



MONROE COMMUNITY MENTAL HEALTH AUTHORITY

BOARD MEETING

January 29, 2025 – 6:00 p.m. / Aspen Room

Draft Amended 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.

	<u>Guide</u>
I. Call to Order	01 min
II. Roll Call	02 min
III. Pledge of Allegiance	02 min
IV. Motion to Adopt the Agenda as Presented	02 min
V. Motion to Approve the Minutes from the January 15, 2025 Board Meeting and waive the Reading Thereof	02 min
VI. Board Meeting Evaluation Report (<i>handout</i>)	05 min
VII. Public Comments	03 min/Person
<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>	
VIII. Presentations, Recognition, and Celebrations	40 min
a. Clinical Report – Crystal Palmer	
b. Operations Report – Bridgitte Gates	
c. FY2025-2027 Strategic Plan – Lisa Graham (<i>handout</i>)	
XI. Board Committee Reports	05 min
a. Committee Chair Reports	
i. Executive Committee	
ii. Recipient Rights Advisory Council	
b. Motion to Place on File All Written Committee Reports	02 min
c. Board Workshop scheduled for Wednesday, February 5, 2025 from 6pm-8pm	

- IX. Items for Board Action** **05 min**
- a. **Motion to Approve the Consent Agenda Less Item _____**
 - i. Service Contracts as Presented
 - ii. Administrative Contracts as Presented
 - b. **Motion to Accept the MCMHA FY2025-FY2027 Strategic Plan**
 - c. **Motion to Approve the Board Action Request for the Purchase of 70 Configured to Order Laptops, Including a 3-year Depot Warranty, 20 Extra Docking Stations, and 25 New Laptop Bags from Lenovo Inc. at a Total Cost of \$78,810.00**
- X. Authority and Regional Policy Review/Approval** (*Executive Summary in Packet*) **02 min**
- a. **Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented**
 - i. **Policy:** POC7095 Assisted Outpatient Therapy (AOT)
 - ii. **Procedure:** POC7031-P2 Initiating a Self-Directive Service – Choice Voucher Arrangement
 - POC7082-P4 Coordination of Care Letter
 - POC7057-P4 How to give a SQ (Subcutaneous) Injection
 - POC7057-P5 How to Give IM (Intramuscular) Injections
 - POC7057-P10 Blood Pressure Readings and Responses
 - iii. **Exhibit:** POC7031-E1 MCMHA Self-Directed Services Agreement Form
 - POC7031-E2 MCMHA Employment Agreement Form
 - POC7031-E3 MCMHA Medicaid Provider Agreement Form
 - POC7095-E1 Court Liaison Flowchart
 - POC7095-E2 TX Team Flowchart
 - POC7082-E1 Coordination of Care Letter – Start Services
 - POC7082-E2 Coordination of Care Letter – End Services
 - POC7082-E3 Coordination of Care Letter – Psychiatric Admission
 - POC7082-E4 Coordination of Care Letter – Annual IPOS
 - POC7082-E5 Coordination of Care Letter – Start Medication
 - POC7082-E6 Coordination of Care Letter – End Medication
 - iv. **Brochure:** N/A
 - v. **Rescind:** POC7031-P1 Case Management of Self Determination / Choice Voucher Arrangement
 - POC7024-E7 PHS Authorization Flow – New Consumer
 - POC7024-E8 PHS Authorization Flow – Open Consumer
 - POC7077-P2 Actions for Incomplete, Unclear, Illegible Medication Orders
 - vi. **Relocate:** N/A
 - b. **Motion to Approve the Regional Policies as Presented** **02 min**
 - i. **Policy:** FCM3041 Debarment, Suspension and Exclusion
 - ii. **Exhibit:** N/A
- XII. Relationship with the Region, County, and Others** **10 min**
- a. Regional PIHP Board Meeting Minutes – December 11, 2024
 - b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko
- XIII. Items from the Chief Executive Officer** **05 min**
- a. Chief Executive Officer’s Report – Lisa Graham
- XIV. New Business** **00 min**
- XV. Public Comments** **03 min/person**
- XVI. Adjournment** **01 min**

The next regular scheduled meeting for the Monroe Community Mental Health Authority Board is to be determined.

LG/dp 5:09pm



**BOARD OF DIRECTORS REGULAR MEETING MINUTES
January 15, 2025**

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

Excused: Deb Staelgraeve and Pam Ray

Absent:

Staff: Lisa Graham

Guests: 4 guests were present

I. CALL TO ORDER

The Board Vice Chair, Susan Fortney, called the meeting to order at 6:02 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

Ken Papenhagen moved to adopt the draft agenda as presented. Susan Fortney supported. Motion carried unanimously.

V. CONSIDERATION TO APPROVE THE MINUTES FROM THE DECEMBER 18, 2024 BOARD MEETING AND WAIVE THE READING THEREOF

Catherine Bernhold moved to approve the minutes for the December 18, 2024 Board Meeting and waive the reading thereof. John Burkardt supported. Motion carried unanimously.

VI. BOARD MEETING EVALUATION REPORT

Board members reviewed the December 18, 2025 Board Meeting Evaluation Report.

VII. PUBLIC COMMENTS

There were no public comments.

VIII. ITEMS FOR BOARD CONSIDERATION

a. Service Contracts

- i. Service Contracts Ismail B. Sendi, MD PC DBA New Oakland Child & Family Services; Michigan BH HV LL D BA Beaumont Behavioral Hospital; Henry Ford Kingswood; Henry Ford Wyandotte; Hillsdale Hospital; W.A. Foot Memorial Hospital dba Henry Ford Health Jackson; Residential Opportunities Inc; Choices with Self Determination LLC; Arkay Inc.; Choices with Self Determination LLC; CHS Group LLC; Life Enrichment Academy Inc; Community Living Network; Mastrofrancesco Inc.; Macomb Residential opportunities; Progressive Residential Services; and Everest Inc. were presented by Alicia Riggs.

Lisa Graham will provide more information on the Community Living Network service contract for enhanced pharmacy at the next board meeting.

b. Administrative Contracts

- i. Administrative Contract for Dr. Bagga was presented by Alicia Riggs.

Mike Humphries commented on how contracts are presented and reminded Board members that just because we are contracting with them doesn't mean we are going to utilize the contract. The contract will be in place in case it is needed. Mike would rather see how the improved rate is better than the standard rate vs CPT codes.

IX. FINANCIAL REPORTS

a. Year in Review: Ken Melvin presented the 2024 highlights and looking forward to 2025.

i. 2024 Highlights:

1. Started up a new accounting system - Business Central (BC)
 - Digitization of invoice receipt, entry, and approval in BC
 - Department head approval in the system instead of a manual/paper process
 - Virtually eliminating unpaid invoices and payment delays that existed previously
 - Transferring most vendors to ACH to streamline payment and timeliness
 - Integrating the CRCT with BC to eliminate manual entry
 - Bank reconciliations are now done in the system instead of manually
2. Successfully implement the Standard Cost Allocation (SCA) model
 - Working with HR/Payroll to setup the payroll system to allow functionality and compliance with the model
 - Complete chart of accounts restructuring to align with SCA
3. Completion of the 2023 audit with a clean audit opinion on the financial statements
4. Navigated the 2023 Medicaid deficit with a projected surplus in 2024
5. On-time submission of our final Financial Status Report (FSR) and Encounter Quality Initiative (EQI) report
6. New banking and credit card options
 - Credit cards are now streamlined in the Chase platform for timely payment
 - Each credit card is tied to a user and an acknowledgement signed to establish accountability
7. CCBHC
 - Successfully standup the CCBHC model from a finance perspective
 - Enrollment of clinicians not previously enrolled before CCBHC
 - Contracting with third parties including Medicare
8. Standardizing claims processes, provider interactions and claims edits
 - Enhancing claims edits to ensure accuracy
9. Converting grants to fee-for-service (FFS) models for both FY24 and FY25

ii. 2025 Looking Forward:

1. Continue to develop Business Central (BC)
 - Increased budget to actual monitoring at the service level
 - Digitize the requisition and purchasing function as part of the BC system
2. Provider Network
 - Successful advocacy for increased CLS/H2015 rate by \$.75
 - Continued advocacy for higher rates and stabilization

- Development and adherence to standard policies and practices for all provider claims
 - Purchase group homes to bring people back from out-of-county when appropriate
 - 3. CCBHC
 - Successfully stood up a DCO for mental health services. Continuing to explore SUD options
 - Continued focus on non-Medicaid costs and how to limit losses
 - 4. Procedure and process improvements
 - Develop credit card processing software and procedure for payments from people served
 - Continue to enhance our credit card purchasing platform through Chase
 - 5. Continued focus and advocacy at the State level for eligibility issues
 - Plan First
 - Spenddown delays
 - HAB Waiver issues
 - 6. Board financial information
 - Revise financial and contract reporting to summarize and add clarity
 - Provide more information to the board to offer financial transparency such as check registers
- b. Fiscal Finance Report: Ken Melvin presented the November financials, highlighting:
- i. Eligibility has mostly leveled off during August of 2024. Rate adjustments are now in effect and are reflected show increased dollars since April. Additionally, the State has indicated \$41 million in funding to be distributed state-wide sometime in 2025 for the 2024 fiscal year.
 - ii. Cash and Investments are up from prior year primarily from collection of receivables from the PIHP.
 - iii. Liabilities are also up from prior year primarily related to estimated claims incurred but not reported.
 - iv. Net income is projected to be down compared to prior year primarily due to GASB 68 & 75 adjustments that are currently unknown and will be available in early 2025 from the actuaries.
 - v. Revenue received from the PIHP was less than expenses by \$307,524 this month. Our CCBHC supplemental payment is not sufficient to cover expenditures due to the state allocation. This will be made whole through a settlement with the PIHP/MDHHS.
 - vi. The CCBHC program is showing a surplus of \$527,402 through this reporting period. We continue to work with the PIHP to accelerate the reporting of T1040s which will bring in more revenue. As we continue to look at generating more T1040s on the revenue side, primary focus shifts to expenses. The change from the prior year's deficit is largely related to the increase in T1040s related to our DCO relationship.
 - vii. State General Fund is showing a deficit of \$625,097, primarily related to spenddowns, individuals falling off Medicaid and CCBHC non-Medicaid. This deficit is covered by local funds.

Lisa Graham commented that progress has been made with the PIHP to submit claims more frequently. Lisa will include more information in the Directors Report for the next board meeting.

Lamar Frederick shared his concern with the General Fund (GF) deficit. Lisa Graham commented that it has slowed and with processes in place, starting February 1, 2025, those will begin to impact this number. General Fund is one of the bigger priorities of the Strategic Plan for this year.

X. NEW BUSINESS

There was no new business.

XI. PUBLIC COMMENTS

There were no public comments.

XII. BOARD ANNOUNCEMENTS

Ken Papenhagen wished everyone to have a blessed year.

Rebecca Pasko thanked everyone for their thoughts and prayers.

Mike Humphries welcomed everyone back, business as usual. Happy New Year to everyone and we will see you all again next Wednesday.

XIII. ADJOURNMENT

Mike Humphries adjourned the meeting at 7:13pm.

Submitted by,

Catherine Bernhold
Board Secretary

LG/dp
1/17/25

Board Clinical Report – Executive Summary

January 22, 2025

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

- The CCO and Clinical Directors provided a thank you breakfast to the entire clinical department.

COMMUNITY OUTREACH

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

- There were 26 universal referrals made in December. 50% received some type of follow-up, services authorized, etc. 31% declined any further intervention, and 19% 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 two (2) programs/activities and three (3) 1:1 meeting during the month of December.

FINANCE

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

- MCMHA prepared for a grant opportunity for a Quick Response Team.

SERVICES

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

- Crisis Mobile was deployed 63 times in December, which averaged 1.67 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 18.35 minutes, which is likely due to 61% of the calls are from the 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 55% were from the Monroe County Sheriff's Department and Monroe City Police; 39% were from Access Dept/CMH, and 6% were self-referral.
- Enrollment for the CCBHC has increased by 15 members over the last month. This is a 0.7% increase in enrollment from the previous report.
- The data for incoming calls being answered is at 96.6% for FY25, which meets MCMHA's goal of 95%.
- There were 155 appointments scheduled for the Benesh Building in FY25 with 85% occurring in the office.
- MCMHA currently has 80 enrollees in the Behavioral Health Home program.

BOARD CLINICAL REPORT

January 22, 2025

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 January 14th:

- Case Service Manager – Child/Family (2 positions)
- Case Service Manager – BHT
- Case Service Manager – I/DD
- Case Service Manager – Adult (2 positions – 1 NEW)
- Children's Therapist/Case Manager
- Crisis Mobile Response Clinician/Peer (1 position)
- Evaluation & Admission Specialist Short Term Outpatient Therapist
- Peer Support Specialist (PT – 2 positions, FT – 1 position)
- Transition Facilitator (NEW)
- 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

On December 19th the Chief Clinical Officer and the Clinical Directors hosted an appreciation breakfast for all clinical staff to thank them for all of the hard work they do every day. Throughout the year our clinical staff work tirelessly with the individuals we serve in their most vulnerable times. Their presence in each person's lives is invaluable in managing crisis, conflict, care, coordination and being that one person that they can count on. This was a way to acknowledge all of their hard work every day and to say "Thank You" for all you do for those we serve.

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:

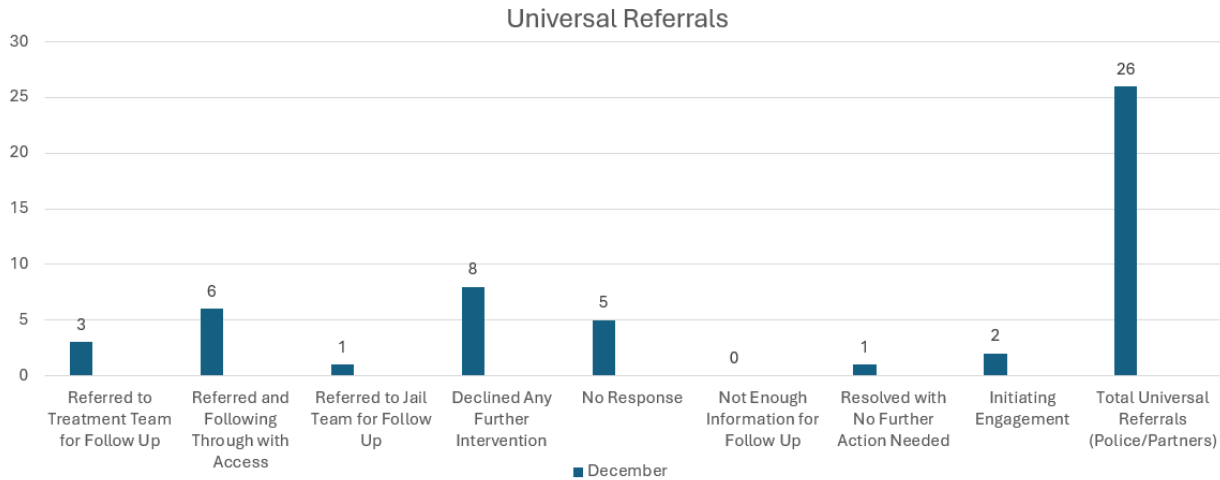
- Opportunity Center at the ALCC
- Salvation Army
- Disabilities Network
- Paula's House
- Fairview
- Saleh Center
- Health Department's Maternal and Child Health Services

BOARD CLINICAL REPORT

January 22, 2025

- Monroe Housing Commission
- YMCA
- Michigan Works!
- Oaks of Righteousness
- ProMedica Physicians Monroe Pediatrics – Dr. Gandert

During the month of December 2024, there have been 26 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 December, MCMHA Peer Support Staff provided three (3) 1:1 meetings/appointments and the peers did engage in 2 programs/activities within the Opportunity Center.

Outreach Activities

The Director of Access/Crisis/Diversion met with the MDOC (felony probation) regarding rekindling of our relationship and collaboration with our Jail Diversion program and our shared clients along with learning of some individuals that may need some assertive outreach. As a result, we will be engaging in monthly meetings to have continued collaboration on shared cases.

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

BOARD CLINICAL REPORT

January 22, 2025

During the month of December, MCMHA prepared for a grant opportunity through MDHHS for a Quick Response Team. If approved, QRT would allow us to add a Peer Recovery Coach to our Crisis Mobile Team and follow up on every overdose that happens in our county!

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 December.

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										0
48103	Ann Arbor	0	0	0										0
48104	Ann Arbor	1	0	0										1
48105	Ann Arbor	0	0	0										0
48111	Belleville	0	0	0										0
48117	Carleton	5	2	0										7
48131	Dundee	0	0	1										1
48133	Erie	6	3	1										10
48134	Flat Rock	0	0	0										0
48135	Garden City	0	0	0										0
48140	Ida	0	0	1										1
48144	Lambertville	0	0	2										2
48145	LaSalle	0	0	0										0
48153	Maybee	0	0	0										0
48157	Luna Pier	1	0	1										2
48159	Maybee	1	3	4										8
48160	Milan	1	0	0										1
48161	Monroe	20	22	13										55
48162	Monroe	17	11	10										38
48164	New Boston	0	0	0										0
48166	Newport	2	10	5										17
48177	Samaria	0	0	0										0
48179	South Rockwood	0	0	0										0
48182	Temperance	8	2	0										10
48191	Willis	0	0	0										0
48198	Ypsilanti	0	0	0										0
48214	Detroit	0	0	0										0
48336	Fowlerville	0	0	0										0
48817	Corunna	0	0	0										0
49221	Adrian	0	0	0										0
49267	Ottawa Lake	0	1	0										1
49270	Petersburg	1	0	0										1
49276	Riga	0	0	0										0
Total		63	54	38	0	0	0	0	0	0	0	0	0	155

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.

	% Appointments in Office	% Kept Appointments (in-person/virtual)
October 2024	91%	47%
November 2024	78%	45%
December 2024	87%	53%

BOARD CLINICAL REPORT

January 22, 2025

Crossroad Clubhouse

The River Raisin Clubhouse continues to work on the completion of the requirements for their occupancy certificate. They are scheduled to move location on January 15th but will need to wait to provide services there until the city inspection occurs and is approved.

Certified Community Behavioral Health Clinic (CCBHC)

As of December, there were 2,118 members currently enrolled in CCBHC through the WSA, which is an increase of 15 enrollees or 0.7% since last reported. This number will continue to fluctuate as consumers enroll and disenroll in services. This remains to be around 80% of our consumers.

CCBHC Program Director continues to work with Psych Resolutions, our only Designated Collaborating Organization (DCO), to ensure a smooth implementation of this new component. Staff have been educated on the importance of and appropriateness of utilizing the DCO for CCBHC consumers. Monitoring of T1040s, Service Activities Logs, authorizations, and encounters will continue and be used to assess the effectiveness of the DCO.

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.”

Behavior Health Home (BHH)

The Behavioral Health Home (BHH) provides comprehensive care management and coordination services to Medicaid recipient with a select serious mental illness/serious emotional disturbance (SMI/SED) diagnosis. Participation is voluntary and an enrolled recipient may opt-out at any time.

The program has three goals: 1) improve care management; 2) improve care coordination between physical and behavioral health care services; and 3) improve care transitions between primary, specialty, and inpatient settings of care.

Initially, MCMHA implemented the program through the Assertive Community Treatment (ACT) team as a nurse is always working with those consumers. However, once we expanded to other individuals within the SMI population, we found it more difficult to manage. Therefore, in December 2024 we have transitioned the program lead to a nurse who is identifying case referrals and overseeing maintenance. The nurse has taken over reviewing cases appropriate for the BHH program and has reviewed current cases for appropriateness of ongoing BHH services. This has resulted in some identified cases have met their care goal; therefore, the service was no longer needed, and the person graduated from the program. We are currently utilizing the Personal Health Review (PHR) completed by the nurses to identify new incoming or current cases for enrollment. (The PHR is the physical health assessment.)

MCMHA has had a total of 128 individuals enrolled in BHH since the program began. We have had 48 disenrollments due to completion of the program, relocation, death, or voluntary quit. We currently have 80 active enrollees.

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) 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.*

BOARD CLINICAL REPORT

January 22, 2025

Serious Emotional Disturbances Waiver (6 Enrolled) 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/123 Enrolled) This is a cooperative Federal and State agreement allowing for a waiver on certain requirements to allow us to provide services in a community setting rather than in an institution. Enrolled consumers on the HAB waiver must meet specific guidelines to be eligible including a documented developmental disability, living in the community, active Medicaid, need for Intermediate Care Facility, active and ongoing treatment, and assistance to support functioning, and at least one HAB waiver service per month in addition to supports coordination. ***It should be noted that MCMHA has 126 assigned slots for the HAB Waiver.

We continue to process HAB applications (awaiting agreement and signatures from guardians) and wait for MDHHS approval as needed.

MISCELLANEOUS

Call Volume Data

Below is the call volume data for Fiscal Year 25.

	October-24	November-24	December-24
Incoming Calls	5027	3943	2340
Incoming calls minus abandon calls	4906	3808	2224
Calls Answered	4557	3487	2057
Missed/Abandoned Calls	121	135	116
Abandoned Calls	462	430	274
% incoming calls answered	91%	88%	88%
% incoming calls answered minus abandon calls	98%	97%	95%

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 quarter of Fiscal Year 2025, we **average 96.6%**, which is over our goal.

Caseload Report

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

Select Month:: 2024 - 12

(1) ▾



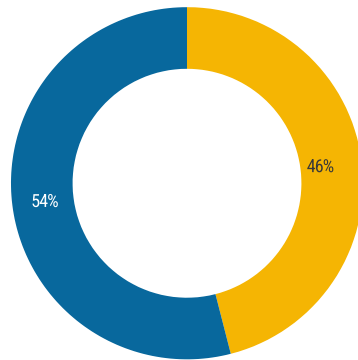
Monroe County CMH Crisis Mobile Utilization Report

Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

63

Month	Initial or ...	#	%
2024 - 12	Follow-Up	34	54%
2024 - 12	Initial	29	46%



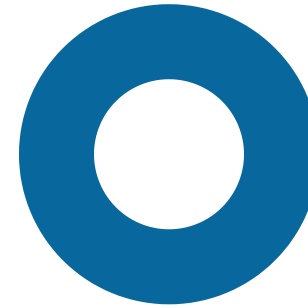
● Initial ● Follow-Up

Average Face-to-Face Interaction Time (Hours)

1.67

Month	Avg F2F Contact
2024 - 12	1.67

● Face-To-Face ● Contact Attempt



Month	Contact Type	Hours
2024 - 12	Indirect Contact (Phone/Email/Other)	0
2024 - 12	Contact Attempt	0
2024 - 12	Face-To-Face	45.2

Select Month:: 2024 - 12

(1) ▾

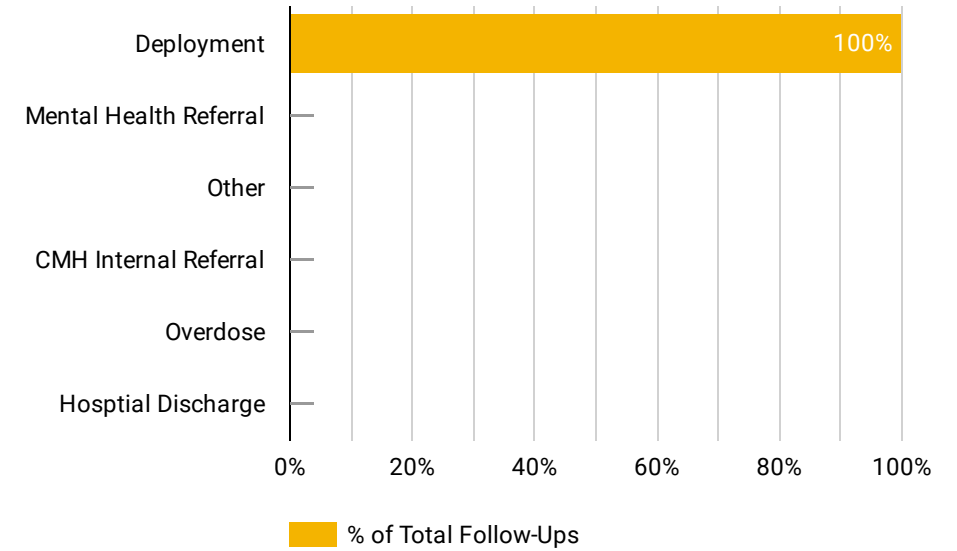


Monroe County CMH Crisis Mobile Utilization Report

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

Note: Tracking for follow-ups started October 2024

Month ① ▲	Type ② ▲	#	%
2024 - 12	CMH Internal Referral	0	0%
2024 - 12	Deployment	34	100%
2024 - 12	Hospital Discharge	0	0%
2024 - 12	Mental Health Referral	0	0%
2024 - 12	Other	0	0%
2024 - 12	Overdose	0	0%



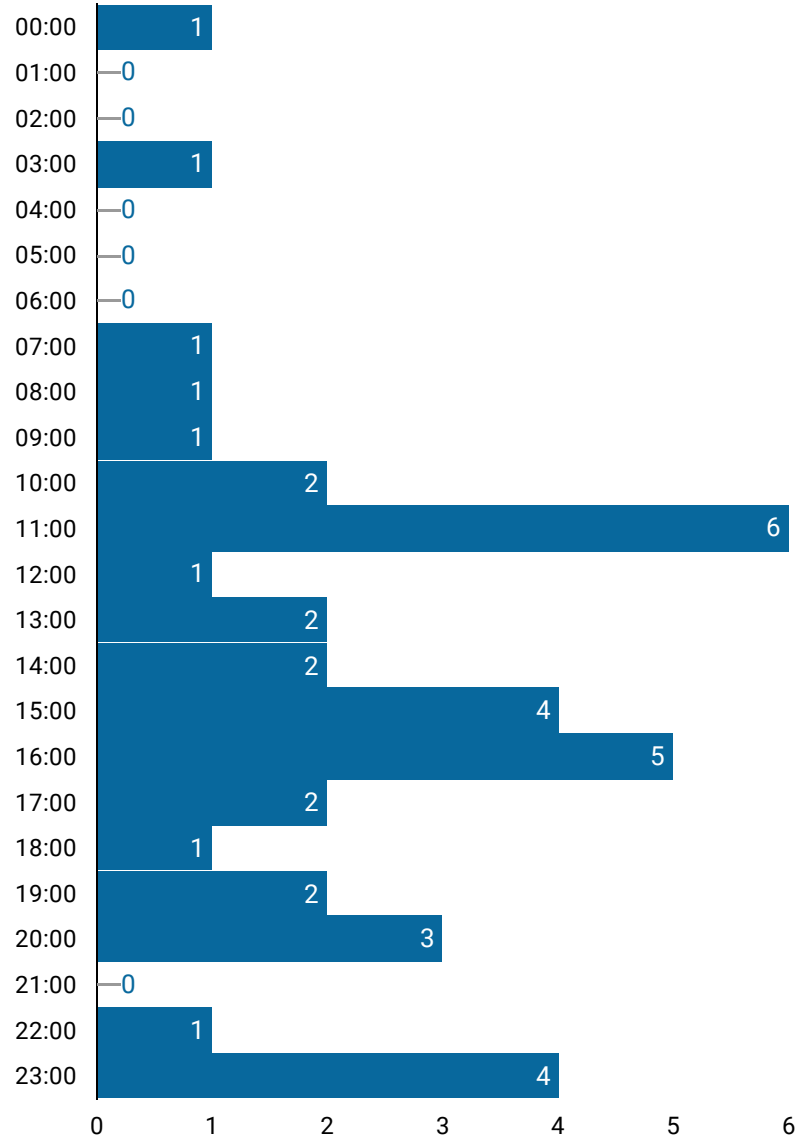
Select Month:: 2024 - 12

(1) ▾

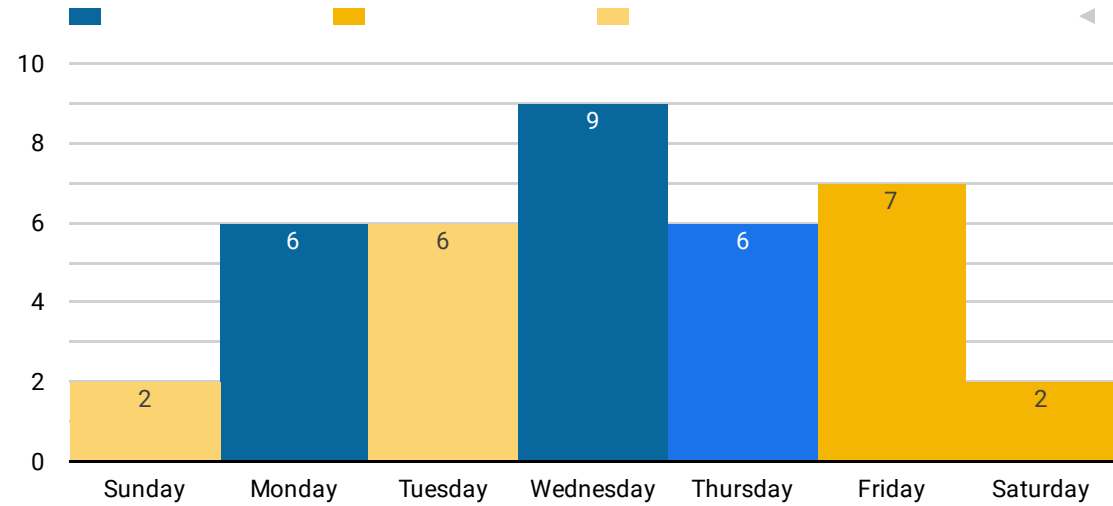
Time of Calls

Calls, by hour:

Calls



Calls, by Weekday:



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

Average Response Time (Minutes)

18.35

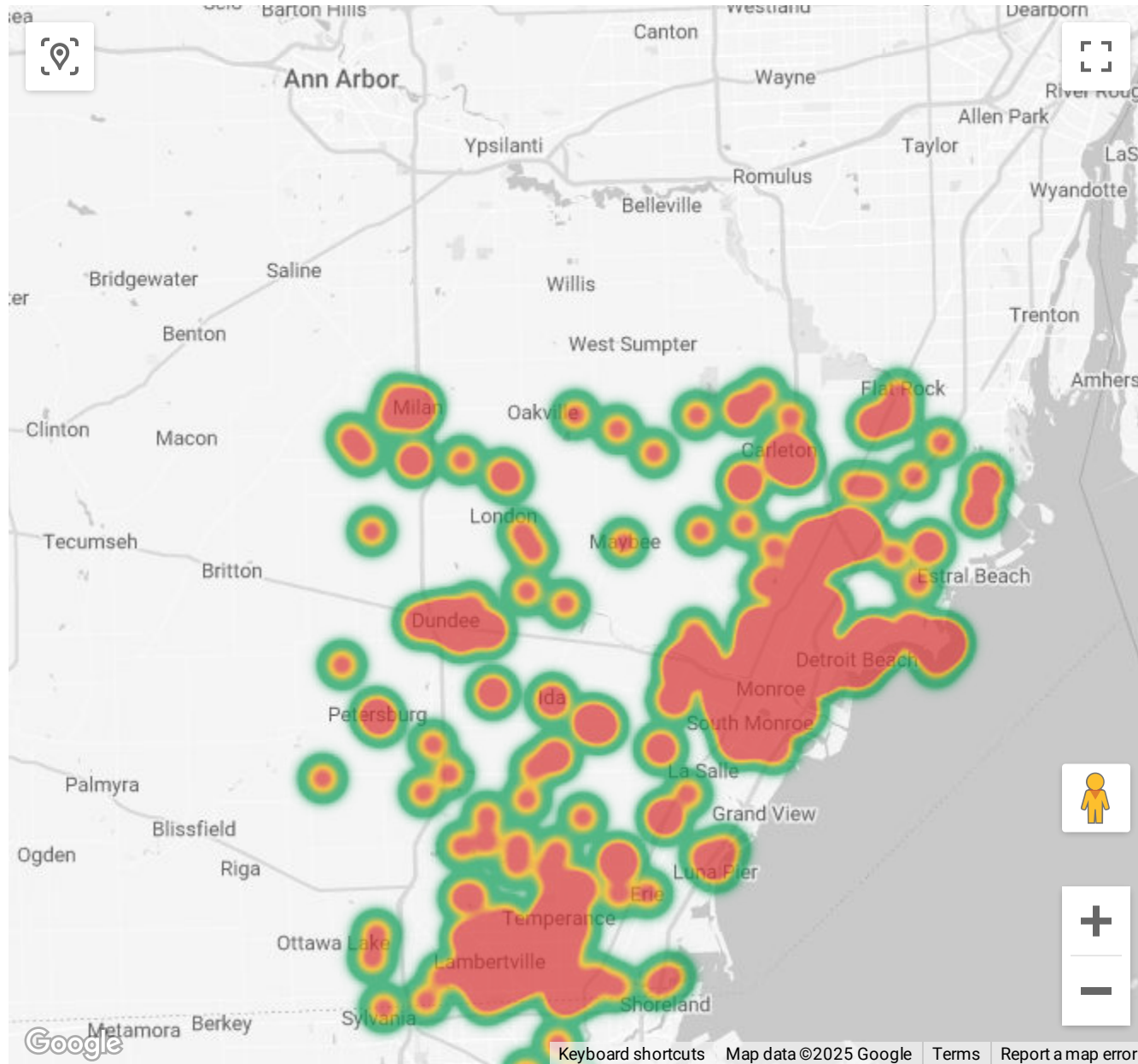
Month	Avg. Response Time ▾
2024 - 12	18.35

Select Month:: 2024 - 12


(1) ▾

Location

Mapping of locations deployed to:



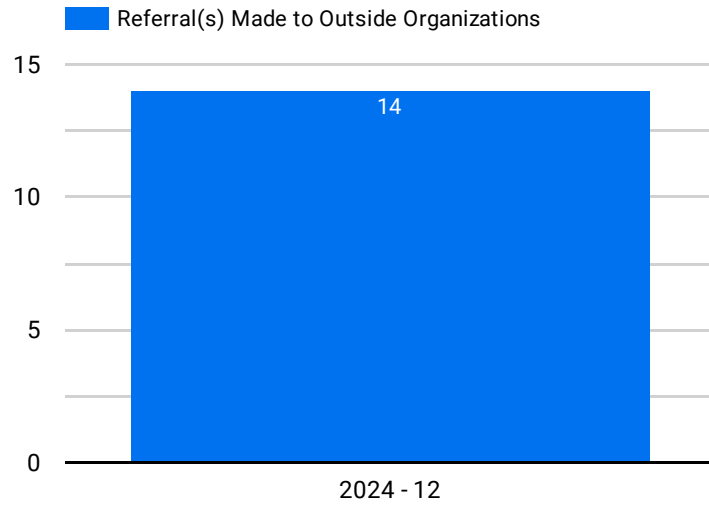
Month	Zipcode	#	%
2024 - 12	48182	1	3%
2024 - 12	48160	2	6%
2024 - 12	48173	0	0%
2024 - 12	48166	7	21%
2024 - 12	48117	2	6%
2024 - 12	48134	0	0%
2024 - 12	48161	13	39%
2024 - 12	48162	6	18%

call_Address 0  1

Select Month:: 2024 - 12

(1) ▾

Number of referrals made and where they were referred to:



Month	Referred To:	#	%
2024 - 12	Arrowhead Behavioral Health	0	0%
2024 - 12	Behavioral Health Treatment	0	0%
2024 - 12	CMH	6	60%
2024 - 12	Family Counseling and Shelter Services of Monroe	0	0%
2024 - 12	Fire Station	0	0%
2024 - 12	Gabby's Ladder	0	0%
2024 - 12	Harbor Light	0	0%
2024 - 12	Henry Ford Wyandotte	0	0%
2024 - 12	Holistic Wellness	0	0%
2024 - 12	Lemon Tree	0	0%
2024 - 12	MCOP	0	0%
2024 - 12	Michigan Works	0	0%
2024 - 12	Monroe County Animal Control	0	0%
2024 - 12	Paula's House	0	0%
2024 - 12	ProMedica ER	2	20%
2024 - 12	Pure Psych	1	10%
2024 - 12	RAW	0	0%
2024 - 12	Resource Flyer	0	0%
2024 - 12	SUD Treatment	0	0%
2024 - 12	Salvation Army Harbor Light	0	0%
2024 - 12	St. Joe's	1	10%

Select Month:: 2024 - 12

(1) ▾

Where Referrals are Coming From:

		Month / # Calls
Deployed by:		2024 - 12
Monroe County Sheriff's Dept.		15
CMH		9
Monroe City Police		6
ACCESS		6
Self		2
Police Mental Health Referral		0
Mobile Crisis Follow Up		0

Primary Issue or Diagnosis:

(New question starting 12/2023)

		Month / #
Issue/Diagnosis		2024 - 12
Thought Disorder		24
Suicidal Ideation		12
Substance Abuse		1
Neurocognitive		0
Homicidal Ideation		1
Environmental		2
Domestic Violence		0

Select Month:: 2024 - 12

(1) ▾

Consumers, New and Repeats:

	Month ⓘ ▲	New or Repeat Consumer...	#
1.	2024 - 12	New	27
2.	2024 - 12	Repeat	15

Select Month:: 2024 - 12

(1) ▾

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

			Month / # / %
			2024 - 12
Race		#	%
White		31	89%
Not Collected		1	3%
Black or African American		2	6%
American Indian (non-Alaskan)		1	3%

Select Month:: 2024 - 12

(1) ▾

Number of calls per population - Age

			Month / # / %
			2024 - 12
Age		#	%
0 to 9		2	6%
10 to 17		3	9%
18 to 28		6	17%
29 to 39		9	26%
40 to 50		4	11%
51 to 61		4	11%
62 to 72		4	11%
73 to 83		1	3%
84 to 94		1	3%
95 +		0	0%
Not Collected		1	3%

OPERATIONS REPORT

January 22, 2025

COMMUNITY OUTREACH

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

REVEL Marketing

- Community Awareness Campaign
 - See attached Ad Campaign Report
 - New billboard is up on I-75
- Facebook Like Campaign
 - Received 35 more likes in December – 811 followers

SERVICES

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

Customer Services

Quarter 1 Grievances: FY24/25 (December)

- 4 grievances received – 2 withdrawn and 2 pending
 - Withdrawn by consumer
 - Decided to go outside for psychiatric services
 - 2 – pending regarding new prescriber requests

Kiosks

- December data provided – 44 total responses from all 3 Kiosks
- Comments from consumers/guardians –
 - Nothing, it's all here and I love coming here
 - Met my caseworker, Summer. I have major anxiety, and she was awesome. Made me feel comfortable. I really like her.
 - Good overall experience
 - Would like to see after school appointments for their child

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

River Raisin Clubhouse Update

- Moved 1/15/2025
- Occupancy inspection scheduled on 1/17/2025



Monroe Community Mental Health Ad Campaign Reports

Social Media Advertising Campaigns
January 2025





Facebook Like Campaign - Winning Creative (Mental Health For All)

Results (Follows or Likes): 118

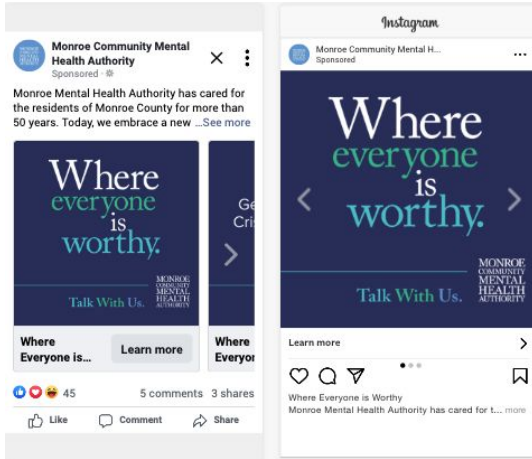
Views: 16,013

Reach: 4,395

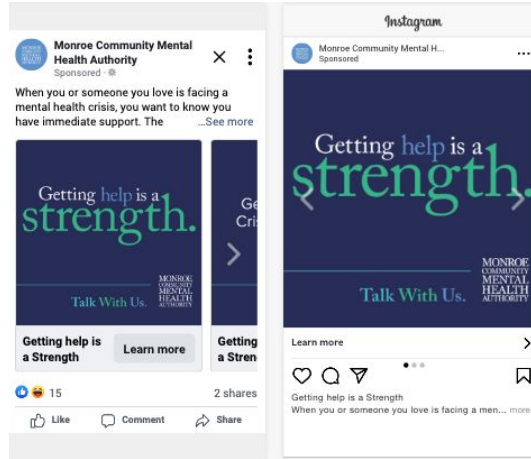
Impressions: 15,924

Link Clicks: 56

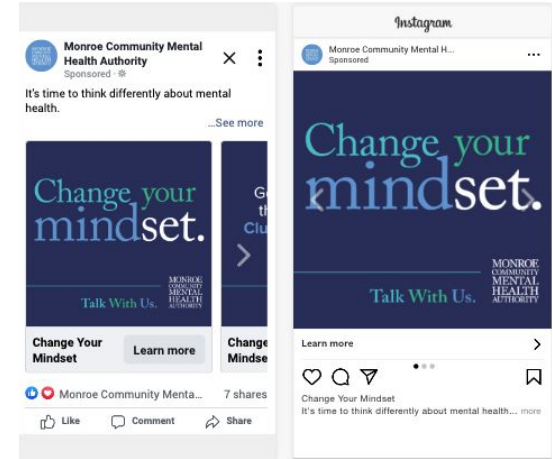
Facebook Awareness Campaign Report



Results (Link Clicks): 998
Views: 62,317
Reach: 27,883
Impressions: 64,708

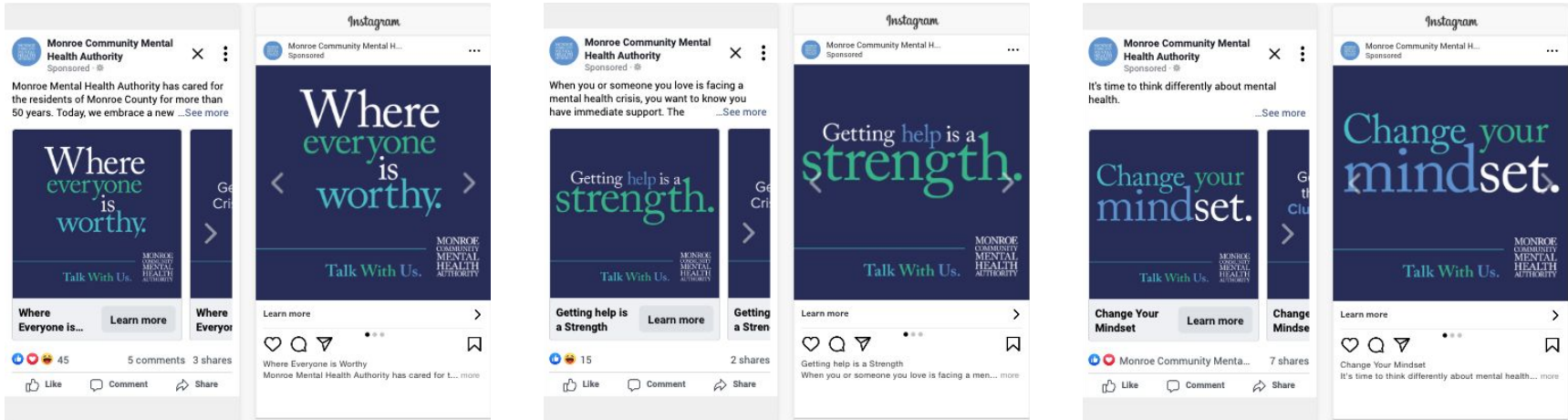


Results (Link Clicks): 1,381
Views: 66,517
Reach: 23,815
Impressions: 66,678



Results (Link Clicks): 819
Views: 37,336
Reach: 17,667
Impressions: 37,270

Facebook Awareness Campaign Report



Total Results (Link Clicks): 3,198

Total Views: 166,170

Total Reach: 47,957

Total Impressions: 168,656





PROOF OF PERFORMANCE

PANEL: 8642 | TAB#: 7406000 | INSTALL DATE: 1/10/2025

CONTRACT: 4770739	NAT'L CONTRACT
CUSTOMER: REVEL	REPORT DATE: 1/10/2025
ADVERTISER: MONROE COMMUNITY MENTAL HEA...	

Location: W/S I-75 JUST S/O NADEAU RD F/S

Media: Permanent Bulletin | Copy Size: 10' X 30' | Wkly Impressions: 176333

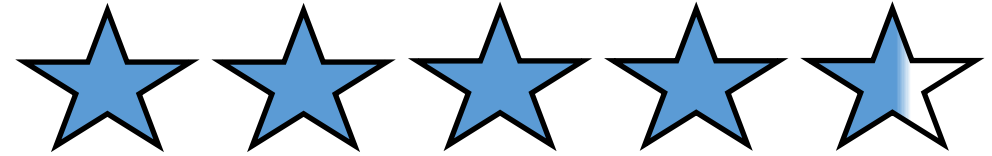
Lamar Office: 220 - Detroit | Market: DETROIT

Material Received:



PULSE FOR GOOD DATA

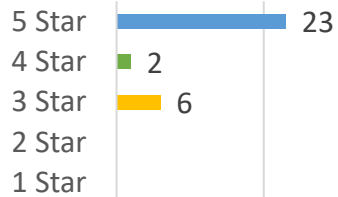
December 2024 / Location – Lobby Kiosk



Overall Rating: 4.60

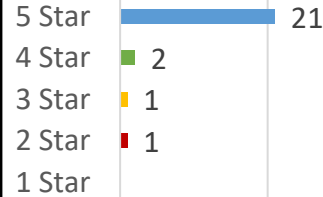
How was your visit?

31 Responses / 4.19 Rating



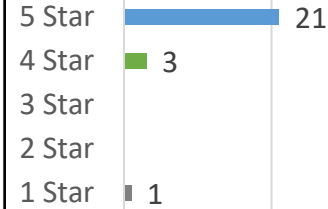
Do you think this agency is a safe place to be?

25 Responses / 4.72 Rating



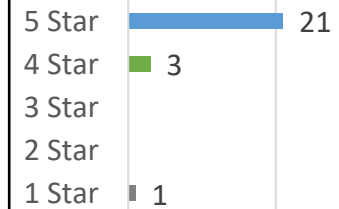
How clean was it?

25 Responses / 4.72 Rating



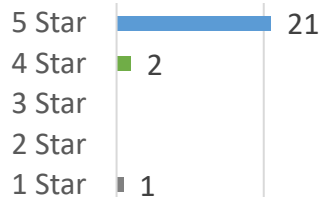
How respectful was the staff?

25 Responses / 4.72 Rating



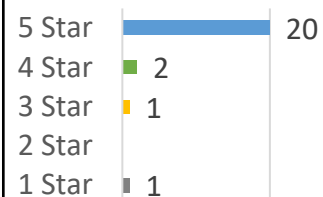
How satisfied were you with scheduling your appointment?

24 Responses / 4.75 Rating



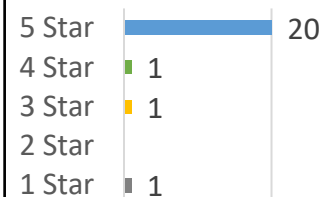
How well did the appointment time work for you?

24 Responses / 4.67 Rating



How convenient is our location?

23 Responses / 4.54 Rating



PULSE FOR GOOD DATA

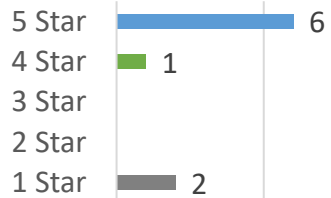


December 2024 / Location – Prescriber Kiosk

Overall Rating: 4.56

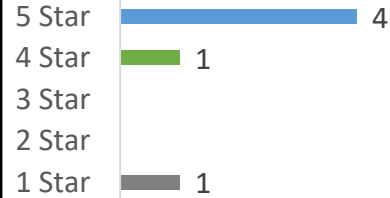
How was your visit?

9 Responses / 3.67 Rating



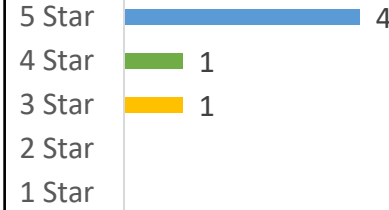
Do you think this agency is a safe place to be?

6 Responses / 5.00 Rating



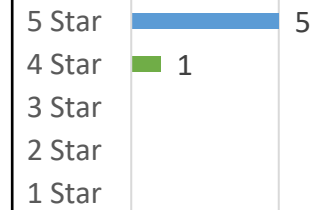
How clean was it?

6 Responses / 5.00 Rating



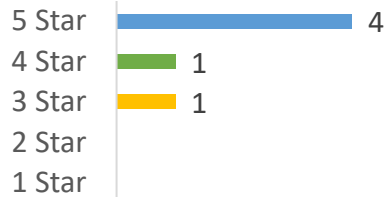
How respectful was the staff?

6 Responses / 5.00 Rating



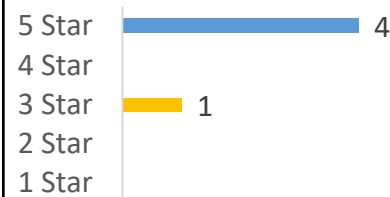
How satisfied were you with scheduling your appointment?

6 Responses / 5.00 Rating



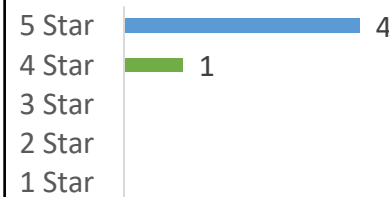
How well did the appointment time work for you?

5 Responses / 5.00 Rating



How convenient is our location?

5 Responses / 5.00 Rating



PULSE FOR GOOD DATA

December 2024 / Location – Benesh Kiosk



Overall Rating: 5.00

How was your visit?

4 Responses / 5.00 Rating



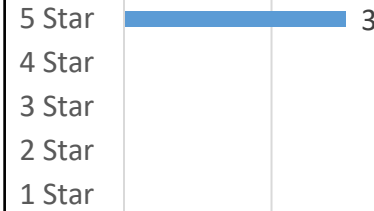
Do you think this agency is a safe place to be?

3 Responses / 5.00 Rating



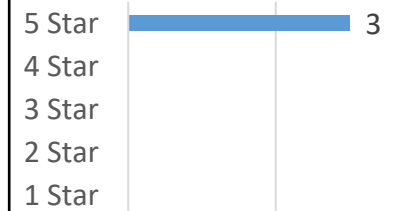
How clean was it?

3 Responses / 5.00 Rating



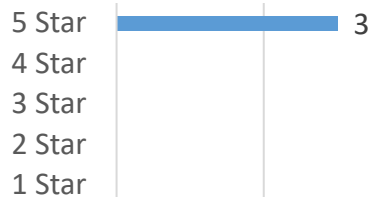
How respectful was the staff?

3 Responses / 5.00 Rating



How satisfied were you with scheduling your appointment?

3 Responses / 5.00 Rating



How well did the appointment time work for you?

3 Responses / 5.00 Rating



How convenient is our location?

3 Responses / 5.00 Rating





BOARD EXECUTIVE COMMITTEE
Wednesday, January 15, 2025
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 7:28pm. Mike Humphries, Catherine Bernhold, and Lisa Graham were present. Susan Fortney was excused.

II. REVIEW OF THIS MONTH'S BOARD MEETING

- a. Board Agenda – Reviewed
- b. Presentation – Annual Recipient Rights Report, Clinical Report, Operations Report, and FY24-27 Strategic Plan

III. ITEMS FOR DISCUSSION

- a. The committee reviewed the agenda for the January 22, 2025 Board Meeting.
- b. Mike Humphries requested to send the agenda to Susan Fortney as she was not able to be present.

IV. ACTION ITEMS FOR FUTURE BOARD MEETING AGENDA

- a. Jan – Annual Recipient Rights Report
- b. Feb – CMHSP Annual Submission
- c. Apr – Appoint Nominating Committee
- d. May – Election of Officers and PIHP Representative
- e. Aug – Bylaws and Governance Policy Manual
- f. Sep – FY26 Proposed Board Budget
- g. Nov – CMHAM Conferences and NATCON25 Conference, 2026 Board Calendar
- h. Dec – Board and Leadership Holiday Dinner Event – December 5, 2025

V. AJOURNMENT

The meeting adjourned at 7:31pm.

VI. NEXT MEETING

The Next Meeting of the Executive Committee is to be determined.

Respectfully submitted,

Mike Humphries (dp)

Mike Humphries
Board Chairperson

1/16/25



RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES
December 12, 2024 3p.m. – 4:30 p.m.

Present: Pam Ray (Chair), Ilene Dussia, Susan Fortney, Sondra Thorn, Mary Ball, Coy Hernandez, and Shelley Koyl

I. CALL TO ORDER

The meeting was called to order at 3:05 pm by Pam Ray. Roll call complete. Pam welcomed everybody to the meeting.

II. REVIEW AND APPROVE

- Meeting Minutes: Susan made a motion to accept the meeting minutes from August 15, 2024. Sondra seconded. All in favor.
- Funding of the Rights Office: Coy reviewed the current funding of the Rights Office with the committee. The committee determined that the Rights Office is currently adequately funded and staffed to perform its mandated functions with 2 Full-Time staff.
- Annual ORR Data Report & Recommendations to the Board: Coy reviewed the report and the Executive Summary (handouts). Of note for FY 23/24, ORR received 87 allegations. This was similar to the last fiscal year and represents a normal ebb and flow of complaint activity. Of the 87 allegations received, 66 violations were substantiated with no violations of serious Abuse or Neglect. The top violations during the Fiscal Year review period were Neglect Class III, Dignity and Respect, and Mental Health Services Suited to Condition. The top providers with violations were Macomb Residential, MCMHA, Beacon, and Self Determination Providers. In depth discussion occurred about overall observations, examples of violations, mandated reporting practices, the violations associated with MCMHA, and ORR's roles (e.g. monitoring, education, consultative, and investigatory). It was clarified that MCMHA being in the top for violations is consistent with the fact that the Agency is providing more services since starting CCBHC and Crisis Mobile, and is representative of the fact that mandated reports and follow through on potential issues as they arise is occurring. No significant trends were noted. Pam also noted the importance of considering the data in light of the number of persons served (2,816) and explained how it can be a common misconception and/or not realistic to think that there should be no rights violations. The Committee reviewed the Recommendations to the Executive Board from the previous year and an in depth discussion occurred around the importance/significance of each. The Committee agreed all were important for the Board to keep in mind when conducting business. The group agreed all recommendations should remain the same with the exception of amending #1 to say, "When considering service and program changes, be mindful and vigilant about protecting rights and ensuring consumer safety and well-being." Mary made a motion to accept the ORR Data Report & Recommendations to the Board. Ilene seconded. All in favor.

III. RIGHTS OFFICE UPDATES

- Shelley noted that Washtenaw CMH went through their triennial Rights System Assessment by the State in November, 2024. Washtenaw received a score of Full Compliance with minor findings that are being addressed/adopted by the Regional Rights Group to close any potential gaps in practices. The auditors provided positive feedback on Washtenaw's rights protection system and all of the support that is provided by the Regional Rights Group.
- Shelley shared that MCMHA's CAP from ORR's triennial Rights System Assessment back in March has recently been accepted. The CAP was related to Regional Rights Policies which were updated accordingly.
- Shelley shared a recent update regarding the potential closure of one of the Agency's Licensed Group Homes. Huron Home, operated by Everest Inc, has submitted their 30-day notice and potential intent to let their license expire. The Treatment Teams are looking for alternative placements for the residents and discussions are occurring around the notice.
- Shelley also noted a significant change at Hendricks Home with the long-term Home Manger leaving. There have been periodic issues that have continued to arise with this individual, so the change will likely be positive for the home moving forward.
- Shelley noted the implementation of new standards related to out of County (AFC) placements. Restrictive placements are encountering further scrutiny to ensure individual placements are clinically justified vs occurring simply because housing was needed.
- Pam reviewed the 2025 RRAC Meeting Schedule. The meetings will be held from 3pm-4:30pm in Sycamore on: 5/8/25, 8/14/25, and 12/18/25.

IV. PUBLIC COMMENT

There were no audience comments.

V. PARKING LOT

None

VI. ADJOURNMENT / Next Meeting – Pam adjourned the meeting at 4:29p.m. The next meeting is scheduled for May 8, 2025 at 3pm in Sycamore.

Respectfully submitted,

Pam Ray (dp)

Pam Ray, Chairperson
Recipient Rights Advisory Committee

PR/ch

MCMHA Board Action Request Mental Health Service Contract(s) / Amendments				FY 2024-26	January 15, 2025	
Action Requested: Approval Requested for the Mental Health Service Contracts Listed Below:						
Provider Name	Contract Term	Service Description(s) include	CPT code	FY 22-24 Rate/Unit	FY 24-26 Rate/Unit	Additional Information/Background
Hospitals:						
Ismail B. Sendi, MD PC DBA New Oakland Child & Family Services	12/1/24-9/30/26	Partial hospitalization	0912	\$350.00 per diem	\$370.00 per diem	6% increase
Michigan BH JV LL DBA Beaumont Behavioral Hospital	1/1/25-9/30/26	Inpatient Psychiatric hospitalization Inpatient Psychiatric hospitalization - Geriatric specialty unit	0100 0100 CD		\$1,066.00 per diem - year 1 \$1,097.98 per diem - year 2 \$1,118.00 per diem - year 1 \$1,151.54 per diem - year 2	3% increase for year 2 of agreement
Henry Ford Kingswood	10/1/24-03/01/25	Inpatient Psychiatric hospitalization	0100	\$880.00 per diem	\$906.40 per diem	
Henry Ford Wyandotte	10/1/24-9/30/26	Inpatient hospitalization Electro-convulsive Therapy (ECT)	0100 0901	\$880.00 per diem \$865.00 per diem	\$906.40 per diem \$890.95 per diem	
Hillsdale Hospital	2/1/25-9/30/26	Inpatient Psychaitric hospitalization	0100		\$800.00 per diem	
W.A. Foote Memorial Hospital dba Henry Ford Health Jackson	1/1/25-9/30/26	Inpatient Psychiatric hospitalization	0100		\$906.40 per diem	
Community Living Supports/Supported Empl/Respite						
Residential Opportunites Inc	10/1/24-9/30/25	Mental health service plan development by non-physician Behavior treatment plan	H0032 H2000	\$79.61 per encounter \$388.75 per encounter	\$79.61 per encounter \$388.75 per encounter	
Choices with self determination LLC	10/1/24-9/30/25	Skill Building	H2014 UN UP UQ UR US	\$3.88 per 15 minutes \$1.94 per 15 minutes	\$4.20 per 15 minutes \$2.10 per 15 minutes \$1.40 per 15 minutes \$1.05 per 15 minutes \$.84 per 15 minutes \$.70 per 15 minutes	
Arkay Inc Choices with Self Determination LLC CHS Group LLC Life Enrichment Academy Inc	10/1/24-9/30/26	Supported Employment	H2023 1Y, 2Y, 3Y, 4Y H2023 UN UP UQ UR US H2025	\$5.16 per 15 minutes \$5.16 per 15 minutes	\$6.34 per 15 minutes \$6.34 per 15 minutes \$3.17 per 15 minutes \$2.12 per 15 minutes \$1.59 per 15 minutes \$1.27 per 15 minutes \$1.06 per 15 minutes \$6.34 per 15 minutes	
Community Living Network	01/01/25-9/30/26	Enhanced pharmacy	T1999			Based on the individual item
Mastrofrancesco Inc	12/1/24-9/30/26	Respite care	H0045	\$76.84 per diem	\$175.74 per diem	
Macomb Residential Opportunities	10/1/24-9/30/26	Licensed Residential - 9th Street Home	H2016 T1020		\$190.60 per diem \$150.30 per diem	
Progressive Residential Services	10/1/24-9/30/26	Licensed Residential - Rosewood Home	H2016 T1020		\$136.73 per diem \$136.73 per diem	
Everest Inc	10/1/24-9/30/26	Licensed Residential - Huron Home Licensed Residential - Roberts Home	H2016 T1020 H2016 T1020		\$175.00 per diem \$175.00 per diem \$150.00 per diem \$150.00 per diem	
Autism/Waiver Services						

RECOMMENDATION: As reviewed by the MCMHA Board of Directors at their January 15, 2025 Board Meeting, approval of the contract(s) listed on the MCMHA Board Action Mental Health Service Contract(s) / Amendments on or before January 22, 2025.

MCMHA Board Action Request Mental Health Administrative Contract(s) / Amendments	FY 2024-26	January 15, 2025
---	-------------------	-------------------------

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

Contractor name	Department	Request	Budget	Contract Term	Service Description
Dr. Bagga	PHS		\$220 per hour up to 40 hours per week	1/13/24-9/30/26	In the absence of a Medical Director Dr. Bagga has agreed to be the Interim Medical Director.

RECOMMENDATION: As reviewed by the MCMHA Board of Directors at their January 15, 2025 Board Meeting, approval of the contract(s) listed on the MCMHA Board Action Mental Health Administrative Contract(s) / Amendments on or before January 22, 2025.



REVIEW AND APPROVAL / January 22, 2025 Local (MCMHA) and Regional (CMHPSM) Policy, Procedure, and Exhibits

Executive Summary:

- There is one local policy, five procedures, eleven exhibits, and four to be rescinded. There is one regional policy.
- This document serves as an Executive Summary of the policies for review and approval at the January 22, 2025 Board Meeting.

LOCAL: Policy, Procedure, and Exhibits	Reason for Revision	Summary
POC7095 Assisted Outpatient Therapy (AOT) Policy	NEW	<p><u>Purpose:</u> The purpose of this policy is to outline the conditions under which MCMHA clinical staff will seek, monitor, and report on AOTs, as well as to clarify clinical staff roles in the AOT program.</p> <p><u>Policy:</u> It is the policy of MCMHA to seek Assisted Outpatient Treatment (AOT) orders for individuals who need ongoing behavioral health treatment but who may not voluntarily seek or comply with treatment. Additionally, it is the policy of MCMHA that AOT orders will be filed, monitored, and reported on per the Michigan Mental Health Code and the Monroe County Probate Court.</p>
POC7031-P2 Initiating a Self-Directive Services – Choice Voucher Arrangement Procedure	3-Year Review	<p><u>Purpose:</u> This procedure describes the process by which consumers/guardians/families wishing to have a self-directive services/choice voucher arrangement are referred for an SDA/CV and provided the necessary education/resources on how to manage such arrangements.</p> <p><u>Significant Changes:</u> Language change from self-determination to self-directed service.</p>
POC7082-P4 Coordination of Care Letter Procedure	NEW	<p><u>Purpose:</u> To establish a process for staff to follow in the integration/coordination of behavioral health (mental and substance use disorders) and physical health (primary care and specialty healthcare) services.</p>
POC7057-P4 How to give a SQ (Subcutaneous) Injection Procedure	3-Year Review	<p><u>Significant Changes:</u> Language update from consumer to individual served and updated procedure on how to give an SQ injection.</p>

POC7057-P5 How to Give IM (Intramuscular) Injections Procedure	3-Year Review	Significant Changes: Language change from patient/consumer to individual served. Update procedure on how to give and IM injection.
POC7057-P10 Blood Pressure Readings and Responses Procedure	3-Year Review	Purpose: This procedure outlines the requirements for taking a blood pressure manually and to provide parameters for responding to the abnormal blood pressure readings of the individual served during nurse or medical assistant appointments. Significant Changes: Updated procedure with language if an individual served refused their blood pressure measured prior to an injection.
POC7031-E1 MCMHA Self-Directed Services Agreement Form Exhibit	3-Year Review	Significant Changes: There were no significant changes.
POC7031-E2 MCMHA Employment Agreement Form Exhibit	3-Year Review	Significant Changes: There were no significant changes.
POC7031-E3 MCMHA Medicaid Provider Agreement Form Exhibit	3-Year Review	Significant Changes: There were no significant changes.
POC7095-E1 Court Liaison Flowchart Exhibit	NEW	Significant Changes: Flowchart developed for petition for initial AOT.
POC7095-E2 TX Team Flowchart Exhibit	NEW	Significant Changes: Flowchart developed for active AOT.
POC7082-E1 Coordination of Care Letter – Start Services POC7082-E2 Coordination of Care Letter – End Services POC7082-E3 Coordination of Care Letter – Psychiatric Admission POC7082-E4 Coordination of Care Letter – Annual IPOS POC7082-E5 Coordination of Care Letter – Start Medication	NEW	Significant Changes: Letters for staff to follow in the integration/coordination of behavioral health (mental and substance use disorders) and physical health (primary care and specialty healthcare) services.

POC7082-E6 Coordination of Care Letter – End Medication		
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REGIONAL: Policy and Exhibits	Reason for Revision	Summary
FCM3041 Debarment, Suspension and Exclusion (REGIONAL)	3-Year Review	<p>Purpose: To prohibit doing business with any individual or entity that is known to be debarred, excluded or suspended from participation in any Federal funded health care program.</p> <p>Policy: The CMHPSM, its partner CMHSPs and SUD Core Service Providers may only conduct business utilizing federal funding with individuals and/or entities that meet the standards outlined within this policy.</p> <p>Significant Changes: There were no significant changes. Application was updated for whom the policy applies to.</p>

RESCIND: Policy and Exhibits	Reason for Rescind
<p>POC7031-P1 Case Management of Self Determination / Choice Voucher Arrangement Procedure</p> <p>POC7024-E7 PHS Authorization Flow – New Consumer</p> <p>POC7024-E8 PHS Authorization Flow – Open Consumer</p> <p>POC7077-P2 Actions for Incomplete, Unclear, Illegible Medication Orders Procedure</p>	<p>Procedure information has been included in POC7031-P2 therefore can rescinded.</p> <p>Flowchart is no longer used or relevant to current workflow.</p> <p>Flowchart is no longer used or relevant to current workflow.</p> <p>Procedure is outdated and no longer applies to the current workflow.</p>

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
December 11, 2024**

Members Present for In-Person Quorum: Judy Ackley, Rebecca Curley, LaMar Frederick, Bob King, Rebecca Pasko, Alfreda Rooks, Mary Serio, Holly Terrill

Members Not Present For In-Person Quorum: Patrick Bridge, Molly Welch Marahar, Mary Pizzimenti, Annie Somerville, Ralph Tillotson

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

Guests Present: Attorneys Greg Moore (phone) and Chris Ryan from Taft Law

- I. Call to Order
Meeting called to order a 6:02 p.m. by Board Chair Bob King.
- II. Roll Call
 - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented
Motion by R. Curley, supported by A. Rooks, to approve the agenda
Motion passed unanimously
 - Agenda addition: new item VII – Closed Session Action Request
- IV. Consideration to Approve the Minutes of the October 9, 2024 Meeting and Waive the Reading Thereof
Motion by J. Ackley, supported by R. Pasko, to approve the minutes of the 10/9/2024 meeting and waive the reading thereof
Motion passed unanimously
- V. Consideration to Approve the Minutes of the October 30, 2024 Meeting and Waive the Reading Thereof
Motion by M. Serio, supported by H. Terrill, to approve the minutes of the 10/30/2024 meeting and waive the reading thereof
Motion passed unanimously
- VI. Audience Participation
None
- VII. Revised: Closed Session
Motion by R. Pasko, supported by H. Terrill, to move the CMHPSM Board meet in closed session under section 8(1)(e) of the Open Meetings Act, to consult with our attorneys related to the following legal actions:
 - The Northcare Network Mental Health Care Entity, Northern Michigan Regional Entity and Region 10 PIHP v. State of Michigan, 24- -MZ, Michigan Court of Claims
 - The Waskul et al v. Washtenaw County Community Mental Health et al, Case Number 2:16-cv-10936-PDB-EAS, Eastern District of Michigan**Motion passed unanimously**

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.

Roll Call Vote

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

No:

Not present for in-person vote: P. Bridge, M. Welch Marahar, M. Pizzimenti, A. Somerville, R. Tillotson

- The meeting entered into closed session at 6:06 p.m.
- After returning to open session at 6:53 p.m.:

Motion by M. Serio, supported by A. Rooks, for the CMHPSM to join the Northcare Network Mental Health Care Entity, Northern Michigan Regional Entity and Region 10 PIHP lawsuit v. State of Michigan, 24- -MZ, Michigan Court of Claims

Motion passed unanimously

Roll Call Vote

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

No:

Not present for in-person vote: P. Bridge, M. Welch Marahar, M. Pizzimenti, A. Somerville, R. Tillotson

VIII. Old Business

a. Information: FY2024 Finance Report September 2024
M. Berg presented.

b. Information: CEO Contract Committee Update

- The committee met this evening and would like the board to treat the CEO with the same consideration as the rest of the staff regarding the cost of living adjustment (COLA).
- The committee recommended a 3% COLA increase effective 1/1/25, and a 3% COLA effective 1/1/26, to be amended in the CEO contract.

Motion by J. Ackley, supported by A. Rooks, to authorize Board Chair B. King to sign an amended CEO contract to include a 3% COLA effective 1/1/25 and another 3% COLA effective 1/1/26, with legal review prior to signing

Motion passed unanimously

Roll Call Vote

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

No:

Not present for in-person vote: P. Bridge, M. Welch Marahar, M. Pizzimenti, A. Somerville, R. Tillotson

IX. New Business

a. Board Action: FY2025 QAPIP Plan

Motion by R. Curley, supported by H. Terrill, to approve the annual plan for quality assessment and improvement plan activities during FY2025

Motion passed unanimously

b. Board Action: Proclamations for Joelen Kersten (10-yr) and James Colaianne

Motion by L. Frederick, supported by R. Curley, to approve the Issuance of the formal proclamation acknowledging the 10 years of service by Joelen Kersten to the PIHP region as a CMHPSM employee, signed by all CMHPSM Board members.

Motion passed unanimously

Motion by L. Frederick, supported by R. Curley, to approve the Issuance of the formal proclamation acknowledging the 10 years of service by James Colaianne to the PIHP region as a CMHPSM employee, signed by all CMHPSM Board members.

Motion passed unanimously

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.

- c. Board Action: Contracts
Motion by L. Frederick, supported by H. Terrill, to authorize the CEO to execute the contracts/amendments as presented
Motion passed unanimously

X. Reports to the CMHPSM Board

- a. Information: CEO Report to the Board

For FY18-19, all payments between the PIHP and the CMHs are complete. FY18-22 are now closed.

FY25 contract: Region 6 will join the other 3 PIHPs in the lawsuit versus the state.

The 2025 benefits enrollment period for staff is this week.

The PIHP Directors met with the state this month. There was no update on conflict free access and planning; the state says a plan is coming.

J. Colaianne will continue to send out the lame duck notifications to the board.

XI. Adjournment

Motion by A. Rooks, supported by J. Ackley, to adjourn the meeting

Motion carried

- The meeting was adjourned at 7:39 p.m.

Rebecca Pasko, CMHPSM Board Secretary

CMHPSM Mission Statement

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CEO REPORT

January 22, 2025

RECRUIT AND RETAIN STAFF

Medical Director: Executive Leadership interviews a candidate on 1/24. Dr. Horn’s last day with our agency was 1/10/25. Dr. Bagga is acting as the Interim Medical Director.

FINANCE

Claims Submissions: The PIHP will continue to submit encounter data monthly but has agreed that local CMHs can submit directly to MDHHS more frequently.

Non-Medicaid Expenses: MCMHA continues to prioritize managing our non-Medicaid expenses. The actions taken in FY24 had some impact, however, this issue remains a significant challenge to the organization. On February 1, MCMHA will begin sending Advanced Notice to non-Medicaid individuals who are receiving services not covered by CCBHC. Our non-Medicaid committee meets monthly to review expenses and revenue. MCMHA’s Sliding Fee Scale has been adjusted for 2025 – anyone who does not have Medicaid and whose income is 200% of the Federal Poverty Level will have an ability to pay, for which they will be billed. No consumers will be denied services due to an unpaid balance. At this time, consumers can pay fees by cash or check. The Finance Team is working to set up a system that allows balances to be paid by credit and debit cards.

SERVICES MEET THE NEEDS OF THE CUSTOMER

River Raisin Clubhouse: The River Raisin Clubhouse has officially relocated to its new home on Telegraph Road. The new location was the last compliance indicator to be met to receive full accreditation through Clubhouse International. An Open House will be scheduled in the coming months.

Quick Response Team Grant: MCMHA applied for a grant that would allow us to enhance our Crisis Mobile Team with a Peer Recovery Specialist who could engage with individuals who have experienced a drug overdose. This person would develop relationships with organizations such as hospitals, public safety, and ambulance companies to develop a referral system for timely and targeted outreach.

Benefits Specialist/MDHHS Contract: At this time, MCMHA leadership finds that the Benefits Specialist position is meeting our need to assist consumers with securing Medicaid services. We do not identify a need to attempt to renew our contract with MDHHS.

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

Respectfully Submitted,



Lisa Graham, LMSW