



MONROE COMMUNITY MENTAL HEALTH AUTHORITY

BOARD MEETING

June 28, 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 May 24, 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	00 min
IX. Board Committee Reports	15 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	
b. Board Committees	
i. Sign Up	
ii. Committee Capacity	
iii. Guidelines for Participation	

X.	Items for Board Action	05 min
	a. Motion to Approve the Consent Agenda Less Item _____	
	i. Administrative Contracts as Presented	
	ii. Service Contracts as Presented	
XI.	Authority and Regional Policy Review/Approval	05 min
	a. Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented	
	i. Policy: N/A	
	ii. Procedure: LOCUS Procedure; and Suicide Risk Assessment Procedure	
	iii. Exhibit: Report of Death Exhibit	
	iv. Rescind: In Person Consumer Contacts During COVID Policy; Expectations for Remote Work Policy; Positions Eligible for Telecommuting Exhibit; Phased Approach to Resuming Standard Operations Exhibit; Level of Care Policy; Level of Care Criteria for DD Exhibit; Level of Care Criteria for MIA Exhibit; and Level of Care Criteria for Child & Family Exhibit	
	b. Motion to Approve the Regional Policies as Presented	
	i. Policy: N/A	
XII.	Relationship with the Region, County, and Others	05 min
	a. Regional Reports	
	i. Regional PIHP Board Meeting Minutes	
XIII.	Items from the Chief Executive Officer	10 min
	a. Financial Report	
	b. Chief Executive Officer's Report (<i>handout</i>)	
XIV.	New Business	00 min
XV.	Citizen Comments	03 min/person
XVI.	Announcements by Board Members	03 min/person
XVII.	Adjournment	01 min

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

LG/dp 4:54 p.m.



**BOARD OF DIRECTORS REGULAR MEETING MINUTES
May 24, 2023**

- Present:** Michael Humphries, Chairperson; Susan Fortney, Vice Chairperson; John Burkardt; Deb Staelgraeve; Rebecca Curley; Chantele Steffens; Dawn Asper; Rebecca Pasko; Pam Ray; Ken Papenhagen; and LaMar Frederick
- Excused:** Catherine Bernhold
- Absent:**
- Staff:** Lisa Graham
- Guests:** 12 guests attended

I. CALL TO ORDER

The Board Chairperson, Mike Humphries, called the meeting to order at 5:01 p.m.
Pam Ray was appointed Secretary Pro-tem.

II. ROLL CALL

Roll Call confirmed a quorum existed.

III. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Mike Humphries.

IV. CONSIDERATION TO ADOPT THE DRAFT AGENDA AS PRESENTED

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

V. CONSIDERATION TO APPROVE THE MINUTES FROM THE APRIL 26, 2023 BOARD MEETING AND WAIVE THE READING THEREOF

LaMar Frederick moved to approve the minutes from the April 26, 2023 Board Meeting and waive the reading thereof. Susan Fortney supported. Motion carried unanimously.

VI. FEEDBACK SUMMARY

Mike Humphries reviewed feedback from the April 26, 2023 meeting.

VII. CITIZEN COMMENTS

Sandy Libstorff commented on a Trust Initiative Staff Survey reading off responses to the survey made by staff.

Judy Greene continued to read survey responses.

Melissa Woodfill continued to read survey responses.

Zoe Woodfill continued to read survey responses.

Lynne White continued to read survey responses.

Pastor Heather Boone continued to read survey responses.

VIII. ELECTION OF OFFICERS

Dawn Pratt, Nominating Committee, took the Chair.

Election of Chairperson:

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

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

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

Dawn Pratt announced Mike Humphries as the Board Chairperson for 2023-2024.

Election of Vice Chairperson:

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

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

The Nominating Committee recommended Chantele Steffens for Board Vice Chairperson. Chantele Steffens accepted.

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

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

Vote: Ray, Burkardt, Fortney, Pasko, Asper, Frederick, and Papenhagen

All those in favor of Chantele Steffens as Board Vice Chairperson, raise your hand.

Vote: Steffens, Curley, and Staelgraeve

LaMar Frederick moved to cast a unanimous vote for Susan Fortney as Board Vice Chairperson. John Burkardt supported. Roll call: In favor: Burkardt, Frederick, Steffens, Ray, Pasko, Staelgraeve, Curley, Asper, Papenhagen, and Fortney; Abstain: Humphries; opposed: none; motion carried unanimously.

Dawn Pratt announced Susan Fortney as the Board Vice Chairperson for 2023-2024.

Election of Secretary:

The Nominating Committee acknowledges that Catherine Bernhold has interest in the Board Secretary position and is unable to be present for the election. Catherine Bernhold accepted her nomination by the Nominating Committee.

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

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

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

Dawn Pratt announced Catherine Bernhold as the Board Secretary for 2023-2024.

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

IX. RECOMMENDATION TO CMHPSM BOARD

The Nominating Committee acknowledged that there are three Board Members interested in two vacancies on the CMHPSM Board of Directors. Board Members showing interest are Rebecca Pasko, Rebecca Curley, and Deb Staelgraeve.

The Nominating Committee nominates Rebecca Pasko to fill a vacant Term to the CMHPSM Board of Directors. Rebecca Pasko accepted.

The Nominating Committee nominates Rebecca Curley to fill a vacant Term to the CMHPSM Board of Directors. Rebecca Curley accepted.

The Nominating Committee nominates Deb Staelgraeve to fill a vacant Term to the CMHPSM Board of Directors. Deb Staelgraeve accepted.

All those in favor of Rebecca Pasko to fill a vacant Term to the CMHPSM Board of Directors, raise your hand. Vote: Frederick, Fortney, Pasko and Asper

All those in favor of Rebecca Curley to fill a vacant Term to the CMHPSM Board of Directors, raise your hand. Vote: Steffens, Papenhagen, Curley

Steffens rescinds her vote.

All those in favor of Deb Staelgraeve to fill a vacant Term to the CMHPSM Board of Directors, raise your hand. Vote: Steffens, Burkardt, and Staelgraeve

Pam Ray and Mike Humphries abstained from voting.

Deb Staelgraeve declined her nomination.

Dawn Pratt announced Rebecca Pasko as the new CMHPSM Board Representative to serve the Term beginning June 1, 2023 through June 30, 2026.

Dawn Pratt announced Rebecca Curley as the new CMHPSM Board Representative to serve the Term beginning June 1, 2023 through June 30, 2025.

X. PRESENTATIONS, RECOGNITIONS, AND CELEBRATIONS

IX. BOARD COMMITTEE REPORTS

a. Motion to Place on File All Written Reports

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

Written reports on file: Business Operations, Bylaws & Policy, Clinical Operations, Executive, and Performance Evaluation.

Board Bylaws & Policy - Susan Fortney commented the committee is working diligently on the Bylaws and Policy Manual.

Clinical Operations – Chantele Steffens commented that the CCBHC Grant has been submitted and looking forward to hearing more about it at the next meeting.

X. ITEMS FOR BOARD ACTION

XI. AUTHORITY AND RETIONAL POLICY REVIEW/APPROVAL

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

- i. Policy:
- ii. Procedure: N/A
- iii. Exhibit: N/A

b. Motion to Approve the Regional Policies as Presented

- i. Policy: N/A

XI. RELATIONSHIP WITH REGION, COUNTY, AND OTHERS

- a. Regional Reports
 - i. Regional PIHP Board Meeting Minutes – No Meeting in May

XII. ITEMS FROM THE CHIEF EXECUTIVE OFFICER

- a. Financial Report – No Finance Reports for May
- b. Chief Executive Officer’s Report included: SAMSHA CCBHC Planning Development and Implementation Grant, MDHHS CCBHC Demonstration Expansion, Mental Health Consumer Advisory Council Annual Picnic, Mental Health Day, and FY2024 Budget.

LaMar Frederick moved to suspend the regular order of business and pull ahead Citizen Comments and Board Announcements prior to Closed Session. Pam Ray supported. Roll call: In favor: Burkardt, Frederick, Steffens, Ray, Pasko, Staelgraeve, Curley, Asper, Papenhagen, Fortney; and Humphries; opposed: none; motion carried unanimously.

XIII. NEW BUSINESS

XIV. CITIZEN COMMENTS

Pastor Heather Boone commented on people qualifying for Medicaid, crisis services, outreach with homeless shelters as part of a CCBHC, and not choosing to use the universal referral form as she’s been told they are not working.

Melissa Woodfill commented, quit trying to prove people wrong that have the facts. Oaks is only trying to help people.

Judy Greene commented on not having a finance report available for May and that the Finance Director should be available to present and is not seeing this happen. Oaks wants nothing more than your help; we want to partner with you. We deal with an emergency all day long and to have one of your clinicians down there with us to help these people is all we are asking for. There are 3-4 emergencies every morning, every afternoon. I ask that you consider this. Come down with us, we need you, our folks need you.

Sandy Libstorff commented on a consumer's access to mental health and how quickly an appointment was made available. Given the circumstances and needs for this consumer, it touched my heart and Sandy spoke to the staff that helped assist and thanked her.

Lynne White commented on her family members that have struggled with mental illness and ProMedica Regional Hospital safety plans that have not worked; and asking for a partnership with MCMHA to provide a 24/7 crisis stabilization unit in the area the community needs the most.

XV. BOARD ANNOUNCEMENTS

Chantele Steffens would like a Parliamentarian on the Board and there is a need for a Board Evaluation.

Susan Fortney commented that the Board Bylaws & Policy Meeting will be rescheduled from June 6, 2023 to June 20, 2023 due to conflicts. Susan wished everyone a safe holiday weekend.

Rebecca Pasko commented that there was some concern in a sub-committee that I was going to resign. That is a miscommunication and wanted to make that clear.

Mike Humphries called a Board Workshop for Saturday, June 10, 2023. An agenda will be created and sent to the Board. Board Members can make an agenda suggestions by sending Mike an email.

XVI. MOTION TO GO INTO CLOSED SESSION FOR PURPOSES OF THE CHIEF EXECUTIVE OFFICER'S 2022 PERFORMANCE EVALUATION REVIEW PURSUANT TO SECTION 8(a) OF THE OPEN MEETINGS ACT

Pam Ray moved to go into Closed Session for purposes of the Chief Executive Officer's 2022 Performance Evaluation review pursuant to Section 8(a) of the Open Meetings Act. John Burkardt supported. Roll call: In favor: Burkardt, Frederick, Steffens, Ray, Pasko, Staelgraeve, Curley, Asper, Papenhagen, Fortney; and Humphries; opposed: none; motion carried unanimously.

The Board went into Closed Session at 6:20pm.

The Board came back to Open Session at 8:07pm.

Deb Staelgraeve moved to approve Lisa Graham to receive a Satisfactory for her 2022 Performance Evaluation with recommendations to follow. Pam Ray supported. Discussion followed.

LaMar Frederick amended the motion to remove recommendations to follow and replace with forward looking recommendations. Deb Staelgraeve and Pam Ray are in favor.

Ken Papenhagen called Point of Order.

Deb Staelgraeve moved to approve Lisa Graham to receive a Satisfactory for her 2022 Performance Evaluation with forward looking recommendations. Pam Ray supported. Roll call: In favor: Staelgraeve, Curley, Papenhagen, Burkardt, Frederick, and Ray; opposed: Steffens; abstain: Pasko, Fortney and Humphries; motion carried.

XVII. ADJOURNMENT

LaMar Fredrick moved to adjourn at 8:13pm. Susan Fortney supported. Motion carried unanimously.

Submitted by,

Pam Ray
Secretary Pro-tem

LG/dp 5/31/23



BOARD BUSINESS OPERATIONS COMMITTEE
Wednesday, June 21, 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; and Michael Humphries (Ex-Officio)

DRAFT MINUTES

I. CALL TO ORDER

LaMar Frederick called the meeting to order at 5:03pm. LaMar Frederick, Susan Fortney, Lisa Graham, Richard Carpenter, Jim Brown, and Alicia Riggs were present. Mike Humphries was excused. Board Members, Ken Papenhagen, Chantele Steffens, and Pam Ray attended as guests. Six guests were present.

Lisa Graham stated that Richard Carpenter would be presenting the financial reports as Dana Talbert is not able to attend.

Lisa commented that there is not an update on the potential breach. We did get the new bank account up and running and transferred funds but we are still waiting for a full report from the bank and auditors and hope to present this at the July Board Meeting.

II. BUSINESS OPERATIONS

- a. Facilities – The County has asked if we want to be included in their RFP for resurfacing of the parking lots. Jim is in favor of doing this as it will help with a better service cost.

III. FINANCE

a. Items for Board Action (Consent Agenda)

- i. Healia Health – Michael Martens and Priyang Shah from Healia Health presented a very unique way to save some money on health insurance costs. Priyang presented how Healia Health focuses on families where a staff can choose to be added to a spouse's insurance and Healia Health will provide 100% coverage lowering cost to the staff and the agency. Enrollment is \$125 per month per staff and if there is no enrolment then Healia Health does not receive payment. This will be a great option to improve recruitment and retention.
- ii. Administrative Contracts: Healia Health was presented by Alicia Riggs (recommend Board approval).
- iii. Service Contracts: Pontiac General Hospital; Henry Ford Wyandotte; Henry Ford Kingswood; Elite Adult Foster Care, LLC; and Moriah Incorporated DBA Eisenhower Center was presented by Alicia Riggs (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. Revenue and Eligibles – The Public Health Emergency (PHE) ended in May. The state is currently in the process of Medicaid redetermination. In June we will see with the first group of consumers if there is a reduction in revenue for July. This could be 10%-20%, we don't know how this will affect the budget over a 12-month period. As the eligible's come down we need the rate to go up so that our revenue will stay consistent. The state will review the July and august payment and trend out what that may do over the next 12 months and then come back in September to adjust the rates. Richard will keep the committee updated.

Through April we are financially solid and will monitor the potential drop in eligibles. At the end of the FY we will make a determination on additional funding for retiree health care and the pension plan.

The Finance audits have been completed and all three audits will be presented at the July meeting. There was 1 finding related to Ability to Pay. Ability to Pay is when we bill our consumers to share the cost. We underbilled the consumer. For many years there has been disagreement from the CMHs and the state. This is a common finding and an ongoing discussion with MDHHS.

V. INFORMATIONAL ITEMS

- a. Months of Operations in Fund Balance Indicator – The rules changed, and liabilities now need to be displayed. We put approximately 17 million in liability on the books. This took us from a positive to a negative Fund Balance. The amount of reserves in the Fund Balance is 0 as we have a negative balance. The reason why it is negative is due to the Retiree Health and Pension Plan liability. If we did not have this liability, there would be a positive number in the Fund Balance. Richard worked with the actuary to see if we could make this liability go away in 5 years instead of 20 years. We are currently in year 2 and have 3 more years to go. Is the committee okay with the fact that the Board knows we are not going to hit 2 months of operations for a few years? The financials every month will show a negative number and that will continue for a few years but for purposes of the Strategic Plan report, how does the Board want the indicator presented. With liability or without? LaMar Frederick commented that this will be a discussion for the full Board.
- b. Chantele Steffens is a member of the Consumer Advisory Council and mentioned they are seeing a delay in bills being paid as well as board stipends and requested an update. Lisa Graham will look into payment status and be prepared to give a comprehensive report at the July Board Meeting.

- c. Standard Cost Allocation (SCA) – This is a cost that we are going to incur and it is below \$25,000. Lisa Graham could sign and pay for it but she would like to bring it to the Board. The state decided to move to a different system for accounting called Standard Cost Allocation. This is a whole new way to do our accounting. Our deadline is October 1, 2023. It is a big project. It will overhaul our finance system in order to be compliant with the state. The cost for SCA is not in the contract with Rehman. Lisa will be signing an amendment for \$25,000 to the Rehman Contract. With the SAMSHA CCBHC Grant and the MDHHS Expansion Project, the financial requirements are way beyond what SAMSHA was asking so SCA is going to cover the financial aspect for CCBHC. We will be ready if awarded either or both grants.

VI. PARKING LOT

VII. ADJOURNMENT

The meeting adjourned at 6:37pm. The Business Operations Committee's next meeting is scheduled for **Wednesday, July 12, 2023** at 5pm in the Aspen Room.

Respectfully submitted,

LaMar Frederick (dp)

LaMar Frederick
Business Operations Chair

6/23/23



BOARD BYLAWS & POLICY COMMITTEE

Tuesday, June 20, 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

Susan Fortney, Chair; Catherine Bernhold; John Burkardt; 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, Chantele Steffens, John Burkardt, Pam Ray, and Lisa Graham were present. Mike Humphries was excused.

II. COMMITTEE BUSINESS

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

Policies:	N/A
Procedures:	LOCUS Procedure; and Suicide Risk Assessment Procedure
Exhibits:	Report of Death Exhibit
Rescind:	In Person Consumer Contacts During COVID Policy; Expectations for Remote Work Policy; Positions Eligible for Telecommuting Exhibit; Phased Approach to Resuming Standard Operations Exhibit; Level of Care Policy; Level of Care Criteria for DD Exhibit; Level of Care Criteria for MIA Exhibit; and Level of Care Criteria for Child & Family Exhibit

Susan Fortney would like to see a Registered Nurse’s signature added to the Report of Death Exhibit. Lisa Graham will review the exhibit with the Office of Recipient Rights and respond to Susan on adding a signature.

The committee has reviewed the Authority Policy, Procedure and Exhibits and recommend approval at the June 28, 2023 Board Meeting.

- 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.
- b. Chantele Steffens would like the Role of the Chair policy to be more clear and list what to count on from the Board Chair. This will help to make it clear so Board Members can meet the expectations.
- c. Request to send language for Policies 2.4 and 2.5 to committee members for review.
- d. Request to get Attorney opinion on how to document quarterly meetings of the Performance Evaluation Committee under Policy 4.3.
- e. Committee Meeting Schedule – the 2024 Board Calendar will take into consideration the dates of the State Conferences and the National Conference to avoid rescheduling committee meetings.

IV. PARKING LOT

- a. Policy Review for Role of the Chair
- b. Policy for the Board to Monitor Themselves
- c. Review Board Bylaws

V. AJOURNMENT

The meeting adjourned at 6:42pm.

VI. NEXT MEETING

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Tuesday, July 11, 2023** at 5:00pm.

Respectfully submitted,

Susan Fortney (dp)

Susan Fortney
Committee Chair



BOARD CLINICAL OPERATIONS COMMITTEE
Wednesday, June 7, 2023
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

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

DRAFT MINUTES

I. CALL TO ORDER

Chantele Steffens called the meeting to order at 5:00pm. Chantele Steffens, Susan Fortney, Pam Ray, Lisa Graham, and Crystal Palmer were present. Mike Humphries and John Burkardt were excused. Board Member, Deb Staelgraeve attended as a guest. 4 guests attended.

II. CHIEF CLINICAL OFFICER UPDATE

a. Clinical Updates - Attachment A

1. Crystal Palmer presented the clinical report highlighting the Crossroads Accreditation, Benesh Expansion; and Data Analysis Reports for Call Volume.

- a. Crystal Palmer presented the Call Volume Report included in the packet. Abandoned calls is when there is nobody on the line when answered. Overall, we ranged from 91-93% and 87%-93% including abandoned calls. Internally we are setting a goal of 95% to consistently answer. The Operations Director is working with the welcome center on strategies and seeing when these can be implemented.

Chantele Steffens requested follow-up in July on what strategies were implemented and provide a timeline on when the goal of 95% will be met.

2. Clinical Update Comments:

- a. Chantele Steffens suggested having a call log for crisis and track calls.
- b. Chantele Steffens requested signage be placed on the door that says "Walk-ins Welcome" at the Benesh building.

III. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)

- a. The abstract from the CCBHC Grant Application was provided in the packet for review. The abstract is the overview of the project. We will know if we are awarded the grant by August 31st. There are 2 pathways to CCBHC, one through SAMSHA and one through MDHHS. We will be working on the MDHHS Demonstration Project in the next couple of weeks.

Chantele Steffens requested to have notebooks created for committee members. Chantele learned of a website on CCBHC while at the NATCON Conference and printed off some documents that the committee may be interested in reading and can ask questions on each month. With our notebooks we can sew together the months. Chantele and Lisa to discuss what documentation is to be included in the notebook.

IV. INFORMATIONAL ITEMS

- a. Regional Quality Assurance Performance Improvement Plan (QAPIP) – Lisa Graham presented the QAPIP. Some of the indicators are local and some are regional. Lisa will provide the plan of correction for any indicators not met in future QAPIP reports. For this report, Lisa will send the committee members any plans of correction against indicators presented. When reviewing indicator 2A, we want to close the gap for no shows for all populations. We want to make sure everyone shows but we know from the baseline data in the region we had a disparity. It is more often that an African American does not show for their appointment(s). For 3 quarters of baseline data, we are not seeing any trends. Lisa reiterated that this is a Regional Performance Improvement Plan, this is not a remediation, or a plan of correction from the state. Every 3 years, the state gives a general topic and the PIHPs figure out what they want to improve. The general topic from the state was racial disparities and the PIHP chose no shows as the Performance Improvement Plan. Lisa wants to make sure that this is being presented accurately to the Board and to the community.
- b. FY2022 CMHPSM Annual Submission – tabled.
- c. Partnering with Salvation Army for Crisis Services – tabled.
- d. Partnership with Shelters through CCBHC - In the CCBHC manual it mentions homeless shelters 3 times. If we are awarded this grant then we are required to do a community needs assessment within 6 months. In those partnerships, homeless shelters are included. We know this. We must engage with community partners and homeless shelters are listed as a potential community partner. There is a specific piece that talks about satellite services. The overall theme is that CCBHC expects us to develop partnerships and homeless shelters are on the list as a potential partner.
- e. Team Wellness – Lisa Graham and Crystal Palmer had a productive meeting with Team Wellness today and discussed a potential pilot project. We will be able to report out on the potential pilot project in July.

V. PARKING LOT

- a. July: Call Volume Report - Follow-up on what Strategies were Implemented and Timeline to meet 95%

VI. ADJOURNMENT

The meeting adjourned at 6:32pm. The Board Clinical Operations Committee's next meeting is scheduled for **Wednesday, June 7, 2023** at 5pm in the Aspen Room.

Respectfully submitted,

Chantele Steffens (fp)

Chantele Steffens
Clinical Operations Chairperson

6/9/23

STAFF

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

The Clinical Department still has a few vacancies. As stated in previous months, supervisors continue to support their teams by also carrying a caseload until positions are filled.

As of May 31st, 2023, the Clinical Department has the following position updates:

- Recruiting for the following positions:
 - Two (2) Adult MI Outpatient Therapist positions
 - One (1) Child Outpatient Therapist position
 - One (1) ACT Therapist position
 - Three (3) Mobile Crisis positions (2 Clinicians and 1 CPSS)
 - One (1) new Jail Misdemeanor IOP program that was approved to launch with the Opioid Settlement Funds (in process of hiring)
 - One (1) Evaluation & Access Clinician position (in process of hiring former employee)
 - One (1) Home Based Clinician (in process of hiring)
 - One (1) Child/Youth Case Manager
 - One (1) Youth Peer Support Specialist

In an effort to recruit staff, the Director of Access/Crisis/Diversion has reached out to a local college to try to recruit students who are graduating from their Masters Program.

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

Critical Incident Stress Management

MCMHA has a Critical Incident Stress Management (CISM) Team. A CISM team provides appropriate crisis intervention tactics during a critical incident. The Director of Access/Crisis/Diversion met with the Monroe Township Fire CISM leader for collaboration and partnership between our two programs. Next steps are to conduct a quarterly meeting involving community leaders of all the CISM teams including MCMHA, Monroe Sheriff/City, Monroe/Bedford Township Fire, and Monroe ISD.

Community Training and Collaboration

2023 Law Enforcement Career Academy – The 2023 Law Enforcement Career Academy event will be hosted by the Michigan State Police and Monroe County Community College Criminal Justice Program. Per the program’s description, “This year, the program will give the cadet’s five days of exposure to careers in law enforcement and the field of criminal justice. The first four days will be intensive

classroom training, designed to mimic that of a normal 16-26-week police academy. The fifth day will be a “day in the life” activity that will replicate a typical shift as a police officer. A makeshift Dispatch Center will be set up to coordinate how the cadet officers respond to the different scenes that will play out across the campus buildings and grounds. Actors and Proctors will be stationed at each scene to interact with the student officers.”

The Director of Access/Crisis/Diversion will be presenting each day a snapshot of how MCMHA works in the criminal justice field as well as participating in role plays and debriefs.

Ride-Alongs – MCMHA continues to partner with local law enforcement regarding Ride-Alongs. During the month of June, two (2) Access Staff will participate in Ride-Alongs with the Monroe Sheriff's office and Monroe City Police to strengthen our relationship and learn even more ways we can work to improve our collaboration and partnership.

Universal Referral

As previously stated, we have expanded the use of the universal referral from two (2) providers to six (6) providers in order to capture additional referrals in the community. During the month of May, the Director of Access/Crisis/Diversion, met with all the pilot participants, Opportunity Center at the ALCC Salvation Army, Disabilities Network, Paula’s House, Fairview, and Saleh Center, to discuss the process and answer any questions the participants may have had. During the meeting, the Director explained our response system and what MCMHA’s intake process entails. Since the pilot began, we have had four (4) referrals, all from four (4) different organizations.

Opportunity Center at the ALCC

As stated previously, Monroe Community Mental Health Authority (MCMHA) enhanced our partnership with the Opportunity Center at the ALCC by placing peers’ services within the center on a consistent schedule. Monday through Thursday Certified Peer Support Specialists/Parent Support Partners are at the Center from 12-4pm for anyone interested in meeting. The goal is to assist in linking and coordinating services which includes engaging those who need community mental health services. In May, we participated in several group activities and offered 16 1:1 meetings, to 10 unduplicated persons.

Mental Health First Aid Training

Now that Monroe Community Mental Health Authority (MCMHA) has trainers in place and has set up a system for enrolling participants, etc., we will begin training members of the community in the Mental Health First Aid Model during the month of June.

Community Acknowledgements

SOR 3 Jail Based MAT Program – During the month of May, Joshua Hotaling, MCMHA Jail Diversion Specialist, was acknowledged by the PIHP for his efforts to ensure our Government Performance and Results Act (GPRA) Client Outcome Measures were in compliance which allows for us to continue receiving funding for the program.

“GPRA is a United States law enacted in 1993, one of a series of laws designed to improve government performance management. The GPRA requires agencies to engage in performance management tasks such as setting goals, measuring results, and reporting progress. To comply with the GPRA, agencies produce strategic plans, performance plans, and conduct gap analyses of projects. The GPRA of 1993 established project planning, strategic planning, and set up a framework of reporting for agencies to show the progress they make towards achievement of goals. The GPRA Modernization Act of 2010 developed a more efficient and modern system, based on the existing requirements of the 1993 Act, for government agencies to report their progress. As part of this federal mandate, all SAMHSA grantees are required to collect and report performance data using approved measurement tools. The Notice of Funding Opportunities (NOFOs) describe the data collection and performance measurement process.” (<https://www.samhsa.gov/sites/default/files/gpra-fact-sheet.pdf>)

Omnibus Budget Reconciliation Act (OBRA) – During the month of May, Jennifer Westfal, Nursing Home Facility Liaison, attended the MDHHS Mental Health and Aging Conference. When meeting with the state OBRA reviewer, MDHHS acknowledged Jennifer and the work she has done in Monroe County. Jennifer was informed that they are using her assessments as a guide for all Community Mental Health agencies in the State of Michigan. They recognized her for all the work she has done while being the OBRA Coordinator for Monroe County and thanked her for doing such a great job.

“OBRA Programs were originally established in response to the provisions of the federal Omnibus Budget Reconciliation Act (OBRA) of 1987, which amended the Medicaid program requirements for all nursing facilities. Its primary function has been to assure the implementation of those provisions of Preadmission Screening and Annual Review (PASRR) which address the relationship of nursing facilities to persons who are seriously mentally ill and/or have an intellectual/developmental disability (ID/DD).” (<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/obra>)

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

Crossroad Clubhouse – As stated in the previous month, the Crossroad Clubhouse received a one-year conditional accreditation. In order to ensure the Clubhouse meets all the recommendations of the accreditation, the Crossroad Clubhouse Coordinator, the Director of Adult Services, and the Chief Clinical Officer met on May 12th to review the action plan.

As stated in the previous month, there are several training courses that staff and clubhouse members must attend. Therefore, a staff and member are registered to attend a weeklong training at a nationally accredited clubhouse for the month of June and the Clubhouse Coordinator, one (1) Clubhouse Member, a Clubhouse Board Member and the Director of Adult Services are registered to attend the

required training in September. Additionally, four (4) separate work order units have been created and there are plans in place to enhance job development and unit functions. Lastly, the Director of Adult Services has created/submitted a proposal regarding additional recommendations i.e., budget and staffing, etc. This proposal will be reviewed by the Executive Leadership Team.

Mental Health Awareness Fun Day

On May 20th, MCMHA staff and volunteers hosted a Mental Health Awareness Fun Day at 2/42 Church located on south Telegraph Road. The event offered carnival games, inflatable obstacle courses, a dunk tank, facing painting, music by a DJ, food, and small prizes. MCMHA did receive donations for raffle items from local organizations and MCMHA departments. In addition, community partners hosted tables with educational materials. There were approximately 180 people in attendance. The Monroe News wrote about the event afterwards. To view the full article, go to <https://www.monroenews.com/story/news/local/2023/05/27/mcmha-fun-day/70254844007/>

For a copy of the article, see ATTACHMENT-A1.

Benesh Expansion

The Access Department continues to offer in-person appointments at MCMHA's Benesh location. During the month of May, we had 44 appointments scheduled at the Benesh site compared to the 15 that occurred during the month of April, which is an increase of 193%. There were no walk-ins during the month; however, there were three (3) consumers who stopped by to drop off paperwork, obtain a note that they were seen in our office, and to meet with the nurse.

Signage for both the Clubhouse and MCMHA should be completed by June 16th.

Certification

Program Re-certification - The Michigan Department of Health and Human Services (MDHHS) requires specific programs to be enrolled with the State of Michigan. One of those programs is home-based services for children and youth. During the month of May, any CMHSP/PIHP who provide any type of home-based services was required to submit the re-certification application. MCMHA completed the application for re-certification.

There are three (3) populations/areas served in home-based services; 1) Infant Mental Health – which includes expecting mothers and infants ages 0-3 years old, 2) Early Childhood – which includes children ages 4-6 years old, and 3) Home-Based Services – which includes children/youth ages 7-20 years old.

Home-based services are the most intensive services offered to youth and families at MCMHA. When youth and families are not able to be maintained in a lower level of service, families are recommended for home-based treatment. When a family is also involved in multiple systems or at-risk of being placed outside of the home or community, home-based may also be combined with Wraparound services. Other ancillary services are also provided when medically necessary from within MCMHA organization or the community. These services may include psychiatric evaluations and medication reviews, respite, CLS (Community Living Supports), specialty clinical services, Parent Support Partners, and/or Youth Peer Support Specialist. We also have several nurses at MCMHA that provide support to psychiatrists during appointments and annual health reviews and screenings for children throughout MCMHA services.

The home-based team collaborates with all necessary service providers according to the IPOS and youth voice/family choice model. These include but are not limited to DHHS (Department of Health and Human Services), ISD (Intermediate School District), juvenile justice, primary care physicians, learning and after school centers, and youth transitional programs.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Certification – During the month of May, MDHHS approached CMHSP staff who are considered the most experienced TF-CBT supervisors to apply for an opportunity to participate in a Michigan based TF-CBT Train-The-Supervisor (TTS) learning cohort. MCMHA’s Program Supervisor, Devon Cunningham, was someone who was approached for this opportunity. In order to be considered for the cohort, all supervisors had to complete their National Certification for TF-CBT, which Devon did complete. She has submitted her application to be a part of the cohort. We are now waiting to determine if she will be selected.

MISCELLANEOUS

Certified Crisis Behavioral Health Clinic (CCBHC)

Monroe Community Mental Health Authority (MCMHA) applied for the Substance Abuse Mental Health Services Administration (SAMHSA) CCBHC Planning, Development, and Implementation Grant which was due May 22, 2023. A team of approximately 12 staff was actively involved in the grant submission process. See the grant Abstract, ATTACHMENT-A2 for the overall goals of the submission.

In addition to applying for the SAMHSA Grant, MCMHA applied to the Michigan Department of Health and Human Services (MDHHS) in order to be a part of the CCBHC Demonstration Expansion Opportunity for the State of Michigan. Over the next four (4) months, MCMHA will work to fulfill several MDHHS requirements, including but not limited to, participation in technical assistant meetings, submission of reports, etc.

Call Volume Data

Over the last six (6) months, MCMHA has started collecting data regarding call volume. Please see the data below.

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Incoming Calls	2255	2697	4100	2757	3650	4207
Incoming calls minus abandon calls	2051	2453	3789	2537	3401	3912
Calls Answered	1981	2440	3579	2516	3281	3908
Missed	286	266	528	249	376	305
Abandoned	204	244	311	220	249	295
% incoming calls answered	88%	90%	87%	91%	90%	93%
% incoming calls answered minus abandon calls	91%	91%	92%	92%	93%	93%

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

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

After reviewing the data, MCMHA is setting an internal goal of 95% of calls answered. We will be developing strategies for reducing the missed calls.

Monroe Community Mental Health Authority hosts Fun Day for Mental Health Awareness Month

Bridgitte Gates

Special to The Monroe News



Face painting was one of the activities at Monroe Community Mental Health Authority's Fun Day. Held May 20, during Mental Health Awareness Month, the event focused on family activities.

To celebrate Mental Health Awareness month in May, the Monroe Community Mental Health Authority (MCMHA) held a Fun Day on May 20 at 2|42 Community Church on South Telegraph Road.



A dunk tank was featured at Monroe Community Mental Health Authority's Fun Day held on May 20 at 2/24 Community Church on South Telegraph Road.

Education was provided by community partners who hosted a table. There were fun activities for the family. Carnival table games, an inflatable obstacle course for the big kids and an inflatable course for younger kids, a dunk tank (which CMH CEO Lisa Graham endured), face painting and music by DJ Manny.

Items were donated by various businesses, and drawings were held for those in attendance who filled out a card to win. Donations were received from Phoenix Theatre, Miracle Salon and Medi Spa, AFSCME Local 2529, and MCMHA agency departments. There were 180 people in attendance.



Members of Monroe Public Schools participated in the Monroe Community Mental Health Authority's Fun Day. Held May 20, during Mental Health Awareness Month, the event focused on family activities.

MCMHA thanked the following vendors who participated in the event and shared information: Suicide Prevention Coalition, Family Medical Center, Ennis Center, Monroe County Opportunity Program (MCOP), ProMedica, Dimensions of Wellness, Why So Serious, Monroe Public Schools and 2|42 church for the use of their church and grounds to host our event.

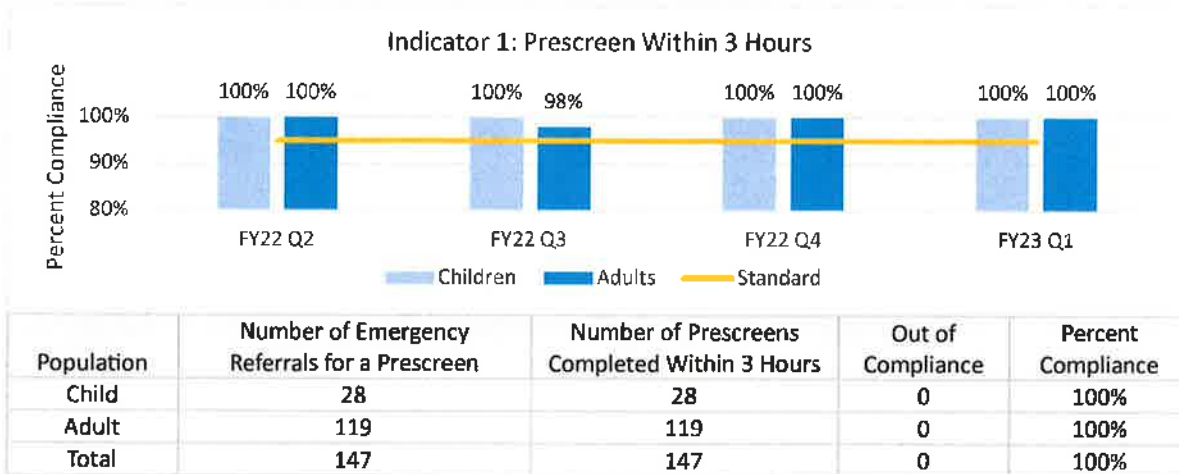
Next year's mental health event is scheduled for May 18, 2024, at 2|24 Community Church, 925 S. Telegraph Road.

Monroe Community Mental Health Authority's (MCMHA) FY2023 Certified Community Behavioral Health Clinic (CCBHC) Planning, Development and Implementation Grant project's goal is to increase access to behavioral health care to Monroe County's uninsured and underinsured populations. Utilizing the CCBHC model, MCMHA will provide community-based behavioral health and substance use disorder treatment and support, including 24/7 mobile crisis services to any individual with a serious mental illness (SMI), substance use disorder (SUD), youth with a serious emotional disturbance (SED), and any individual with a co-occurring disorder (COD) or individuals experiencing a mental health or substance use-related crisis regardless of their ability to pay or place of residence. The intent is to serve an additional 75 individuals annually for a total of 300 unduplicated individuals over the course of the grant, decrease hospitalization by 10% annually, and respond to 95% of law enforcement requests within one hour and attempt to provide one evidence-based intervention with each response. Currently individuals who do not meet Michigan Medicaid criteria are screened and referred to community based, private funded services that are often more costly and result in unmet needs. Community needs assessments and referrals from community partners show the gaps in the current service delivery model. Local Emergency Departments and jail services are particularly impacted. Services for veterans will also be included during the project. This project improves alignment between physical health, behavioral health, and substance use disorder services, increases proficiency in use of evidence-based practices, and increases service delivery standardization through an integrated health approach. CCBHC technical assistance and partnering with stakeholders will aid in developing solutions and improving outcomes. Partnering with agencies that have identified strengths and solutions to improve the overall health and well-being of Monroe County/Southeast Michigan will provide the much-needed safety net for our local community. MCMHA predicts that this CCBHC project will increase the total number of individuals served and improve comprehensive, integrated, person-centered behavioral health care across the life span. MCMHA will utilize the CCBHC project to strengthen the Southeast Michigan behavioral health services, improve service capacity, and report on the success of the CCBHC model.

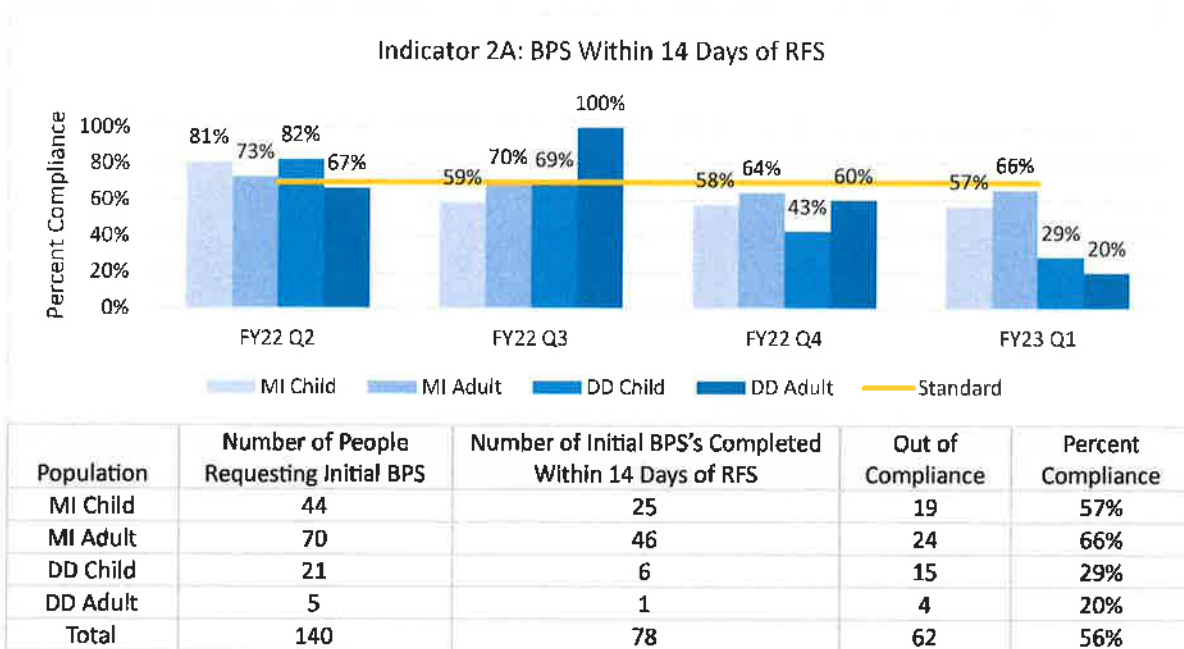
Compliance Report of Performance Improvement
Fiscal Year 23 Quarter 1
(9/1/22 - 12/31/22)

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

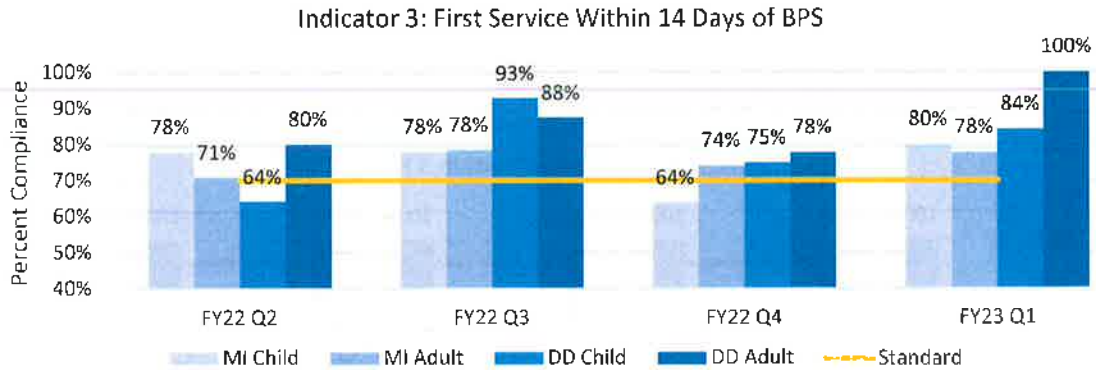
Indicator 1: The percent of all adults and children receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. MDHHS standard is 95%.



Indicator 2A: The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. PIHP standard is 70%.

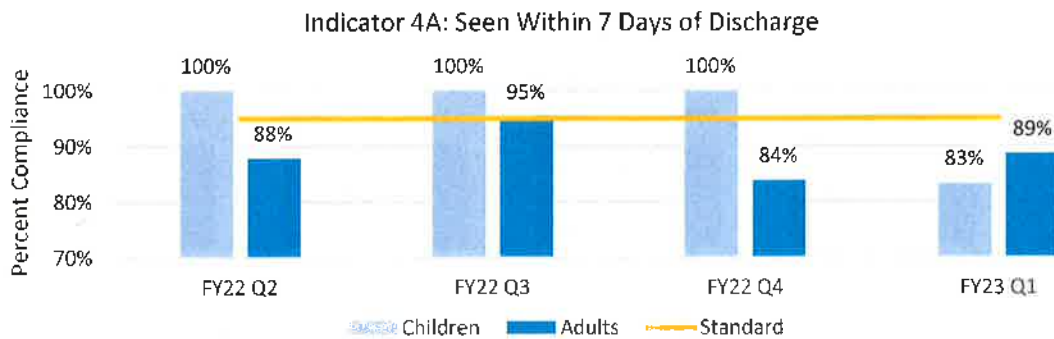


Indicator 3: Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. PIHP standard is 70%.



Population	Number of People Eligible for Services	Number of People Receiving First Service Within 14 Days of BPS	Out of Compliance	Percent Compliance
MI Child	40	32	8	80%
MI Adult	63	49	14	78%
DD Child	19	16	3	84%
DD Adult	2	2	0	100%
Total	124	99	25	80%

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

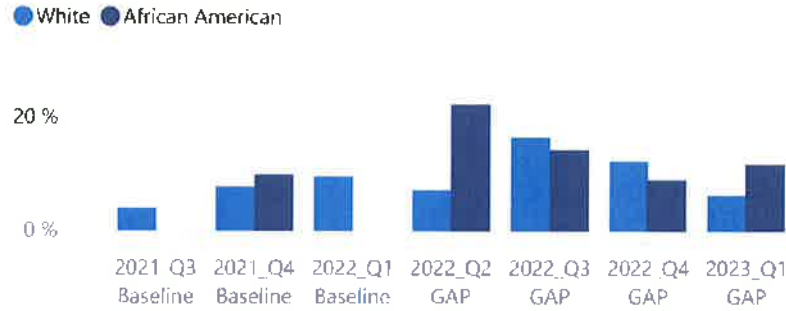


Population	Net Number of Discharges from Psychiatric Inpatient	Number of Discharges Seen Within 7 Days	Out of Compliance	Percent Compliance
Child	12	10	2	83%
Adult	44	39	5	89%
Total	56	49	7	88%

MDHHS Performance Improvement Projects (PIPs)

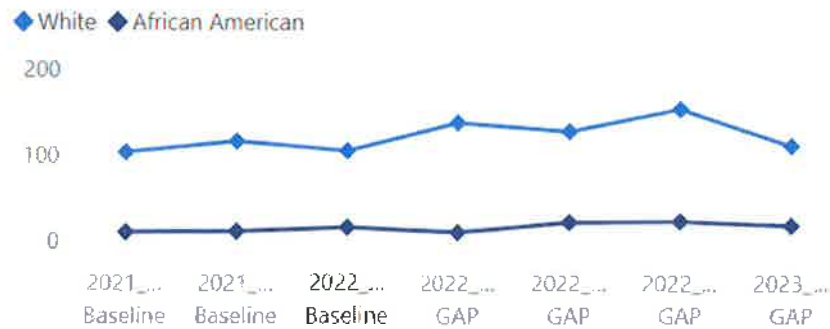
PIP #1: Reducing racial disparities between White/Caucasian and Black/African American populations in the percentage of no-shows to a biopsychosocial assessment within 14 days of a non-emergency request for services (MMBPIS Indicator #2A).

no show prevented compliance by Qtr, PIP2measurementPeriod and Race



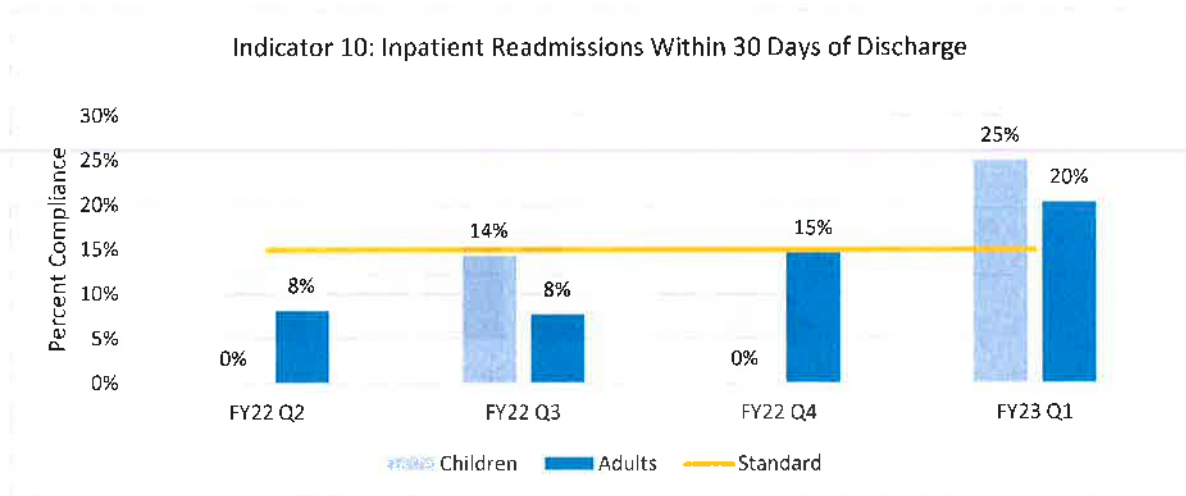
Qtr, PIP2measurementPeriod	White	African American
2021_Q3, Baseline	3.9 %	0.0 %
2021_Q4, Baseline	7.8 %	10.0 %
2022_Q1, Baseline	9.5 %	0.0 %
2022_Q2, GAP	7.2 %	22.2 %
2022_Q3, GAP	16.4 %	14.3 %
2022_Q4, GAP	12.3 %	9.1 %
2023_Q1, GAP	6.3 %	11.8 %

denom 2A by Qtr, PIP2measurementPeriod and Race



Qtr, PIP2measurementPeriod	White	African American
2021_Q3, Baseline	103	9
2021_Q4, Baseline	116	10
2022_Q1, Baseline	105	15
2022_Q2, GAP	138	9
2022_Q3, GAP	128	21
2022_Q4, GAP	154	22
2023_Q1, GAP	111	17

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



Population	Number of Discharges from Psychiatric Inpatient	Number of Discharges Readmitted Within 30 Days	Percent Readmission
Child	12	3	25%
Adult	69	14	20%
Total	81	17	21%

Joint Commission Evidence of Standards Compliance (ESC)

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

4 staff reported out of compliance with TB test.

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

0 staff reported out of compliance for CPR training.

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

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

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

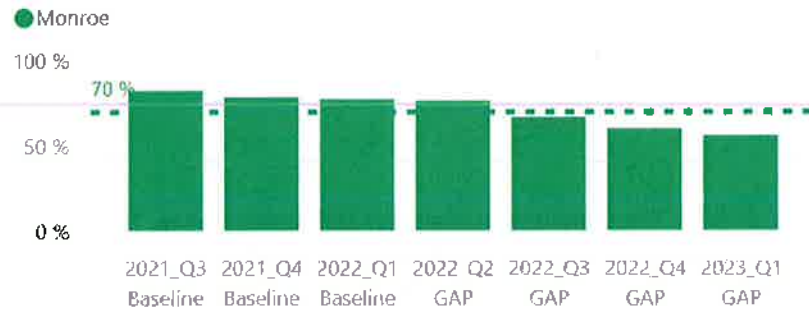
No data available.

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

No data available.

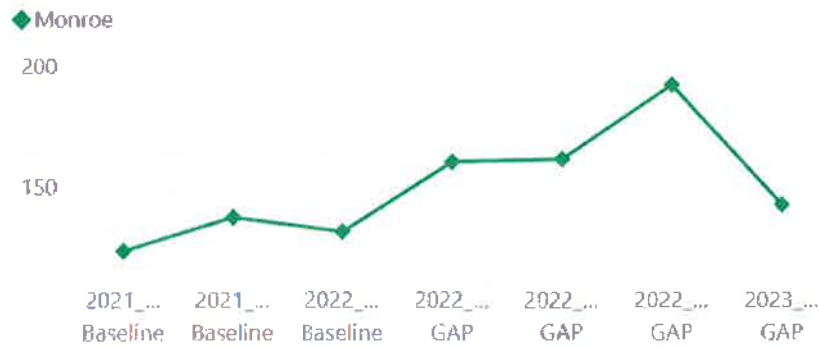
PIP #2: Overall increase in performance in new persons receiving a completed bio-psycho-social initial assessment within 14 calendar days of a non-emergency request for service (MMBPIS Indicator #2A).

2A by Qtr, PIP2measurementPeriod and Affiliate



Qtr, PIP2measurementPeriod	Monroe
2021_Q3, Baseline	82.93 %
2021_Q4, Baseline	78.83 %
2022_Q1, Baseline	77.86 %
2022_Q2, GAP	76.88 %
2022_Q3, GAP	67.08 %
2022_Q4, GAP	60.42 %
2023_Q1, GAP	56.34 %

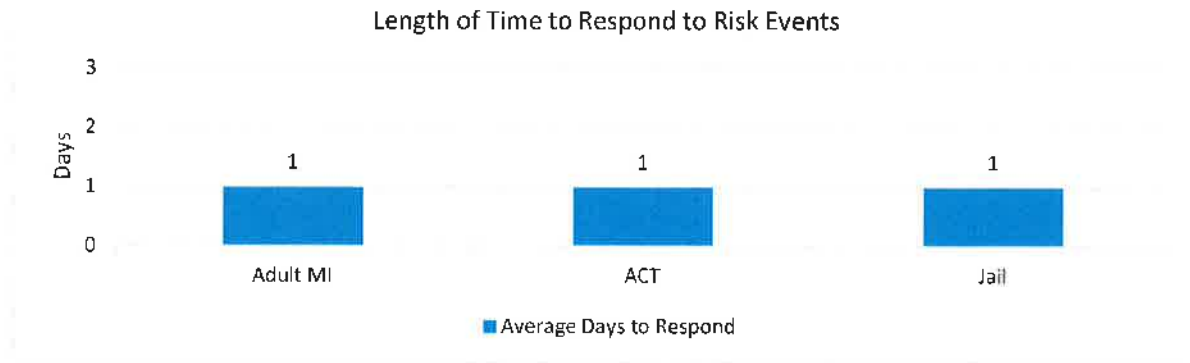
2A by Qtr, PIP2measurementPeriod and Affiliate



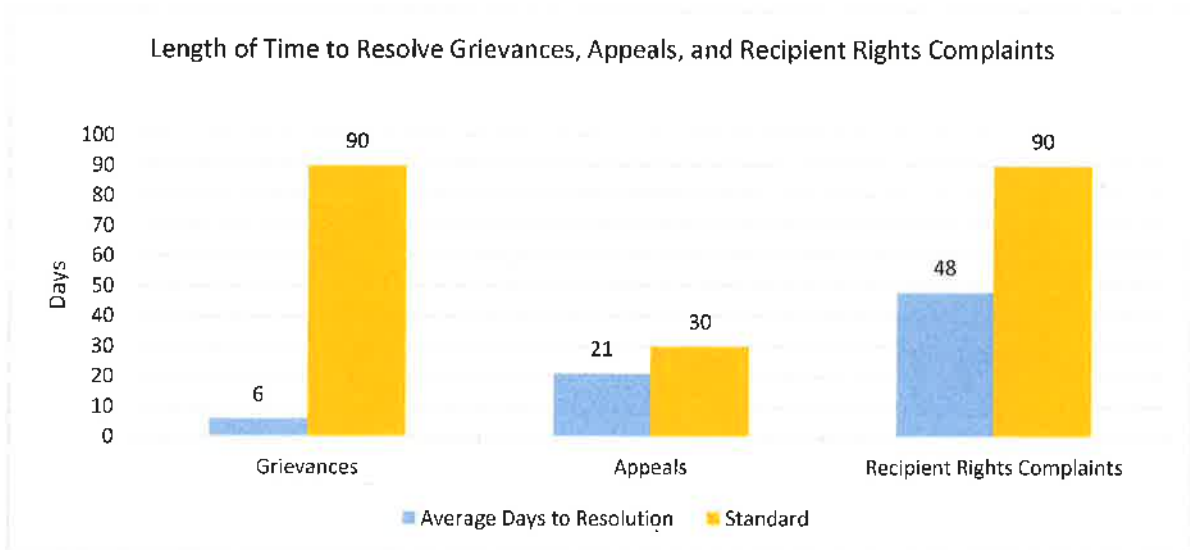
Qtr, PIP2measurementPeriod	Monroe
2021_Q3, Baseline	123
2021_Q4, Baseline	137
2022_Q1, Baseline	131
2022_Q2, GAP	160
2022_Q3, GAP	161
2022_Q4, GAP	192
2023_Q1, GAP	142

Joint Commission Complaint Measurements/Sustainability of Compliance

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



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





BOARD EXECUTIVE COMMITTEE

Wednesday, June 21, 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

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

I. CALL TO ORDER

Susan Fortney called the meeting to order at 6:47pm. Susan Fortney, Catherine Bernhold, and Lisa Graham were present.

II. REVIEW OF THIS MONTH'S BOARD MEETING

- a. Board Agenda – Reviewed
- b. Presentation – No presentation for June

III. ITEMS FOR DISCUSSION

- a. **Revel Marketing** – Lisa Graham provided a brief overview of what Revel Marketing will be presenting at the July Board Meeting.
- b. **Committees** – At the June Board Meeting it will be announced that Board Members can sign up for the committees they are interested in. The Board Chair will make appointments at the July Board Meeting.
 - i. Committee members suggested to have Board discussion to set clear guidelines for committee participation and capacity.
 - ii. Lisa Graham to provide a summary of options for participation and capacity to Mike Humphries.
 - iii. Add as a topic under Board Committees on the June Board agenda.

IV. ACTION ITEMS FOR FUTURE BOARD MEETING AGENDA

- a. Jun – Committee Sign Up
- b. Jul – Committee Appointments
- c. Aug – N/A
- d. Sep – FY2024 Budget

V. AJOURNMENT

The meeting adjourned at 7:30pm.

VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for **Wednesday, July 19, 2023** at 6:00pm.

Respectfully submitted,

Susan Fortney (dp)

Susan Fortney
Board Vice Chairperson

6/23/23



BOARD PERFORMANCE EVALUATION COMMITTEE

Tuesday, May 23, 2023

4:30pm

MAJOR COMMITTEE RESPONSIBILITIES

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

COMMITTEE MEMBERS

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

DRAFT MINUTES

I. CALL TO ORDER

The meeting was called to order by Mike Humphries at 4:30pm. Mike Humphries, Susan Fortney, LaMar Frederick, Chantele Steffens, and Lisa Graham were present.

II. CHIEF EXECUTIVE OFFICER PERFORMANCE EVALUATION

- a. The committee met with the Chief Executive Officer to review performance.

III. NEXT STEPS

- a. The committee will provide a recommendation to the full Board at the May 24, 2023 Board Meeting.

IV. ADJOURNMENT

The meeting adjourned at 6:03pm. The next meeting is scheduled for Tuesday, August 15, 2023 beginning at 5:00pm.

Respectfully submitted,

Michael Humphries (dp)

Mike Humphries
Performance Evaluation Committee Chair

5/25/23

MCMHA Board Action Request Mental Health Administrative Contract(s) / Amendments	FY 2022-23	June 21, 2023
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Action Requested: Approval Requested for the Mental Health Administrative Contracts Listed Below:

Contractor name	Department	Request	Budget	Contract Term	Service Description
Healia Health	Agency		\$125 per employee enrolled	1 year	Healia is an online platform that assists employees in making informed decisions on their health insurance plan options

RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on June 21, 2023 approval of the contract(s) listed on MCMHA Board Action Mental Health Administrative Contract(s) / Amendments on or before June 28, 2023.

MCMHA Board Action Request Mental Health Service Contract(s) / Amendments				FY 2022-23	June 21, 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:						
Pontiac General Hospital	6/1/23-9/30/24	Inpatient hospitalization	0100		\$850.00 per diem	
		Specialized inpatient hospitalization	0100 68		\$1200 per diem	
Henry Ford Wyndotte	5/1/23-9/30/24	Inpatient hospitalization	0100	\$621.00 per diem	\$880.00 per diem	
Henry Ford Kingswood	5/1/23-9/30/24	Inpatient Hospitalization	0100		\$880.00 per diem	
Community Living Supports/Supported Empl/Respite						
Elite Adult Foster Care II LLC	6/1/23-9/30/24	Licensed Residential	H2016 T1020		Rates are based on individual consumers needs	
Moriah Incorporated DBA Eisenhower Center	4/25/23-9/30/24	Comprehensive Community Support-enhanced 1:1 service	H2016		\$475.00 per diem	
		Personal Care in a licensed residential setting-enhanced 1:1 service	T1020		\$475.00 per diem	
Autism/Waiver Services						
RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on June 21, 2023 approval of the contract(s) listed on MCMHA Board Action Mental Health Service Contract(s) / Amendments on or before June 28, 2023.						

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
June 14, 2023**

Members Present: Judy Ackley, Patrick Bridge, Rebecca Curley, Bob King, Molly Welch Marahar, Rebecca Pasko, Mary Serio, Holly Terrill, Ralph Tillotson

Members Absent: LaMar Frederick, Roxanne Garber, Alfreda Rooks, Annie Somerville

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

Guests Present:

- I. Call to Order
Meeting called to order at 6:15 p.m. by Board Vice-Chair J. Ackley.
- II. Roll Call
 - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented
**Motion by M. Welch Marahar, supported by R. Tillotson, to approve the agenda
Motion carried**
- IV. Consideration to Approve the Minutes of the 4-12-2023 Meeting and Waive the Reading Thereof
**Motion by M. Serio, supported by H. Terrill, to approve the minutes of the 4-12-2023 meeting and waive the reading thereof
Motion carried**
- V. Audience Participation
None
- VI. Board Action: FY2022 Financial Audit Presentation
 - Auditor Derek Miller from Roslund Prestage & Company presented the FY22 financial audit presentation.
- VII. Old Business
 - a. Board Information: May Finance Report – FY2023
 - M. Berg presented; discussion followed.
 - b. Board Information: Discussion on FY2018 Deficit and Next Steps
 - J. Colaianne provided an update.
 - The region's preference is to resolve the deficit before the end of this fiscal year. The next step will be to propose a plan to MDHHS.
 - c. Board Action: Annual Board Governance Review from April 2023
**Motion by R. Tillotson, supported by M. Welch Marahar, to approve the Board Governance manual, CMHPSM bylaws, and board governance policies as presented
Motion carried**

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.

- i. Board Governance Manual
 - ii. CMHPSM Bylaws
 - iii. CMHPSM CEO Authority – Employee Position Control and Compensation
 - iv. CMHPSM CEO General Scope of Authority
 - v. Conflict of Interest Policy
 - vi. Financial Stability & Risk Reserve Management
 - vii. Investing
 - viii. Procurement
- d. Board Information: CEO Performance Review Goals
- M. Serio presented the draft CEO performance goals. The goals will be updated and presented to the full board in August for final approval.

VIII. New Business

- a. Board Member Action: Conflict of Interest Form Completion
- Board members will complete and return the form to staff.
- b. Board Information: Strategic Plan Development Timeline
- J. Colaianne provided an outline of the timeline for developing the strategic plan.
 - Strategic plan reports to the Board will continue to be presented every six months.
- c. Board Action: Contracts
- Motion by M. Welch Marahar, supported by M. Serio, to approve the presented contracts and agreement**
- Motion carried**
- d. Board Action: CMHPSM Board Secretary Election
- R. Pasko volunteered to complete the Board Secretary term through the end of FY2023.
- e. Board Information: Conflict Free Access and Planning Options
- J. Colaianne provided an overview of the 4 options the state has proposed.
 - J. Colaianne presented a draft resolution that addresses the state's proposed changes.
- f. Board Action: Conflict Free Access and Planning Resolution
- Motion by M. Serio, supported by H. Terrill, to approve the **CMHPSM Regional Board of Directors resolution opposing the proposed draft policy models related to conflict free access and planning in the public behavioral health system, with changes as discussed**
- Motion carried**
- M. Welch Marahar abstained from the vote**

IX. Reports to the CMHPSM Board

- a. SUD Oversight Policy Board
- N. Adelman provided an overview of the April OPB meeting. Discussion topics included FY2024 funding, opioid settlement funds, and the PHE/Medicaid changes.
- b. Board Information: CEO Report to the Board
- J. Colaianne's written report includes updates from staff, regional and state levels. Please see the report in the board packet for details.

X. Questions and Answers with Michigan State Representatives:

Felicia Brabec and Carrie Rheingans

The representatives were unable to attend. Agenda item tabled until August.

XI. Adjournment

Motion by R. Tillotson, supported by M. Welch Marahar, to adjourn the meeting

Motion carried

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.

- Meeting adjourned at 7:42 p.m.

Rebecca Pasko, CMHPSM Board Secretary

DRAFT

CMHPSM Mission Statement

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



MONROE
COMMUNITY
MENTAL
HEALTH

April 2023

Board Report

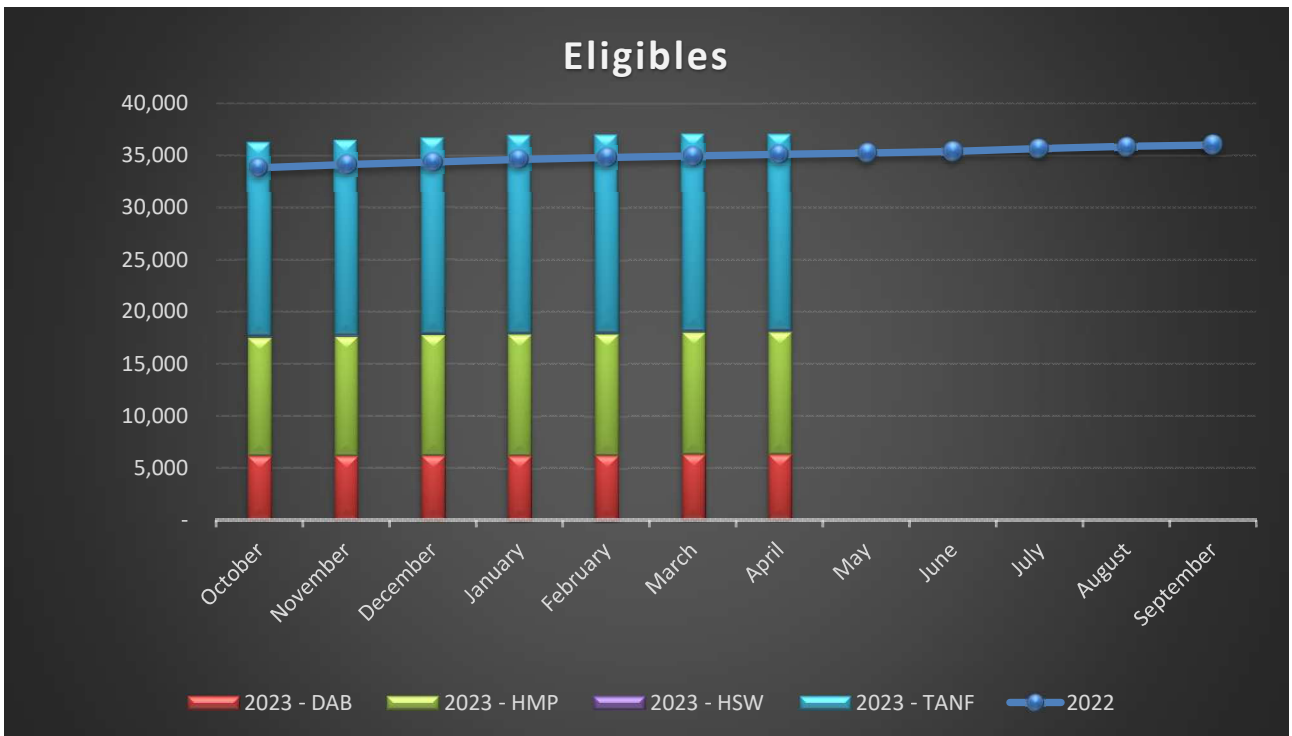
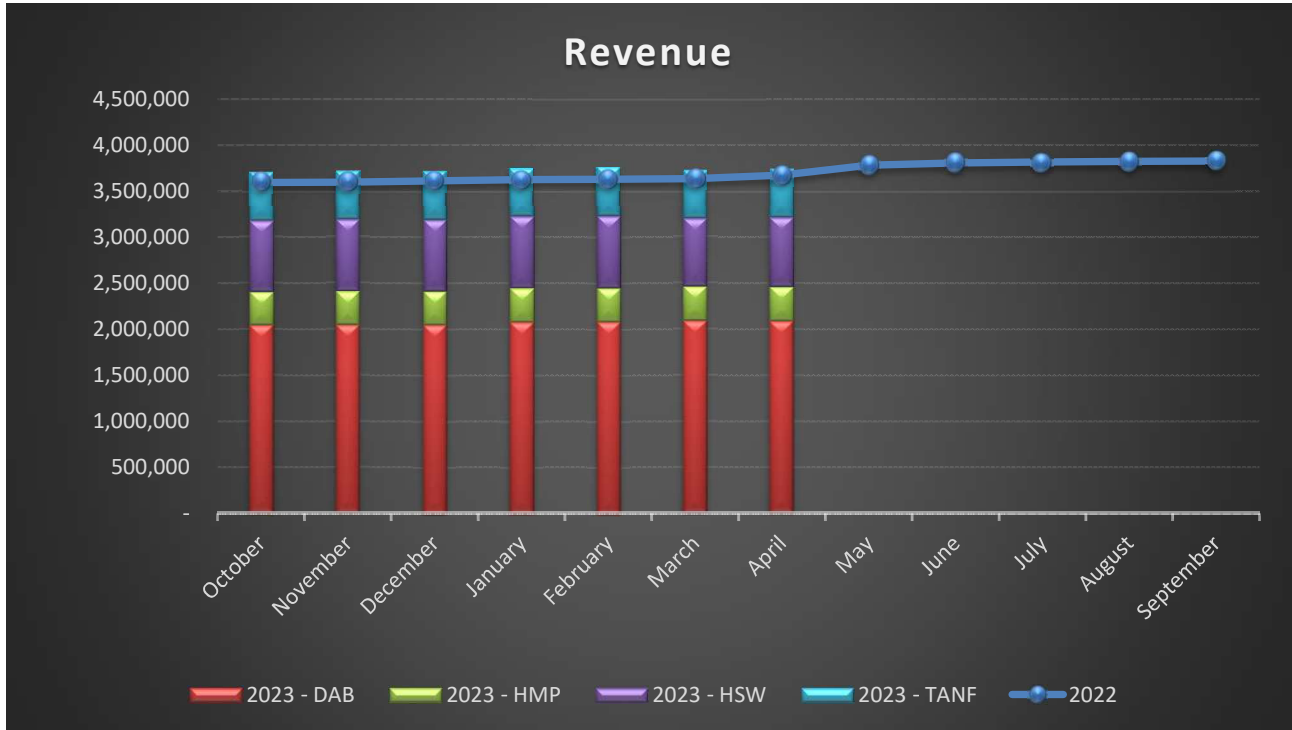
Table of Acronyms

<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

April 2023 Trends

MDHHS Payments



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MONROE CMH

Comparative Charts September 2022 & April 2023

Assets



Liabilities



Net Position



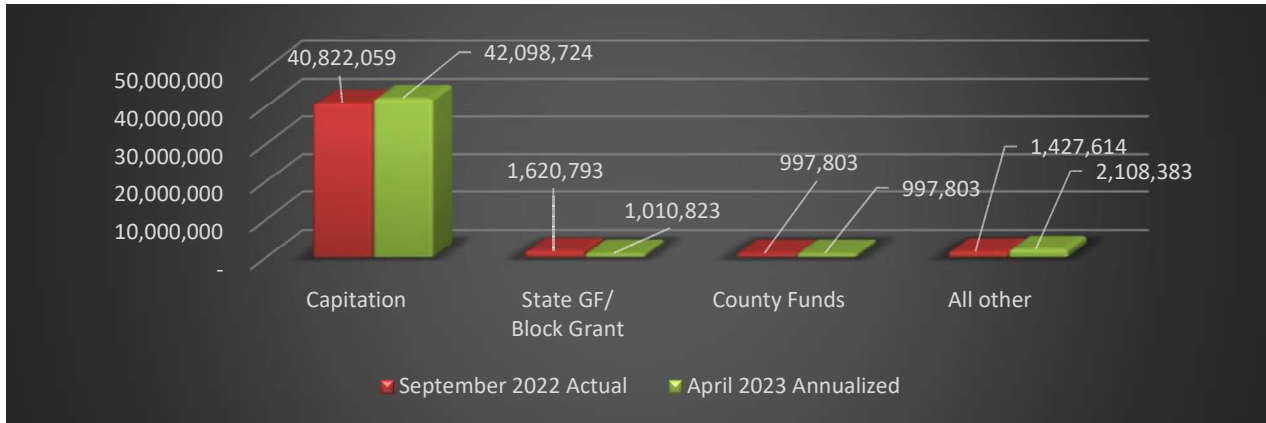
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MONROE CMH

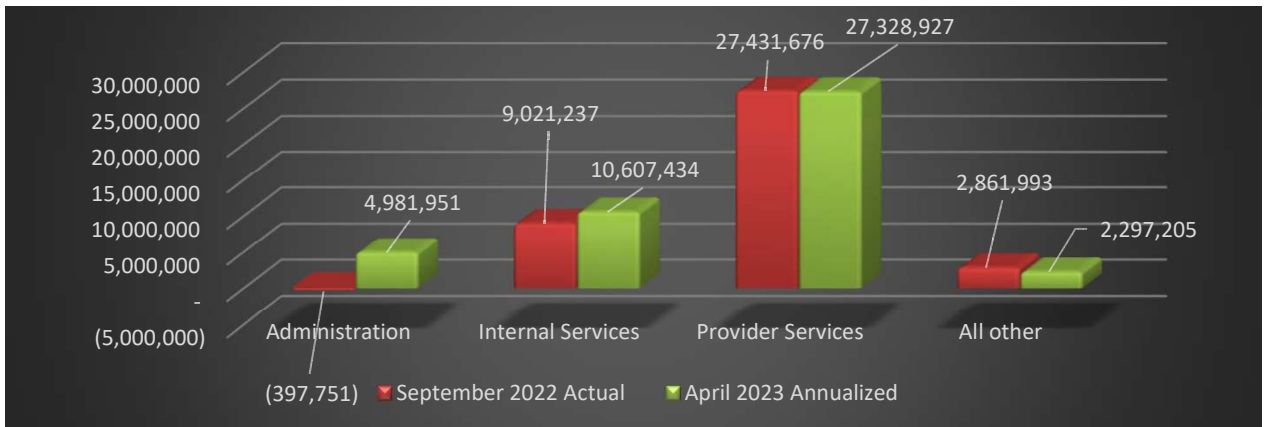
Comparative Charts

September 2022 Actual & April 2023 Annualized

Revenues



Expenses



Net Income



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INCOME STATEMENT BY FUND SOURCE

MONROE CMH

Fiscal 2023 Revenues and Expenses by Fund Source

October 1, 2022 through April 30, 2023

Medicaid/Autism Combined	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 39,991,864	\$ 23,328,587	\$ 24,045,812	\$ 717,225
Expense	39,991,864	23,328,587	22,727,043	601,544
Revenue over/(under) expenses	\$ -	\$ -	\$ 1,318,769	\$ 1,318,769
Healthy Michigan	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 3,071,966	\$ 1,791,980	\$ 1,757,990	\$ (33,990)
Expense	3,071,966	1,791,980	1,784,905	7,075
Revenue over/(under) expenses	\$ -	\$ -	\$ (26,915)	\$ (26,915)
Total CMHPSM	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 43,063,830	\$ 25,120,568	\$ 25,803,802	\$ 683,235
Expense	43,063,830	25,120,568	24,511,948	608,619
Revenue over/(under) expenses	\$ -	\$ -	\$ 1,291,854	\$ 1,291,854
State General Fund	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 1,729,985	\$ 1,009,158	\$ 1,009,155	\$ (3)
Expense	1,729,985	1,009,158	589,647	419,511
Redirects	-	-	-	-
Revenue over/(under) expenses	\$ -	\$ -	\$ 419,508	\$ 419,508
All Other Grants/Local	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 3,001,878	\$ 1,751,096	\$ 1,839,064	\$ 87,968
Expense	3,001,878	1,751,096	1,243,774	507,322
Redirects	-	-	-	-
Revenue over/(under) expenses	\$ -	\$ -	\$ 595,290	\$ 595,290

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BASIC FINANCIAL STATEMENTS

MONROE CMH

Statement of Position

April 30, 2023

	(Unaudited) September 30 Balance	Balance September 30 2022	Favorable (Unfavorable)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 4,777,740	\$ 4,973,206	\$ (195,466)
Accounts receivable, net	193,659	181,010	12,649
Due from other funds	300,507	-	300,507
Due from PIHP	5,977,619	6,464,550	(486,931)
Due from State of Michigan	168,119	29,938	138,181
Due from other governmental units	459,928	477,916	(17,988)
Prepaid items	426,569	222,167	204,402
Total current	12,304,141	12,348,787	(44,646)
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,585,167	2,770,752	(185,585)
Deferred outflows - Pension & OPEB	4,731,347	4,731,347	-
Total noncurrent	7,363,514	7,549,099	(185,585)
Total assets and deferred outflows	19,667,655	19,897,886	(230,231)
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	5,361,381	5,294,786	(66,595)
Accrued liabilities	564,086	1,007,289	443,203
Due to State of Michigan	1,083,604	664,096	(419,508)
Unearned revenue	83,789	83,789	-
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
Total current liabilities	7,142,318	7,099,418	(42,900)
Noncurrent			
Long-term debt, due beyond one year	1,382,803	1,366,492	(16,311)
Compensated absences, due beyond one year	249,770	249,770	(0)
Lease liability	607,294	817,511	210,217
Net pension liability	4,273,142	4,273,142	-
Net OPEB liability	9,560,127	10,213,906	653,779
Deferred inflows - leases	14,354	23,259	8,905
Deferred inflows - Pension/OPEB	7,710,654	7,710,654	-
Total noncurrent liabilities	23,798,144	24,654,734	872,901
Total liabilities and deferred inflows	30,940,462	31,754,153	830,001
NET POSITION			
Net investment in capital assets	2,010,519	1,976,981	(33,538)
Unrestricted	(13,283,326)	(13,833,248)	(549,922)
Total net position	\$ (11,272,807)	\$ (11,856,267)	\$ 583,460

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MONROE CMH

Statement of Activities

October 1, 2022 through April 30, 2023

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Favorable (Unfavorable)
Operating revenue				
Capitation:				
Medicaid	\$ 24,045,812	\$ 41,221,392	\$ 37,739,923	\$ 3,481,469
Medicaid - Settlement	(1,318,769)	(2,260,747)	105,849	(2,366,596)
Healthy Michigan	1,757,990	3,013,697	2,751,508	262,189
Healthy Michigan - Settlement	26,915	46,140	216,356	(170,216)
Behavior Health Home	45,641	78,242	8,423	69,818
State General Funds	1,009,155	1,729,980	1,756,848	(26,868)
State General Funds - Carryover	(419,508)	(719,157)	(136,055)	(583,102)
County appropriations	582,052	997,803	997,803	0
Charges for services	110,753	189,862	195,659	(5,797)
Other grants	1,060,666	1,818,285	1,182,266	636,018
Other revenue	58,471	100,236	49,689	50,547
Total operating revenue	26,959,178	46,215,734	44,868,270	1,347,464
Operating expenses				
Administration				
Salaries	1,461,147	2,504,823	2,095,778	409,046
Benefits	490,243	840,417	(3,679,675)	4,520,092
Other	954,748	1,636,711	1,186,146	450,564
Internal Services				
Salaries	2,921,128	5,007,648	3,990,650	1,016,998
Benefits	2,407,317	4,126,829	3,966,143	160,686
Other	859,225	1,472,957	1,064,445	408,512
Provider Network Services	15,941,874	27,328,927	27,431,676	(102,749)
Facility costs	427,902	733,546	1,010,753	(277,207)
Vehicle costs	51,464	88,224	59,978	28,246
Grant expenses	534,175	915,729	894,905	20,824
Other expenses	10,285	17,631	5,175	12,456
Room & Board	316,210	542,074	891,182	(349,108)
Total operating expenses	26,375,718	45,215,517	38,917,155	6,298,362
Change in net position	583,460	1,000,217	5,951,115	\$ (4,950,897)
Net position, beginning of year	(11,856,267)	(11,856,267)	(17,807,381)	
Net position, end of year	\$ (11,272,807)	\$ (10,856,050)	\$ (11,856,267)	

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MONROE CMH

Statement of Activities

Mental Health - Budget to Actual

October 1, 2022 through April 30, 2023

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
Operating revenue				
Capitation:				
Medicaid	\$ 30,759,879	\$ 17,943,263	\$ 24,045,812	\$ 6,102,550
Medicaid - Settlement	-	-	(1,318,769)	(1,318,769)
Healthy Michigan	-	-	1,757,990	1,757,990
Healthy Michigan - Settlement	-	-	26,915	26,915
Behavior Health Home	-	-	45,641	45,641
State General Funds	1,235,704	720,827	1,009,155	288,328
State General Funds - Carryover	-	-	(419,508)	(419,508)
County appropriations	712,716	415,751	582,052	166,301
Charges for services	95,037	55,438	110,753	55,315
Other grants	1,303,456	760,349	1,060,666	300,317
Other revenue	32,989	19,244	58,471	39,227
Total operating revenue	34,139,780	19,914,872	26,959,178	7,044,306
Operating expenses				
Administration				
Salaries	1,988,137	1,159,747	1,461,147	301,401
Benefits	603,522	352,055	490,243	138,188
Other	1,189,356	693,791	954,748	260,957
Internal Services				
Salaries	3,874,917	2,260,368	2,921,128	660,760
Benefits	1,535,276	895,578	2,407,317	1,511,739
Other	843,861	492,252	859,225	366,973
Provider Network Services	21,484,062	12,532,370	15,941,874	3,409,504
Facility costs	868,253	506,481	427,902	(78,579)
Vehicle costs	64,757	37,775	51,464	13,689
Grant expenses	1,036,115	604,400	534,175	(70,225)
Other expenses	5,139	2,998	10,285	7,287
Room & Board	646,335	377,029	316,210	(60,819)
Total operating expenses	34,139,730	19,914,843	26,375,718	6,460,875
Change in net position	50	29	583,460	583,431
Net position, beginning of year	(11,856,267)	(11,856,267)	(11,856,267)	-
Net position, end of year	(11,856,217)	(11,856,238)	(11,272,807)	583,431

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