



MONROE COMMUNITY MENTAL HEALTH AUTHORITY

BOARD MEETING

March 22, 2023 – 5:00 p.m. / Aspen Room

Draft Agenda

PUBLIC ACCESS: <https://us06web.zoom.us/j/82017690680> / 1-206-337-9723 / Meeting ID: 820 1769 0680

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.

MISSION STATEMENT:

Enrich lives and promote wellness.

VISION STATEMENT:

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

CORE VALUES:

Compassion, Authenticity, Trust, and Accountability.

	<u>Guide</u>
I. Call to Order	01 min
II. Roll Call	02 min
III. Pledge of Allegiance	02 min
IV. Motion to Adopt the Agenda as Presented	02 min
V. Motion to Approve the Minutes from the December 13, 2022 Board Meeting and the March 2, 2023 Board Meeting and waive the Reading Thereof	02 min
VI. Feedback Summary	02 min
VII. Citizen Comments	03 min/person
<i>"The Board will listen respectfully to any comments you would like to make but will not respond directly tonight. You can expect a follow up contact from the Executive Director or her representative within 24 hours if your comment is about a specific problem or complaint. Comments shall be limited to 3 minutes".</i>	
VIII. Presentations Recognitions, and Celebrations	20 min
a. FY2022 CMHPSM Annual Submission	
b. Pulse for Good	
IX. Board Committee Reports	05 min
a. Motion to Place on File All Written Committee Reports	
i. Business Operations	
ii. Bylaws & Policy	
iii. Clinical Operations	
iv. Executive	
v. Performance Evaluation	
vi. Recipient Rights Advisory Council	
b. Committee Appointments	

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 Accept the Recommendations from the Recipient Rights Advisory Council for FY2022-2023	
	c. Motion to Dissolve the Board Membership Screening Committee	
XI.	Authority and Regional Policy Review/Approval	05 min
	a. Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented	
	i. Policy: Telework Policy	
	ii. Procedure: Remote Work Assessment Process Procedure; and Engagement Procedure	
	iii. Exhibit: Remote Assessment Tool Exhibit	
	b. Motion to Approve the Regional Policies as Presented	
	i. Policy: Notice of Privacy Practices Policy; Customer Services Policy; and Medication Administration, Medication Storage & Other Treatment Policy	
XII.	Relationship with the Region, County, and Others	05 min
	a. Regional Reports	
	i. Regional PIHP Board Meeting Minutes	
	ii. PIHP Board Representation	
	b. CMHAM Committee Reports (<i>If Available</i>)	
XIII.	Items from the Chief Executive Officer	10 min
	a. Financial Report	
	b. Chief Executive Officer's Report	
XIV.	Items from the Board Chairperson	10 min
XV.	New Business	00 min
XVI.	Citizen Comments	03 min/person
XVII.	Announcements by Board Members	01 min/person
XVIII.	Adjournment	01 min

The next regular scheduled meeting for the Monroe Community Mental Health Authority Board of Directors is on Wednesday, April 26, 2023 beginning at 5:00pm in the Aspen Room.

LG/dp 5:17 p.m.



**BOARD OF DIRECTORS REGULAR MEETING MINUTES
December 13, 2022**

- Present:** Michael Humphries, Chairperson; Susan Fortney, Vice Chairperson; Jim Neumann; Randy Richardville; Chantele Steffens; Dawn Asper (arrived 5:26pm); Gloria Rafko (arrived 5:06pm); John Burkardt; and LaMar Frederick
- Excused:** Pam Ray, Catherine Bernhold, and Sandy Libstorff, Secretary
- Absent:**
- Staff:** Lisa Graham
- Guests:** 33 guests attended

I. CALL TO ORDER

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

Mike Humphries appointed Susan Fortney as Secretary Pro-tem.

II. ROLL CALL

The 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 AMENDED AGENDA AS PRESENTED

John Burkardt moved to adopt the draft amended agenda as presented. Randy Richardville supported. Motion carried unanimously.

V. CONSIDERATION TO APPROVE MINUTES

Chantele Steffens moved to approve the minutes of the November 16, 2022 Regular Meeting and waive the reading thereof. Randy Richardville supported. Motion carried unanimously.

VI. FEEDBACK SUMMARY

Feedback summary from the November 16, 2022 meeting was reviewed.

VII. CITIZEN COMMENTS

Pastor Heather Boone from Oaks of Righteousness commented on the frustration of services available for the severely mentally ill and homeless population in Monroe County.

Chantele Steffens moved to amend the agenda to add under New Business the request of a public report on how CMH responded to a recent situation. Jim Neumann supported. Motion carried unanimously.

VIII. PRESENTATIONS, RECOGNITIONS, AND CELEBRATIONS

IX. BOARD COMMITTEE REPORTS

a. Motion to Place on File all Written Committee Reports as Written and Waive the Reading Thereof

Dawn Asper moved to place on file all written committee reports as written and waive the reading thereof. Susan Fortney supported. Motion carried unanimously.

Placed on File: Business Operations – December 7, 2022; Bylaws & Policy Committee – November 15, 2022 and December 6, 2022; Clinical Operations – December 7, 2022; Executive – December 7, 2022; and Performance Evaluation Committee – November 22, 2022.

Clinical Operations: Randy Richardville commented on talking with Team Wellness, they are a 24-7 service and provide what we cannot today. They gave a proposal to Randy to review and he has shared it with Lisa Graham requested to review service comparisons. Randy would like to invite Team Wellness to CMH between now and the next committee meeting to discuss how they may help to address the 24-7 coverage to become a CCBHC.

Bylaws & Policy: Susan Fortney commented on continuing the work to amend the Board Governance Policy Manual and will bring to the full Board for review upon completion. Have requested the Business Operations Committee to review a couple Financial Policies.

Performance Evaluation Committee: Mike Humphries commented that the 360 Surveys for the Chief Executive Officer's performance evaluation will be sent out and to watch for that in email. The survey is for feedback purposes.

X. ITEMS FOR BOARD ACTION

a. Motion to Approve the Consent Agenda_____

LaMar Frederick moved to approve the Consent Agenda as presented. John Burkardt supported. Discussion followed. Roll call: In favor: Burkardt, Frederick, Neumann, Richardville, Steffens, Asper, Rafko, Fortney, and Humphries; Opposed: none; motion carried unanimously.

b. Motion to Approve up to Three Board Members to Attend the CMHAM Winter Conference Beginning February 7, 2023 through February 8, 2023 in Kalamazoo, Michigan

Randy Richardville moved to approve up to three Board Members to attend the CMHAM Winter Conference beginning February 7, 2023 through February 8, 2023 in Kalamazoo, Michigan. Chantele Steffens supported. Discussion followed.

Volunteers to attend are Jim Neumann and Mike Humphries

Randy Richardville amended the motion to approve up to four Board Members to attend the CMHAM Winter Conference beginning February 7, 2023 through February 8, 2023 in Kalamazoo, Michigan. Jim Neumann supported. Roll call: Burkardt, Frederick, Neumann, Richardville, Steffens, Asper, Rafko, Fortney, and Humphries; Opposed: none; motion carried unanimously.

XI. AUTHORITY AND REGIONAL POLICY REVIEW/APPROVAL

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

- i. **Policy:** n/a
- ii. **Procedure:** n/a

iii. **Exhibit:** n/a

b. Motion to Approve the Regional Policies as Presented

i. **Policy:** n/a

There were no authority or regional policies to approve in December.

XII. RELATIONSHIP WITH THE REGION, COUNTY, AND OTHERS

- a. Regional Reports
 - i. Regional PIHP Board Meeting Minutes – Included in Packet
- b. CMHAM Committee Reports
 - i. Jim Neumann commented on the CMHAM Board Meeting, that discussion was on how we are going to get the state to pay the people to do their jobs and take the cap off on what we can do. It is a problem in the state of Michigan and across the country. The issue is in Lansing. They need to take the limitations off us or we will never get this solved. This has to be fixed from the top down.

XIII. ITEMS FROM THE EXECUTIVE DIRECTOR

- a. Financial Report – No finance report for December.
- b. Executive Director's Report – Lisa Graham presented on: Learning Collaborative; Independent Surveys; Provider Stabilization; Staffing Updates; Service Challenge; and Community Coalition.

Susan Fortney requested that exit interview data be brought to the next Board Meeting for review.

Chantele Steffens thanked the clinical staff for their hard work on a recent 60 day notice and thankful you found a win.

XIV. NEW BUSINESS

- c. Chantele Steffens requested a public report on how CMH handled a recent situation. Discussion followed amongst Board Members. Lisa Graham proposed to give a case study overview at the next Board Clinical Operations Committee. What is our options, what systems are in place, what can we control and what parts occurred outside of our control. An overall case study as to show how the system is supposed to work.

Chantele Steffens stated we need to know what we can do and what we cannot do.

Randy Richardville tabled the conversation until the case study overview at the next Board Clinical Operations Committee.

XV. MOTION TO GO INTO CLOSED SESSION FOR PURPOSES OF COLLECTIVE BARGAINING PURSUANT TO SECTION 8 (C) OF THE OPEN MEETINGS ACT AND ATTORNEY CLIENT PRIVILEGE

Gloria Rafko moved to go into Closed Session for purposes of Collective Bargaining pursuant to Section 8 (c) of The Open Meetings Act and Attorney Client Privilege. Randy Richardville supported. Roll call: In favor: Burkardt, Frederick, Neumann, Richardville, Steffens, Asper, Rafko, Fortney, and Humphries; Opposed: none; Motion carried unanimously.

The Board went into Closed Session at 6:37pm.

The Board went into Open Session at 8:08pm.

Randy Richardville moved to approve a one-time \$3,000.00 Retention Bonus for Full-Time Non-Union MCMHA Employees hired on or before October 1, 2022. This Retention Bonus shall not be added to any base salary and shall be paid along with the MCMHA's regular payroll scheduled for December 23, 2022. Dawn Asper supported. Roll call: In favor: Burkardt, Frederick, Neumann, Richardville, Steffens, Asper, Rafko, Fortney, and Humphries; Opposed: none; Motion carried unanimously.

Randy Richardville moved to approve a one-time \$1,500 Retention Bonus for permanent Part-Time Non-Union Employees hired on or before October 1, 2022. This Retention Bonus shall not be added to any base salary and shall be paid along with MCMHA's regular payroll scheduled for December 23, 2022. Gloria Rafko supported. Roll call: In favor: Burkardt, Frederick, Neumann, Richardville, Steffens, Asper, Rafko, Fortney, and Humphries; Opposed: none; Motion carried unanimously.

Randy Richardville moved to authorize Administration to negotiate the identical bonus for all Bargaining Unit MCMHA Employees. Jim Neumann supported. Roll call: In favor: Burkardt, Frederick, Neumann, Richardville, Steffens, Asper, Rafko, Fortney, and Humphries; Opposed: none; Motion carried unanimously.

XVI. CITIZEN COMMENTS

There were no citizen comments.

XVII. ANNOUNCEMENTS BY BOARD MEMBERS

Board members wished everyone a Merry Christmas.

XVIII. ADJOURNMENT

Susan Fortney moved to adjourn at 8:23pm. Jim Neumann supported. Motion carried unanimously.

Submitted by,

Susan Fortney
Secretary Pro-Tem

LG/dp 12/14/22



**BOARD OF DIRECTORS REGULAR MEETING MINUTES
March 2, 2023**

- Present:** Michael Humphries, Chairperson; Susan Fortney, Vice Chairperson; Jim Neumann; Catherine Bernhold; Randy Richardville; Chantele Steffens; Dawn Asper; Gloria Rafko; and LaMar Frederick
- Excused:** John Burkardt and Pam Ray
- Absent:**
- Staff:** Lisa Graham
- Guests:** 86 guests attended

I. CALL TO ORDER

The Board Chairperson, Mike Humphries, called the meeting to order at 5:03 p.m.

Mike Humphries appointed Catherine Bernhold as Secretary Pro-tem.

II. ROLL CALL

The 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

Jim Neumann moved to adopt the draft agenda as presented. Gloria Rafko supported. Motion carried unanimously.

V. BOARD CHAIR REMARKS

Mike Humphries provided opening remarks.

I have been in this role for a little over a year now and it has been a rather tumultuous year. Like every Board Member here, we are here because we care and want to make an impact in the community.

The agenda for tonight's meeting was amended by me solely for the purpose to allow the majority of time to listen to public comment. Citizen comments at the end of the meeting always occurs. The agenda was amended to allow for overdue Board business to take place first and provide the rest of the time to listen to public comment.

The goal of this organization is to ensure all of those suffering from mental illness and developmentally disabled in Monroe County get the care they need and deserve. It is abundantly apparent to me that without those that work at Monroe Community mental Health Authority, none of this would happen. I would like to loudly voice my support for the employees and the work that they do every day. This has not been an easy task and want to recognize them and let them know the Board supports them and gives them the tools they need so they can provide the care that everyone in this community needs.

We have made big steps and are following through. The Mobile Crisis Unit vehicle ordered last year was just delivered and as of March 1st have an Access location at the Benesh Building for those that cannot make it to the Raisinville Road location.

Recommended a book called Insane Consequences, Author D.J. Jaffe. He points out the focus of so many of the national agencies called the worry well that are suffering from mental illness. The reason I am here is I want the focus back on the seriously mental ill but this can't just be done at the local level, it needs to be done at all levels. Specifically, the state level. I recommend this book highly.

There has been some talk about a proposal that has been made and would like to clarify. Team Wellness was approached and talked to by Randy Richardville and other individuals for crisis care services. Team Wellness gave Randy a proposal and was described as the cream of the crop, all-inclusive shop. The way the proposal was written it was so large for accommodating 150,000 people. They visited in November and provided a proposal early December to Randy. As a Board, we discussed the concept and agreed that Team Wellness would present to the Executive Leadership Team on January 10th, which they did. Discussion was to be brought to the January Board Meeting which was cancelled due to inclement weather. The February Board Meeting was postponed. Tonight's meeting we want to allow the most time for public comment. To say that the Board did not act on a proposal is not true, there has not been a real proposal. The Board would request what's called a Request for Proposal (RFP) and outlines what that proposal needs to be. There has been no RFP so no proposal could be ignored.

When it comes time for citizen comments, you will be given 3 minutes each to speak. I will call the names of those that signed up for citizen comment. Two people can be at the podium when speaking. The Board listens to comments but does not address at the Board table. Any comments resulting in a question will be addressed by the Chief Executive Officer by Monday, March 6th.

VI. ITEMS FOR BOARD ACTION

a. Motion to Approve the Consent Agenda _____

LaMar Frederick moved to approve the Consent Agenda as presented. Jim Neumann supported. Discussion followed. Roll call: In favor: Rafko; Asper; Steffens; Richardville; Bernhold; Neumann; Frederick; Fortney; and Humphries; opposed: none; motion carried unanimously.

b. Motion to Adopt the Proposed Monroe Community Mental Health Authority Pay Plan for all Non-Union Employees, Retro-Active to January 8, 2023

LaMar Frederick moved to adopt the proposed Monroe Community Mental Health Authority Pay Plan for all Non-Union Employees, Retro-Active to January 8, 2023. Gloria Rafko supported. Roll call: In favor: Rafko; Asper; Steffens; Richardville; Bernhold; Neumann; Frederick; Fortney; and Humphries; opposed: none; motion carried unanimously.

c. Motion to Authorize Administration to Negotiate the Adoption and Implementation of Identical Pay Plan for MCMHA Bargaining Unit Employees

LaMar Frederick moved to authorize Administration to negotiate the adoption and implementation of identical Pay Plan for MCMHA Bargaining Unit employees. Gloria Rafko supported. Roll call: In favor: Rafko; Asper; Steffens; Richardville; Bernhold; Neumann; Frederick; Fortney; and Humphries; opposed: none; motion carried unanimously.

d. Motion to Approve up to Three Board Members to Attend the National Conference (NATCON 23) May 1, 2023 through May 3, 2023 in Los Angeles, California

Catherine Bernhold moved to approve up to three Board Members to attend the National Conference (NATCON23) May 1, 2023 through May 3, 2023 in Los Angeles, California. Dawn Asper supported. Roll call: In favor: Rafko; Asper; Steffens; Richardville; Bernhold; Neumann; Frederick; Fortney; and Humphries; opposed: none; motion carried unanimously.

VII. CITIZEN COMMENTS

Sandy Libstorff commented on being a CMH Board Member for 16 years and quoted Isaiah from the Bible, the founding of Oaks of Righteousness. We are committed to the mission that God has given us. Oaks is not going anywhere. We will continue to stand for these people.

Melissa Woodfill commented on volunteering at Oaks, staffing issues, and the need for mental health services in the east side community.

Lisa Norton, Michigan Department of Health and Human Services, commented on out of county placement not being in the best interest for individuals, and having an additional access point at the Benesh Building which is still 6-10 blocks away from the orchard east community. For continuity of care, it should be like being able to go to the corner store.

Pastor Heather Boone commented on how deeply disappointed she is with the Board and that they would not listen to reason, the cancellation of the last meeting due to capacity issues, and the closing of Oaks Shelter.

Maricella Ramirez commented on personal struggles, the mental health crisis, and advocated for mental health support for Oaks of Righteousness.

Chelsea MaAdam commented on mental health struggles, working for Oaks, and asking the Board to wake up and provide support.

Tara Bijarro, Oaks Recovery Specialist, commented on having a voice for those that don't, substance abuse issues, advocacy for jail diversion services, and the relationship between Therapeutics and CMH. Oaks represents the orchard east community, and it is only a matter of time before a crisis is knocking at your door and it is only then that you will not be able to ignore our voices.

Brandon Hamilton requested to void his time and give it to Maricella Ramirez to finish her comments.

Judy Greene commented on the wonderful things Oaks is doing for the community and watched how it has morphed into what it is now after the last 6.5 years. Staff training, increased accessibility, and services are needed for those at the shelter. Requesting CMH to come down and be a part of the solution because if Oaks does not get the assistance they need, they may not be able to re-open.

Amy Robinson advocated for the disabled. Amy has worked with Oaks for the last 2 years and commented that if it is a staffing issue to consider doing what the hospital did, bring in temporary workers while you are getting new programs up and running. Have great respect for the case managers who are on the ground, but we need more of them. We need them interacting with the crises. We must work as a team if we are going to make a difference in this community.

Tennery McCutcheon, Disability Network, commented that any society can be and should be judged on how it treats its most vulnerable citizens.

Lynne White commented on family members that have received services and the difficulties experienced with those services. Lynne requested CMH to be a real partner with Oaks and to provide a 24-hour crisis unit located where the most concentrated population is.

Melhem Schiller advocated for Oaks of Righteousness to receive support from CMH.

Lacie Schiller commented on addressing the Board years ago and that she was not heard then and is not being heard now. Lacie prays the Board hears the need for assistance at Oaks.

Angela Shock commented on the difficulties of getting CLS services.

Trish Burgess advocated services for her friend that is not yet receiving them.

Crystal Ellison commented on family struggles, disabilities, and the difference it would have made if an organization like Oaks would have been available in her community when it was needed.

Jessica Stone commented on the stigma of mental health and requested the Board take action in support of Oaks to receive assistance with mental health resources.

A citizen, name not captured, showed concern for the community due to the lack of mental health resources in the community.

Sgt. Milton Dunham, Veteran, commented on personal struggles and the support of Oaks of Righteousness in need of assistance for mental health resources.

Becky McCollum McCrea commented on family struggles and the assistance received by Oaks of Righteousness. Change needs to happen and requested support for Oaks.

Sonya Jones commented on assistance received by Oaks staff. Oaks needs help. Set up a substation on the east side of Monroe. We are crying out for your help.

Katy Beth Davis commented on family, personal struggles, and supporting the need for someone to help at Oaks.

Azia Hathorne commented to the Board that you have heard dozens of people stand before you and pour their heart out to you. When you hear the need I want you to take action. We must learn how to be proactive and tired of the division of east end compared to Monroe. I want these resources to be where the need is. Let's help the people that need it the most.

Sonia Hudson commented on wearing tape as a symbol of being unheard. Sonia commented on the mobile crisis unit and that with 150 days until implementation what do you think will happen to those that cannot speak for themselves. Pleaded for support of Oaks.

A citizen, name not captured, commented on their struggle with mental illness and the lack of resources in the community. Made it clear, we are here for action and to not underestimate people for what they are willing to do and what they are willing to risk to be heard.

Cole Beehn commented on her experience with Oaks and CMH while working at a local hotel. Cole supports Oaks in asking for mental health support and access for those in crisis. Being humbled leadership makes the best leaders.

Calinda Thomas, a foster parent and resident of Monroe County, commented on children only receiving help after the fact as there has never been as many threats to schools as we have today. We are all the same race; we are all God's children.

Amber Reed commented on the uptake of substantial use in our community and the need for a 24/7 crisis and substance abuse services.

Kelly Meadows commented on the sad stories being heard during comments, access to services at CMH, and that the Disabilities Network in Monroe wants to work with CMH to be discussion solutions.

Tamyka Tucker, Salvation Army Family Shelter Director, commented on being another shelter in the community and that the people are under the assumption that these types of issues only affect the homeless. It is not easy to watch families struggling with mental health. This has been a sad time for me to watch the community that I love to be falsely accused and people that don't know me question my heart and how I do things. I pray that the community and agencies will come together to make a change.

Erik Rose commented on community collaboration, advocating with law makers, and board decisions.

Gary Moore, monitor at Oaks of Righteousness for six months, commented on how eye opening it has been working at Oaks and the number of volunteers that want to help people. Pleaded for mental health support.

Tracy Bailey commented on her recovery of 24 years and is in support of Oaks of Righteousness.

VIII. ADJOURNMENT

Jim Neumann moved to adjourn at 7:43pm. LaMar Frederick supported. Motion carried unanimously.

Submitted by,

Catherin Bernhold
Secretary Pro-tem

LG/dp 3/10/23

Reporting Period: October 1, 2021 to September 30, 2022

Waiting List Report - as of 9/30/2022

Program Type	MI Adult	DD	SED	Total
Targeted CSM/Supports Coordination				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>	T1017			
Number on waiting list as of date above	0	1	0	1
Added during the time period covered	0	1	0	1
Removed during the time period covered- service provided	0	1	0	1
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Intensive Interventions/Intensive Community Services				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>	H0036, H2022, H2021			
Number on waiting list as of date above	0	2	0	2
Added during the time period covered	0	2	0	2
Removed during the time period covered- service provided		1		1
Removed during time period covered - all other reasons		1		1
Number left at the end of the time period covered		0		0
Clinic Services				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>	H0002, 9083x, 90847, 90846, 90791, 992xx			
Number on waiting list as of date above	1	1	37	39
Added during the time period covered	1	1	37	39
Removed during the time period covered- service provided	0	1	26	27
Removed during time period covered - all other reasons	0	0	1	1
Number left at the end of the time period covered	1	0	12	13
Supports for Residential Living				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Supports for Community Living				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>	H2014, H2015, T1005, H0045			
Number on waiting list as of date above	0	6	0	6
Added during the time period covered	0	6	0	6
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	6	0	6
NARRATIVE: How do you assure that service needs are met at an individual level as well as from a program capacity level?				
Monroe Community Mental Health Authority has implemented and followed policies and procedures to ensure access to medically necessary services for those served. This is closely monitored, by clinical supervisors in each program as well as the compliance manager. Quality assurance processes are in place to address any barriers that may arise. Current barriers are similar to those faced across the state including chronic direct care staffing shortages and limited clinical workforce. We continue to work with local agencies, community stakeholders and the state through collaborative meetings and workgroups to address these issues.				

Report on the Requests for Services and Disposition of Requests

Row	CMHSP Point of Entry-Screening	DD	MI Adult	SED	Unknown / All Others	Total
1	Total # of all people who telephoned or walked in with any request	590	5707	1423	897	8617
2	Of the # in Row 1 (all people who telephoned or walked in), total # of people referred out due to non-mental health needs	15	426	86	75	602
3	Of the # in Row 1 (all people who telephoned or walked in) total # of people who requested services the CMHSP provides, irrespective of eligibility	731	7542	1957	1022	11252
4	Of the # in Row 3 (People requested services the CMHSP provides), total # of people who did not meet eligibility through phone or other screening	17	520	117	74	728
5	Of the # in Row 3 (People requested services the CMHSP provides), total # of people who were scheduled for assessment	100	1007	320	5	1432
6	Of the # in Row 3 (People requested services the CMHSP provides), total # of people with other circumstance - Describe below on line 32	614	6015	1520	943	9092
7	Is Row 1 (all people who telephoned or walked in) an unduplicated count in each category? Answer Yes or No for each category	No	No	No	No	N/A

Row	CMHSP ASSESSMENT	DD	MI Adult	SED	Unknown / All Others	Total
8	Of the # in Row 5 (Scheduled for Assessment) - total # of people who did not receive eligibility determination (dropped out, no show, etc.)	0	0	0	0	0
9	Of the # in Row 5 (Scheduled for Assessment) - total # of people who were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0
10	Of the # in Row 5 (Scheduled for Assessment) - total # of people who were not served because they were MA HP enrolled and referred out to MA health plan	0	0	0	0	0
11	Of the # in Row 5 (Scheduled for Assessment) - total # of people who otherwise did not meet CMHSP non-entitlement eligibility criteria	0	0	0	0	0
11a	Of the # in Row 11 (did not meet CMHSP non-entitlement eligibility criteria) - total # of people who were referred out to other mental health providers	0	0	0	0	0
11b	Of the # in Row 11 (did not meet CMHSP non-entitlement eligibility criteria) - total # of people who were not referred out to other mental health providers	0	0	0	0	0
12	Of the # in Row 5 (Scheduled for Assessment) - total # of people who met the CMHSP eligibility criteria	100	1007	320	5	1432
13	Of the # in Row 12 (Met CMHSP eligibility criteria) - total # of people who met emergency/urgent conditions criteria	21	532	110	6	669
14	Of the # in Row 12 (Met CMHSP eligibility criteria) - total # of people who met immediate admission criteria	16	443	85	0	544
15	Of the # in Row 12 (Met CMHSP eligibility criteria) - total # of people who were put on a waiting list	0	0	0	0	0
15a	Of the # in Row 15 (Put on a waiting list) - total # of people who received some CMHSP services, but wait listed for other CMHSP services	0	0	0	0	0
15b	Of the # in Row 15 (Put on a waiting list) - total # of people who were waitlisted for all CMHSP services	0	0	0	0	0
16	Other Requests for Service and Disposition of Requests - Report total # of people in each category and describe on Line 32.	0	0	0	0	0

Row 6 - Of the # in Row 3 (People requested services the CMHSP provides), total # of people with other circumstance - Describe here
 and/or
Row 16 - Other Requests, total # of people - Describe here

Call logs are accounted for in Row 6 due to not having a disposition to sort them further than being able to say we received a call. These calls were recorded on Row 1, therefore I had to include them on Row 6 to make the totals of Rows 4, 5, 6 total Row 3. This was also the case for emergency notes which were included on Row 6.

NARRATIVE: Provide a brief description of how the CMHSP collects and maintains the data reported on this form.

Utilizing the 1017a report, documents are filtered out for the fiscal year and sorted according to the data points requested and sifted by dispositions and populations to gain the totals for the data points.

NARRATIVE: Briefly describe the process by which the CMHSP determines eligibility [e.g., per use of assessment instrument (ID name), per telephone screen, or face-to-face assessment or combination, etc.].

After a service is requested by an individual, an Access screening or pre-screening is performed to determine eligibility based on the Mental Health Code and Medicaid Manual criteria. These assessments are done in a combination of ways using both in-person or virtual appointments based on the consumer's choice.

NARRATIVE: Provide a brief but easily understood and clear narrative describing noticeable trends and what the CMHSP response is to these trends. If trends represent an increased demand for services, explain how the CMHSP plans to manage this increased demand moving forward. If changes in eligibility rules result in termination of services to current enrollees, include this information.

MCMHA has seen an increase in cases needing to be open to services as evidenced by the necessary development of new additional positions for new case management positions in Adult MI, IDD, and Child and Family as well as the additional position of an Access Clinician. This was brought about by an increase in the total amount of cases served and case load sizes consistently increasing..

Community Needs Assessment															
Community Data Sets															
ROW	CMHSP name:	Contact person/e-mail address:													
	Monroe CMH Authority	Meagan Schinella/mschinella@monroecmha.org													
1	Population (Census)-- As of September -- by county		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
County 1	Monroe		152,021	152,300	152,579	152,858	153,137	153,416	153,695	153,974	154,253	154,532	154,809	155,088	155,367
County 2															
County 3															
County 4															
County 5															
County 6															
	Total CMHSP Population			152,300	152,579	152,858	153,137	153,416	153,695	153,974	154,253	154,532	154,809	155,088	155,367
	Change from Prior Year			152,300	279	279	279	279	279	279	279	279	277	279	279
	% change from Prior Year			#DIV/0!	0.18%	0.18%	0.18%	0.18%	0.0018186	0.0018153	0.001812	0.0018087	0.0017925	0.0018022	0.001799
	Cumulative Change since 2009			152,300	152,579	152,858	153,137	153,416	153,695	153,974	154,253	2232	2230	2230	2230
	% cumulative change since 2009			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.0146553	0.0146154	0.0145887	0.0145621
	Source:	US Census Bureau from 2019 Estimates for 2020 information													
	This will provide you numbers for 2020	http://worldpopulationreview.com/us-counties/mi/													
	Use data from previous reports for years before 2019 or reference this website for previous years	https://datacenter.kidscount.org/data/tables/1698-total-population?loc=24&loc=5#detailed/5/3744-3826/false/1729.37.871.870.573.869.36.868.867.133/any/3603													
2	Medicaid Enrollment - Average Enrollment for September:		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
County 1	Monroe		23403	24112	23119	23166	26021	27934	19027	20270	20864	20439	23406	25,898	26,940
County 2															
County 3															
County 4															
County 5															
County 6															
	Total CMHSP Medicaid Enrollment		23403	24112	23119	23166	26021	27934	19027	20270	20864	20439	23406	25898	26940
	Change from Prior Year			709	-993	47	2855	1913	-8907	1243	594	-425	2967	2492	1042
	% change from Prior Year			0.0302953	-0.041183	0.002033	0.123241	0.0735175	-0.318859	0.0653282	0.0293044	-0.02037	0.1451637	0.1064684	0.0402348
	Cumulative Change since 2009			709	-284	-237	2618	4531	-4376	-3133	-2539	-2964	-706	2779	3774
	% cumulative change since 2009			0.0302953	-0.012135	-0.010127	0.111866	0.1936077	-0.186985	-0.133872	-0.10849	-0.12665	-0.02928	0.1202042	0.1629112
	Source:	https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-15064--,00.html													
3	Number of Children in Foster Care		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	Children Ages 0-17 in Out of Home Care-Abuse or Neglect (Number)		83	76	117	146	142	196	164	185	194	145	110	92	NA
	Children Ages 10-16 in Out of Home Care-Delinquency (DHS Placement)		54	51	75	103	103	145	124	131	132	NA	NA	NA	NA
	Children Ages 0-5 in Foster Care (Number)		39	41	62	78	77	111	94	98	100	NA	NA	NA	NA
	Source:	http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI													
	**Some information may not be available for every year.														
	Total CMHSP		176	168	254	327	322	452	382	414	426	145	110	92	0
	Change from Prior Year			-8	86	73	-5	130	-70	32	12	-281	-35	-18	-92
	% change from Prior Year			-4.55%	51.19%	28.74%	-1.53%	40.37%	-0.154867	0.0837696	0.0289855	-0.659624	-0.241379	-0.163636	-1
	Cumulative Change since 2009			-8	78	151	146	276	206	238	250	-23	-144	-235	-322
	% cumulative change since 2009			-4.55%	44.32%	85.80%	82.95%	156.82%	1.1704545	1.3522727	1.4204545	-0.136905	-0.566929	-0.718654	-1
4	Number of Licensed Foster Care Beds in Catchment Area		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
	Adults - Enter the Total Number of Bed Capacity		402	413	401	391	391	401	426	428	495	616	653		
	Source:	http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27717-82231--,00.html													
	Kids - Enter the Total Number of Licensed Facilities		NA	NA	NA	NA	NA	NA	NA	NA	110	45	45		
	Source:	http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27719-82293--,00.html													
	*This data is also provided by MDHHS on the website under "Provided Information".														
5	Prevalence Proxy Data		1990	2008	Change	*or most recent projection									
5-A	Adults with Serious Mental Illness (Kessler Methodology)		NA	NA	NA										
	Trend - Kessler Prevalance Data														
	*Provided by MDHHS in 2012														
5-B	Children at risk for Serious Emotional Disturbance 100% below poverty		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
			7099	6921	5526	5545	4364	4827	3566	5601	4857	5351	4684	3716	NA
	Source:	https://data.census.gov/cedsci/?intcmp=aff_cedsci_banner													
5-C	Persons with Developmental Disabilities: Formula Populated		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
			0	761.5	762.895	764.29	765.685	767.08	768.475	769.87	771.265	772.66	774.045	775.44	776.835

Community Needs Assessment														
Community Data Sets														
CMHSP name: Monroe CMH Authority														
Contact person/e-mail address: Meagan Schinella/mschinella@monroecmha.org														
ROW														
6	Community Homelessness- catchment area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
6-A	Local Continuum of Care Bi-ennial Homeless Count	140	121	113	139	182	185	176	193	209	167	184	NA	NA
	Change from Prior Time Period		-19	-8	26	43	3	-9	17	16	-42	17	#VALUE!	#VALUE!
6-B	# served from CMHSP data- of persons that are homeless	NA	NA	NA	NA	NA	NA	47	45	74	56	33	17	NA
	Change from Prior Time Period		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	-2	29	-18	-23	-16	#VALUE!
	Link to Homeless count report for some Michigan regions/counties-Source HUD.GOV	https://www.hud.gov/sites/dfiles/Main/documents/2007-2019_PIT_Counts_by_CoC.XLSX												
6-C	Community Employment	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
County 1	Monroe	66679	66940	68001	69333	71276	72638	72685	72180	72602	71902	68051	67227	70321
County 2														
County 3														
County 4														
County 5														
County 6														
	Total CMHSP	66679	66940	68001	69333	71276	72638	72685	72180	72602	71902	68051	67227	70321
	Change from Prior Year		261	1061	1332	1943	1362	47	-505	422	-700	-3851	-824	3094
	% change from Prior Year		0.39%	1.59%	1.96%	2.80%	1.91%	0.000647	-0.006948	0.0058465	-0.009642	-0.053559	-0.012109	0.0460232
	Cumulative Change since 2008		261	1322	2654	4597	5959	6006	5501	5923	5223	1111	-774	988
	% cumulative change since 2008		0.39%	1.98%	3.98%	6.89%	8.94%	0.0900733	0.0824997	0.0888286	0.0783305	0.016597	-0.011382	0.0142501
	Source:	State of Michigan Labor Market Information https://mlmi.org/DataSearch/LAUS												
7	Justice System	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
7-A	Jail diversions	10	27	3	13	N/A	27	40	66	96	168	156	307	324
	(describe data source) MCMHA Jail Diversion Data													
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022			
7-B	Prison discharges-number of people expected to meet SMI Criteria	7	8	11	N/A	26	32	7	4	5	NA			
	(describe data source) Betsy Hardwick (did not respond for 2022 data)													
8	Education System	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
8-A	Number of students aging out or graduating special education	N/A	N/A	N/A	N/A	N/A	N/A	34	192	214	197	41	145	135
9	Graduation and Dropout Rate	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
County 1	Monroe	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
County 2														
County 3														
County 4														
County 5														
County 6														
	CMHSP Total:	0	0	0	0	0	0	0	0	0	0	0	0	0
	Source: The Annie E. Casey Foundation-Kids Data Count Center	http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI												
9-A	% graduated	80.10%	78.90%	82.30%	82.10%	83.70%	83.60%	85.40%	85.20%	89.10%	89.10%	90.20%	85.60%	N/A
9-B	% dropped out	9.70%	9.50%	7.30%	7.60%	7.60%	7.30%	6.70%	6.90%	5.70%	5.40%	5.40%	6.40%	N/A
	Source: The Annie E. Casey Foundation-Kids Data Count Center	http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI												
	DATE													

Community Needs Assessment														
Community Data Sets														
CMHSP name: Monroe CMH Authority														
Contact person/e-mail address: Meagan Schinella/mschinella@monroecmha.org														
ROW	For primary health items, identify point in time being reported													
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
10	Primary Health													
10-A	% of CMHSP consumers with an identified Primary Care Physican													
	N/A	N/A	83%	85%	87%	85%	81%	77%	89%	N/A	66%	63%	58%	
10-B	CMHSP Medicaid recipients with primary care service/encounter													
10-C	# with primary care plus emergency room													
10-D	# with emergency room no primary care													
	MDHHS does not have this data (10B, 10C, 10D) availbale at this time.													
11	Optional Information													
	Private Providers and Public SA Providers													
11-A	Number of Existing Private Providers in Community													
11-B	Number of providers that utilize a sliding fee scale													
11-C	Number of providers that are accepting new clients													
	4	13	14	15	16	17	18	10	11	NA	9			
	4	10	10	10	11	11	12	1	5	NA	NA			
	3	10	10	11	12	13	13	2	9	NA	NA			



BOARD BUSINESS OPERATIONS COMMITTEE
Wednesday, January 18, 2023
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; Susan Fortney; Sandy Libstorff; Jim Neumann, and Michael Humphries (Ex-Officio)

DRAFT MINUTES

I. CALL TO ORDER

LaMar Frederick called the meeting to order at 5:05pm. LaMar Frederick, Jim Neumann, Susan Fortney, Mike Humphries, Lisa Graham, Richard Carpenter, Jim Brown, and Alicia Riggs were present. Sandy Libstorff and Dana Talbert were excused. Four guests attended.

II. BUSINESS OPERATIONS

- a. Facilities – No update for January
- b. Technology – No update for January

III. FINANCE

a. Items for Board Action (Consent Agenda)

- i. Administrative Contracts: Iris Telehealth was presented by Alicia Riggs (recommend Board approval).
- ii. Service Contracts: Arkay; Choices with Self Determination; CHS Group; Life Enrichment Academy; Community Living Network; Guardian Trac; and Hope Network Behavioral Health Services were presented by Alicia Riggs (recommend Board approval).
- iii. Proposed Pay Plan for Non-Union MCMHA Employees – At the December Board Meeting, the Board requested the Chief Human Resources Director, Jim Brown, to review the proposed pay plan and bring back a new recommendation in January. Jim Brown presented a new proposed Pay Plan with assumptions and recommendation. The assumptions are as follows:
 1. Staff are placed on a new pay scale at current pay step at or next higher pay step where there is at least a \$1.00 increase in hourly rate. (Retro-active to January 8, 2023)
 2. Any future advancement for staff at or above the midpoint (Step 4) would require a satisfactory performance evaluation to move up to the next pay step. (To be defined)
 3. End anniversary step increases. All step increases will move to 10/1 beginning of fiscal year date.
 4. Doctors are not incorporated into the pay scale. Pay adjusted to median as recommended in study.Jim Brown presented the cost analysis for the new proposed Pay Plan. There were 39 individuals were getting less than a dollar increase and is how many would benefit from this new proposal. LaMar Frederick commented the new proposed Pay Plan is within budget. The recommendation is that the Board adopt the proposed Monroe Community Mental Health Authority Pay Plan for all non-union employees, retro-active January 8, 2023 (recommend Board approval).
- iv. Proposed Authorization for Administration to Negotiate the Adoption and Implementation of Identical Pay Plan for Bargaining Unit MCMHA Employees – With the assumption the Board approves the Pay Plan, Jim Brown would immediately engage with the bargaining unit. The bargaining unit has a process to follow and a timeframe that could take 2-3 weeks in order to implement. The recommendation is for the Board to authorize Administration to negotiate the adoption and implementation of identical Pay Plan for MCMHA Bargaining Unit employees (recommend Board approval).

b. Financial Reports

- i. The Fiscal Finance Report for Trends and Comparative Charts, Fiscal Revenues and Expenses by Fund Source, and Basic Financial Statements were presented by Richard Carpenter (recommend Board approval). Richard Carpenter presented the new formatting of financial reports and looked to the committee for feedback. Susan Fortney commented on having a glossary of terms for acronyms used in graphs and including the number below as some items in the Revenue and Eligible's are fairly small and not viewable by the graphs. LaMar Frederick commented that it is important to highlight the provider network services as they are 2/3 of our budget. We really do most of our work with provider services and not sure if the Board realizes this. It is important as we are paying a lot of people to provide services to consumers. The finance reports are clear and understandable.

c. Investments and Financing

- i. OPEB Contribution – Richard Carpenter commented that in conversation with Lisa Graham, the Audit Firm, and a scheduled discussion with the PIHP, there is a need to have cash flow. If the PIHP is willing to help with cash flow, then it would be ideal to make an additional contribution to OPEB. If a contribution can be made, then we would give less money back to the PIHP. In order for this to happen it would need to be done before MDHHS's deadline of February 28, 2023, for reporting requirements. The Board tasked Richard to reduce funds given back to the PIHP and if we can fund OPEB we may be able to reduce the amount returned to the PIHP by two million. If this becomes an option, the information will be brought to the committee in February.

V. INFORMATIONAL ITEMS

- a. Richard Carpenter continues to focus on year end reporting requirements and meets with Dana Talbert for a dedicated time once a week and touch base 3-4 times a week. Dana is learning the day to day operations and working with her team. Following the year end audit Richard and Dana will begin training on a much deeper level.

VI. PARKING LOT

- a. Review of Governance Policy 2.4: Financial Planning - February
- b. Review of Governance Policy 2.5: Financial Conditions & Activities - February
- c. Long Term Debt Reduction (OPEB/Pension)
- d. Develop criteria for subsequent stabilization funds for Providers

VII. ADJOURNMENT

The meeting adjourned at 6:10pm. The Business Operations Committee's next meeting is scheduled for **Wednesday, February 15, 2023** at 5pm in the Aspen Room.

Respectfully submitted,

LaMar Frederick (dp)

LaMar Frederick
Business Operations Chair

1/19/23



BOARD BUSINESS OPERATIONS COMMITTEE
Wednesday, February 15, 2023
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; Susan Fortney; Sandy Libstorff; Jim Neumann, and Michael Humphries (Ex-Officio)

DRAFT MINUTES

I. CALL TO ORDER

LaMar Frederick called the meeting to order at 5:05pm. LaMar Frederick, Jim Neumann, Susan Fortney, Sandy Libstorff, Lisa Graham, Richard Carpenter, Jim Brown, and Alicia Riggs were present. Gloria Rafko and Chantele Steffens attended as guests. Dana Talbert and Mike Humphries were excused. Six guests attended.

II. BUSINESS OPERATIONS

- a. Facilities – No update for February
- b. Technology – No update for February

III. FINANCE

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

- i. Administrative Contracts: Iris Telehealth and Maxim Healthcare Staffing Services was presented by Alicia Riggs (recommend Board approval).
- ii. Service Contracts: Arkay; Choices with Self Determination; CHS Group; Life Enrichment Academy; Community Living Network; Guardian Trac; Hope Network Behavioral Health Services; and Flatrock Manor were presented by Alicia Riggs (recommend Board approval).
- iii. Proposed Pay Plan for Non-Union MCMHA Employees: Jim Brown presented the proposed pay plan at the January Business Operations Committee. The committee recommended Board approval, however, due to inclement weather the January Board Meeting was cancelled. Jim presented a brief overview of the proposed pay plan as a reminder to committee members and guests.

At the December Board Meeting, the Board requested the Chief Human Resources Director, Jim Brown, to review the proposed pay plan and bring back a new recommendation in January. Jim Brown presented a new proposed Pay Plan with assumptions and recommendation. The assumptions are as follows:

1. Staff are placed on a new pay scale at current pay step at or next higher pay step where there is at least a \$1.00 increase in hourly rate. (Retro-active to January 8, 2023)
2. Any future advancement for staff at or above the midpoint (Step 4) would require a satisfactory performance evaluation to move up to the next pay step. (To be defined)
3. End anniversary step increases. All step increases will move to 10/1 beginning of fiscal year date.
4. Doctors are not incorporated into the pay scale. Pay adjusted to median as recommended in study.

Jim Brown presented the cost analysis for the new proposed Pay Plan. There were 39 individuals were getting less than a dollar increase and is how many would benefit from this new proposal. LaMar Frederick commented the new proposed Pay Plan is within budget. The recommendation is that the Board adopt the proposed Monroe Community Mental Health Authority Pay Plan for all non-union employees, retro-active January 8, 2023 (recommend Board approval).

- iv. Proposed Authorization for Administration to Negotiate the Adoption and Implementation of Identical Pay Plan for Bargaining Unit MCMHA Employees – With the assumption the Board approves the Pay Plan, Jim Brown would immediately engage with the bargaining unit. The bargaining unit has a process to follow and a timeframe that could take 2-3 weeks in order to implement. The recommendation is for the Board to authorize Administration to negotiate the adoption and implementation of identical Pay Plan for MCMHA Bargaining Unit employees (recommend Board approval).
- b. **Financial Reports**
- i. The Fiscal Finance Report for Trends and Comparative Charts, Fiscal Revenues and Expenses by Fund Source, and Basic Financial Statements were presented by Richard Carpenter (recommend Board approval).
 1. A table of acronyms were added as requested by the committee.
 2. The Public Health Emergency will decouple March 31, 2023. The state has a plan for the Center for Medicaid Services to approve their determination plan that would start in April 2023 and run through May 2024. We would expect eligibles will increase proportionately over the 13-month timeframe and our hope is that when we see a downward trend in eligibles that we will remain stable with revenue. Lisa Graham commented that an eligible is any person in Monroe County that is eligible for Medicaid, and what our rates and funding is based on. It is the amount of people eligible whether they receive services or not.
 3. Finalizing the Fiscal Year 2022 finance reports to submit by the PIHPs deadline next week. As a general fund we are going to send back close to \$0 as we have found some appropriate uses for funding and that is going very well. Lisa Graham commented that we are very much underfunded in our OPEB and Pension and making an additional contribution allows us to lower liability and send less funds back to the PIHP.
 4. A revised budget will be brought to the Board in May.
 5. Looking to increase revenue by getting credentialed through Medicare and 3rd party billing. If someone has Medicare or 3rd party insurance, we would want the ability to bill those first and Medicaid last. We are working with staff to get credentialed to bill 3rd party insurance for an increase of revenue for almost \$300,000 annually.

6. Richard continues to meet weekly with Dana Talbert, Chief Finance Officer. Working through the education/training process and staying connected with Lisa Graham and Jim Brown.
7. Chantele Steffens requested an increase to Board Stipends be considered as a topic for the next Business Operations Agenda.
 - a. Richard commented that the Mental Health Code does put a legal limitation on what can be paid. Monroe CMH cannot pay any higher than the highest paid commission Board.
 - b. Lisa commented that this topic has been brought up for discussion before and had reached out to Mike Bosanac at the County for further information. The response, a Board Stipend is set at \$25 however the County does not cut checks therefore pushes the amount to \$30 for a Board Stipend. If there is a desire for an increase it would be best to approach the Monroe County Commissioner's at their meeting.

V. INFORMATIONAL ITEMS

- a. National Council Conference (NATCON23): The 2023 annual conference takes place May 1st through May 3rd. Currently there is not information available regarding an agenda for this conference. Looking to see if there are up to three Board Members that are interested to attend at the February Board Meeting. An email with the link to the National Council Conference will be sent to the full Board.

VI. PARKING LOT

- a. Review of Governance Policy 2.4: Financial Planning - February
- b. Review of Governance Policy 2.5: Financial Conditions & Activities - February
- c. Long Term Debt Reduction (OPEB/Pension)
- d. Develop criteria for subsequent stabilization funds for Providers

VII. ADJOURNMENT

The meeting adjourned at 6:09pm. The Business Operations Committee's next meeting is scheduled for **Wednesday, March 15, 2023** at 5pm in the Aspen Room.

Respectfully submitted,

LaMar Frederick (dp)

LaMar Frederick
Business Operations Chair

2/17/23



BOARD BYLAWS & POLICY COMMITTEE

**Tuesday, January 3, 2023
5:00pm**

MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

- | | |
|--------------------|-------------------|
| Jim Neumann | Sandy Libstorff |
| Catherine Bernhold | Chantele Steffens |
| John Burkardt | Pam Ray |
| Susan Fortney | Michael Humphries |

I. CALL TO ORDER

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

II. COMMITTEE BUSINESS

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

Policies:	n/a
Procedures:	n/a
Exhibits:	n/a

There were no Authority Policies, Procedures, or Exhibits to approve in November.

- b. Regional Policies

Policies:	n/a
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III. REVIEW BOARD GOVERNANCE POLICY MANUAL

- a. The committee is in the process of reviewing and amending the Board Governance Policy Manual. Upon completion will be brought to the full Board for review and approval.

IV. PARKING LOT

- a. Review Board Bylaws

V. AJOURNMENT

The meeting adjourned at 6:07pm.

VI. NEXT MEETING

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Tuesday, January 17, 2023** at 5:00pm.

Respectfully submitted,

Susan Fortney (dp)

Susan Fortney
Committee Chair

1/4/23



BOARD BYLAWS & POLICY COMMITTEE

**Tuesday, February 21, 2023
5:00pm**

MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

- | | |
|--------------------|-------------------|
| Jim Neumann | Chantele Steffens |
| Catherine Bernhold | Pam Ray |
| John Burkardt | Michael Humphries |
| Susan Fortney | |

COMMITTEE MEMBERS

Susan Fortney, Chair; Catherine Bernhold; John Burkardt; Jim Neumann; Pam Ray; Chantele Steffens; and Michael Humphries (Ex-Officio)

DRAFT MINUTES

I. CALL TO ORDER

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

II. COMMITTEE BUSINESS

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

Policies:	Telework Policy
Procedures:	Remote Work Assessment Process Procedure; and Engagement Procedure
Exhibits:	Remote Assessment Tool Exhibit

The committee deferred the review of Policy, procedures and Exhibits to their next regularly scheduled meeting.

- b. Regional Policies

Policies:	Notice of Privacy Practices Policy; Customer Services Policy; and Medication Administration, Medication Storage & Other Treatment Policy
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The committee deferred the review of Regional Policies to their next regularly scheduled meeting.

Susan Fortney was excused from the meeting at 5:21pm.

III. REVIEW BOARD GOVERNANCE POLICY MANUAL

- a. The committee is in the process of reviewing and amending the Board Governance Policy Manual. Upon completion will be brought to the full Board for review and approval.

IV. PARKING LOT

- a. Review Board Bylaws

V. AJOURNMENT

The meeting adjourned at 6:07pm.

VI. NEXT MEETING

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Tuesday, March 7, 2023** at 5:00pm.

Respectfully submitted,

Susan Fortney (dp)

Susan Fortney
Committee Chair

2/22/23



BOARD BYLAWS & POLICY COMMITTEE
Tuesday, March 7, 2023
5:00pm

MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

- | | |
|--------------------|-------------------|
| Jim Neumann | Chantele Steffens |
| Catherine Bernhold | Pam Ray |
| John Burkardt | Michael Humphries |
| Susan Fortney | |

COMMITTEE MEMBERS

Susan Fortney, Chair; Catherine Bernhold; John Burkardt; Jim Neumann; Pam Ray; Chantele Steffens; and Michael Humphries (Ex-Officio)

DRAFT MINUTES

I. CALL TO ORDER

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

II. COMMITTEE BUSINESS

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

Policies:	Telework Policy
Procedures:	Remote Work Assessment Process Procedure; and Engagement Procedure
Exhibits:	Remote Assessment Tool Exhibit

The committee recommends approval to the full Board at their March Board Meeting.

- b. Regional Policies

Policies:	Notice of Privacy Practices Policy; Customer Services Policy; and Medication Administration, Medication Storage & Other Treatment Policy
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The committee recommends approval to the full Board at their March Board Meeting.

III. REVIEW BOARD GOVERNANCE POLICY MANUAL

- a. The committee is in the process of reviewing and amending the Board Governance Policy Manual. Upon completion will be brought to the full Board for review and approval.

IV. PARKING LOT

- a. Review Board Bylaws

V. AJOURNMENT

The meeting adjourned at 6:31pm.

VI. NEXT MEETING

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Tuesday, April 4, 2023** at 5:00pm.

Respectfully submitted,

Susan Fortney (dp)

Susan Fortney
Committee Chair

3/8/23



BOARD CLINICAL OPERATIONS COMMITTEE
Wednesday, January 4, 2022
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

Randy Richardville, Chair; John Burkardt; Susan Fortney; Sandy Libstorff; Gloria Rafko; Pam Ray; Chantele Steffens; and Michael Humphries (Ex-Officio).

DRAFT MINUTES

I. CALL TO ORDER

Randy Richardville called the meeting to order at 5:11pm. Randy Richardville, Mike Humphries, John Burkard, Susan Fortney, Sandy Libstorff, Gloria Rafko, Chantele Steffens, Lisa Graham, and Crystal Palmer were present. Pam Ray was excused. 4 guests attended.

II. MINUTES FROM PREVIOUS MEETING

- a. John Burkardt moved to approve the minutes from the prior Clinical Operations Committee Meeting. Mike Humphries supported. All Committee Members were in favor.

III. CHIEF CLINICAL OFFICER UPDATE

- a. Clinical Updates - Attachment A
 - i. Crisis Mobile Unit Timeline FY2023 – Attachment 1 – Crystal Palmer presented the timeline goals for the Crisis Care Continuum. In 2nd Quarter will be working on programmatic guidelines, recruiting and hiring staff, development of a marketing plan, and identifying and purchasing a vehicle. We The hope is by the end of 3rd Quarter to implement this piece and develop in 4th Quarter some evaluation pieces that would be ongoing into the next fiscal year.

IV. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)

- a. As requested from the December 7th meeting, a list of the nine (9) required services for implementation of a CCBHC are listed below:
 - i. Screening, assessment, diagnosis
 - ii. Patient-centered treatment planning
 - iii. Outpatient mental health and substance use services
 - iv. *Crisis – 24-hour mobile crisis/crisis stabilization***
 - v. *Outpatient primary care screening, monitoring of key health indicators and risk***
 - vi. Targeted case management
 - vii. Psychiatric rehabilitation
 - viii. Peer support, counselor services, family support
 - ix. *Services for members of the armed forces, veterans, and tribal nations***

It should be noted that MCMHA is able to provide the services listed; however, the services in bold italics MCMHA has limited capacity providing. Those are the three (3) areas that will need further development and attention.

It should also be noted that the following services must be delivered directly by the CCBHC:

- i. Screening, assessment, diagnosis
- ii. Patient-centered treatment planning
- iii. Outpatient mental health and substance use services
- iv. Crisis – 24-hour mobile crisis/crisis stabilization

The remaining five (5) services can be delivered directly by the CCBHC or a Designated Collaborating Organization.

Randy Richardville would like to see the language as to why the CCBHC is required to provide particular services and not contract out. Crystal Palmer will provide to Randy.

Randy Richardville would like to know if Monroe CMH is providing Crisis Mobile Stabilization services then can we contract out for additional volume. Lisa Graham to find out and follow up with the Committee.

Lisa Graham commented that we are in good shape for CCBHC. We are doing 6 of the items well already. The crisis unit we are on track to implement by 3rd Quarter. The Family Medical Center is interested in working with us to do the physical health piece. We need to focus on services for members of the Armed Forces, Veterans, and Tribal Nations.

V. INFORMATIONAL ITEMS

- a. Services Flowchart – Lisa Graham presented a draft flowchart on what our process is and what should happen when someone presents somewhere and needs mental health. This is a draft flowchart but the goal is to put this into a format to provide to the community in pamphlet form so they can help someone that may be having a mental crisis. The committee requested Lisa to provide data on the state indicator requirement of having 14 days to first appointment as well as the average number of days that Monroe CMH takes until first appointment at the next meeting.

Chantele Steffens commented to committee members that we have to get to the acceptance stage and understand what services CMH can offer and what services cannot be offered.

- b. What Data can CMH Show the Board that Demonstrates that Consumers are Receiving Crisis Care – Chantele Steffens is requested that data be collected from community partners.

- c. Team Wellness – Randy Richardville commented that there is a meeting scheduled to meet with Team Wellness next week.
- d. Access Location– Chantele Steffens is advocating for access to be relocated to a satellite location. Lisa Graham commented that this is a goal as well and as soon as the Access Department is fully staffed would love to look into this request.
- e. Computerized Reminders for Consumer Appointments – Lisa Graham commented that we do send reminders to consumers for appointments to let them know they are scheduled. This is for anyone that has a scheduled appointment. We are working right now with our IT and Regions IT to send text message reminders as this is more valuable than a phone call.

VI. PARKING LOT

- a. Services Flowchart (continued discussion) - February

VII. ADJOURNMENT

The meeting adjourned at 6:51pm. The Board Clinical Operations Committee's next meeting is scheduled for **Wednesday, February 1, 2023** at 5pm in the Aspen Room.

Respectfully submitted,

Randy Richardville (4)

Randy Richardville
Board Clinical Operations Chairperson

1/5/23

STAFF

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

There continue to be vacancies within the Clinical Department; however, that number has been decreasing as we recruit and hire more staff. Leadership has been working to fill all vacant positions. Supervisors continue to support their teams by also carrying a caseload until positions are filled.

LEADERSHIP

Strategic Plan Goal 2: Assure Competent and Accountable Leadership

No Clinical Updates.

COMMUNITY OUTREACH

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

No Clinical Updates.

FINANCE

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

No Clinical Updates.

SERVICES

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

60 Day Notice

We continue to work with Samaritas regarding the 60-day notice we received in October. Samaritas has agreed to continue to provide group home services beyond the 60 days until MRO is able to obtain the license for both of the group homes. Previously, we were told by LARA that it would take approximately 4-6 months to obtain the license. MRO began the process in October 2022.

Person-Centered Practices Learning Community

As stated during the December Clinical Operations Meeting, Monroe Community Mental Health Authority applied to be a part of the collaborative learning community for Community Mental Health Service Providers (CMHSP) as an opportunity to enhance the person-centered planning practices and policies. The learning community will be led by the Michigan Community of Practice of Supporting Families in partnership with the Community Mental Health Association of Michigan. MCMHA was notified of acceptance into the collaborative on December 13th, 2022. MCMHA will participate alongside two other counties: Ionia and Ottawa.

It is a 2-year commitment, and the expectation is that all levels of the organization be involved including the Chief Executive Officer. A kick-off event is tentatively scheduled for January 19th, 2023.

MISCELLANEOUS

Gap Analysis

Progress is being made on the gap analysis next steps. The following tasks have been completed/are in progress:

- Welcoming scripts for reception to use will be finalized by 1/6/23 and will be implemented on 1/9/23
- Redesigning the request for service process to start 1/3/23
- Engagement policy has been revised and is going through the approval process
- Developing flyers re: services in process
- Training has been occurring for both the Access Department and Reception staff
- Hired additional front desk staff

Crisis Care Continuum

During the December Clinical Operations Meeting, a request for a timeline was made. Please see attachment #1 for review.

Certified Crisis Behavioral Health Clinic (CCBHC)

As requested in the December 7th meeting, a list of the nine (9) required services for implementation of a CCBHC are listed below:

- Screening, assessment, diagnosis
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- *Crisis – 24-hour mobile crisis/crisis stabilization*
- *Outpatient primary care screening, monitoring of key health indicators and risk*
- Targeted case management
- Psychiatric rehabilitation
- Peer support, counselor services, family support
- *Services for members of the armed forces, veterans, and tribal nations*

It should be noted that MCMHA is able to provide the services listed; however, the services in italics MCMHA has limited capacity providing. Those are the three (3) areas that will need further development and attention.

It should also be noted that the following services must be delivered directly by the CCBHC:

- Screening, assessment, diagnosis
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- Crisis – 24-hour mobile crisis/crisis stabilization

The remaining five (5) services can be delivered directly by the CCBHC or a Designated Collaborating Organization.

Crisis Care Continuum – Mobile Crisis Response Unit Implementation FY23

Develop

- Develop programmatic guidelines (Q2)

Recruit and hire

- Recruit and hire staff (Q2)

Develop

- Develop marketing plan (Q2)

Identify and purchase

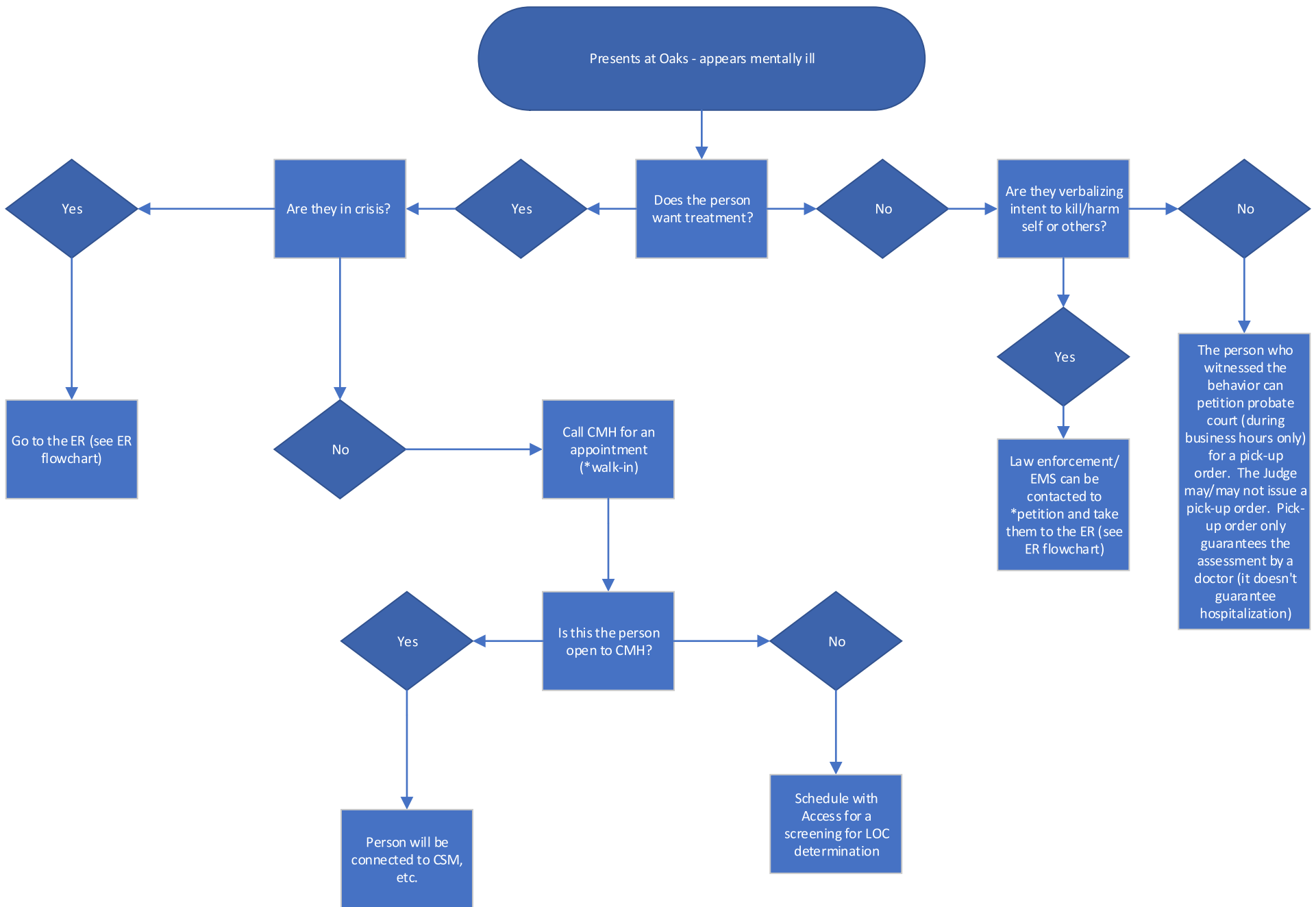
- Identify and purchase vehicle (Q2)

Implement

- Implement mobile crisis response unit (Q3)

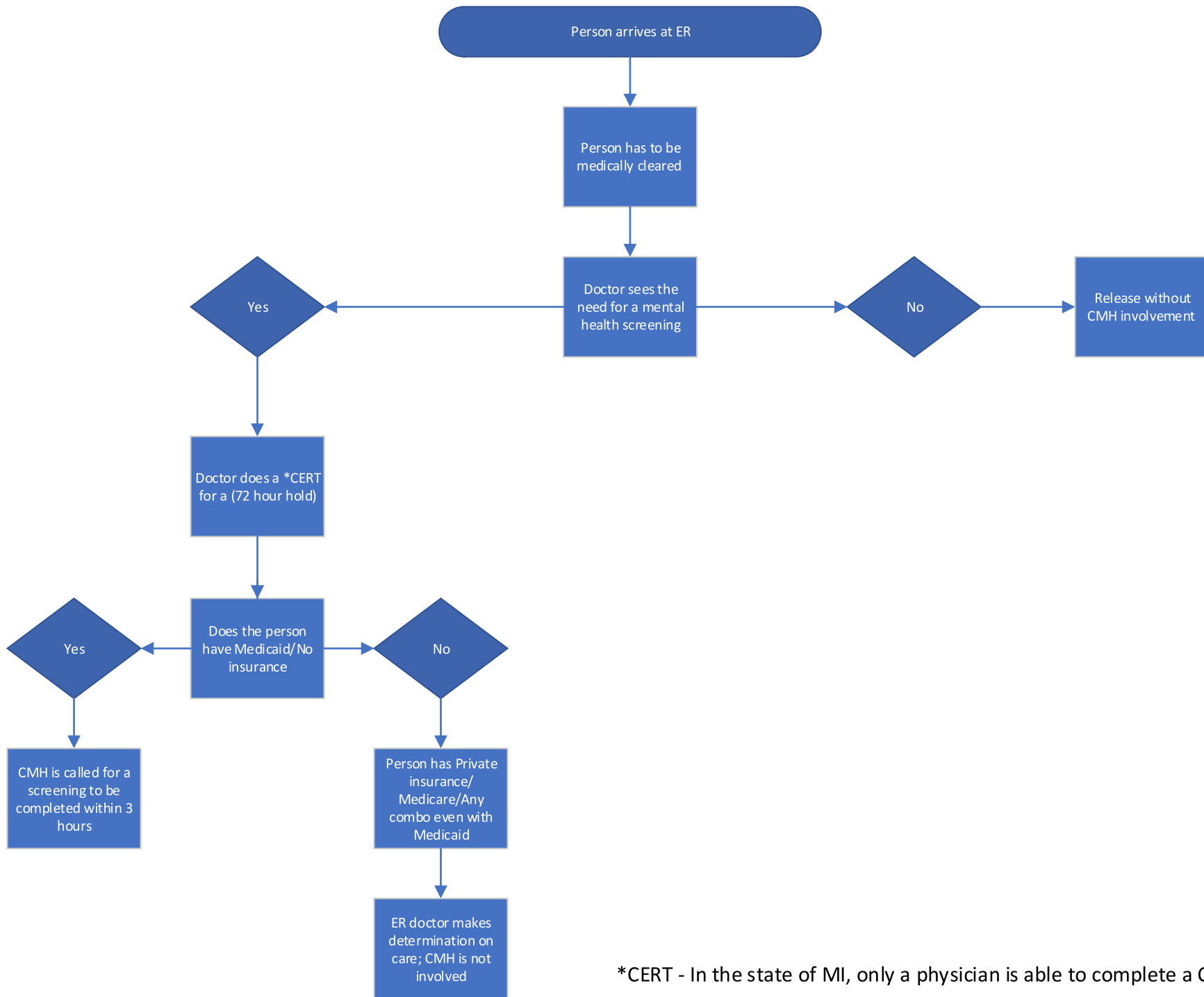
Evaluate

- Evaluate mobile crisis response unit (Q4 and ongoing)

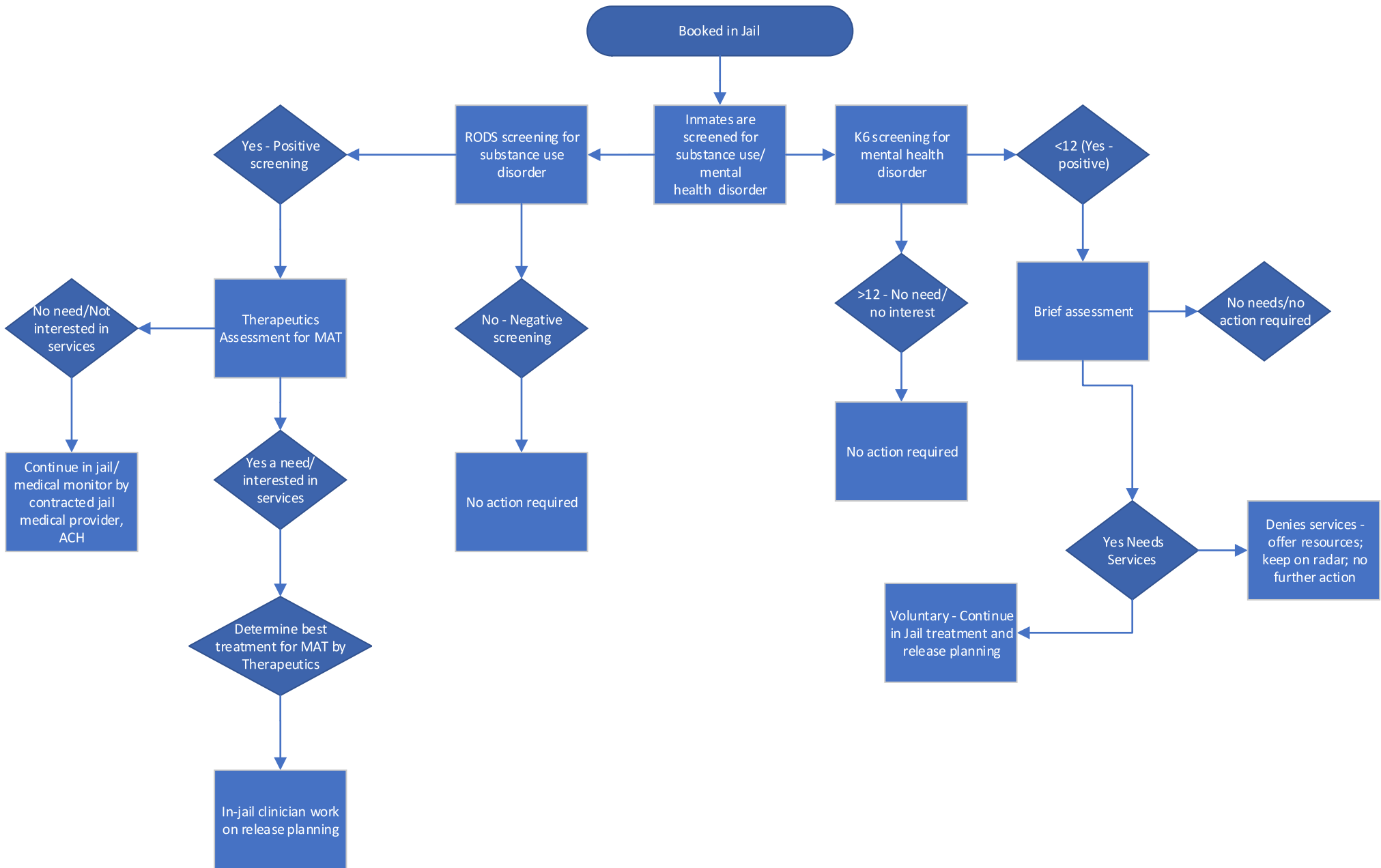


*Walk-in Apointments - these appointments can occur, but it should be noted that a person will be seen based on availability; these are not appointments for those in a crisis situation

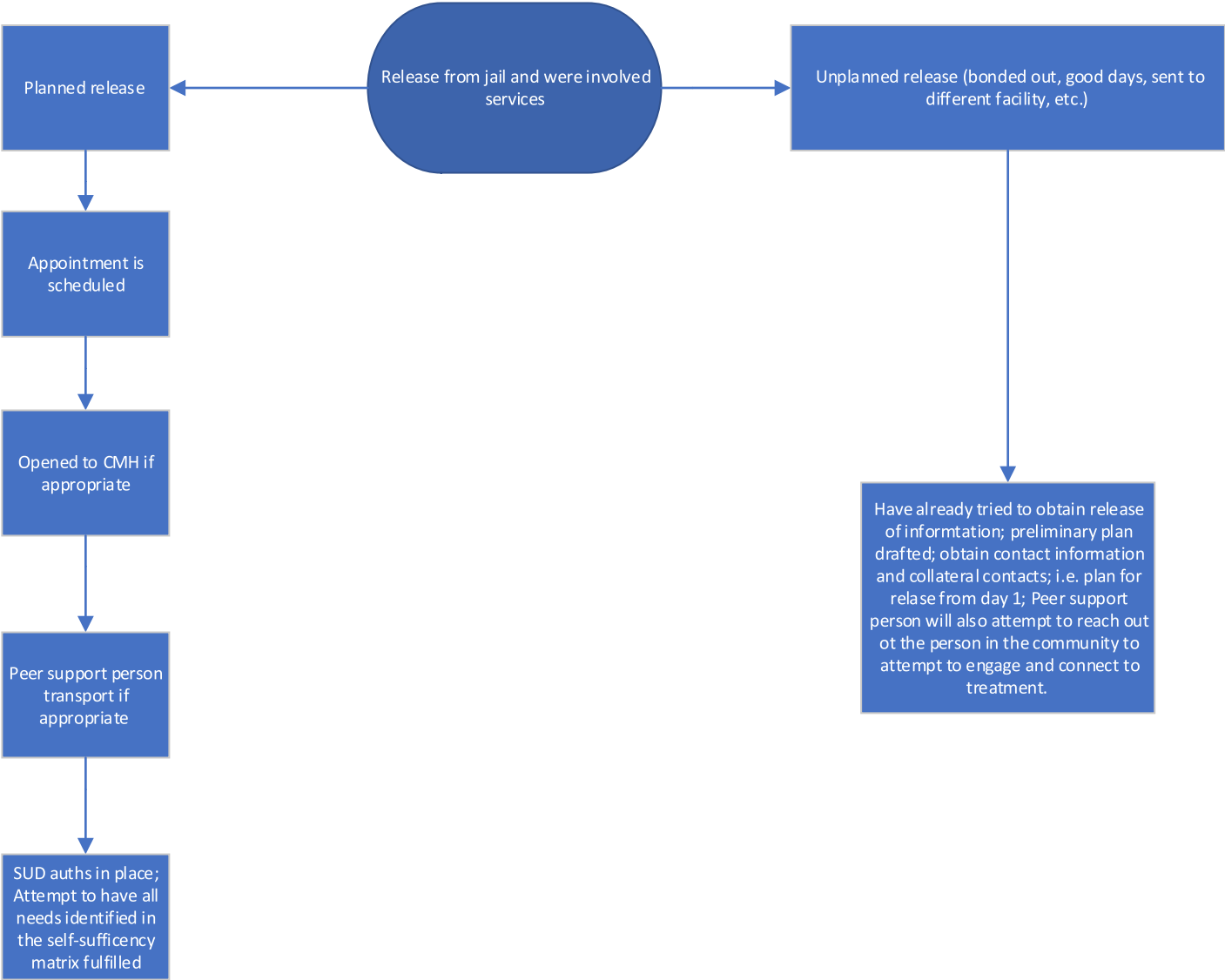
*Petitions - this only guarantees a person to be assessed by a doctor (not CMH); this does not guarantee hospitalization



*CERT - In the state of MI, only a physician is able to complete a CERT.



Note: Cross reference booking sheet with EHR daily; Referrals may also come through the jails nurses and correction officers, etc.; Inmates may also request services via electronic jail system (kites)





BOARD CLINICAL OPERATIONS COMMITTEE

Wednesday, March 1, 2022

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

Randy Richardville, Chair; John Burkardt; Susan Fortney; Gloria Rafko; Pam Ray; Chantele Steffens; and Michael Humphries (Ex-Officio).

DRAFT MINUTES

I. CALL TO ORDER

Randy Richardville called the meeting to order at 5:06pm. Randy Richardville, Gloria Rafko, Susan Fortney, Chantele Steffens, Lisa Graham, and Crystal Palmer were present. John Burkardt, Pam Ray, and Michael Humphries were excused. 7 guests attended.

Randy Richardville commented on his resignation from the CMH Board effective March 31st. The committee did not meet in February and any topics that do not get fully addressed can be moved to the April agenda.

II. MINUTES FROM PREVIOUS MEETING

- a. The minutes from the January 4, 2023 meeting were not included in the packet. A handout was provided at the table for review.

III. CHIEF CLINICAL OFFICER UPDATE

- a. No update for March

IV. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBCH)

- a. Chantele Steffens commented that at the last Clinical Operations Committee it was asked if crisis stabilization services can be contracted out and was looking for a response. Lisa Graham commented in receiving conflicting responses. Washtenaw, who is part of the pilot, says you must provide the services directly. Lisa proposed the question to Bob Sheehan, that if CMH is upholding the contract would this be allowed to contract out for additional volume. This topic is still in the discussion phase and will report back when further information is received.

The CMH Crisis Mobil Unit will be driven to where there is a crisis. We may be able to determine the areas of the County that have difficulty getting care such as nursing homes, schools, etc. While we station the crisis unit around the County we also need to respond to crises. The mobile unit will be a van and have the ability to transport people.

Randy Richardville's vision was a centralized place for crisis, a mental health hospital. During the collaborative meeting, ProMedica said that the location was critical and led Randy to believe there should be a mental health hospital so if in crisis you know where to go. Randy's belief is that people don't know where to go.

V. INFORMATIONAL ITEMS

- a. MCMHA's Crisis Services Overview – Lisa Graham presented the Crisis Services Overview. Randy Richardville commented on a scheduled meeting with the head of Monroe ProMedica Hospital on Tuesday and requested Lisa to send him any and all information on a Crisis Stabilization Unit for discussion at that meeting.

Adam Anastasoff commented on Common Ground which is a virtual Behavioral Health Urgent Care, they have Doctors available for psychiatric appointments. CMH toured the facility and learned they serve anyone with insurance. When someone comes through Access at CMH they are under the impression they can see a doctor the same day. What we can do is give them this resource and get them a psychiatric appointment to bridge them until they can see a CMH doctor. If we wanted to formalize a partnership with Common Ground, we could do a Memorandum of Understanding (MOU) but there isn't a need as this resourceful program can be used by anyone.

Randy Richardville commented that there is a plan for a national organization to make a presentation to the Monroe County Board of Commissioners. The Commissioners talked to a group who has been doing crisis management for years and just looking now at national trends as this is a crisis we are seeing nationwide. The discussion will be focused on Monroe being a pilot.

Randy Richardville commented on Team Wellness for crisis stabilization services and requested to do a Request for Proposal (RFP). Lisa Graham commented that this would be important to allow multiple providers to apply for an RFP. The provider would have to be credentialed through the PIHP. Crystal Palmer added, to do an RFP you also need to review the need, cost, and where that is going to come from in the budget.

Randy Richardville stated that Oaks of Righteousness would love to reopen the homeless shelter right away but there will not be the support for mental health they are looking for. Oaks just wants immediate help and Team Wellness could open this up for them. Oaks employees get paid \$10-12 an hour and don't get benefits. The incidents employees are seeing that they believe when a person is in crisis, are not equipped to handle. They need some relief until the CMH Crisis Mobile Unit is up and running in July. Randy requested that if CMH could give Oaks a master's level clinical for 6 months, to train Oaks staff, handle situations, open and close cases, do crisis interviewing, then Randy thinks Oaks could basically walk away.

Lisa Graham responded that she has been happy, willing, and ready, to come and sit at any table with Oaks of Righteousness to talk about what their asks are and what CMH is able to do within contract, within funding, within what we are allowed to do, to be a supportive partner. Lisa has remained open to that conversation for many months and have not been taken up on that offer. Lisa appreciated Randy's request as it is the first time she has received a clear understanding and a concrete example of what help would look like for an organization that has done wonderful things for our community.

Chantele Steffens responded that this is the first time of hearing what Oaks asks are defined in this way and requested that if this is a consideration that the asks be put in writing, an agreement or MOU between the two organizations, and that all parties need to sign it. There needs to be clear professional boundaries in written form.

- b. MCMHA's Crisis Care Continuum Workplan - Tabled
- c. Regional Quality Assurance Performance Improvement Plan (QAPIP) - Tabled
- d. Current Clinical Expansion Activities - Tabled

VI. PARKING LOT

- a. Team Wellness – Randy Richardville
- b. Racial Disparities – Randy Richardville

VII. ADJOURNMENT

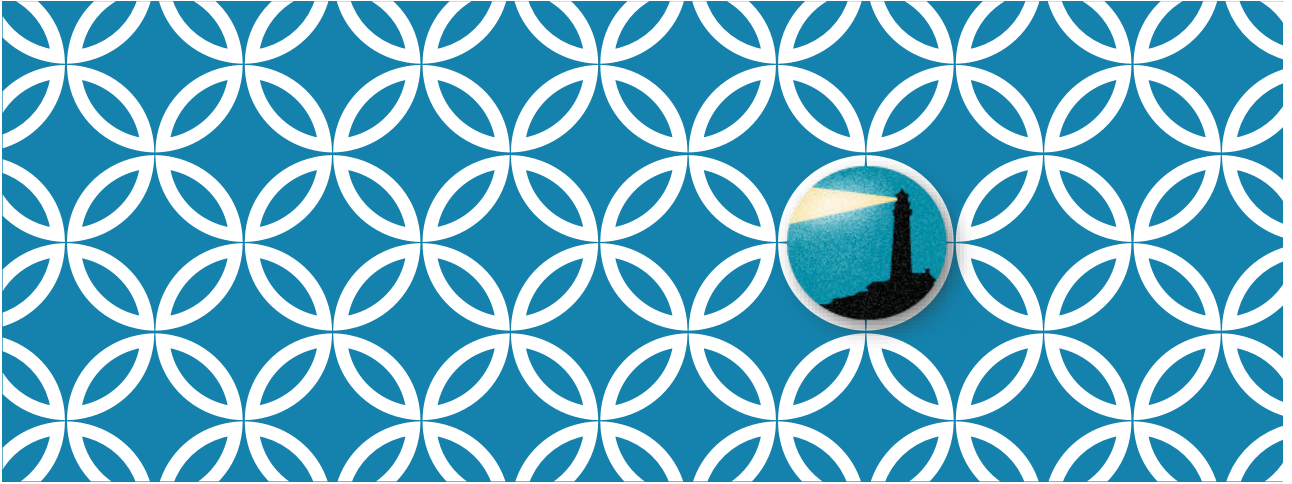
The meeting adjourned at 7:08pm. The Board Clinical Operations Committee's next meeting is scheduled for **Wednesday, April 5, 2023** at 5pm in the Aspen Room.

Respectfully submitted,

Randy Richardville (sp)

Randy Richardville
Board Clinical Operations Chairperson

3/3/23



MCMHA CRISIS SERVICES OVERVIEW | *February 22, 2023*

1

WHAT IS A MENTAL HEALTH CRISIS?

- ❖ A situation in which an individual is experiencing a medical or psychiatric emergency or is suicidal or homicidal, thereby requiring an immediate referral/intervention to a provider specializing in the service most appropriate to the person's needs

1

2

ROUTINE, URGENT, AND EMERGENT MENTAL HEALTH NEEDS

❖ **Routine**

Person served appears to have a mental health, developmental disability, and/or a substance use disorder requiring an assessment by a professional. MDHHS states that these requests for service must be responded to within 14 days of the initial request. MCMHA is averaging 6.6 days.

❖ **Urgent**

Person served is determined to be at risk of experiencing an emergency in the near future if s/he does not receive care, treatment, or support services within 24-48 hours by a professional appropriate to the person's needs.

❖ **Emergent**

Person served is experiencing a serious mental illness, developmental disability, or a minor experiencing a serious emotional disturbance and meets at least one other criteria identified by the Medicaid Manual. Emergent situations require a mental health prescreen assessment with a disposition within three hours of the initial request. Dispositions may include but not limited to authorizing payment for inpatient stays, providing crisis/safety planning, coordinating resources or natural supports, etc.

2

3

CRISIS CONTINUUM OF CARE

- ❖ A crisis continuum of care addresses needs from preventing crisis to responding to a mental health emergency
- ❖ Whether routine, urgent, or emergent, all behavioral health needs should be addressed immediately. The type of treatment provided is based on the needs of the individual as assessed by a mental health professional.
- ❖ In Fall 2022, MCMHA clinical leadership prepared a Crisis Care Continuum work plan which was discussed in December 2022 and January 2023 in the Clinical Operations Committee. The three goals identified are:
 - Ensure emergency behavioral health services are available 24 hours a day, seven days a week to those in the Monroe County Community.
 - Ensure Monroe County community members have a positive, temporary alternative when experiencing an acute psychiatric episode or intense emotional distress
 - Ensure community members have a safe place to go during a behavioral health crisis

3

4

CREATING A CRISIS CONTINUUM OF CARE

- ❖ Michigan Mental Health Code
- ❖ Center for Medicare and Medicaid
- ❖ Michigan Department of Health and Human Services (MDHHS)
- ❖ Community Mental Health Partnership of Southeast Michigan (CMHPSM)/PIHP
- ❖ The Joint Commission
- ❖ Substance Abuse and Mental Health Services Association (SAMHSA)

4

5

SAMHSA

- ❖ **SAMHSA** The Substance Abuse and Mental Health Services Association (SAMHSA) is recognized as the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation
- ❖ In 2020, SAMHSA published National Guidelines for Behavioral Health Crisis Care, Best Practice Toolkit
- ❖ MCMHA's Crisis Care Continuum is based on the best practices outlined by SAMHSA and complies with the standards set forth by our various funders/ contractors
- ❖ MCMHA is not funded to provide a Psychiatric Urgent Care/Psychiatric Emergency Room
- ❖ MCMHA is the Screening/Referral Unit for Substance Use Disorder (SUD) services; CMHPSM holds the contracts for SUD services

5

6

CORE SERVICES AND BEST PRACTICES

- ❖ Somewhere to Call
- ❖ Someone to Respond
- ❖ Somewhere to Go

6

7

SOMEWHERE TO CALL

Regional Crisis Call Center

Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities

- Statewide Warm Line
- MCMHA 24/7 Crisis Line
- National Behavioral Health Crisis Line
- National Emergency Line

7

8

SOMEONE TO RESPOND

- ❖ **Statewide Warm Line / 1-888-PEER-753**
Answered 10:00 a.m. to 2:00 a.m.
- ❖ **MCMHA 24/7 Crisis Line / 734-243-7340**
Answered by MCMHA staff during business hours and answered by Washtenaw County CMH, for the region, outside of normal business hours. Calls are triaged. Calls that require additional services are transferred immediately to a MCMHA Masters level mental health professional.
- ❖ **National Behavioral Health Crisis Line / 988**
Answered by trained mental health professionals. Calls that require additional services are routed to local CMH agencies.
- ❖ **National Emergency Line / 911**
Answered by central dispatch. Generally, results in deployment of police, EMS, and/or fire.
- ❖ **Intensive Children’s Crisis Stabilization / Mobile Unit** – Contract with New Oakland
- ❖ **MCMHA Mobile Crisis Unit** – ARPA funded, implementation July 2023

8

9

SOMEWHERE TO GO

- ❖ **During Business Hours**
MCMHA Raisinville Road and/or Benesh Building (March 1, 2023)
- ❖ **ProMedica Emergency Room (ER)**
Police and EMS most often transport to ER
 - Crisis Residential Unit – Safe Haus (Children)
 - Partial Hospitalization – New Oakland Family Services/St. Joseph’s Mercy
 - Psychiatric Inpatient
- ❖ **St. Joseph Center of Hope**
A Crisis Intervention Center located on the campus of Monroe Regional Hospital
- ❖ **Salvation Army Harbor Light Program**
Three-to-five-day crisis stabilization for those with history of substance use
- ❖ **Common Ground Behavioral Health Urgent Care**
Virtual

9

10

MCMHA CRISIS SERVICES

- ❖ Our contract with the PIHP requires that, for prescreen assessments (uninsured individuals and those covered by Medicaid solely) have a disposition within three hours of medical clearance
- ❖ In-person, phone, and virtual prescreens are considered acceptable practices
- ❖ MCMHA has a team of licensed Master level mental health professionals who provide After-Hours crisis services

10

11

MCMHA CRISIS DELIVERABLES

In 2022, MCMHA provided:

- 532 Pre-screen Assessments
- 306 Outreach Contacts – Law Enforcement Referrals

In the last three years, MCMHA has never fallen below the 95% MDHHS target for completing an assessment and disposition within three hours for any population.

11

12

HOW DO WE KNOW A CRISIS IS HAPPENING?

MCMHA routinely receives referrals from:

- ❖ Law Enforcement / Jail / Michigan Department of Corrections
- ❖ Youth Center
- ❖ Hospitals / Clinics
- ❖ Shelters
- ❖ Schools
- ❖ Community

12

13

EXPANSION

- ❖ Hired additional staff – Access clinician and Reception
- ❖ Access clinician at Benesh Building – March 1, 2023
- ❖ MCMHA Mobile Crisis Unit – July 2023
- ❖ Additional staff for SUD Screening and Referral
- ❖ Universal Referral Form
- ❖ Ride-A-Longs
- ❖ Crisis Residential Unit – Tentative FY2022-2023
- ❖ Crisis Care Center – Tentative FY2023-2024

13

14

CHALLENGES

- ❖ Staffing
- ❖ Voluntary vs. Involuntary
- ❖ Lack of Psychiatric Beds
- ❖ Medicare/Private Insurance
- ❖ Volume

14

15

CRISIS STABILIZATION UNITS (CSU)

- ❖ Mental Health Code Amended in 2020 with Public Act 402 Chapter 9A
- ❖ Short-term alternative to ED visits/psychiatric admissions for people that can be stabilized within 72 hours
- ❖ Eligible Entities to operate CSU
 - CMHSPs
 - Pre-Admission Screening Units
 - Psychiatric Hospitals
 - General Hospitals
- ❖ Staffing Requirements (24/7/365; multi-disciplinary)
 - Psychiatrist
 - Psychiatric Nurse Practitioner
 - Nurses
 - Mental Health Clinicians
 - Peer Supports

15

16

QUESTIONS



16

17



BOARD EXECUTIVE COMMITTEE
Wednesday, January 18, 2023
6:00pm

MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

Susan Fortney Michael Humphries
Sandy Libstorff

I. CALL TO ORDER

Mike Humphries called the meeting to order at 6:10pm. Mike Humphries, Susan Fortney, and Lisa Graham were present. Sandy Libstorff was excused. Jim Neumann attended as a guest.

II. REVIEW OF THIS MONTH'S BOARD MEETING

- a. Board Agenda – Reviewed
- b. Committee Reports – Reviewed
- c. Presentation – Annual Recipient Rights Report, Consumer Advisory Council Presentation, and Human Resources Update

III. ITEMS FOR DISCUSSION

- a. Monroe News Facebook Article – Lisa Graham commented that an article brief was published on Facebook by Monroe News without contacting Monroe CMH prior. Reporter, Lisa Bowling, from Monroe News reached out to Lisa after the article brief was published on Facebook and asked if Monroe CMH would like to provide a response. Lisa will provide a response to Monroe News by close of business Thursday as the full article will be published in the Sunday newspaper. Lisa is doing her best to keep staff's morale up during this time and a number of community partners have reached out to provide her support. This may be an opportunity to summarize that there are state rules and regulations that Monroe CMH has to follow.
- b. Board Committee and Meetings for 2023 – In following the Open Meetings Act, Board Meetings and Board Workshops are open to the public. Zoom information will be provided for public attendance. Committee meetings are not open to the public and Zoom accessibility will not be provided. The current 2023 Annual Board Calendar has been scheduled in accordance with the Open Meetings Act and public information is located on the Board of Directors page on the Monroe CMH agency website.

IV. ACTION ITEMS FOR FUTURE BOARD MEETING AGENDA

- a. Feb – NATCON 23

V. AJOURNMENT

The meeting adjourned at 6:43pm.

VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for Wednesday, February 15, 2023 at 6:00pm.

Respectfully submitted,

Mike Humphries (dp)

Mike Humphries
Board Chairperson

1/19/23



BOARD EXECUTIVE COMMITTEE
Wednesday, February 15, 2023
6:00pm

MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

Susan Fortney Michael Humphries
Sandy Libstorff

I. CALL TO ORDER

Mike Humphries called the meeting to order at 6:22pm. Mike Humphries, Susan Fortney, Sandy Libstorff and Lisa Graham were present. Chantele Steffens and Gloria Rafko attended as a guest.

Chantele Steffens requested to amend the Executive Committee Agenda to include the following topics for discussion: Board Member Behavior, Board Member Accountability, and Board Member Removal.

II. REVIEW OF THIS MONTH'S BOARD MEETING

- a. Board Agenda – Reviewed
- b. Presentation – Annual Recipient Rights Report, Consumer Advisory Council Presentation, Human Resources Update, and Crisis Service Overview

III. ITEMS FOR DISCUSSION

a. Chief Executive Officer Update:

- i. The February Board Meeting may be highly attended. Lisa met with the Fire Marshal to review capacity of the Aspen conference room and Lobby. Chairs will be provided in the Lobby for overflow attendees. For citizen comments, there will be a registration table to ensure all citizen comments are heard and held to the maximum of 3 minutes each. If there is a specific problem or complaint, the citizen will be contacted within 24 hours of the Board Meeting as citizen comments are not addressed at the Board table. Lisa has heard there are several CMH employees attending that want to provide public comment on Board behavior. The Monroe News will be in attendance to cover the meeting.
- ii. The Business Operations Committee Chair, LaMar Frederick, invited all Board Members to attend the Business Operations Committee to review the Compensation Study as there is a full agenda for the February Board Meeting. Lisa will reach out to Board Members to make sure they have all the information they need regarding the Compensation Study.
- iii. Spent the last 2 weeks fielding interview questions from the news related to the Oaks Village closing. The Board has been and will continue to be informed of any updates. The Monroe News ran two articles on what MCMHA is doing and was pleased with those. There are a number of exciting things happening here at the Agency and think those are getting lost in the public spectacle that is happening right now.
- iv. Looking to provide the Chief Executive Officer Update in the Board Packet or as a handout via email prior to the meeting so that Board Members can review ahead of time as there is a full agenda for the Board Meeting.

b. Other Comments:

- i. Susan Fortney commented on contracting with Rehman and if their doing a good job then why are we paying for a CFO; charged Lisa to provide updates with progress of training for the CFO, Dana Talbert; and requested a copy of the current Organization Chart.
 - o Lisa commented that when the options were brought to the Board, it was recommended to contract with Rehman for an acting CFO and to hire a CFO and train them. During that same timeframe, the Accounting Supervisor resigned, and we did not rehire that position as the CFO is in training. Lisa commented that this is a valid question and for the Board to discuss and act on, if needed. Lisa will keep the Board updated outside of public meetings regarding education/training of the CFO.
- ii. Sandy Libstorff commented on the last PHIP Board Meeting discussion of CLS wages; requested to review grievance data and how Monroe relates to others in the affiliation; and the performance improvement plan in regards to same day appointments and transportation that were supposed to start on January 1, 2023. Sandy stated we are not doing this because we don't have Access staff.
 - o Lisa requested that Board Members read the PHIP Board Meeting minutes and would be happy to add the performance improvement project through HSAG as an agenda topic to the Clinical Operations Committee next week to explain the context of the project.
- iii. Mike Humphries attempts to redirect discussion back to the Executive Committee agenda and asked committee members to save their comments for the Board Meeting. Sandy expressed frustration about not having her topics discussed at the Executive Committee Meeting. Mike reiterated the importance of following meeting agenda's and the legal and ethical responsibilities to conduct business according to agreed upon processes.

c. Board Member Behavior, Board Member Accountability, and Board Member Removal:

- i. Chantele Steffens questioned the Executive Committee on how the Board addresses Board Member Behavior, Board Member Accountability, and Board Member Removal and how these topics can be added to a Board Meeting Agenda for discussion. A lengthy discussion ensued centered around the following items:

- o Board Member Ethics
- o Board Member Misconduct
- o Board Agreement
- o Board Bylaws
- o Board Governance Policy Manual

During the discussion, Ms. Libstorff announced she was resigning from the Board and her resignation was accepted. She followed up with providing her resignation in written form.

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

- a. Feb – NATCON 23

V. **AJOURNMENT**

The meeting adjourned at 8:44pm.

VI. **NEXT MEETING**

The Next Meeting of the Executive Committee is scheduled for **Wednesday, March 15, 2023** at 6:00pm.

Respectfully submitted,

Mike Humphries (dp)

Mike Humphries
Board Chairperson

2/17/23



BOARD PERFORMANCE EVALUATION COMMITTEE

Wednesday, January 11, 2023

5:00pm

MAJOR COMMITTEE RESPONSIBILITIES

1. Compile quarterly performance measures for Executive Director.
2. Compile quarterly performance measures for the Board.

COMMITTEE MEMBERS

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

DRAFT MINUTES

I. CALL TO ORDER

The meeting was called to order by Mike Humphries at 5:00pm. Mike Humphries, Susan Fortney, LaMar Frederick, and Jim Neumann were present. Randy Richardville joined by conference call. Lisa Graham was excused.

II. CHIEF EXECUTIVE OFFICER PERFORMANCE EVALUATION

- a. The committee reviewed 360 Survey Feedback and Written Responses from:
 - i. PIHP
 - ii. Direct Reports
 - iii. Board Members
 - iv. Community Partners

III. NEXT STEPS

- a. Review the Chief Executive Directors Self Evaluation.
- b. Develop an overall performance evaluation summary with recommendations.

IV. ADJOURNMENT

The meeting adjourned at 6:30pm. The next meeting is scheduled for Tuesday, January 17, 2023 beginning at 5:00pm.

Respectfully submitted,

Michael Humphries (dp)

Mike Humphries
Performance Evaluation Committee Chair

1/12/23



**RECIPIENT RIGHTS ADVISORY COMMITTEE
MEETING MINUTES**

December 15, 2022 3p.m. – 4:30 p.m.

Present: Pam Ray (Chair), Susan Fortney, Desirae Poupard, Sondra Thorn, Coy Hernandez, and Shelley Koyl

I. CALL TO ORDER

The meeting was called to order at 3:04 pm by Pam Ray. Roll call complete. Pam welcomed everybody to the meeting. There were no audience comments.

II. REVIEW AND APPROVE

- Meeting Minutes: Sondra made a motion to accept the meeting minutes from August 11, 2022. Desirae seconded. All in favor.
- Funding of the Rights Office: Coy reviewed the current funding of the Rights Office with the committee. The committee determined that the Rights Office is currently adequately funded and staffed to perform its mandated functions with 2 Full-Time staff.
- Annual ORR Data Report & Recommendations to the Board: Shelley reviewed the report and the Executive Summary (handout). Of note for FY 21/22, ORR investigated 73 allegations. Though this was a decrease from last fiscal year, Shelley indicated it represents a normal ebb and flow of complaint activity, especially in light of the continued COVID-19 pandemic. Of the 73 allegations investigated, 49 violations were substantiated with no violations of serious Abuse or Neglect. The top violations during the Fiscal Year review period were Dignity/Respect, Neglect Class III, and Mental Health Services Suited to Condition. The top providers with violations were CHS, Samaritas, and Macomb Residential. Discussion about observations occurred and no significant trends were noted. Pam also noted the importance of considering the data in light of the number of persons served (2,863). Pam reviewed the Recommendations to the Executive Board from the previous year and the Committee agreed all were important. The group agreed all recommendations should remain the same with the exception of amending #3 to say, "Ensure quality of services are considered when awarding or renewing contracts." Sondra made a motion to accept the ORR Data Report & Recommendations to the Board. Pam seconded. All in favor.

III. RIGHTS OFFICE UPDATES

Shelley reviewed updates made to the Annual Report format, including condensing/combining code categories, that were implemented by the State Rights Office. Discussion occurred around the changes and clarification provided for what some of the various code categories entail as violations.

Coy and Shelley discussed that our agency and contracted providers continue to experience serious staffing shortages, resulting in service suspensions, 30 day termination notices from providers, and one of our providers (Samaritas) ending all services within Monroe County. Efforts continue to be taken to ensure adequate placements and consumer health/safety.

Coy noted that Livingston CMH will be going through their triennial Rights System Assessment by the State in early 2023. The Regional Rights Group has scheduled a review to help prepare for the process ahead of time. Lenawee CMH will also be assessed in 2023 with Monroe CMHA being up for review in early 2024.

Shelley and Coy discussed the plan to have a prospective new member attend the current meeting, but he unfortunately did not attend now for the second time. However, Desirae was accompanied to the meeting by her friend Cathy Farnham who expressed immediate interest in joining the Committee after sitting through the current meeting, so would like the for the Committee to consider this as her application to become a new member of the RRAC. The Committee reviewed her request and agreed Cathy would be a good fit and accepted her application to join the RRAC.

Pam reviewed the 2023 RRAC Meeting Schedule. The meetings will be held from 3pm-4:30pm in Sycamore on: 5/11/23, 8/3/23, and 12/14/23.

IV. PARKING LOT

None

- V. ADJOURNMENT / Next Meeting** – Pam adjourned the meeting at 4:43p.m. The next meeting is scheduled for May 11, 2023 at 3pm in Sycamore.

Respectfully submitted,

Pam Ray, Chairperson
Recipient Rights Advisory Committee

Monroe County

SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The ORR & Advisory Committee recommends the following:

1	When considering service and program changes, be mindful and vigilant about protecting rights and ensuring consumer safety.
2	Ensure that recipients of services are aware of and receive the services to which they are entitled. This includes the sufficient staffing of mental health professionals.
3	Ensure quality of services is considered when awarding or renewing contracts.
4	Continue to fund the Rights Office at it's current level & contract with Washtenaw County for the provision of rights protection.
5	

MCMHA Board Action Request Mental Health Administrative Contract(s) / Amendments	FY 2022-23	March 15, 2023
-----------------------------------------------------------------------------------------	-------------------	-----------------------

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

Contractor name	Department	Request	Budget	Contract Term	Service Description
Pulse For Good	Agency	3 customer service feedback kiosks 3 at \$6,000 / year 30% discount of \$5,400 One time fee for standing units \$4,500	\$17,100	One year	This contract is for 3 real time consumer satisfaction survey kiosks. One will be placed in our main lobby, one coming out of the doctor's hallway and one at the Benesh building. There will be a presentation to the full board at the March Board Meeting.

RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on March 15, 2023 approval of the contract(s) listed on MCMHA Board Action Mental Health Administrative Contract(s) / Amendments on or before March 22, 2023.

MCMHA Board Action Request Mental Health Service Contract(s) / Amendments				FY 2022-23	March 15, 2023	
Action Requested: Approval Requested for the Mental Health Service Contracts Listed Below:						
Provider Name	Contract Term	Service Description(s) include	CPT code	FY 20-22 Rate/Unit	FY 22-24 Rate/Unit	Additional Information/Background
Hospitals:						
ProMedica Monroe	4/1/23-3/31/24	Inpatient	100	\$820.00	\$975.00 per diem	
ProMedica Coldwater	4/1/23-3/31/24		0100	\$820.00	\$975.00 per diem	
Community Living Supports/Supported Empl/Respite						
Elite AFC LLC	4/1/23-9/30/24	Licensed Residential	H2016 T1020		Rates are based on individual consumers needs	
Autism/Waiver Services						
Mini Mitten ABA Center	4/1/23-9/30/24	ABA Behavioral Identification Assessment	97151 U5 Modifier HP/HO/HN		\$38/\$38/\$38 per 15 minutes	Center based ABA provider
		ABA Adaptive Behavioral Follow-up Assessment	0362T Modifier HP/HO/HN		\$30/\$30/\$21.25 per 15 minutes	
		ABA Adaptive Behavior Treatment	97153 Modifier HP/HO/HN/HM		\$13.75/\$13.75/\$13.75/\$12.50 per 15 minutes	
		ABA Group Adaptive Behavior Treatment	97154 Modifier HP/HO/HN/HM		\$4.25/\$4.25/\$4.25/\$3.93 per 15 minutes	
		ABA Clinical Observation and Direction of Adaptive Behavior Treatment	97155 Modifier HP/HO/HN		\$30.00/\$30.00/\$21.25 per 15 minutes	
		ABA Family Behavior Treatment Guidance	97156 Modifier HP/HO/HN		\$30.00/\$30.00/\$21.25 per 15 minutes	
		ABA Multiple Family Behavior Treatment Guidance	97157 Modifier HP/HO/HN		\$12.00/\$12.00/\$8.00 per 15 minutes	
		ABA Adaptive Behavior Treatment Group	97158 Modifier HP/HO/HN		\$8.57/\$8.57/\$6.07 per 15 minutes	
		ABA Exposure Adaptive Behavior Treatment	0373T Modifier HP/HO/HN 0373T		\$30.00/\$30.00/\$30.00 \$25.00 per 15 minutes	
RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on March 15, 2023 approval of the contract(s) listed on MCMHA Board Action Mental Health Service Contract(s) / Amendments on or before March 22, 2023.						

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
February 8, 2023**

Members Present: Judy Ackley, Roxanne Garber, Bob King, Sandra Libstorff, Molly Welch Marahar, Randy Richardville (remote), Alfreda Rooks, Mary Serio, Holly Terrill, Ralph Tillotson

Members Absent: Patrick Bridge, Katie Scott

Staff Present Kathryn Szewczuk, Stephannie Weary, James Colaianne, Matt Berg, Nicole Adelman, Connie Conklin, Stacy Pijanowski, CJ Witherow, Michelle Sucharski, Lisa Graham

Guests Present:

- I. Call to Order
Meeting called to order at 6:00 p.m. by Board Chair B. King.
- II. Roll Call
 - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented
Motion by R. Tillotson, supported by M. Serio, to approve the agenda
Motion carried
- IV. Consideration to Approve the Minutes of the 12-14-2022 Meeting and Waive the Reading Thereof
Motion by J. Ackley, supported by A. Rooks, to approve the minutes of the 12-14-2022 meeting and waive the reading thereof
Motion carried
- V. Audience Participation
None
- VI. Old Business
 - a. Board Information: November Finance Report – FY2023 as of December 31st
 - M. Berg presented.
- VII. New Business
 - a. Board Action: FY2022 QAPIP Board Action
 - C. Witherow and J. Colaianne shared highlights of the QAPIP evaluation.
 - The Board discussed interventions that have been developed to address identified barriers.
Motion by M. Welch Marahar, supported by A. Rooks, to approve the Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP) for FY2022
Motion carried
 - b. Board Action: Contracts

CMHPSM Mission Statement

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

Motion by M. Serio, supported by R. Garber, to authorize the CEO to execute the contracts/amendments as presented
Motion carried

- c. Board Information: Contracts Signed with CEO Authority
 - J. Colaianne approved the purchase of a \$1,500.00 Implicit Bias DEI training, to be provided by the Michigan Department of Civil Rights.
- d. Board Chair Action: CEO Annual Review Committee
 - Committee volunteers: R. Tillotson, M. Serio and M. Welch Marahar. B. King is also available to assist as needed.
 - The committee will provide a report at the April board meeting.

VIII. Reports to the CMHPSM Board

a. 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.
- Felicia Brabec and Carrie Rheingans will be invited to the board meeting in April to discuss behavioral healthcare in the legislature.

b. Full FY2022 QAPIP Report

- The full report was included in the meeting packet. A summary document was also provided.

IX. Adjournment

Motion by R. Tillotson, supported by A. Rooks, to adjourn the meeting
Motion carried

- Meeting adjourned at 6:33 p.m.

Sandra Libstorff, CMHPSM Board Secretary



MONROE
COMMUNITY
MENTAL
HEALTH

January 2023

Board Report

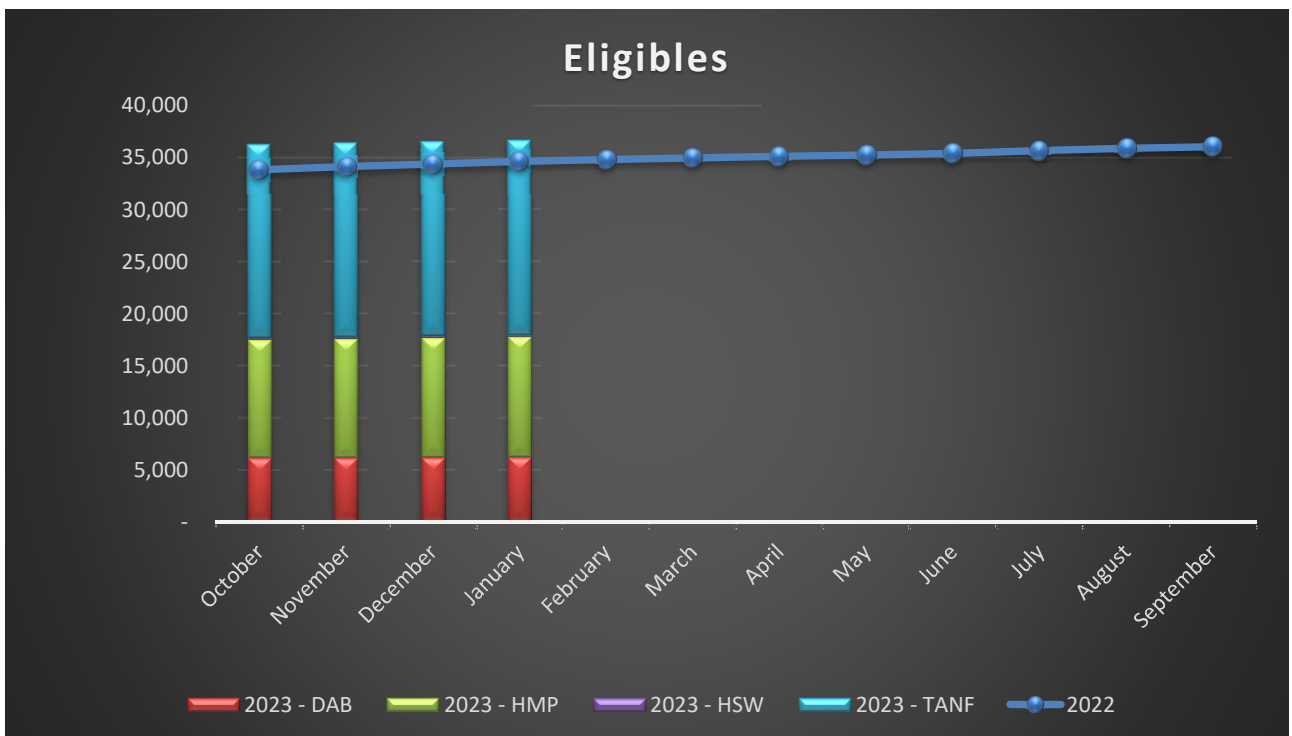
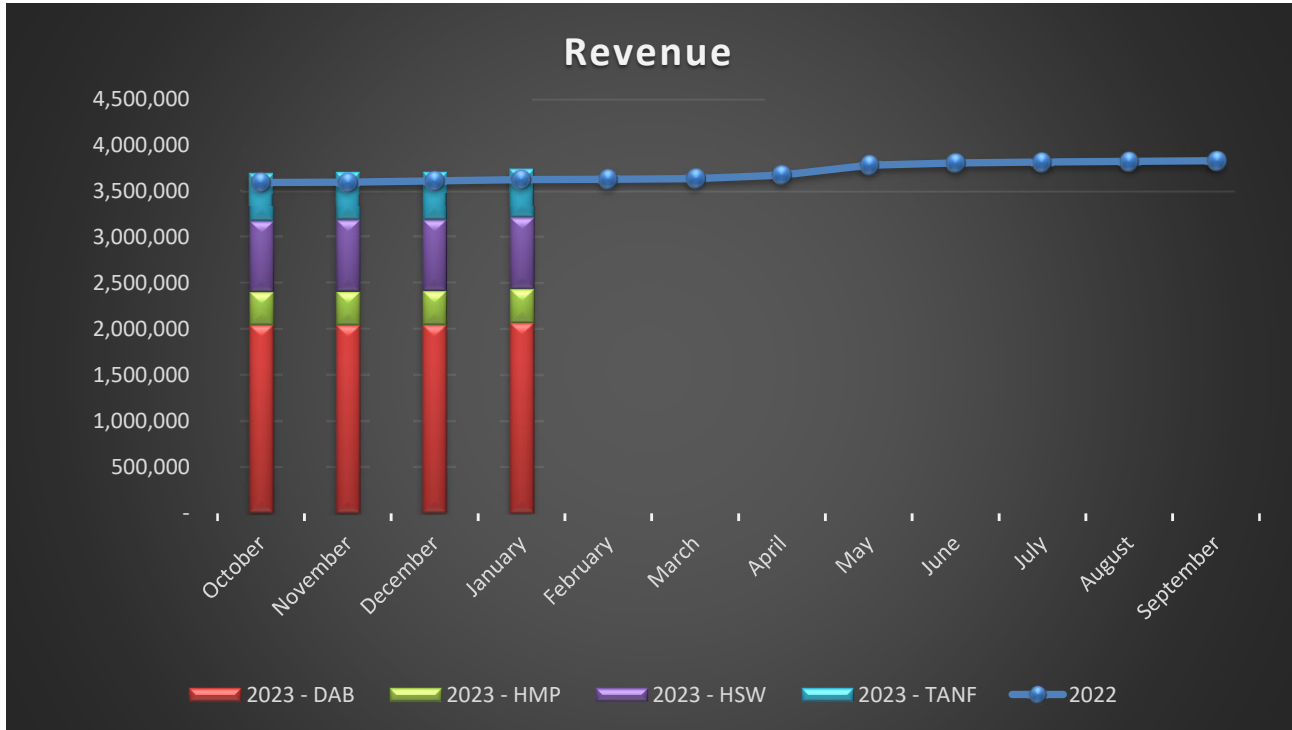
Table of Acronyms

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

MONROE CMH

January 2023 Trends

MDHHS Payments

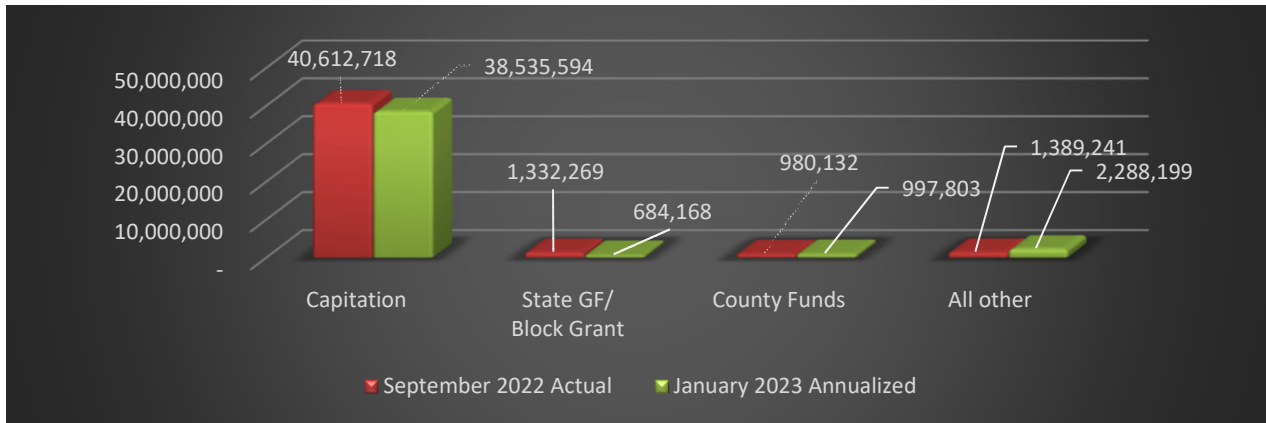


MONROE CMH

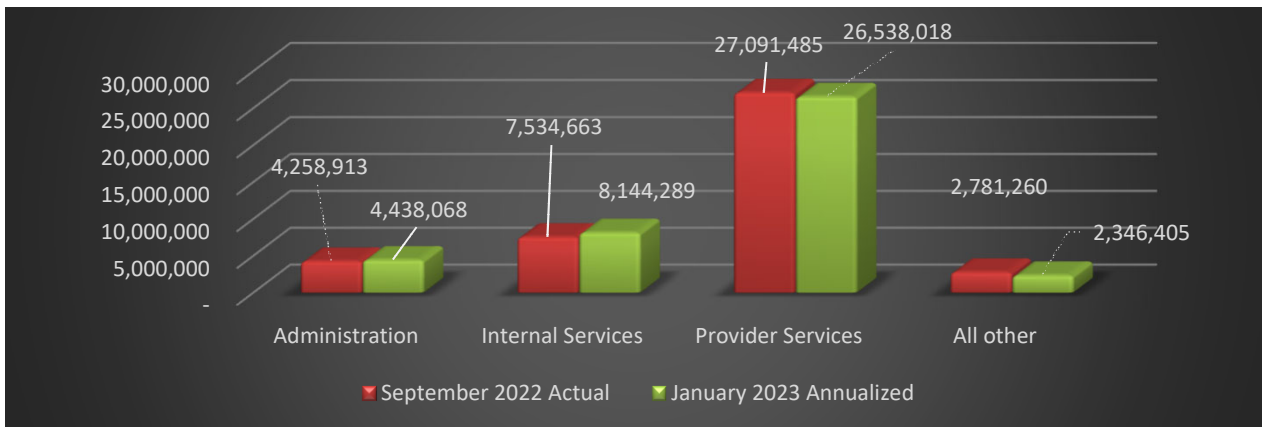
Comparative Charts

September 2022 Actual & January 2023 Annualized

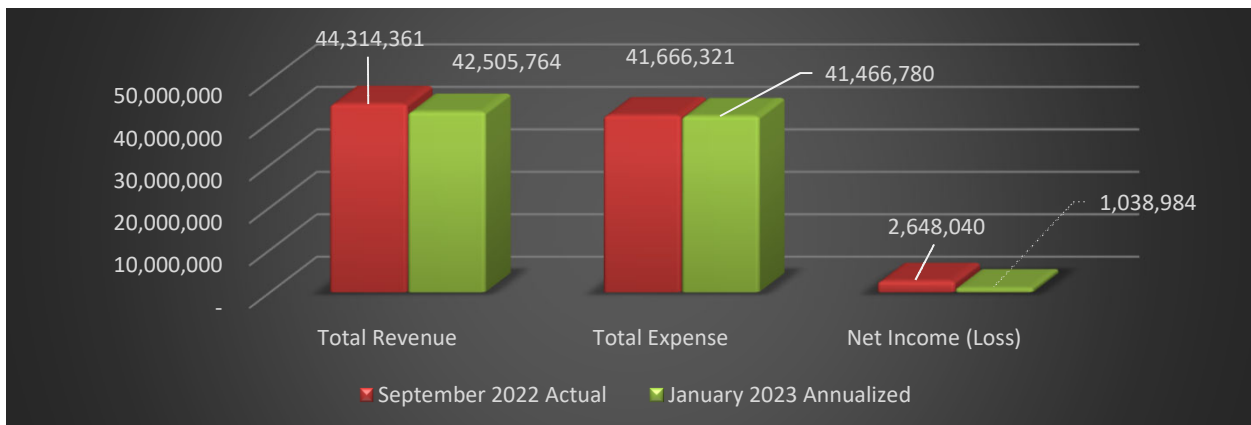
Revenues



Expenses



Net Income



INCOME STATEMENT BY FUND SOURCE

MONROE CMH

Fiscal 2023 Revenues and Expenses by Fund Source

October 1, 2021 through January 31, 2023

Medicaid/Autism Combined	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 39,991,864	\$ 13,330,621	\$ 13,302,981	\$ (27,640)
Expense	39,991,864	13,330,621	11,968,678	1,361,943
Revenue over/(under) expenses	\$ -	\$ -	\$ 1,334,303	\$ 1,334,303
Healthy Michigan	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 3,071,966	\$ 1,023,989	\$ 1,004,262	\$ (19,727)
Expense	3,071,966	1,023,989	856,866	167,123
Revenue over/(under) expenses	\$ -	\$ -	\$ 147,396	\$ 147,396
Total CMHPSM	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 43,063,830	\$ 14,354,610	\$ 14,307,243	\$ (47,367)
Expense	43,063,830	14,354,610	12,825,544	1,529,066
Revenue over/(under) expenses	\$ -	\$ -	\$ 1,481,699	\$ 1,481,699
State General Fund	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 1,729,985	\$ 576,662	\$ 576,660	\$ (2)
Expense	1,729,985	576,662	228,056	348,606
Redirects	-	-	-	-
Revenue over/(under) expenses	\$ -	\$ -	\$ 348,604	\$ 348,604
All Other Grants/Local	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 3,001,878	\$ 1,000,626	\$ 1,114,924	\$ 114,298
Expense	3,001,878	1,000,626	761,171	239,455
Redirects	-	-	-	-
Revenue over/(under) expenses	\$ -	\$ -	\$ 353,753	\$ 353,753

BASIC FINANCIAL STATEMENTS

MONROE CMH

Statement of Activities

October 1, 2021 through September 30, 2022

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Favorable (Unfavorable)
Operating revenue				
Capitation:				
Medicaid	\$ 13,302,981	\$ 39,908,943	\$ 37,852,787	\$ 2,056,156
Medicaid - Settlement	(1,334,303)	(4,002,909)	-	(4,002,909)
Healthy Michigan	1,004,262	3,012,786	2,751,508	261,278
Healthy Michigan - Settlement	(147,396)	(442,188)	-	(442,188)
Behavior Health Home	19,654	58,962	8,423	50,539
State General Funds	576,660	1,729,980	1,332,269	397,711
State General Funds - Carryover	(348,604)	(1,045,812)	-	(1,045,812)
County appropriations	332,601	997,803	980,132	17,671
Charges for services	44,897	134,691	139,617	(4,926)
Other grants	681,985	2,045,955	1,182,266	863,689
Other revenue	35,851	107,553	67,358	40,195
Total operating revenue	14,168,588	42,505,764	44,314,361	(1,808,597)
Operating expenses				
Administration				
Salaries	778,277	2,334,831	2,105,965	228,866
Benefits	182,682	548,046	967,167	(419,121)
Other	518,397	1,555,191	1,185,781	369,410
Internal Services				
Salaries	1,574,877	4,724,631	4,009,877	714,754
Benefits	688,381	2,065,143	2,460,329	(395,186)
Other	451,505	1,354,515	1,064,457	290,058
Provider Network Services	8,846,006	26,538,018	27,091,485	(553,467)
Facility costs	243,298	729,894	831,906	(102,012)
Vehicle costs	34,924	104,772	59,978	44,794
Grant expenses	292,978	878,934	1,091,848	(212,914)
Other expenses	5,912	17,736	5,175	12,561
Room & Board	205,023	615,069	792,353	(177,284)
Total operating expenses	13,822,260	41,466,780	41,666,321	(199,541)
Change in net position	346,328	1,038,984	2,648,040	\$ (1,609,056)
Net position, beginning of year	(11)	(11)	(20,892,632)	
Net position, end of year	\$ 346,317	\$ 1,038,973	\$ (18,244,592)	

MONROE CMH

Statement of Activities

Mental Health - Budget to Actual

October 1, 2021 through September 30, 2022

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
Operating revenue				
Capitation:				
Medicaid	\$ 43,063,830	\$ 14,354,610	\$ 13,302,981	\$ (1,051,629)
Medicaid - Settlement	-	-	(1,334,303)	(1,334,303)
Healthy Michigan	-	-	1,004,262	1,004,262
Healthy Michigan - Settlement	-	-	(147,396)	(147,396)
Behavior Health Home	-	-	19,654	19,654
State General Funds	1,729,985	576,662	576,660	(2)
State General Funds - Carryover	-	-	(348,604)	(348,604)
County appropriations	997,803	332,601	332,601	-
Charges for services	133,051	44,350	44,897	547
Other grants	1,824,838	608,279	681,985	73,706
Other revenue	46,185	15,395	35,851	20,456
Total operating revenue	47,795,692	15,931,897	14,168,588	(1,763,309)
Operating expenses				
Administration				
Salaries	2,783,392	927,797	778,277	(149,520)
Benefits	844,931	281,644	182,682	(98,962)
Other	1,665,098	555,033	518,397	(36,636)
Internal Services				
Salaries	5,424,884	1,808,295	1,574,877	(233,418)
Benefits	2,149,387	716,462	688,381	(28,081)
Other	1,181,405	393,802	451,505	57,703
Provider Network Services	30,077,687	10,025,896	8,846,006	(1,179,890)
Facility costs	1,215,555	405,185	243,298	(161,887)
Vehicle costs	90,660	30,220	34,924	4,704
Grant expenses	1,450,561	483,520	292,978	(190,542)
Other expenses	7,194	2,398	5,912	3,514
Room & Board	904,868	301,623	205,023	(96,600)
Total operating expenses	47,795,622	15,931,874	13,822,260	(2,109,614)
Change in net position	70	23	346,328	346,305
Net position, beginning of year	(11)	(11)	(11)	-
Net position, end of year	59	12	346,317	346,305