



# MONROE COMMUNITY MENTAL HEALTH AUTHORITY

## BOARD MEETING

December 18, 2024 – 6:00 p.m. / Aspen Room

Draft Agenda

### **BOARD GUIDING PRINCIPLES:**

- 1.1 Monroe Community Mental Health Authority (“Authority”) exists to help individuals with mental illnesses and/or intellectual/developmental disabilities so they can live, work, and play in their communities to their fullest potential. As a Certified Community Behavior Clinic (CCBHC), the Authority will provide mental health and/or substance use care/services, regardless of ability to pay, place of residence, or age, including developmentally appropriate care for children and youth.
- 1.2 Monroe Community Mental Health Authority strives to be the provider of choice for Monroe County by offering the highest quality of treatment with positive measurable outcomes, while maintaining competitive service rates 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; values creativity, and promotes collaborative thinking.
- 1.4 Monroe Community Mental Health Authority continues to establish collaborative community relationships that enable MCMHA to provide quality service to consumers.

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

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

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

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

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

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

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

	<b><u>Guide</u></b>
<b>I. Call to Order</b>	<b>01 min</b>
<b>II. Roll Call</b>	<b>02 min</b>
<b>III. Pledge of Allegiance</b>	<b>02 min</b>
<b>IV. Motion to Adopt the Agenda as Presented</b>	<b>02 min</b>
<b>V. Motion to Approve the Minutes from the November 20, 2024 Board Meeting and waive the Reading Thereof</b>	<b>02 min</b>
<b>VI. Board Meeting Evaluation Report (<i>handout</i>)</b>	<b>05 min</b>
<b>VII. Public Comments</b> <i>“The Board will listen respectfully to public comments but will not respond directly during the meeting. You can expect a follow up contact from the Chief Executive Officer or representative within 24 hours if your comment is about a specific problem or complaint. Comments shall be limited to 3 minutes”.</i>	<b>03 min/Person</b>
<b>VIII. Presentations, Recognition, and Celebrations</b>	<b>40 min</b>
a. Clinical Report – Crystal Palmer	
b. Operations Report – Bridgitte Gates	
c. FY2025-2027 Strategic Plan – Lisa Graham ( <i>handout</i> )	
<b>XI. Board Committee Reports</b>	<b>05 min</b>
<b>a. Committee Chair Reports</b>	
i. Community Relations	
ii. Performance Evaluation	
<b>b. Motion to Place on File All Written Committee Reports</b>	<b>02 min</b>

<b>IX.</b>	<b>Items for Board Action</b>	<b>00 min</b>
	a. No items for December	
<b>X.</b>	<b>Authority and Regional Policy Review/Approval</b>	<b>00 min</b>
	<b>a. 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	
	v. <b>Relocate:</b> N/A	
	<b>b. Motion to Approve the Regional Policies as Presented</b>	<b>00 min</b>
	v <b>Policy:</b> N/A	
<b>XII.</b>	<b>Relationship with the Region, County, and Others</b>	<b>05 min</b>
	a. Regional PIHP Board Meeting Minutes – Will be included in January Packet	
	b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko	
<b>XIII.</b>	<b>Items from the Chief Executive Officer</b>	<b>05 min</b>
	a. Chief Executive Officer’s Report – Lisa Graham	
<b>XIV.</b>	<b>New Business</b>	<b>00 min</b>
<b>XV.</b>	<b>Public Comments</b>	<b>03 min/person</b>
<b>XVI.</b>	<b>Board Member Announcements</b>	<b>03 min/person</b>
<b>XVII.</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, January 15, 2025 beginning at 6:00pm in the Aspen Room.**

LG/dp 3:19 p.m.



**BOARD OF DIRECTORS REGULAR MEETING MINUTES  
November 20, 2024**

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

**Excused:** Pam Ray

**Absent:**

**Staff:** Lisa Graham

**Guests:** 7 guests were present

**I. CALL TO ORDER**

The Board Chair, Mike Humphries, called the meeting to order at 5:00 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**

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

**V. CONSIDERATION TO APPROVE THE MINUTES FROM THE November 13, 2024 BOARD MEETING AND WAIVE THE READING THEREOF**

Rebecca Pasko moved to approve the minutes for the November 13, 2024 Board Meeting and waive the reading thereof. Catherine Bernhold supported. Motion carried unanimously.

**VI. BOARD MEETING EVALUATION REPORT**

Board members reviewed the meeting evaluation from October 23, 2024 and discussed comments.

**VII. PUBLIC COMMENTS**

There were no citizen comments.

**VIII. PRESENTATIONS, RECOGNITION, AND CELEBRATIONS**

- a. Clinical Report – Crystal Palmer presented the Clinical Report that contained data from August through October, highlighting:
  - i. MCMHA continues to recruit and hire staff for current vacancies, which is 13 at this time. Two vacancies are newly created positions.
  - ii. The clinical leadership team continues to focus on Compassionate Accountability and will be completed in January 2025.
  - iii. There were 76 universal referrals made in August, September, and October. 66% received some type of follow-up, services authorized, etc. 12% declined any further intervention, and 22% MCMHA either didn't have enough information for follow-up or no response. Two partners were added to the pilot.
  - iv. Certified Peer Support Specialists (CPSS) continue to provide support at the ALCC. The CPSS did engage in 43 programs/activities and five (5) 1:1 meeting during the months of August, September, and October.
  - v. Crisis Mobile was deployed 159 times in August, September, and October, which averaged 1.5 hours of face-to-face interaction time.
  - vi. The average response time for Crisis Mobile was approximately 16.46 minutes which is likely due to 48% of the calls being in 48161 and 48162 zip codes.
  - vii. There were multiple referral sources for Crisis Mobile; 50% were from the Monroe County Sheriff's Department and Monroe City Police; other sources were from Access Dept/CMH, and self-referral.
  - viii. Enrollment for the CCBHC has increased by 74 members over the last 3 months. This is a 3.5% increase in enrollment from the previous report.
  - ix. The data for incoming calls being answered is at 98% for FY24, which meets MCMHA's goal of 95%.
  - x. The Clubhouse received the Collaboration Innovation Prevention Grant for FY25.
  - xi. There were 670 appointments scheduled for the Benesh Building in FY24 with 79% occurring in the office.
- b. Operations Report – Bridgitte Gates presented the Operations Report highlighting:
  - i. Revel Marketing: Community Awareness Campaign, Facebook Like Campaign, ongoing website upkeep and internal newsletter.
  - ii. MCMHA Town Hall was successful. Alan Bolter, Associate Director from Community Mental Health Association of Michigan (CMHAM) presented a state update. Consumer awards were presented.
  - iii. The Giving Tree will be available in the main lobby from December 1<sup>st</sup> through January 2<sup>nd</sup> or until donations run out. Staff donate items of warmth to those we serve. Scarfs, hats, mittens/gloves, coats, socks, and boots are collected for the giving tree if board members would like to donate.
  - iv. Pulse for Good kiosk data from September and October were presented. MCMHA consistently receives above four stars out of five for consumer satisfaction.
  - v. MCMHA Performance Indicator Survey for external providers shows staff retention continues to remain above 80%, considering the greatest challenge has been retention and recruitment. Training compliance continues to be above 95%. New Directions will be moving from the 2<sup>nd</sup> floor to the 1<sup>st</sup> floor at the Benesh Building. New Directions is seeing an increase in walk-ins and referrals.
  - vi. Grievance data for September and October were presented.
- c. FY2024 CCBHC Quality Metrics Report – Lisa Graham presented the CCBHC Quality Metrics. MCMHA met a little over half of the indicators, four were met easily. Six of the metrics have bonus dollars attached from the state. Lisa applauded the teams, as this is the first year Monroe CMH became a CCBHC and were actively putting the indicators into place. We will continue to run the data as the bonus dollars are not awarded until March 2025.

LaMar Frederick asked how Monroe CMH is doing compared to other CCBHC's in the state of Michigan. Lisa Graham commented that we do talk to other CCBHC's within the state however there isn't a central place to compare data.

**IX. BOARD COMMITTEE REPORTS**

- a. **Committee Chair Reports**
  - i. **Executive** – The Executive Committee met to review the next Board Meeting agenda.
- b. **Motion to Place on File all Written Committee Reports**

Catherine Bernhold moved to place on file all written committee reports. Susan Fortney supported. Motion passed unanimously.

Committee Reports placed on file: Executive – November 13, 2024.

**X. ITEMS FOR BOARD CONSIDERATION**

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

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

- b. **Motion to Approve up to Three Board Members to Attend the Winter, Spring, Fall CMHAM Conferences and the National Council NATCON25 Conference**

John Burkardt moved to approve up to three board members to attend the Winter, Spring, and Fall CMHAM Conferences and the National Council NATCON25 Conference. Becca Curley supported. Discussion followed. Roll call: Staelgraeve, Papenhagen, Stoner, Asper, Pasko, Fortney, Humphries, Burkardt, Frederick, Curley, and Bernhold; opposed: none; motion carried unanimously.

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

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

- i. Policy: EOC2000 Emergency Preparedness Plan
- ii. Procedure: EOC2000-P1 MCMHA Emergency Preparedness Plan  
EOC2000-P2 Nuclear Emergency Management-Fermi II
- iii. Exhibit: EOC2000-E3 Monroe County Emergency Management Plan Annex L  
EOC2000-E4 DTE Emergency Preparedness Booklet  
EOC2000-E5 PFS-CISM Team  
EOC2013-E3 Fire Emergency Drill Form – Non-Residential
- iv. Rescind: N/A
- v. Relocate: N/A

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

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

- i. Policy: RR8041 Assessment and Authorization of Community Living Supports (CLS) Services  
PI6009 Incident Reporting  
POC7062 Timeliness of Service Provision and Documentation
- ii. Exhibit: N/A

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

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

- a. Regional PIHP Special Board Meeting Minutes – the minutes from the October 30, 2024 PIHP Special Board Meeting were included in the Board Packet. LaMar Frederick commented that it was a special meeting for litigation and cannot comment.
  
- b. CMAHM Policy and Legislation Committee Report – Rebecca Pasko stated that the committee mostly covered what happened in the election and what the impact may be. Rebecca commented on a bill that may benefit CMH, where they may drop the license exam for social workers. The discussion was that if the exam was dropped, supervision would be extended. There has been a lot of kickback for dropping the exam. Right now, the bill is at risk as there are only 8 days left in the current administration. Once the new folks come in, all the bills need to start over again. There is likely not enough time for this bill to pass. The Conflict Free Access bill is stalled. Discussion took place on ABA rates as well. It is up in the air if anything else will get done this year.

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

- a. Chief Executive Officer's Report Included an Update on: Dr. Jaswant Bagga to serve as Interim Medical Director, effective January 10, 2025; MCMHA Professional Development Day/Holiday Event; National Core Indicator Survey; River Raisin Clubhouse; Non-Medicaid/General Fund; Community Coalition; and Board of Directors Holiday Dinner.

**XIV. NEW BUSINESS**

There was no new business.

**XV. PUBLIC COMMENTS**

There were no citizen comments.

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

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

The Board went into Closed Session at 7:32pm.

The Board went back into Open Session at 7:43pm.

**Motion to Approve a new Collective Bargaining Agreement between Monroe Community Mental Health Authority and AFSCME Michigan 925 for the Period Covering 10/1/2024 through 09/30/2027.**

LaMar Frederick moved to approve a new Collective Bargaining Agreement between Monroe Community Mental Health Authority and AFSCME Michigan 925 for the period covering 10/1/24 through 09/30/27. Ken Papenhagen supported. Roll call: Staelgraeve, Papenhagen, Stoner, Asper, Pasko, Fortney, Humphries, Burkardt, Frederick, Curley, and Bernhold; opposed: none; motion carried unanimously.

**Approval of the mirroring of the same compensation package afforded to bargaining unit staff in the new collective agreement to all full-time non-union staff in the following manner:**

- **Three- and one-half percent (3.5%) increase to base wages annually over the next three fiscal years**
- **Retroactive pay for the current fiscal year to 10/01/2024**
- **A \$500.00 one-time bonus (\$250 for permanent part-time positions working 20 hours per week or more)**
- **The addition of one floating holiday beginning calendar year 2027**

LaMar Frederick moved to approve the mirroring of the same compensation package afforded to bargaining unit staff in the new collective agreement to all full-time non-union staff in the following manner:

- Three- and one-half percent (3.5%) increase to base wages annually over the next three fiscal years
- Retroactive pay for the current fiscal year to 10/01/2024
- A \$500.00 one-time bonus (\$250 for permanent part-time positions working 20 hours per week or more)
- The addition of one floating holiday beginning calendar year 2027

Naomi Stoner supported. Roll call: Staelgraeve, Papenhagen, Stoner, Asper, Pasko, Fortney, Humphries, Burkardt, Frederick, Curley, and Bernhold; opposed: none; motion carried unanimously.

**XVII. BOARD MEMBER ANNOUNCEMENTS**

Deb Staelgraeve mentioned the Holiday Tree Lighting downtown Monroe is Friday evening. The fun begins at 5:30pm and the tree lighting is at 7:00pm.

Board Members wished everyone a Happy Thanksgiving.

Mike Humphries thanked everyone for all they do, and is looking forward to seeing board members and leadership at the holiday dinner.

**XVIII. ADJOURNMENT**

Mike Humphries adjourned the meeting at 7:51pm.

Submitted by,

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Catherine Bernhold  
Board Secretary

LG/dp  
11/26/24

# Board Clinical Report – Executive Summary

December 18, 2024

## STAFF

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

- MCMHA continues to recruit and hire staff for current vacancies, which is 14 at this time. As mentioned previously, two vacancies are newly created positions.

## LEADERSHIP

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

- No updates for the month of November 2024.

## COMMUNITY OUTREACH

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

- There were 21 universal referrals made in November. 43% received some type of follow-up, services authorized, etc. 33% declined any further intervention, and 24% MCMHA either didn't have enough information for follow-up or no response.
- Certified Peer Support Specialists (CPSS) continue to provide support at the ALCC. The CPSS did engage in 15 programs/activities and one (1) 1:1 meeting during the month of November.

## FINANCE

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

- Updates on this strategy will be provided via the Finance Department.

## SERVICES

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

- Crisis Mobile was deployed 57 times in November, which averaged 1.16 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 16.5 minutes which is likely due to 59% of the calls being in 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 78% were from the Monroe County Sheriff's Department and Monroe City Police; 20% were from Access Dept/CMH, and 2% were self-referral.
- Enrollment for the CCBHC has decreased by 61 members over the last month. This is a 2.8% decrease in enrollment from the previous report.
- The data for incoming calls being answered is at 97.5% for FY25, which meets MCMHA's goal of 95%.
- There were 117 appointments scheduled for the Benesh Building in FY25 (October and November) with 84.5% occurring in the office.



# **BOARD CLINICAL REPORT**

December 18, 2024

## **STAFF**

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

The Clinical Department still has vacancies and continues to work with the Human Resources Department to fill these positions. We have the following vacancies as of December 9<sup>th</sup>:

- Case Service Manager – Child/Family (2 positions)
- Case Services Manager – Adult (2 positions – 1 NEW)
- Children's Therapist/Case Manager
- Crisis Mobile Response Clinician/Peer (2 positions)
- Direct Support Professional (NEW)
- Evaluation & Admission Specialist Short Term Outpatient Therapist
- Peer Support Specialist (PT – 2 positions)
- Transition Facilitator (NEW)
- SUD Therapist
- Wraparound Facilitator

Regarding the above positions, some are in the hiring process; however, they are not removed from the list until the person starts the position.

## **LEADERSHIP**

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

No updates for the month of November 2024.

## **COMMUNITY OUTREACH**

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

#### **Universal Referral**

MCMHA continues to utilize the Universal Referral Form program which allows some of our community partners the opportunity to have a quick and easy way to refer individuals they encounter that they believe to be in need. MCMHA has now has 12 agencies plus law enforcement utilizing the universal referral form. A list of the agencies is as followed:

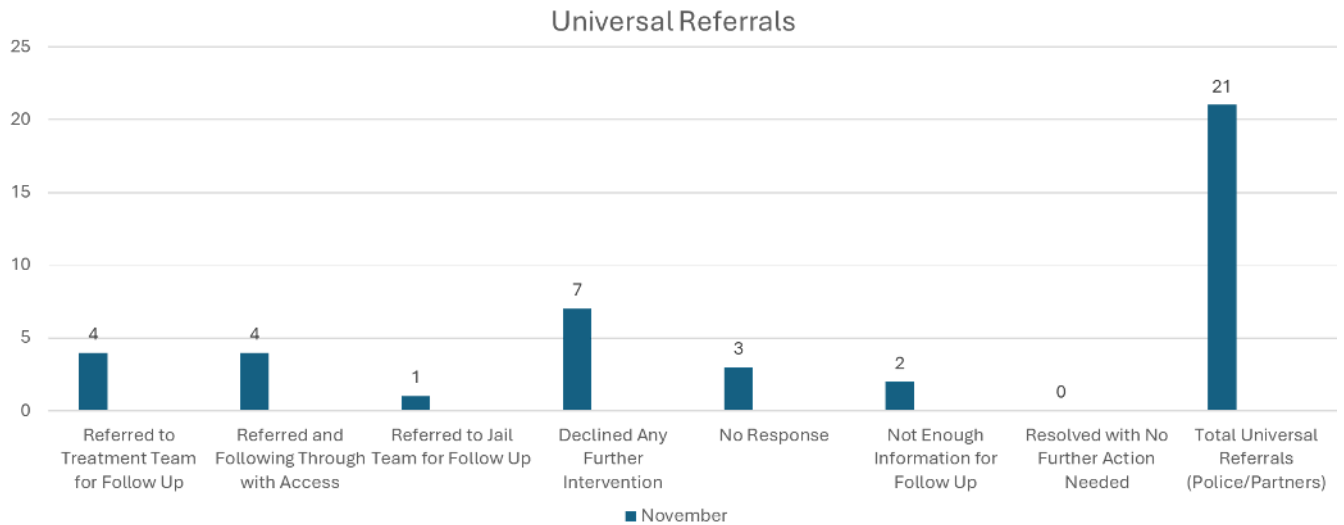
- Opportunity Center at the ALCC
- Salvation Army
- Disabilities Network
- Paula's House
- Fairview
- Saleh Center
- Health Department's Maternal and Child Health Services
- Monroe Housing Commission
- YMCA
- Michigan Works!

# **BOARD CLINICAL REPORT**

December 18, 2024

- Oaks of Righteousness
- ProMedica Physicians Monroe Pediatrics – Dr. Gandert

During the month of November 2024, there have been 21 universal mental health referrals, including law enforcement and community referrals. The outcomes of these cases are as follows:



## **Opportunity Center at the ALCC**

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

Peers continue to help link and coordinate services, including engaging those who need community mental health services or those involved in them. In the month of November, MCMHA Peer Support Staff provided one (1) 1:1 meetings/appointments and the peers did engage in 15 programs/activities within the Opportunity Center.

## **Outreach Activities**

The Director of Access/Crisis/Diversion has completed all four **2-hour mental health training courses** for the Monroe Corrections Officers. This has been a great opportunity to further our partnership as well as inform them more on mental health issues and basic de-escalation.

The Director of Access/Crisis/Diversion met with **Department of Corrections Probation/Parole** to work on finding ways to better coordinate and work together. This meeting also included education about our crisis services and will also lead to more meetings in collaboration with our Jail Diversion staff for overall improved coordination of care.

The Child & Family Department provided trauma informed care training for **Monroe County Youth Detention Center** on November 18<sup>th</sup>. The training focused on increasing staff skills for recognizing and responding to youth who have experienced trauma. 23 staff participated.

# BOARD CLINICAL REPORT

December 18, 2024

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

## FINANCE

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

Updates on this strategy will be provided via the Finance Department.

## SERVICES

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

### Crisis Mobile Response Team

Please see the attached report (Attachment #1) regarding data from the Crisis Mobile Response Team for the month of November.

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

### Benesh Expansion

The data below identifies the individuals' zip codes scheduled at the Benesh building during FY25. Note that the information includes all appointments, whether held in-person or virtually.

Zip Code	Location	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Total
48101	Ann Arbor	0	0											0
48103	Ann Arbor	0	0											0
48104	Ann Arbor	1	0											1
48105	Ann Arbor	0	0											0
48111	Belleville	0	0											0
48117	Carleton	5	2											7
48131	Dundee	0	0											0
48133	Erie	6	3											9
48134	Flat Rock	0	0											0
48135	Garden City	0	0											0
48140	Ida	0	0											0
48144	Lambertville	0	0											0
48145	LaSalle	0	0											0
48153	Maybee	0	0											0
48157	Luna Pier	1	0											1
48159	Maybee	1	3											4
48160	Milan	1	0											1
48161	Monroe	20	22											42
48162	Monroe	17	11											28
48164	New Boston	0	0											0
48166	Newport	2	10											12
48177	Samaria	0	0											0
48179	South Rockwood	0	0											0
48182	Temperance	8	2											10
48191	Willis	0	0											0
48198	Ypsilanti	0	0											0
48214	Detroit	0	0											0
48336	Fowlerville	0	0											0
48817	Corunna	0	0											0
49221	Adrian	0	0											0
49267	Ottawa Lake	0	1											1
49270	Petersburg	1	0											1
49276	Riga	0	0											0
<b>Total</b>		<b>63</b>	<b>54</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>117</b>

## **BOARD CLINICAL REPORT**

December 18, 2024

Below a table is provided indicating out of the total number appointments scheduled each month for FY25, how many of those appointments were in-person at the Benesh Building; and out of all appointments scheduled, whether in-person or virtual, how many were kept.

	<b>% Appointments in Office</b>	<b>% Kept Appointments (in-person/virtual)</b>
<b>October 2024</b>	91%	47%
<b>November 2024</b>	78%	45%

### **Crossroad Clubhouse**

The River Raisin Clubhouse continues to work on the completion of the requirements for their occupancy certificate. Items needed for the function of the clubhouse have been identified and ordered. Painting is in the process of being completed the week of Dec 2<sup>nd</sup>. Estimated occupancy is mid-January.

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

As of November, there were 2,103 members currently enrolled in CCBHC through the WSA, which is a decrease of 61 enrollees or 2.8% since last reported in November. This number will continue to fluctuate as consumers enroll and disenroll in services. This remains to be around 80% of our consumers.

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

### **Waiver Program Services**

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

*Children’s Waiver Program* (13 Enrolled – 1 disenrolled) This waiver makes it possible for children, under the age of 18, have a documented developmental disability, meet requirement for Intermediate Care Facility (IFC) and need for habitative medical and/or behavioral care in the home, to receive Medicaid. *One individual moved to a different county.*

*Serious Emotional Disturbances Waiver* (7 Enrolled – 1 disenrolled) Another Michigan pathway to Medicaid for children and youth with a Serious Emotional Disturbance (SED) diagnosis and intensive treatment need that meets criteria for inpatient hospitalization or without added behavioral services they would require hospitalization. *One youth was disenrolled due to moving out of county.*

*Habilitation Supports Waiver* (HAB Waiver/121 Enrolled – 1 disenrolled) This is a cooperative Federal and State agreement allowing for a waiver on certain requirements to allow us to provide services in a community setting rather than in an institution. Enrolled consumers on the HAB waiver must meet specific guidelines to be eligible including a documented developmental disability, living in the community, active Medicaid, need for Intermediate Care Facility, active and ongoing treatment, and assistance to support functioning, and at least one HAB waiver service per month in addition to supports coordination. \*\*\*It should be noted that MCMHA has 126 assigned slots for the HAB Waiver.

## BOARD CLINICAL REPORT

December 18, 2024

*We have three (3) pending HAB applications (awaiting agreement and signatures from guardians). MCMHA is awaiting MDHHS approval for an additional application and one consumer moved to another county.*

### Training

Infant & Early Childhood Clinicians are attending a 10-month cohort for training on assessment for prevention and treatment of social/emotional disturbances and secure relationship between parent and child through the Michigan Department of Health and Human Services.

### **MISCELLANEOUS**

#### Call Volume Data

Below is the call volume data for Fiscal Year 25.

	<b>October-24</b>	<b>November-24</b>
<b>Incoming Calls</b>	5027	3943
<b>Incoming calls minus abandon calls</b>	4906	3808
<b>Calls Answered</b>	4557	3487
<b>Missed/Abandoned Calls</b>	121	135
<b>Abandoned Calls</b>	462	430
<b>% incoming calls answered</b>	91%	88%
<b>% incoming calls answered minus abandon calls</b>	98%	97%

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

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

As stated previously, MCMHA is setting an internal goal of 95% of calls answered. As you can see, for the first two (2) months of Fiscal Year 2025, we **average 97.5%**, which is over our goal.

#### Caseload Report

This report will be provided quarterly. The next report will be provided in March 2025.

<u>Service</u>	<u>Desired Caseload Size</u>	<u>Current Average Caseload</u>	<u>Notes</u>
<b>Case Management (Child)</b>	45	56	Currently 320 youth with SED or I/DD diagnosis receiving case management.
<b>Wraparound Services (Child)</b>	8-10	14	Caseload assignment cannot exceed a ratio of one (1) facilitator to twelve (12) child/youth and family teams. This team serves both Wraparound and SED Waiver cases.
<b>Home Based Services (Child)</b>	12 to 15	13	The intensive home-based services worker-to-family ratio is 1:12. Face-to-face time is adjusted to accommodate the level of care needs for each family. The maximum worker-to-family ratio is fifteen (15) (no more than twelve (12) active and three (3) transitioning to a lower level of care or discharge). The

## BOARD CLINICAL REPORT

December 18, 2024

			same case limit rules apply to the Infant and Early Childhood (0-6year olds) 'Home-based' team. This team serves children of all ages.
<b>Case Management (Adult I/DD)</b>	45	64	Overtime is being utilized until staff are hired and cases can be transitioned to another case manager. 366 cases are held on this team.
<b>Case Management (Child/Adult - I/DD Waiver Teams)</b>	45	48	Both children and adults who are diagnosed with an I/DD and on a waiver are monitored by this team.
<b>Outpatient Therapy (Child SED)</b>	20-25	21	Targeted case management/outpatient caseloads are managed depending on the frequency of sessions per week/month. 41 active cases and 25 on delay. (This does not include Juvenile Sexual Offender, PMTO, FASD, or TF-CBT cases held on other caseloads.)
<b>Parent Support Partners (PSP)</b>	32	16	This is a peer delivered service for parents whose child is diagnosed with an SED or I/DD.
<b>Youth Peer Support Services (PT)</b>	10	5	The YPSS is building capacity now that she has obtained her certification.
<b>Monthly Case Management (Adult MI)</b>	55	57	This team provides monthly case management to consumers.
<b>Bi-Monthly Case Management (Adult MI)</b>	80	63	This team provides case management services to consumers who only require it every other month.
<b>Meds Only Case Management (Adult MI)</b>	100	82	This team provides case management services to consumers whose goal is only medication management; therefore, the frequency is decreased based on the need.
<b>Therapist (Adult MI)</b>	40/50	32	This team provides outpatient therapy to adults who are diagnosed with an SMI.
<b>Certified Peer Support Specialist (FT)</b>	40	35.5	This team provides peer support services to consumers diagnosed with an SMI.
<b>Certified Peer Support Specialist (PT)</b>	30	27	This team provides peer support services to consumers diagnosed with an SMI.
<b>ACT</b>	50 for Team	33	Assertive Community Treatment team provides services to those diagnosed with an SMI in a team model.

## **BOARD CLINICAL REPORT**

December 18, 2024

<b>Certified Peers</b>	35	47	This team provides peer support services to consumers who are in the medication-assisted treatment (MAT) program.
<b>Jail Diversion CSMs</b>	30-40	21	This team provides case management services to those who are incarcerated.
<b>MH Court Case Management</b>	25	28	Persons serviced in this program are part of the mental health court. (3 cases are currently in transition State court Administrative Office known as SCAO only allows 25 at a time.)

Select Month:: 2024 - 11

(1) ▾



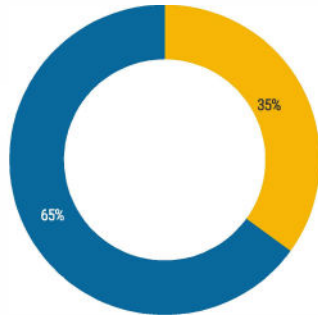
# Monroe County CMH Crisis Mobile Utilization Report

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

Total Crisis Mobile Deployments

# 57

Month	Initial or ...	#	%
2024 - 11	Follow-Up	20	35%
2024 - 11	Initial	37	65%



● Follow-Up ● Initial

1 - 2 / 2 < >

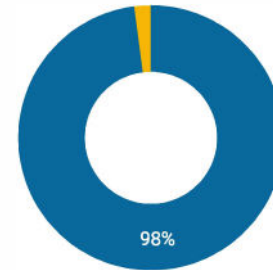
Month	Contact Type	Hours
2024 - 11	Indirect Contact (Phone/Email/Other)	1
2024 - 11	Contact Attempt	0.3
2024 - 11	Face-To-Face	49.95

Average Face-to-Face Interaction Time (Hours)

# 1.16

Month	Avg F2F Contact
2024 - 11	1.16

● Face-To-Face ● Contact Attempt



1 < >



Select Month:: 2024 - 11

(1) ▾

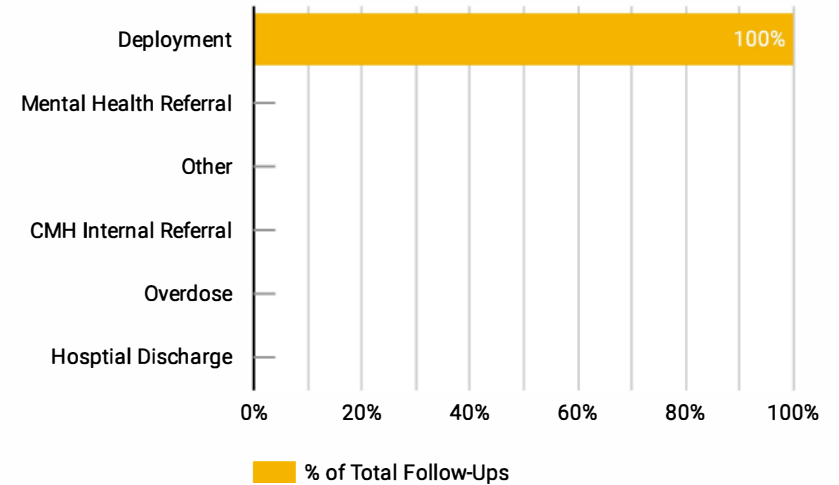


## Monroe County CMH Crisis Mobile Utilization Report

### Follow-Ups - Number of Follow Ups, Follow-Ups by Type:

Note: Tracking for follow-ups started October 2024

Month	Type	#	%
2024 - 11	CMH Internal Referral	0	0%
2024 - 11	Deployment	20	100%
2024 - 11	Hospital Discharge	0	0%
2024 - 11	Mental Health Referral	0	0%
2024 - 11	Other	0	0%
2024 - 11	Overdose	0	0%



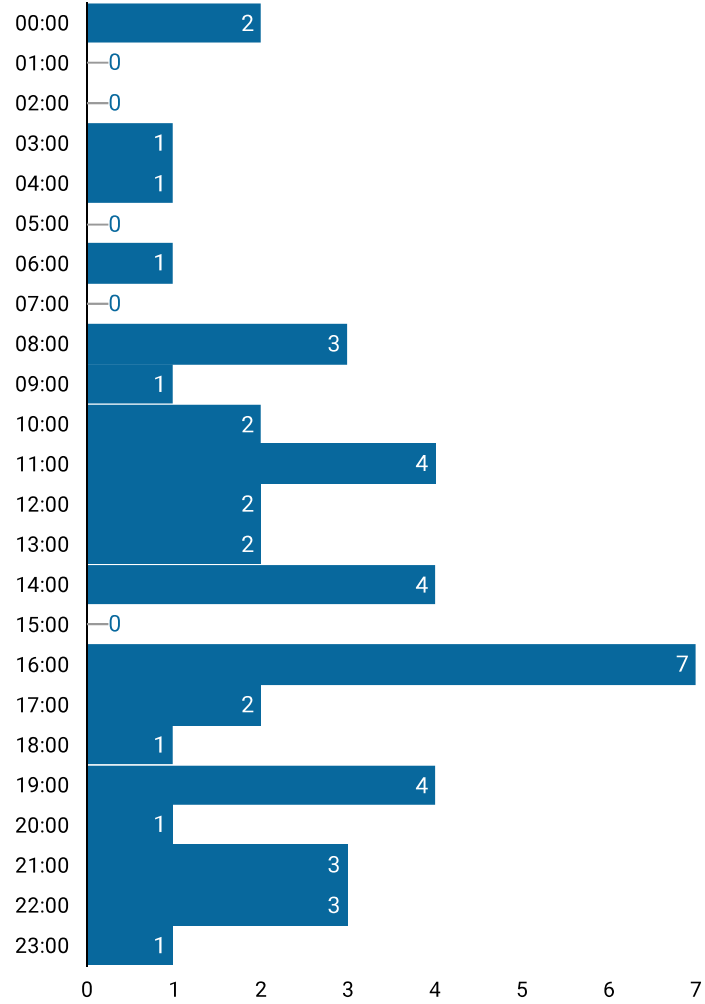
Select Month:: 2024 - 11

(1) ▾

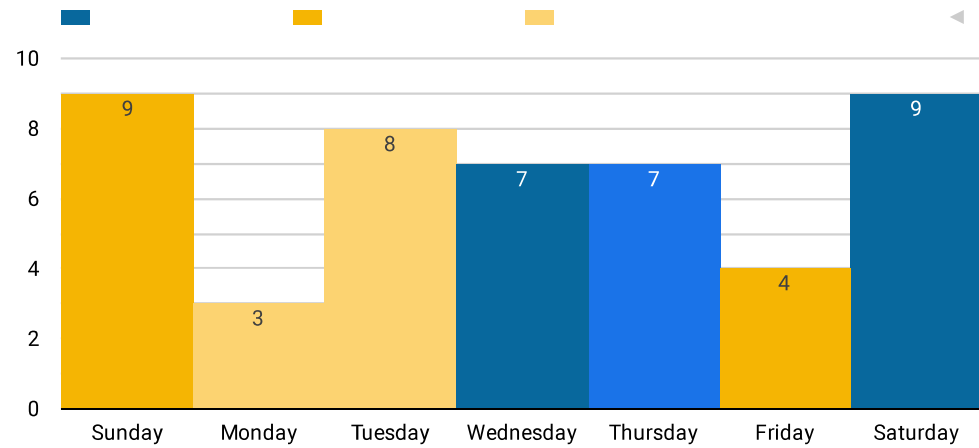
## Time of Calls

### Calls, by hour:

# Calls



### Calls, by Weekday:



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

Average Response Time (Minutes)

16.5

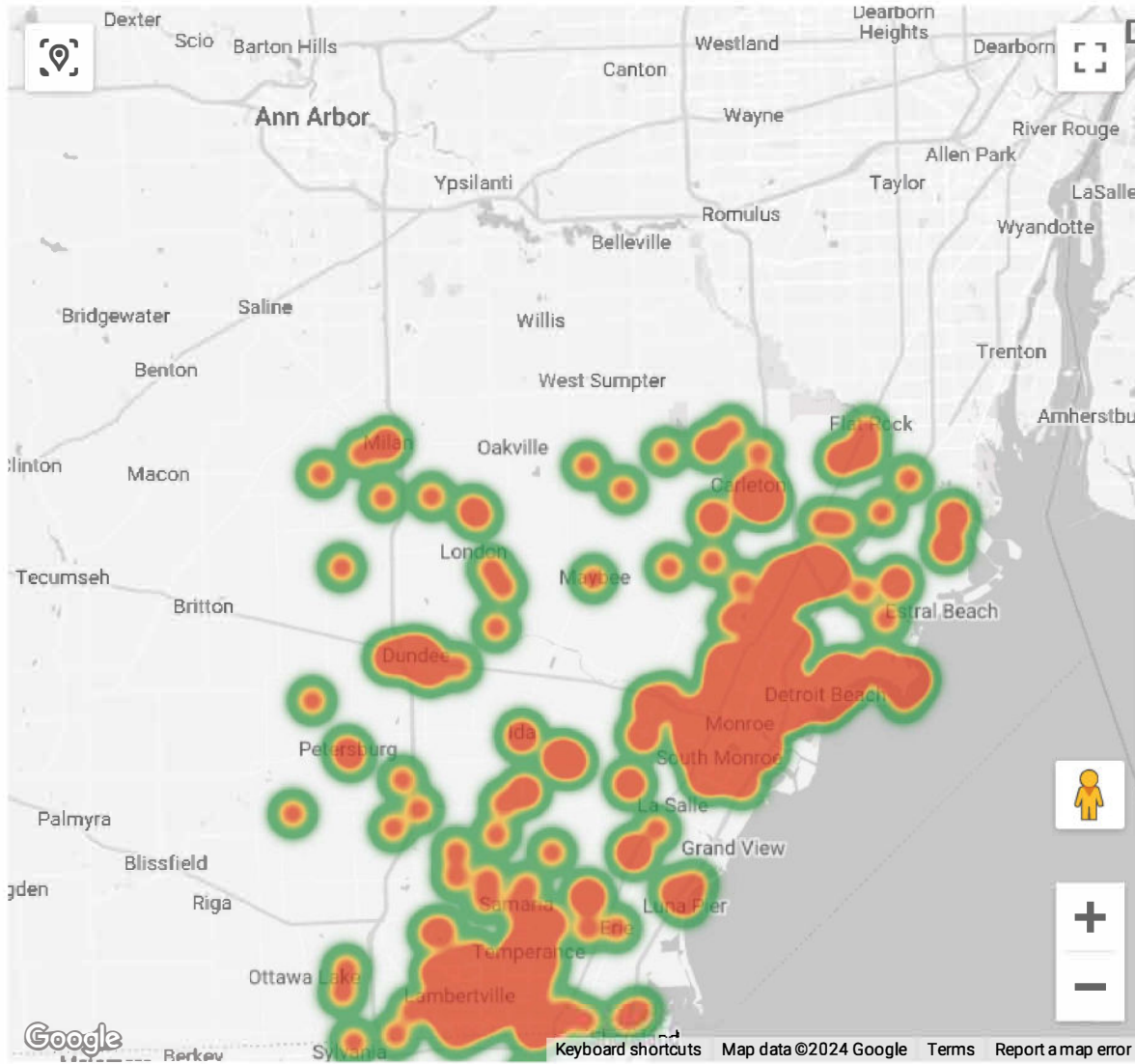
Month	Avg. Response Time ▾
2024 - 11	16.5

Select Month:: 2024 - 11

(1) ▾

# Location

## Mapping of locations deployed to:

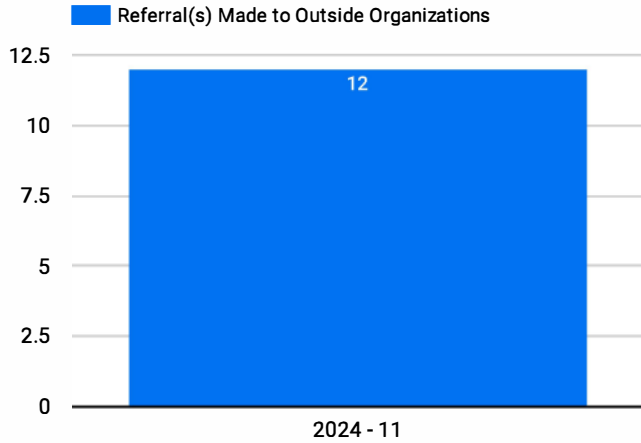


Month ▾	Zipcode	#	%
2024 - 11	48182	5	14%
2024 - 11	48160	0	0%
2024 - 11	48173	0	0%
2024 - 11	48166	7	19%
2024 - 11	48117	3	8%
2024 - 11	48134	0	0%
2024 - 11	48161	8	22%
2024 - 11	48162	14	38%

Select Month:: 2024 - 11

(1) ▾

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



Month ① ...	Referred To: ② ^	#	%
2024 - 11	Arrowhead Behavioral Health	0	0%
2024 - 11	Behavioral Health Treatment	0	0%
2024 - 11	CMH	9	50%
2024 - 11	Family Counseling and Shelter Services of Monroe	0	0%
2024 - 11	Fire Station	0	0%
2024 - 11	Gabby's Ladder	0	0%
2024 - 11	Harbor Light	2	11%
2024 - 11	Henry Ford Wyandotte	0	0%
2024 - 11	Holistic Wellness	0	0%
2024 - 11	Lemon Tree	0	0%
2024 - 11	MCOP	0	0%
2024 - 11	Michigan Works	0	0%
2024 - 11	Monroe County Animal Control	0	0%
2024 - 11	Paula's House	0	0%
2024 - 11	ProMedica ER	3	17%
2024 - 11	Pure Psych	0	0%
2024 - 11	RAW	0	0%
2024 - 11	Resource Flyer	0	0%
2024 - 11	SUD Treatment	2	11%
2024 - 11	Salvation Army Harbor Light	0	0%
2024 - 11	St. Joe's	0	0%

Select Month:: 2024 - 11

(1) ▾

### Where Referrals are Coming From:

		Month / # Calls
Deployed by:		2024 - 11
Monroe County Sheriff's Dept.		26
Monroe City Police		9
ACCESS		6
CMH		3
Self		1
Police Mental Health Referral		0
Mobile Crisis Follow Up		0

### Primary Issue or Diagnosis:

(New question starting 12/2023)

		Month / #
Issue/Diagnosis		2024 - 11
Thought Disorder		24
Suicidal Ideation		5
Substance Abuse		3
Neurocognitive		2
Homicidal Ideation		3
Environmental		1
Domestic Violence		2

Select Month:: 2024 - 11

(1) ▾

**Consumers, New and Repeats:**

	Month ⓘ ▲	New or Repeat Consumer...	#
1.	2024 - 11	New	19
2.	2024 - 11	Repeat	26

Select Month:: 2024 - 11

(1) ▾

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

# Narcan Kits Distributed

0

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

			Month / # / %
			2024 - 11
Race		#	%
White		31	79%
Unknown		2	5%
Other Race		1	3%
Multiracial		2	5%
Black or African American		3	8%

Select Month:: 2024 - 11

(1) ▾

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

			Month / # / %
			2024 - 11
Age		#	%
0 to 9		1	3%
10 to 17		13	34%
18 to 28		4	11%
29 to 39		8	21%
40 to 50		4	11%
51 to 61		3	8%
62 to 72		4	11%
73 to 83		0	0%
84 to 94		0	0%
95 +		0	0%
Not Collected		1	3%



# OPERATIONS REPORT

December 18, 2024

## COMMUNITY OUTREACH

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

### REVEL Marketing

- Community Awareness Campaign
  - Phase II in process
  - New billboard will be located on I-75 by Nadeau Road – January
- Facebook Like Campaign
  - Received 35 more likes since November report as of 12/6/2025 – 776 likes

## SERVICES

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

### Customer Services

- National Core Indicator (NCI) surveys were completed 3 weeks prior to due date. 23 surveys due , 41 pages each, of information that must be collected on the consumer and sent to MDHHS.
- Ongoing continued presence at community events.

### Grievances

#### **Quarter 1 Grievances: FY24/25 (November)**

3 grievances received – 2 granted and 1 pending

- Request for new therapist – granted
- Request for new CSM – pending
- Request regarding Medication refill - Resolved

### Kiosks

- November data provided – 68 total responses from all 3 kiosks
- Comments from consumers/guardians –
  - Most common negative feedback centers around staff not showing up timely for appointments and consumers feeling rushed by staff. This was discussed in our all staff meeting on December 5th

Pulse for Good kiosk data for the lobby, prescriber hallway, and Benesh building are attached for review.

### River Raisin Clubhouse Update

- In the process of being painted
- Utilities are all turned on
- Appliances in the process of being delivered
- In the process of securing movers
- Signage
- Inspections have been completed and minor findings are being repaired/replaced
- Once all the items are completed, a final occupancy inspection will be scheduled
- The goal is for the clubhouse to be moved into their new location the week of January 13, 2025

# PULSE FOR GOOD DATA

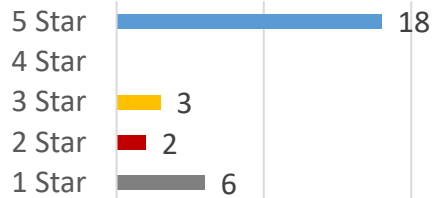
November 2024 / Location - Lobby Kiosk



Overall Rating: 4.10

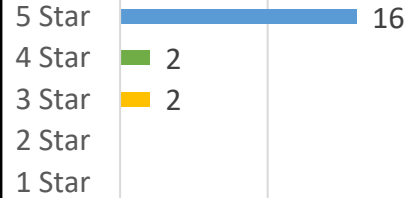
## How was your visit?

29 Responses / 3.76 Rating



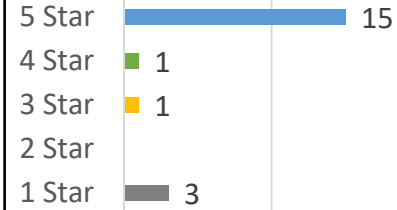
## Do you think this agency is a safe place to be?

20 Responses / 4.36 Rating



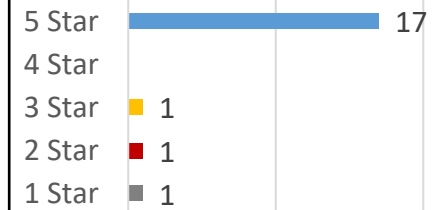
## How clean was it?

20 Responses / 4.25 Rating



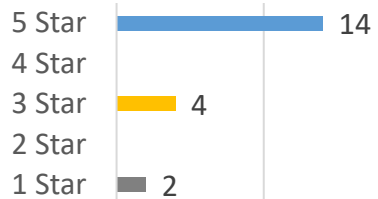
## How respectful was the staff?

20 Responses / 4.55 Rating



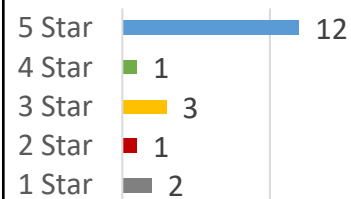
## How satisfied were you with scheduling your appointment?

20 Responses / 4.20 Rating



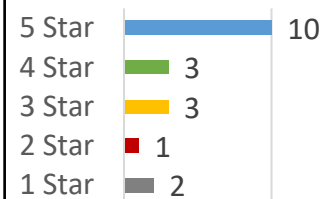
## How well did the appointment time work for you?

19 Responses / 3.90 Rating



## How convenient is our location?

19 Responses / 3.80 Rating

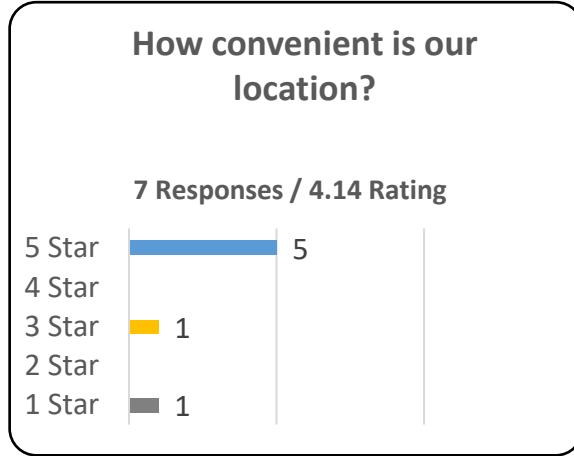
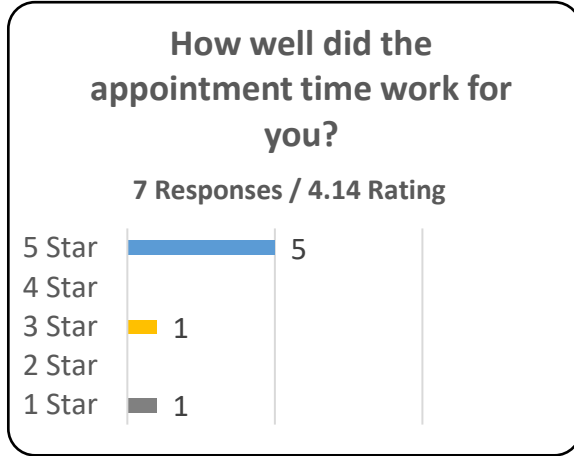
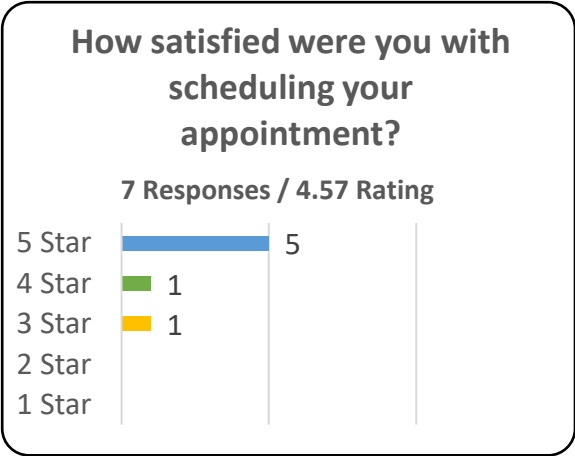
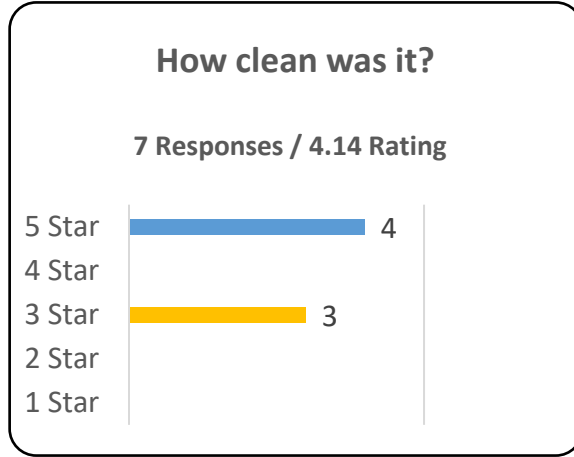
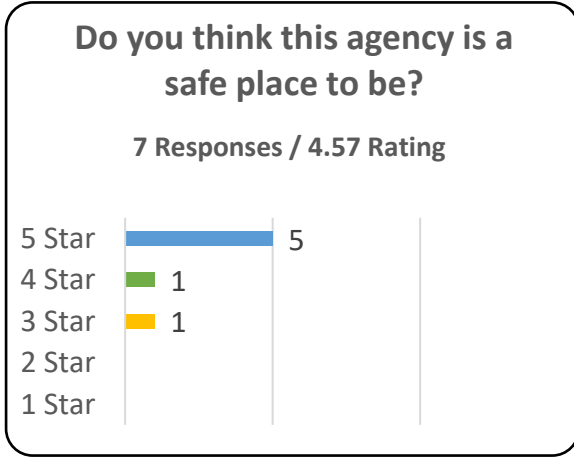
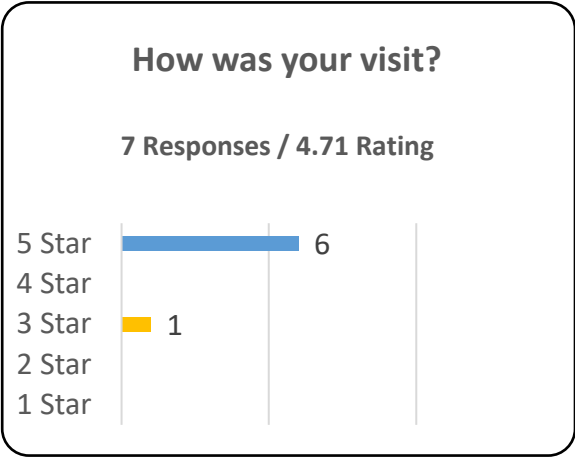


# PULSE FOR GOOD DATA



November 2024 / Location – Prescriber Kiosk

Overall Rating: 4.41



# PULSE FOR GOOD DATA

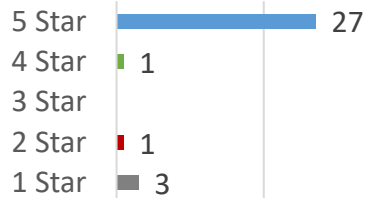
November 2024 / Location - Benesh Kiosk



Overall Rating: 4.79

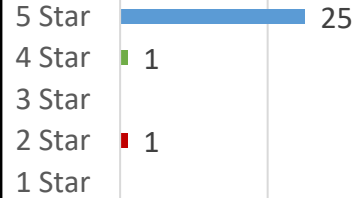
## How was your visit?

32 Responses / 4.50 Rating



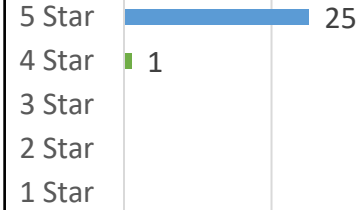
## Do you think this agency is a safe place to be?

27 Responses / 4.85 Rating



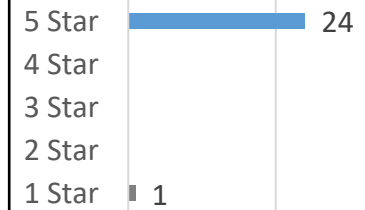
## How clean was it?

26 Responses / 4.96 Rating



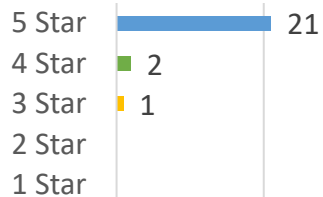
## How respectful was the staff?

25 Responses / 4.96 Rating



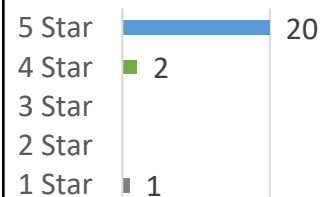
## How satisfied were you with scheduling your appointment?

24 Responses / 4.83 Rating



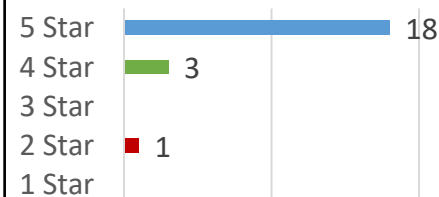
## How well did the appointment time work for you?

23 Responses / 4.74 Rating



## How convenient is our location?

22 Responses / 4.73 Rating





## BOARD COMMUNITY RELATIONS AD-HOC COMMITTEE

Thursday, November 21, 2024

4:00pm

### MAJOR COMMITTEE RESPONSIBILITIES

1. To foster a trusting relationship between MCMHA and the community it serves.

### COMMITTEE MEMBERS

Rebecca Pasko, Chair; Dawn Asper; Rebecca Curley; Susan Fortney; Naomi Stoner; and Michael Humphries (Ex-Officio)

### DRAFT MINUTES

#### I. CALL TO ORDER

Susan Fortney called the meeting to order at 5:00pm. Susan Fortney, Rebecca Curley, Naomi Stoner, Dawn Asper (arrived at 4:32pm), and Lisa Graham were present. Rebecca Pasko and Mike Humphries were excused.

#### II. FOLLOW-UP FROM PREVIOUS MEETING

- a. Revel Marketing – Lisa Graham commented that when the committee met last month, there was a discussion on what Revel has done for us so far and what they proposed to do for us in additional marketing and the website. Proposed marketing updates include:
  - i. Website Phase 2 Options; Business Cards/Stationary Updates; Content Calendar & Social Media Management (12 months); Like Campaign; Bi-monthly (6 annual) External Enewsletters; Program Testimonial Video; and Poster Rackcard Materials.
    1. Lisa Graham commented that we decided not to do anything with the website at this time as the new website was just launched.
    2. The Like Campaign is currently in process until December 2024.
    3. Lisa Graham commented that Revel was updating the content calendar and social media management until March 2024. At the time we were not getting a lot of traffic. The Like Campaign was implemented, and Revel managed to get our information available to draw people to our Facebook page. Since the Like Campaign started, likes on the page have increased by 200-300. If we can get the likes up, then it may be worth having them manage our social media. We will wait till the end of the quarter to review data.
    4. Lisa Graham commented that Revel does an internal newsletter for MCMHA. One of the items that came out of the staff survey, high on the list, is that staff like recognition. It is very important. That internal newsletter is really good and part of something we are already doing. An external newsletter would be sent every other month with what is happening locally and at the state level and be sent to consumers and community partners.
  - ii. Review Blog Costs – This was part of the website phase 2 options and we have decided not to do anything at this time.

#### III. DISCUSSION OF COMMITTEE SCOPE

- a. Educating community about what CMH can and cannot do, services provided; follow up as Town Hall was not community inclusive.
  - i. Susan Fortney asked how the committee could be instrumental in promoting the Town Hall for more community partners to attend.
  - ii. Naomi Stoner commented that the ISD has a Mental Health Round Table in the Spring and Fall. The Mental Health Round Table is a good way to reach the community.
  - iii. Lisa Graham commented that MCMHA hosts a Mental Health Summit. Invitation only. There is a theme every year and invitations are appropriate to the theme.
  - iv. Lisa Graham commented that if the committee has suggestions on how to promote events to let her know.

#### IV. REVIEW ANY ISSUES FROM CLINICAL REPORTS THAT NEED FOLLOW UP

- a. Susan Fortney asked if there was anything in the clinical report that this committee from a community relations perspective needed to do anything with or follow up on. Lisa Graham commented that there wasn't anything that came out of the clinical report that needs follow up.
- b. Committee members discussed Board education on topics presented within the clinical and operations reports. Lisa Graham will bring this topic to the Board Executive Committee to see if this is something the Board wants to add.

#### V. AS AN AD-HOC COMMITTEE STRUCTURE – DISCUSSION ON FUTURE SCHEDULE

- a. Tabled to next meeting.
- b. Dawn Asper commented on the committee meeting quarterly to monitor things to know what has been put in place is working.

**VI. NEXT STEPS**

- a. Dawn Asper commented that she would like to see MCMHA out in the community, to continue communications with community partners, and that those conversations are going well.
- b. Susan Fortney requested a list of events that MCMHA has participated in over the last year.

**VII. NEXT MEETING AGENDA**

- a. Revel Marketing
  - i. External Newsletter – Bridgitte Gates to get pricing for quarterly or three times a year Enewsletter.
- b. MCMHA Event List
- c. Discussion of Future Committee Schedule

**VIII. PARKING LOT**

- a. Revel Marketing – Content Calendar/Social Media Management
  - i. Add to January agenda to review Facebook traffic and if it is worth the investment.
  - ii. Bridgitte Gates will follow up on what is all included in the cost.

**IX. AJOURNMENT**

The meeting adjourned at 5:19pm.

**X. NEXT MEETING**

The Next Meeting of the Board Community Relations Ad-hoc Committee is scheduled for **Thursday, December 19, 2024** at 5:19pm.

Respectfully submitted,

*Susan Fortney (dp)*

Susan Fortney  
Committee Member

11/25/24



## BOARD PERFORMANCE EVALUATION COMMITTEE

Tuesday, November 19, 2024

5:00pm

### MAJOR COMMITTEE RESPONSIBILITIES

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

### COMMITTEE MEMBERS

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

### DRAFT MINUTES

#### I. CALL TO ORDER

The meeting was called to order by Mike Humphries at 5:03pm. Mike Humphries, Susan Fortney, LaMar Frederick, and Catherine Bernhold were present. Lisa Graham was excused.

#### II. DEVELOP TIMELINE FOR CEO PERFORMANCE EVALUATION

- a. The committee developed a timeline to conduct the 2024 CEO Performance Evaluation.

#### III. NEXT STEPS

- a. 360 Surveys will be sent to the Board, Direct Reports, PIHP, and Community Partners on Monday, December 9, 2024 and will have through Friday, December 20, 2024 to complete.
- b. The committee will convene in January to review the CEO Self-Evaluation, 360 Survey results and complete the Evaluation Comparison Tool.
- c. The committee will meet with the CEO to review results of the CEO Self-Evaluation, 360 Surveys, and Evaluation Comparison Tool.
- d. The committee will develop an overall performance evaluation summary for presentation to the full Board at the February 26, 2025 Board Meeting.

#### IV. ADJOURNMENT

The meeting adjourned at 5:32pm. The next meeting is scheduled for Tuesday, January 21, 2025 beginning at 5:00pm.

Respectfully submitted,

*Michael Humphries (dp)*

Mike Humphries  
Performance Evaluation Committee Chair

11/21/24

# CEO REPORT

December 18, 2024

## RECRUIT AND RETAIN STAFF

**Staff Retention:** MCMHA exceeded our staff retention target of 85%, closing FY24 with a retention rate of 89.87%.

## FINANCE

**Non-Medicaid/General Fund:** Next month, MCMHA will implement a new process for non-Medicaid consumers entering services. Non-Medicaid consumers who have incomes greater than 200% of the federal poverty limit will have an ability to pay (ATP) and will be billed based on that ATP. MCMHA will inform consumers of their ATP prior to completing the full intake assessment. A reminder that no consumer will be turned away for lack of paying for their services. They will, however, be billed monthly, and will be asked to make a payment when they schedule new appointments.

**Plan First:** MCMHA has heard from 40 of the approximately 70 consumers who are currently assigned to Plan First. Our Benefits Specialist is assisting those consumers with appealing the Plan First determination and with getting reassigned to Medicaid.

## REGIONAL

**FY25 PIHP Contract:** Region 6, along with five others in Michigan, has not signed their FY25 contract with MDHHS. At the 12/11 Regional Board meeting, the board voted unanimously to join a lawsuit that has been initiated by three other PIHPs (Northern Network, Northern Michigan Regional Entity, and Region 10). The primary objections to the current contract are premature language related to the Waskul Settlement, percent of budget allowed to fund ISF/Carry Forward, and language related to CCBHC.

**Waskul Lawsuit:** On 12/11, U.S. District Court approved a settlement reached between MDHHS and the plaintiffs in the Waskul Lawsuit. The result, which is still subject to legislative appropriations and various other approvals, would provide consumers who are enrolled in the Habilitation and Supports Waiver AND who are using Self-Determined arrangements, a higher rate for CLS services. Contracted CLS providers receive \$25.40 per hour. The settlement mandates a \$31 per hour rate for consumers using self-determination arrangements. The \$31 per hour can be used to pay caregivers AND for expenses and transportation for outings (examples: mileage reimbursement, movie tickets). This settlement was approved despite the objections of Region 6 and other PIHPs as well as CMHAM.

## UPCOMING EVENTS

**MCMHA Offices are closed December 24, 25, & 31 and January 1. Offices reopen on January 2.**

*Please refer to the Clinical Operations packet for detailed clinical and operations updates.*

Respectfully Submitted,



Lisa Graham, LMSW