



# MONROE COMMUNITY MENTAL HEALTH AUTHORITY

## BOARD MEETING

August 23, 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

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### **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.

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	<b><u>Guide</u></b>
<b>I. Call to Order</b>	<b>01 min</b>
<b>II. Roll Call</b>	<b>02 min</b>
<b>III. Pledge of Allegiance</b>	<b>02 min</b>
<b>IV. Motion to Adopt the Agenda as Presented</b>	<b>02 min</b>
<b>V. Motion to Approve the Minutes from the July 26, 2023 Board Meeting and waive the Reading Thereof</b>	<b>02 min</b>
<b>VI. Feedback Summary</b>	<b>02 min</b>
<b>VII. Citizen Comments</b>	<b>03 min/person</b>
<i>“The Board will listen respectfully to any comments you would like to make but will not respond directly tonight. You can expect a follow up contact from the 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>	
<b>VIII. Presentations Recognitions, and Celebrations</b>	<b>15 min</b>
a. Revel Marketing Priorities	
b. Years of Service Awards	
<b>IX. Board Committee Reports</b>	<b>10 min</b>
a. <b>Motion to Place on File All Written Committee Reports</b>	
i. Business Operations	
ii. Bylaws & Policy	
iii. Clinical Operations	
iv. Executive	
v. Performance Evaluation	

<b>X.</b>	<b>Items for Board Action</b>	<b>05 min</b>
	a. <b>Motion to Approve the Consent Agenda Less Item _____</b>	
	i. Administrative Contracts as Presented	
	ii. Service Contracts as Presented	
	b. <b>Motion to Accept the FY2023 Provider Stabilization Funds Allocated by the CMHPSM for MCMHA to Pass Through to the Provider Network</b>	
	c. <b>Motion to Accept the FY2022 Finance Audit, Single Audit, and Compliance Audit as Presented to the Board of Directors on July 26, 2023</b>	
<b>XI.</b>	<b>Authority and Regional Policy Review/Approval</b>	<b>05 min</b>
	a. <b>Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented</b>	
	i. <b>Policy:</b> N/A	
	ii. <b>Procedure:</b> N/A	
	iii. <b>Exhibit:</b> N/A	
	iv. <b>Rescind:</b> N/A	
	b. <b>Motion to Approve the Regional Policies as Presented</b>	
	i. <b>Policy:</b> N/A	
<b>XII.</b>	<b>Relationship with the Region, County, and Others</b>	<b>00 min</b>
	a. Regional Reports	
	i. Regional PIHP Board Meeting Minutes	
<b>XIII.</b>	<b>Items from the Chief Executive Officer</b>	<b>10 min</b>
	a. Financial Report	
	b. Chief Executive Officer's Report ( <i>handout</i> )	
<b>XIV.</b>	<b>New Business</b>	<b>00 min</b>
<b>XV.</b>	<b>Citizen Comments</b>	<b>03 min/person</b>
<b>XVI.</b>	<b>Motion to go into Closed Session for Purposes of Legal Written Opinion Pursuant to Section 8 (h) of the Open Meetings Act with Attorney Client Privilege</b>	<b>02 min</b>
<b>XVII.</b>	<b>Announcements by Board Members</b>	<b>03 min/person</b>
<b>XVIII.</b>	<b>Adjournment</b>	<b>01 min</b>

**The next regular scheduled meeting for the Monroe Community Mental Health Authority Board of Directors is on Wednesday, September 27, 2023 beginning at 5:00pm in the Aspen Room.**

LG/dp 3:34 p.m.



**BOARD OF DIRECTORS REGULAR MEETING MINUTES  
July 26, 2023**

**Present:** Michael Humphries, Chairperson; Susan Fortney, Vice Chairperson; Catherine Bernhold, Secretary; John Burkardt; Deb Staelgraeve; Rebecca Curley; Chantele Steffens; Dawn Asper; Rebecca Pasko; Ken Papenhagen; and LaMar Frederick

**Excused:** Pam Ray

**Absent:**

**Staff:** Lisa Graham

**Guests:** Christina Schaub, Roslund, Prestage & Company, PC; Kayla Slager, Revel Marketing; and 13 guests attended

**I. CALL TO ORDER**

The Board Chairperson, Mike Humphries, called the meeting to order at 5:02 p.m.

**II. ROLL CALL**

Roll Call confirmed a quorum existed.

**III. PLEDGE OF ALLEGIANCE**

The Pledge of Allegiance was led by Mike Humphries.

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

Chantele Steffens requested to amend the agenda to add Board Chairperson Performance under Section XIV. New Business. The Board Chairperson requested it be in Closed Session.

Catherine Bernhold moved to adopt the amended draft agenda as presented. Susan Fortney supported. Discussion followed. Motion carried unanimously.

**V. CONSIDERATION TO APPROVE THE MINUTES FROM THE JUNE 28, 2023 BOARD MEETING AND WAIVE THE READING THEREOF**

Deb Staelgraeve moved to approve the minutes from the June 28, 2023 Board Meeting and waive the reading thereof. Rebecca Curley supported. Motion carried unanimously.

**VI. FEEDBACK SUMMARY**

Mike Humphries reviewed feedback from the June 28, 2023 Board Meeting.

**VII. CITIZEN COMMENTS**

Sandy Libstorff commented on a Joint Commission complaint and a Recipient Rights complaint..

Judy Greene commented on the lack of mental health care for those with the greatest need; not having a 24/7 crisis center and giving Team Wellness a chance; and the mission and vision statements regarding a valued active partner.

**VIII. PRESENTATIONS, RECOGNITIONS, AND CELEBRATIONS**

- a. FY2022 Finance Audit, Single Audit, and Compliance Audit – Christina Schaub, Roslund, Prestage & Company, PC, presented the fiscal year 2022 financial statements. There were no findings for the Financial Audit or Single Audit. There were two findings with the Compliance Audit: FSR Examination Adjustments (changes to the FSR due to the Compliance Audit), and Ability to Pay related to non-Medicaid consumers (common finding for CMHs across the state and is an ongoing issue). This is not a reflection of services; it is on the paperwork filed.

LaMar Frederick commented, some Board Members received the Financial Audit a couple of days ago. Ms. Schaub presented the Audits and would like to give Board Members time to review.

LaMar Frederick moved to postpone accepting the Financial Audit, Single Audit, and Compliance Audit until the August 23, 2023 Board Meeting. Rebecca Pasko supported. Discussion followed. Motion carried unanimously.

- b. Revel Marketing Agency – Kayla Slager, Revel Marketing Agency, presented a comprehensive marketing communications plan highlighting six areas for marketing strategies on internal communication and recognition among current employees; increase job applications by positioning MCMHA as an employer of choice; improve community perception through effective storytelling of consumer outcomes; remove barriers for accessing care by educating consumers on services and procedures; leverage support from community partners to improve awareness of services; and attract and train Board Members to get the most out of their participation. Each strategy has multiple marketing tactics.

**IX. BOARD COMMITTEE REPORTS**

- a. **Motion to Place on File All Written Reports**

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

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

Board Bylaws & Policy - Susan Fortney commented she is pleased with the work the committee is doing.

Clinical Operations – Chantele Steffens commented on: the clinical report; 8 positions posted for Mobile Crisis to be 24/7 by 10/1/23; Team Wellness proposal was not what we thought we were going to get; and the Benesh Building.

- b. **Board Committee and Committee Chair Appointments**

Mike Humphries presented the official Committee List and Scope and appointed all membership.

Guidelines for Participation – Mike Humphries commented that at the last Board Meeting, Board Members were asked for their opinion on committee structure and how we want committee meetings to work. Mike took into consideration all opinions and, with adhering to the Open Meetings Act, wants committees to be efficient and effective. Committee membership for standard committees will be limited to 5 appointed members and ex-officio. Those appointed may claim a stipend and mileage. If Board Members want to attend other committee meetings, they are to be treated as a guest.

**X. ITEMS FOR BOARD ACTION**

**a. Motion to Approve the Consent Agenda Less Item \_\_\_\_\_**

- i. Administrative Contracts as Presented

LaMar Frederick moved to postpone approving the Revel Administrative Contract to identify priorities and a timeline to roll out. Susan Fortney supported. Discussion followed. Roll call: In favor: In favor: Burkardt, Frederick, Steffens, Pasko, Curley, Asper, Papenhagen, Bernhold, Fortney; and Humphries; opposed: Staelgraeve; motion carried.

**b. Motion to Request the Benesh Building Doors be Open Between 8am-5pm, Monday through Friday, for Walk-ins**

Chantele Steffens moved to request the Benesh Building doors be open between 8am-5pm, Monday through Friday, for walk-ins. Deb Staelgraeve supported. Discussion followed. Chantele Steffens withdrew the motion.

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

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

- i. Policy: Vehicle Use, Maintenance and Replacement Policy
- ii. Procedure: Vehicle Use, Maintenance and Replacement Procedure  
Vehicle Reservation Procedure
- iii. Exhibit: N/A
- iv. Rescind: N/A

Suan Fortney moved to approve the Authority Policy, Procedure and Exhibits Presented. Rebecca Curley supported. Motion carried unanimously.

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

- i. Policy: CMHPSM LIP Credentialing Policy  
Consumer Appeals Policy  
Customer Services Policy  
Notice of Privacy Practices Policy  
Organizational Credentialing, Recredentialing, and Monitoring Policy

LaMar Frederick moved to approve the Regional Policies presented. Susan Fortney supported. Motion carried unanimously.

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

- a. Regional Reports
  - i. Regional PIHP Board Meeting Minutes – Did not meet

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

- c. Financial Report – Richard Carpenter commented that the end of the public emergency is underway. The decision of the eligibles was in July. We received communication from MDHHS and they did not hit their cut off in July for their payment so we will have more information next month. August will be 2 months' worth of reductions. We will start to get a sense of what this will mean for us. We are monitoring closely.
- d. Chief Executive Officer's Report included: MDHHS CCBHC Demonstration Expansion; Crisis Mobile Unit; Benesh Expansion; Consumer Satisfaction; FY2024 Budget; and Community Coalition Follow-Up.

**XIV. CITIZEN COMMENTS**

Sandy Libstorff commented on services; exit interviews; and the Benesh building.

**XV. NEW BUSINESS**

**Motion to go into Closed Session for the Purpose of Board Chair Performance Pursuant to Section 8 (a) of the Open Meetings Act**

Chantele Steffens moved to go into Closed Session for the purpose of Board Chair Performance pursuant to Section 8 (a) of the Open Meetings Act. LaMar Frederick supported. Roll call: In favor: Burkardt, Frederick, Steffens, Pasko, Staelgraeve, Curley, Asper, Papenhagen, Bernhold, Fortney; and Humphries; opposed: none; motion carried.

The Board went into Closed Session at 7:25pm.

The Board went into Open Session at 8:16pm.

**XVI. BOARD ANNOUNCEMENTS**

**XVII. ADJOURNMENT**

Mike Humphries adjourned the meeting at 8:18pm.

Submitted by,

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Catherine Bernhold  
Board Secretary

LG/dp 8/4/23

Strategy	Tactic	Description	Timing
<b>Strategy #4 - Consumer Focus</b>	Website eDiscover	The most effective websites are a result of thorough research and planning prior to design and development. eDiscover is Revel's website planning process based on external and internal research. The results are used to create a phased approach to website development. Websites developed based on eDiscover are optimized to provide visitors with relevant and meaningful information, encourage visitors to return, and result in targeted, qualified leads.	Completed - July
<b>Strategy #4 - Consumer Focus</b>	New Website	Based on the eDiscover planning process, we will design and implement an updated website for MCMHA that is easier to navigate. We will apply your new brand messaging to it, as well as provide support for ongoing website updates as needed.	Start September - Finish est March 2024
<b>Strategy #4 - Consumer Focus</b>	Guide to Services Brochure Update	Similarly with your program literature, your current Guide to Services brochure will be updated with new branding and reformatted to be easier to digest for your consumers.	Completed - July
<b>Strategy #4 - Consumer Focus</b>	Program Literature	Having a cohesive brand identity throughout all of your marketing and informational pieces is essential to building trust and authority with your brand. Currently, your print materials are either being created in-house by different team members without established brand standards or being ordered from online vendors that simply add your logo to pre-packaged informational brochures. Customizing your literature to better explain what MCMHA does specific to each program, and branding them all cohesively, will help bring clarity to your consumers.	August
<b>Strategy #4 - Consumer Focus</b>	Helpline services rip rackcards & magnets	Give consumers access to crisis line information whenever they may need it by developing a rip rackcard and magnet they can keep with them to access the right contacts quickly if they are experiencing a mental health emergency.	September
<b>Strategy #1 - Internal Communication</b>	Bi-monthly Newsletter	Your employees are asking for consistent communication, so let's give it to them. Revel will design a template and input provided content 2x a month to send to your employees and board members. Consider naming this "Lisa's Top 5" or something similar to give the impression that this is coming from leadership. Topics to include: Program updates Success stories Team/employee recognition Reminder to share success stories Social Media Shares	September
<b>Strategy #1 - Internal Communication</b>	Encourage Communication Ambassadors	Increase the reach of your messaging by encouraging staff to share MCMHA social posts on their own pages. We'll make it easy for employees to share employment opportunities, success stories, and program information by providing direct social links they can share from our email communications.	September
<b>Strategy #1 - Internal Communication</b>	Employee Feedback Process	Your employees want to feel heard and also want to hear about all of the good things happening at MCMHA. Developing a set system for staff to share ideas, recommend a fellow employee for star of the month, and contribute success stories on a regular basis will help boost morale and keep successes top of mind.	September

Strategy	Tactic	Description	Timing
<b>Strategy #1 - Internal Communication</b>	Star of the Month Program	Recognition of good work and acknowledgement of long-term employees can also go a long way to boost morale and let employees know the work they do is appreciated. An employee will be chosen each month to receive special recognition through social spotlights, within the newsletter, and anywhere else appropriate. Consider also offering a reward for those chosen, such as a paid lunch or gift card.	September
<b>Strategy #1 - Internal Communication</b>	Digital Success Dashboard	Consider using a digital screen in a highly trafficked area of your office to create a visual dashboard highlighting your successes. This screen could rotate through multiple slides that can share any information such as success stories, statistics, star of the month, program updates and more. Showcasing this information in a highly visible place with help reinforce the good your organization is doing and remind people of that daily.	October
<b>Strategy #1 - Internal Communication</b>	Wall Graphic	Give your employees something that will inspire them when they walk in the door each morning by creating a wall graphic that communicates your values and purpose. Keeping this top of mind will help everyone feel like they are working toward the same goal.	October
<b>Strategy #2 - Recruitment Efforts</b>	Careers Page	We will put concentrated efforts on the career area on the new MCMHA website. Showcasing the company's culture, keeping job postings front and center, highlighting your benefits, and including a clear call to action (CTA) (e.g. - Apply Now) will be a priority. All digital recruitment advertising buys will click through to this area of your website.	(part of website)
<b>Strategy #2 - Recruitment Efforts</b>	Recruitment Campaign	We've recommended you create a distinct hiring campaign theme in order to keep your communication for recruiting employees consistent. We have included a theme for you in this plan that focuses on the difference employees make in people's lives, which is what current employees told us they value most about their job. We will apply this theme to media buys including but not limited to: Billboards Yard signs Print ads Geotargeted Digital ads Social Media ads	October start
<b>Strategy #2 - Recruitment Efforts</b>	Culture Video	Video is a powerful marketing tool. Testimonial videos amplify the impact video delivers. We will produce a culture video showing MCMHA employees sharing their experience working at the company and how they feel the work they do makes a difference.	September / October
<b>Strategy #2 - Recruitment Efforts</b>	Find Your 'Why' Partnership Video	Consider developing a video (or series of videos) promoting working in the industry in general sponsored by MCMHA. Have your staff, along with community partners, talk about why they got into the industry and speak to the need for more people to help. Featuring community partners in this video would show how MCMHA works with its partners for the good of the community and would be a 'humbly bold' way to promote MCMHA as a leader in the field.	September / October
<b>Strategy #2 - Recruitment Efforts</b>	Referral Program	If you do not currently offer a referral program for employees to recommend friends and family for open positions we suggest starting one. Your current employees are the best ambassadors for your brand, and by providing them with a series of tools, we can help keep referrals top of mind for them: <ul style="list-style-type: none"> <li>● Posters</li> <li>● Internal Messaging (e.g. – Emails, Social Media Messages)</li> <li>● Referral Cards to hand out to potential employees</li> </ul>	September



**Monroe CMHA**  
08/02/23

Strategy	Tactic	Description	Timing
<b>Strategy #3 - Community Awareness</b>	Content Calendar & Social Media Management (12 months)	A coordinated social media effort will ensure you're engaging your audience with the right message on the right platform. We have created a 12-month social media strategy that can be built upon organically as needed to share success stories, impact statistics, program highlights, staff highlights, and job opportunities. Revel will manage your social media accounts and post on your behalf 2-3x per week with provided content to ensure that all of the good you are doing is staying top of mind with your followers.	Began in May
<b>Strategy #3 - Community Awareness</b>	Display Booth Materials	It was communicated by staff that you are in need of updated booth materials to take with you to community events like the Monroe County Fair on July 28. Revel will design a new backdrop and tablecloth that aligns with your new marketing theme.	Completed - June
<b>Strategy #3 - Community Awareness</b>	Annual Report	Revel will design an impactful annual report to showcase MCMHA's accomplishments. This piece will be set up as both a printed booklet and as a page on your new website so that community members have multiple ways to access and share it as needed.	September (For Town Hall Meeting)
<b>Strategy #3 - Community Awareness</b>	Community Impact Infographic	Along with the annual report, we will develop a one-page infographic that more visually showcases the impact you have in the community by highlighting stats around the number of people you've served by program.	September
<b>Strategy #3 - Community Awareness</b>	Program Testimonial Video (1)	We recommend choosing a program or service to highlight each year in your annual report and to showcase the work you are doing through a testimonial video. We will use these videos on social media, on your website, and share them with community partners and board members.	October
<b>Strategy #5 - Community Partner Support</b>	Collaboration Handout	Give your board and staff the tools they need to help support outreach to community partners. We recommend creating a flyer that they can share with community partners about how they can collaborate with MCHMA and the Clubhouse, as well as who to contact.	In Progress - August
<b>Strategy #5 - Community Partner Support</b>	Make Partners Communication Ambassadors	Provided with a list of community partner contacts, Revel will directly share MCMHA social content to your partners each month and encourage them to share the information on their social media channels in order to increase your reach in the community.	September
<b>Strategy #3 - Community Awareness</b>	Awareness Campaign	In order to combat negative perceptions of MCMHA (and the state of the healthcare industry in general), the community needs to be educated on why the work you do is so important by addressing the stigma that often goes along with mental health concerns. We've include a campaign theme in this plan that will be applied to media buys including but not limited to: Social Media Like Campaign Social Media Ads Billboards Press Releases Bus Ads Services Mailer Local TV Interview Movie theatre ads gas station tv ads	TBD
<b>Strategy #6 - Board Support</b>	Board Recruitment Video	Recruitment Video (have a current board member speak to the roles and responsibilities of being a member). (Part of board onboarding task)	TBD

Strategy	Tactic	Description	Timing
<p><b>Strategy #6 - Board Support</b></p>	<p>Board Onboarding Materials</p>	<p>Give your board the tools they need to be as impactful as possible. Revel will develop an onboarding packet to help train and educate new and existing board members to what your organization does and how they can best support your efforts. Materials will include:                      Branded Recruitment Packet including but not limited to:                      Personalized welcome letter (email)                      Organizational Chart                      Board member handbook                      Examples of marketing materials and all brochures describing services                      Strategic plan                      Mission &amp; values information                      Community Impact infographic                      Annual report                      Community partner collaboration flyer                      MCMHA swag</p>	<p>TBD</p>
<p><b>Strategy #6 - Board Support</b></p>	<p>Board Recruitment Campaign</p>	<p>Upon the next board recruitment cycle, we will launch a campaign targeted towards people in leadership positions in companies that want to network, have valuable expertise, and really care about making a difference. We will utilize:                      Boosted Social Posts                      Email blasts to community members</p>	<p>TBD</p>



**BOARD BUSINESS OPERATIONS COMMITTEE**  
**Wednesday, August 16, 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; Rebecca Curley; Ken Papenhagen; Chantele Steffens; and Michael Humphries (Ex-Officio)

**DRAFT MINUTES**

**I. CALL TO ORDER**

LaMar Frederick called the meeting to order at 5:01pm. LaMar Frederick, Ken Papenhagen, Chantele Steffens, Lisa Graham, Richard Carpenter, and Alicia Riggs were present. Rebecca Curley and Mike Humphries were excused. Board Members, Pam Ray, Susan Fortney, and Pam Ray attended as guests. 2 guests were present.

**II. BUSINESS OPERATIONS**

- a. **Facilities** – Chantele Steffens asked if becoming a CCBHC will affect the need for additional office space. Jim Brown commented that by adding more staff, office space will be at a premium. Lisa Graham commented that the Executive Leadership Team (ELT) has been discussing space needs. If, and when, we become a CCBHC we are ready to begin as of 10/1/23. As we grow, we will need to expand for the purposes of office space for staff. There will be opportunities coming up at the Benesh building and there may be some opportunities coming up for other locations within the city. We are being creative with office space as well as looking for more. Chantele asked if we should consider hiring someone to redesign office space within the current building. Lisa commented that once we know what our space needs will be we can do a cost analysis to review internal office space vs cost of other locations.
- b. Chantele Steffens mentioned a company called Red Letter for additional technology needs. They are amazing and help other area businesses in the county of Monroe.
- c. **Technology** – Chantele Steffens requested an update on the Breach. Lisa Graham commented that a person hacked into the CFO's email and was pretending to be the CFO and requesting finance staff to do things. The data breach is the result of an ACH transaction of \$200,000. There were attempts for approximately one million. In conversation with the Insurance Company, the way the breach happened, they can cover up to \$100,000 with a \$25,000 deductible. The agency will be able to recoup \$75,000. The Bank and Insurance Company gave several recommendations, and we implemented those processes, practices, and policies.
  - i. Chantele Steffens asked if checks will be continued or if ACH transactions will occur in the future. Richard Carpenter commented that during the breach there were a variety of steps to be taken. All ACH transactions were stopped and moved everyone to checks. We are just now moving everyone back to ACH transactions.

**III. FINANCE**

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

- i. **Provider Stabilization Pass-Through:** LaMar Frederick commented that the PIHP approved passing through funds for provider stabilization at their last Board Meeting. A 4% rate adjuster funding amount was calculated based upon actual services delivered FY2023 Quarters 1 and 2. This funding will be directed to providers to cover additional expenses related to delivering services during this period, including overtime, retention, and recruitment costs. The Business Operations Committee is recommending that the full Board accept the FY2023 provider stabilization funds allocated by the CMHPSM for MCMHA to pass through to the provider network (recommend Board approval).
- ii. **Administrative Contracts:** Michigan Department of Health & Human Services, and Manish Prasad were presented by Alicia Riggs. Revel was presented by Lisa Graham along with marketing priorities as requested by the Board at their July 26, 2023 meeting. The top three priorities consumer focus, internal communications, and recruitment efforts, before moving forward with community awareness and Board support (recommend Board approval). Lisa will present the list of priorities to the full Board at the August 23, 2023 meeting.
- iii. **Service Contracts:** Havenwyck-Cedar Creek; Psych Resolutions; and Flatrock Manor, Inc. were 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. The Fund Balance has a deficit of approximately \$11,000,000. That deficit includes the OPEB and pension liabilities. Richard anticipates there will be a significant adjustment this fiscal year based on the investment market over the last 12 months and the contributions we make to bring this number down. By January, the Actuarial will be done and will know if the adjustment is favorable or unfavorable.
  2. LaMar Frederick requested to add discussion surrounding surplus funds for May of 2024 to the parking lot. Richard Carpenter commented that if, and when, we become a CCBHC that this will fundamentally change the way funding flows.
  3. Richard Carpenter commented that we have a strong financial performance. With all the other programs and stabilization pass-through we expect to break even and do not anticipate sending back funds to the PIHP for FY2023.
  4. Lisa Graham commented that Richard Carpenter will not be able to attend the August 23<sup>rd</sup> Board Meeting and requested that if there are any questions on the financial reports to send those to Lisa prior to the Board Meeting.

V. **INFORMATIONAL ITEMS**

- a. FY2018/2019 Closeout: Richard Carpenter commented that fiscal years 2018 and 2019 closeout is still not resolved. This needs to be resolved so they can close out fiscal years 2020, 2021, and 2022. Richard commented that because this has already been placed on the balance sheet it will not have an impact on our fiscal year 2023 or 2024 budget. There is a 6 million receivable from the PIHP and if this was to go negatively, we would have to write this off and obviously we would not want to do that.

VI. **PARKING LOT**

- a. May 2024: Review of surplus funds and how it can be utilized.

VII. **ADJOURNMENT**

The meeting adjourned at 5:58pm. The Business Operations Committee's next meeting is scheduled for **Wednesday, September 20, 2023** at 5pm in the Aspen Room.

Respectfully submitted,

*LaMar Frederick (sp)*

LaMar Frederick  
Business Operations Chair

8/18/23



**BOARD BYLAWS & POLICY COMMITTEE**  
**Tuesday, August 15, 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**

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

**DRAFT MINUTES**

**I. CALL TO ORDER**

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

**II. COMMITTEE BUSINESS**

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

<b>Policies:</b>	n/a
<b>Procedures:</b>	n/a
<b>Exhibits:</b>	n/a
<b>Rescind:</b>	n/a

The committee has reviewed the Authority Policy, Procedure and Exhibits and recommend approval at the July 26, 2023 Board Meeting.

- b. Regional Policies

<b>Policies:</b>	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.
- b. The committee recommended sending Section 1 and Section 2 of the Board Governance Policy Manual to the full Board and solicit feedback. Feedback will be compiled and reviewed at the next committee meeting. Once section 1 and 2 have gone through the feedback process, Section 3 and Section 4 will follow. Upon completion of this process the Board Governance Policy Manual will be sent to the full Board for review and approval.
- c. The committee discussed a Board Member self-evaluation and performance evaluation tool that would be completed monthly by Board Members. This evaluation would replace the current Feedback Summary. The Executive Committee could review evaluations to help focus on where the need is for Board growth and education. Lisa Graham to contact affiliate partners to see what their Board's have in place for Board performance evaluation. Discussion to continue.
- d. The committee agreed to meet on the 3<sup>rd</sup> Thursday of each month beginning at 5:00pm starting September through November. December's meeting will be pulled ahead to the 2<sup>nd</sup> Thursday due to the holiday.

**IV. PARKING LOT**

- a. Review Board Bylaws
- b. Monthly Board Performance Evaluation Tool

**V. AJOURNMENT**

The meeting adjourned at 6:50pm.

**VI. NEXT MEETING**

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Thursday, September 21, 2023** at 5:00pm.

Respectfully submitted,  
*Catherine Bernhold (dp)*

Catherine Bernhold  
Committee Chair

8/18/23



**BOARD CLINICAL OPERATIONS COMMITTEE**  
**Wednesday, August 2, 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**

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

**DRAFT MINUTES**

**I. CALL TO ORDER**

Susan Fortney called the meeting to order at 5:00pm. Deb Staelgraeve, Rebecca Curley, Susan Fortney, Chantele Steffens, Lisa Graham, Crystal Palmer, and Bridgitte Gates were present. Mike Humphries was excused. 3 guests attended.

Susan Fortney reviewed the committee responsibilities with new membership.

**II. CHIEF CLINICAL OFFICER UPDATE**

- a. Clinical Updates - Attachment A
  1. Crystal Palmer presented the clinical report highlighting the topics: recruitment, universal referral form, Mobile Crisis response time, Clubhouse report card, and Behavioral Health Home enrollments.
    - a. Recruiting. There are 10 new positions. A boundary spanner started on Monday which is connected to one of the ARPA projects. As stated last month our crisis mobile positions were posted to support 24/7. Crystal pointed out that it has been at least 2 years that we have had a full MI Adult Team and I am happy to report that MI Adult has a full team as well as ACT, and the Access Teams.
    - b. Universal Referral Form: There were two referrals. One was scheduled for a screening and the other we are attempting to engage.
    - c. Crystal presented Mobile Crisis response data and will be able to continue to bring the data to this committee.
    - d. Clubhouse Report Card: updated information in Attachment-A1. There are no abbreviations, everything has been spelled out and added definitions to be helpful. Crystal met with the Department Head and Clubhouse Supervisor earlier this week and we are on track.
    - e. Behavioral Health Home Enrollment: there are 62 enrolled in the program.
  2. Chantele Steffens requested a tour of the Benesh Building, Crossroads Clubhouse, and New Directions for Board Members.
- b. Customer Service Update
  - a. Quarter 3 Grievances (Apr-Jun): there were 9 total grievances. There were no trends. The requirements to resolve a grievance by the state is 90 business days however our PIHP has set the target to resolve within 10 business days. 90% is met within the 10-day target and completely resolved within the 90-day requirement by the state.
  - b. Customer Satisfaction Kiosk Data: the lobby kiosk went live on July 19<sup>th</sup> and there were 18 responses. It shows the trends of the 6 questions asked. Any rating below a 2 they can add content about their experience so it can be addressed. The Kiosk in the Doctor's hallway went live on July 17<sup>th</sup> and had a total of 6 responses. All had 5-star experiences. The Kiosk at Benesh went live on July 11<sup>th</sup> and had 29 responses. Chantele Steffens requested to move the Kiosk to Access in the Benesh Building. Lisa Graham commented that a question identifying which service the survey is for will help differentiate data. A QR code is available if a consumer is not able to complete a survey at one of the 3 locations and looking into a text notification once appointments are completed.

**III. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBCH)**

- a. As a reminder, we will hear from SAMHSA Grant by September 1, 2023. We have not received anything from them nor have they asked for any additional information. The MDHHS Grant award date is August 31, 2023. They did reach out to us twice for additional information and feel good about this.

Chantele Steffens – asked about year-end surplus funds and how it may be used for any needs at the Clubhouse. Crystal Palmer commented that she received a proposal from Clubhouse and will review. If any of the proposal items are above Lisa's limit of \$25,000 it will be brought to the Business Operations Committee for review and recommend approval to the full Board.

Chantele Steffens is requesting Community Coalition data per the parking lot item. Lisa Graham will contact Chantele to discuss which data she is requesting.

Chantele Steffens asked if the Strategic Plan is our scope, are we going to track this each month? Lisa Graham commented that different pieces of the Strategic Plan are addressed at the different Board Committees but can be presented to the full Board on a quarterly basis.

**IV. INFORMATIONAL ITEMS**

- a. Team Wellness – Lisa Graham was not able to attend the previous committee meeting and asked what are the specific questions that were wanted for follow up? Lisa is looking for direction on next steps beyond the proposal Team Wellness provided.
  - i. Susan Fortney commented that the biggest concern is paying for a duplication of services. We already have part of our objective completed for a 24/7 Mobile Crisis Unit.
  - ii. Becca Curley commented that we have the goal of becoming fully staffed for a 24/7 Mobile Crisis by 10/1/23. This would truly be a duplication of services to not continue pursuing Team Wellness. Becca wants to see Monroe CMH provide the services our community needs.
  - iii. Chantele Steffens commented that it was a large proposal, it was not detailed, and the outcomes were not connected with what we requested. The discussion began with asking what they could provide for 24/7 crisis stabilization and when the proposal was received it was not for 24/7 crisis stabilization.

- iv. Lisa Graham commented that to become a CCBHC we must have 24/7 Mobile Crisis up and running by 10/1/23. If we are getting close and we are not going to be able to accomplish this, then will come back to the Board to request an RFP for Crisis Services until we are up and running.
- b. Community Coalition: we continue to meet, and it is going well. They have 3 top priorities to work on and have created 3 subgroups and creating action plans for each of those priorities. Each of those needs to have an education and marketing component. Lisa will keep the committee updated on the Coalition. One action out of this Coalition was the universal referral form. Updates are provided within the CCO report.
  - i. Mental Health First Aid (MHFA) Training: we have two MHFA Trainers and are now providing MHFA Adult training to the community.
  - ii. Tablets: we re-deployed tablets to St. Joes and the Family Shelter. We provide and pay for the service so they can use the equipment and send the referral forms and have the technology for appointments.
  - iii. We are applying for a grant through the community foundation to be partners with several other organizations to deploy an app called Wellness Dunn Right. This is an app that connects people to community resources within Monroe County. The app will be specific to Monroe County and have the option for Spanish. We first sent a concept paper and then provided a presentation and are now applying for the grant by August 11, 2023. MCMHA would be the fiduciary and it would be in partnership with local partners. This will be one time thing for us to manage the grants funds to get it up and running and then maintenance costs will come from other local partners.
- c. Regional Quality Assurance Performance Improvement Plan (QAPIP): this report is presented at the PIHP Board Meeting.
  - i. Lisa Graham commented on the racial disparities project. So far, the data shows a shift for Monroe that there is not a racial disparity for us. This may be due to less people or the strategies we put in place. Lisa will have more information next week at the PIHP Meeting.
  - ii. Compliance with Access Standards for SUD Priority Populations: we are the screening and referral unit for SUD. We do not hold contracts for providers in the county. Anyone in Monroe that has Medicaid that needs help with an SUD problem, we screen, refer, authorize to get a full screening with one of the providers that the PIHP contracts with. One of the indicators for priority screens needs to take place within 24 hours. Earlier in the year, we did not meet our indicator in this area for every person that was a member in a priority population. I am happy to say that every person got serviced but may not have been within 24 hours. Since May, this has been met 100%. Being fully staffed in Access was important. The PIHP has approved us to have another part-time staff for screenings. Since March, we have met the indicators and are showing 100% in July.

#### IV. PARKING LOT

- a. Partnering with Salvation Army for Crisis Services
- b. Evaluating Effectiveness of Clinical Operations
- c. FY2022 CMHPSM Annual Submission
- d. Transportation Partnership with MCOP
- e. Community Coalition Data

#### V. ADJOURNMENT

The meeting adjourned at 6:18pm. The Board Clinical Operations Committee's next meeting is scheduled for **Wednesday, September 6, 2023** at 5pm in the Aspen Room.

Respectfully submitted,

*Susan Fortney (4p)*

Susan Fortney  
Clinical Operations Chairperson

8/14/23

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

Clinical Updates – Crystal Palmer 8/2/23

## **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 vacancies and continues to recruit vacant positions. We have the following vacancies as of July 28<sup>th</sup>:

- Crisis Mobile Response Clinician (5) **\*NEW**
- Crisis Mobile Response Peer (4) **\*NEW**
- Evaluation & Admission Specialist (2 positions – these positions are filled with temps; attempting to hire permanently)
- Jail Diversion Evaluation & Admission Specialist
- Boundary Spanner (Anticipated start date of 7/31/23) **\*NEW**
- Adult Outpatient Therapist
- Children’s Therapist/Intensive Case Manager
- Parent Support Partner
- Youth Peer Support Specialist (part-time position)
- Child and Family Case Manager (In the process of onboarding an intern)

It should be noted that the Adult Case Management Team is fully staffed, which is the first time in over two (2) years.

## **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*

### **Universal Referral**

During the month of July, we received two (2) referrals from the community. These referrals came from the Disability Network and the Health Department. As of July 27<sup>th</sup>, one (1) of the referrals is scheduled for a screening and the other referrals we are attempting to engage.

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

Monroe Community Mental Health Authority (MCMHA) continues to partner with the Opportunity Center at the ALCC by placing peers’ services within the center on a consistent schedule. Initially the Certified Peer Support Specialists/Parent Support Partners were at the Center Monday through Thursday from 12-4pm for anyone interested in meeting; however, after a meeting with ALCC staff and MCMHA staff, it was determined Tuesdays were no longer needed due to low volume of individuals participating in programming. ALCC will continue to monitor the volume of individuals at the program and will notify MCMHA of any changes.



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

Clinical Updates – Crystal Palmer 8/2/23

The peers continue to assist in linking and coordinating services which includes engaging those who need community mental health services. In July, we offered 7 1:1 meetings. (Note: At the time this report was completed, the number of activities MCMHA participated in was not available.)

## **Mental Health First Aid Training**

Monroe Community Mental Health Authority (MCMHA) conducted one (1) Mental Health First Aid (MHFA) training for the community on July 14<sup>th</sup> and 17<sup>th</sup>. There were 13 participants that completed the course. An additional training was planned for the end of July but due to a number of participant cancellations, the training had to be cancelled.

## **FINANCE**

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

No Updates.

## **SERVICES**

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

## **Certifications**

The Michigan Department of Health and Human Services (MDHHS) supports the training and implementation of a trauma assessment and treatment approach for children and families. The process for training certification typically takes 12 to 18 months. Last year, LeAnne Mann and Amy Kieler started the process and now are newly certified staff to provide Trauma Focused Cognitive Behavioral Therapy (TF-CBT) in our Child and Family Department.

MDHHS also supports another evidence-based model Parenting Through Change (PTC) Certification Training Cohort. PTC is the group delivery of Parent Management Training - Oregon Model (PMTO). PTC is a relationally informed and developmentally appropriate treatment model for caregivers of children between the ages of 3-18 years. MDHHS has initiated the application for a training cohort in the PTC model, which MCMHA applied to be considered. Application status will be updated once received.

## **Assessments**

The MDHHS requires that all populations served through Community Mental Health have an assessment to determine level of care, etc. For children and youth, the current designated tools are the Preschool and Early Childhood Functional Assessment Scale (PECFAS) and the Child and Adolescent Functional Assessment Scale (CAFAS) which measures level of functioning. (It should be noted that MDHHS has considered utilizing a different assessment tool and will likely implement the MichiCANS. As we receive more information on this, we will share it with the committee.) Below are the 3<sup>rd</sup> Quarter reports that indicate the level of improvement children and youth are making while in services.

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

Clinical Updates – Crystal Palmer 8/2/23

PECFAS	Q2	Q3
Improvement in Severe Impairment	36%	20%
Improvement in moderate Impairment	15%	16%
Improvement in Pervasive Behavioral Impairment	44%	14%
CAFAS		
Improvement on 1 or More Outcome Indicators	55%	52%
Meaningful and Reliable Improvement	47%	45%
Improvement in Severe Impairment	30%	31%
Improvement in Pervasive Behavioral Impairment	42%	41%

**Crisis Mobile Response Team**

Please see the data below as of July 28<sup>th</sup>, 2023:

Mobile Crisis	Initial Deployment	Follow-up	Total Deployments
<u>Deployments</u>	9	18	27
<u>Contact Type</u>			
<i>Face-to-Face</i>	21	77.78%	
<i>Contact Attempt</i>	3	11.11%	
<i>Indirect Contact (Phone/Email/Other)</i>	3	11.11%	
<u>Police Present</u>			
Yes	5	18.52%	
No	22	81.48%	
<u>Contact Hours</u>			
<i>Face-to-Face</i>	44.25	92.67%	
<i>Contact Attempt</i>	0.75	1.57%	
<i>Indirect Contact (Phone/Email/Other)</i>	2.75	5.76%	
<i>Average Face-to-Face Interaction Time</i>	2.11	hours	
<u>Referral Source</u>			
<i>Monroe County Sheriff's Dept.</i>	6	22.22%	
<i>Mobile Crisis Follow Up</i>	18	66.67%	
<i>MH Referral</i>	1	3.70%	
<i>CMH</i>	2	7.41%	

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

Clinical Updates – Crystal Palmer 8/2/23

### **Peer WRAP Group**

The Peer WRAP group continues to be held. There are 11 consumers enrolled in the group and the group averages between 6 to 8 attendees each week. The week of July 31<sup>st</sup> will be the final week for this group until the next rotation.

The Whole Health Action Management (WHAM) is expected to start on August 23<sup>rd</sup> for a 10-week session. This is a peer led group that focuses more on physical health and how it impacts your mental health. These groups will be held at the Benesh Building for those that wish to attend.

The new Outpatient Therapist is working on group development of a Psychoeducation Group for consumers interested in attending. The goal is to have this group established, advertised, and implemented in September.

**Crossroad Clubhouse** – MCMHA has developed a clubhouse report card to reflect the work that was being completed for the re-accreditation which will be provided monthly. Please see the attached report card. (ATTACHMENT-A1)

In addition to the progress identified on the Clubhouse Report Card, an application for the 2023 Michigan Department of Health and Human Services (MDHHS) Clubhouse Grant for the USA Conference located in Utah was submitted as of 07/24/2024. This is a supported training opportunity by Substance Abuse and Mental Health Service Administration (SAMHSA) with funding provided by MDHHS via a grant. If approved, the grant will cover the cost of up to two (2) colleagues attending with the expectation that one will be a Clubhouse member.

### **Benesh Expansion**

No new data is available this month for reporting. Data will always be a month behind due to the timing of the meeting. (Due to the Clinical Operations Meeting being three (3) weeks later in July, June data was provided in that meeting. The data for the full month of July will not be available until the September meeting.)

### **Behavioral Health Home**

There have been an additional 9 consumers enrolled in the BHH program, increasing enrollment to 54 consumers that are actively enrolled. The Adult MI Case Management Team are all working to identify individuals that would benefit from this program and are starting the enrollment process with these individuals. It is expected that we will meet our goal of 100 enrolled individuals by September 30th.

### **Jail Misdemeanor IOP Program**

The Jail Misdemeanor IOP program has launched, and we have a start date of July 31<sup>st</sup> for our Boundary Spanner position. The Jail Diversion Supervisor, Kristel Taylor, has been covering the role until the staff we are hiring starts and is onboarded. Three (3) referrals were made in the month of July to Salvation Army Harbor Light. They began providing services via groups the week of July 24<sup>th</sup>.

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

Clinical Updates – Crystal Palmer 8/2/23

## **MISCELLANEOUS**

### **Call Volume Data**

No new data is available this month for reporting. Data will always be a month behind due to the timing of the meeting. (Due to the Clinical Operations Meeting being three (3) weeks later in July, June data was provided in that meeting. The data for the full month of July will not be available until the September Meeting.)

# CLUBHOUSE REPORT CARD

As of July 25, 2023

TASK	NOT STARTED	IN PROGRESS	COMPLETED
<b>Membership</b> 1.2 – Clubhouse open membership		Discussion on ways to increase membership due to obtainment of grant to be explored with Clubhouse board and MCMHA.	<b>COMPLETE IN PART:</b> State Innovation grant obtained and scheduled to start 10/01/23.
1.7 – Establish a reach out system		Outreach will begin home visits as well as mailings to members who sporadically attend by 09/01/23	
<b>Relationships</b> 2.8 – Open meetings to staff and members			<b>COMPLETE:</b> Established a rotation of staff for agency meetings so as not to impact clubhouse operations.
2.10 – Generalist Roles for Transitional Employment positions (part-time, fixed, term entry level paid position in an organization with a high level of support to members and employers for the duration of the placement. The purpose is to regain basic work skills and confidence.)		All staff in process of learning Transitional Employment roles	
2.11 – Clubhouse operations responsibilities		Advisory board is active with membership in requesting/approving budget lines to MCMHA. Discussions continue on budget proposal.	
<b>Space</b> 3.12 – Clubhouse Identity			<b>COMPLETE:</b> Independent website is up and running for the clubhouse.
3.13 – Clubhouse Space			<b>COMPLETE:</b> Staff have been asked not to access the Clubhouse for appts. They will arrange appts in meeting rooms within Benesh.  Signage has been added to Benesh Building, identifying Clubhouse separate from MCMHA.
<b>Work Ordered Day</b> 4.15 – Work ordered day (Members engage in day-to-day operations and success of the Clubhouse)			<b>COMPLETE:</b> Wellness activities have been scheduled outside of the clubhouse work ordered day. New structured work order day to begin 8/1/23

# CLUBHOUSE REPORT CARD

As of July 25, 2023

<p>within the working hours of the clubhouse. These hours mimic the hours of a normal workday with tasks that are completed during those hours. The Clubhouse supports the belief that work is a key part of recovery.)</p>			
<p>4.17 – Clubhouse opened 5 days a week paralleling typical working hours</p>		<p>Clubhouse hours of operation change 8am-4pm has been proposed. This is a Union contract negotiation agenda item. Hours of operation change is pending negotiations.</p>	<p><b><u>COMPLETE IN PART:</u></b> Clubhouse is now open all holidays (actual holiday). This was negotiated with the Union. Clubhouse is open 5 days per week.</p>
<p>4.18 – Work Units (The Clubhouse has 4 established work units that teach new tasks to the members. These units are designed to build the skills of the individual to make them more marketable when searching for employment.)</p>			<p><b><u>COMPLETE:</u></b> Work units have been updated and now consist of 4 units with clear identified tasks in each.</p>
<p><b>Employment</b> 5.22 – Transitional Employment (TE) Positions</p>			<p><b><u>COMPLETE:</u></b> Collaboration with MCMHA Housing &amp; Employment Specialist has been implemented.</p>
<p>5.22e – Transitional Employment (TE) positions are from a wide variety of job opportunities</p>		<p>Housing/Employment Specialist to expand opportunities for jobs in various fields of work.</p>	<p><b><u>COMPLETE IN PART:</u></b> Collaboration with MCMHA Housing &amp; Employment Specialist has been instituted. 10 new TE sales pitches have been given, 2 positive/possible opportunities have been explored and considered by potential employers</p>
<p>5.22f – Transitional Employment (TE) positions are part-time and limited</p>		<p>Current Transitional Employment positions only require 8hr weekly. As new positions are obtained it is expected that work hours will expand to the normal 12/20hrs or per consumers capacities to fulfil the role.</p>	<p>Obtained one new Transitional Employment placement which is 3 days per week. 12 hours per week. We continue to work on gaining added work assignments in the community.</p>

# CLUBHOUSE REPORT CARD

As of July 25, 2023

		New TE positions will be 12-20 hours per week.	
<b>Education</b> 6.25 – Organized/structured education function			<b>COMPLETE:</b> Clubhouse member is actively tutoring others on use of PC’s. Now utilizing Khan Academy (internet) to assist with tutoring needs.
<b>Functions of the House</b> 7.27 - Community support services provided by members vs. staff		Clubhouse staff are identifying community resources to increase utilization.	Clubhouse Advisory Board has been actively assisting members in this area.
7.31 – Clubhouse staff/appropriate persons participate in certified training		Second training scheduled for September 10 <sup>th</sup> – 22 <sup>nd</sup> .	<b>COMPLETE IN PART:</b> 1 work ordered day training was completed 6/19/23. 1 member and 1 staff attended. An 8-week hybrid Michigan training begins in July 2023 and is currently in process. The final training is scheduled for September 10-22 in Missouri and will be attended by: Clubhouse Director, Member, (2wks) Advisory Board member. MCMHA Agency Administrator (1wk), Grant funds are being utilized
7.32 – Clubhouse rec and social programs offered during evening, weekend, and holidays		in discussions and will require Union approval.  Currently In discussions with Union to increase frequency of these events.	<b>COMPLETE IN PART:</b> Currently completing 1 in house activity in the evening and 1 activity in the community per month.  Current staff have rotated on holidays to allow the Clubhouse to be open on the actual day of the holiday.
<b>Funding, Governance &amp; Administration</b> 8.33 – Advisory board has not actively assisted with development of new employment opportunities.			<b>COMPLETE:</b> Advisory Board is active with assistance locating potential Transitional Employment placement opportunities in the community.
8.34 – Clubhouse develops its own budget		Up for review with Executive Leadership Team with active proposal.	

Quarter 3 Grievances FY 22/23 (April-June)

9 Grievances for the 3<sup>rd</sup> quarter (April 2023-June 2023)

**4 Grievances in April**

- 1 Services not provided, multiple call offs – Supervisor to contact family when appointments are cancelled.
- 3 Requests for a new case manager – All 3 assigned new case managers (grievances on separate case managers)

**1 Grievances in May**

- 1 Request for new prescriber - Denied, resolution meeting arranged/resolved.

**4 Grievances in June**

- 2 requests for a new prescriber - Denied, resolution meetings scheduled/resolved.
- 2 requests for a new case manager – 1 granted, 1 denied with resolution meeting scheduled/resolved.





**MONROE  
COMMUNITY  
MENTAL  
HEALTH  
AUTHORITY**

**Quarter 4 Grievances FY 22/23**

3 grievances for the month of July 2023

**3 grievances in July**

- 2 requests for new prescriber – two different requests for two different prescribers. Received last week in July. Medication concerns. Waiting for the outcomes.
- 1 request regarding crossroads van windshield wipers and tire pressure. Maintenance consistently does routine maintenance on company vehicles. There have been no issues reported by staff.



**pulse**

**[www.pulseforgood.com](http://www.pulseforgood.com)**

**[support@pulseforgood.com](mailto:support@pulseforgood.com)**

# Lobby - Monroe

Data Between 07/01/2023 and 07/31/2023



**4.27 Overall Rating**



How was your visit? 4.13



How safe did you feel? 4.18



How clean was it? 3.90



How respectful was the staff? 4.40



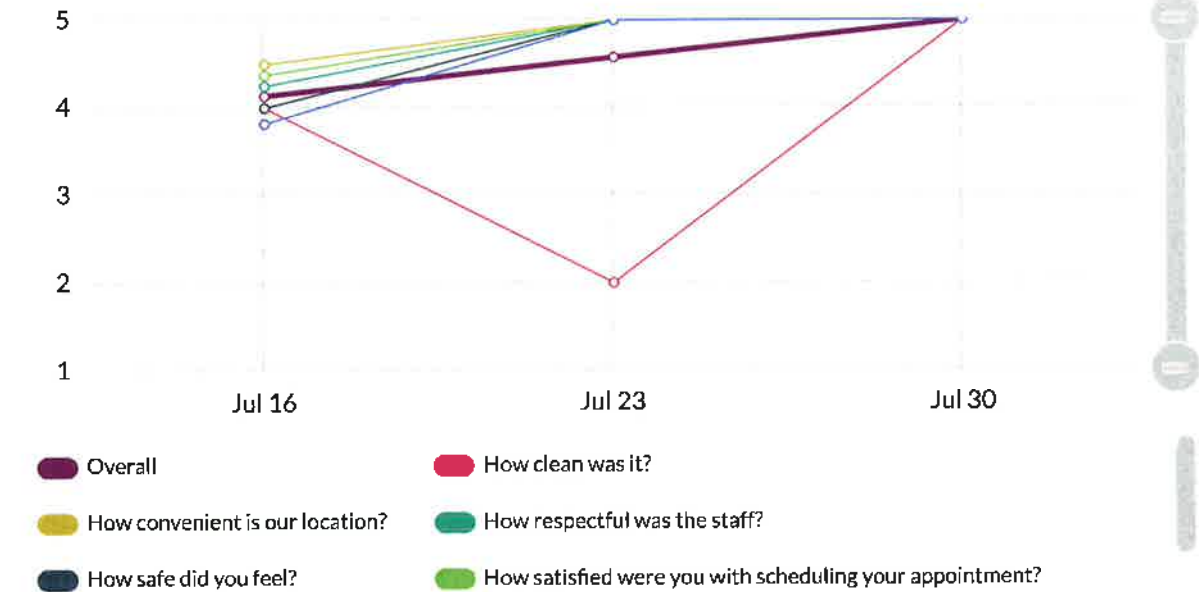
How satisfied were you with scheduling your appointment? 4.50



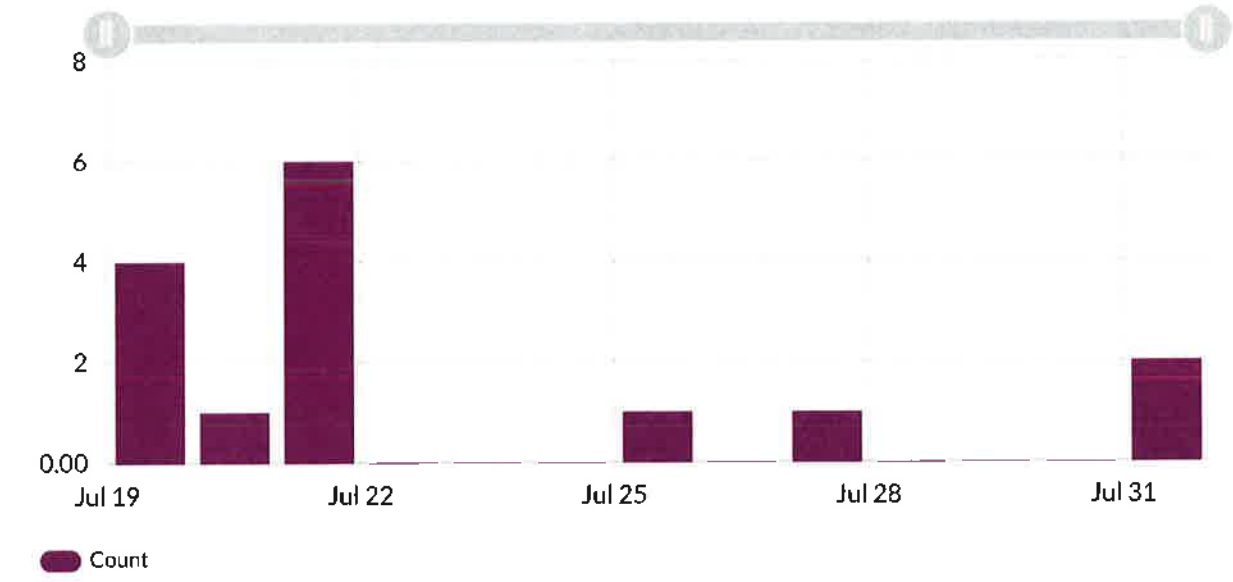
How convenient is our location? 4.60

Total Responses: 19

### Trends Between 07/01/2023 and 07/31/2023

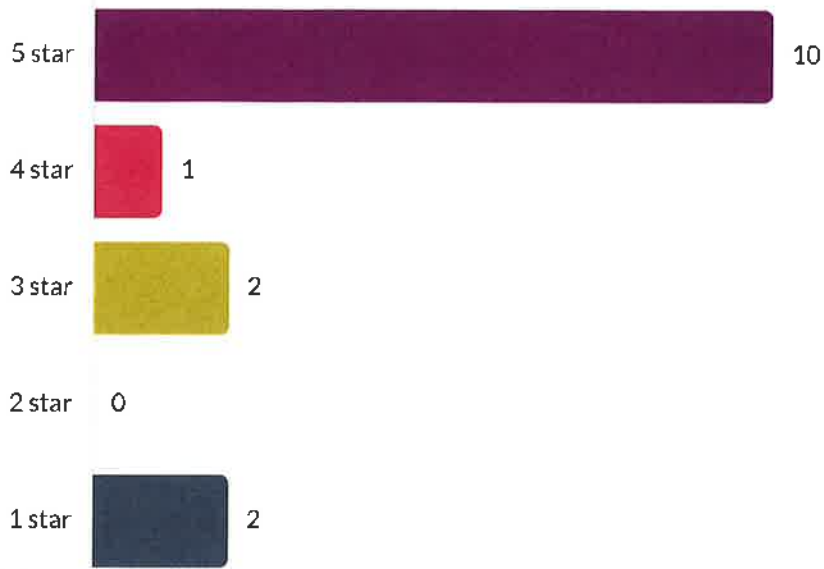


### Responses Between 07/01/2023 and 07/31/2023



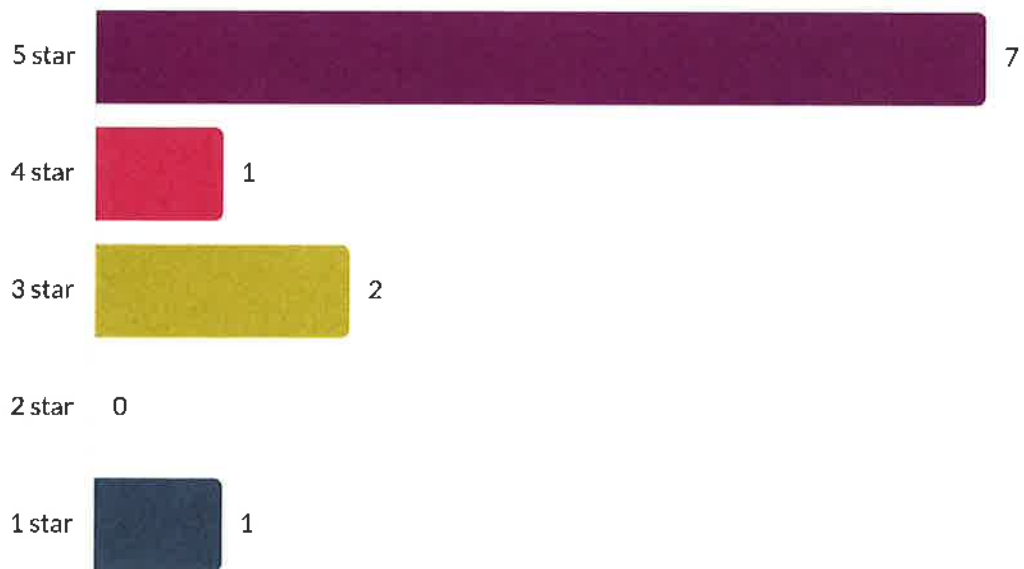
### How was your visit?

15 answers to this question.



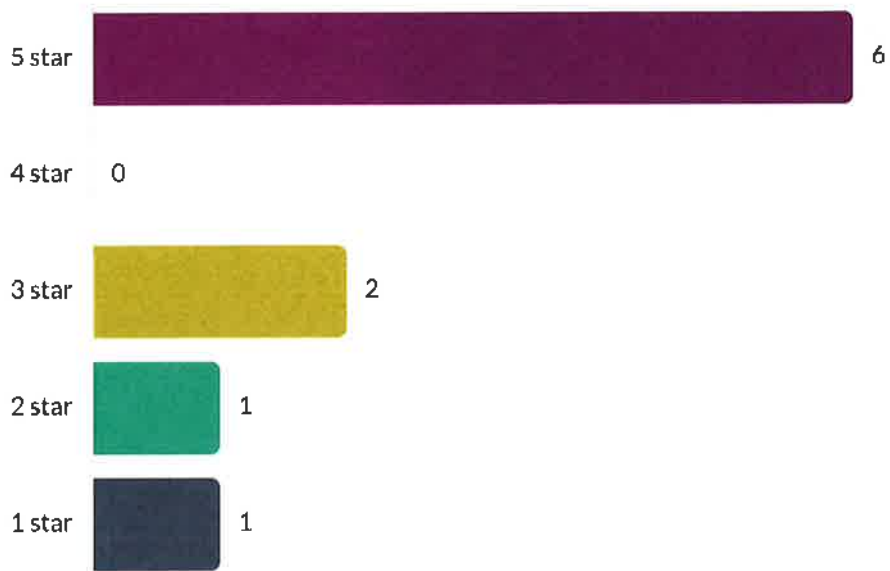
### How safe did you feel?

11 answers to this question.



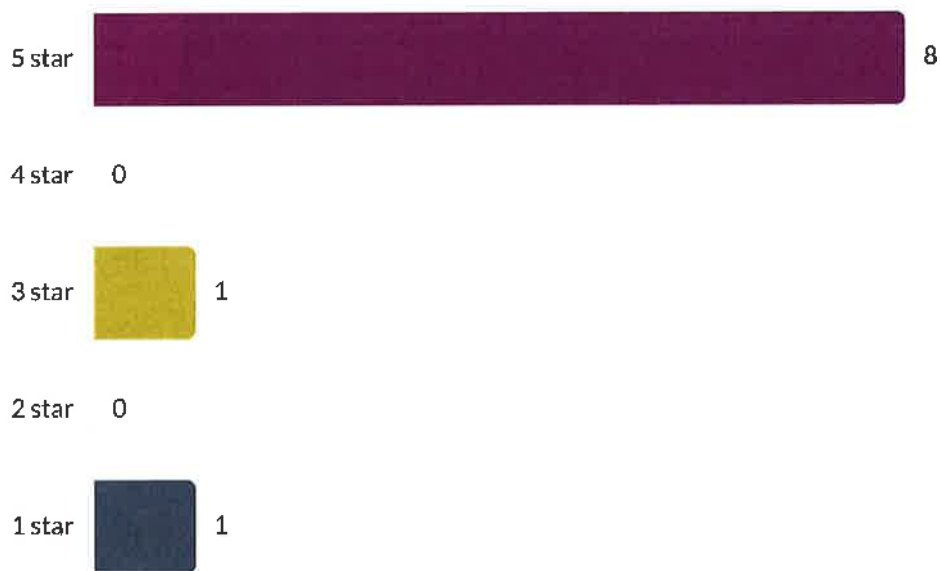
### How clean was it?

10 answers to this question.



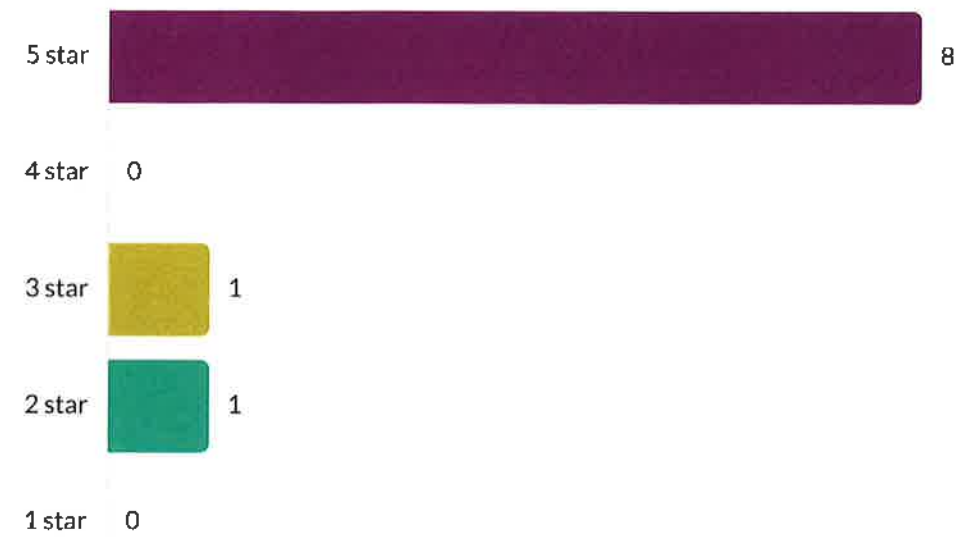
### How respectful was the staff?

10 answers to this question.



### How satisfied were you with scheduling your appointment?

10 answers to this question.



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

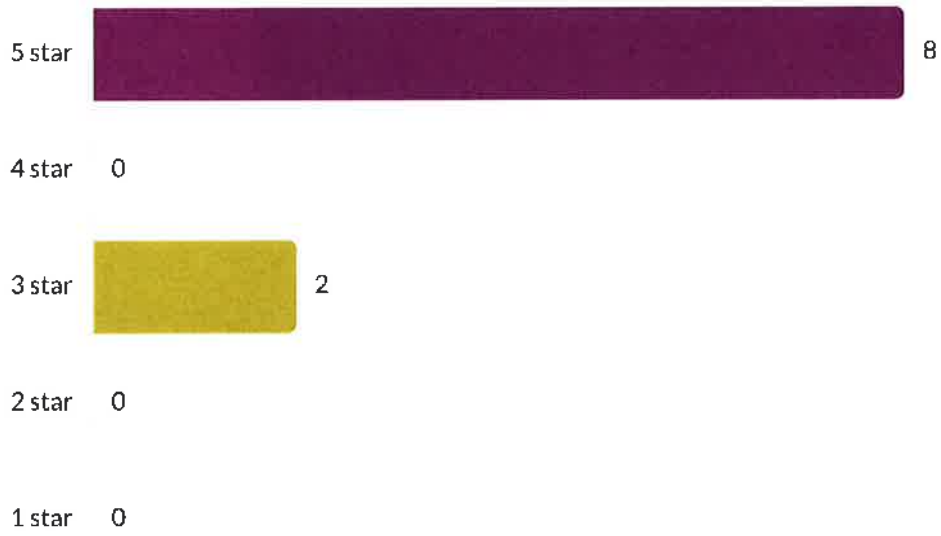
0 answers to this question.





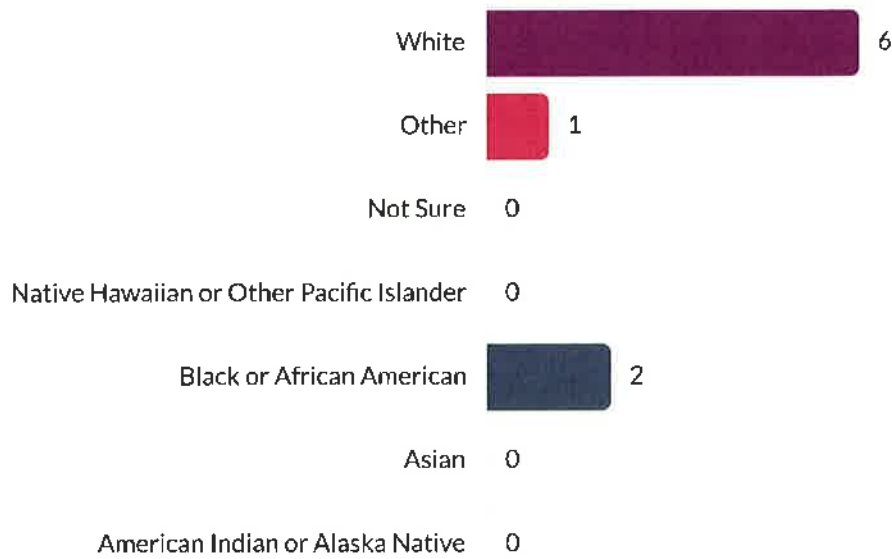
### How convenient is our location?

10 answers to this question



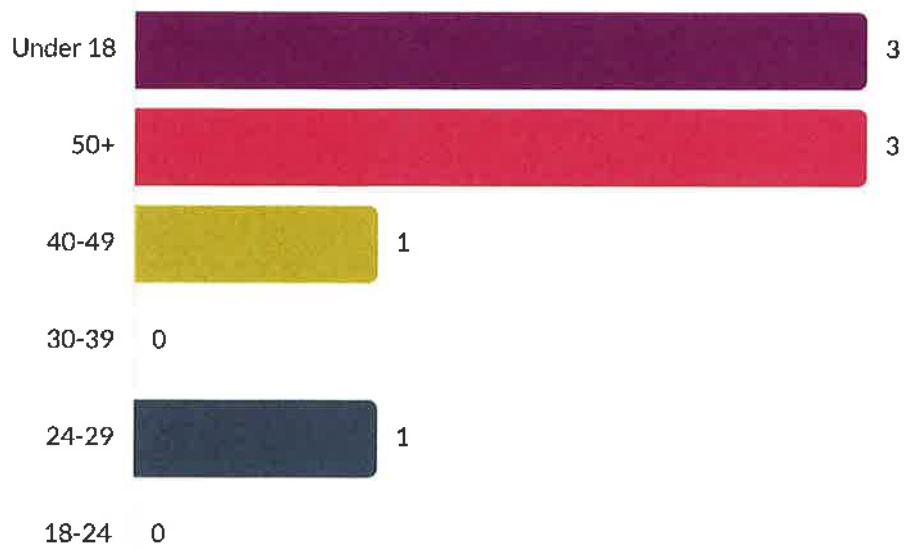
### What is your race?

9 answers to this question.



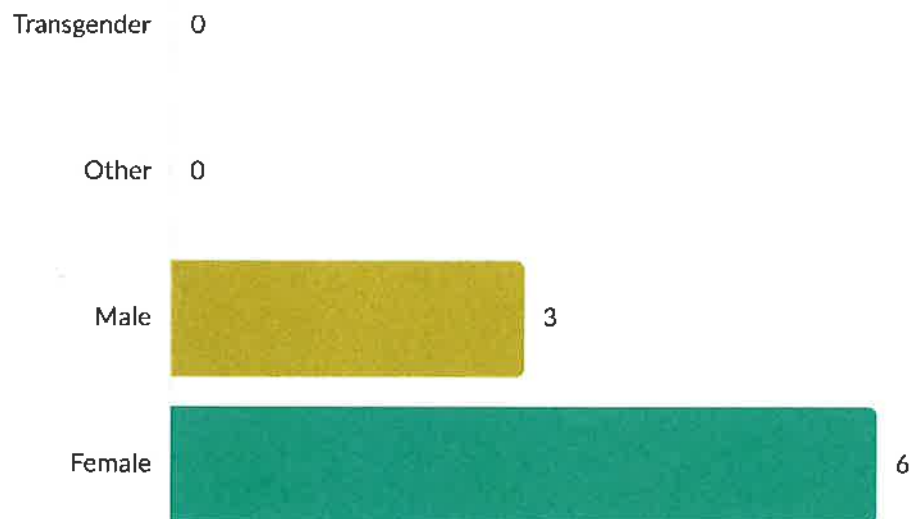
## How old are you?

8 answers to this question.



## What is your gender?

9 answers to this question.



# Prescriber

Data Between 07/01/2023 and 07/31/2023



5.00 Overall Rating



How was your visit? 5.00



How clean was it? 5.00



How safe did you feel? 5.00



How respectful was the staff? 5.00



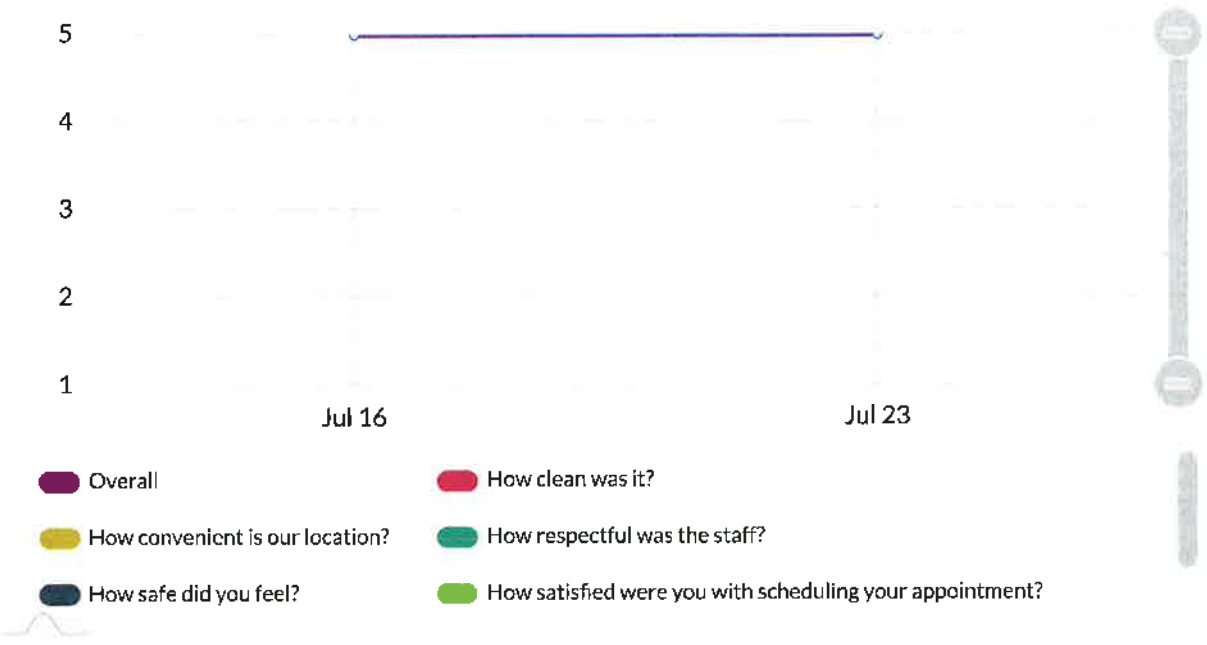
How satisfied were you with scheduling your appointment? 5.00



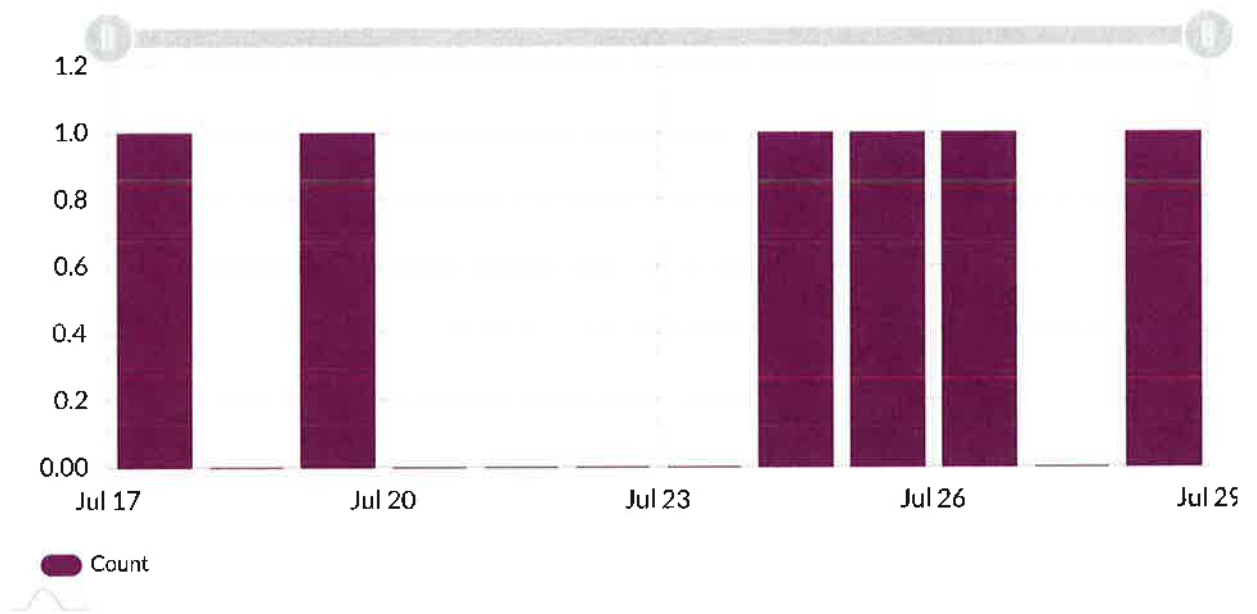
How convenient is our location? 5.00

Total Responses: 6

### Trends Between 07/01/2023 and 07/31/2023



### Responses Between 07/01/2023 and 07/31/2023



### How was your visit?

6 answers to this question.



4 star 0

3 star 0

2 star 0

1 star 0



### How safe did you feel?

5 answers to this question.



4 star 0

3 star 0

2 star 0

1 star 0



### How clean was it?

5 answers to this question.

5 star



5

4 star 0

3 star 0

2 star 0

1 star 0



### How respectful was the staff?

5 answers to this question.

5 star



5

4 star 0

3 star 0

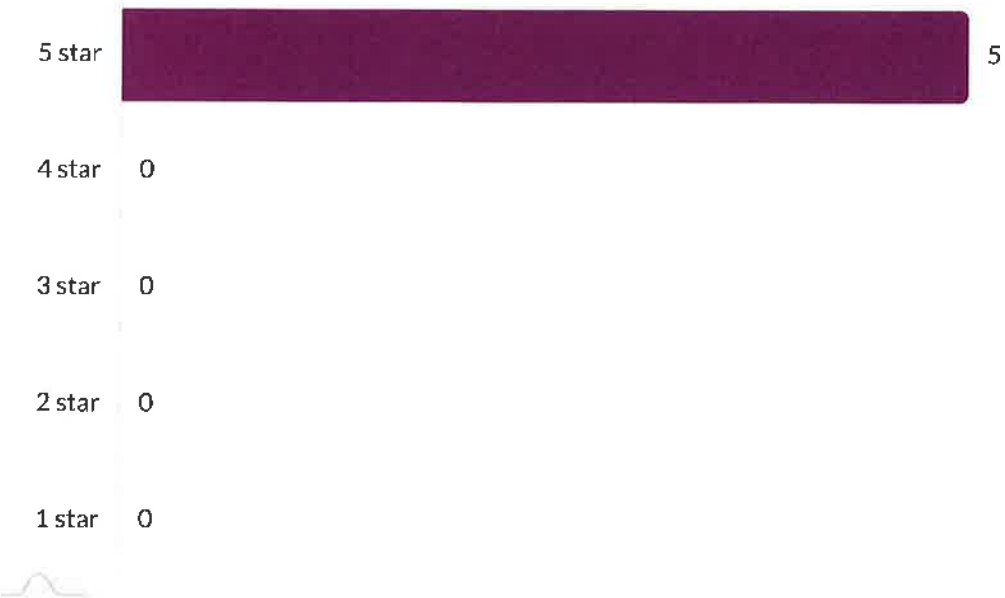
2 star 0

1 star 0



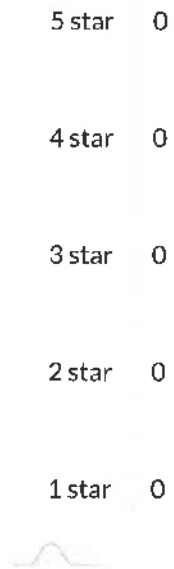
### How satisfied were you with scheduling your appointment?

5 answers to this question.



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

0 answers to this question.





### How convenient is our location?

5 answers to this question.

5 star



5

4 star 0

3 star 0

2 star 0

1 star 0



### What is your race?

4 answers to this question.

White



1

Other

0

Not Sure



2

Native Hawaiian or Other Pacific Islander

0

Black or African American



1

Asian

0

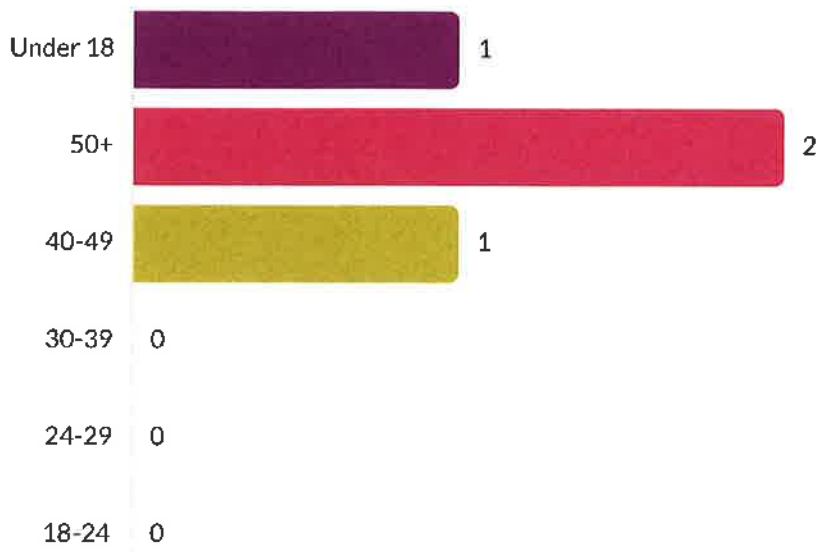
American Indian or Alaska Native

0



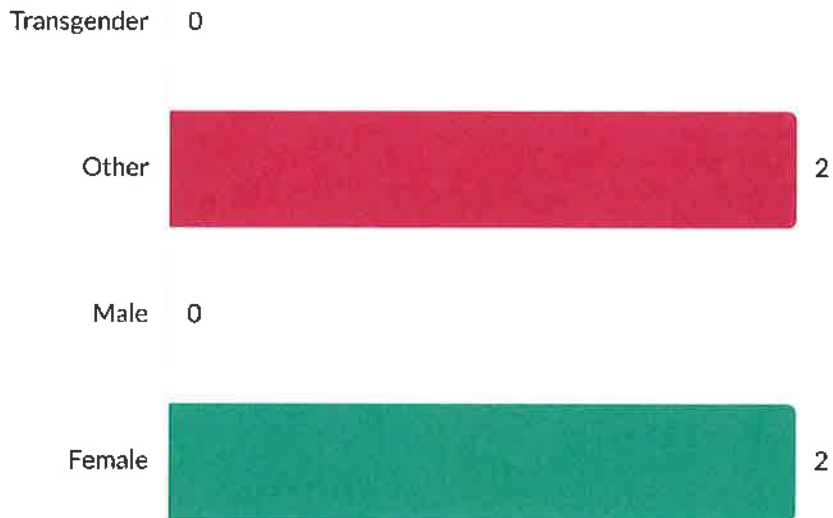
## How old are you?

4 answers to this question.



## What is your gender?

4 answers to this question.



# Benesh

Data Between 07/01/2023 and 07/31/2023



4.84 Overall Rating



How respectful was the staff? 4.94



How was your visit? 4.91



How satisfied were you with scheduling your appointment? 4.78



How clean was it? 4.55



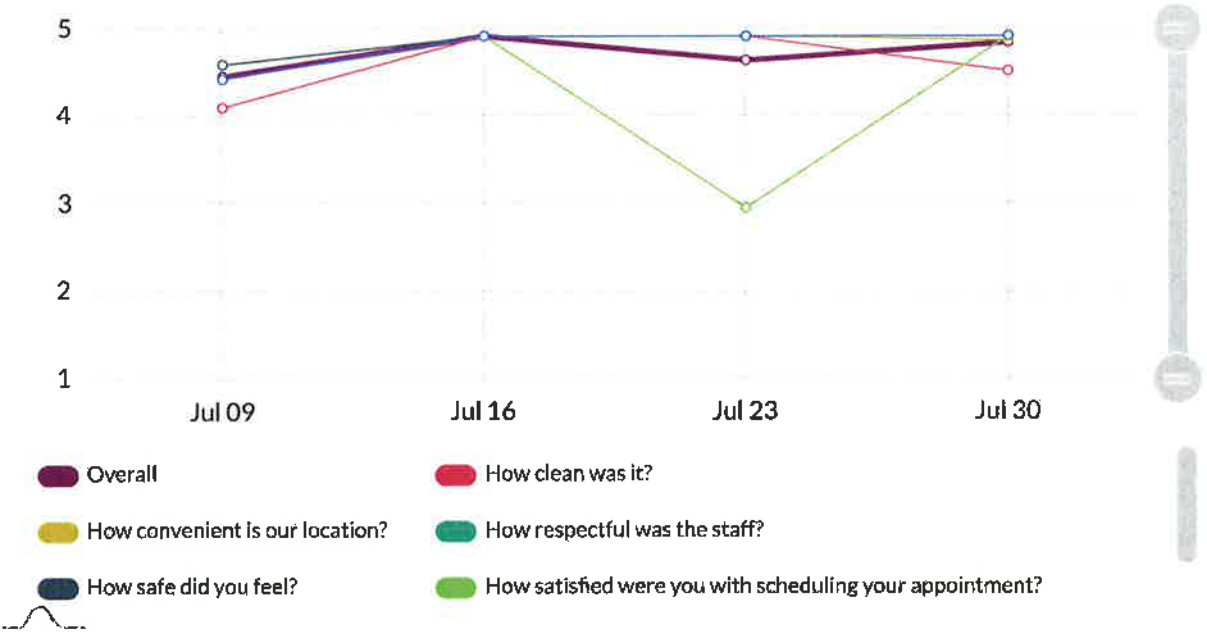
How safe did you feel? 4.93



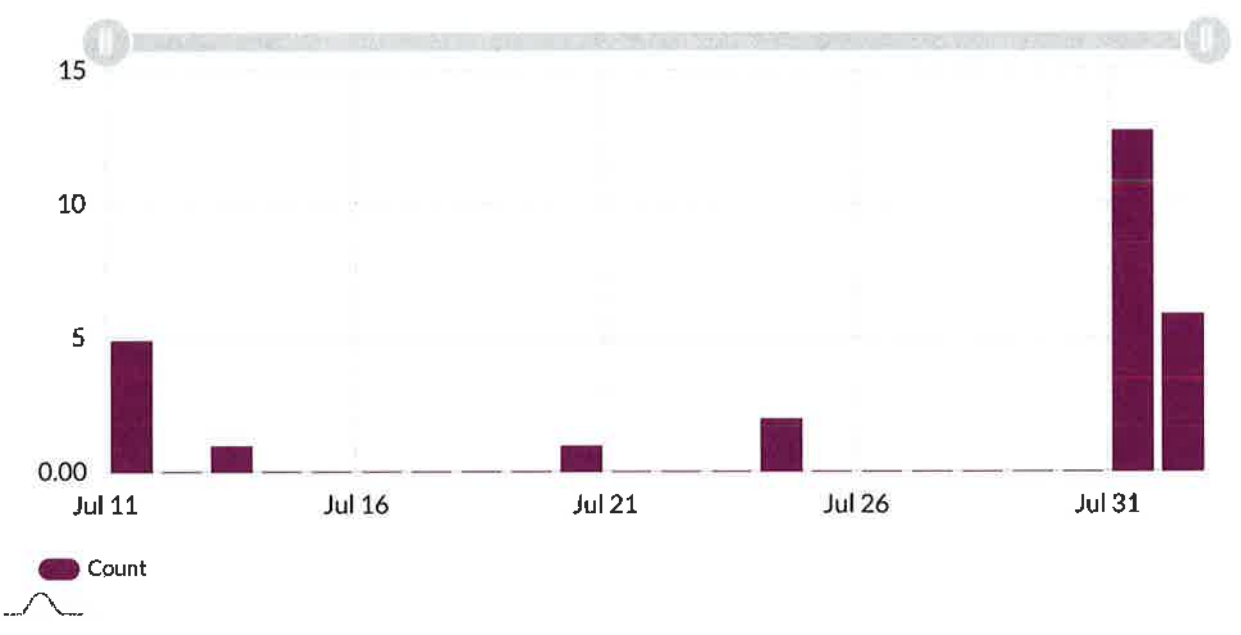
How convenient is our location? 4.90

Total Responses: 30

### Trends Between 07/01/2023 and 07/31/2023

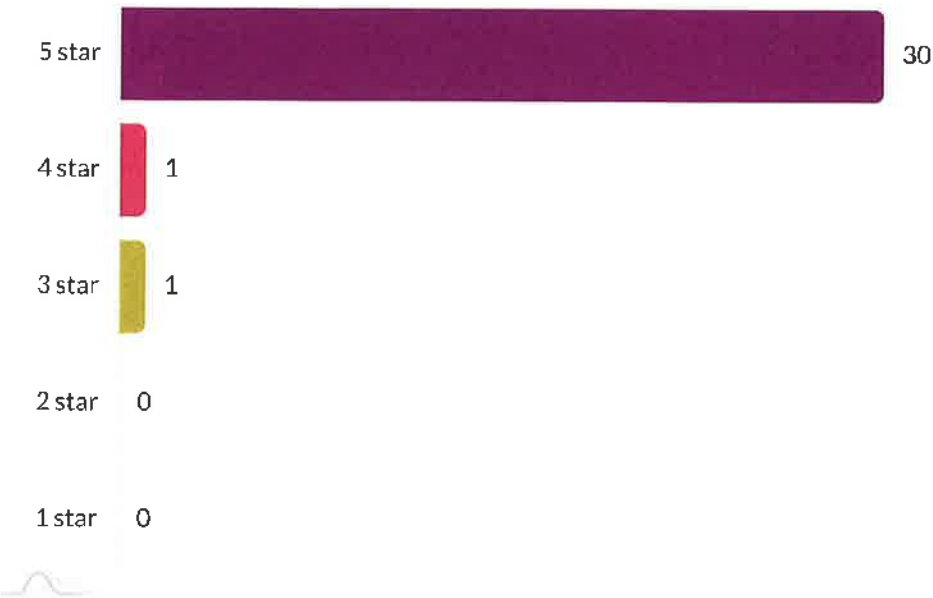


### Responses Between 07/01/2023 and 07/31/2023



### How was your visit?

32 answers to this question.



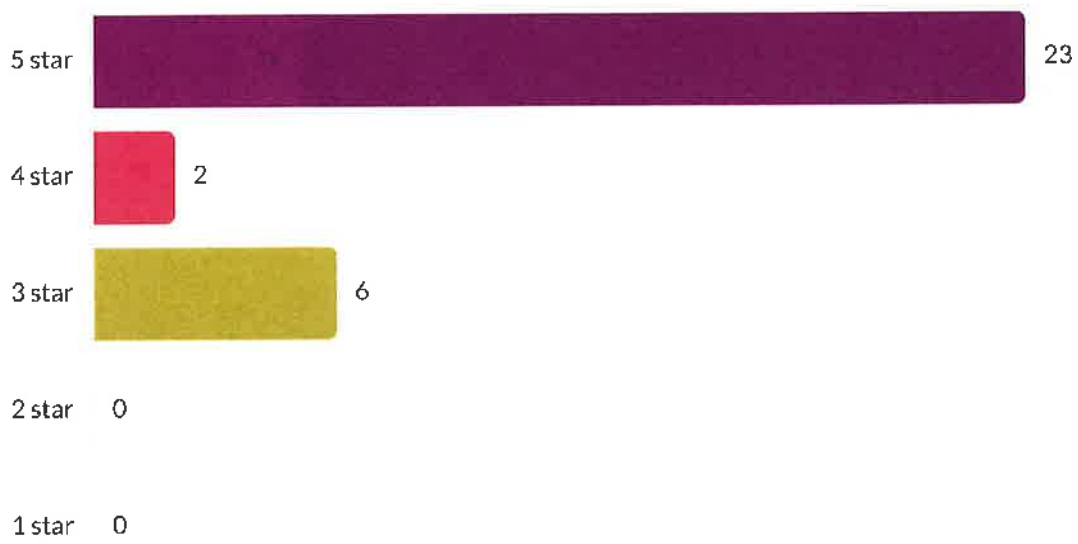
### How safe did you feel?

30 answers to this question.



### How clean was it?

31 answers to this question.



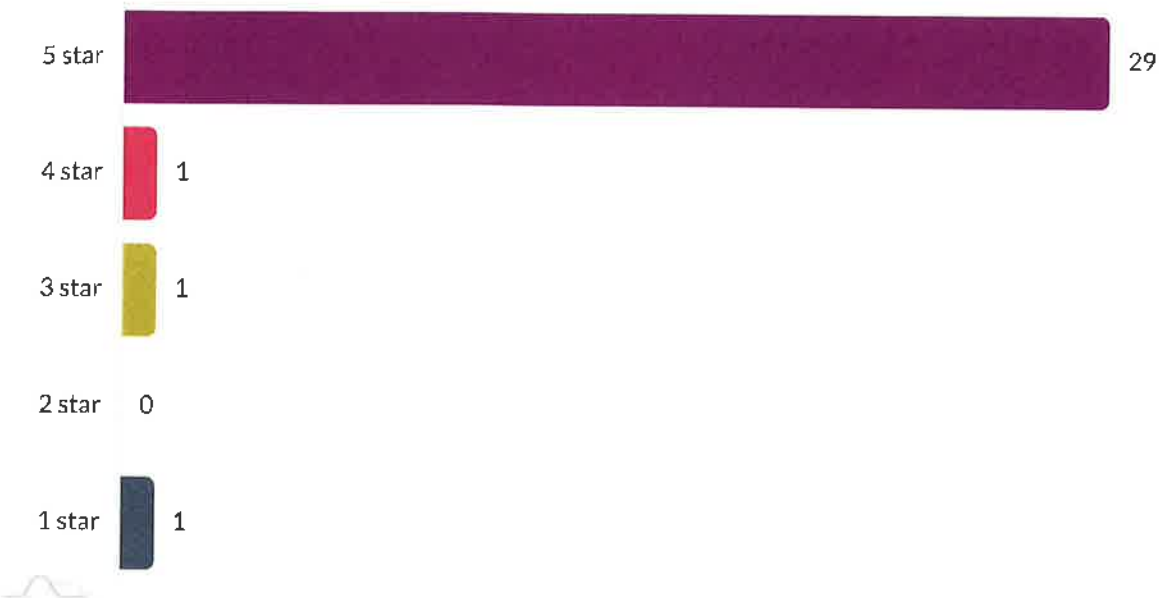
### How respectful was the staff?

33 answers to this question.



### How satisfied were you with scheduling your appointment?

32 answers to this question.



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

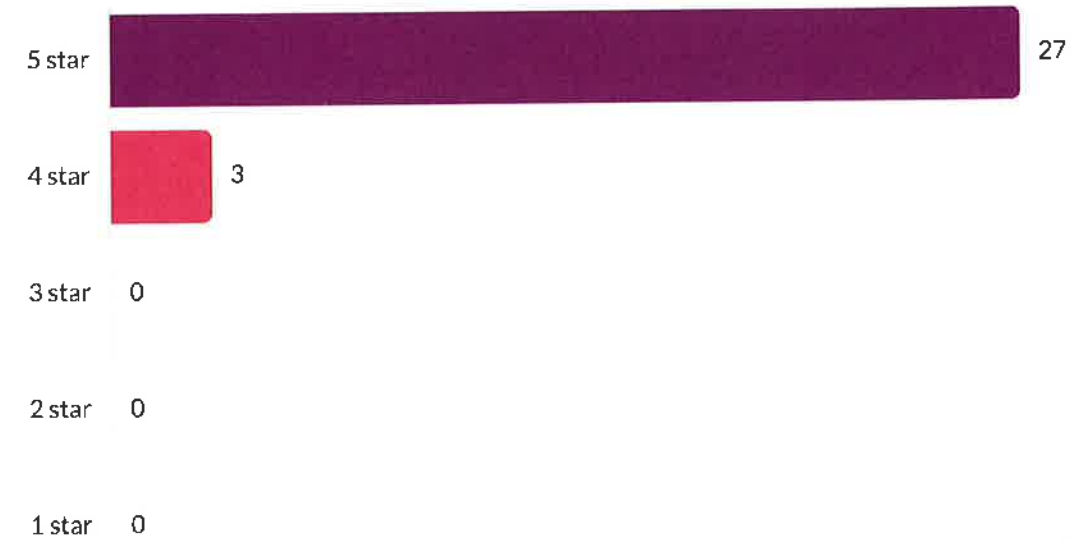
0 answers to this question.





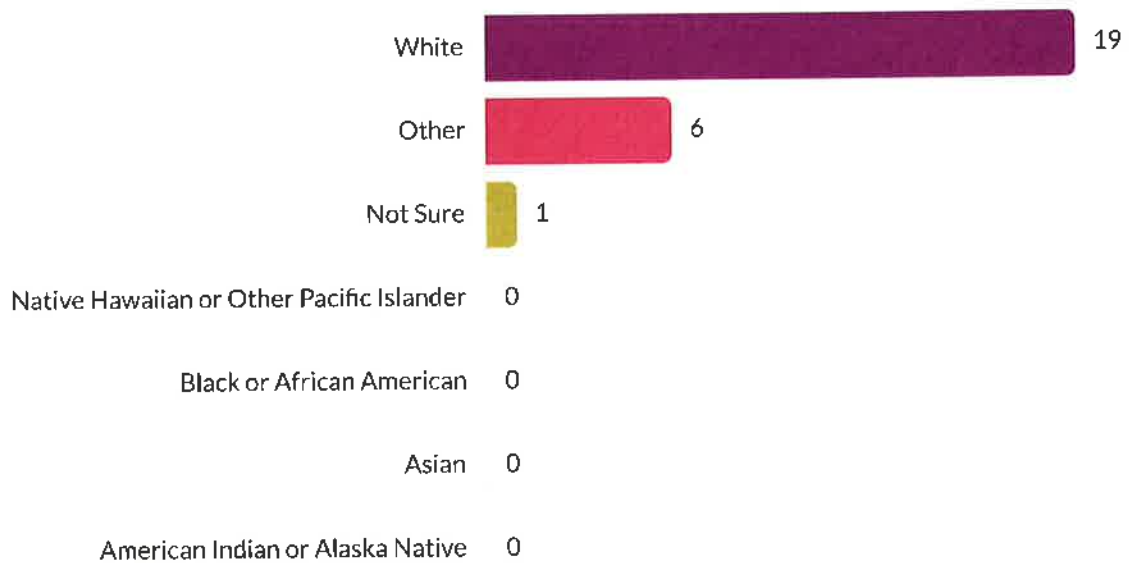
## How convenient is our location?

30 answers to this question.



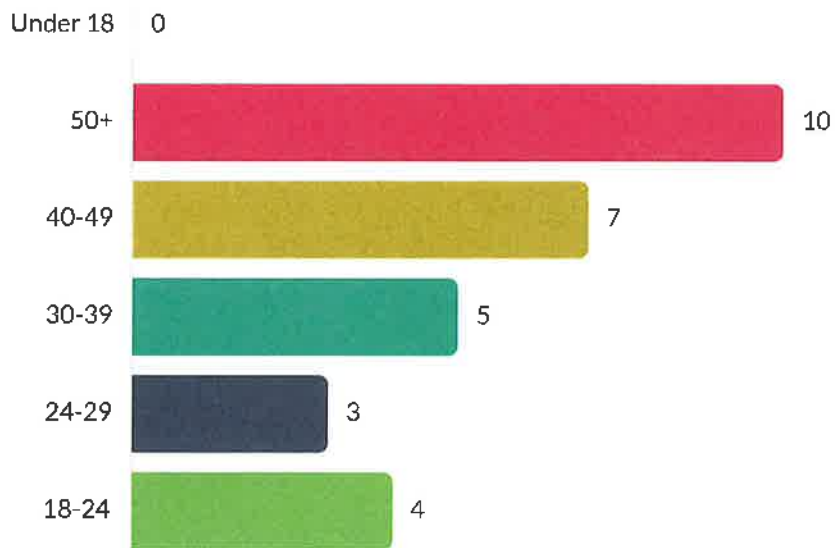
## What is your race?

26 answers to this question.



## How old are you?

29 answers to this question.



## What is your gender?

32 answers to this question.





## BOARD EXECUTIVE COMMITTEE

Wednesday, August 16, 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

Mike Humphries called the meeting to order at 6:09pm. Susan Fortney, Catherine Bernhold, Mike Humphries, and Lisa Graham were present.

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

- a. Board Agenda – Reviewed
- b. Presentation – Revel Marketing Priorities and Years of Service Awards

#### III. ITEMS FOR DISCUSSION

- a. Revel Marketing Priorities – As requested by the Board in July, Lisa Graham will present the Revel Marketing Priorities at the August 23, 2023 Board Meeting. Lisa presented the list of priorities to the Board Business Operations Committee at their August 16, 2023 meeting. The committee is recommending the full Board approve the Revel contract.
- b. Years of Service Awards – Lisa Graham suggested recognizing years of service awards at Board Meetings. Years of Service certificates are presented during All Staff Meetings that take place 3 times a year. Certificates are awarded in 5-year increments. Mike Humphries would like to thank staff for their hard work and dedication and requested a list of names and years of service to be read at the Board table under the presentation section of the Board agenda. Dawn Pratt to provide a list to the Board Chair three times a year.

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

- a. Sep – FY2024 Budget Proposal; and CMHAM Fall Conference
- b. Oct – Save the date – Board Holiday Dinner
- c. Nov – N/A
- d. Dec – NATCON24

#### V. AJOURNMENT

The meeting adjourned at 6:41pm.

#### VI. NEXT MEETING

The Next Meeting of the Executive Committee is scheduled for Wednesday, September 20, 2023 at 6:00pm.

Respectfully submitted,

*Mike Humphries (dp)*

Mike Humphries  
Board Chairperson

8/17/23



## BOARD PERFORMANCE EVALUATION COMMITTEE

Thursday, August 17, 2023

5:00pm

### MAJOR COMMITTEE RESPONSIBILITIES

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

### COMMITTEE MEMBERS

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

### DRAFT MINUTES

#### I. CALL TO ORDER

The meeting was called to order by Mike Humphries at 5:09pm. Mike Humphries, Susan Fortney, LaMar Frederick, Catherine Bernhold, and Lisa Graham were present.

#### II. REVIEW PERFORMANCE EVALUATION TOOLS

- a. Reviewed the current CEO Self Evaluation Tool and 360 surveys.
  - i. The committee agreed to continue using the CEO Self Evaluation Tool and 360 surveys for annual performance evaluation.
- b. Reviewed a performance evaluation tool submitted by Ken Papenhagen.
  - i. The committee agreed to use the evaluation as a comparison tool for the annual CEO performance evaluation. The evaluation tool will be completed by committee membership annually. Lisa Graham will utilize the evaluation tool as guidance for quarterly updates to the committee.
- c. The committee made suggestions for language changes across the CEO Self Evaluation Tool, 360 surveys, and new evaluation comparison tool. Lisa Graham and Dawn Pratt to amend language and solicit feedback from committee members.

#### III. REVIEW MEETING SCHEDULE

- a. The committee will meet quarterly with additional meetings for annual CEO performance evaluation preparation.

#### IV. NEXT STEPS

- a. Amend CEO Self Evaluation, 360 survey, and evaluation comparison tool language and solicit feedback from committee membership.

#### V. ADJOURNMENT

The meeting adjourned at 6:24pm. The next meeting is scheduled for Tuesday, November 14, 2023 beginning at 5:00pm.

Respectfully submitted,

*Michael Humphries (dp)*

Mike Humphries  
Performance Evaluation Committee Chair

8/18/23

<b>MCMHA Board Action Request Mental Health Administrative Contract(s) / Amendments</b>	<b>FY 2022-23</b>	<b>August 16, 2023</b>
---	-------------------	------------------------

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

Contractor name	Department	Request	Budget	Contract Term	Service Description
Michigan Department of Health and Human Services (MDHHS)	All	One eligibilty specialist from MDHHS assigned to our agency	\$74,150.00	10/1/23-9/30/24	
Manish Prasad	PHS	Contract renewal for a contracted psychiatrist	\$200.00 per hour up to 8 hours per week	10/1/23-9/30/25	
Revel	Agency	Approval of a 1 year marketing plan	\$149,900.00	1 year plan	This is for a 1 year marketing plan that will include 6 strategies. -Improve internal communication -Position agency as employer of choice -Improve community perception -Consumer education -Improve community support -Attract participation for board members

RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on August 16, 2023 approval of the contract(s) listed on MCMHA Board Action Mental Health Administrative Contract(s) / Amendments on or before August 23, 2023.

MCMHA Board Action Request Mental Health Service Contract(s) / Amendments				FY 2022-23	August 16, 2023	
<b>Action Requested:</b> 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
<b>Hospitals:</b>						
Havenwyck- Cedar Creek	10/1/23-9/30/24	Psychiatric Inpatient Services	0100	\$1024.00 per diem	\$1054.72 per diem	3% increase
<b>Community Living Supports/Supported Empl/Respite</b>						
Psych Resolutions	9/1/23-9/30/24	Family Psychotherapy w/o patient present Family Psychotherapy w/patient present	90846 90847		\$85.00 per encounter \$85.00 per encounter	Addition of family therapy to current contract
FlatRock Manor Inc.	8/15/23-9/30/23	Community Living Services	H2015		\$10.33 per unit	Addition of 1:1 CLS to current contract
<b>Autism/Waiver Services</b>						
RECOMMENDATION: As reviewed by the MCMHA Board Business Operations Committee on August 16, 2023 approval of the contract(s) listed on MCMHA Board Action Mental Health Service Contract(s) / Amendments on or before August 23, 2023.						



**Regional Board Action Request – FY2023 Provider Stabilization Funding**

Board Meeting Date: August 9, 2023

Action Requested: Allocate funding to the CMHSPs to assist the regional provider network in delivering essential face-to-face services. A 4% rate adjuster funding amount was calculated based upon actual services delivered during FY2023 Q1 and Q2 (October 1 – March 31). The projected revenue will be provided to the CMHSPs to pass through to the regional provider network. Service provider rate adjuster payments will be made based upon actual services delivered throughout FY2023.

<b>Projected FY2023</b>	<b>Medicaid</b>	<b>HMP</b>	<b>Total</b>
Lenawee MH/IDD & SUD Services	\$394,396	\$27,761	<b>\$422,157</b>
Livingston MH/IDD & SUD Services	\$697,402	\$14,274	<b>\$711,675</b>
Monroe MH/IDD Services	\$756,565	\$2,993	<b>\$759,559</b>
Washtenaw MH/IDD Services	\$1,680,925	\$30,009	<b>\$1,710,934</b>
Monroe SUD Services (CMHPSM)	\$8,517	\$28,147	<b>\$36,664</b>
Washtenaw SUD Services (CMHPSM)	\$40,496	\$118,136	<b>\$158,632</b>
<b>Total Funding for Region</b>	<b>\$3,578,302</b>	<b>\$221,319</b>	<b>\$3,799,621</b>

Background: Rate adjuster eligible services are unlicensed community living supports, licensed community living supports and personal care services, SUD residential, supported employment, and crisis residential. These funds cover rate adjuster payments based upon actual services delivered between October 1, 2022 and September 30, 2023. This funding will be directed to providers to cover additional expenses related to delivering services during this period, including overtime, retention, and recruitment costs.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model: The CMHPSM Regional Board of Directors approves the CMHPSM budget.

Recommend: Approval

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  
REGULAR BOARD MEETING MINUTES  
August 9, 2023**

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

**Members Absent:** 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:** Representative Felicia Brabec, Representative Carrie Rheingans

- 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. Welch Marahar, to approve the agenda**  
**Motion carried**
  - Rep. Felicia Brabec and Rep. Carrie Rheingans will join the meeting at 6:30.
- IV. Consideration to Approve the Revised Minutes of the 4-12-2023 Meeting and Waive the Reading Thereof  
**Motion by M. Welch Marahar, supported by H. Terrill, to approve the revised minutes of the 4-12-2023 meeting and waive the reading thereof**  
**Motion carried**
  - The minutes were corrected to reflect that M. Welch Marahar exited the meeting during the closed session to discuss Case No. 2:16-cv-10936-PDB-EAS, due to a conflict of interest.
- V. Consideration to Approve the Minutes of the 6-14-2023 Meeting and Waive the Reading Thereof  
**Motion by J. Ackley, supported by M. Welch Marahar, to approve the minutes of the 6-14-2023 meeting and waive the reading thereof**  
**Motion carried**
  - L. Frederick abstained from the vote due to his absence from the 6-14-2023 meeting.
- VI. Audience Participation  
None
- VII. Questions and Answers with Michigan State Representatives:  
Felicia Brabec and Carrie Rheingans
  - Representatives Brabec and Rheingans provided an overview of legislation that is in progress, including:

**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.*



- ❖ A parity bill that would ensure that care for mental health and physical health is integrated and that there is parity in coverage.
- ❖ The number of CCBHC sites has increased.
- ❖ MSW licensure – addressing challenges in the licensing exam.
- ❖ Introduced a bill for a publicly financed health plan. Would cover all behavioral health services. Town hall on Monday at Skyline High School.
- ❖ Some of the upcoming bills in the fall involve:
  - NPs and PAs doing more in the mental health space (around restraints, for example).
  - Distribution of naloxone by some public sector entities.
- ❖ A bill that bans conversion therapy for youth has been enacted.
- ❖ The current state budget includes lots of funding allocated to mental health care, more CCBHCs, increased funding for school-based services, training, and direct care worker pay.

**Questions/concerns from board:**

- Peer recovery coaches aren't being included in DCW rate increases. Reps. Brabec and Rheingans agree on the importance of that peer relationship. Boilerplate language would need to be updated.
- Will there be an amendment to the Open Meetings Act to allow remote participation. Rep. Brabec advised that there was a vote recently for an exemption for some boards. More discussion is needed.
- Syringe Service Programs (SSP) bill: it's a reiteration of the "being in possession of a syringe" bill. Rep. Rheingans advised that there is some work being done on the language to try to address concerns.

VIII. Old Business

a. Board Information: FY2023 Finance Report through June 30, 2023

- M. Berg presented.
- J. Colaianne provided an update on the FY2018 deficit resolution progress. He has consulted with auditor Derek Miller and attorneys since the last board meeting.
- J. Colaianne is scheduled to meet with Kristen Jordan, the Specialty Behavioral Health Services Director at MDHHS, on Wednesday, 8/16.

b. Board Action: CEO Performance Review Goals

**Motion by M. Serio, supported by M. Welch Marahar, to approve the CEO performance goals for the period of May 2023 – April 2024**

**Motion carried**

- J. Colaianne presented updated goals, including service delivery goals directly related to the CEO's performance.

IX. New Business

a. Board Information: FY2024 Budget Preview

- M. Berg presented the draft FY2024 budget. The finalized budget will be presented next month for board review and approval.

b. Board Action – Roxanne Garber Acknowledgement

**Motion by M. Welch Marahar, supported by M. Serio, to authorize the CMHPSM Board Chair to sign a formal proclamation acknowledging the six years of service by Roxanne Garber to the PIHP region as a CMHPSM Regional Board member**

**Motion carried**

c. 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 R. Tillotson, supported by M. Welch Marahar, to authorize the CEO to execute the contracts/amendments as presented**

**Motion carried**

- d. Board Action – Provider Stabilization

**Motion by M. Welch Marahar, supported by M. Serio, to approve the allocation of funding to the CMHSPs to assist the regional provider network in delivering essential face-to-face services as presented**

**Motion carried**

- e. Board Action – FY2023Q2 Quality Assessment and Performance Improvement Plan (QAPIP) Status Report

**Motion by M. Welch Marahar, supported by H. Terrill, to approve status report of the FY2023 Q2 Quality Assessment and Performance Improvement Program (QAPIP)**

**Motion carried**

- f. Board Action – FY2024-26 Substance Use Services Strategic Plan

**Motion by M. Welch Marahar, supported by R. Curley, to authorize CMHPSM CEO to sign and submit the FY2024-26 Substance Use Services Strategic Plan**

**Motion carried**

X. Reports to the CMHPSM Board

- a. SUD Oversight Policy Board

- The most recent OPB meeting was focused primarily on the strategic plan and health disparities.

- b. Board Information: CEO Report to the Board

- The PIHP is fully staffed. The temporary position that was approved by the board in April will not be extended.
- J. Colaianne’s written report includes updates from staff, regional and state levels. Please see the report in the board packet for details.

- c. Employee Engagement Survey

- Overall, there was improvement over last year’s survey scores.

XI. Adjournment

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

**Motion carried**

- Meeting adjourned at 7:27 p.m.

---

Rebecca Pasko, CMHPSM Board Secretary

**CMHPSM Mission Statement**

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



MONROE  
COMMUNITY  
MENTAL  
HEALTH

June 2023

Board Report

# Table of Acronyms

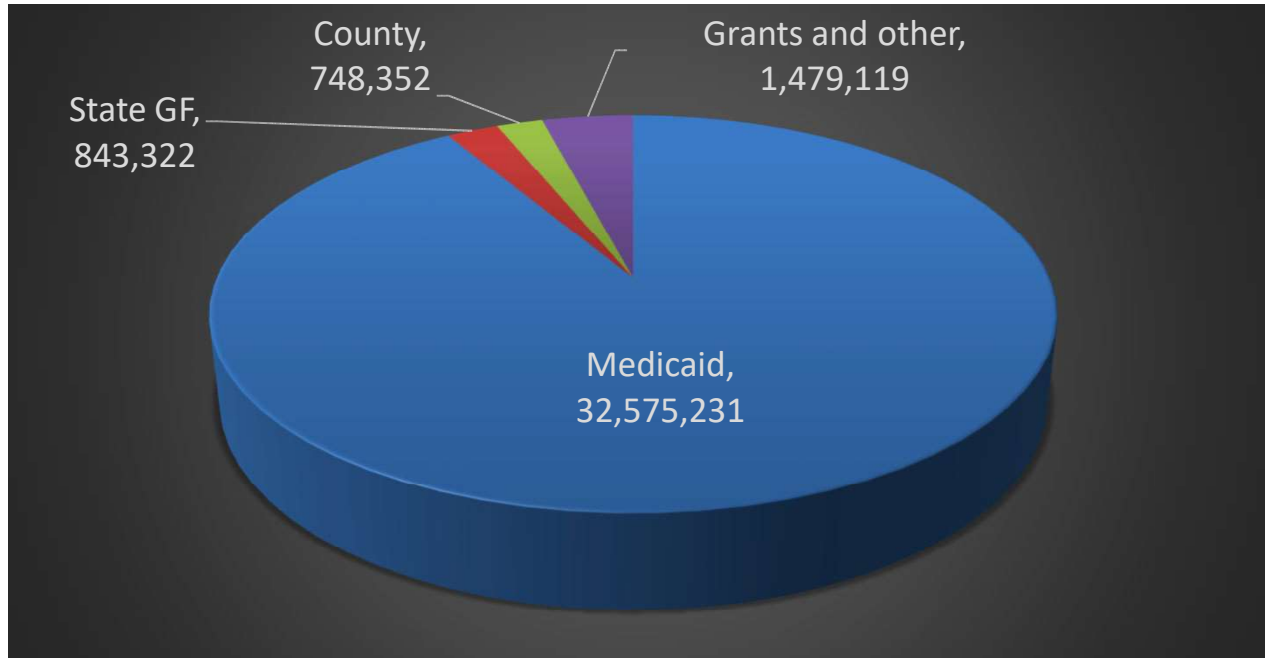
<u>Acronym</u>	<u>Full Description</u>
DAB	Disabled, Aged, & Blind
HMP	Healthy Michigan Plan
HSW	Habilitation Supports Waiver
TANF	Temporary Assistance for Needy Families
CWP	Child Waiver Program
SEDW	Severe Emotional Disturbance Waiver
HHBH	Health Home - Behavioral Health
CMHSP	Community Mental Health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

# MONROE CMH

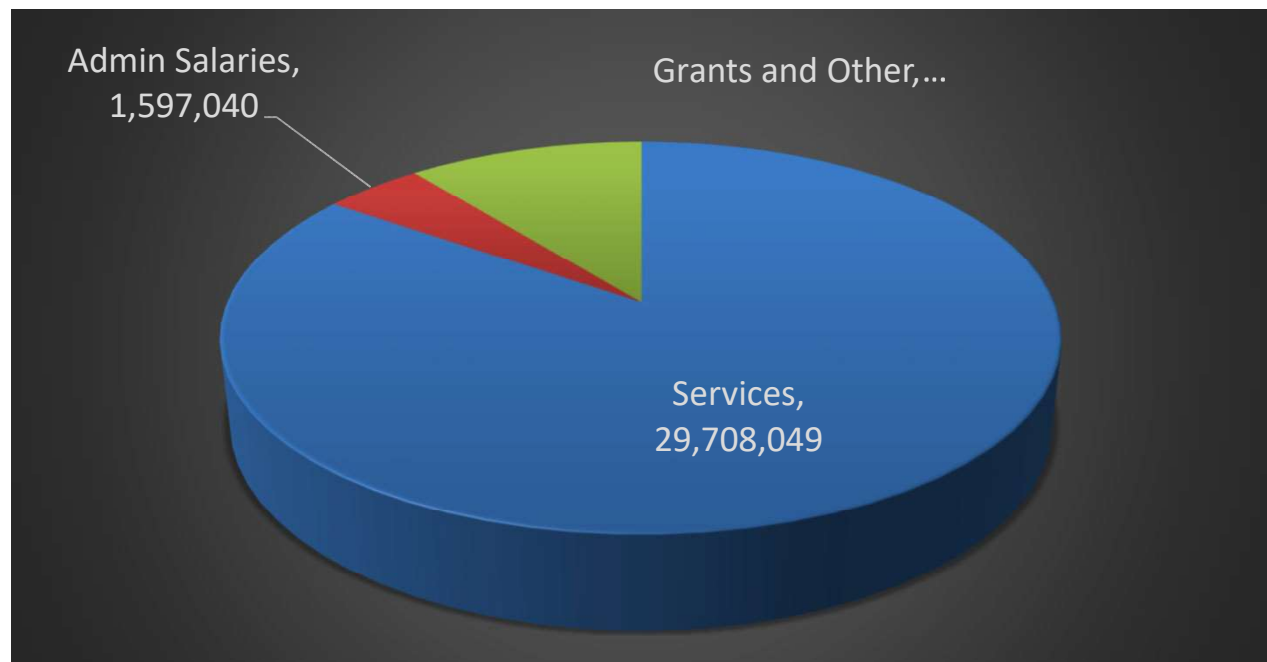
## June 2023 Trends

### Sources and Uses

#### Revenues by Source



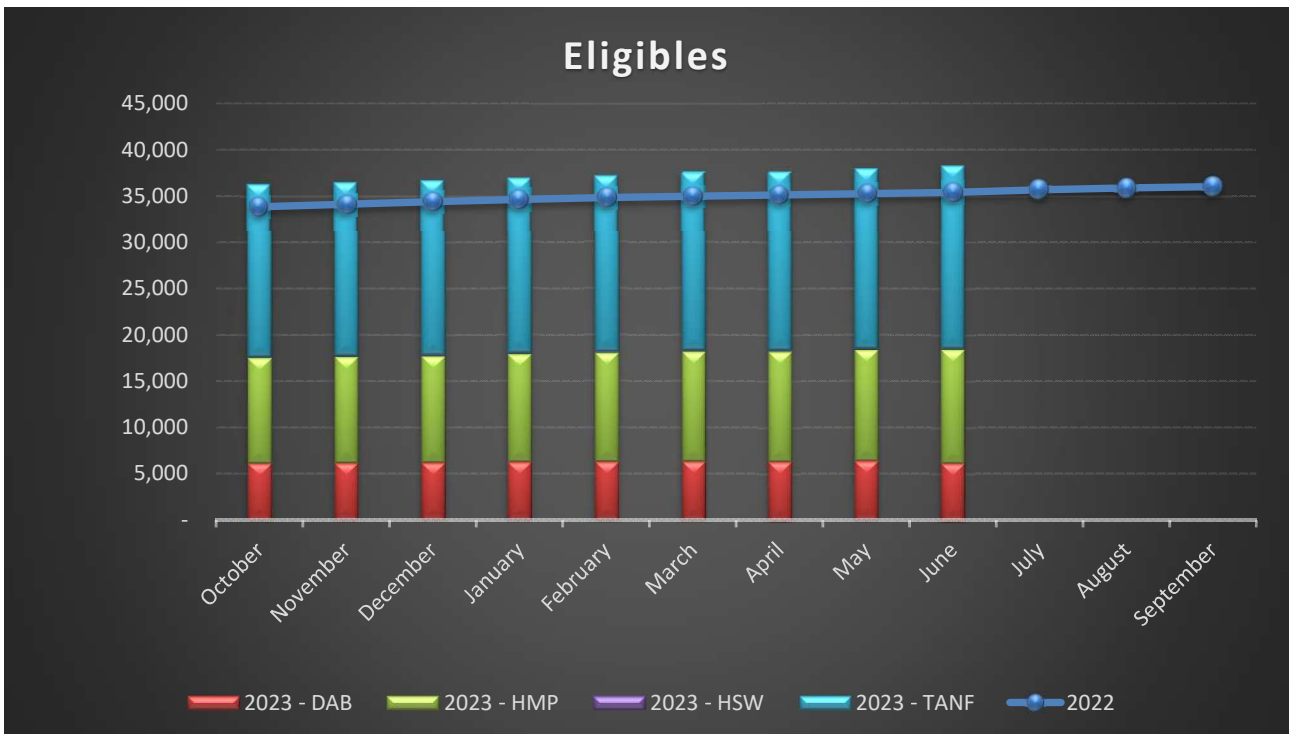
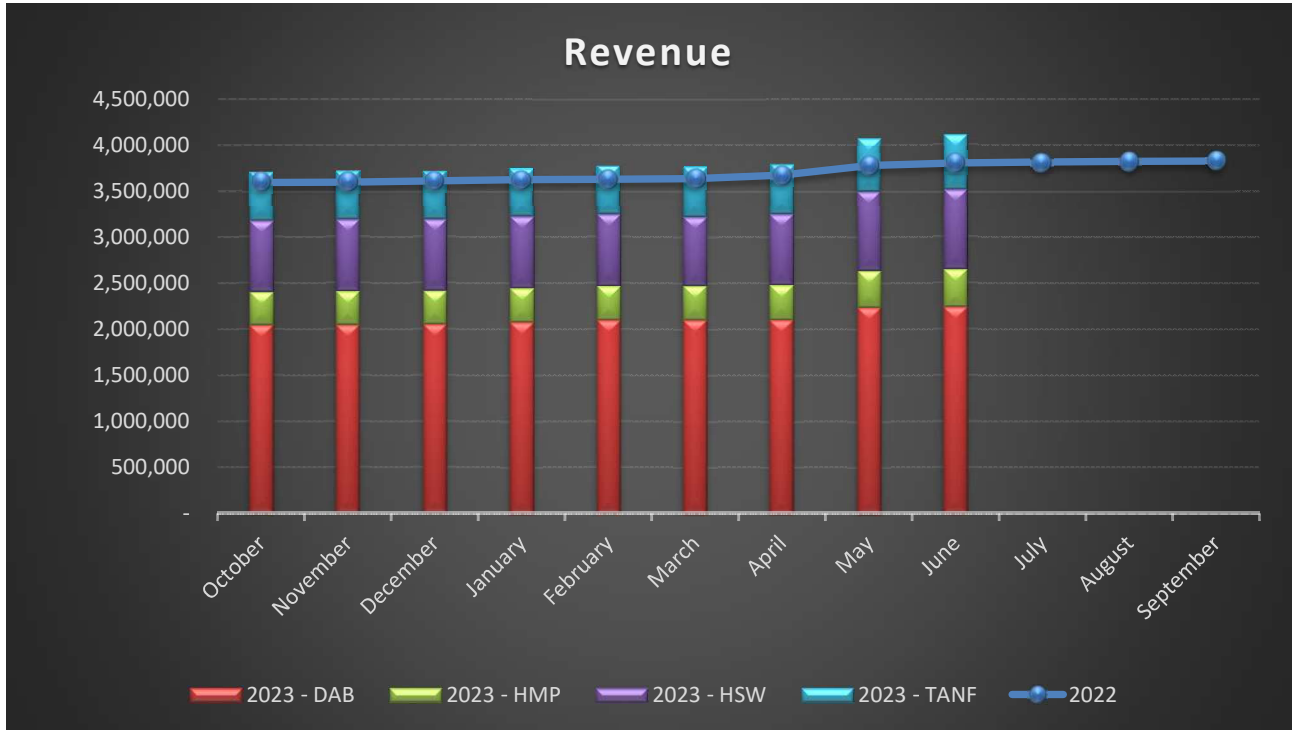
#### Expenditures by Category



# MONROE CMH

## June 2023 Trends

### MDHHS Payments



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

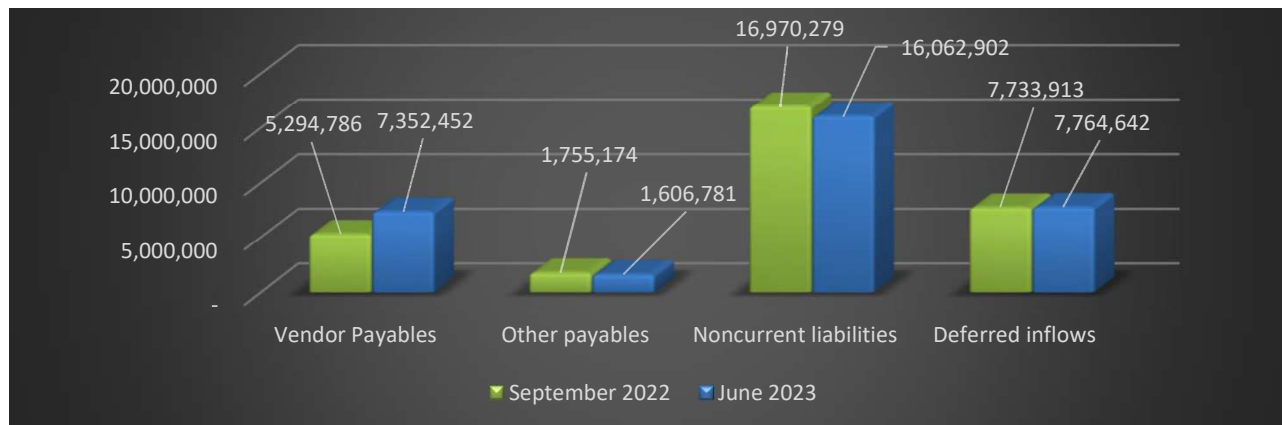
# MONROE CMH

## Comparative Charts September 2022 & June 2023

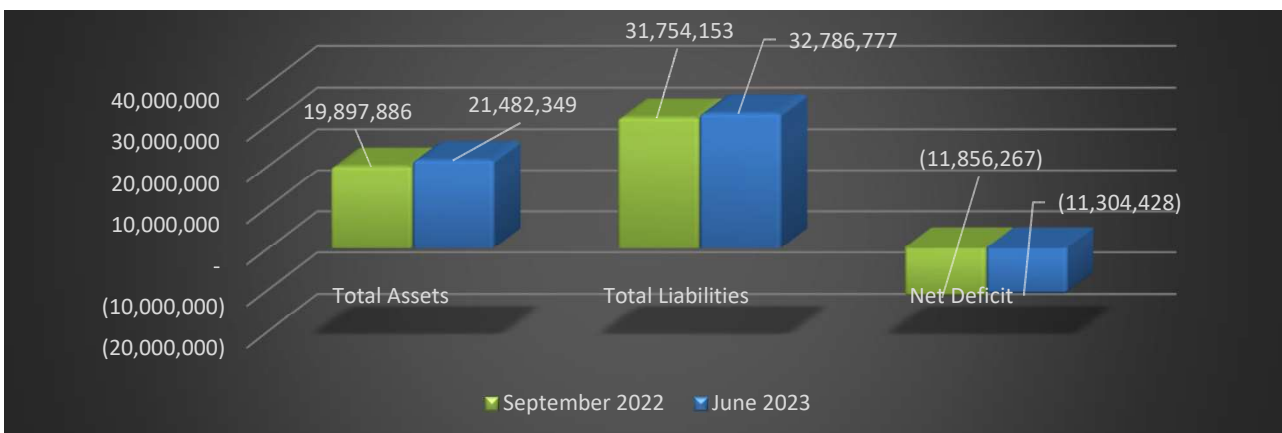
### Assets



### Liabilities



### Net Position

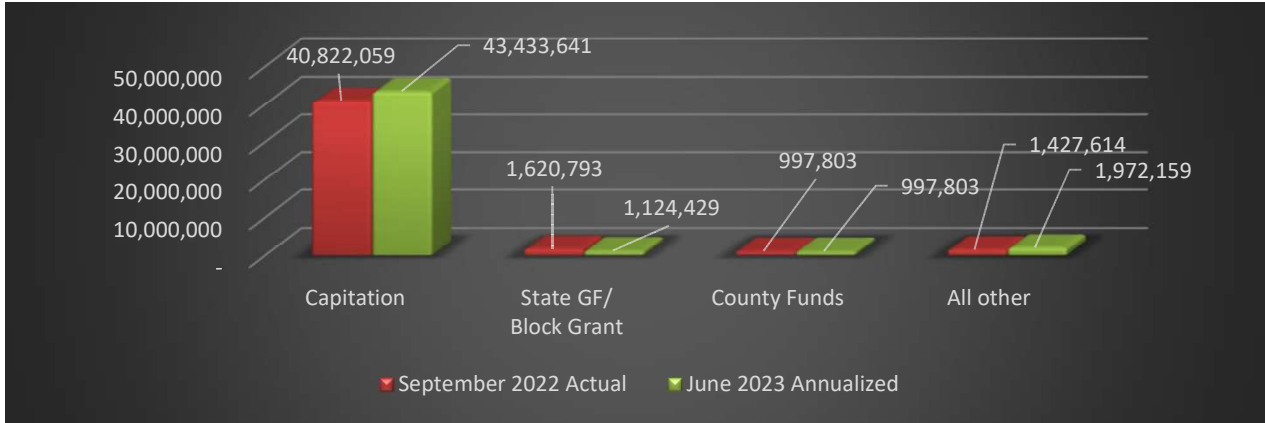


For internal use only. These financial statements have not been audited, and no assurance is provided.

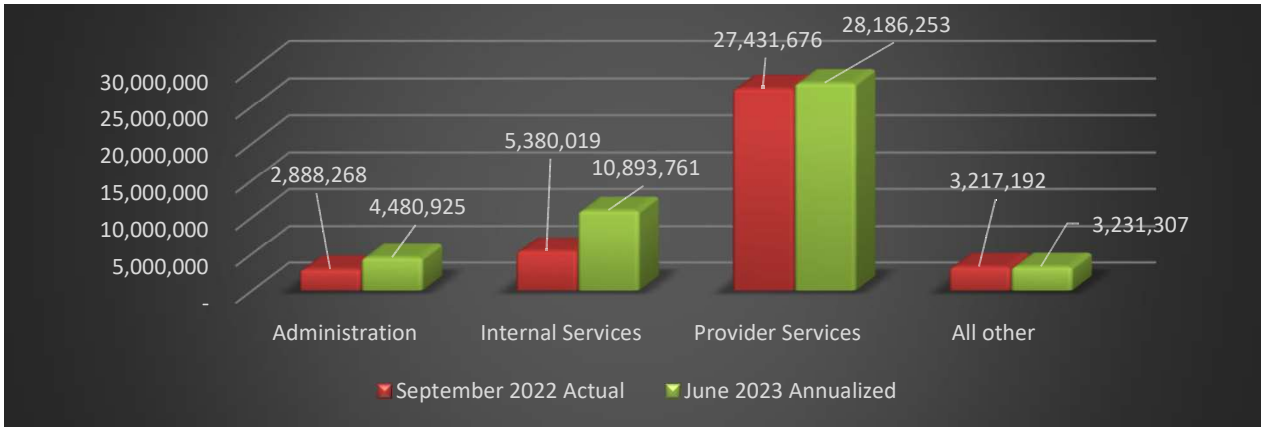
# MONROE CMH

## Comparative Charts September 2022 Actual & June 2023 Annualized

### Revenues



### Expenses



### Net Income



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



## INCOME STATEMENT BY FUND SOURCE

# MONROE CMH

## Fiscal 2023 Revenues and Expenses by Fund Source

October 1, 2022 through June 30, 2023

Medicaid/Autism Combined	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 39,991,864	\$ 26,661,243	\$ 30,866,250	\$ 4,205,007
Expense	39,991,864	26,661,243	30,011,179	(3,349,936)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 855,071</b>	<b>\$ 855,071</b>
Healthy Michigan	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 3,071,966	\$ 2,047,977	\$ 2,260,121	\$ 212,144
Expense	3,071,966	2,047,977	2,492,829	(444,852)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (232,708)</b>	<b>\$ (232,708)</b>
Total CMHPSM	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 43,063,830	\$ 28,709,220	\$ 33,126,371	\$ 4,417,151
Expense	43,063,830	28,709,220	32,504,008	(3,794,788)
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 622,363</b>	<b>\$ 622,363</b>
State General Fund	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 1,729,985	\$ 1,153,323	\$ 1,297,488	\$ 144,165
Expense	1,729,985	1,153,323	843,322	310,001
Redirects	-	-	-	-
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 454,166</b>	<b>\$ 454,166</b>
All Other Grants/Local	2023 Budget	YTD Budget	2023 Actual	Favorable (Unfavorable)
Revenue	\$ 3,001,878	\$ 2,001,252	\$ 2,276,394	\$ 275,142
Expense	3,001,878	2,001,252	1,711,081	290,171
Redirects	-	-	-	-
<b>Revenue over/(under) expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 565,313</b>	<b>\$ 565,313</b>

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

## BASIC FINANCIAL STATEMENTS

# MONROE CMH

## Statement of Position

June 30, 2023

	(Unaudited) September 30 Balance	Balance September 30 2022	Favorable (Unfavorable)
<b>ASSETS &amp; DEFERRED OUTFLOWS</b>			
Current:			
Cash and cash equivalents	\$ 6,173,984	\$ 4,973,206	\$ 1,200,778
Accounts receivable, net	189,445	181,010	8,435
Due from other funds	298,715	-	298,715
Due from PIHP	6,655,271	6,464,550	190,721
Due from State of Michigan	151,431	29,938	121,493
Due from other governmental units	459,928	477,916	(17,988)
Prepaid items	164,942	222,167	(57,225)
<b>Total current</b>	<b>14,093,716</b>	<b>12,348,787</b>	<b>1,744,929</b>
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	2,610,286	2,770,752	(160,466)
Deferred outflows - Pension & OPEB	4,731,347	4,731,347	-
<b>Total noncurrent</b>	<b>7,388,633</b>	<b>7,549,099</b>	<b>(160,466)</b>
<b>Total assets and deferred outflows</b>	<b>21,482,349</b>	<b>19,897,886</b>	<b>1,584,463</b>
<b>LIABILITIES &amp; DEFERRED INFLOWS</b>			
Current			
Accounts payable	7,352,452	5,294,786	(2,057,666)
Accrued liabilities	404,730	1,007,289	602,559
Due to State of Michigan	1,118,262	664,096	(454,166)
Unearned revenue	83,789	83,789	-
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
<b>Total current liabilities</b>	<b>9,008,691</b>	<b>7,099,418</b>	<b>(1,909,273)</b>
Noncurrent			
Long-term debt, due beyond one year	1,383,314	1,366,492	(16,822)
Compensated absences, due beyond one year	249,770	249,770	(0)
Lease liability	547,091	817,511	270,420
Net pension liability	4,273,142	4,273,142	-
Net OPEB liability	9,560,127	10,213,906	653,779
Deferred inflows - leases	11,809	23,259	11,450
Deferred inflows - Pension/OPEB	7,752,833	7,710,654	(42,179)
<b>Total noncurrent liabilities</b>	<b>23,778,086</b>	<b>24,654,734</b>	<b>893,470</b>
<b>Total liabilities and deferred inflows</b>	<b>32,786,777</b>	<b>31,754,153</b>	<b>(1,015,803)</b>
<b>NET POSITION</b>			
Net investment in capital assets	2,098,386	1,976,981	(121,405)
Unrestricted	(13,402,814)	(13,833,248)	(430,434)
<b>Total net position</b>	<b>\$ (11,304,428)</b>	<b>\$ (11,856,267)</b>	<b>\$ 551,839</b>

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

# MONROE CMH

## Statement of Activities

October 1, 2022 through June 30, 2023

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Favorable (Unfavorable)
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 30,866,250	\$ 41,155,000	\$ 37,739,923	\$ 3,415,077
Medicaid - Settlement	(855,071)	(1,140,095)	105,849	(1,245,944)
Healthy Michigan	2,260,121	3,013,495	2,751,508	261,987
Healthy Michigan - Settlement	232,708	310,277	216,356	93,921
Behavior Health Home	71,223	94,964	8,423	86,541
State General Funds	1,297,488	1,729,984	1,756,848	(26,864)
State General Funds - Carryover	(454,166)	(605,555)	(136,055)	(469,500)
County appropriations	748,352	997,803	997,803	(0)
Charges for services	140,243	186,991	195,659	(8,668)
Other grants	1,266,518	1,688,691	1,182,266	506,424
Other revenue	72,358	96,477	49,689	46,789
<b>Total operating revenue</b>	<b>35,646,024</b>	<b>47,528,032</b>	<b>44,868,270</b>	<b>2,659,762</b>
<b>Operating expenses</b>				
Administration				
Salaries	1,597,040	2,129,387	1,767,941	361,445
Benefits	662,641	883,521	(38,457)	921,979
Other	1,101,013	1,468,017	1,158,784	309,233
Internal Services				
Salaries	3,712,622	4,950,163	3,990,650	959,513
Benefits	3,243,606	4,324,808	324,925	3,999,883
Other	1,214,093	1,618,791	1,064,445	554,346
Provider Network Services	21,139,690	28,186,253	27,431,676	754,577
Facility costs	785,250	1,047,000	1,010,753	36,247
Vehicle costs	62,325	83,100	59,978	23,122
Grant expenses	943,829	1,258,439	1,250,103	8,335
Other expenses	234,038	312,051	5,175	306,876
Room & Board	398,038	530,717	891,182	(360,465)
<b>Total operating expenses</b>	<b>35,094,185</b>	<b>46,792,247</b>	<b>38,917,155</b>	<b>7,875,092</b>
Change in net position	551,839	735,785	5,951,115	\$ (5,215,329)
<b>Net position, beginning of year</b>	<b>(11,856,267)</b>	<b>(11,856,267)</b>	<b>(17,807,381)</b>	
<b>Net position, end of year</b>	<b>\$ (11,304,428)</b>	<b>\$ (11,120,482)</b>	<b>\$ (11,856,267)</b>	

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# MONROE CMH

## Statement of Activities

Mental Health - Budget to Actual

October 1, 2022 through June 30, 2023

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
<b>Operating revenue</b>				
Capitation:				
Medicaid	\$ 23,924,350	\$ 17,943,263	\$ 30,866,250	\$ 12,922,988
Medicaid - Settlement	-	-	(855,071)	(855,071)
Healthy Michigan	-	-	2,260,121	2,260,121
Healthy Michigan - Settlement	-	-	232,708	232,708
Behavior Health Home	-	-	71,223	71,223
State General Funds	961,103	720,827	1,297,488	576,661
State General Funds - Carryover	-	-	(454,166)	(454,166)
County appropriations	554,335	415,751	748,352	332,601
Charges for services	73,917	55,438	140,243	84,805
Other grants	1,013,799	760,349	1,266,518	506,169
Other revenue	25,658	19,244	72,358	53,114
<b>Total operating revenue</b>	<b>26,553,162</b>	<b>19,914,872</b>	<b>35,646,024</b>	<b>15,731,152</b>
<b>Operating expenses</b>				
Administration				
Salaries	1,300,703	975,527	1,597,040	621,513
Benefits	469,406	352,055	662,641	310,586
Other	909,904	682,428	1,101,013	418,585
Internal Services				
Salaries	3,013,824	2,260,368	3,712,622	1,452,254
Benefits	1,194,104	895,578	3,243,606	2,348,028
Other	656,336	492,252	1,214,093	721,841
Provider Network Services	16,709,826	12,532,370	21,139,690	8,607,320
Facility costs	675,308	506,481	785,250	278,769
Vehicle costs	50,367	37,775	62,325	24,550
Grant expenses	1,066,644	799,983	943,829	143,846
Other expenses	3,997	2,998	234,038	231,040
Room & Board	502,705	377,029	398,038	21,009
<b>Total operating expenses</b>	<b>26,553,123</b>	<b>19,914,843</b>	<b>35,094,185</b>	<b>15,179,342</b>
Change in net position	39	29	551,839	551,810
<b>Net position, beginning of year</b>	<b>(11,856,267)</b>	<b>(11,856,267)</b>	<b>(11,856,267)</b>	<b>-</b>
<b>Net position, end of year</b>	<b>(11,856,228)</b>	<b>(11,856,238)</b>	<b>(11,304,428)</b>	<b>551,810</b>

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