



# MONROE COMMUNITY MENTAL HEALTH AUTHORITY

## BOARD MEETING

August 28, 2024 – 6:00 p.m. / Aspen Room  
Draft Agenda

### **BOARD VALUES:**

- 1.1 Monroe Community Mental Health Authority exists so that individuals with severe and persistent mental illness and intellectual/development disabilities can live, work, and play in their communities to their fullest potential.
- 1.2 Monroe Community Mental Health Authority strives to be the provider of choice for Monroe County by offering the highest quality of treatment with positive measurable outcomes, while maintaining competitive rates with the State.
- 1.3 Monroe Community Mental Health Authority establishes and sustains a culture that values each staff member; holds staff to high standards; is fair and respectful; and values creativity and promotes collaborative thinking.
- 1.4 Monroe Community Mental Health Authority continues to establish collaborative community relationships that enable MCMHA to provide quality service to consumers.

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

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

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

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

**MISSION STATEMENT:** Enrich lives and promote wellness.

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

**CORE VALUES:** Compassion, Authenticity, Trust, and Accountability.

	<b><u>Guide</u></b>
<b>I. Call to Order</b>	<b>01 min</b>
<b>II. Roll Call</b>	<b>02 min</b>
<b>III. Pledge of Allegiance</b>	<b>02 min</b>
<b>IV. Motion to Adopt the Agenda as Presented</b>	<b>02 min</b>
<b>V. Motion to Approve the Minutes from the July 24, 2024 Board Meeting and waive the Reading Thereof</b>	<b>02 min</b>
<b>VI. Feedback Summary</b>	<b>02 min</b>
<b>VII. Public Comments</b>	<b>03 min/person</b>
<i>"The Board will listen respectfully to any comments you would like to make but will not respond directly tonight. You can expect a follow up contact from the Chief Executive Officer or her representative within 24 hours if your comment is about a specific problem or complaint. Comments shall be limited to 3 minutes."</i>	
<b>VIII. Presentations Recognitions, and Celebrations</b>	<b>15 min</b>
a. Years of Service Awards	
b. Peer Directed Services Presentation ( <i>handout</i> )	
<b>IX. Board Committee Reports</b>	<b>10 min</b>
a. <b>Committee Chair Reports</b>	
i. Business Operations	
ii. Bylaws and Policy	
iii. Clinical Operations	
iv. Community Relations	
v. Executive	
vi. Performance Evaluation	

**b. Motion to Place on File All Written Committee Reports**

**X. Items for Board Action** **15 min**

- a. **Motion to Approve the Consent Agenda Less Item \_\_\_\_\_**
  - i. Administrative Contracts as Presented
  - ii. Service Contracts as Presented
- b. **Motion to Approve a 10-Year Lease Agreement Between MCMHA and Monroe Center LLC for the Property Located at 393 North Telegraph Road, Monroe MI, 48162**
- c. **Motion to Appoint Mark Cochran to the CMHPSM Oversight Policy Board (OPB) for an Additional Term Beginning October 1, 2024 Through September 30, 2027**
- d. **Motion to Approve the Revised Board Bylaws (2/3 vote)**
- e. **Motion to Approve the Revised Board Governance Policy Manual (2/3 vote)**

**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:** EOC2004 Key-Access Proximity Cards Control Policy
  - ii. **Procedure:** POC7084-P1 MCMHA Crisis Mobile Procedure
  - iii. **Exhibit:** RR8034-E6 Confidentiality and Access to Consumer Records Exhibit  
RR8036-E1 BTC Presentation Form Exhibit  
RR8036-E2 BTPRC Presentation Form Instructions Exhibit  
POC7084-E1 Crisis Mobile Intervention Guidance Exhibit  
EOC2004-E1 Receipt-Return of Agency Property Form Exhibit
  - iv. **Brochure:** CEHR MCMHA Brochure Exhibit
  - v. **Rescind:** POC7065 High Risk Medications Policy
  - vi. **Relocate:** N/A

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

- i. **Policy:** N/A
- ii. **Exhibit:** N/A

**XII. Relationship with the Region, County, and Others** **05 min**

- a. Regional PIHP Board Meeting Minutes – August 14, 2024
- b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko

**XIII. Items from the Chief Executive Officer** **20 min**

- a. Financial Report – Richard Carpenter
- b. Chief Executive Officer’s Report – Lisa Graham (*handout*)

**XIV. New Business** **30 min**

- a. Discussion of Board Committee Structure

**XV. Public Comments** **03 min/person**

**XVI. Adjournment** **01 min**

**The next regular scheduled meeting for the Monroe Community Mental Health Authority Board of Directors is on Wednesday, September 25, 2024 beginning at 6:00pm in the Aspen Room.**



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

- Present:** Michael Humphries, Chairperson; Susan Fortney, Vice Chairperson; Catherine Bernhold, Secretary; Rebecca Pasko; Pam Ray; LaMar Frederick; John Burkardt; Becca Curley; Dawn Asper; Naomi Stoner; and Ken Papenhagen
- Excused:** Deb Staelgraeve
- Absent:**
- Staff:** Lisa Graham
- Guests:** Christina Schaub, Roslund Prestage & Company, PC; and 9 guests were present

**I. CALL TO ORDER**

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

Mike Humphries commented that Deb Staelgraeve's Mother In-law passed away this morning and expressed the Board's grief for Deb and her family.

**II. ROLL CALL**

Roll Call confirmed a quorum existed.

**III. PLEDGE OF ALLEGIANCE**

The Pledge of Allegiance was led by Mike Humphries.

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

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

**V. CONSIDERATION TO APPROVE THE MINUTES FROM THE JUNE 26, 2024 BOARD MEETING AND WAIVE THE READING THEREOF**

Rebecca Pasko moved to approve the minutes for the June 26, 2024 Board Meeting and waive the reading thereof. Ken Papenhagen supported. Motion carried unanimously.

**VI. FEEDBACK SUMMARY**

Mike Humphries reviewed feedback from the June 26, 2024 Board Meeting.

**VII. CITIZEN COMMENTS**

There were no citizen comments.

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

- a. **FY2023 Financial and Compliance Audit** – Christina Schaub, Roslund Prestage & Company, PC, presented the results of the FY2023 Financial and Compliance Audit. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under government auditing standards for the FY2023 Financial Audit. The results of the FY2023 Compliance Audit examination procedures disclosed instances of non-compliance, which are required to be reported in accordance with compliance examination guidelines, and which are described in the accompanying comments and recommendations as items 2023-01 and 2023-02. Our opinion is not modified with respect to these matters.

2023-01 FSR Examination Adjustments

When there is an adjustment made that is recorded.

2023-02 Ability of Pay Forms

Ken Melvin, Deputy Chief Financial Officer, commented that during the year we identified that during CCBHC we could use three different methods for Ability to Pay. We exercised good judgement on how this would impact consumers and while waiting for the state to work this out, we had paused. We are now under one Ability to Pay form.

**X. BOARD COMMITTEE REPORTS**

- a. **Committee Chair Reports**
  - i. Business Operations – LaMar Frederick commented the minutes reflect our meeting.
  - ii. Clinical Operations – Susan Fortney commented on quality metrics and that the minutes reflect our meeting also.
  - iii. Executive – Mike Humphries commented that committee reviewed the July board agenda.

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

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

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

**c. Committee Structure Discussion**

**d. Appointments for Committee Members and Chairs**

Mike Humphries appointed committee members and chairs as shown on the 2024-2025 Committee List and Scope.

**XI. ITEMS FOR BOARD ACTION**

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

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

**b. Motion to Change the Start Time From 5:00pm to 6:00pm for Board Meetings Beginning August 28, 2024**

Mike Humphries moved to change the start time from 5:00pm to 6:00pm for Board Meetings beginning August 28, 2024. Pam Ray supported. Roll call: In favor: Pasko, Ray, Frederick, Burkardt, Humphries, Fortney, Bernhold, Curley, Asper, Stoner, and Papenhagen; opposed: none; motion carried unanimously.

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

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

- i. Policy: POC7064 Nutrition Screening Policy
- ii. Procedure: N/A
- iii. Exhibit: FCM3036-E1 Purchase Order Request Exhibit
- iv. Rescind: N/A
- v. Relocate: N/A

Pam Ray 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: POC7074 Continuity of Care  
POC7071 Transition of Planning for Individuals Being Released from State Facilities Policy
- ii. Exhibit: N/A

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

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

- a. Regional PIHP Board Meeting Minutes – Did Not Meet in July
- b. State Legislation and Policy Committee Report – Did Not Meet in July

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

- a. Finance Report: Ken Melvin presented the May financials, highlighting:
  - 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 have additional funding from the PIHP for DCW.
  - 2. Cash and Investments are up from prior year primarily from collection of receivables from the PIHP.
  - 3. Liabilities are also up from prior year primarily related to estimated claims incurred but not reported.
  - 4. Net income is projected to be down compared to prior year primarily due to GASB 68 & 75 adjustments that are currently unknown and will be available in early 2025 from the actuaries.
  - 5. Revenue received from the PIHP exceeds expenses by \$636,070 this month. Part of the Medicaid and HMP surpluses are due to allowable costs being covered by GF as individuals continue to fall off Medicaid.
  - 6. The CCBHC program is showing a deficit of \$431,311 through this reporting period. We continue to work with the PIHP to accelerate the reporting of T1040s which will bring in more revenue. As we continue to look at generating more T-1040s on the revenue side, primary focus shifts to expenses.
  - 7. State General Fund is showing a deficit of \$1,971,538, primarily related to spenddowns, individuals falling off Medicaid and CCBHC non-Medicaid. This deficit is covered by local funds with a reported use of fund balance through this reporting period of \$1,653,920.
- b. Chief Executive Officer's Report Included an Update on: Assisted Outpatient Treatment; Crossroads Clubhouse; RFP for Group Home Provider; Assertive Community Treatment Audit; Need to Know Campaign; Staff Engagement; Contract Negotiations; August 14, 2024 PIHP Board Meeting; and a Monroe NAMI Chapter.

**XIV. NEW BUSINESS**

**XV. CITIZEN COMMENTS**

There were no citizen comments.

**XVI. MOTION TO GO INTO CLOSED SESSION FOR PURPOSES OF COLLECTIVE BARGAINING PURSUANT TO SECTION VIII (c) OF THE OPEN MEETINGS ACT**

Dawn Asper moved to go into Closed Session for purposes of Collective Bargaining pursuant to Section VIII (c) of the Open Meetings Act. LaMar Frederick supported. Roll call: In favor: Pasko, Ray, Frederick, Burkardt, Humphries, Fortney, Bernhold, Curley, Asper, Stoner, and Papenhagen; opposed: none; motion carried unanimously.

The Board went into Closed Session at 7:20pm.

The Board went into Open Session at 8:10pm.

**XVII. ADJOURNMENT**

Mike Humphries adjourned the meeting at 8:11pm.

Submitted by,

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Catherine Bernhold  
Board Secretary

LG/dp  
8/2/24



**BOARD BUSINESS OPERATIONS COMMITTEE**  
**Wednesday, August 21, 2024**  
**5:00pm**

**MAJOR COMMITTEE RESPONSIBILITIES**

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

**COMMITTEE MEMBERS**

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

**DRAFT MINUTES**

**I. CALL TO ORDER**

LaMar Frederick called the meeting to order at 5:00pm. LaMar Frederick, Rebecca Curley, Rebecca Pasko, Pam Ray, Mike Humphries (arrived at 5:58pm), Lisa Graham, Richard Carpenter, Bridgitte Gates, and Alicia Riggs were present. Ken Papenhagen was excused.

**II. BUSINESS OPERATIONS**

- a. **Facilities** – No update for August.
- b. **Technology** – No update for August.

**III. FINANCE**

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

- i. Administrative Contacts for the Master Earned Revenue Agreement with Washtenaw; Dr. Jasswant Bagga; Locumtenens; and Dr. Paul Gutterman were presented (recommend Board approval).
- ii. Services Contracts for A Heart That Cares, LLC was presented (recommend Board approval).
- iii. Board Action Request – Lease Agreement: The Crossroads Clubhouse program recently underwent an accreditation review. The clubhouse received a conditional three-year accreditation by Clubhouse International, the credentialing body for clubhouses. As part of the conditional approval, there was the stipulation to find a location that meets the space needs of a growing clubhouse membership. It was also identified that the current location, which operates on two levels of the Benesh building, is not ideal and is restrictive to members who have physical disabilities. As a result, MCMHA and Clubhouse members began its search for a new home that would meet the standards of Clubhouse International to maintain their accreditation. The location the group identified as the possible new site for Crossroads Clubhouse is 393 North Telegraph Road, Monroe, MI 48162 (formerly, Panera Bread). The Clubhouse has already sought and received approval from MDHHS that the site meets their requirements. Lease terms are provided in the Board Action Request. MCMHA has reached out to the City's Zoning Board to ensure that the commercial site will permit a Clubhouse to operate out of this location and is currently waiting on a response. MCMHA had legal counsel review the Lease Agreement. Legal counsel has made some recommendations / changes to the Lease Agreement that will require the Landlord to agree to these modifications. If there are any issues with zoning and/or the modifications to the terms of the agreement are not acceptable to the Landlord, the Board will be informed at the August 28, 2024 Board Meeting. Lisa Graham shared her concerns about a 10-year lease and that she is not comfortable unless there is language in the Lease Agreement to have an out over the 10-year period. Lisa is working with corporate counsel to ensure language is added. After much committee discussion, the committee recommended the Board Action Request to the full Board for consideration, providing that the City has approved zoning, corporate counsel approves of the lease language, and the Landlord accepts the lease modifications.

b. **Financial Reports**

- i. The Fiscal Finance Report for Trends, Comparative Charts, Fiscal Revenues and Expenses by Fund Source, and Basic Financial Statements were provided in the packet for review (recommend Board approval).

Richard Carpenter presented the June 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 \$1,016,745 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 \$256,960 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 \$2,372,096, 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 \$1,789,196.
- ii. Committee members discussed the general fund deficit.

V. **INFORMATIONAL ITEMS**

- a. **FY2025 Proposed DRAFT Budget** – The committee was provided a preview of the FY2025 Proposed Draft Budget. The budget will be presented at the September Business Operations Committee meeting and at the September Board Meeting for consideration to approve a balanced budget.

VI. **PARKING LOT**

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

VII. **ADJOURNMENT**

The meeting adjourned at 6:21pm. The Business Operations Committee's next meeting is scheduled for **Wednesday, September 18, 2024** at 5pm in the Aspen Room.

Respectfully submitted,

*LaMar Frederick (sp)*

LaMar Frederick  
Business Operations Chair

8/22/24





**BOARD BYLAWS & POLICY COMMITTEE**  
**Thursday, August 15, 2024**  
**5:00pm**

**MAJOR COMMITTEE RESPONSIBILITIES**

1. Monitor and maintain the Board Bylaws and Board Governance Policy Manual
2. Review Authority and Regional Policy, Procedures, and Exhibits
3. Make recommendations to the full Board

**COMMITTEE MEMBERS**

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

**DRAFT MINUTES**

**I. CALL TO ORDER**

Catherine Bernhold called the meeting to order at 5:00pm. Catherine Bernhold, Susan Fortney, Pam Ray, and Lisa Graham were present. John Burkardt and Mike Humphries were excused.

**II. COMMITTEE BUSINESS**

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

<b>Policies:</b>	EOC2004	Key-Access Proximity Cards Control Policy
<b>Procedures:</b>	POC7084-P1	MCMHA Crisis Mobile Procedure
<b>Exhibits:</b>	RR8034-E6	Confidentiality and Access to Consumer Records Exhibit
	RR8036-E1	BTC Presentation Form Exhibit
	RR8036-E2	BTPRC Presentation Form Instructions Exhibit
	POC7084-E1	Crisis Mobile Intervention Guidance Exhibit
	EOC2004-E1	Receipt-Return of Agency Property Form Exhibit
<b>Brochure:</b>		CEHR MCMHA Brochure Exhibit
<b>Rescind:</b>	POC7065	High Risk Medications Policy
<b>Relocate:</b>		N/A

The committee has reviewed the Authority Policy, Procedures, and Exhibits and recommends that the Board approve at their August 28, 2024 Board Meeting.

- b. Regional Policies

<b>Policies:</b>	A1000	Corporate Compliance Policy
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The regional policy had a required update per the HSAG review. Due to timeliness, the Regional Compliance Committee approved the policy for distribution. This policy was sent to all CMH staff and the Board with information of this required update on August 16, 2024. The policy is up for its normal review and approval process in the next few months.

**III. REVIEW OF BOARD BYLAWS AND BOARD GOVERNANCE POLICY MANUAL**

- a. The committee reviewed feedback from corporate counsel and made final revisions.

**IV. NEXT STEPS**

- a. The committee recommends the Board Bylaws, Board Governance Policy Manual, Monthly Board Meeting Evaluation, and Board Performance and Self-Evaluation Questionnaire be sent to the Board for approval.
- b. The committee acknowledged that if there is a change to the Board's committee structure that some policies addressing Board committees will need to be revised.

**V. PARKING LOT**

**VI. AJOURNMENT**

The meeting adjourned at 5:57pm.

**VII. NEXT MEETING**

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Thursday, September 19, 2024** at 5:00pm.

Respectfully submitted,  
*Catherine Bernhold (dp)*

Catherine Bernhold  
 Committee Chair



**BOARD CLINICAL OPERATIONS COMMITTEE**  
**Wednesday, August 7, 2024**  
**5:00pm**

**MAJOR COMMITTEE RESPONSIBILITIES**

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

**COMMITTEE MEMBERS**

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

**DRAFT MINUTES**

**I. CALL TO ORDER**

Susan Fortney called the meeting to order at 5:00pm. Susan Fortney, Becca Curley, Rebecca Pasko, Crystal Palmer, Lisa Graham, and Bridgitte Gates were present. John Burkardt and Mike Humphries were excused.

**II. CHIEF CLINICAL OFFICER UPDATE**

- a. Crystal Palmer presented the Clinical Operations Executive Summary highlighting information under the sections of Staff, Leadership, Community Outreach, and Services from the Strategic Plan.
  1. Staff: MCMHA continues to recruit and hire staff for current vacancies, which is 11 at this time. Once of the vacancies filled in July was a previous intern.
  2. Leadership: The clinical leadership team completed the Compassionate Accountability Assessment individually and are utilizing the toll to identify areas of need.
  3. Community Outreach: There were 24 referrals made in June. 63% received some type of follow-up, services authorized, etc. 17% declined any further intervention, and 20% were not engaged. Certified Peer Supports Specialists (CPSS) continue to provide support at the ALCC. The CPSS did engage in 15 programs/activities and zero (0) 1:1 meeting during the month of June.
  4. Finance: Updates on this strategy will be provided at the Business Operations Meeting.
  5. Services: Crisis Mobile responded to 31 contacts in June, which averaged 1.13 hours of face to face interaction time; the average response time for Crisis Mobile was approximately 16.08 minutes which is likely due to 79% of the calls being in 48161 and 48162 zip codes; there were multiple referral sources for Crisis Mobile, 43% were from the Monroe County Sheriff's Department, 40% were from Monroe City Police, and 10% were from the Access Department/CMH; enrollment for CCBHC has increased by 115 members this month due to an increase in enrollments. This is a 6.7% increase in enrollment from the previous month, which is expected; the data for incoming calls being answered is a 98%, which meets MCMHA's goal of 95%.
- b. Susan Fortney and Rebecca Pasko requested the new website link be sent.
- c. Susan Fortney suggested a group home tour for the Board of Directors.
- d. Rebecca Pasko requested to know what the rate of payment is for CLS providers and the stabilization rate. Lisa Graham commented that this question would be best directed to the Business Operations Committee.

**III. OPERATIONS DIRECTOR UPDATE**

1. Bridgitte Gates presented the Director of Operations Report highlighting the topics: Customer Services, External Providers, Kiosks, Revel Marketing, and 4<sup>th</sup> Quarter Grievances.

**IV. FY2024 Quality Metrics Report**

- a. The 2<sup>nd</sup> Quarter MDHHS Quality Metrics Report was presented by Lisa Graham.

**V. PARKING LOT**

**VI. ADJOURNMENT**

The meeting adjourned at 6:10pm. The Board Clinical Operations Committee's next meeting is scheduled for Wednesday, September 4, 2024 at 5pm in the Aspen Room.

Respectfully submitted,

*Susan Fortney (hp)*

Susan Fortney  
Clinical Operations Chairperson

8/16/24

# Clinical Operations – Executive Summary

August 7, 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 11 at this time. One of our vacancies filled in July was a previous intern.

## LEADERSHIP

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

- The clinical leadership team completed the Compassionate Accountability Assessment individually and are utilizing the tool to identify areas of need.

## COMMUNITY OUTREACH

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

- There were 24 referrals made in June. 63% received some type of follow-up, services authorized, etc. 17% declined any further intervention, and 20% were not engaged.
- Certified Peer Support Specialists (CPSS) continue to provide support at the ALCC. The CPSS did engage in 15 programs/activities and zero (0) 1:1 meeting during the month of June.

## FINANCE

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

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

## SERVICES

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

- Crisis Mobile responded to 31 contacts in June, which averaged 1.13 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 16.08 minutes which is likely due to 79% of the calls being in 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 43% were from the Monroe County Sheriff's Department, 40% were from Monroe City Police, 10% were from Access Department/CMH, and 7% was self-referral/crisis mobile follow up.
- Enrollment for the CCBHC has increased by 115 members this month due to an increase in enrollments. This is a 6.7% increase in enrollment from the previous month, which is expected.
- The data for incoming calls being answered is at 98%, which meets MCMHA's goal of 95%.

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

Clinical Updates – August 7, 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 August 1<sup>st</sup>:

- Access Screener
- Case Service Manager – Child/Family
- Case Service Manager – Intellectual/Developmental Disability (1 positions)
- Children's Therapist/Case Manager (2 positions)
- Direct Support Professional
- Crisis Mobile Response Clinician/Peer
- Evaluation & Admission Specialist (2 positions)
- Peer Support Specialist (PT – 2 positions)

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

## **LEADERSHIP**

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

During the month of July, the Chief Clinical Officer did two additional reviews regarding Compassionate Accountability. Directors and Supervisors were required to complete the Compassionate Accountability Assessment which was then discussed after completion. Leadership was able to recognize some of their strengths and weaknesses and were to identify one area to work on in the upcoming month.

## **COMMUNITY OUTREACH**

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

#### **Universal Referral**

MCMHA continues to utilize the Universal Referral Form program which allows some of our community partners the opportunity to have a quick and easy way to refer individuals they encounter that they believe to be in need. 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

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

Clinical Updates – August 7, 2024

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

During June 2024, there have been 24 mental health referrals, including law enforcement and community referrals. The outcomes of these cases are as follows:

- 6 were sent to their treatment teams for follow up
- 6 were referred and following through with Access
- 2 sent to jail team for follow up
- 4 declined any further intervention
- 1 authorized for psychiatric hospitalization
- 3 were no response
- 2 did not have enough information to follow up with

### **Opportunity Center at the ALCC**

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

Peers continue to help link and coordinate services, including engaging those who need community mental health services or those involved in them. In June, MCMHA provided zero (0) 1:1 meetings, two (2) appointments, and the peers did engage in 15 programs/activities within the Opportunity Center.

### **Outreach Activities**

*Law Enforcement:* The Monroe County Jail entered into a contract with a new provider for jail medical services. MCMHA is meeting regularly with the new provider, Vital Care, the Sheriff’s office and our Jail MAT provider, Therapeutics, to ensure we continue to provide the same quality of care in the jail for MAT services.

*Michigan Department of Health and Human Services (MDHHS):* MCMHA CCBHC Program Director and Children’s Director attended a CCBHC and Behavioral Health Home (BHH) Serious Emotional Disturbance (SED) Feedback workgroup with MDHHS this month to provide feedback on CCBHC and BHH programs related to serving youth.

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

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

Clinical Updates – August 7, 2024

**FINANCE**

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

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

**SERVICES**

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

**Crisis Mobile Response Team**

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

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

**Benesh Expansion**

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

Zip Code	Location	23-Oct	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Total
48101	Ann Arbor	0	1	0	0	0	0	0	0	0	1
48103	Ann Arbor	0	0	0	0	0	1	0	0	0	1
48105	Ann Arbor	0	0	0	0	0	0	0	0	0	0
48111	Belleville	0	0	0	0	0	1	0	0	0	1
48117	Carleton	2	3	2	0	1	4	2	3	4	21
48131	Dundee	3	2	1	0	1	0	2	4	2	15
48133	Erie	4	2	4	1	0	2	3	0	1	17
48134	Flat Rock	0	0	0	0	0	2	1	1	1	5
48135	Garden City	0	0	0	0	0	0	0	0	0	0
48140	Ida	0	0	0	0	0	0	0	1	0	1
48144	Lambertville	0	1	0	0	0	2	1	1	1	6
48145	LaSalle	1	1	2	0	0	1	5	0	1	11
48153	Maybee	0	0	0	0	0	1	0	0	0	1
48157	Luna Pier	3	0	0	0	0	0	0	1	0	4
48159	Maybee	0	0	0	0	0	0	0	2	0	2
48160	Milan	6	3	2	1	1	0	3	1	1	18
48161	Monroe	49	27	22	14	18	11	17	17	25	200
48162	Monroe	15	16	11	7	6	6	10	11	12	94
48164	New Boston	0	0	0	0	0	0	0	0	0	0
48166	Newport	9	2	7	3	2	0	6	4	5	38
48177	Samaria	0	0	0	0	0	0	0	0	0	0
48179	South Rockwood	0	0	0	0	0	0	1	0	0	1
48182	Temperance	3	9	2	0	3	9	1	3	1	31
48191	Willis	1	0	0	0	0	0	0	0	0	1
48198	Ypsilanti	0	0	0	0	0	0	1	0	0	1
48214	Detroit	0	0	0	0	0	1	0	0	0	1
48336	Fowlerville	1	0	0	0	0	0	0	0	0	1
48817	Corunna	0	0	0	0	0	0	1	0	0	1
49221	Adrian	0	0	1	0	0	0	0	0	0	1
49267	Ottawa Lake	1	0	0	0	0	0	0	0	0	1
49270	Petersburg	0	2	1	1	0	0	0	2	2	8
49276	Riga	0	0	0	1	0	0	0	0	0	1
<b>Total</b>		<b>98</b>	<b>69</b>	<b>55</b>	<b>28</b>	<b>32</b>	<b>41</b>	<b>54</b>	<b>51</b>	<b>56</b>	<b>484</b>

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

Clinical Updates – August 7, 2024

Below a table is provided indicating out of the total number appointments scheduled each month for FY24, how many of those appointments were in-person at the Benesh Building; and out of all appointments scheduled, whether in-person or virtual, how many were kept.

	<b>% Appointments in Office</b>	<b>% Kept Appointments (in-person/virtual)</b>
<b>October</b>	76%	52%
<b>November</b>	75%	48%
<b>December</b>	70%	59%
<b>January</b>	79%	43%
<b>February</b>	81%	66%
<b>March</b>	90%	54%
<b>April</b>	80%	72%
<b>May</b>	71%	63%
<b>June</b>	61%	55%

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

## **Crossroad Clubhouse**

The Clubhouse is continuing to explore new site opportunities for the Clubhouse space that is on the bus route and will meet the necessities of what is needed. They have currently explored 4 different properties. At this time, MCMHA is in the process of securing the old Panara Restaurant off Telegraph Road.

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

The ACT Team MI FAST was scheduled for July 30<sup>th</sup>. The reviewers stated that we should receive feedback within approximately 30 days of the visit.

The ACT team started a weekly therapy group focused on problem solving called “Breaking Barriers.” The group is running for a 10-week period and will be considered for all MI individuals after the initial implementation.

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

There are 1,822 members currently enrolled in CCBHC through the WSA, which is an increase of 115 from last month. This number will continue to fluctuate as consumers enroll and disenroll in services. This remains to be around 80% of our consumers.

In June, the clinical training was on Overdose Prevention, with an emphasis on naloxone. This is a CCBHC required training for staff. MCMHA partnered with Recovery Advocacy Warriors (RAW) and local law enforcement to provide this training. Staff learned about substances common in Monroe County, the effects of these substances, and heard recovery stories from RAW. The use of naloxone, a lifesaving overdose reversal drug, was also demonstrated. Staff received a naloxone kit to take with them, including naloxone, a CPR mask, and gloves.

MCMHA’s CCBHC Re-certification application is still pending approval. MDHHS has not released a timeline of when the re-certification process will conclude.

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

Clinical Updates – August 7, 2024

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

### **Waiver Program Services**

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

*Children’s Waiver Program* (14 Enrolled – **no change**) This waiver makes it possible for children, under the age of 18, have a documented developmental disability, meet requirement for Intermediate Care Facility (IFC) and need for habitative medical and/or behavioral care in the home, to receive Medicaid.

*Serious Emotional Disturbances Waiver* (8 Enrolled - **1 pending still**) – Another Michigan pathway to Medicaid for children and youth with a Serious Emotional Disturbance (SED) diagnosis and intensive treatment need that meets criteria for inpatient hospitalization or without added behavioral services they would require hospitalization.

*Habilitation Supports Waiver* (HAB Waiver/121 Enrolled – **2 disenrolled**) - This is a cooperative Federal and State agreement allowing for a waiver on certain requirements to allow us to provide services in a community setting rather than in an institution. Enrolled consumers on the HAB waiver must meet specific guidelines to be eligible including a documented developmental disability, living in the community, active Medicaid, need for Intermediate Care Facility, active and ongoing treatment, and assistance to support functioning, and at least one HAB waiver service per month in addition to supports coordination. \*\*\*It should be noted that MCMHA has 126 assigned slots for the HAB Waiver. We have four (4) possible candidates at this time.

### **Certification**

MCMHA’s Youth Peer Support Specialist completed the Certified Youth Peer Support Services training through Association of Children’s Mental Health (ACMH) which is a state requirement.

### **Groups**

A social emotional skills group “Zoom Through Zones of Regulation” was a hit! Seven (7) youth met for eight (8) weeks, and it was led by an outpatient clinician. There will be another social skills group in August that will be announced soon.

The summer session of Parenting Through Change (PTC) started on 6/25/2024. PTC is an evidence-based practice designed to give parents and caregivers hope and build skills to address challenging behaviors.



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

Clinical Updates – August 7, 2024

## **MISCELLANEOUS**

### **Call Volume Data**

Below is the call volume data for Fiscal Year 24.

	October-23	November-23	December-23	January-24	February-24	March-24	April-24	May-24	June-24
Incoming Calls	3929	3967	3418	4124	4390	4177	4484	4264	4291
Incoming calls minus abandon calls	3863	3905	3345	4063	4311	4108	4377	4124	4155
Calls Answered	3653	3680	3135	3815	4048	3832	4128	3816	3810
Missed/Abandoned Calls	66	62	73	61	79	69	107	140	136
Abandoned Calls	265	276	280	287	323	325	351	405	459
% incoming calls answered	93%	93%	92%	93%	92%	92%	92%	89%	89%
% incoming calls answered minus abandon calls	98%	98%	98%	99%	98%	98%	98%	97%	97%

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

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

As stated previously, MCMHA is setting an internal goal of 95% of calls answered. As you can see, during Fiscal Year 2024 in the first nine months, we are at 98%, which is over our goal of 95%.

### **Caseload Report**

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

Select Month:: 2024 - 06

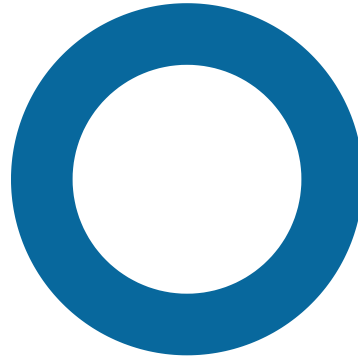
(1) ▾



## Monroe County CMH Crisis Mobile Utilization Report

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

Month	Initial or ...	#	%
2024 - 06	Follow-Up	0	0%
2024 - 06	Initial	31	100%



1 - 2 / 2 < >

● Follow-Up ● Initial

Month	Contact Type	Hours
2024 - 06	Indirect Contact (Phone/Email/Other)	0
2024 - 06	Contact Attempt	1
2024 - 06	Face-To-Face	23.8

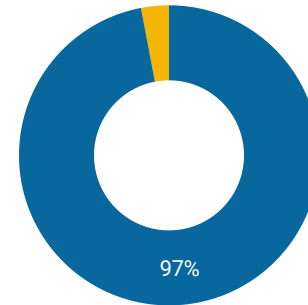
### Total Crisis Mobile Deployments

# 31

Month	Contact Type	#	%
2024 - 06	Indirect Contact (Phone/Email/Other)	0	0%
2024 - 06	Contact Attempt	1	3%
2024 - 06	Face-To-Face	30	97%

1 - 3 / 3 < >

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



### Average Face-to-Face Interaction Time

# 1.13

Month	Avg F2F Contact
2024 - 06	1.13

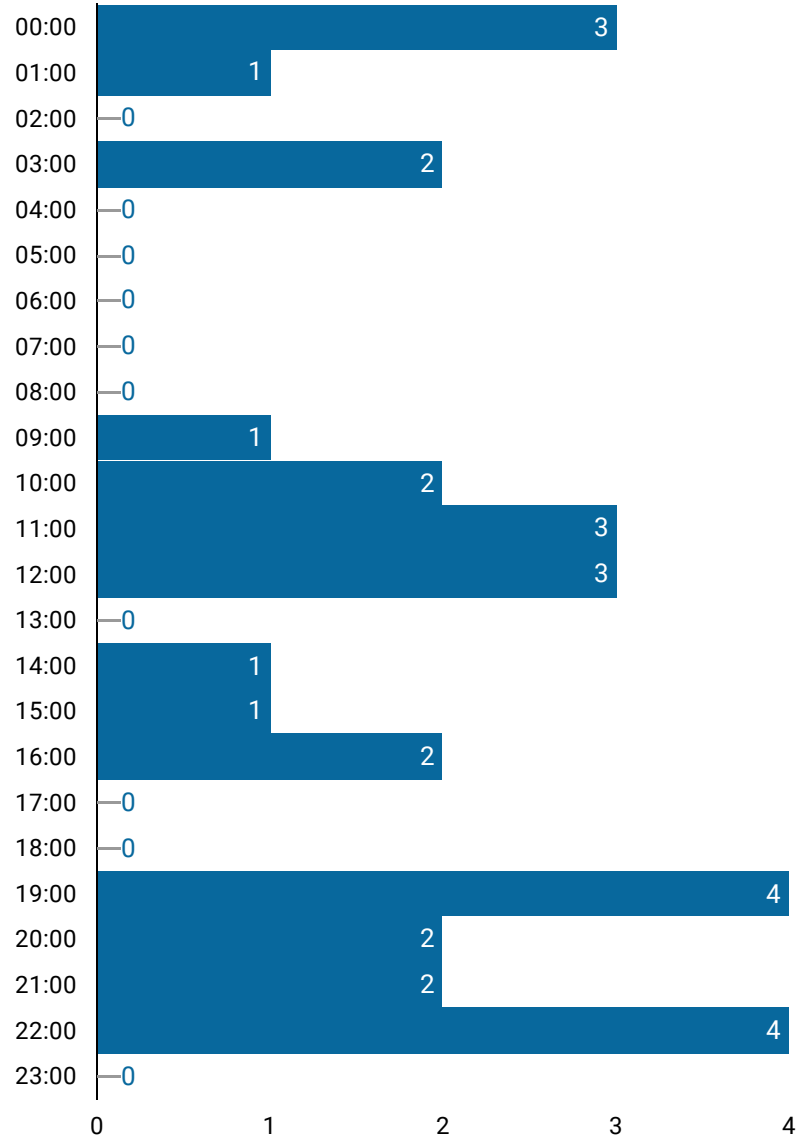
Select Month:: 2024 - 06

(1) ▾

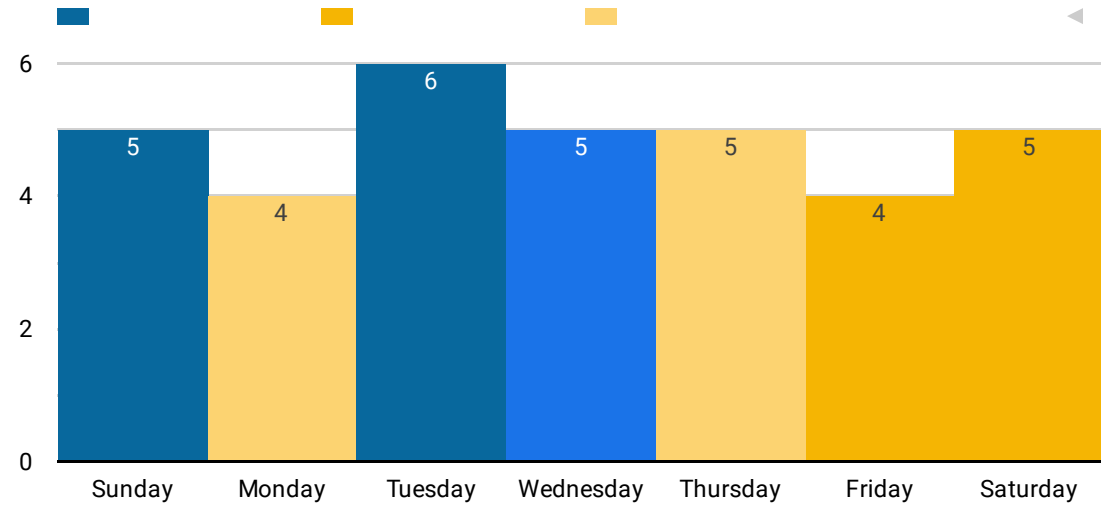
## Time of Calls

### Calls, by hour:

# Calls



### Calls, by Weekday:



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

Average Response Time (Minutes)

16.08

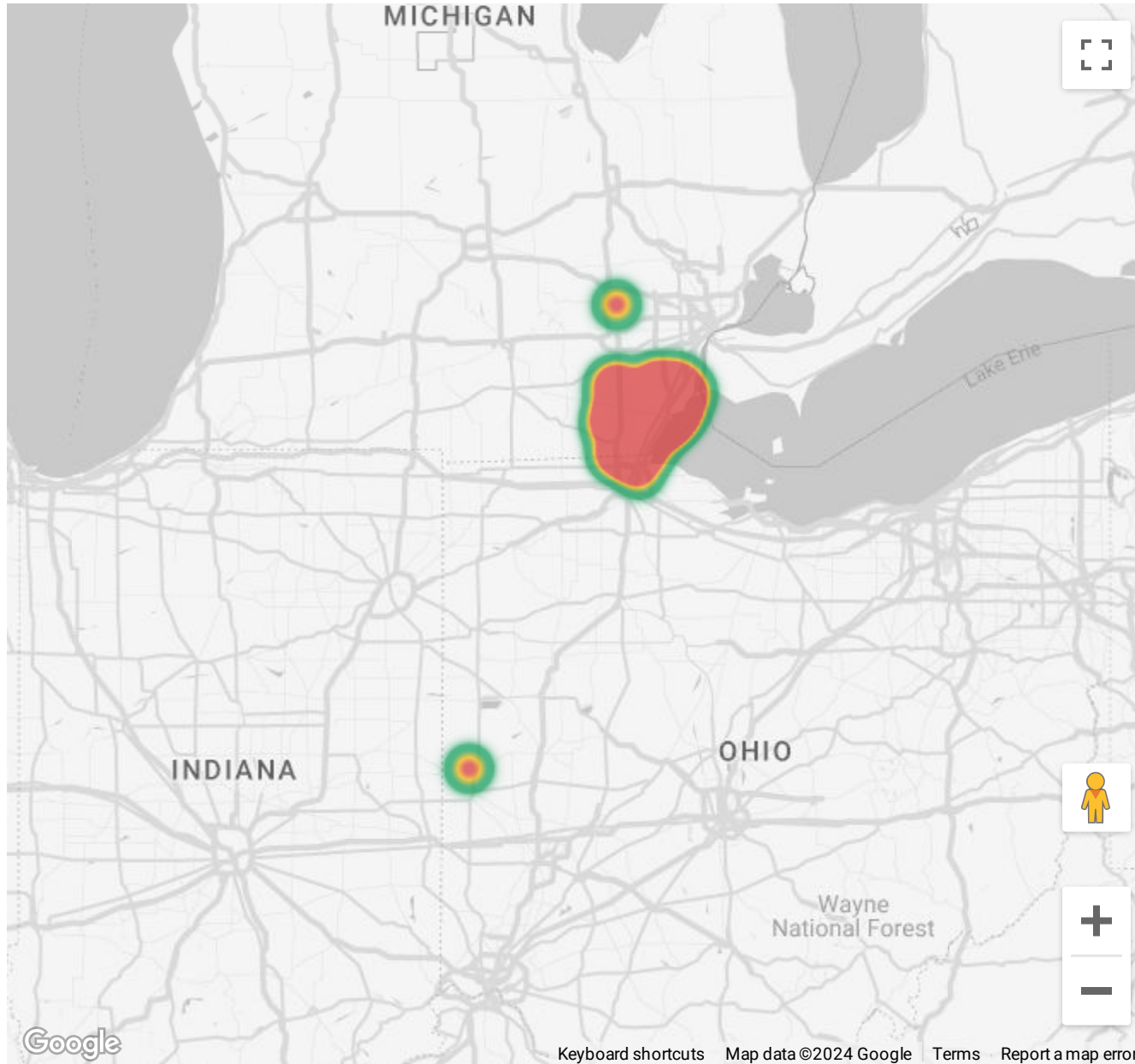
Month	Avg. Response Time ▾
2024 - 06	16.08

Select Month:: 2024 - 06

(1) ▾

# Location

## Mapping of locations deployed to:

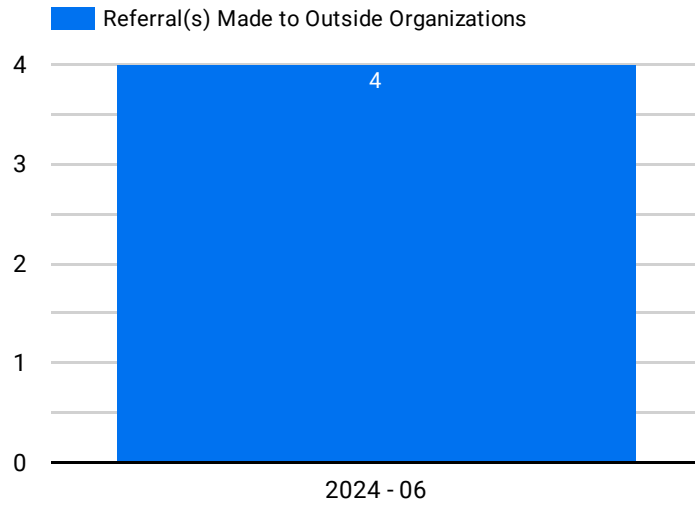


Month	Zipcode	#	%
2024 - 06	48182	0	0%
2024 - 06	48160	1	4%
2024 - 06	48173	0	0%
2024 - 06	48166	1	4%
2024 - 06	48117	3	13%
2024 - 06	48134	0	0%
2024 - 06	48161	12	50%
2024 - 06	48162	5	21%

Select Month:: 2024 - 06

(1) ▾

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



Month ① ...	Referred To: ② ▲	#	%
2024 - 06	Arrowhead Behavioral Health	0	0%
2024 - 06	Behavioral Health Treatment	0	0%
2024 - 06	CMH	7	78%
2024 - 06	Family Counseling and Shelter Services of Monroe	0	0%
2024 - 06	Fire Station	0	0%
2024 - 06	Gabby's Ladder	0	0%
2024 - 06	Harbor Light	1	11%
2024 - 06	Henry Ford Wyandotte	0	0%
2024 - 06	Holistic Wellness	0	0%
2024 - 06	Lemon Tree	0	0%
2024 - 06	MCOP	0	0%
2024 - 06	Michigan Works	0	0%
2024 - 06	Monroe County Animal Control	0	0%
2024 - 06	Paula's House	0	0%
2024 - 06	ProMedica ER	1	11%
2024 - 06	Pure Psych	0	0%
2024 - 06	RAW	0	0%
2024 - 06	Resource Flyer	0	0%
2024 - 06	SUD Treatment	0	0%
2024 - 06	Salvation Army Harbor Light	0	0%
2024 - 06	St. Joe's	0	0%

Select Month:: 2024 - 06

(1) ▾

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

		Month / # Calls
Deployed by:		2024 - 06
Monroe City Police		13
Monroe County Sheriff's Dept.		12
CMH		2
ACCESS		1
Mobile Crisis Follow Up		1
Self		1
Police Mental Health Referral		0

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

(New question starting 12/2023)

		Month / #
Issue/Diagnosis		2024 - 06
Thought Disorder		9
Suicidal Ideation		10
Substance Abuse		5
Neurocognitive		2
Homicidal Ideation		1
Environmental		0
Domestic Violence		1

Select Month:: 2024 - 06

(1) ▾

**Consumers, New and Repeats:**

	<b>Month ① ▲</b>	<b>New or Repeat Consumer...</b>	<b>#</b>
1.	2024 - 06	New	24
2.	2024 - 06	Repeat	7

Select Month:: 2024 - 06

(1) ▾

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

# Narcan Kits Distributed

0

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

			Month / # / %
			2024 - 06
Race		#	%
White		26	87%
Not Collected		2	7%
Black or African American		2	7%



Select Month:: 2024 - 06

(1) ▾

## Number of calls per population - Age

			Month / # / %
			2024 - 06
Age		#	%
0 to 9		0	0%
10 to 17		3	10%
18 to 28		9	30%
29 to 39		10	33%
40 to 50		4	13%
51 to 61		2	7%
62 to 72		0	0%
73 to 83		1	3%
84 to 94		0	0%
95 +		0	0%
Not Collected		1	3%



## Director of Operations Report – August 7, 2024

### **Customer Services:**

- Customer Services Satisfaction Survey in process
- CCBHC Satisfaction Survey's
- Participated in Monroe County Fair with a booth in Expo Center

### **External Providers:**

- See attached Provider survey data report. New Directions is seeing an increase in daily attendance.

### **Kiosks**

- June – 25 total responses. 5 at Benesh and 20 at Raisinville. No prescriber responses received.
- Comments from consumers/guardians at Raisinville
  - Like to have a visiting nurse come to their home
  - 2 people stated that the person they were to meet with was late.
  - 2 people stated the lobby was dirty.
  - 2 people stated that the staff they met with wasn't friendly.
  - 1 stated that their appointment was cancelled/rescheduled, and they weren't notified.
  - 1 stated that the staff is not in the office on the day that they are available.

### **Revel**

- Webpage is close to completion.
- FY2023 Annual Report complete – printing in process
- Created coloring sheets

## Quarter 4 Grievances FY23/24 (July)

### 6 Grievances

1 – resolved

- 1 - Request for new prescriber – granted

5 – pending

- 1 – payment for service broker – IPOS not in place yet
- 2 – prescriber comment
- 2 – request for new prescriber

# MCMHA Performance Indicator Survey: External Providers

FY 2024 Q3: April 1 – June 30, 2024

Surveyed Providers		Retention	Training Compliance
# Sent Out	# Responses	Average Staff Retention	Average Training Compliance
32	18	Q2: 82.72% Q3: 84.03%	Q2: 96.41% Q3: 98.33%

## Greatest Challenges

Category	# of Providers
Retention and recruitment	7
Consumers missing their appointments	3
Staff illnesses resulting in schedule changes	2
Referrals	2
Funding	2
Zoom links for telehealth not working	1
Inability to submit documents in a timely manner	1

## Greatest Successes

Category	# of Providers
Retention and recruitment	7
Ensuring consumers have the best possible care	4
Increased new consumer onboarding	3
Opening new services	1
Receiving training certificates from CMH in a timelier manner	1
Completing accreditation by The Joint Commission	1
Streamlined processes for implementing Standard Operating Procedures	1

## Supported Employment

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

## Drop-In Center

Number of Providers	Average Daily Attendance	Average Meals Per Day
1	4 (+3 virtual)	0

The supported employment provider that responded was Life Enrichment Academy. The drop-in center provider that responded was New Directions. New Directions reports a great increase in the number of consumers they are serving, with an average of 4 per day in person, and another 3 per day for phone/virtual appointments.

# PULSE FOR GOOD DATA

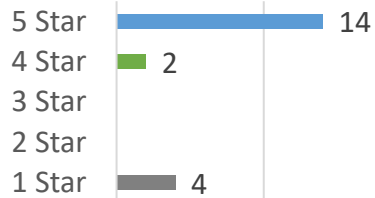


July 2024 / Location - Lobby Kiosk

Overall Rating: 4.30

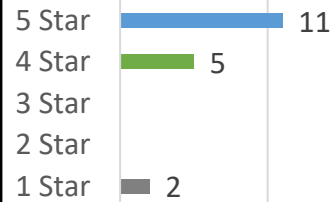
## How was your visit?

20 Responses / 4.10 Rating



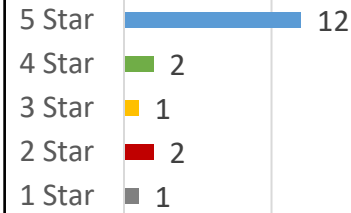
## Do you think this agency is a safe place to be?

18 Responses / 4.28 Rating



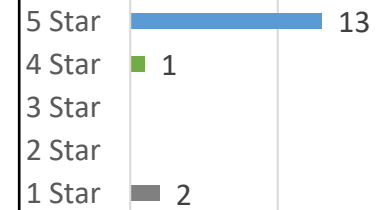
## How clean was it?

18 Responses / 4.22 Rating



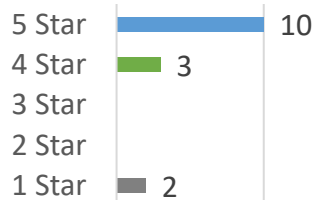
## How respectful was the staff?

16 Responses / 4.44 Rating



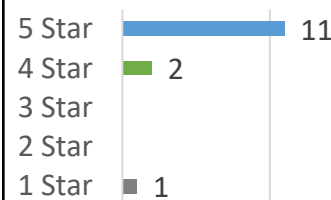
## How satisfied were you with scheduling your appointment?

15 Responses / 4.27 Rating



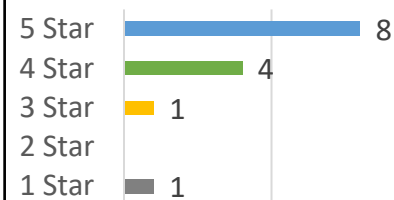
## How well did the appointment time work for you?

14 Responses / 4.57 Rating



## How convenient is our location?

14 Responses / 4.29 Rating



# PULSE FOR GOOD DATA

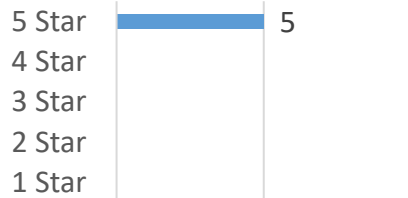
July 2024 / Location - Benesh Kiosk



Overall Rating: 4.94

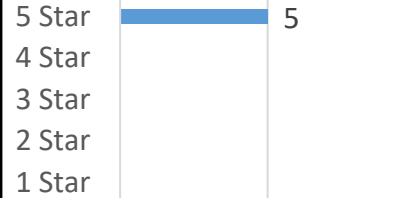
How was your visit?

5 Responses / 5.00 Rating



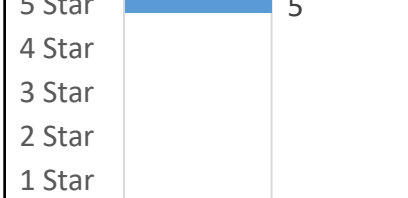
Do you think this agency is a safe place to be?

5 Responses / 5.00 Rating



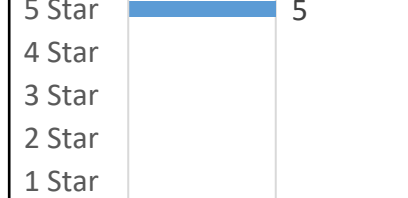
How clean was it?

5 Responses / 5.00 Rating



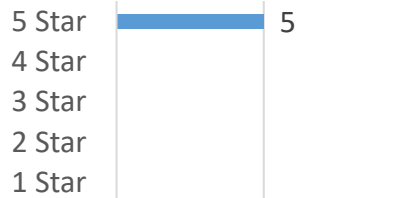
How respectful was the staff?

5 Responses / 5.00 Rating



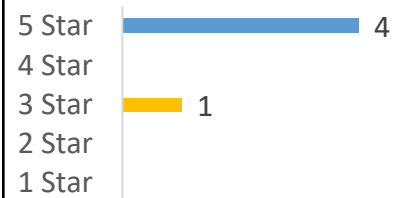
How satisfied were you with scheduling your appointment?

5 Responses / 5.00 Rating



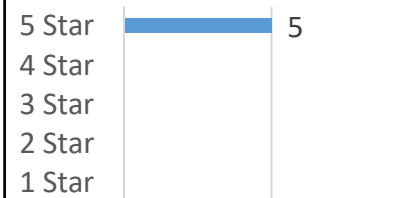
How well did the appointment time work for you?

5 Responses / 4.60 Rating



How convenient is our location?

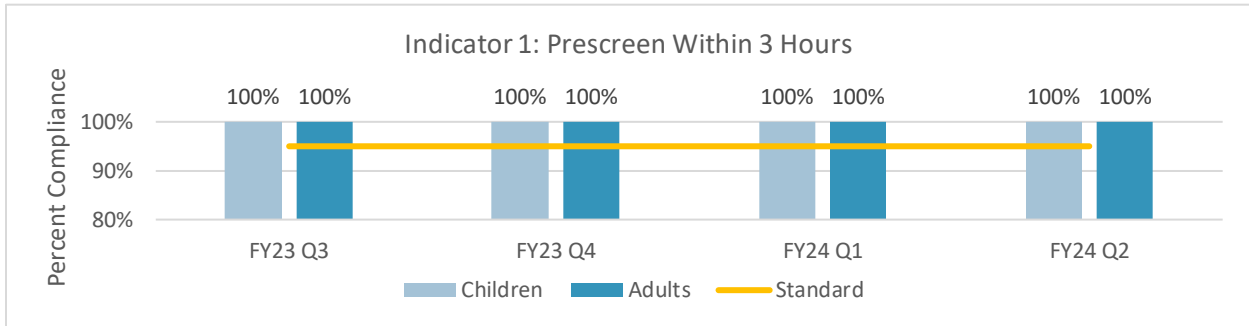
5 Responses / 5.00 Rating



**Compliance Report of Performance Improvement**  
 Fiscal Year 24 Quarter 2  
 (1/1/24 – 3/31/24)

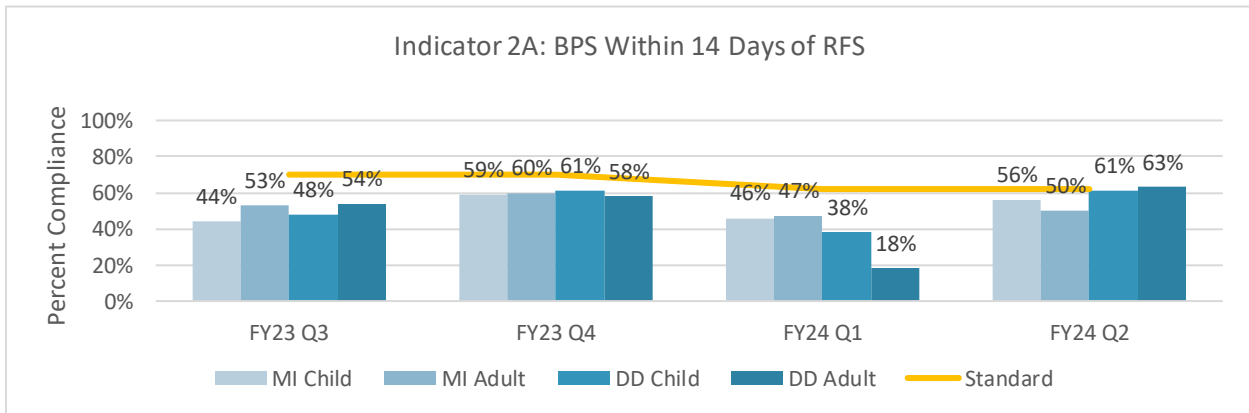
**MDHHS Michigan’s Mission-Based Performance Indicator System (MMBPIS)**

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%.



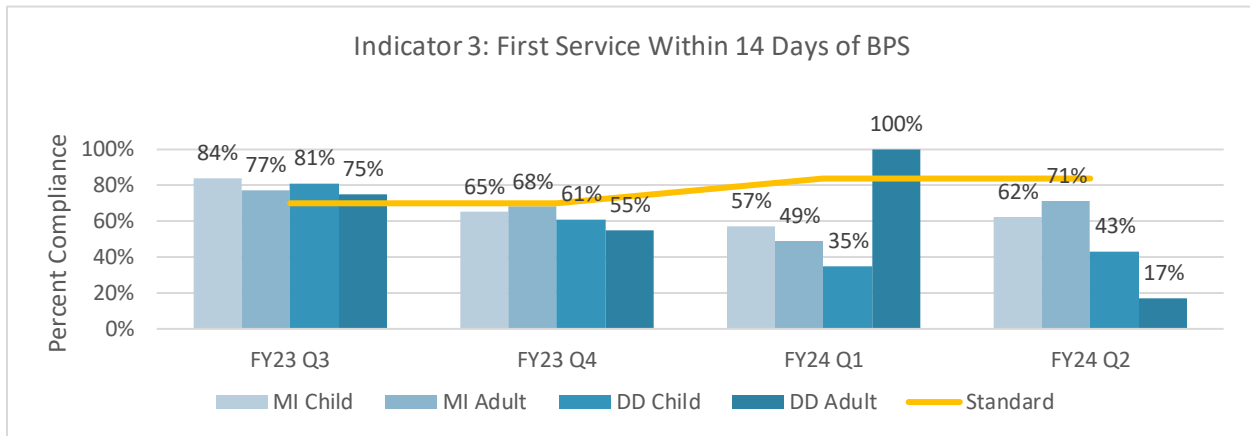
Population	Number of Emergency Referrals for a Prescreen	Number of Prescreens Completed Within 3 Hours	Out of Compliance	Percent Compliance
Child	33	33	0	100%
Adult	119	119	0	100%
<b>Total</b>	<b>152</b>	<b>152</b>	<b>0</b>	<b>100%</b>

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%.



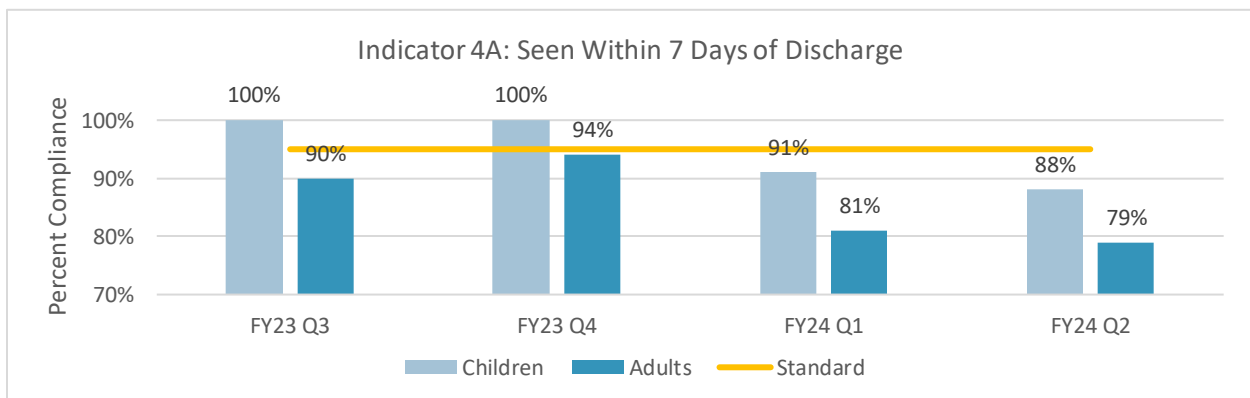
Population	Number of People Requesting Initial BPS	Number of Initial BPS's Completed Within 14 Days of RFS	Out of Compliance	Percent Compliance
MI Child	90	50	40	56%
MI Adult	216	107	109	50%
DD Child	36	22	14	61%
DD Adult	8	5	3	63%
<b>Total</b>	<b>350</b>	<b>184</b>	<b>166</b>	<b>53%</b>

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%.



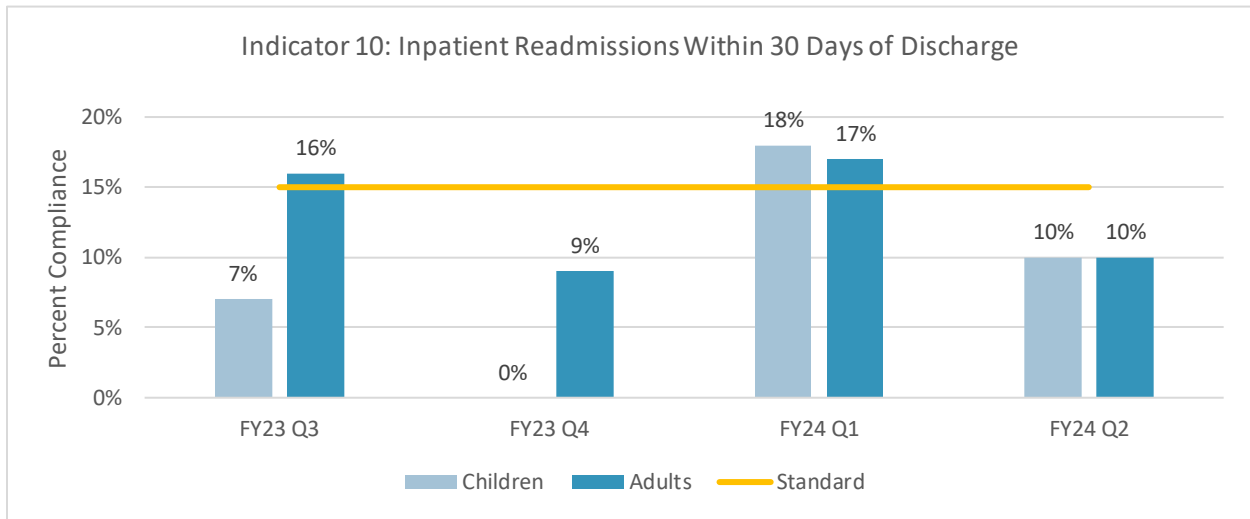
Population	Number of People Eligible for Services	Number of People Receiving First Service Within 14 Days of BPS	Out of Compliance	Percent Compliance
MI Child	63	39	24	62%
MI Adult	122	87	35	71%
DD Child	21	9	12	43%
DD Adult	6	1	5	17%
<b>Total</b>	<b>212</b>	<b>136</b>	<b>76</b>	<b>64%</b>

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	17	15	2	88%
Adult	42	33	9	79%
<b>Total</b>	<b>59</b>	<b>48</b>	<b>11</b>	<b>81%</b>

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.



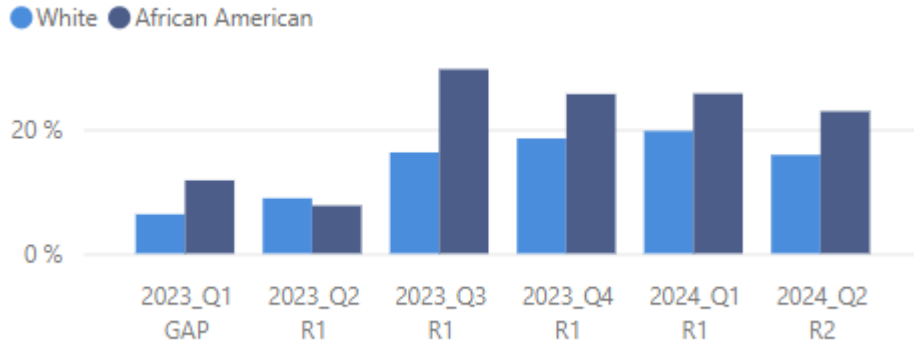
Population	Number of Discharges from Psychiatric Inpatient	Number of Discharges Readmitted Within 30 Days	Percent Readmission
Child	21	2	10%
Adult	50	5	10%
Total	71	7	10%



### MDHHS Performance Improvement Projects (PIPs)

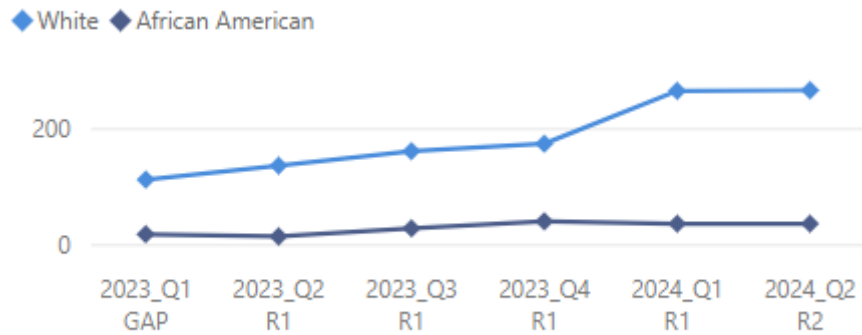
PIP #1: Reducing racial disparities between White/Caucasian and Black/African American populations in the percentage of no-shows to a biopsychosocial (BPS) assessment within 14 days of a non-emergency request for services (MMBPIS Indicator #2A).

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



Qtr, PIP2measurementPeriod	White	African American
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 %	25.6 %
2024_Q1, R1	19.7 %	25.7 %
2024_Q2, R2	15.8 %	22.9 %

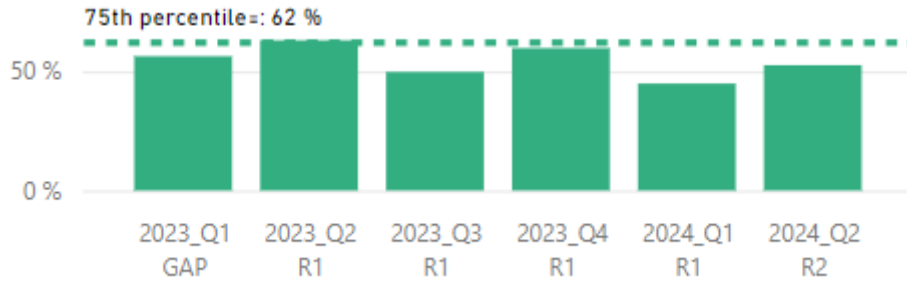
Number of New Consumers Requiring an Initial BPS, by Race



Qtr, PIP2measurementPeriod	White	African American
2023_Q1, GAP	111	17
2023_Q2, R1	135	13
2023_Q3, R1	160	27
2023_Q4, R1	173	39
2024_Q1, R1	264	35
2024_Q2, R2	265	35

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
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 %
2024_Q2, R2	52.57 %

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



Qtr, PIP2measurementPeriod	Monroe
2023_Q1, GAP	142
2023_Q2, R1	162
2023_Q3, R1	205
2023_Q4, R1	231
2024_Q1, R1	341
2024_Q2, R2	350

## 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.

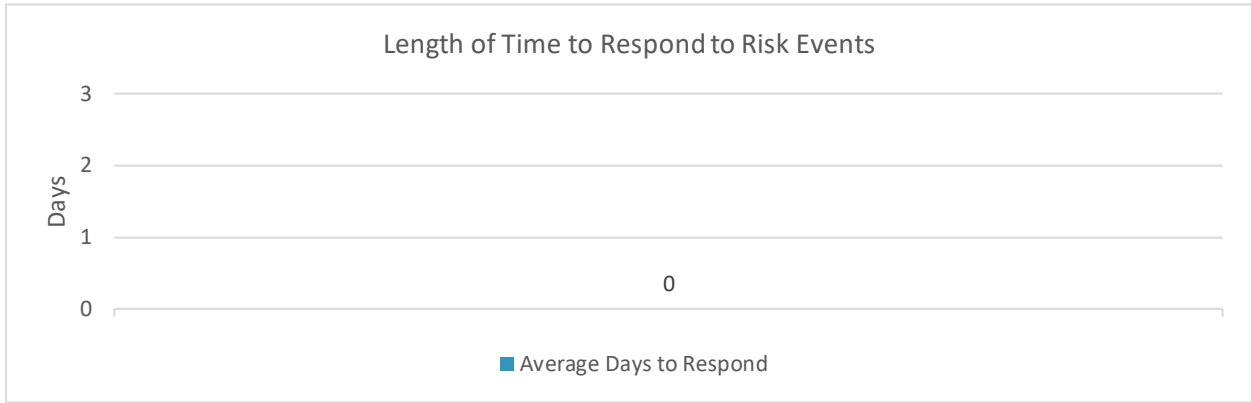
*No data available.*

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.

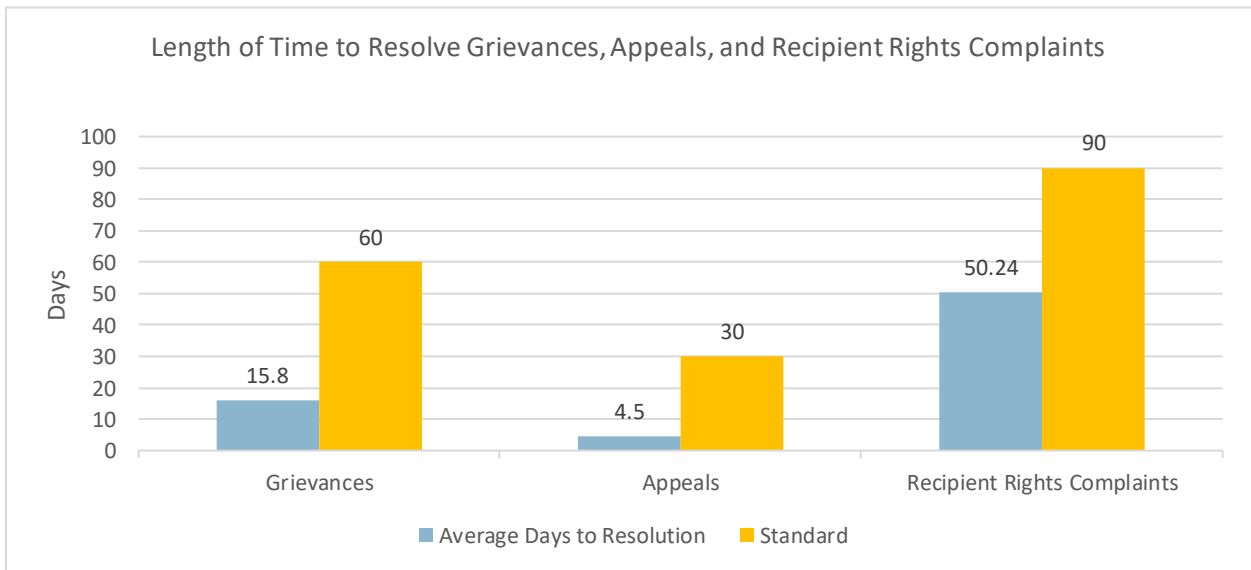
*No data available.*

### 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, July 25, 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; Becca Curley; Susan Fortney; Naomi Stoner; and Michael Humphries (Ex-Officio)

### DRAFT MINUTES

#### I. CALL TO ORDER

Rebecca Pasko called the meeting to order at 5:00pm. Rebecca Pasko, Susan Fortney, Dawn Asper, Becca Curley and Lisa Graham were present. Naomi Stoner and Mike Humphries were excused.

#### II. FOLLOW UP FROM PREVIOUS MEETING

- a. Review Progress on Outline for Committee Introduction – The committee is still gathering information.

#### III. REVEL MARKETING / STATUS REPORT

- IV. Kayla Slager, Danielle Webb, and Cindy Huston from Revel Marketing, presented a sneak peek of the new MCMHA website for committee members.
  - i. Potential launch may be in August.
  - ii. Any community partner or township that has an MCMHA website link that already exists on their webpage, once the new website is launched there will be no need to change update the link.
  - iii. Cindy Huston commented that Bridgitte Gates has been an amazing liaison for CMH working with Revel. Bridgitte has done a huge coordination effort and wanted to make everyone aware on how hard she has worked so Revel could pull this together for Monroe CMH.
  - iv. A suggestion to have the Board be one of the main headers on the front page. This page would house Board of Director pictures, Board Packets, Minutes, and other documentation as needed.
  - v. Lisa Graham commented that the new website was phase 1. Phase 2 could be to add:
    - a. A tele-health page.
    - b. Glossary of Terms under Resources.
    - c. Kayla has highly recommended a blog to resources in the career section and under the News page.
    - d. Under careers could have individual positions that are standard to the agency and have videos to attract talent; Culture and employee impact stories; and a DEI page.
    - e. Individual bios for the Board.
    - f. Consumer Advisory Committee information.
    - g. Under Contact, scheduling an appointment or paying your bill.
  - vi. Rebecca Pasko asked that when we are ready to do a billboard campaign, will it be brought to committee for discussion? Lisa Graham commented that yes, when we feel we are ready for phase 2 of the new website or ready for additional campaigns, the information will be brought to this committee as well as the Business Operations Committee if funding is involved.

#### V. NEXT STEPS

- a. Next Meeting Agenda
  - i. Recipient Rights Complaint Process – Invite Shelley Koyl and Coy Hernandez

#### VI. PARKING LOT

- a. Customer Services Complaint Process – Invite Amber Ellerman

#### VII. AJOURNMENT

The meeting adjourned at 5:08pm.

#### VIII. NEXT MEETING

The Next Meeting of the Board Community Relations Ad-hoc Committee is scheduled for Thursday, August 15, 2024 at 4:00pm.

Respectfully submitted,

*Rebecca Pasko (dp)*

Rebecca Pasko  
Committee Chair

7/26/24



## BOARD EXECUTIVE COMMITTEE

Wednesday, August 21, 2024

6:00pm

### MAJOR COMMITTEE RESPONSIBILITIES

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

### COMMITTEE MEMBERS

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

#### I. CALL TO ORDER

Mike Humphries called the meeting to order at 6:26pm. Mike Humphries, Susan Fortney, Catherine Bernhold, and Lisa Graham were present.

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

- a. Board Agenda – Reviewed
- b. Presentation – Years of Service Awards and Peer Delivered Services Presentation

#### III. ITEMS FOR DISCUSSION

- a. A Board Action Request for acquiring property to relocate Crossroads Clubhouse was presented and discussed at the Board Business Operations Meeting this evening. The committee is recommending the Board Action Request to the full Board for consideration, providing that, the city approves zoning and the Landlord accepts the lease modifications. Lisa Graham commented that if there are any issues with zoning and/or the modifications to the terms of the agreement that are not acceptable to the Landlord, the Board will be informed at the August 28<sup>th</sup> Board Meeting.
- b. Mike Humphries suggested to add the discussion of Board committee structure under Section XIV. New Business, as requested from the July 31<sup>st</sup> Board Workshop. Lisa Graham offered to provide a mockup to show the Board's current structure and up to two other options with Board feedback from the last couple discussions.
- c. Mike Humphries requested to send the revised Board Bylaws and revised Board Governance Policy Manual to the full Board with reminders of review process leading up to the final review and approval at the August 28<sup>th</sup> Board Meeting.

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

- a. Sep – FY2025 Proposed Budget and Strategic Plan
- b. Oct –
- c. Nov -

#### V. AJOURNMENT

The meeting adjourned at 6:58pm.

#### VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for Wednesday, September 18, 2024 at 6:00pm.

Respectfully submitted,

*Mike Humphries (dp)*

Mike Humphries  
Board Chairperson

8/22/24



## BOARD PERFORMANCE EVALUATION COMMITTEE

Tuesday, July 23, 2024

5:00pm

### MAJOR COMMITTEE RESPONSIBILITIES

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

### COMMITTEE MEMBERS

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

### DRAFT MINUTES

#### I. CALL TO ORDER

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

#### II. 2<sup>nd</sup> QUARTER PERFORMANCE FEEDBACK

- a. The Performance Evaluation Committee provided feedback on the Chief Executive Officers Performance for the 2<sup>nd</sup> Quarter of FY2024, that Lisa has continued to provide presentations out in the community advocating for MCMHAs new CCBHC Certification and available services. Lisa has stepped up with her community relationships and saw evidence of that relationship with St. Joseph's Center of Hope at the Town Hall. We encourage Lisa to continue outreach with the VA. The Board knows that the CEO is aware of the financial issues related to CCBHC and are supportive of her efforts to monitor and correct the issue. The Performance Evaluation Committee commends Lisa for keeping the Board informed and being transparent.

#### III. REVIEW PERFORMANCE EVALUATION TOOLS

- a. The committee requested for all the performance evaluation tools to have the same Likert scale for consistency at their last meeting. The committee will review the amendments and be prepared to discuss at their next meeting.

#### IV. NEXT STEPS

- a. The Performance Evaluation Committee will review the amendments to all the performance evaluation tools and be prepared to discuss at their next meeting.
- b. The Performance Evaluation Committee will begin reviewing the questions across all three performance evaluation tools to make sure that the tools correspond with each other.

#### V. ADJOURNMENT

The meeting adjourned at 6:50pm. The next meeting is scheduled for Tuesday, August 20, 2024 beginning at 5:00pm.

Respectfully submitted,

*Michael Humphries (dp)*

Mike Humphries  
Performance Evaluation Committee Chair

7/25/24

MCMHA Board Action Request Mental Health Administrative Contract(s) / Amendments				FY 2022-23	August 21, 2024
<b>Action Requested:</b> Approval Requested for the Mental Health Administrative Contracts Listed Below:					
Contractor name	Department	Request	Budget	Contract Term	Service Description
Master Earned Revenue Agreement with Washtenaw		Office of Recipient Rights reimbursement	\$324,792.59	10/1/24-9/30/25	
Dr. Jaswant Bagga	PHS		\$190.00 per hour for 32 hours per week	10/1/24-9/30/26	Contract renewal for a current contracted psychiatrist
Locumtenens	PHS	Contractual nurse practitioner Pasha Streeter	\$170.34 per hour for 32 hours per week	10/14/24-9/30/25	3% increase
Dr. Paul Gutterman	PHS		\$190.00 per hour for 18 hours per week	10/1/24-9/30/26	Dr. Gutterman recently retired from the agency and would like to move to a contractual arrangement.

**RECOMMENDATION:** As reviewed by the MCMHA Board Business Operations Committee on August 21, 2024, approval of the contract(s) listed on the MCMHA Board Action Request Mental Health Administrative Contract(s) / Amendments on or before August 28, 2024.



MCMHA Board Action Request Mental Health Service Contract(s) / Amendments					FY 2022-23	August 21, 2024	
<b>Action Requested:</b> Approval Requested for the Mental Health Service Contracts Listed Below:							
Provider Name	Provider Location	Contract Term	Service Description(s) include	CPT code	FY 20-22 Rate/Unit	FY 22-24 Rate/Unit	Additional Information/Background
<i>Hospitals:</i>							
<i>Community Living Supports/Supported Empl/Respite</i>							
A Heart That Cares, LLC.	25345 Haskell St Taylor, MI 48180	9/1/24-9/30/24		H2016 T1020		\$80.65 per diem \$80.64 per diem	
<i>Autism/Waiver Services</i>							

**RECOMMENDATION:** As reviewed by the MCMHA Board Business Operations Committee on August 21, 2024, approval of the contract(s) listed on the MCMHA Board Action Request Mental Health Service Contract(s) / Amendments on or before August 28, 2024.



## **BOARD ACTION REQUEST**

August 8, 2024

### **ACTION REQUESTED:**

MCMHA Board approval of the Lease Agreement between Monroe Community Mental Health Authority and Monroe Center LLC for property located at 393 N. Telegraph /Rd, Monroe Michigan 48162.

### **Background:**

The Crossroads Clubhouse program recently underwent an accreditation review. The Clubhouse received a *conditional* three-year accreditation by Clubhouse International, the credentialing body for clubhouses. As part of the conditional approval, there was the stipulation to find a location that meets the space needs of a growing clubhouse membership. It was also identified that the current location, which operates on two levels of the Benesh building, is not ideal and is restrictive to members who have physical disabilities.

As a result, MCMHA and Clubhouse members began its search for a new home that would meet the standards of Clubhouse International so as to maintain their accreditation. The location the group identified as the possible new site for Crossroads Clubhouse is 393 N. Telegraph Rd., Monroe, Michigan 48162 (formerly, Panera Bread). The Clubhouse has already sought and received approval from MDHHS that the site meets their requirements.

### **Lease Terms:**

- The term of this Lease shall commence on September 1, 2024 and shall expire on the last day of the month that is ten (10) years from the Commencement Date. *(Note: A ten year lease was selected because it allows the agency to take advantage of not having to pay taxes on the lease.)*
- No rent shall be due for the first three (3) months of the Term (9/1/24 – 11/30/24)
- Delivery of Possession. Tenant shall be given possession of the Leased Premises on the Commencement Date so long as Tenant delivers the following to Landlord: (1) the Security Deposit; (2) Rent for the Month of December, 2024; and (3) the required certificates of insurance.
- Option to Extend Term. Landlord grants to Tenant two (2) options to extend this Lease for a period of five (5) years each (each such period being sometimes herein referred to as an "Extended Term," or collectively as the "Extended Terms.") Such option to extend may be exercised by Tenant by written notice to Landlord no earlier than twelve (12) months and no later than three (3) months prior to the expiration of the initial Lease Term or the first Extended Term, as the case may be.

**Rent: Security Deposit**

**Rent:** Beginning on December 1, 2024 (the “Rent Commencement Date”) and continuing every month thereafter, Tenant shall pay monthly rent to the landlord as follows:

<b>Dates</b>	<b>Monthly Rent</b>	<b>Price Per SF</b>	<b>Annual Rent</b>
12/1/24 – 8/31/25	\$6,250.00	\$15.00	\$75,000.00
9/1/25 – 8/31/26	\$6,250.00	\$15.00	\$75,000.00
9/1/26 – 8/31/27	\$6,250.00	\$15.00	\$75,000.00
9/1/27 – 8/31/28	\$6,354.17	\$15.25	\$76,250.00
9/1/28 – 8/31/29	\$6,458.33	\$15.50	\$77,500.00
9/1/29 – 8/31/30	\$6,562.50	\$15.75	\$78,750.00
9/1/30 – 8/31/31	\$6,666.67	\$16.00	\$80,000.00
9/1/31 – 8/31/32	\$6,770.83	\$16.25	\$81,250.00
9/1/32 – 8/31/33	\$6,875.00	\$16.50	\$82,500.00
9/1/33 – 8/31/34	\$6,979.17	\$16.75	\$83,750.00
		<b>SUM</b>	<b>\$785,000.00</b>

<b>Extended Term(s)</b>	<b>Monthly Rent</b>	<b>Price Per SF</b>	<b>Annual Rent</b>
9/1/34 – 8/31/39	\$7,677.09	\$18.43	\$92,125.00
9/1/39 – 8/31/44	\$8,444.80	\$20.27	\$101,337.50

**Additional Information**

MCMHA has reached out to the City’s Zoning Board to ensure that the commercial site will permit a Clubhouse to operate out of this location. MCMHA is currently waiting for its response.

MCMHA has had legal counsel (Dykema) review the Lease agreement. Legal counsel has made some recommendations / changes to the lease agreement that will require the Landlord to agree to these modifications.

If there are any issues with zoning and/or the modifications to the terms of the agreement are not acceptable to the Landlord, the Board will be informed at the August 28<sup>th</sup> Board meeting.

**RECOMMENDATION:**

Consideration to approve a 10-year lease agreement between Monroe CMHA and Monroe Center LLC for the property located at 393 N. Telegraph Rd, Monroe MI, 48162.

August 21, 2024

Mr. Michael Humphries, Chair  
Monroe Community Mental Health Authority  
1001 S. Raisinville Rd.  
Monroe, MI 48161

Dear Mr. Humphries,

As you are aware, my position on the Oversight Policy Board (OPB) at Community Mental Health Partnership of Southeast Michigan is up for consideration for reappointment. I am writing to express my interest in continuing to represent Monroe County for another term.

I have served on the OPB since 2018, including four years serving as Board Chair. My involvement in our community lends favorably to representing the interests and needs of our community in the area of substance use disorder treatment and prevention. While I am no longer chair of the Coalition, I continue to maintain a strong relationship with the Monroe County Substance Abuse Coalition and continue to enjoy positive relationships with providers and community agencies and organizations working in this space. In my position of Director of Economic and Community Development at the City of Monroe, I also am keenly aware of the needs of our residents in many facets of quality of life, including physical and mental health and other social determinants of health.

In my six years of service to the OPB, I have been able to expand my knowledge of how substance abuse funding is managed and distributed across the State of Michigan and the challenges that come with the funding as well. I am able to bring a solid understanding of our community to the regional work of being stewards of public funds for substance use disorder treatment and prevention.

I thank you in advance for your consideration of my reappointment to represent Monroe County for another term. Should you have any questions, please do not hesitate to reach out to me directly at (734) 384-9129.

Sincerely



Mark Cochran



# MCMHA Board of Directors Bylaws

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## ARTICLE I: NAME OF ORGANIZATION

Section A The name of the organization shall be the "Monroe Community Mental Health Authority," \_\_\_\_\_  
(the "MCMHA")."

## ARTICLE II: PURPOSE OF ORGANIZATION

Section A The purpose of the Authority shall be to provide a comprehensive array of mental integrated health services (~~physical and behavioral and related physical~~) appropriate to conditions of individuals who are located in Monroe County.

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Section B Services shall promote the best interests of the individual and shall be designed to increase independence, improve quality of life, and support community integration and inclusion. The Authority shall advocate for consumers to ensure adequate funding for the public mental health system, provide quality services and supports, and eliminate stigma.

Section C Mental health services are defined in the Michigan Medicaid Manual and includes, but ~~are~~ is not limited to, behavioral health, substance use disorder, jail diversion, and developmental disabilities.

## ARTICLE III: BOARD POWERS AND DUTIES

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Section A The MCMHA Board of Directors (the "Board") derives its authority and is created pursuant to Act 258 of the Public Acts of 1974, as amended (~~the "Mental Health Code"~~), and shall fulfill the responsibilities and duties required by the Mental Health Code.

## ARTICLE IV: BOARD MEMBER DUTIES

Section A Each Board Member shall ~~be responsible to~~ comply with the ~~Board's~~ Bylaws, ~~the~~ Board Governance Policy Manual, Board ~~o~~rientation materials, applicable law, and ~~Board m~~ember ~~p~~ersonal ~~d~~evelopment ~~t~~raining.

Section B The members of the Board shall be indemnified to the extent allowed by law.

## ARTICLE V: BOARD OFFICERS

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Section A The officers of this Board shall be the Board Chairperson, Board Vice-Chairperson, and Board Secretary.

Section B Officers are elected for terms of one (1) year, or until such time as their successors are duly elected. An officer may be removed by a two-thirds (2/3) vote of the serving Board.

Section C The officers shall be elected by a majority vote of the serving members at the May ~~B~~oard ~~M~~meeting. Nominations for such positions shall be received from the Nominations Committee and the floor. The officers shall take office upon the next regular ~~b~~oard ~~m~~meeting. A ~~B~~oard ~~M~~member shall have served one (1) year on the Board and shall have completed the required ~~b~~oard ~~m~~ember training before being eligible for election as an ~~o~~fficer.

Section D The Chairperson shall preside at all meetings of the Board. The Chairperson shall appoint members of all committees, their ~~c~~Chairpersons, and representatives to organizations ~~with Board confirmation~~. The Chairperson shall be an ex-officio member of all committees ~~with a vote or no vote?~~. ~~The Chairperson is responsible for the preparation and distribution of an agenda prior to board meetings in consultation with the Executive Director.~~ The Chairperson ensures the integrity of the Board and that the Board acts in compliance with its ~~written Board p~~Policies. The Chairperson shall perform such other duties as defined in the ~~MCMHA~~ Board Governance Policy Manual.

Section E The Vice-Chairperson shall assume the responsibilities and duties of the Chairperson in his/her absence.

Section F The Secretary shall ensure accurate and complete minutes of ~~b~~Board ~~m~~Meetings. Minutes shall include the names of the members absent and present. The Secretary shall assume the responsibilities and duties of the Chairperson in the absence of the Chairperson and Vice-Chairperson. The Secretary shall review and submit monthly ~~b~~Board reimbursements to the Authority.

Section G In the event of a vacancy in the position of Chairperson, Vice-Chairperson, or Secretary, nominations and elections shall be held at the next regularly scheduled ~~b~~Board ~~m~~Meeting. Any ~~b~~Board ~~m~~Member elected to a vacancy shall serve the remainder of the term.

~~Section H — Contracts or other documents reviewed and approved by the Board may be executed by the Board Chairperson when the Executive Director position is vacant.~~

#### **ARTICLE VI: MEETINGS**

Section A All regular, special, and committee meetings of the Board shall be posted and conducted in accordance with the Open Meetings Act and comply with the Americans with Disabilities Act.

Section B Board members shall be notified of all regular, special, and committee meetings.

Section C Agendas and supporting documentation for ~~r~~Regular ~~b~~Board ~~m~~Meetings shall be provided within five (5) days prior to the meeting.

Section D Special meetings of the Board may be called by the Chairperson or upon the request of four (4) members of the Board. Notice of special meetings shall be provided to all Board Members.

Section E A quorum shall consist of a majority of the members serving on the Board. Approval of an item before the Board shall require a majority of the members present.

Section F Meetings shall be conducted as closely as practicable, in accordance with the latest edition of Robert's Rules of Order Newly Revised unless otherwise specified in these Bylaws.

#### **ARTICLE VII: BOARD COMMITTEES**

Section A Standing or ad-hoc committees may be authorized by resolution passed by a majority of the Board. The powers conferred upon any committee shall be as determined by the Board.

Section B Standing committee membership shall be ~~appointed by the Board Chair~~ ~~reved~~ annually at the regular July Board Meeting.

Section C The Chairperson may from time to time authorize the establishment of ad-hoc committees subject to ratification by the Board.

Section D Committee minutes shall be maintained and distributed to the rest of the Board. Each committee shall review and recommend to the full Board such actions or undertakings as are appropriate.

Section E The composition of the Executive Committee shall be the officers of the Board. This committee is responsible for the preparation and distribution of an agenda prior to board meetings in consultation with the Chief Executive Officer.

Section F Committee meetings shall be held at the call of the committee chair and at the availability and convenience of the majority of committee members.

**ARTICLE VIII: COST OF GOVERNANCE**

Section A \_\_\_\_\_ Board Members are eligible to receive compensation for attendance at meetings and other agency \_\_\_\_\_ functions in accordance with Board Governance Policy Manual and agency \_\_\_\_\_ MCMHA's standards.

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**ARTICLE IX: APPOINTMENT SELECTION OF A BOARD MEMBER**

Section A Board members are appointed to the MCMHA Board by the Monroe County Board of Commissioners in accordance with the Mental Health Code, Board membership shall be open to any current resident of Monroe County who supports the purpose statement in Article II, Sections A, B, and C including MCL 330.1212 and MCL 330.1222.

Section B Upon vacancy or shortly thereafter as practical, the Board shall publicly post notification of the vacancy for a period of no less than 2 weeks.

Section ~~BC~~ The Monroe County Board of Commissioners appoints Board candidate(s) to the Monroe Community Mental Health Authority Board of Directors. Membership is granted after each of the following conditions are satisfied:

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- ~~1. Completion of the Board Member Application~~
- ~~1. Board Membership Screening Committee reviews applicants and recommends candidate(s) to the full Board~~
- ~~2. Upon approval by the full Board, the Board then recommends the candidate(s) to the Monroe County Board of Commissioners for appointment~~
- ~~3. The Monroe County Board of Commissioners approves appointment to the Monroe Community Mental Health Board of Directors~~
- ~~4. Board Member is to be sworn in by Monroe County Deputy Clerks Office~~

Section ~~BC~~ Upon vacancy of a Board Term, the Monroe County Board of Commissioners shall be notified.

Section ~~CD~~ Consistent with MCL 330.1222(3), Aa All Board members must maintain residency in the County of \_\_\_\_\_ Monroe, Michigan.

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**ARTICLE X: REMOVAL OF A BOARD MEMBER**

Section A Consistent with MCL 330.1224 or other applicable law, Aa Board Member may be removed from office by the Monroe County Board of Commissioners for neglect of official duty or misconduct in office after being given a written statement of reasons and an opportunity to be heard on the removal.

Section B The Board may shall recommend to the Monroe County Board of Commissioners that a member be removed as a member of the from the Board as provided by law, including for any of the following reasons:

- ~~1) Absence from three Board Meetings per year without notification to the Board Chair or Board Secretary~~
- ~~12) Neglect of official duty; or~~
- ~~23) Misconduct in office~~

**ARTICLE XI: CHIEF EXECUTIVE DIRECTOR OFFICER**

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Section A The Board shall appoint and employ an Chief Executive Director Officer in accordance with the provisions of the Mental Health Code. The duties of the Chief Executive Director Officer shall be specified by the Mental Health Code and such other duties as may be set forth in the job description, MCMHA Board Policy Manual, and contract for Chief Executive Officer services.

**ARTICLE XII: AMENDMENTS TO BYLAWS**

Section A These Bylaws may be suspended, rescinded, or amended by a vote of two-thirds (2/3) of the serving membership Board members and will be superseded by any amended consistent with applicable changes to in fFederal orand sState law.

Section B These Bylaws shall be reviewed annually and revised as necessary. The Bylaws shall be signed to indicate the date of review and/or revision.

Adopted the sixteenth day of May 2001.

Revised: Charles Lando 9/23/2020  
Board Chairperson Date

Sandy Libetorff 9/23/2020  
Board Secretary Date





**Monroe Community  
Mental Health Authority  
Board Governance Policy Manual**

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## Section 1: GUIDING PRINCIPLES~~VALUES~~

### 1.0 GUIDING PRINCIPLES~~VALUES~~

The Guiding Principles of the Board ~~Values~~ are:

- 1.1 Monroe Community Mental Health Authority (“Authority”) exists to help~~so that~~ individuals with ~~severe and persistent~~ mental illnesses and/or intellectual/developmental disabilities so they can live, work, and play in their communities to their fullest potential. As a Certified Community Behavior Clinic (CCBHC),~~(CCBHC), the Authority will provide mental health and/or substance use care/services, regardless of ability to pay, place of residence, or age, including developmentally appropriate care for children and youth.~~
- 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 service rates in partnership 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.

~~Revised 08/15/24~~

~~Revised 11/16/23~~

~~Proposed 11/01/22 /Adopted xx/xx/xx~~

~~Proposed 09/18/18 /Adopted 02/27/19~~

~~Proposed 06/20/17 /Adopted 09/27/17~~

~~Proposed 07/22/15 /Adopted 07/22/15~~

~~Proposed 05/26/10 /Adopted 05/26/10~~

~~Proposed 04/24/06 /Adopted 06/26/06~~

~~Proposed 08/21/02 /Adopted 09/18/02~~

## Section 2: **CHIEF EXECUTIVE OFFICER RESPONSIBILITIES**

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### 2.0 **CHIEF EXECUTIVE OFFICER RESPONSIBILITIES**

The **Chief Executive Officer/Director** shall ensure that all practices, activities, decisions, and/or organizational circumstances shall be lawful, prudent, and in compliance with commonly accepted business **practices** and professional ethics. The **Chief Executive Officer/Director** will recommend either new or revised policies to address areas of non-compliance. **Legally required Due** process will be provided to consumers and family, staff, and volunteers.

[Revised 11/01/22](#)

Revised 03/13/08

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### 2.1 **TREATMENT OF CONSUMERS**

With respect to interactions with and services provided to consumers or those applying to be consumers, the **Chief Executive Officer/Director** shall ensure conditions, procedures, and decisions that are dignified, respectful, appropriate, **and safe for all affected individuals, not unnecessarily intrusive, and promote safety.**

~~Further, by way of example, but not limited to the following~~ **Non-exhaustive examples of the above include:**

~~1. 1. Establishing~~ **1. Establishing** with consumers a clear understanding of what ~~can~~ **can** be expected and what ~~can~~ **can** not be expected from the service offered.

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~~Systems must be being in place to ensure inform consumers consumers are informed of their rights to express satisfaction and/or dissatisfaction with treatment, decisions, and services provided. this policy and provide a way for persons to be heard who believe they have not been accorded a reasonable interpretation of their protections under this policy.~~

~~2. 2. Ensure consumer satisfaction with services provided~~

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~~3. Ensuring and~~ **3. Ensuring** that the Person Centered/ Family Centered Planning process is fully implemented.

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[Revised 11/16/23](#)

[Revised 11/01/22](#)

Revised 03/13/08

### 2.2 **TREATMENT OF STAFF**

The **Chief Executive Officer/Director** shall lead **staff** by example and promote conditions for the staff that are fair, dignified, respectful, organized, and clear.

~~Further, by way of example, but not limited to the following~~ **Non-exhaustive examples of the above include:**

1. **Operating** with written personnel **guidelines/rules** which: (a) clarify rules for staff, (b) provide for effective handling of grievances, and (c) protect against wrongful conditions, such as **nepotism and**

preferential treatment for personal reasons.

- 2. Prohibiting discrimination or retaliation against any staff member for non-disruptive expression of dissent.
- ~~3. Have a process for exit interviews and independent, external staff satisfaction surveys.~~
- 33. Encourage staff to grieve to the board when (A) internal grievance procedures have been exhausted and (B) the employee alleges that board policy or the union contract has been violated to his or her detriment. Facilitating compliance with internal and collectively bargained employee grievance procedures.
- 4. ~~Ensuring that~~ each employee of the Authority shall receive lawful have due process in the event of an adverse ~~disciplinary~~ action.
- 5. Developing ~~Have a process for independent, exit interviews and external staff satisfaction surveys.~~
- 46. Within fiscal constraints, providing necessary resources to staff for the performance of their job duties.
- ~~5-7. Ensuring the s~~ Staff shall have annual performance evaluations, appraisals.

Revised 11/15/22  
Revised 08/11/20  
Revised 03/13/08

### 2.3 COMPENSATION AND BENEFITS

The Chief Executive Officer ~~Director~~ shall administer Board approved competitive compensation and benefits including the Retiree Health Care Plan.

Revised 11/15/22  
Revised 09/17/08

### 2.4 FINANCIAL PLANNING/BUDGETING

Financial planning for any fiscal year or the remaining part of any fiscal year shall not deviate materially from the Board's guiding principles, risk fiscal jeopardy, or fail to be derived ~~depart from a Board approved multi-year plan.~~

Further, without limiting the scope of the foregoing by this enumeration, he or she the Chief Executive Officer shall not:

- 1. Fail to include credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions in proposed budgets or periodic financial reports to the Board.
- 2. Plan the expenditure in any fiscal year of more funds than are conservatively projected to be received in that period.
- 3. Discretionarily r ~~Reduce the Authority's current assets at any time to less than twice current liabilities or allow cash and cash equivalents to exceed a safety reserve of 6 months operating funds at any time.~~
- 4. Provide fewer resources ~~less for Board prerogatives during the year than is set forth in their Board approved resolutions concerning c~~ Cost of g ~~Governance policy.~~

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## 2.5 FINANCIAL CONDITIONS AND ACTIVITES

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With respect to the actual, ongoing financial condition and activities, the Chief Executive Officer shall adhere to principals of fiscal responsibility and not cause or allow the development of fiscal jeopardy or the a material deviation of actual expenditures from Bboard priorities established in guiding principal policies or a Board approved budget.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

1. Expend more funds than have been received in the fiscal year to date unless the debt guideline (below) is met.
2. Except for actions specifically approved by the Board such as the purchase of real estate or the issuance of debt, Bbind the organization to a liability amount greater than what can be repaid by certain, otherwise unencumbered revenues within 60 days.
3. Use any long-term reserves, absent direction to do so by the Board.
4. Conduct interfund shifting in amounts greater than can be restored to a condition of discrete fund balances by certain, otherwise unencumbered revenues within 30 days.
5. Fail to settle payroll consistent with internal policy and debts when due.
6. Allow tax payments or other government ordered payments or filings to be overdue or inaccurately filed.
7. Absent Board direction to do so, Mmake a single purchase or commitment of greater than \$25,000. -Splitting orders to avoid this limit is not acceptable.
8. Absent Board direction to do so, Aacquire, encumber, or dispose of real property.
9. Fail to appropriately pursue receivables after 60 days.
10. Violate or permit the continued violation of any applicable provision of the Uniform Budgeting and Accounting Act, MCL 141.421 et seq.

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## 2.46 AUTHORITY POLICY REVIEW AND APPROVAL PROCESS

Following the Authority policy guidelines, all Policies, Procedures, and Exhibits shall be reviewed and/or approved every three years from the last approval date or more frequently as needed.

**Authority Policies:**

The Board shall review and approve Authority Policies, Procedures, and Exhibits at a regular Board of Directors Meeting.

- 1. New and/or existing Policies, Procedures, and Exhibits are to be reviewed by the Board Bylaws and Policy Committee. The Board Bylaws and Policy Committee shall~~committee~~ ~~make~~~~s~~ a recommendations to the full Board.

**Regional Policies:**

The Board shall review and approve Regional Polices at a regular Board of Directors Meeting.

Revised 12/06/22  
Revised 06/21/22  
Revised 09/07/21  
Revised 06/01/21  
Revised 08/11/20  
Revised 08/26/14  
Created 09/17/08

**2.57 EMERGENCY CHIEF EXECUTIVE OFFICER DIRECTOR SUCCESSION**

To protect the authority from sudden loss of Chief Executive Officer-Director S services, the Chief Executive Officer-Director shall have no fewer than two named executive's familiar with Board and Chief Executive Officer-Director issues and processes.

Revised 12/06/22  
Revised 08/11/20  
Revised 03/13/08

**2.68 COMMUNICATION AND SUPPORT TO THE BOARD**

The Chief Executive Officer-Director shall keep the Board informed and supported in its work.

~~Further, by way of example, but not limited to the following~~The following are non-exhaustive examples of such responsibility:

- 1. Submit monitoring data required to the Board (see ~~P~~policy 4.3 on Monitoring Chief Executive Officer-Director Performance) in a timely, accurate, and understandable fashion, directly addressing provisions of Board Policies being monitored.
- 2. Keep the Board informed of relevant trends, anticipated adverse media coverage, threatened or pending lawsuits and material external and internal changes, particularly changes in the assumptions upon which any Board Policy has previously been established.
- 3. Advise the Board through the Board Executive Committee if, in the Chief Executive Officer's-Director's opinion, the Board is not in compliance with its own policies on Governance Process and Board Chief Executive Officer-Director Linkage, particularly in the case of Board behavior that is detrimental to the working relationship between the Board and the Chief Executive Officer-Director.
- 4. Gather and present information~~Marshal~~ for the Board ~~information~~ from as many staff and external perspectives, on the issues and options as ~~necessary~~needed to communicate for fully informed options and choices to the Board~~Board choices~~.

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5. Provide a mechanism for official Board, officer, and committee communications.
6. Report in a timely manner ~~all~~ actual or anticipated noncompliance with any Board ~~p~~Policy.

[Revised 08/15/24](#)  
[Revised 12/06/22](#)  
Revised 05/04/10

## **2.79 COMMUNITY RESOURCES**

The ~~Chief Executive Officer~~ ~~Director~~ shall be informed ~~of, develop, and nurture~~ ~~take advantage of~~ collaborative ~~on~~, partnerships and innovative relationships ~~at the local, regional and state levels, with agencies, including state, regional and local resources.~~

[Revised 12/06/22](#)  
Revised 03/13/08



## Section 3: GOVERNANCE PROCESS

### 3.0 GOVERNING STYLE

The Board's ~~governance will~~ ~~will govern with an emphasis~~ ~~emphasize an -on-~~ outward vision, diversity ~~of~~ viewpoints, strategic leadership, clear ~~bifurcation~~ ~~distinction~~ ~~between~~ of Board and ~~Chief Executive Officer~~ ~~Director~~ Roles, collective rather than individual decisions, and proactivity ~~of Board actions~~.

The Board ~~must ensure that~~ ~~will listen to and consider~~ all divergent views ~~are considered~~ in ~~its decision~~ making process, ~~and will strive to~~ ~~decisions, yet must resolve~~ ~~through deliberation such differing views~~ into a ~~unified single organizational Board~~ position. Once a decision is made the Board must speak in one ~~consistent~~ voice publicly.

Accordingly:

1. The Board will establish written policies reflecting the Board's values and perspectives. The Board's major policy focus will be ~~on~~ the intended long-term impacts outside the organization, not on the administrative or programmatic means of attaining those effects.
2. ~~\_\_\_\_\_~~ 2. ~~\_\_\_\_\_~~ The Board will enforce discipline whenever needed. Discipline will apply to matters such as attendance, preparation for meetings, violation of policies, ~~and~~ disrespect ~~or disregard~~ for roles, ~~and will be enforced as follows:~~
  - a. ~~A verbal or written and signed complaint about Board Member conduct may be referred to the Board Executive Committee. The Executive Committee will review the complaint and determine the most appropriate action. This could include verbal resolution or result in the recommendation from the Board for removal from office. Such -d~~Discipline shall be ~~documented in writing where practicable.~~
3. Continual Board development will include orientation of new Board Members and periodic Board discussion of process improvement.

~~Public comment during Board meetings is not the appropriate time for discussion and engagement from the Board with the public. \_\_\_\_\_~~ 4. ~~\_\_\_\_\_~~ The Board will listen respectfully to ~~public~~ ~~citizen~~ comments ~~and assure that an internal process is in place to follow up on the concerns expressed, but will not respond directly during the public comment period~~ ~~a board meeting~~. ~~The public~~ ~~Citizens~~, upon request, ~~may~~ ~~an~~ ~~expect~~ ~~receive~~ a follow-up contact from the Chief Executive Officer or his/her representative within one business day ~~24 hours~~ if the ~~public~~ ~~citizen~~ comment is about a specific problem or addressable ~~complaint~~. During ~~public~~ ~~citizen~~ comment time, ~~each~~

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speaker's ~~sa citizen's~~ comment will be limited to 3 minutes.

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Revised 08/15/24  
Revised 04/18/24  
Revised 03/21/24  
Revised 01/03/23  
Revised 05/06/08

### 3.1 BOARD RESPONSIBILITIES/DUTIES

The Board will ensure appropriate Board organizational performance, organizational and Chief Executive Officer/Director's performance's performance, and promote a link between the community and the Authority which serves it.

Revised 02/21/23  
Revised 05/04/10

### 3.2 BOARD MEMBER RESPONSIBILITIES

#### 1. Board Meetings Expectations:

- (a) Attend Board and appointed committee meetings;
- (b) If unable to attend Board or committee meetings provide advance notice to the Chief Executive Officer/Directors Secretary and Board/Committee Chair;
- (c**b**) \_\_\_\_\_-Be prepared and on time;
- (e**e**)(d**e**)- \_\_\_\_\_-Listen with an open mind;
- (e**d**) \_\_\_\_\_-Participate in discussion and encourage dialogue;
- (f**e**) \_\_\_\_\_-Make decisions in the best interest of those we serve in the community; and
- (g**f**) \_\_\_\_\_-Speak with one consistent voice after a decision has been made

#### 2. Board Member Education and Training:

##### 2. Board Member Education and Training ~~Personal Development~~

- (a) Complete Board Orientation; and and training (Attachment A)
- (b) Complete and maintain compliance with required Relias trainings
- (b) Commit to ongoing development of Board Member skills

#### 3. Board Meeting Evaluation:

- (a) Complete a monthly Board mMeeting eEvaluation; and
- (b) Complete an annual Board Performance and Self-Evaluation Questionnaire

#### 3. Operational Policies

- (a) Relevant operational policies applicable to the Board are included by reference

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Revised 08/15/24  
Revised 11/16/23  
Revised 08/15/23  
Revised 6/20/17  
Revised 07/08/14

### 3.3 BOARD MEMBER ETHICS

The Board commits itself and its members to ethical, businesslike, and lawful conduct, including proper use of

authority and appropriate decorum when acting as Board Members. Board members shall:

1. Operate with the best interest of those we serve in our ~~the~~ community. ~~in mind.~~
2. Recuse from matters presenting a conflict of interest.
3. Board Members will not use their Board position to obtain employment in the organization for themselves, family members, or close associates. Should a Board Member apply for employment with the organization, he or she must first resign from the Board.
4. Board Members shall not attempt to exercise individual authority over the organization.
5. Board Members shall not evaluate, either formally or informally, any staff other than the Chief Executive ~~Director~~ Officer.
6. Individual Board Member concerns should be directed to the Chief Executive ~~Director~~ Officer outside of committee or Board Meetings. The Chief Executive ~~Director~~ Officer will be responsible to address concerns and follow up with the individual Board Member.
7. Board Members will respect confidentiality.

Revised 08/15/24  
Revised 03/07/23  
Revised 08/11/20  
Revised 05/04/10

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### **3.4 BOARD CHAIR'S ROLE**

The primary responsibility of the Board Chair is to lead the Board by engaging individual Board Members to work as one cohesive public body a unit. This involves Board Meeting facilitation and enforcing Board rRules of Conduct, showing strong leadership, supporting the Chief Executive Officer all while observing following the Board Governance Policy Manual and Board Bylaws.~~The Board Chair assures the integrity of the Board's process and, represents the Board to outside parties. The Board Chair has no authority to make decisions about policies created by the Board nor authority to supervise or direct the Executive Director.~~

The Board Chairperson will:

1. AssureEnsure the integrity of the Board and that the Board acts in compliance with its Board Governance Policies and Board Bylaws;:-
2. Serve as a point of contact foron Board issues by establishing availability and means of communication with Board Members;:-
3. Act as a knowledgeable strategist concerning~~and is knowledgeable about~~ the organization~~n~~ and Board practices;:-
4. Appoint members of all committees, their Chairpersons, and representatives to organizations; -with Board confirmation;-
5. Be an ex-officio member of all committees specify with or without vote;:-
6. Create a purposeful agenda in collaboration with the Chief Executive Officer and the Board Executive Committee;:-
7. Represent the Board to outside parties;:-
8. Perform other duties as defined in Policies within the Board Governance Policy Manual; and:-
9. Work in collaboration with the Chief Executive Officer to ensure the mission of the organization is achieved.

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The Board Chair has no unilateral authority to make decisions about policies created by the Board nor unilateral

[authority to supervise or direct the Chief Executive Officer.](#)

[Revised 08/15/24](#)  
[Revised 1/18/24](#)  
[Revised 7/11/23](#)  
[Revised 5/6/2008](#)

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### 3.5 POLICY REVIEW AND AMENDMENT

1. The Board Bylaws and Board Policies shall be reviewed and approved annually [by the Board](#).
2. Policies may be suspended, rescinded, or amended by [a 2/3 vote](#) of the serving [Board](#) membership and will be superseded by any change in federal or state law.

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[Revised 04/04/22](#)  
[Revised 08/11/20](#)  
[Revised 7/7/15](#)  
[Revised 5/13/09](#)

### 3.6 COST OF GOVERNANCE

The Board will invest [appropriate resources](#) into its governance capacity.

Accordingly:

1. Board members shall be compensated at the rate of \$30 per meeting for attendance at all Board meetings, appointed committee meetings, workshops, required training, affiliation meetings, and other Board approved functions. Board members are entitled to one meeting allowance per day.
2. Travel expenses shall be reimbursed according to agency standards.
3. Exception requests can be taken to the Executive Committee.
4. The Board shall be informed of its budget and expenses.

[Revised 6/20/17](#)  
[Revised 9/29/11](#)

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### 3.7 APPOINTMENT OF REPRESENTATIVES TO THE COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN (CMHPSM) BOARD OF DIRECTORS.

1. The MCMHA Board of Directors shall [annually](#) appoint a Board Member ~~annually each~~ May to the CMHPSM Board of Directors according to the Bylaws of the Community Mental Health Partnership of Southeast Michigan.

~~4.~~ The following criteria shall be required of all candidates for appointments to the CMHPSM Board of Directors:

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- i.* All documentation required by the CMHPSM shall be completed ten days prior to the

MCMHA Board Meeting at which the candidate shall be considered;

- ii. If the position requires a primary or secondary consumer only such eligible these candidates shall be considered;
- iii. All candidates must have served at least one year on the MCMHA Board of Directors; and,
- iv. All candidates shall have completed the required Board Member Training before being eligible for appointment.

- 2. The MCMHA Board of Directors shall recommend appointments to the CMHPSM Substance Use Disorders Oversight Policy Board (SUD OPB).

Revised 6/20/17  
Revised 9/6/16  
Revised 7/7/15  
Created 7/8/14

~~**3.8 RECOMMENDATION FOR APPOINTMENT TO THE MONROE COMMUNITY MENTAL HEALTH AUTHORITY (MCMHA) BOARD OF DIRECTORS.**~~

- ~~1. The MCMHA Board of Directors shall make recommendations to the Monroe County Board of Commissioners for appointments candidate(s) to the MCMHA Board of Directors. of Directors.~~

~~Created 4/4/23  
Created 7/8/14~~

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## Section 4: BOARD-CHIEF EXECUTIVE DIRECTOR OFFICER LINKAGE

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### 4.0 GOVERNANCE-MANAGEMENT CONNECTION

The Board shall appoint an Chief Executive Officer Director of the Community Mental Health Services Program (CMHSP) who meets the standards of training and experience established by the Michigan Mental Health Code Department of Community Health (MDCH). The Board shall establish general policy guidelines within which the Chief Executive Director Officer shall execute the Community Mental Health Services Program. The Board's sole official connection to the operational organization, its achievements and conduct will be through a Chief Executive Officer, titled CEO.

1. The Board will never give instructions to persons who report directly or indirectly to the Chief Executive Officer.
2. The Board will not evaluate, either formally or informally, any staff other than the Chief Executive Officer.
3. The Board will view the Chief Executive Officer as accountable for the organization's performance. Organizational accomplishment of board stated Guiding Principles and avoidance of board proscribed means will be viewed as successful Chief Executive Officer performance.

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Revised 11/16/23  
Revised 10/19/23  
Revised 04/25/23  
Revised 05/04/10

### 4.1 CHIEF EXECUTIVE DIRECTOR'S OFFICER'S RESPONSIBILITIES

The Chief Executive Director Officer of the Community Mental Health Services Program Authority shall function as the organization's chief executive and administrative officer, of the program and shall execute and administer the organization's program in accordance with the approved annual strategic plan, and operating budget, the general policy guidelines established by the Board, the applicable governmental policies and procedures, and policies, and the provisions of the Mental Health Code. The Chief Executive Director Officer has the authority and responsibility for supervising all Authority employees. The Chief Executive Director Officer may delegate someone within the organization to act as his/her stead who shall assume responsibility for the organization. The terms and conditions of the Chief Executive Director's Officer's employment, including tenure of service, shall be as mutually agreed to by the Board and the Chief Executive Director Officer and shall be specified in a written contract.

Only officially lawfully enacted passed motions, policies, directives, or resolutions of the Board are binding on the Chief Executive Officer.

Revised 04/25/23  
Revised 08/11/20  
Revised 6/20/17  
Revised 9/17/08

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### 4.2 COLLECTIVE BARGAINING AND CONTRACT ADMINISTRATION

The Chief Executive Executive Officer Director is the a Agent of the Board of Directors in the negotiation process and administration of the collective bargaining agreement between MCMHA and the bargaining unit.

The ~~Chief Executive Officer~~ ~~Director~~ shall:

1. Consult with the Board in establishing the parameters for contract negotiations.
2. Bargain in “good faith” as that term is understood within Michigan labor law.
3. As the Board’s Agent, enter into Tentative Agreements during negotiations when the agreements fall within the parameters specified by the Board.
4. Either decline proposals that exceed the Board’s parameters or request the Board Chair call a Special Board meeting for the Board to discuss progress in negotiations and consider any revisions to the original parameters.
5. Obtain Board approval of any alterations to the collective bargaining agreement resulting from the triennial contract negotiation cycle or labor contract re-openers.
6. Administer the collective bargaining agreement, including changes that impact bargaining unit members, as specified in the Management Rights section of the contract and any other areas allowed by contract language.

Memoranda of Understanding are within the scope of the ~~Chief Executive Officer’s~~ ~~Director’s~~ administration of the collective bargaining agreement.

Letters of Agreement, ratified by the bargaining unit, require Board approval to be effective.

Revised 5/9/23  
Created 5/13/09

#### **4.3 MONITORING ~~CHIEF EXECUTIVE OFFICER~~ ~~DIRECTOR~~ PERFORMANCE**

There ~~will~~ shall be systematic and objective monitoring of the ~~Chief Executive Officer~~ ~~Director~~’s job performance and achievement of organizational goals according to the Chief Executive Officer’s job description, the Michigan Mental Health Code, a Board approved Strategic Plan, and prior ~~previous year~~ Board recommendations, ~~an agreed upon workplan.~~

1. The Board’s Performance Evaluation Committee is to be comprised of the Board Chairperson, Board Vice Chairperson, and standing Committee Chairs.
2. The Board Performance Evaluation Committee’s role is to meet quarterly to review progress towards identified outcomes and to conduct an annual Chief Executive Officer performance evaluation.
3. An ~~o~~Overall Performance Evaluation Summary ~~is~~ will be presented to the full Board for a vote.

  - a. The vote is based on the recommendation by the Performance Evaluation Committee to the full Board of “Exceptional”, “Satisfactory”, “Needs Improvement”, or “Unsatisfactory” performance.

b. In the event that the rating of the Chief Executive Officer’s performance is “Needs Improvement” or “Unsatisfactory”, a specific written corrective action plan shall be provided. The corrective action plan shall include the time frame within which the Chief Executive Officer shall be expected to take the appropriate corrective action. The terms of a Chief Executive Officer contract shall not be restricted or amended by this Policy.



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Revised 6/20/23  
Revised 5/13/09

#### **4.4 MONITORING BOARD OF DIRECTORS' PERFORMANCE**

The Board will engage in a Board Performance and Self-Evaluation Questionnaire on an annual basis using a Board approved rubric tool.

1. Board Members will complete a Board Performance and Self-Evaluation Questionnaire annually in January, ~~annually~~.
2. Results of the annual Board Performance and Self-Evaluation Questionnaire will be reviewed annually at a Board Workshop in February, ~~annually~~.

Revised 1-18-24  
Revised 12-14-23  
Created 8/15/23

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## MCMHA Board of Directors Board Meeting Evaluation

Complete the monthly Board Meeting Assessment by selecting a category to the right of each question. Monthly assessments will be compiled, and results will be shared at the following Board Meeting.

PRE-MEETING		1 <i>Strongly Disagree</i>	2 <i>Disagree</i>	3 <i>Maybe or Not Sure</i>	4 <i>Agree</i>	5 <i>Strongly Agree</i>
1.	The meeting agenda and relevant background materials were provided in sufficient time to prepare for the meeting.					
2.	Reports in the Board Packet were clear and focused on important information.					

**COMMENTS:**

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MEETING		1 <i>Strongly Disagree</i>	2 <i>Disagree</i>	3 <i>Maybe or Not Sure</i>	4 <i>Agree</i>	5 <i>Strongly Agree</i>
1.	The agenda was clear and realistic for the allotted meeting time.					
2.	Discussions were fair, and a diversity of opinions was solicited.					
3.	Discussions stayed at the policy governance level (strategy/ends) and avoided getting into the day-to-day operations (tactics/means).					
4.	The Board Chair is fulfilling his/her role as outlined in the Governance Policy Manual.					
5.	Board Members demonstrated professional conduct.					
6.	I am satisfied with how tonight's meeting was facilitated.					
7.	I am satisfied with what the Board accomplished tonight.					

**COMMENTS:**

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**BOARD PERFORMANCE AND SELF-EVALUATION QUESTIONNAIRE**



A Tool for Improving Governance Practice

Name \_\_\_\_\_

For period from January to December **2024**

*MCMHA GOVERNANCE POLICY 3.2.3 Annual Board Performance and Self-Evaluation Questionnaire*



## BOARD PERFORMANCE & SELF-EVALUATION QUESTIONNAIRE

Questions for Section A, B, and C should be answered by all Board Members and the Chief Executive Officer. Once completed individually, the results of Sections A, B, and C will be compiled and discussed at a Board Workshop.

Type or write in the number of the response that best reflects your opinion. Example: If you Agree, type or write the number 4 in the box against the question.

The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); and Strongly Agree (5).

<b>A. How Well Has the Board Done Its Job?</b>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Maybe or Not Sure</i>	<i>Agree</i>	<i>Strongly Agree</i>	<b>Total</b>
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	
1. Our organization has a two to three-year Strategic Plan or a set of clear long range goals and priorities.						<b>0</b>
2. The Board's meeting agenda clearly reflects our Strategic Plan or priorities.						<b>0</b>
3. The Board gives direction to the Chief Executive Officer on how to achieve the goals through policy governance.						<b>0</b>
4. The Board ensures that the organization's accomplishments and challenges are communicated to stakeholders and members of the community.						<b>0</b>
5. The Board has ensured that members and stakeholders have received reports on how our organization has used its financial, clinical, and human resources.						<b>0</b>
<b>My Overall Rating for Section A</b>						<b>0</b>

Type or write in the number of the response that best reflects your opinion. Example: If you Agree, type or write the number 4 in the box against the question.

The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); and Strongly Agree (5).

<b>B. How Well Has the Board Conducted Itself?</b>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Maybe or Not Sure</i>	<i>Agree</i>	<i>Strongly Agree</i>	<b>Total</b>
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	
1. Board members are aware of what is expected of them.						<b>0</b>
2. The agenda of Board Meetings is well planned so that we are able to get through all necessary Board business.						<b>0</b>
3. It seems like Board Members come to meetings prepared.						<b>0</b>
3. All Board Members participate in important Board discussions.						<b>0</b>
3. We do a good job encouraging and dealing with different points of view.						<b>0</b>
4. We all support the decision we make.						<b>0</b>
<b>My Overall Rating for Section B</b>						<b>0</b>

Type or write in the number of the response that best reflects your opinion. Example: If you Agree, type or write the number 4 in the box against the question.

The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); and Strongly Agree (5).

<b>C. Board's Relationship with Chief Executive Officer</b>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Maybe or Not Sure</i>	<i>Agree</i>	<i>Strongly Agree</i>	<b>Total</b>
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	
1. There is a clear understanding of where the Board's role ends and the Chief Executive Officer's begins.						<b>0</b>
2. There is a good two-way communication between the Board and the Chief Executive Officer.						<b>0</b>
3. The Board trusts the judgement of the Chief Executive Officer.						<b>0</b>
4. The Board provides direction to the Chief Executive Officer by setting new policies or clarifying existing ones.						<b>0</b>
5. The Board communicates the kinds of information and level of detail it requires from the Chief Executive Officer on what is happening in the						<b>0</b>
6. The Board has developed formal criteria and a process for evaluating the Chief Executive Officer.						<b>0</b>
7. The Board, or a committee of the Board, has formally evaluated the Chief Executive Officer within the past 12 months.						<b>0</b>
8. The Board evaluates the Chief Executive Officer primarily on the accomplishment of the organization's strategic goals and priorities and adherence to policy.						<b>0</b>
9. The Board provides feedback and shows its appreciation to the Chief Executive Officer on a regular basis.						<b>0</b>
10. The Board encourages the Chief Executive Officer to take advantage of professional development opportunities.						<b>0</b>
<b>My Overall Rating for Section C</b>						<b>0</b>

<b>My Overall Average Rating Per Section</b>
--

**Section A      0**  
**Section B      0**  
**Section C      0**



## BOARD PERFORMANCE & SELF-EVALUATION QUESTIONNAIRE

Section D is a Board Member Self-Evaluation Questionnaire and should be completed by all Board Members. This questionnaire is not to be shared with the full Board.

Type or write in the number of the response that best reflects your opinion. Example: If you Agree, type or write the number 4 in the box against the question.

The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); and Strongly Agree (5).

<b>D. Performance of Individual Board Members</b>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Maybe or Not Sure</i>	<i>Agree</i>	<i>Strongly Agree</i>	<b>Total</b>
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	
1. I am aware of what is expected of me as a Board Member.						<b>0</b>
2. I have a good record of meeting attendance.						<b>0</b>
3. I read the minutes, reports, and other materials in advance of our Board Meetings.						<b>0</b>
4. I am familiar with what is in the organization's Bylaws and Governance Policies.						<b>0</b>
5. I frequently encourage other Board Members to express their opinions at Board Meetings.						<b>0</b>
6. I am encouraged by other Board Members to express my opinions at Board Meetings.						<b>0</b>
7. I am a good listener at Board Meetings.						<b>0</b>
8. I follow through on things I have said I would do.						<b>0</b>
9. I maintain the confidentiality of all Board decisions.						<b>0</b>
10. When I have a different opinion than the majority, I raise it.						<b>0</b>
11. I support the Board decisions once they are made even if I do not agree with them.						<b>0</b>
12. I support the work of our organization in the community whenever I have a chance to do so.						<b>0</b>
13. I stay informed about issues relevant to our mission and bring information to the attention of the Board.						<b>0</b>
<b>My Overall Rating for Section D</b>						<b>0</b>



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

### Executive Summary:

- There is one local policy, one procedure, five exhibits, and one brochure. One policy to rescind. There are no regional policies.
- This document serves as an Executive Summary of the policies for review and approval at the August 28, 2024 Board Meeting.

LOCAL: Policy, Procedure, and Exhibits	Reason for Revision	Summary
EOC2004 Key-Access Proximity Cards Control Policy	Language Update	<p><b><u>Purpose:</u></b> The purpose of this policy is to implement appropriate security measures that address the control of key and access to MCMHA facilities.</p> <p><b><u>Significant Changes:</u></b> Language update for title locations and there is no longer a need for a “safety deposit box” at the bank to store a master key.</p>
POC7084-P1 MCMHA Crisis Mobile Procedure	Language Update	<p><b><u>Significant Changes:</u></b> The procedure title has been updated from MCMHA Mobile Crisis Procedure to MCMHA Crisis Mobile Procedure to be consistent with other documents and reporting. Hours have been updated from 48hrs to 1 business day.</p>
RR8034-E6 Confidentiality and Access to Consumer Records Exhibit	New	<p><b><u>Significant Changes:</u></b> To comply with the state and federal laws concerning confidentiality of protected health information (PHI) by providing guidelines for the protection of information contained in a consumer’s designated record set.</p>
RR8036-E1 BTPRC Presentation Form Exhibit	Language Update	<p><b><u>Significant Changes:</u></b> The PIHP requested all affiliation Behavior Treatment Committee’s (BTC) to align their presentation form to be consistent with what the PIHP is looking for.</p>
RR8036-E2 BTPRC Presentation Form Instructions Exhibit	New	<p><b><u>Significant Changes:</u></b> Adding form instructions for guidance.</p>

POC7084-E1 Crisis Mobile Intervention Guidance Exhibit	Language Update	<b>Significant Changes:</b> The Exhibit title has been updated from MCMHA Mobile Crisis Guidance Exhibit to MCMHA Crisis Mobile Guidance Exhibit to be consistent with other documents and reporting. Hours have been updated from 48hrs to 1 business day.
EOC2004-E1 Receipt-Return of Agency Property Form Exhibit	Reviewed with Policy	<b>Significant Changes:</b> Review of item description and replaceable cost for lost equipment.
CEHR MCMHA Brochure	New	<b>Purpose:</b> A brochure for the new Community Electronic Health Resources (CEHR) Patient Portal.
POC7065 High Risk Medications Policy	Rescind	<b>Significant Changes:</b> Requesting to rescind as the information can be found in other policies.

REGIONAL: Policy and Exhibits	Reason for Revision	Summary
A1000 Corporate Compliance Policy  *Information only. Approved by the Regional Compliance Committee.	Required Update	<p><b>Purpose:</b> To establish policy that ensures the Community Mental Health Partnership of Southeast Michigan (CMHPSM) complies with all relevant federal, state, and local laws, rules, and regulations and other standards set forth by accrediting organizations and professional licensure requirements.</p> <p><b>Policy:</b> All staff, board members, students, volunteers, and providers with the CMHPSM network shall comply with all federal, state, and local laws, rules, and regulations applicable to the region's business lines, as well as other standards set forth by accrediting organizations and professional licensure requirements. Due to the collaborative nature amongst the CMHPSM members, including integrated elements of the data systems, all members of the region shall coordinate efforts to ensure the security and privacy of protected health information, and to ensure compliance with all other applicable regulations, laws, and standards.</p> <p><b>Significant Changes:</b> The policy had a required update per the HSAG review. Due to timeliness, the Regional Compliance Committee approved the policy for distribution. This policy was sent to all staff and the Board with information of this required update on August 16, 2024. The policy is up for its normal review and approval process in the next few months.</p>



**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  
REGULAR BOARD MEETING MINUTES  
August 14, 2024**

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

**Members Not Present For In-Person Quorum:** Patrick Bridge, Annie Somerville

**Staff Present:** Stephannie Weary, James Colaianne, Matt Berg, Nicole Adelman, Stacy Pijanowski, Lisa Graham, Trish Cortes, CJ Witherow, Kate Aulette, Richard Carpenter, Kathryn Szewczuk, Michelle Sucharski

**Guests Present:**

- I. Call to Order  
Meeting called to order at 6:05 p.m. by Board Chair Bob King.
- II. Roll Call
  - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented  
**Motion by R. Tillotson, supported by R. Curley, to approve the agenda**  
**Motion carried**
- IV. Consideration to Approve the Minutes of the June 12, 2024 Meeting and Waive the Reading Thereof  
**Motion by M. Serio, supported by M. Pizzimenti, to approve the minutes of the 06/12/2024 meeting and waive the reading thereof**  
**Motion carried**
- V. Audience Participation
  - Dick Sager of Home Inc. (Monroe) provided public comment on service rates.
- VI. Old Business
  - a. Information: Finance Report through June 30, 2024
    - M. Berg presented. Discussion followed.
  - b. Monroe Finance Update Discussion
    - Lisa Graham, Monroe Executive Director, and Richard Carpenter, Monroe CFO, joined the board to discuss Monroe CMH's FY2023 deficit.
    - Per R. Carpenter, some contributing factors to the deficit included an increase in provider claims, an increase in cost for internal contracted provider services, and a decrease in stability payments from FY2022 to FY2023.
    - Per R. Carpenter, some issues that delayed the discovery of the deficit included a new general ledger (GL) system that was implemented at the beginning of FY2023 by a previous CFO, as well as turnover and performance of the 2 previous CFOs and finance staff.

**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 has now implemented a more functional GL system and has implemented processes to prevent and detect issues, such as reconciling claims with the GL on a monthly basis and having segregation of duties among finance staff.
- L. Graham now reviews and approves all high-cost specialized care cases.
- Roslund-Prestage’s FY2023 audit was clean.
- J. Colaianne advised that the region has implemented a new monthly reporting tool for all 4 CMHs and the PIHP that includes actual costs/spending. The report is reviewed monthly at the regional meeting of the directors and their finance officers.

VII. New Business

a. Action: FY2024 Provider Stabilization Funding

**Motion by M. Welch Marahar, supported by M. Serio, to approve funding to the CMHSPs to assist the regional provider network in delivering essential face-to-face services. A 5% rate adjuster funding amount was calculated based upon actual services delivered during FY2023 Q1 and Q2 (October 1, 2023 – March 31, 2024). The projected revenue will be allocated to the CMHSPs to be passed through to the regional provider network for FY2024. Service provider rate adjuster payments will be made by the CMHPSM and our partner CMHSPs based upon actual services delivered throughout FY2024 and thus may differ from initial projections**

**Motion carried**

Roll Call Vote

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

No:

Not present for in-person vote: P. Bridge, A. Somerville

b. Information: FY2025 CMHPSM Budget Preview

- J. Colaianne and M. Berg presented.
- The preview is based on rate projections because the state hasn’t released final rates yet.
- The board requested to see the impact of higher cost of living adjustment (COLA) rates for FY2025. The proposed budget includes a 3% COLA. The board would also like to consider an increase in the employer contribution to the employee retirement plan, depending on the impact to the budget. Staff will provide alternative options for the COLA and retirement contribution at next month’s board meeting.

c. Information: CEO Contract Authorization

- J. Colaianne provided an overview of a recent contract that was signed within the CEO’s authority. The funding will be used to develop and sustain a student-initiated and led campus organization focused on recovery from Substance Use Disorders and train a student leader to lead recovery support meetings in Monroe County.

d. Action: FY2025 Regional Board Meeting Schedule

**Motion by M. Welch Marahar, supported by J. Ackley, to approve the FY2025 Regional Board meeting schedule**

**Motion carried**

Roll Call Vote

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

No:

Not present for in-person vote: P. Bridge, A. Somerville

**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. Information: SUD Oversight Policy Board

- No Meeting

b. Information: CEO Report to the Board

- J. Colaianne’s written report includes updates from staff, regional and state levels. Please see the report in the board packet for details.
- J. Colaianne provided an update on the region’s financial status as well as that of the other PIHPs across the state. Region 6 is one of 4 PIHPs that are projected to use less of their current revenue to cover services this year. A combined \$80 million deficit is being projected for the other 6 PIHPs.
- J. Colaianne provided an overview of a notice from state, received on Friday evening, 8/9/24, related to the fiscal year FY2022 settlement.
- J. Colaianne requested the board’s approval to respond by letter noting an additional \$1.3 million will be returned to MDHHS from FY2022, which would have otherwise gone into the ISF within MDHHS year-end limits. The letter will document the Boards’s reluctant approval to participate in this one-sided settlement for FY2022, however the exception will complete contract closeout for FY2018-2022.

**Motion by M. Welch Marahar, supported by A. Rooks, to authorize CEO J. Colaianne to communicate acceptance of the proposed settlement of \$1.3 million for FY2022, with language that notes the board’s objection to the flawed logic that arrived at this settlement amount**

**Motion carried**

Roll Call Vote

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

No:

Not present for in-person vote: P. Bridge, A. Somerville

c. Information: Employee Engagement Survey Results

- The board received the 2024 Employee Engagement Survey results.

IX. Adjournment

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

**Motion carried**

- The meeting was adjourned at 8:10 p.m.

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Rebecca Pasko, CMHPSM Board Secretary

**CMHPSM Mission Statement**

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



MONROE  
COMMUNITY  
MENTAL  
HEALTH

June 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

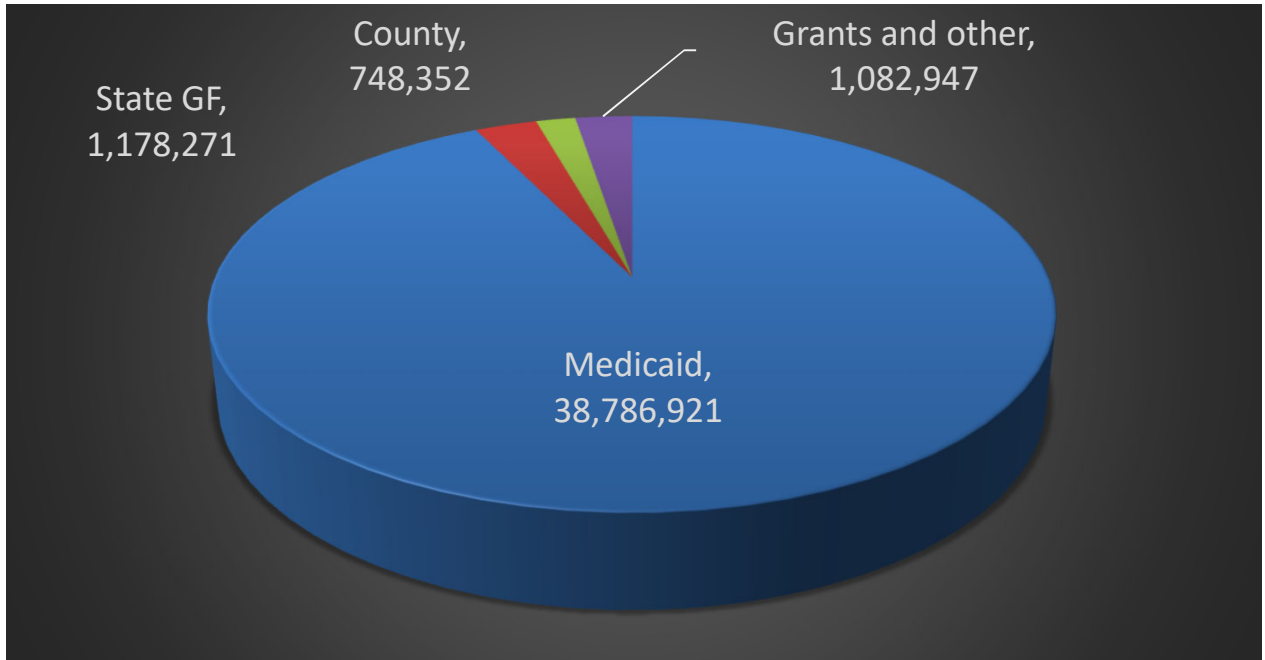
- Page 4 - Eligibility continues to decline faster than anticipated. Rate adjustments are now in effect and are reflected in the charts to show increased April activity. We have received increases to HSW, SED and CWP as a result. Also have additional funding from the PIHP for DCW.
- Page 5 - Cash and 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 \$1,016,745 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 \$256,960 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 \$2,372,096, 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 \$1,789,196.

# MONROE CMH

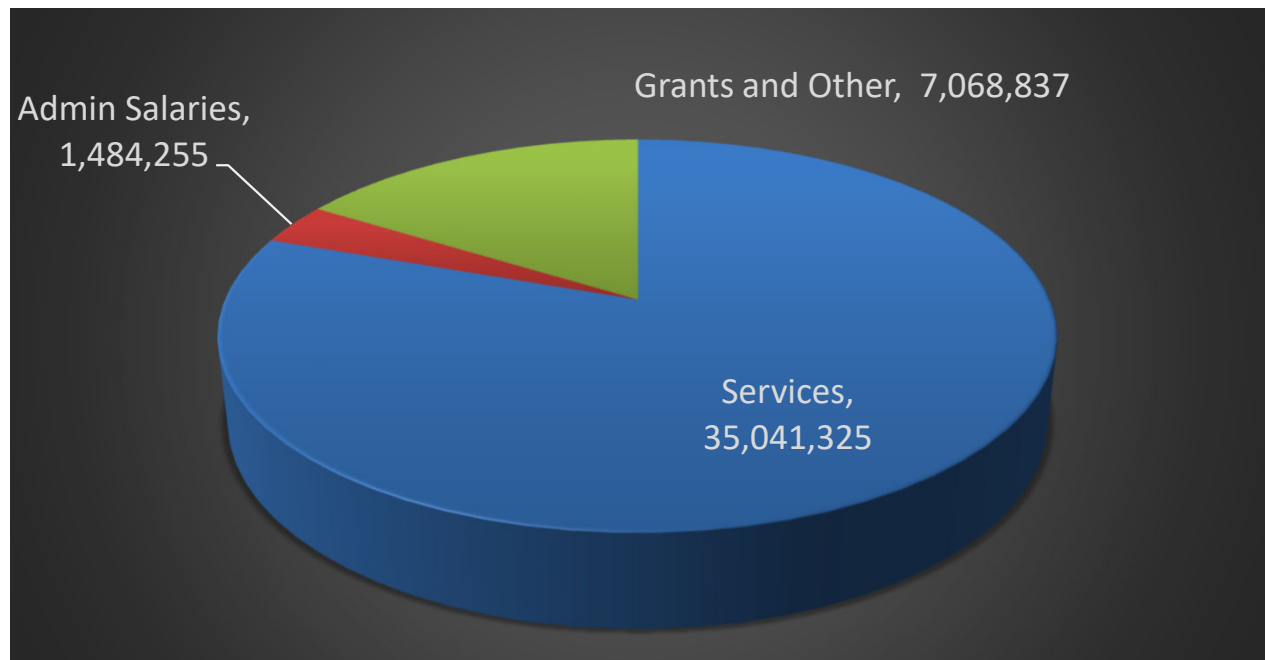
## June 2024 Trends

### Sources and Uses

#### Revenues by Source



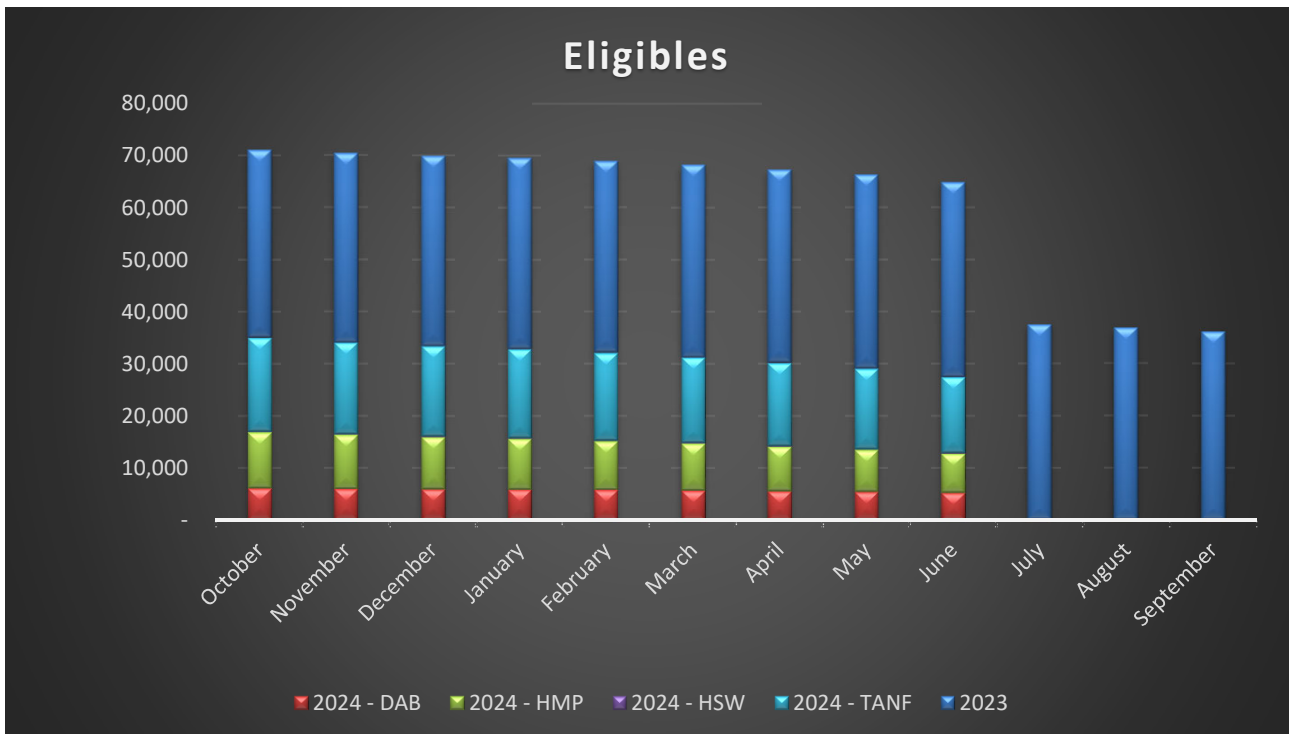
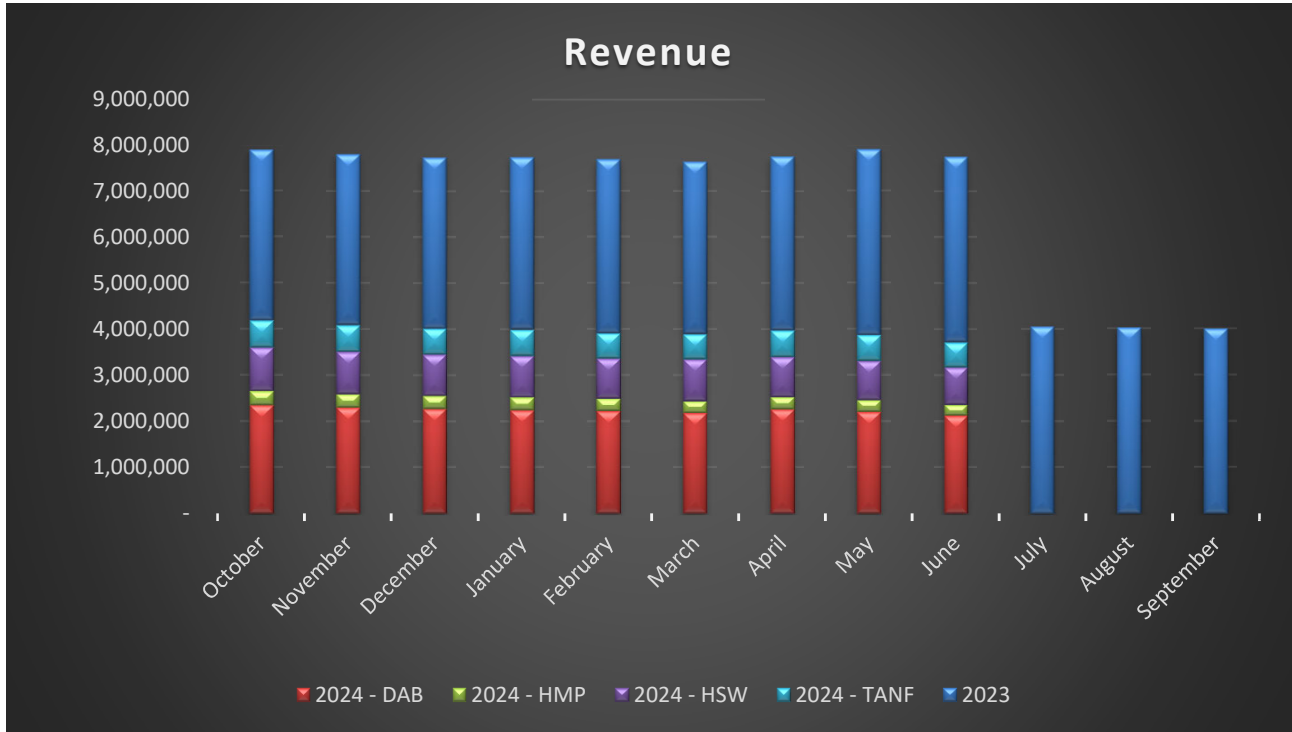
#### Expenditures by Category



# MONROE CMH

## June 2024 Trends

### MDHHS Payments



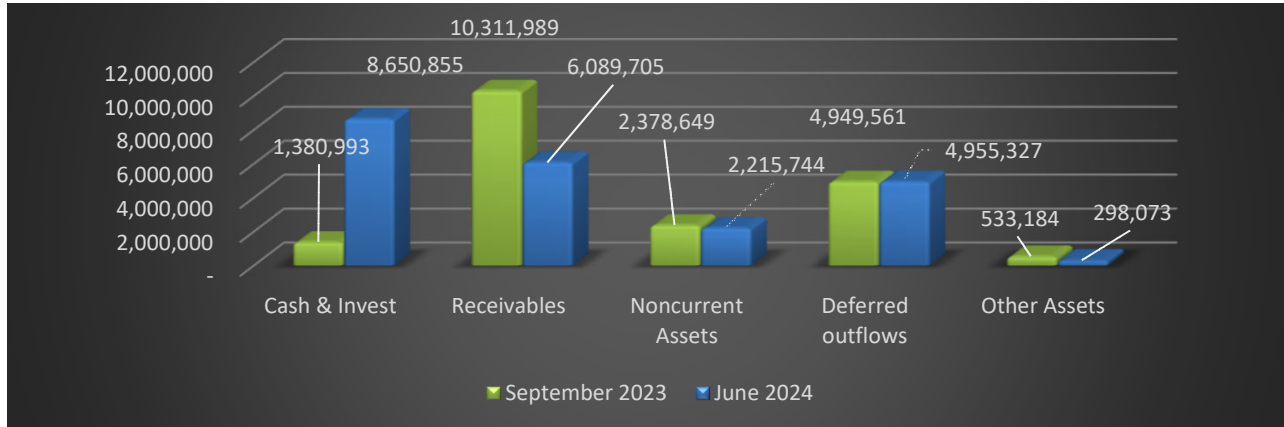


# MONROE CMH

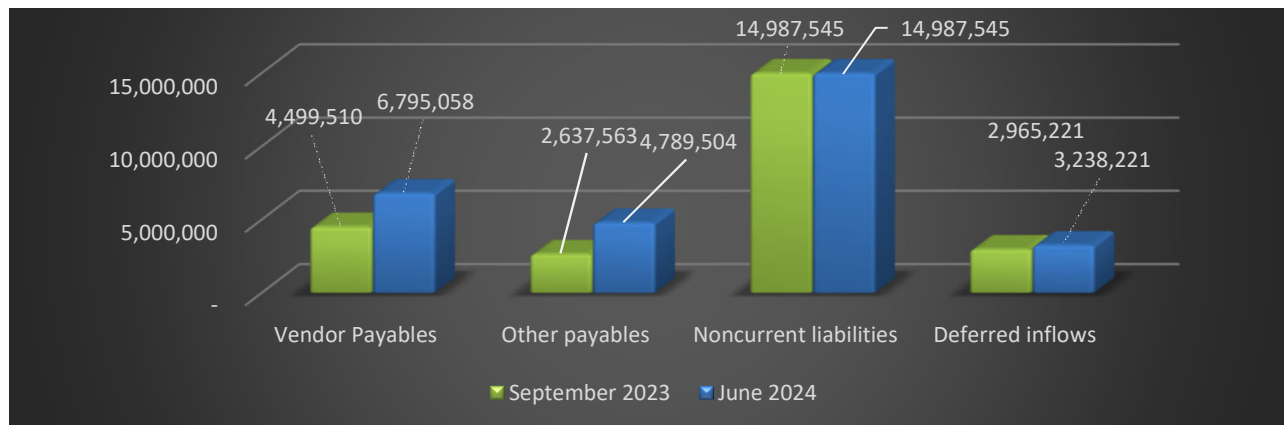
## Comparative Charts

September 2023 & June 2024

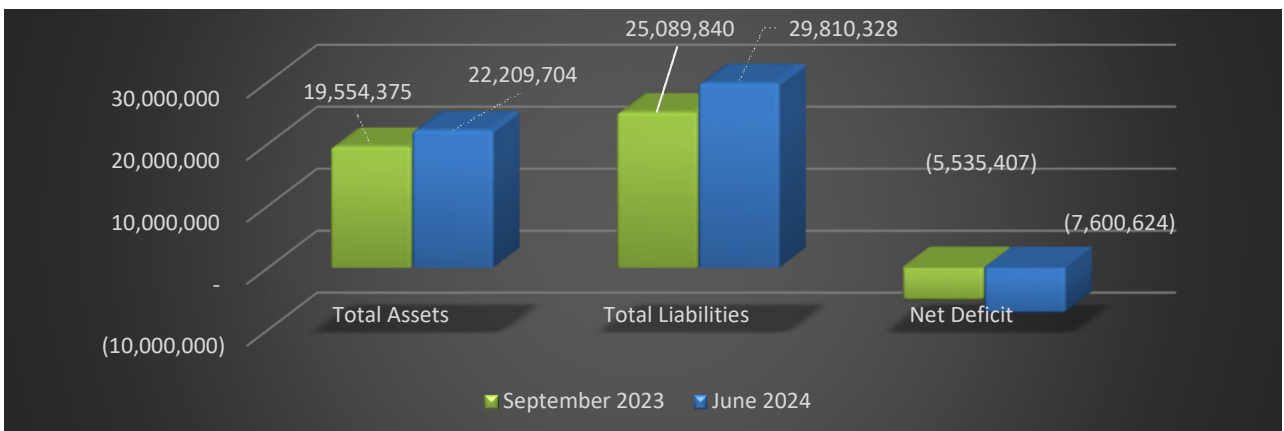
### Assets



### Liabilities



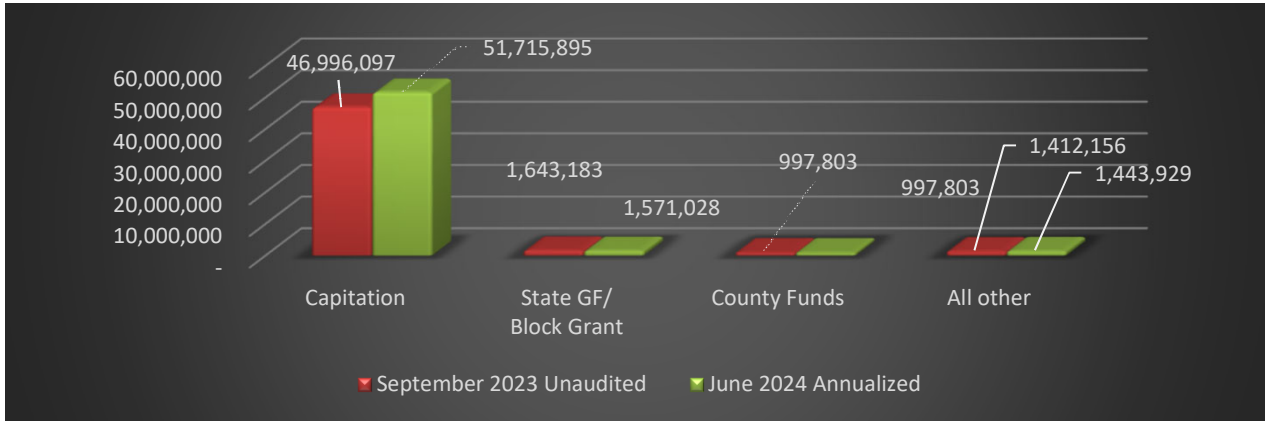
### Net Position



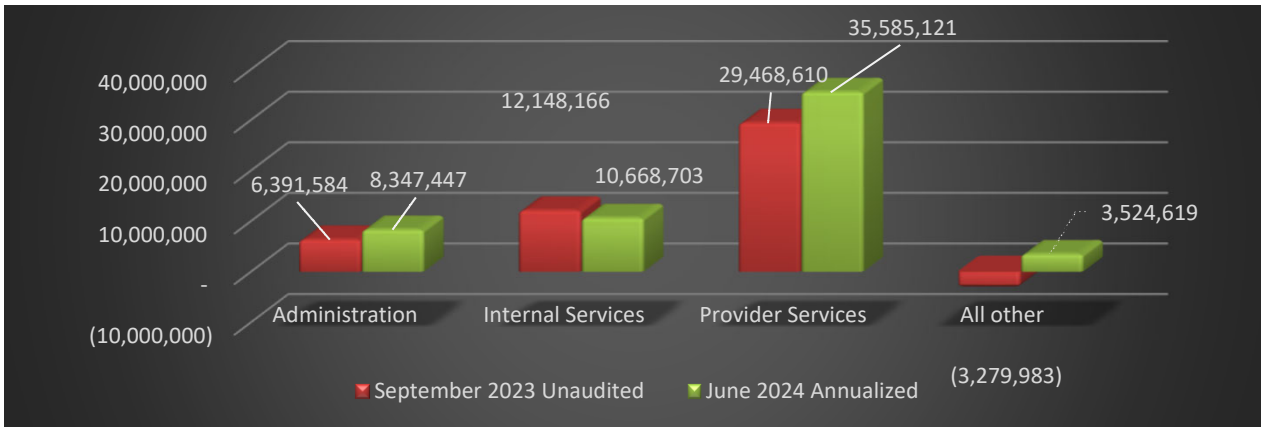
# MONROE CMH

## Comparative Charts September 2023 Unaudited & June 2024 Annualized

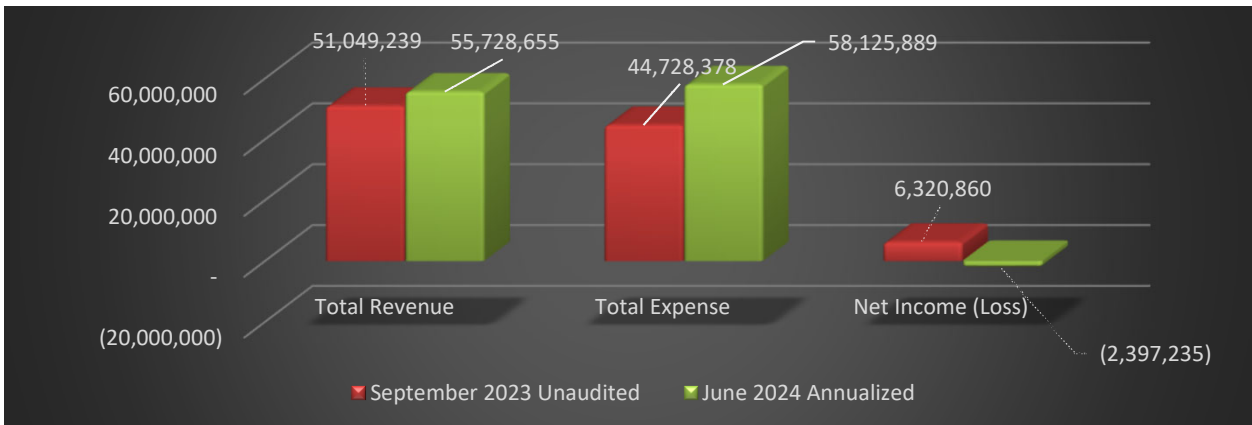
### Revenues



### Expenses



### Net Income



## **INCOME STATEMENT BY FUND SOURCE**

# MONROE CMH

## Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through June 2024

	2024 Budget	YTD Budget	2024 Actual	Over (Under)
<b>Medicaid</b>				
PIHP Revenue	\$ 35,116,485	\$ 26,337,364	\$ 31,264,081	\$ 4,926,717
PIHP Redirect to CCBHC	-	-	(1,976,074)	(1,976,074)
1st/3rd Party Revenue	-	-	-	-
Expense	34,577,285	25,932,964	28,173,285	2,240,321
<b>Revenue over/(under) expenses</b>	<b>\$ 539,200</b>	<b>\$ 404,400</b>	<b>\$ 1,114,722</b>	<b>\$ 710,322</b>
<b>Healthy Michigan</b>				
PIHP Revenue	\$ 2,860,301	\$ 2,145,226	\$ 2,145,226	\$ 0
PIHP Redirect to CCBHC	-	-	(406,667)	(406,667)
1st/3rd Party Revenue	-	-	-	-
Expense	2,789,701	2,092,276	1,621,832	(470,444)
<b>Revenue over/(under) expenses</b>	<b>\$ 70,600</b>	<b>\$ 52,950</b>	<b>\$ 116,727</b>	<b>\$ 63,777</b>
<b>CCBHC Medicaid</b>				
PIHP Cap Revenue	\$ 6,000,000	\$ 4,500,000	\$ 1,976,074	\$ (2,523,926)
PIHP Supp Receipts (Cash Basis)	6,000,000	4,500,000	6,149,838	1,649,838
1st/3rd Party Revenue	-	-	32,628	32,628
Expense	12,000,000	9,000,000	7,273,884	(1,726,116)
Retain as local	-	-	(78,791)	(78,791)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 963,447</b>	<b>\$ 963,447</b>
<b>CCBHC Healthy Michigan</b>				
PIHP Cap Revenue	\$ -	\$ -	\$ 406,667	\$ 406,667
PIHP Supp Receipts (Cash Basis)	-	-	-	-
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	1,762,987	1,762,987
Retain as local	-	-	(178,168)	(178,168)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (1,178,151)</b>	<b>\$ (1,178,151)</b>
<b>Total PIHP Sources</b>				
PIHP Revenue	\$ 49,976,786	\$ 37,482,590	\$ 39,559,145	\$ 2,076,556
1st/3rd Party Revenue	-	-	32,628	32,628
Expense	49,366,986	37,025,240	38,831,988	1,806,749
Retain as local in FY 23	-	-	(256,960)	(256,960)
<b>Revenue over/(under) expenses</b>	<b>\$ 609,800</b>	<b>\$ 457,350</b>	<b>\$ 1,016,745</b>	<b>\$ 559,395</b>

# MONROE CMH

## Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through June 2024

CCBHC Medicaid	2024 Budget	YTD Budget	2024 Actual	Over (Under)
PIHP Cap Revenue	\$ 6,000,000	\$ 4,500,000	\$ 1,976,074	\$ (2,523,926)
PIHP Supp Revenue (Earned)	6,000,000	4,500,000	5,186,391	686,391
1st/3rd Party Revenue	-	-	32,628	32,628
Expense	12,000,000	9,000,000	7,273,884	(1,726,116)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (78,791)</b>	<b>\$ (78,791)</b>

CCBHC Healthy Michigan	2024 Budget	YTD Budget	2024 Actual	Over (Under)
PIHP Cap Revenue	\$ -	\$ -	\$ 406,667	\$ 406,667
PIHP Supp Revenue (Earned)	-	-	1,178,151	1,178,151
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	1,762,987	1,762,987
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (178,168)</b>	<b>\$ (178,168)</b>

CCBHC NonMedicaid	2024 Budget	YTD Budget	2024 Actual	Over (Under)
State CCBHC Revenue	\$ -	\$ -	\$ -	\$ -
1st/3rd Party Revenue	-	-	-	-
Expense	-	-	1,311,803	1,311,803
Redirect from GF	-	-	1,311,803	1,311,803
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

ALL CCBHC Combined	2024 Budget	YTD Budget	2024 Actual	Over (Under)
All CCBHC Revenue	\$ 12,000,000	\$ 9,000,000	\$ 8,747,283	\$ (252,717)
1st/3rd Party Revenue	-	-	32,628	32,628
Expense	12,000,000	9,000,000	10,348,674	1,348,674
Redirect from GF	-	-	1,311,803	1,311,803
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (256,960)</b>	<b>\$ (256,960)</b>

# MONROE CMH

## Fiscal 2024 Revenues and Expenses by Fund Source

October 2023 through June 2024

State General Fund	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 1,729,980	\$ 1,297,485	\$ 1,178,271	\$ (119,214)
Expense	1,644,960	1,233,720	2,238,564	1,004,844
Redirect to Other Programs	-	-	(1,311,803)	(1,311,803)
Redirect from Other Programs	-	-	2,372,096	2,372,096
<b>Revenue over/(under) expenses</b>	<b>\$ 85,020</b>	<b>\$ 63,765</b>	<b>\$ -</b>	<b>\$ (63,765)</b>
All Other Grants/Local	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 2,785,336	\$ 2,089,002	\$ 2,030,989	(58,013)
Expense	2,785,336	2,089,002	1,191,129	(897,873)
Redirects	-	-	(2,372,096)	(2,372,096)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (1,532,236)</b>	<b>\$ (1,532,236)</b>
Total Non PIHP Sources	2024 Budget	YTD Budget	2024 Actual	Over (Under)
Revenue	\$ 4,515,316	\$ 3,386,487	\$ 3,209,260	\$ (177,227)
Expense	4,430,296	3,322,722	4,741,496	1,418,774
CCBHC Retain as local	-	-	(256,960)	(256,960)
<b>Revenue over/(under) expenses</b>	<b>\$ 85,020</b>	<b>\$ 63,765</b>	<b>\$ (1,789,196)</b>	<b>\$ (1,852,961)</b>

## **BASIC FINANCIAL STATEMENTS**

# MONROE CMH

## Statement of Position

October 1, 2023 through June 30, 2024

	June 30 Balance	Balance September 30 2023	Over (Under)
<b>ASSETS &amp; DEFERRED OUTFLOWS</b>			
Current:			
Cash and cash equivalents	\$ 8,650,855	\$ 1,380,993	\$ 7,269,862
Accounts receivable, net	131,108	248,633	(117,525)
Due from PIHP	5,771,436	9,954,592	(4,183,156)
Due from State of Michigan	147,351	61,136	86,215
Due from other governmental units	39,810	47,628	(7,818)
Prepaid items	298,073	533,184	(235,111)
Total current	15,038,633	12,226,165	2,812,468
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,168,744	2,331,649	(162,905)
Deferred outflows - Pension & OPEB	4,955,327	4,949,561	5,766
Total noncurrent	7,171,071	7,328,210	(157,139)
<b>Total assets and deferred outflows</b>	<b>22,209,704</b>	<b>19,554,375</b>	<b>2,655,329</b>
<b>LIABILITIES &amp; DEFERRED INFLOWS</b>			
Current			
Accounts payable	6,795,058	4,499,510	2,295,548
Accrued liabilities	3,235,633	1,681,957	1,553,676
Due to State of Michigan	1,467,372	869,107	598,265
Unearned revenue	86,499	86,499	-
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
Total current liabilities	11,634,020	7,186,531	4,447,489
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
<b>Total liabilities and deferred inflows</b>	<b>29,810,328</b>	<b>25,089,840</b>	<b>4,720,488</b>
<b>NET POSITION</b>			
Net investment in capital assets	1,751,274	1,914,179	162,905
Unrestricted	(9,351,898)	(7,449,585)	1,902,313
<b>Total net position</b>	<b>\$ (7,600,624)</b>	<b>\$ (5,535,407)</b>	<b>\$ (2,065,217)</b>



# MONROE CMH

## Statement of Activities

October 1, 2023 through June 30, 2024

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Over (Under)
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 31,264,081	\$ 41,685,441	\$ 40,219,271	\$ 1,466,170
Medicaid - Settlement	(1,114,722)	(1,486,296)	3,239,791	(4,726,087)
Healthy Michigan	2,145,226	2,860,301	3,008,142	(147,841)
Healthy Michigan - Settlement	(116,727)	(155,636)	375,265	(530,901)
CCBHC	6,149,838	8,199,784	-	8,199,784
CCBHC - Settlement	214,704	286,272	-	286,272
Behavior Health Home	244,521	326,028	153,628	172,400
State General Funds	1,178,271	1,571,028	1,813,773	(242,745)
State General Funds - Carryover	-	-	(170,590)	170,590
County appropriations	748,352	997,803	997,803	(0)
Charges for services	46,281	61,708	178,711	(117,003)
Other grants	903,364	1,204,485	1,157,291	47,194
Other revenue	133,302	177,736	76,154	101,583
<b>Total operating revenue</b>	<b>41,796,491</b>	<b>55,728,655</b>	<b>51,049,239</b>	<b>4,679,416</b>
<b>Operating expenses</b>				
Administration				
Salaries	1,484,255	1,979,007	2,081,999	(102,992)
Benefits	2,592,096	3,456,128	1,503,538	1,952,590
Other	2,184,234	2,912,312	2,806,047	106,265
Internal Services				
Salaries	4,427,629	5,903,505	5,614,573	288,932
Benefits	2,130,049	2,840,065	4,094,150	(1,254,085)
Other	1,443,849	1,925,132	2,439,443	(514,311)
Provider Network Services	26,688,841	35,585,121	29,468,610	6,116,511
Facility costs	958,709	1,278,279	917,802	360,476
Vehicle costs	36,038	48,051	38,488	9,563
Grant expenses	1,297,760	1,730,347	1,454,666	275,681
Room & Board	350,957	467,943	111,186	356,757
GASB 68 & 75 Adjustment	-	-	(5,802,125)	5,802,125
<b>Total operating expenses</b>	<b>43,594,417</b>	<b>58,125,889</b>	<b>44,728,378</b>	<b>13,397,511</b>
Change in net position	(1,797,926)	(2,397,235)	6,320,860	\$ (8,718,095)
<b>Net position, beginning of year</b>	<b>(5,802,698)</b>	<b>(5,802,698)</b>	<b>(11,856,267)</b>	
<b>Net position, end of year</b>	<b>\$ (7,600,624)</b>	<b>\$ (8,199,933)</b>	<b>\$ (5,535,407)</b>	

# MONROE CMH

## Statement of Activities

Mental Health - Budget to Actual

October 1, 2023 through June 30, 2024

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 35,116,485	\$ 26,337,364	\$ 31,264,081	\$ 4,926,717
Medicaid - Settlement	(635,700)	(476,775)	(1,114,722)	(637,947)
Healthy Michigan	2,860,301	2,145,226	2,145,226	0
Healthy Michigan - Settlement	(70,600)	(52,950)	(116,727)	(63,777)
CCBHC	12,000,000	9,000,000	6,149,838	(2,850,162)
CCBHC - Settlement	-	-	214,704	214,704
Behavior Health Home	96,500	72,375	244,521	172,146
State General Funds	1,729,980	1,297,485	1,178,271	(119,214)
State General Funds - Carryover	(85,020)	(63,765)	-	63,765
County appropriations	997,803	748,352	748,352	(0)
Charges for services	217,870	163,403	46,281	(117,122)
Other grants	1,484,505	1,113,379	903,364	(210,015)
Other revenue	85,158	63,869	133,302	69,434
<b>Total operating revenue</b>	<b>53,797,282</b>	<b>40,347,962</b>	<b>41,796,491</b>	<b>1,448,530</b>
<b>Operating expenses</b>				
Administration				
Salaries	2,777,641	2,083,231	1,484,255	(598,976)
Benefits	1,387,182	1,040,387	2,592,096	1,551,710
Other	2,029,359	1,522,019	2,184,234	662,215
Internal Services				
Salaries	7,489,941	5,617,456	4,427,629	(1,189,827)
Benefits	4,775,202	3,581,402	2,130,049	(1,451,353)
Other	2,034,208	1,525,656	1,443,849	(81,807)
Provider Network Services	30,363,290	22,772,468	26,688,841	3,916,374
Facility costs	795,455	596,591	958,709	362,118
Vehicle costs	88,775	66,581	36,038	(30,543)
Grant expenses	1,488,493	1,116,370	1,297,760	181,390
Other expenses	20,288	15,216	-	(15,216)
Room & Board	547,448	410,586	350,957	(59,629)
<b>Total operating expenses</b>	<b>53,797,282</b>	<b>40,347,962</b>	<b>43,594,417</b>	<b>3,246,456</b>
Change in net position	-	-	(1,797,926)	(1,797,926)
Net position, beginning of year	(5,802,698)	(5,802,698)	(5,802,698)	-
Net position, end of year	<u>\$ (5,802,698)</u>	<u>\$ (5,802,698)</u>	<u>\$ (7,600,624)</u>	<u>\$ (1,797,926)</u>