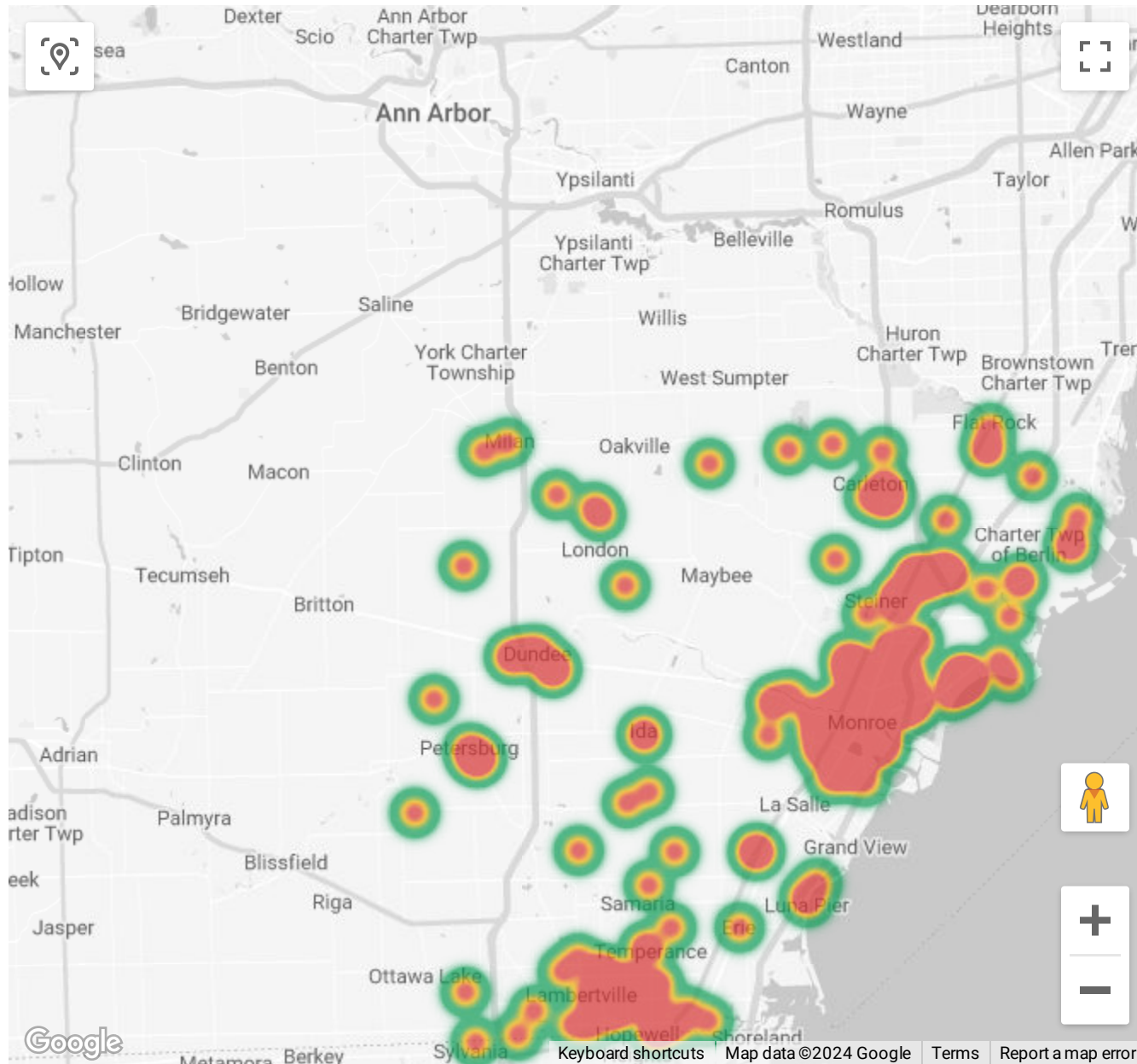
Month	Avg. Response Time ▾
2024 - 04	16.61

Select Month:: 2024 - 04

(1) ▾

Location

Mapping of locations deployed to:

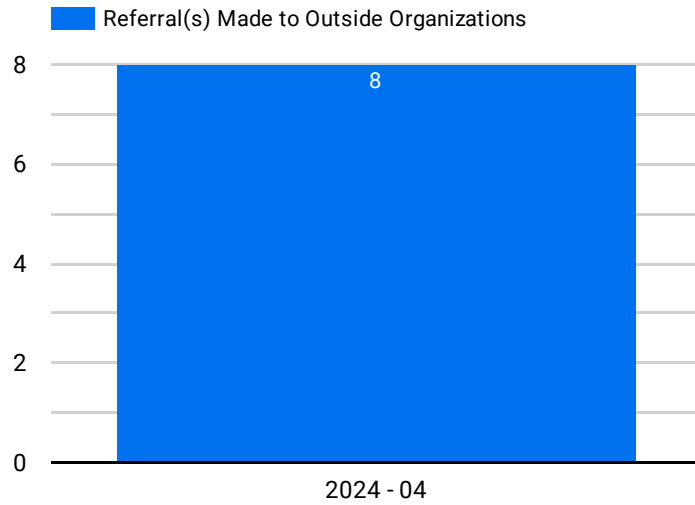


Month	Zipcode	#	%
2024 - 04	48182	4	12%
2024 - 04	48160	0	0%
2024 - 04	48173	0	0%
2024 - 04	48166	7	21%
2024 - 04	48117	1	3%
2024 - 04	48134	0	0%
2024 - 04	48161	13	39%
2024 - 04	48162	8	24%

Select Month:: 2024 - 04

(1) ▾

Number of referrals made and where they were referred to:



Month	Referred To:	#	%
2024 - 04	Arrowhead Behavioral Health	0	0%
2024 - 04	Behavioral Health Treatment	0	0%
2024 - 04	CMH	6	55%
2024 - 04	Family Counseling and Shelter Services of Monroe	0	0%
2024 - 04	Fire Station	0	0%
2024 - 04	Gabby's Ladder	0	0%
2024 - 04	Harbor Light	0	0%
2024 - 04	Henry Ford Wyandotte	0	0%
2024 - 04	Holistic Wellness	0	0%
2024 - 04	Lemon Tree	0	0%
2024 - 04	MCOP	2	18%
2024 - 04	Michigan Works	1	9%
2024 - 04	Monroe County Animal Control	0	0%
2024 - 04	Paula's House	0	0%
2024 - 04	ProMedica ER	1	9%
2024 - 04	Pure Psych	0	0%
2024 - 04	RAW	0	0%
2024 - 04	Resource Flyer	0	0%
2024 - 04	SUD Treatment	0	0%
2024 - 04	Salvation Army Harbor Light	0	0%
2024 - 04	St. Joe's	1	9%

Select Month:: 2024 - 04

(1) ▾

Where Referrals are Coming From:

		Month / # Calls
Deployed by:		2024 - 04
Monroe County Sheriff's Dept.		36
Monroe City Police		7
CMH		1
ACCESS		1
Self		1
Police Mental Health Referral		0
Mobile Crisis Follow Up		0

Primary Issue or Diagnosis:

(New question starting 12/2023)

		Month / #
Issue/Diagnosis		2024 - 04
Thought Disorder		9
Suicidal Ideation		18
Substance Abuse		3
Neurocognitive		2
Homicidal Ideation		2
Environmental		3
Domestic Violence		4

Select Month:: 2024 - 04

(1) ▾

Consumers, New and Repeats:

	Month ⓘ ▲	New or Repeat Consumer...	#
1.	2024 - 04	New	35
2.	2024 - 04	Repeat	11

Select Month:: 2024 - 04

(1) ▾

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

			Month / # / %
			2024 - 04
Race		#	%
White		39	95%
Not Collected		1	2%
Black or African American		1	2%

Select Month:: 2024 - 04

(1) ▾

Number of calls per population - Age

			Month / # / %
			2024 - 04
Age		#	%
0 to 9		0	0%
10 to 17		5	12%
18 to 28		11	26%
29 to 39		6	14%
40 to 50		10	24%
51 to 61		3	7%
62 to 72		4	10%
73 to 83		3	7%
84 to 94		0	0%
95 +		0	0%
Not Collected		0	0%



Director of Operations Report – June 5, 2024

Customer Services:

- Mental Health Community Event went very well. Had about 110 people attended. Next year's community event is scheduled for May 17th (Saturday) at 2 42 Community Church from 11 a.m. to 3 p.m.
- Hosting a table at the Monroe Community Fair
- Attended Celebrate Children on May 4th

Kiosks

- May – 17 total responses. 4 at Benesh and 13 at Raisinville. No prescriber responses received.
- Comments from consumers/guardians at Raisinville:
 - A traveling nurse
 - Vending machine and coffee shop

Revel

- Webpage is coming along. Working on sections and updating with Revel
- Create posters that encompasses all our rack cards with QR code that can be distributed in the community to hand out at their sites
- FY2023 Annual Report is in process of being put together

Quarter 3 Grievances FY23/24 (May)

10 grievances

2 – resolved

- 1 - Request for new prescriber due to not getting medication they asked for – granted
- 1 – after hours – consumer stated staff made negative comments – in favor of CMH. No negative comments were made.

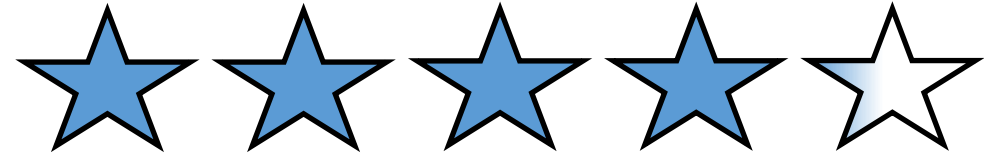
1 - withdrawn

7 – pending

- 3 – feeling rushed by prescriber
- 1 – not like evaluation given by prescriber
- 1 – concern with CSM. Education needs to be provided to family, transition from child/family to Adult MI.
- 1 – medication
- 1 – waiting on documents/testing

PULSE FOR GOOD DATA

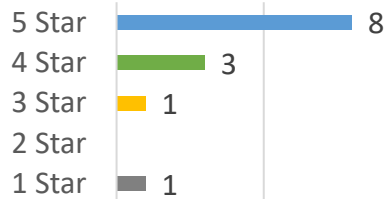
May 2024 / Location - Lobby Kiosk



Overall Rating: 4.38

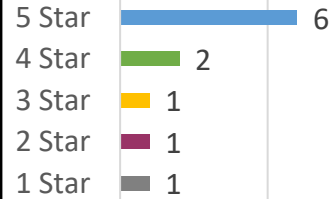
How was your visit?

13 Responses / 4.31 Rating



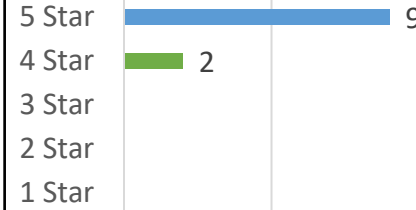
Do you think this agency is a safe place to be?

11 Responses / 4.00 Rating



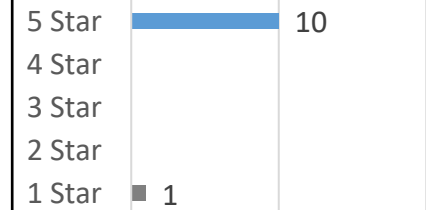
How clean was it?

11 Responses / 4.82 Rating



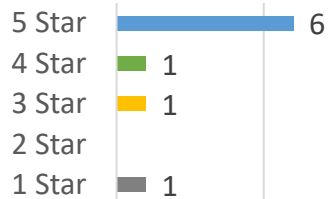
How respectful was the staff?

11 Responses / 4.64 Rating



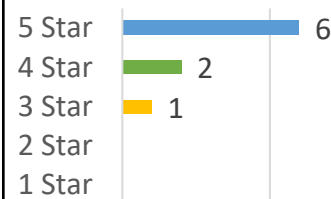
How satisfied were you with scheduling your appointment?

9 Responses / 4.22 Rating



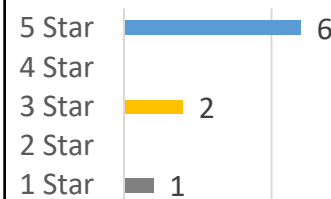
How well did the appointment time work for you?

9 Responses / 4.56 Rating

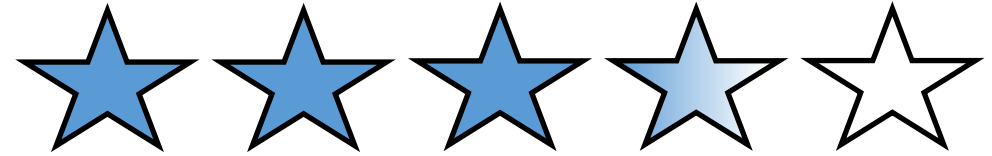


How convenient is our location?

9 Responses / 4.11 Rating



PULSE FOR GOOD DATA

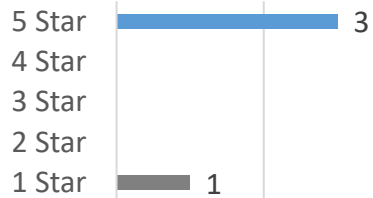


May 2024 / Location - Benesh Kiosk

Overall Rating: 3.94

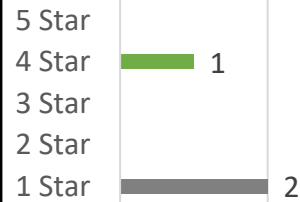
How was your visit?

4 Responses / 4.00 Rating



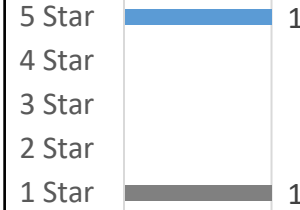
Do you think this agency is a safe place to be?

3 Responses / 2.00 Rating



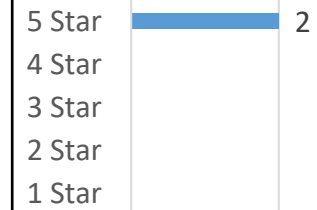
How clean was it?

2 Responses / 3.00 Rating



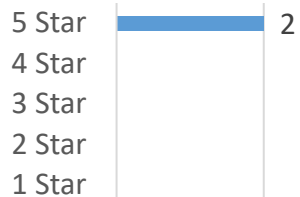
How respectful was the staff?

2 Responses / 5.00 Rating



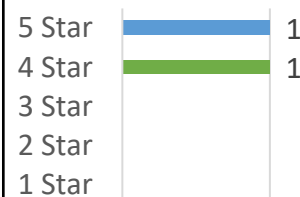
How satisfied were you with scheduling your appointment?

2 Responses / 5.00 Rating



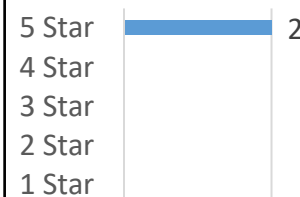
How well did the appointment time work for you?

2 Responses / 4.50 Rating



How convenient is our location?

2 Responses / 5.00 Rating





Quality Metrics Report

FY 2024 – Quarter 1
(October-December)

Clinical Operations Committee
June 5, 2024

**Michigan Department of Health and Human Services
Division of Adult Home and Community Based Services
Federal Compliance Section
October 16 – December 15, 2023**

MDHHS conducted the FY24 waiver audit October – December 2023. A total of fifteen (15) cases were reviewed as follows:

**Habilitation and Support Waiver – 5
Children’s Waiver – 3
Serious Emotional Disturbances Waiver – 2
iSPA – 5**

The audit covers several areas: Administrative Procedures, Eligibility, Freedom of Choice, Implementation of Person-Centered Planning, Plan of Service and Documentation Requirements, Behavior Treatment Plans and Review Committees, Waiver Participation Health and Welfare, Staff Qualifications, and Home Visits/Training/Interviews.

There is no overall score. Monroe had several citations, but nothing that rose to a level of concern. Examples are: A record did not evidence consumer input, services were authorized as a range rather than with specificity, etc. There was one systemic issue which has since been resolved (Medication Consents). Monroe has submitted our Corrective Action Plan indicating that all citations will be remedied individually and systemically by 6/30/24.

The MDHHS audit is completed every other year. On the opposing year, MCMHA is audited by the PIHP.

Case Load – Age

Characteristic	Number Q1	Percent Q1	Number Q2	Percent Q2
0-11 years	146	10.5%	203	11.8%
12-17 years	219	15.7%	250	14.5%
18-64 years	962	69.1%	1200	69.6%
65+ years	65	4.7%	71	4.1%
Totals:	1392		1724	

Case Load – Gender

Characteristic	Number Q1	Percent Q1	Number Q2	Percent Q2
Women	670	48.1%	802	46.5%
Men	722	51.9%	922	53.5%
Other	0	0.0%	0	0.0%
Unknown	0	0.0%	0	0.0%
Totals:	1392		1724	

Case Load – Ethnicity

Characteristic	Number Q1	Percent Q1	Number Q2	Percent Q2
Not Hispanic or Latino	1260	90.5%	1571	91.1%
Hispanic or Latino	88	6.3%	111	6.4%
Unknown	44	3.2%	42	2.4%
Totals:	1392		1724	

Case Load – Race

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

Case Load – Insurance

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

Case Load – Veteran

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

Totals: 1392 1724

I-EVAL

Program Benchmark: First Contact: 57.8%

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

Age

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

I-EVAL (Mean Days)

Program Benchmark: Days to Eval: 20.8

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

Age

	Numerator Q1	Denominator Q1	Denominator Exclusion Q1	Rate Q1	Numerator Q2	Denominator Q2	Denominator Exclusion Q2	Rate Q2
Age 12-17 years								
Totals:	170	18	0		255	22	3	
Medicaid	128	15	0	8.5	204	18	2	11.3
Medicare & Medicaid	0	0	0	N/A	0	0	0	N/A
Other	42	3	0	14.0	51	4	1	12.8
Age 18+ years								
Totals:	894	66	2		973	89	11	
Medicaid	651	46	2	14.2	650	63	8	10.3
Medicare & Medicaid	3	1	0	3.0	92	3	2	30.7
Other	240	19	0	12.6	231	23	1	10.0

BMI-SF

Program Benchmark: 32.5%

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

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

WCC-CH

Program Benchmark: 44.3%

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

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

TSC

Program Benchmark: 48.7%

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

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

ASC

Program Benchmark: 48.6%

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

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

SRA-BH-C

Program Benchmark: 47.9%

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

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

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

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

CDF-AD

Program Benchmark: 37.2%

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

Age

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

Age 65+ years

Medicaid	4	13	30.8%	7	24	29.2%
Medicare & Medicaid	0	0	N/A	0	0	N/A
Other	0	1	0.0%	1	5	20.0%
Totals:	4	14	28.6%	8	29	27.6%

Totals:	46	176	26.1%	150	409	36.7%
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DEP-REM-12

Program Benchmark: 13%

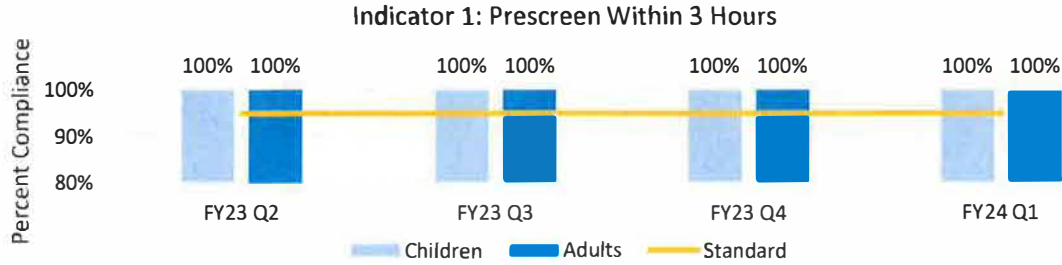
Description: Percentage of consumers aged 12 and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.

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

Compliance Report of Performance Improvement
Fiscal Year 24 Quarter 1
(10/1/23 - 12/31/23)

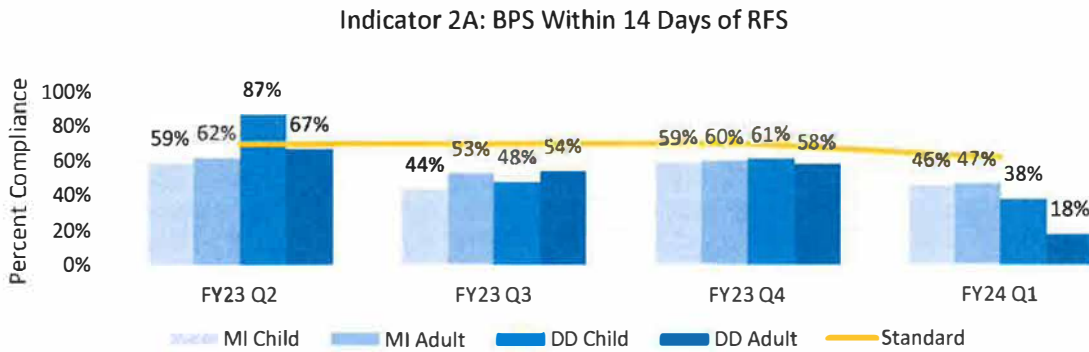
MDHHS Michigan’s Mission-Based Performance Indicator System (MMBPIS)

Indicator 1: The percent of all adults and children receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. MDHHS standard is 95%.



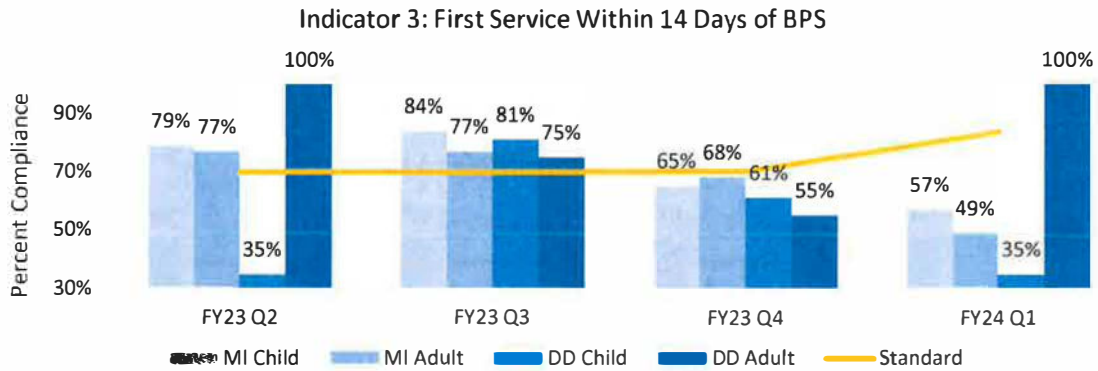
Population	Number of Emergency Referrals for a Prescreen	Number of Prescreens Completed Within 3 Hours	Out of Compliance	Percent Compliance
Child	29	29	0	100%
Adult	124	124	0	100%
Total	153	153	0	100%

Indicator 2A: The percentage of new persons during the quarter receiving a completed biopsychosocial (BPS) assessment within 14 calendar days of a non-emergency request for service. MDHHS standard is 62%.



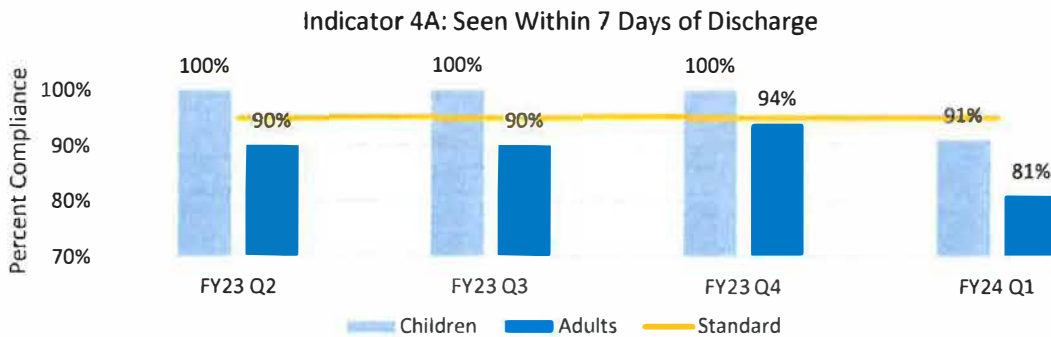
Population	Number of People Requesting Initial BPS	Number of Initial BPS's Completed Within 14 Days of RFS	Out of Compliance	Percent Compliance
MI Child	89	41	48	46%
MI Adult	204	96	108	47%
DD Child	37	14	23	38%
DD Adult	11	2	9	18%
Total	341	153	188	45%

Indicator 3: Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial (BPS) assessment. MDHHS standard is 83.8%.



Population	Number of People Eligible for Services	Number of People Receiving First Service Within 14 Days of BPS	Out of Compliance	Percent Compliance
MI Child	74	42	32	57%
MI Adult	136	67	69	49%
DD Child	26	9	17	35%
DD Adult	10	10	0	100%
Total	246	128	118	52%

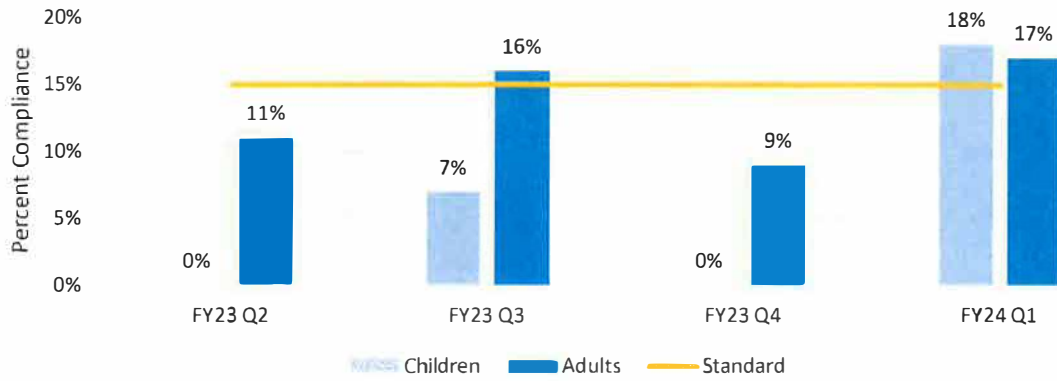
Indicator 4A: The percent of discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days. MDHHS standard is 95%.



Population	Net Number of Discharges from Psychiatric Inpatient	Number of Discharges Seen Within 7 Days	Out of Compliance	Percent Compliance
Child	11	10	1	91%
Adult	48	39	9	81%
Total	59	49	10	83%

Indicator 10: The percent of MI and DD children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge. MDHHS standard is 15% or less.

Indicator 10: Inpatient Readmissions Within 30 Days of Discharge

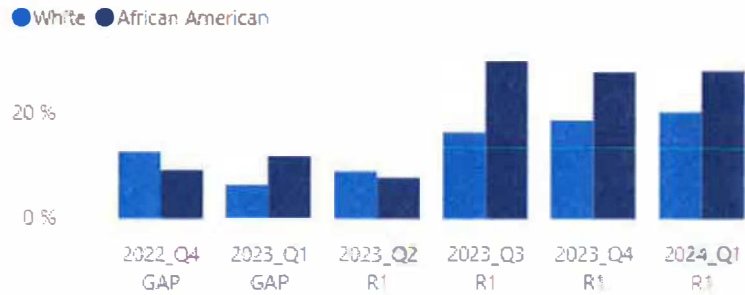


Population	Number of Discharges from Psychiatric Inpatient	Number of Discharges Readmitted Within 30 Days	Percent Readmission
Child	11	2	18%
Adult	63	11	17%
Total	74	13	18%

MDHHS Performance Improvement Projects (PIPs)

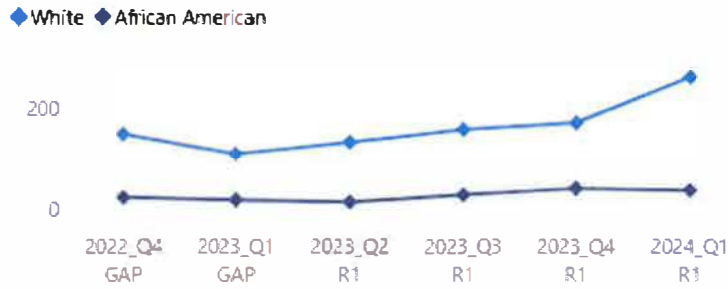
PIP #1: Reducing racial disparities between White/Caucasian and Black/African American populations in the percentage of no-shows to a biopsychosocial (BPS) assessment within 14 days of a non-emergency request for services (MMBPIS Indicator #2A).

Percent of New Consumers that Did Not Receive an Initial BPS Due to No-Show, by Race



Qtr, PIP2measurementPeriod	White	African American
2022_Q4, GAP	12.6 %	9.1 %
2023_Q1, GAP	6.3 %	11.8 %
2023_Q2, R1	8.9 %	7.7 %
2023_Q3, R1	16.3 %	29.6 %
2023_Q4, R1	18.5 %	27.5 %
2024_Q1, R1	20.1 %	27.8 %

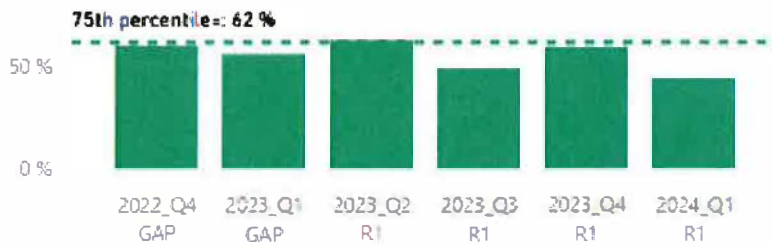
Number of New Consumers Requiring an Initial BPS, by Race



Qtr, PIP2measurementPeriod	White	African American
2022_Q4, GAP	151	22
2023_Q1, GAP	111	17
2023_Q2, R1	135	13
2023_Q3, R1	160	27
2023_Q4, R1	173	40
2024_Q1, R1	264	36

PIP #2: Overall increase in performance in new persons receiving a completed bio-psycho-social initial assessment within 14 calendar days of a non-emergency request for service (MMBPIS Indicator #2A).

Percent of New Consumers that Received an Initial BPS within 14 Days of RFS



Qtr, PIP2measurementPeriod	Monroe
2022_Q4, GAP	60.42 %
2023_Q1, GAP	56.34 %
2023_Q2, R1	62.96 %
2023_Q3, R1	49.76 %
2023_Q4, R1	59.74 %
2024_Q1, R1	44.87 %

Number of New Consumers that Required an Initial BPS within 14 Days of RFS



Qtr, PIP2measurementPeriod	Monroe
2022_Q4, GAP	192
2023_Q1, GAP	142
2023_Q2, R1	162
2023_Q3, R1	205
2023_Q4, R1	231
2024_Q1, R1	341

Joint Commission Evidence of Standards Compliance (ESC)

Standard HRM.01.02.01 EP 5: The organization verifies and evaluates staff qualifications. Staff comply with health screening in accordance with law and regulation or organization policy. Monroe CMHA requires a TB test every 3 years. Human Resources will run a monthly report for TB tests that are expiring in the next 60 days and inform employees of the requirement. Human Resources will report this data to the Environment of Care Committee on a quarterly basis.

No data available.

Standard HRM.01.07.01 EP 4: The organization evaluates staff performance. The organization confirms each staff member's adherence to organization policies, procedures, rules, and regulations. Proof of CPR training is required for Nurses. Human Resources will run a report of expired CPR training on a quarterly basis and report training compliance on a quarterly basis to the Environment of Care Committee and Nurses.

No data available.

Standard NPSG.15.01.01 EP 1: Reduce the risk for suicide. The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and takes necessary action to minimize the risk(s). The percentage of staff that have been trained on the risks identified in the completed environmental risk assessment will be monitored quarterly by leadership using the Relias training module and reported to the Environment of Care Committee on a quarterly basis.

All staff received training on the risk assessment in clinical services meetings. Additional training to be incorporated into the BPS classroom training.

Standard NPSG.15.01.01 EP 5: Reduce the risk for suicide. Follow written policies and procedures addressing the care of individuals served identified as at risk for suicide. Clinical Supervisors will review 5% of staff caseloads for compliance with the C-SSRS, Safe-T Protocol, and Safety Plans on a quarterly basis. The percent of C-SSRS assessments and safety plans that properly follow the SAFE-T protocol will be reported in the Clinical Directors meeting on a quarterly basis.

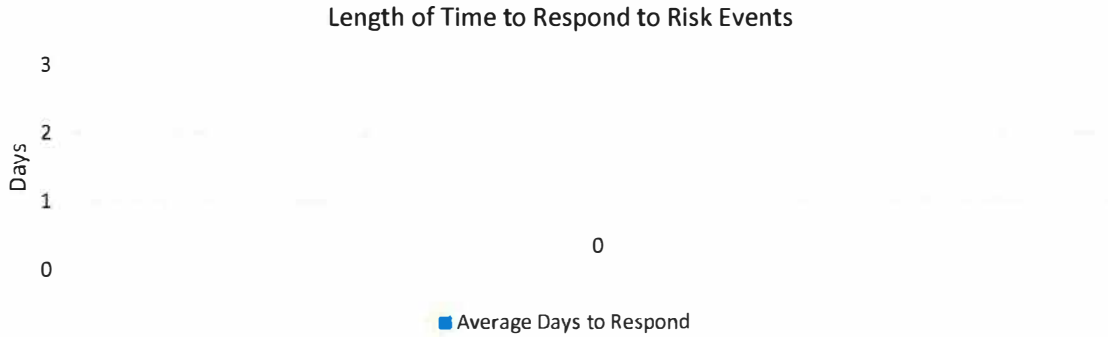
No data available.

Standard RC.02.01.01 EP 2: The clinical/case record contains information that reflects the care, treatment, or services provided to the individual served. Clinical Supervisors will review 5% of staff caseloads on a quarterly basis to ensure the learning barriers section of the BPS is properly documented and report the data to the Clinical Director's meeting on a quarterly basis.

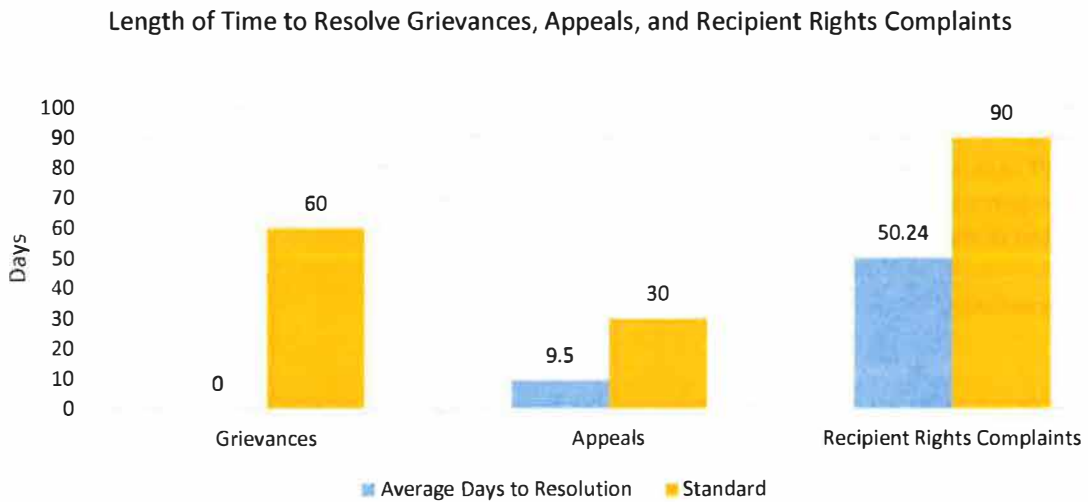
No data available.

Joint Commission Complaint Measurements/Sustainability of Compliance

Measure #1: MCMHA will measure the length of time for staff to respond to reported crises in the community that meet the definition of a risk event per MCMHA's Critical Incident, Sentinel Event, and Risk Event Policy. This data will be reviewed on a quarterly basis in MCMHA's full administrative staff meetings (local performance improvement committee).



Measure #2: MCMHA will measure the length of time for staff to address formal complaints defined as grievances, appeals, and recipient rights complaints per MCMHA's Consumer Appeals Policy. This data will be reviewed on a quarterly basis in MCMHA's full administrative staff meetings (local performance improvement committee).





BOARD COMMUNITY RELATIONS AD-HOC COMMITTEE

Thursday, June 20, 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 5:00pm. Rebecca Pasko, Dawn Asper, Rebecca Curley, and Lisa Graham were present. Susan Fortney and Mike Humphries were excused.

II. FOLLOW UP FROM PREVIOUS MEETING

- a. Review Progress on Outline for Committee Introduction – The committee requested to have this topic moved to next month for discussion.

III. REVEL MARKETING / STATUS REPORT

- IV. Kayla Slager, Revel Marketing, presented Revel's Marketing Updates on the new website, What Has Been Done, and What's Next. The presentation is attached to the minutes as Attachment A.
 - i. Kayla suggested a sneak peak of the website for committee members and to get feedback at their next meeting. Kayla also suggested that with the new website complete in August to consider a new media plan to boost the individual messages about what is new.
 - ii. Lisa Graham talked about having a Town Hall in October to let the community know what happened in FY2024 and what's to come for FY2025. This also is a great time to show the community our new website.
 1. Dawn Asper commented on utilizing the Monroe County Fair booth to get everyone excited about "Something New is Coming" and that it will be announced at the Town Hall in October. This will get the word out and encourage attendance at the Town Hall.
 2. Rebecca Pasko asked if CCBHC and Crisis Mobile materials could be made available at the Monroe County Fair. Lisa Graham commented that CCBHC, Crisis Mobile, and the Town Hall will be the focus for the Monroe County Fair and getting that information into the community.
 - iii. Rebecca Pasko commented on the awareness campaign and suggested using old tag lines and expelling myths.
 - iv. Lisa Graham requested to have posters made with a QR code that leads the individual to the agency website. This way, when rack cards are all taken, the poster would remain with the QR code until the rack cards could be restocked. Kayla responded that she already has this on her list to complete.
 - v. Lisa Graham commented that we are looking to complete the Board Recruitment Campaign in January/February as Terms end March 31, 2025. This campaign goal is to get the word out on what it is to be a board member and to increase interest in the community to want to serve on the Monroe CMH Board of Directors.

V. NEXT STEPS

- a. Next Meeting Agenda
 - i. Review Progress on Outline for Committee Introduction
 - ii. Revel Marketing - Website Sneak Peak/Feedback

VI. PARKING LOT

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

VII. AJOURNMENT

The meeting adjourned at 6:04pm.

VIII. NEXT MEETING

The Next Meeting of the Board Community Relations Ad-hoc Committee is scheduled for **Thursday, July 18, 2024** at 4:00pm.

Respectfully submitted,

Rebecca Pasko (dp)

Rebecca Pasko
Committee Chair

6/21/24



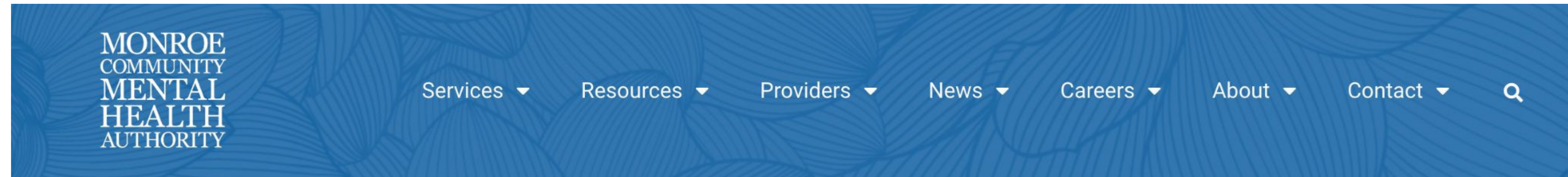
Monroe CMHA Marketing Updates

June 20, 2024

MONROE
COMMUNITY
MENTAL
HEALTH
AUTHORITY

revel 

Website Update



We are currently about 85% of the way through your new website build with primarily just the News and Contact sections left to develop. The Home page, Services, Resources, Providers, Careers, and About sections have all been developed with the updated content provided by Monroe staff.

Along with updating and reorganizing all of the content on your site, the 40+ pieces of print literature around your services we have developed over the several months, as well as the 5 videos we have produced so far will be available on your new website upon launch as well.

We are currently on track to launch the new site near the end of August.



Marketing Update - What's Been Done

- Marketing Communications Plan & eDiscover
- Website - *85% complete*
- Monthly Internal Newsletter
(Including Employee Feedback Process / Star of the Month Program / Encourage Communication Ambassadors)
- Content Calendar & 12 months of Social Media Management
- Display Booth Materials
- 2 Annual Reports *(one currently in progress)*
- Car Magnets for Crisis Mobile Unit
- Print/Program Ads
- CCBHC Certification PR & Newsletter
- Metrics Scorecard
- Survey Cards
- Board & Leadership Team Headshots
- Videos:
 - Culture/Who We Are Video
 - Crisis Mobile Program Video
 - Crossroads Clubhouse Program Video
 - Find Your Why/Partnership Video
 - Board Recruitment Video
- 40+ Pieces of Program Literature:
 - Monroe Services Guide Brochure
 - When Someone You Know Refuses Mental Health Care Rack Card
 - Getting Help Before A Crisis Rack Card
 - Guardianship, Conservatorship, and Decision-Making Options to Help Your Loved One Rack Card
 - Overall Crisis Rack Card
 - Crossroads Clubhouse Services Flyer
 - Crossroads Overview Brochure
 - Crossroads Transitional Employment Brochure
 - Parenting Through Change Flyer
 - Respite Flyer
 - Crisis Mobile Flyer
 - Critical Incident Stress Management Flyer
 - Trauma-Focused Cognitive Behavior Therapy Flyer
 - Wraparound Services Flyer
 - Youth Peer Support Services Flyers
 - Youth Diversion Services Flyers
 - Access Services Flyer
 - Assertive Community Treatment Flyer
 - Adult Outpatient Services Flyer
 - After-Hours Crisis Services Flyers
 - Applied Behavior Analysis Flyers
 - Case management Flyers
 - Children's Waiver Program Flyer
 - Community Living Supports Flyers
 - Crossroads Clubhouse Flyer
 - Medical Assistants & RNs Flyer
 - Mental Health Recovery Court Flyer
 - Intensive Crisis Flyer
 - Habilitation Supports Waiver Flyer
 - Home-based Services Flyer
 - Early Childhood Services Flyer
 - Intensive Crisis for Teens & Children Flyer
 - Jail & MATS Program Flyer
 - Jail Diversion Program Flyer
 - Jail Re-entry Flyer
 - Parent Management Training Oregon Flyer
 - Parent Support Services Flyer
 - Pre-admission Screening Resident Review Flyer
 - Psychiatric Health Services
 - Youth Outpatient Therapy Flyer

Marketing Update - What's Next

Awareness Campaign

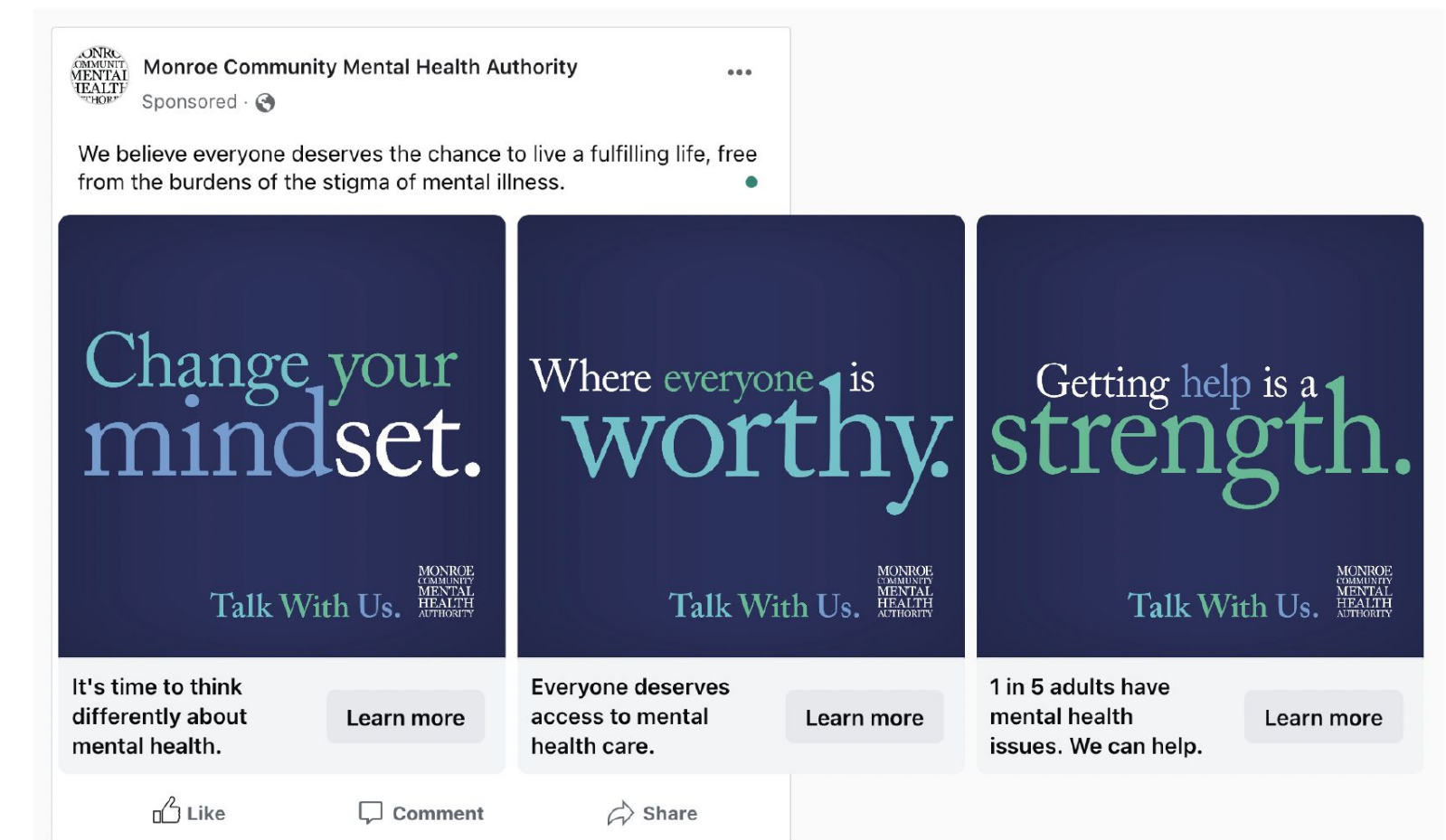
With the launch of your website expected by the end of August, we will kick off your awareness campaign in September to begin changing the community perception of mental health, and directing community members to your new website full of resources that are now available - and up to date to help them.

We will run this campaign through the end of the year to continue to drive traffic to your new site.

Awareness Campaign

In order to combat negative perceptions of MCMHA (and the state of the healthcare industry in general), the community needs to be educated on why the work you do is so important by addressing the stigma that often goes along with mental health concerns. We've include a campaign theme in this plan that will be applied to media buys that may include:

- Social Media Like Campaign
- Social Media Ads
- Billboards
- Press Releases
- Bus Ads
- Services Mailer
- Local TV Interview
- Gas Station TV Ads
- Movie Theatre Ads



Marketing Update - What's Next

Recruitment Campaign

In September, we will also kick off your Recruitment Campaign to attract ideal candidates to apply for jobs within Monroe CMHA. We will drive traffic from these ads to your new robust Careers section that highlights your values, culture, impressive retention rates, and benefits.

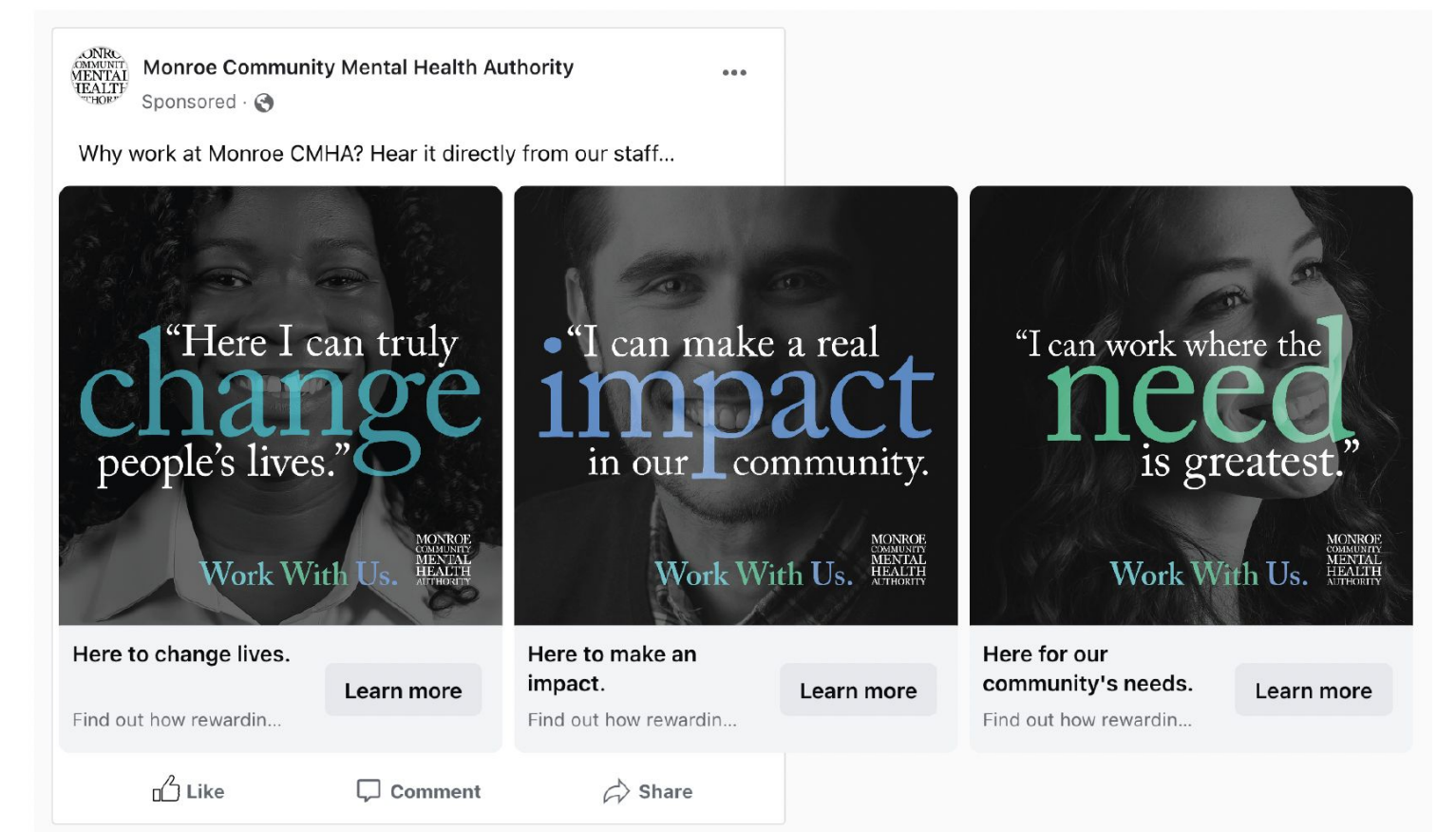
These ads will also run through the end of the year.

Recruitment Campaign

“Companies with strong employer brands received more than twice as many applicants as companies with poor employer reputations.” - Digital Branding Institute

We've recommended you create a distinct hiring campaign theme in order to keep your communication for recruiting employees consistent. We have included a theme for you in this plan that focuses on the difference employees make in people's lives, which is what current employees told us they value most about their job. We will apply this theme to media buys including but not limited to:

- Billboards
- Yard signs
- Print ads
- Geotargeted Digital ads
- Social Media ads



Marketing Update - What's Next

Board Recruitment

Timing TBD

Board Recruitment Campaign

Upon the next board recruitment cycle, we will launch a campaign targeted towards people in leadership positions in companies that want to network, have valuable expertise, and really care about making a difference. We will utilize:

- Boosted Social Posts
- Email blasts to community members

Board Onboarding Materials

Give your board the tools they need to be as impactful as possible. Revel will develop an onboarding packet to help train and educate new and existing board members to what your organization does and how they can best support your efforts. Materials will include:

- MCMHA swag
- Branded Recruitment Packet including but not limited to:
 - Personalized welcome letter
 - Organizational Chart
 - Board member handbook
 - Examples of marketing materials and all brochures describing services
 - Strategic plan
 - Mission & values information
 - Community Impact infographic
 - Annual report
 - Community partner collaboration flyer



BOARD EXECUTIVE COMMITTEE

Wednesday, June 19, 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

Susan Fortney called the meeting to order at 6:24pm. Susan Fortney, Catherine Bernhold, and Lisa Graham were present. Mike Humphries was excused.

II. REVIEW OF THIS MONTH'S BOARD MEETING

- a. Board Agenda – Reviewed
- b. Presentation – FY2024 1st Quarter Quality Metrics Report

III. ITEMS FOR DISCUSSION

- a. The committee recommended to add a Closed Session for Attorney Written Opinion to the June 26, 2024 Board Meeting agenda.
- b. The committee recommended to remove announcements by board members from the board agenda due to time constraints. Board members may visit with other members following the meeting.
- c. An announcement will be made at the June 26, 2024 Board Meeting for committee sign up. Board members are to sign up for which committee(s) they'd like to participate on. Appointments will be made at the July 24, 2024 Board Meeting.

IV. ACTION ITEMS FOR FUTURE BOARD MEETING AGENDA

- a. Jun – Committee Sign Up
- b. Jul – Committee Appointment, Appointment of Committee Chairs
- c. Aug –
- d. Sep – FY2025 Proposed Budget

V. AJOURNMENT

The meeting adjourned at 7:06pm.

VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for Wednesday, July 17, 2024 at 6:00pm.

Respectfully submitted,

Susan Fortney (dp)

Susan Fortney
Board Vice Chairperson

6/19/24

MCMHA Board Action Request Mental Health Service Contract(s) / Amendments				FY 2022-23	June 19, 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	FY 22-24 Rate/Unit	Additional Information/Background
<i>Hospitals:</i>						
<i>Community Living Supports/Supported Empl/Respite</i>						
Community Living Network	7/1/24-9/30/24	Goods and Service Habilitation Supports Waiver only	T5999	N/A	Per consumer budget	There is not a specific contract amount as it is based off the availability of funds in the consumers individualized budget.
Guardian Trac LLC	7/1/24-9/30/24	Goods and Service Habilitation Supports Waiver only	T5999	N/A	Per consumer budget	There is not a specific contract amount as it is based off the availability of funds in the consumers individualized budget.
<i>Autism/Waiver Services</i>						

RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on June 19, 2024 approval of the contract(s) listed on MCMHA Board Action Mental Health Service Contract(s) / Amendments on or before June 26, 2024.

MCMHA Board Action Request Mental Health Administrative Contract(s) / Amendments				FY 2022-23	June 19, 2024
Action Requested: Approval Requested for the Mental Health Administrative Contracts Listed Below:					
Contractor name	Department	Request	Budget	Contract Term	Service Description
Snow Chiu Wu	IT	The current agreement is limited to \$50,000 annually. Request is to increase the agreement by \$20,000.	\$90/hour not to exceed \$70,000 annually	11/1/23-10/31/24	Consultation and report development. Pass through agreement with Washtenaw.

RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on June 19, 2024 approval of the contract(s) listed on MCMHA Board Action Mental Health Administrative Contract(s) / Amendments on or before June 26, 2024.



REVIEW AND APPROVAL

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

Executive Summary:

- There are three local policies, four procedures, and three exhibits. There are three regional policies.
- This document serves as an Executive Summary of the policies for review and approval at the June 26, 2024 Board Meeting.

LOCAL: Policy, Procedure, and Exhibits	Reason for Revision	Summary
HR4015 Exit Interview Policy	Language Update	<p><u>Purpose:</u></p> <ul style="list-style-type: none"> A. To identify workplace, organizational or human resources factors which have contributed to an employee's decision to leave employment. B. To identify any trends requiring attention or any opportunities for improving the Agency's ability to respond to employee issues, and to retain key people. <p><u>Policy:</u> It is the policy of the Monroe Community Mental Health Authority to;</p> <ul style="list-style-type: none"> • conduct exit interviews with departing staff to complete on a voluntary basis; • to provide departing staff with an effective means of communicating their reasons for leaving Agency employment; • and to provide the Agency's leadership with valuable information for future staff development and training and for assessing the overall quality, efficiency and effectiveness of the Agency's management, administrative and supervisory practices. <p><u>Significant Changes:</u> Exit Interviews are conducted by HSD Matrix.</p>
POC7004 Consumer Discharge Policy	3-Year Review	<p><u>Policy:</u> It is the policy of Monroe Community Mental Health Authority (MCMHA) to establish organization-wide standards to ensure the termination of services is a planned process between the consumer/individual served and the assigned service provider, unless the consumer/individual served unilaterally and without notification, withdraws from service.</p> <p><u>Significant Changes:</u> Language Changes – addition of CCBHC</p>
EOC2023 Medical Emergency Response Policy	3-Year Review	<p><u>Significant Changes:</u> EOC2023 Medical Emergency Response Policy is being relocated from POC7013 Emergency Medical Response Policy</p>

HR4015-P1 Exit Interview Procedure	Language Update	Significant Changes: There were no significant changes.
POC7082-P1 Personal Health Review Procedure	Language Update	Purpose: To ensure the consumer/individual served will have a Personal Health Review (PHR) completed on an annual basis or anytime there is a significant change in their health status. The information will be entered into the PHR in the consumer/individual served electronic health record. Significant Changes: Consumer changed to consumer/individual served.
POC7027-P1 Physical and Dental Examinations Procedure	3-Year Review	Purpose: To ensure consumer/individual served are screened for physical and dental needs and referred for follow up care with medical practitioners as indicated. Significant Changes: There were no significant changes.
EOC2002-P6 Clinic Visit Bed Bug Infestation Procedure	New Procedure	Purpose: To prevent the transmission of bed bugs if they appear in our clinics. Consumers who arrive at MCMHA suspected to have bed bugs on their clothing, body, or other belongings will be managed so as to minimize exposure of providers, staff, and other consumers and to prevent infestation of clinic. Significant Changes: There were no significant changes as it is a new procedure.
HR4015-E1 Exit Interview Survey Exhibit	Language Update	Significant Changes: Survey is conducted by HSD Matrix.
HR4015-E2 Supervisor Exit Checklist for Staff Departure Exhibit	Language Update	Significant Changes: There were no significant changes.
POC7004-E3 Discharge Satisfaction Survey Exhibit	New Exhibit	Significant Changes: A Discharge Satisfaction Survey has been added to receive feedback and ensure ongoing quality of care.

REGIONAL: Policy and Exhibits	Reason for Revision	Summary
HR4040 Ethics and Conduct Policy	3-Year Review	Policy: This policy establishes that all work shall be performed in an ethical and professional manner as determined by statute, code, accrediting organization standards, professional organizations' code of conduct standards, and the content of the policy itself. This includes engaging in courteous, respectful relationships with co-workers, other health care providers, educational institutions, payers, people served

		<p>and their family members. Principles of consumer/individual served autonomy, compassion, safety, privacy, informed consent, competence and other related principles shall be demonstrated. Any and all ethical and relationship questions, issues or dilemmas arising from work relationships should be discussed proactively with a supervisor, and/or administrator.</p> <p><u>Significant Changes:</u> Consumer changed to consumer/individual served</p>
POC7075 Clinical Record Content Policy	3-Year Review	<p><u>Purpose:</u> To ensure consistency across the region in meeting clinical documentation standards.</p> <p><u>Policy:</u> The clinical record will include both electronic and paper records. All clinical records maintained by CMHPSM and Substance Abuse Treatment Provider will be complete and accurate.</p> <p><u>Significant Changes:</u> Consumer changed to consumer/individual served</p>
POC7061 Critical Incident Sentinel Risk Event Policy	3-Year Review	<p><u>Purpose:</u> This policy establishes the standards by which Community Mental Health Partnership of Southeast Michigan (CMHPSM) reviews, investigates, reports, and acts upon, critical incidents, sentinel events, and risk events related to practice of care for its consumers/individuals served.</p> <p><u>Policy:</u> It is the policy of the CMHPSM that CMHSPs shall have and implemented processes to:</p> <ul style="list-style-type: none"> A. Review, investigate, analyze, act upon, internally report and track critical incidents, sentinel events, and risk events, in an accurate and timely manner. B. Review, investigate, analyze, act upon and report critical incidents and sentinel events to MDHHS in an accurate timely manner. C. Identify system factors associated with critical corrective action plans to prevent recurrence of critical incidents, sentinel events, and risk events. D. Develop and implement effective corrective action plans to prevent recurrence of critical incidents, sentinel events, and risk events. <p><u>Significant Changes:</u> Consumer changed to consumer/individual served.</p>

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
June 12, 2024**

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

Members Not Present For In-Person Quorum: LaMar Frederick, Annie Somerville, Ralph Tillotson

Staff Present: Stephannie Weary, James Colaianne, Matt Berg, Nicole Adelman, Connie Conklin, Stacy Pijanowski, Lisa Graham, Trish Cortes, Liz Stankov, CJ Witherow, Danielle Brunk, Joelen Kersten, Taylor Gerdeman

Guests Present:

- I. Call to Order
Meeting called to order at 6:02 p.m. by Board Chair Bob King.
- II. Roll Call
 - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented
Motion by R. Curley, supported by M. Welch Marahar, to approve the agenda
Motion carried
- IV. Consideration to Approve the Minutes of the April 10, 2024 Meeting and Waive the Reading Thereof
Motion by A. Rooks, supported by M. Welch Marahar, to approve the minutes of the 04/10/2024 meeting and waive the reading thereof
Motion carried
- V. Audience Participation
None
- VI. Old Business
 - a. Board Information: Finance Report through April 30, 2024
 - M. Berg presented.
 - b. Board Information: CEO Performance Goals
 - J. Colaianne shared draft performance goals.
 - The Board shared feedback and requested that revised goals include engage 100% of the health plans related to care coordination, and implementing 100% of the strategic plan goals during FY2024-5.
Motion by M. Welch Marahar, supported by M. Serio, to approve the proposed CEO performance goals with the requested revisions
Motion carried
 - c. Board Information: Monroe FY2023 Financial Update
 - Staff have identified 3 primary areas that contributed to the FY23 deficit:

CMHPSM Mission Statement

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

1. Claims processing (some inefficiencies and problems related to timeliness and identified)
 2. The process for authorizing high-cost services
 3. Methodology to forecast expenses.
- L. Graham has suspended all purchases that aren't service-related or essential.
 - L. Graham is now reviewing and approving any out-of-county placements.
 - The Board requested a written report that explains the FY23 deficit within 30 days. The report should include:
 - How much of the deficit was due to the 3 primary areas listed above.
 - A written plan for avoiding this in the future.
 - An explanation for it took so long for Monroe staff to identify the deficit.
 - L. Graham acknowledged Monroe's lowered projected surplus for FY24. She is confident the Medicaid surplus will be sustained throughout the fiscal year.

VII. New Business

a. Board Action: Conflict Free Access and Planning Resolution

Motion by M. Serio, supported by A. Rooks, to authorize the Officers of the CMHPSM Board of Directors to sign the attached resolution and for CMHPSM staff to submit the resolution to MDHHS and other relevant stakeholders – to include all CMHPSM Regional Board members' signatures

Motion carried

Roll Call Vote

Yes: J. Ackley, P. Bridge, R. Curley, B. King, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill

No:

Abstain: M. Welch Marahar

Not present for in-person vote: L. Frederick, A. Somerville, R. Tillotson

- J. Colaianne will send the resolution electronically to all non-abstaining board members for signature.

b. Board Action: 3005 Boardwalk Office Space Lease Option Renewal

Motion by M. Welch Marahar, supported by M. Pizzimenti, to approve the CMHPSM CEO to initiate a letter exercising the CMHPSM option to renew our lease at 3005 Boardwalk for five years at 3% annual increases

Motion carried

Roll Call Vote

Yes: J. Ackley, P. Bridge, R. Curley, B. King, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill

No:

Abstain:

Not present for in-person vote: L. Frederick, A. Somerville, R. Tillotson

c. Board Action: Quality Manager Position Reclassification

Motion by M. Welch Marahar, supported by J. Ackley, to approve the re-classification of position #127 Operations Specialist (Tier B) to #127 Quality Manager (Tier C) effective July 8, 2024

Motion carried

Roll Call Vote

Yes: J. Ackley, P. Bridge, R. Curley, B. King, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill

No:

CMHPSM Mission Statement

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

Abstain:

Not present for in-person vote: L. Frederick, A. Somerville, R. Tillotson

- d. Board Action: Business Expense Reimbursement Board Governance Policy
Motion by R. Pasko, supported by R. Curley, to approve the Business Expense Reimbursement Board Governance Policy

Motion carried

Roll Call Vote

Yes: J. Ackley, P. Bridge, R. Curley, B. King, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill

No:

Abstain:

Not present for in-person vote: L. Frederick, A. Somerville, R. Tillotson

- The policy applies to non-CMH Regional Board and OPB members as well as staff.

- e. Board Action: FY2024 Q1&Q2 QAPIP Status Report
Motion by J. Ackley, supported by M. Welch Marahar, to approve the Quality Assessment and Performance Improvement Program (QAPIP) Status Report for Q1 and Q2 of FY2024

Motion carried

Roll Call Vote

Yes: J. Ackley, P. Bridge, R. Curley, B. King, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill

No:

Abstain:

Not present for in-person vote: L. Frederick, A. Somerville, R. Tillotson

- f. Board Action: 5-Year Proclamation Michelle Sucharski
Motion by M. Welch Marahar, supported by R. Pasko, to approve the CMHPSM Board Chair to sign the formal proclamation acknowledging the five years of service by Michelle Sucharski to the PIHP region as a CMHPSM employee – to include all CMHPSM Regional Board members' signatures

Motion carried

- J. Colaianne will send the resolution electronically to all board members for signature.

- g. Board Action: Internal Service Fund Resolution
Motion by M. Welch Marahar, supported by Serio, to approve for the Officers of the CMHPSM Board of Directors to sign the attached resolution and for CMHPSM staff to submit the resolution to MDHHS and other relevant stakeholders – to include all CMHPSM Regional Board members' signatures and M. Welch Marahar's abstention

Motion carried

Roll Call Vote

Yes: J. Ackley, P. Bridge, R. Curley, B. King, R. Pasko, M. Pizzimenti, M. Serio, H. Terrill

No:

Abstain: M. Welch Marahar, A. Rooks

Not present for in-person vote: L. Frederick, A. Somerville, R. Tillotson

- J. Colaianne will send the resolution electronically to all non-abstaining board members for signature.

CMHPSM Mission Statement

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

- VIII. Reports to the CMHPSM Board
- a. Board Information: Substance Use Services Department Update
 - N. Adelman presented.
 - b. Board Information: SUD Oversight Policy Board (OPB)
 - The OPB minutes are included in the meeting packet for the Regional Board’s review.
 - c. Board Information: CEO Report to the Board
 - Mattie McIntire joined the organization as the new Financial Accountant and Analyst on June 3, 2024.
 - Hospital rate adjuster (HRA) payments have been more than doubled by the state, from \$308 to \$622.
 - The state has announced that the World Health Organization Disability Assessment Schedule (WHODAS) as the assessment/screening tool to replace the Support Intensity Scale (SIS-A).
 - N. Adelman recently presented at the state health policy subcommittee.
 - Upcoming board meetings:
 - August – budget preview, financial risk reserve policy.
 - September – budget approval, quorum is needed.

IX. Adjournment

Motion by H. Terrill, supported by A. Rooks, to adjourn the meeting
Motion carried

- The meeting was adjourned at 7:45 p.m.

Rebecca Pasko, CMHPSM Board Secretary

CMHPSM Mission Statement

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



MONROE
COMMUNITY
MENTAL
HEALTH

April 2024

Board Report

Table of Acronyms

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

Monthly Highlights

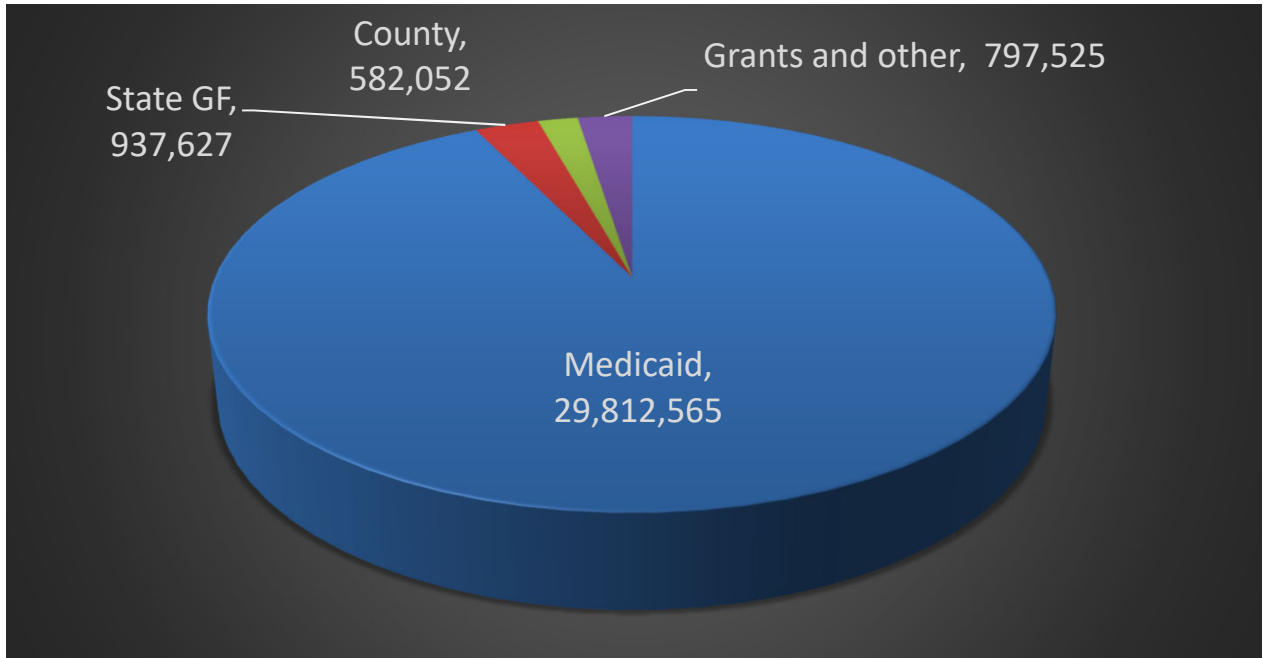
- Page 4 - Eligibility continues to decline faster than anticipated. Rate adjustments are now in effect and are reflected in the charts to show increased April activity. We have received increases to HSW, SED and CWP as a result. Also have additional funding from the PIHP for DCW.
- Page 5 - Cash and Investments are up from prior year primarily from collection of receivables from the PIHP.
- Page 5 - Liabilities are also up from prior year primarily related to estimated claims incurred but not reported.
- Page 6 - Net income is projected to be down compared to prior year primarily due to GASB 68 & 75 adjustments that are currently unknown and will be available in early 2025 from the actuaries.
- Page 8 - Revenue received from the PIHP exceeds expenses by \$1,619,483 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 \$514,774 through this reporting period. We continue to work with the PIHP to accelerate the reporting of T1040s which will bring in more revenue. As we continue to look at generating more T-1040s on the revenue side, primary focus shifts to expenses.
- Page 10 - State General Fund is showing a deficit of \$1,606,350, primarily related to spenddowns, individuals falling off Medicaid and CCBHC non-Medicaid. This deficit is covered by local funds with a reported use of fund balance through this reporting period of \$1,077,143.

MONROE CMH

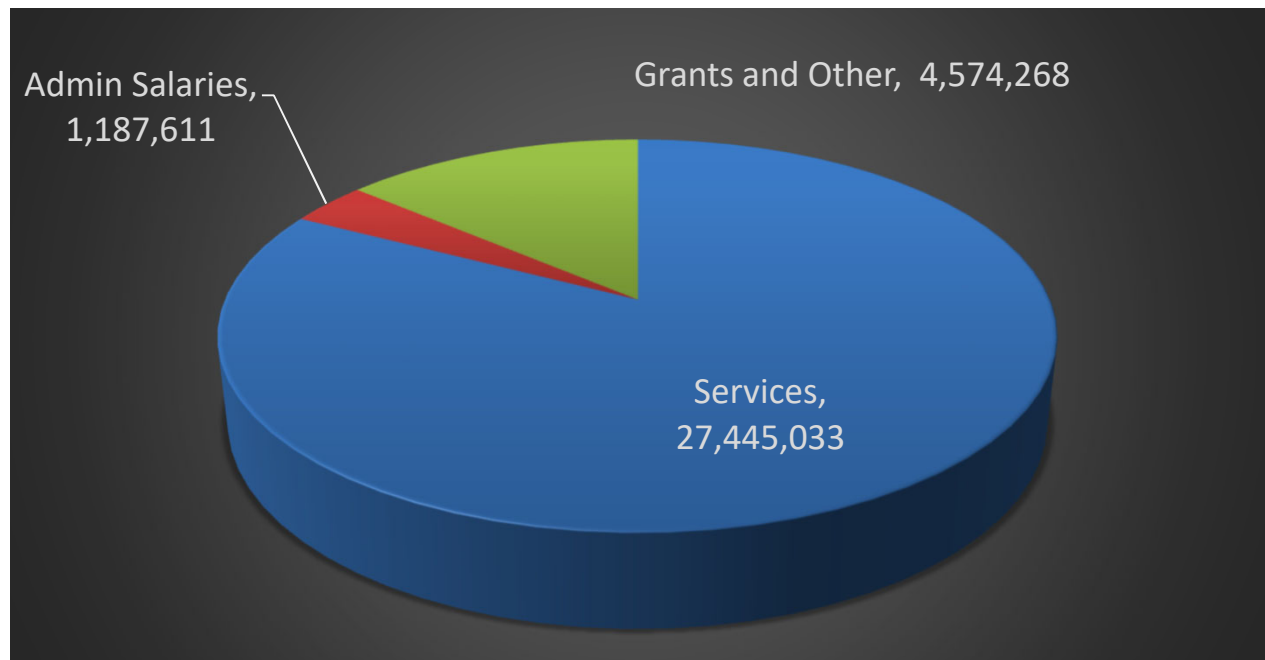
April 2024 Trends

Sources and Uses

Revenues by Source



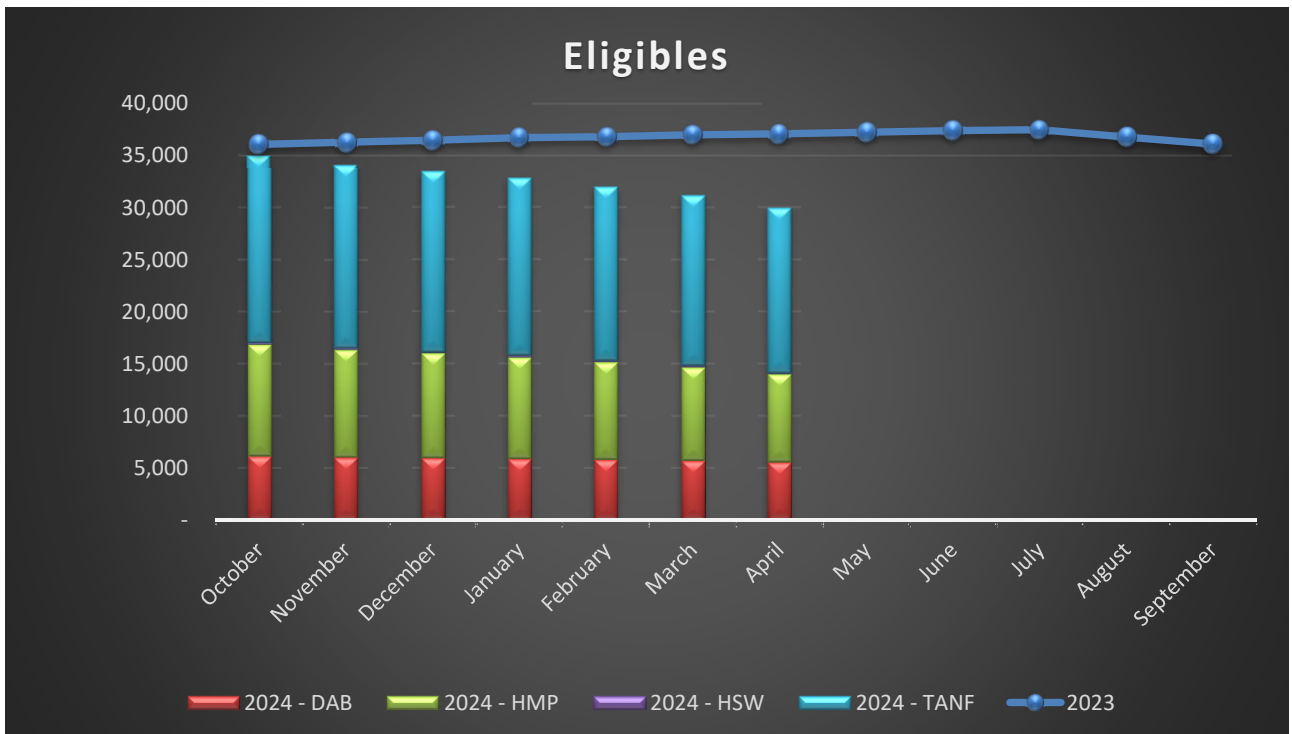
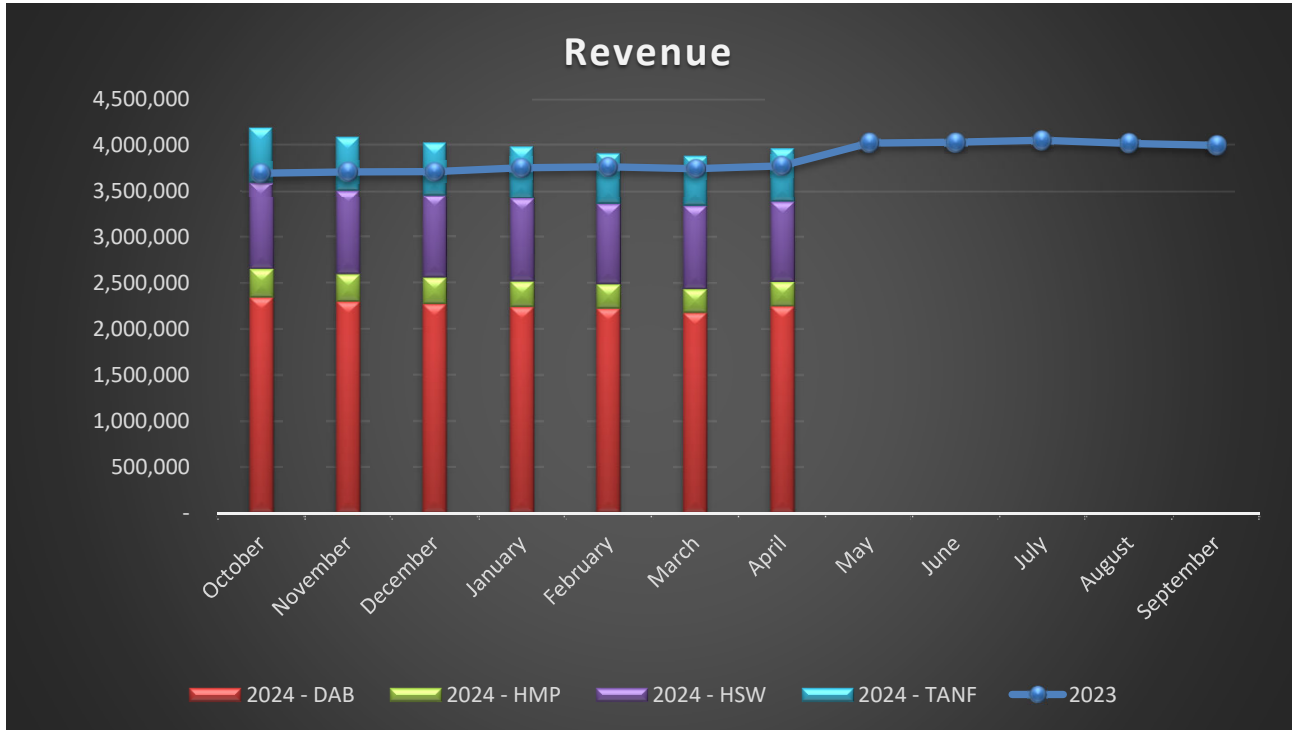
Expenditures by Category



MONROE CMH

April 2024 Trends

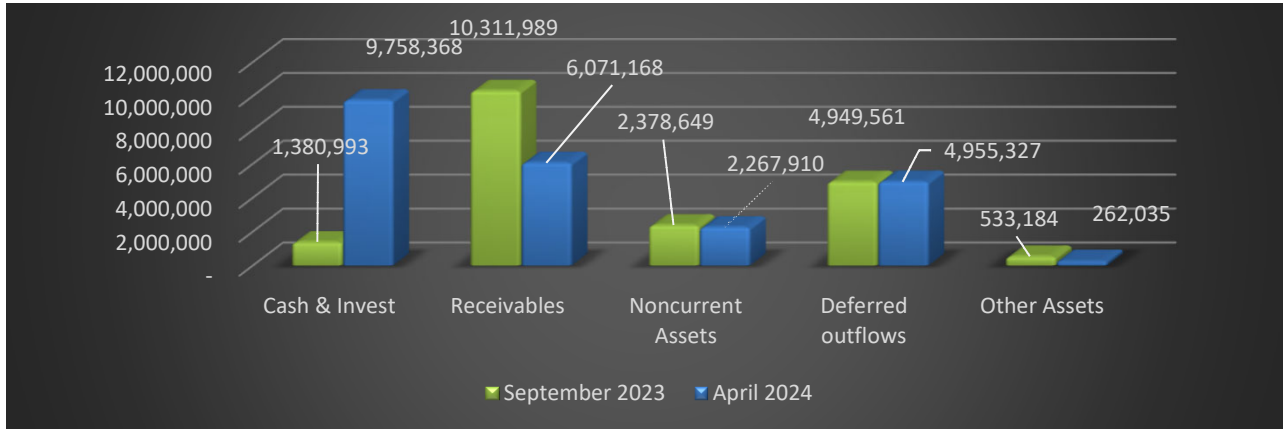
MDHHS Payments



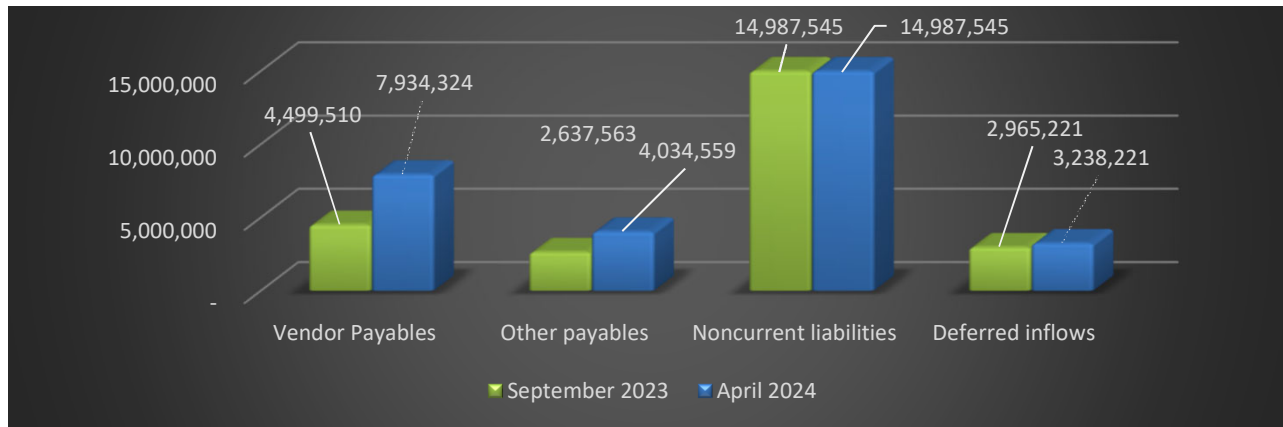
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Comparative Charts September 2023 & April 2024

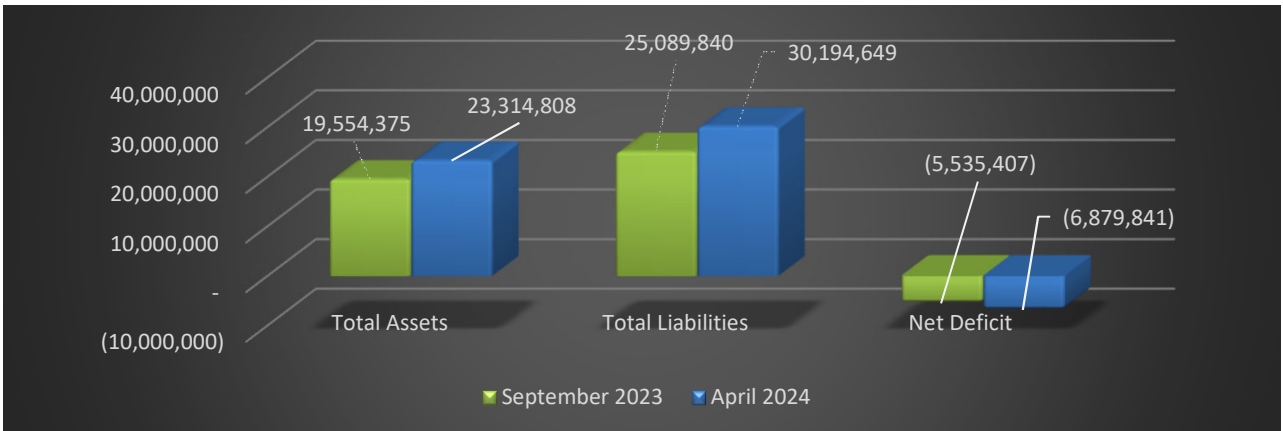
Assets



Liabilities



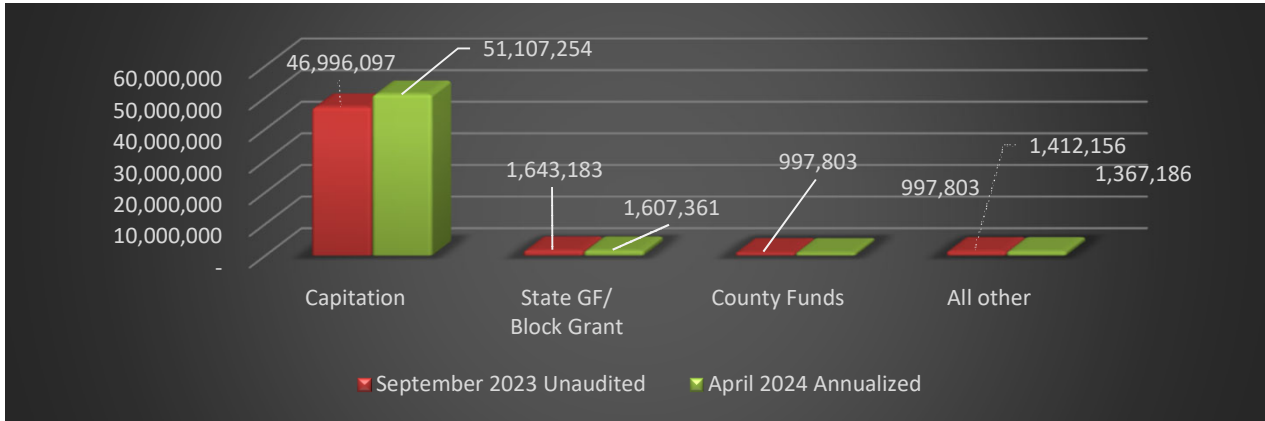
Net Position



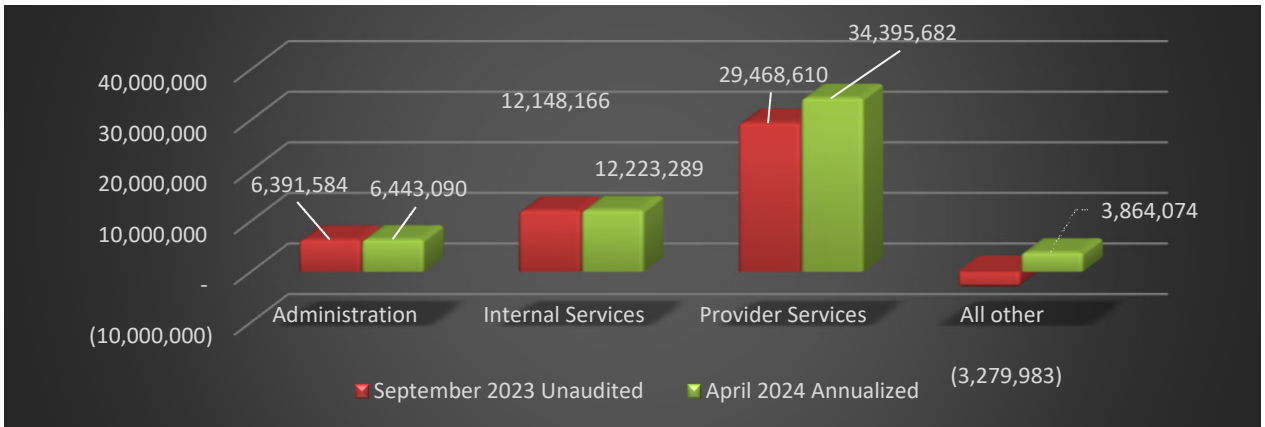
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Comparative Charts September 2023 Unaudited & April 2024 Annualized

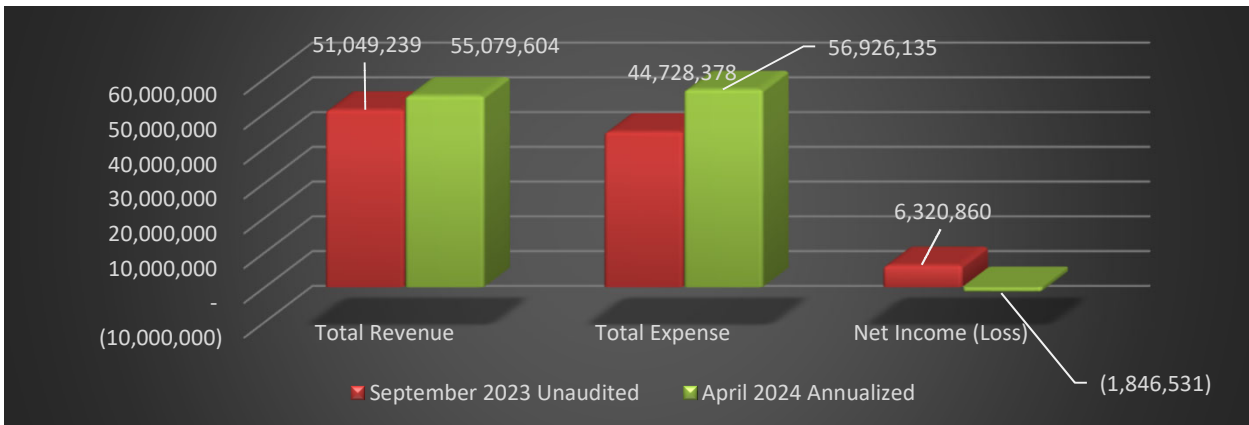
Revenues



Expenses



Net Income



INCOME STATEMENT BY FUND SOURCE

MONROE CMH

Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through April 2024

	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Medicaid				
PIHP Revenue	\$ 35,116,485	\$ 20,484,616	\$ 24,387,318	\$ 3,902,702
PIHP Redirect to CCBHC	-	-	(1,541,448)	(1,541,448)
1st/3rd Party Revenue	-	-	-	-
Expense	34,577,285	20,170,083	21,367,928	1,197,845
Revenue over/(under) expenses	\$ 539,200	\$ 314,533	\$ 1,477,942	\$ 1,163,409
Healthy Michigan				
PIHP Revenue	\$ 2,860,301	\$ 1,668,509	\$ 1,668,509	\$ 0
PIHP Redirect to CCBHC	-	-	(288,554)	(288,554)
1st/3rd Party Revenue	-	-	-	-
Expense	2,789,701	1,627,326	1,182,562	(444,764)
Revenue over/(under) expenses	\$ 70,600	\$ 41,183	\$ 197,393	\$ 156,209
CCBHC Medicaid				
PIHP Cap Revenue	\$ 6,000,000	\$ 3,500,000	\$ 1,541,448	\$ (1,958,552)
PIHP Supp Receipts (Cash Basis)	6,000,000	3,500,000	4,793,117	1,293,117
1st/3rd Party Revenue	-	-	24,596	24,596
Expense	12,000,000	7,000,000	5,842,200	(1,157,800)
Retain as local	-	-	(277,929)	(277,929)
Revenue over/(under) expenses	\$ -	\$ -	\$ 794,890	\$ 794,890
CCBHC Healthy Michigan				
PIHP Cap Revenue	\$ -	\$ -	\$ 288,554	\$ 288,554
PIHP Supp Receipts (Cash Basis)	-	-	-	-
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	1,376,141	1,376,141
Retain as local	-	-	(236,845)	(236,845)
Revenue over/(under) expenses	\$ -	\$ -	\$ (850,741)	\$ (850,741)
Total PIHP Sources				
PIHP Revenue	\$ 49,976,786	\$ 29,153,125	\$ 30,848,944	\$ 1,695,819
1st/3rd Party Revenue	-	-	24,596	24,596
Expense	49,366,986	28,797,409	29,768,831	971,423
Retain as local in FY 23	-	-	(514,774)	(514,774)
Revenue over/(under) expenses	\$ 609,800	\$ 355,717	\$ 1,619,483	\$ 1,263,766

MONROE CMH

Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through April 2024

CCBHC Medicaid	2024 Budget	YTD Budget	2024 Actual	Over (Under)
PIHP Cap Revenue	\$ 6,000,000	\$ 3,500,000	\$ 1,541,448	\$ (1,958,552)
PIHP Supp Revenue (Earned)	6,000,000	3,500,000	3,998,227	498,227
1st/3rd Party Revenue	-	-	24,596	24,596
Expense	12,000,000	7,000,000	5,842,200	(1,157,800)
Revenue over/(under) expenses	\$ -	\$ -	\$ (277,929)	\$ (277,929)
CCBHC Healthy Michigan	2024 Budget	YTD Budget	2024 Actual	Over (Under)
PIHP Cap Revenue	\$ -	\$ -	\$ 288,554	\$ 288,554
PIHP Supp Revenue (Earned)	-	-	850,741	850,741
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	1,376,141	1,376,141
Revenue over/(under) expenses	\$ -	\$ -	\$ (236,845)	\$ (236,845)
CCBHC NonMedicaid	2024 Budget	YTD Budget	2024 Actual	Over (Under)
State CCBHC Revenue	\$ -	\$ -	\$ -	\$ -
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	986,278	986,278
Redirect from GF	-	-	986,278	986,278
Revenue over/(under) expenses	\$ -	\$ -	\$ -	\$ -
ALL CCBHC Combined	2024 Budget	YTD Budget	2024 Actual	Over (Under)
All CCBHC Revenue	\$ 12,000,000	\$ 7,000,000	\$ 6,678,971	\$ (321,029)
1st/3rd Party Revenue	-	-	24,596	24,596
Expense	12,000,000	7,000,000	8,204,619	1,204,619
Redirect from GF	-	-	986,278	986,278
Revenue over/(under) expenses	\$ -	\$ -	\$ (514,774)	\$ (514,774)

MONROE CMH

Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through April 2024

State General Fund	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 1,729,980	\$ 1,009,155	\$ 937,627	\$ (71,528)
Expense	1,644,960	959,560	1,557,699	598,139
Redirect to Other Programs	-	-	(986,278)	(986,278)
Redirect from Other Programs	-	-	1,606,350	1,606,350
Revenue over/(under) expenses	\$ 85,020	\$ 49,595	\$ -	\$ (49,595)
All Other Grants/Local	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 2,785,336	\$ 1,624,779	\$ 1,528,319	(96,460)
Expense	2,785,336	1,624,779	867,628	(757,151)
Redirects	-	-	(1,606,350)	(1,606,350)
Revenue over/(under) expenses	\$ -	\$ -	\$ (945,659)	\$ (945,659)
Total Non PIHP Sources	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 4,515,316	\$ 2,633,934	\$ 2,465,946	\$ (167,988)
Expense	4,430,296	2,584,339	3,411,605	827,266
CCBHC Retain as local	-	-	(514,774)	(514,774)
Revenue over/(under) expenses	\$ 85,020	\$ 49,595	\$ (1,460,433)	\$ (1,510,028)

BASIC FINANCIAL STATEMENTS

MONROE CMH

Statement of Position

October 1, 2023 through April 30, 2024

	April 30 Balance	Balance September 30 2023	Over (Under)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 9,758,368	\$ 1,380,993	\$ 8,377,375
Accounts receivable, net	119,403	248,633	(129,230)
Due from PIHP	5,818,453	9,954,592	(4,136,139)
Due from State of Michigan	62,573	61,136	1,437
Due from other governmental units	70,739	47,628	23,111
Prepaid items	262,035	533,184	(271,149)
Total current	16,091,571	12,226,165	3,865,406
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,220,910	2,331,649	(110,739)
Deferred outflows - Pension & OPEB	4,955,327	4,949,561	5,766
Total noncurrent	7,223,237	7,328,210	(104,973)
Total assets and deferred outflows	23,314,808	19,554,375	3,760,433
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	7,934,324	4,499,510	3,434,814
Accrued liabilities	1,859,511	1,681,957	177,554
Due to State of Michigan	2,088,549	869,107	1,219,442
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	12,018,341	7,186,531	4,831,810
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	30,194,649	25,089,840	5,104,809
NET POSITION			
Net investment in capital assets	1,803,440	1,914,179	110,739
Unrestricted	(8,683,281)	(7,449,585)	1,233,696
Total net position	\$ (6,879,841)	\$ (5,535,407)	\$ (1,344,434)

MONROE CMH

Statement of Activities

October 1, 2023 through April 30, 2024

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Over (Under)
Operating revenue				
Capitation:				
Medicaid	\$ 24,387,319	\$ 41,806,833	\$ 40,219,271	\$ 1,587,562
Medicaid - Settlement	(1,097,758)	(1,881,871)	3,239,791	(5,121,662)
Healthy Michigan	1,668,509	2,860,301	3,008,142	(147,841)
Healthy Michigan - Settlement	(177,535)	(304,346)	375,265	(679,611)
CCBHC	4,793,117	8,216,772	-	8,216,772
CCBHC - Settlement	55,851	95,745	-	95,745
Behavior Health Home	183,062	313,821	153,628	160,192
State General Funds	937,627	1,607,361	1,813,773	(206,413)
State General Funds - Carryover	-	-	(170,590)	170,590
County appropriations	582,052	997,803	997,803	0
Charges for services	33,431	57,310	178,711	(121,401)
Other grants	665,834	1,141,430	1,157,291	(15,862)
Other revenue	98,260	168,446	76,154	92,292
Total operating revenue	32,129,769	55,079,604	51,049,239	4,030,365
Operating expenses				
Administration				
Salaries	1,187,611	2,035,905	2,081,999	(46,094)
Benefits	833,366	1,428,627	1,503,538	(74,911)
Other	1,737,492	2,978,558	2,806,047	172,510
Internal Services				
Salaries	3,500,460	6,000,789	5,614,573	386,215
Benefits	2,619,229	4,490,107	4,094,150	395,957
Other	1,010,563	1,732,394	2,439,443	(707,049)
Provider Network Services	20,064,148	34,395,682	29,468,610	4,927,072
Facility costs	846,621	1,451,350	917,802	533,548
Vehicle costs	28,495	48,849	38,488	10,361
Grant expenses	1,128,294	1,934,218	1,454,666	479,552
Room & Board	250,633	429,657	111,186	318,470
GASB 68 & 75 Adjustment	-	-	(5,802,125)	5,802,125
Total operating expenses	33,206,912	56,926,135	44,728,378	12,197,756
Change in net position	(1,077,143)	(1,846,531)	6,320,860	\$ (8,167,391)
Net position, beginning of year	(5,802,698)	(5,802,698)	(11,856,267)	
Net position, end of year	\$ (6,879,841)	\$ (7,649,229)	\$ (5,535,407)	

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

MONROE CMH

Statement of Activities

Mental Health - Budget to Actual

October 1, 2023 through April 30, 2024

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
Operating revenue				
Capitation:				
Medicaid	\$ 35,116,485	\$ 20,484,616	\$ 24,387,319	\$ 3,902,703
Medicaid - Settlement	(635,700)	(370,825)	(1,097,758)	(726,933)
Healthy Michigan	2,860,301	1,668,509	1,668,509	0
Healthy Michigan - Settlement	(70,600)	(41,183)	(177,535)	(136,352)
CCBHC	12,000,000	7,000,000	4,793,117	(2,206,883)
CCBHC - Settlement	-	-	55,851	55,851
Behavior Health Home	96,500	56,292	183,062	126,770
State General Funds	1,729,980	1,009,155	937,627	(71,528)
State General Funds - Carryover	(85,020)	(49,595)	-	49,595
County appropriations	997,803	582,052	582,052	0
Charges for services	217,870	127,091	33,431	(93,660)
Other grants	1,484,505	865,961	665,834	(200,127)
Other revenue	85,158	49,676	98,260	48,585
Total operating revenue	53,797,282	31,381,748	32,129,769	748,021
Operating expenses				
Administration				
Salaries	2,777,641	1,620,291	1,187,611	(432,680)
Benefits	1,387,182	809,190	833,366	24,177
Other	2,029,359	1,183,793	1,737,492	553,699
Internal Services				
Salaries	7,489,941	4,369,132	3,500,460	(868,672)
Benefits	4,775,202	2,785,535	2,619,229	(166,306)
Other	2,034,208	1,186,621	1,010,563	(176,058)
Provider Network Services	30,363,290	17,711,919	20,064,148	2,352,229
Facility costs	795,455	464,015	846,621	382,606
Vehicle costs	88,775	51,785	28,495	(23,290)
Grant expenses	1,488,493	868,288	1,128,294	260,006
Other expenses	20,288	11,835	-	(11,835)
Room & Board	547,448	319,345	250,633	(68,712)
Total operating expenses	53,797,282	31,381,748	33,206,912	1,825,164
Change in net position	-	-	(1,077,143)	(1,077,143)
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>\$ (6,879,841)</u>	<u>\$ (1,077,143)</u>