



MONROE COMMUNITY MENTAL HEALTH AUTHORITY
BOARD MEETING
 March 19, 2025 – 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.

	<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 February 19, 2025 Board Meeting and waive the Reading Thereof	02 min
VI. Board Meeting Evaluation Report (handout)	02 min
VII. Public Comments <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>	03 min/person
VIII. Presentations, Recognition, and Celebrations	15 min
a. Clinical Report – Crystal Palmer	
IX. Items for Board Consideration	05 min
a. Service Contracts	

- | | | |
|----------------|--|----------------------|
| X. | Fiscal Finance Report | 30 min |
| | a. Monthly Highlights | |
| | b. Basic Financial Statements | |
| | i. Statement of Position | |
| | ii. Statement of Activities | |
| | iii. Budget-to-Actual | |
| | c. Income Statement | |
| | i. Fiscal Revenues and Expenses by Fund Source | |
| | d. Trends and Payments | |
| | i. Comparative Charts | |
| | ii. Trends | |
| | iii. Payments by Vendor | |
| | 1. Provider Network | |
| | 2. Admin / Other | |
|
XI. |
New Business |
00 min |
| XII. | Public Comments | 03 min/person |
| XIII. | Board Member Announcements | 03 min/person |
| XIV. | Adjournment | 01 min |

The next regular scheduled meeting for the Monroe Community Mental Health Authority Board of Directors is on Wednesday, March 26, 2025 beginning at 6:00pm in the Aspen Room.

LG/dp 2:35 p.m.



**BOARD OF DIRECTORS REGULAR MEETING MINUTES
February 19, 2025**

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: 8 guests were present

I. CALL TO ORDER

The Board Chair, Mike Humphries, called the meeting to order at 6:05 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 AMENDED 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 JANUARY 29, 2025 BOARD MEETING AND WAIVE THE READING THEREOF

John Burkardt moved to approve the minutes for the January 29, 2025 Board Meeting and waive the reading thereof. Catherine Bernhold supported. Motion carried unanimously.

VI. BOARD COMMITTEE REPORTS

a. Committee Chair Reports

- i. Performance Evaluation – Mike Humphries deferred explaining what the committee did until section XII e. on the agenda.

b. Motion to Place on File All Written Committee Reports

Susan Fortney moved to place on file all written committee reports. Deb Staelgraeve supported. Motion carried unanimously.

Written report placed on file was Performance Evaluation.

VII. BOARD MEETING EVALUATION REPORT

The Board Meeting Evaluation Report from the January 29, 2025 Board Meeting was reviewed at the February 5, 2025 Board Workshop.

VIII. PUBLIC COMMENTS

Bridgitte Gates, Operations Director for MCMHA, commented on the agenda topic of having two Board Meetings per month. Bridgitte thanked the Board for the opportunity to present information to the Board on what Operations does. It has been going great, and she has had people inquire about things that she has not thought about, and that is much appreciated. As a growing leader at CMH for 22 years, communication is one of the things that there is a variety of and still hears that when communication comes out that we are all able to reflect on how we hear it and have the ability to ask if we are hearing what is being said and appreciates that very much. Bridgitte also has liked not spending extra evenings for committee meetings and has been able to spend more time with her family and that is appreciated, thank you. Bridgitte commented that she knows some of the Board may think that leadership staff do not have to attend committees or Board Meetings in person, but we do. We are leaders, we are also a team here, and we support each other and those we serve. Bridgitte wanted the Board to consider this making the decision of continuing with two Board Meetings a month.

IX. PRESENTATIONS, RECOGNITION, AND CELEBRATIONS

- a. **Office of Recipient Rights Annual Report** – Shelley Koyl, Recipient Rights Officer, presented the Recipient Rights Annual Report Executive Summary that included data for complaints, serious harm allegations, top violations, and top provider violations. The Executive Summary, as well as the entire report, was reviewed in depth with the Recipient Rights Advisory Council in December 2024 before submitting to the state. At the time of the report, the agency was serving 2800 consumers. Shelley presented the recommendations for 2025 from the Recipient Rights Advisory Council for the Board to consider.
- b. **FY2024 CMHSP Annual Submission** – Lisa Graham presented the FY2024 CMHSP Annual Submission. This is a requirement of the Michigan Mental Health Code to provide data on a Waiting List, Request for Service and Disposition of Requests, and a Community Data Set Worksheet. A Stakeholder Survey and Priority Needs Assessment is requested every other year. The report is submitted annually to the Michigan Department of Health and Human Services (MDHHS). Under Board Action there is a request for the Board to accept the FY24 CMHSP Annual Submission for the Board to fulfill their obligation.

X. ITEMS FOR BOARD CONSIDERATION

- a. **Service Contracts as Presented** - Alicia Riggs presented the Service Contracts for Board consideration.

XI. FINANCE REPORT

- a. **Fiscal Finance Report**: Ken Melvin presented the December financials, highlighting:
 - i. Eligibility has mostly leveled off during August of 2024. Rate adjustments are now in effect and are reflected in the charts to 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 \$189,008 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 \$480,152 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 \$519,840, primarily related to spenddowns, individuals falling off Medicaid and CCBHC non-Medicaid. This deficit is covered by local funds.

Ken Melvin commented that reporting requirements for the FSR, the EQR report, and the CCBHC Cost report are all due in the next six days from now to the PIHP, and are also in the middle of a FY2024's financial audit. Finance is working heavily on reports and the audit.

Ken Melvin commented on some of the great work Brooke Berry is doing with assisting consumers to get back on Medicaid. Brooke had 35 appointments in January. She is keeping a running list of her appointments and keeps track of those. Out of the 40 she had for February, 4 were able to sign up for Medicaid. We are making good progress. Brookes' calendar is booked all the time trying to get people involved.

LaMar Frederick commented on the general fund deficit, that we continue to run a program that is not covered by the funding we are expected to get. Ken Melvin responded that for this year, we are offsetting it with CCBHC. Once we have our CCBHC Cost Report done for 2024, it will inform us of our 2025 PPS1 rate and can retro that back to 2024.

XII. ITEMS FOR BOARD ACTION

a. Motion to Continue the Pilot of Two Board Meetings Per Month Beginning March 2025

Mike Humphries amended the motion. Ken Papenhagen supported.

Mike Humphries moved to change the normal process of the Board Meetings to meet twice a month and from this point forward until further notice, the committees know as Business Operations and Clinical Operations will be ad-hoc committees. Ken Papenhagen supported. Discussion followed. Roll call: In favor: Staelgraeve, Papenhagen, Stoner, Burkardt, Frederick, Curley, Bernhold, and Humphries; opposed: Asper, Pasko, and Fortney; motion carried.

b. Motion to Accept the Recommendations from the Recipient Rights Advisory Committee for FY2024-2025

LaMar Frederick amended the motion. John Burkardt supported.

LaMar Frederick moved to place on the file the Recipient Rights Advisory Committee Annual Report and Recommendations from the Recipient Rights Advisory Council. John Burkardt supported. Motion carried unanimously.

c. Motion to Accept the FY2024 CMHSP Annual Submission

Rebecca Pasko moved to accept the FY2024 CMHSP Annual Submission. Ken Papenhagen supported. Motion carried unanimously.

d. Motion to Approve the Purchase of Property Located at 3785 Swartz Road, LaSalle, MI 48145 in the Amount of \$235,000 with the Option to Finance at a Later Date

LaMar Frederick moved to approve the purchase of property located at 3785 Swartz Road, LaSalle, MI 48145 in the amount of \$235,000 with the option to finance at a later date. Ken Papenhagen supported. Discussion followed. Roll call: In favor: Staelgraeve, Papenhagen, Stoner, Asper, Pasko, Fortney, Burkardt, Frederick, Curley, Bernhold, and Humphries; opposed: none; motion carried unanimously.

e. Motion to Accept the Performance Evaluation Committee’s Recommendation of Lisa Graham to Receive a Rating of “Satisfactory” for the Chief Executive Officer’s Performance Evaluation Summary for 2024

On behalf of the Performance Evaluation Committee, Mike Humphries presented a report of the overall findings for the Chief Executive Officer (CEO) Performance Evaluation for 2024. The overall results scored in the mid 4’s for a satisfactory rating. The CEO Self-Evaluation was 4.0 in comparison. Mike Humphries commented that the CEO was a little harder on herself than needed to be and could have given herself a little more credit on her self-evaluation. Comments included on the overall findings are from the Performance Evaluation Committee as a whole and has been reviewed with Lisa Graham.

The committee worked together to come up with some recommendations and goals for 2025:

- Lisa Graham has made great strides with the Board and would like for her to continue to strengthen positive relationships with the Board of Directors.
- Continue to seek assistance whenever necessary if an issue resides outside of the CEO’s skillset.
- Continue to pursue creative partnerships as the agency ventures outside of our usual area of responsibility.
 - Such as CCBHC or BHH requirements
 - Behavioral Health Urgent Care, as an example
- Maintain awareness of financial roadblocks on the horizon. Be early in strategy development to avoid the same.
- Continue to build and strengthen relationships with the PIHP.

Deb Staelgraeve moved to accept the Performance Evaluation Committee’s Recommendation of Lisa Graham to receive a rating of “Satisfactory” for the Chief Executive Officer’s Performance Evaluation Summary for 2024. Susan Fortney supported. Roll call: In favor: Staelgraeve, Papenhagen, Stoner, Asper, Pasko, Fortney, Burkardt, Frederick, Curley, Bernhold, and Humphries; opposed: none; motion carried unanimously.

Mike Humphries commented that this is a fair representation of what Lisa Graham deserves for last year’s services. Lisa is entering into the last year of her contract. The Performance Evaluation Committee will start investigating on how to structure her next contract. As the committee makes progress, will report to the Board.

f. Motion to Approve the Consent Agenda Less Item _____
i. Service Contracts as Presented

LaMar Frederick moved to approve the service contracts as presented. Rebecca Pasko supported. Roll call: In favor: Staelgraeve, Papenhagen, Stoner, Asper, Pasko, Fortney, Burkardt, Frederick, Curley, Bernhold, and Humphries; opposed: none; motion carried unanimously.

XIII. AUTHORITY AND REGIONAL POLICY REVIEW/APPROVAL

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

- i. Policy: HR4021 Nepotism Policy
- ii. Procedure: HR4021-P1 Nepotism Procedure
- iii. Exhibit: N/A
- iv. Rescind: N/A
- i. 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: N/A
- ii. Exhibit: N/A

There were no regional policies for February.

XIV. RELATIONSHIP WITH REGION, COUNTY, AND OTHERS

- a. Regional PIHP Board Meeting – Did not meet.
- b. CMHAM Policy and Legislation Committee Report – Did not meet.

XV. ITEMS FROM THE CHIEF EXECUTIVE OFFICER

- a. Chief Executive Officer's Report Included an Update on: the Medical Director position; Claims and Billing Specialist position; Staff Education to roll out the FY2025-2027 Strategic Plan and Non-Medicaid Initiative; SUD Screening & Referral Services; Behavioral Health Urgent Care; Request for Information (RFI) for Providers who are interested in developing a 5-bed group home; Consumer Advisory Council; consumer participation on Performance Improvement Committees; Veteran's Services; Bedford Business Fair on Saturday, March 15, 2025; and Crisis Mobile.

Lisa Graham elaborated on Veteran's Services, that MCMHA is partnering with local veteran's organizations to promote and host a Suicide Awareness, with Special Emphasis on Veterans. The event will be held on Saturday, March 15, 2025 from noon to 4:00pm at the American Legion on Jones Avenue in Monroe.

Bridgitte Gates provided a brief Operations Report on: following up with Cole about electric amps for the home; kiosks are averaging 4 stars with requests for new prescribers and is due to multiple maps or medications that cannot be prescribed; grievances, there are no trends; providers all came back high percentage of training and that keeping staff is still a challenge; we have the Bedford Business Fair coming up and we have volunteers for the morning and are looking to fill the afternoon shift internally, and if cannot, will reach out to Board Members.

XVI. NEW BUSINESS

There was no new business.

XVII. PUBLIC COMMENTS

There were no public comments.

XVIII. BOARD MEMBER ANNOUNCEMENTS

Susan Fortney commented on a need for a Bylaw & Policy Committee meeting to make amendments to the Bylaws and Policy Manual, and that the DAR has a project to help Paula's house.

Catherine Bernhold called for the Bylaws & Policy Committee to meet on Thursday, March 20, 2025 at 5:00pm to review the current Bylaws and Governance Policy Manual for amendments for the new Board meeting structure.

Dawn Asper commented on Paula's House having their fund raiser a week from Friday. \$20 for a spaghetti dinner.

John Burkardt commented that there is a combined band and choir concert this Friday. It is dispersed so there is one choral piece and then band piece. I'll be on the right side if you want to come see me.

XIX. ADJOURNMENT

Mike Humphries adjourned the meeting at 8:13pm.

Submitted by,

Catherine Bernhold, Secretary

LG/dp
2/27/25

Board Clinical Report – Executive Summary

March 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 six (6) at this time compared to 14 two months ago.

LEADERSHIP

Strategic Plan Goal 2: Assure Competent and Accountable Leadership

- To ensure accountability, the Data Analyst created a report within the system to monitor CCBHC quality measures.

COMMUNITY OUTREACH

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

- There were 56 universal referrals made in January and February. 77% received some type of follow-up, services authorized, etc. 0% declined any further intervention, and 23% MCMHA either didn't have enough information for follow-up or received 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 February.

FINANCE

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

- Finance will address this goal.

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 January and February, which averaged 2.66 hours of face-to-face interaction time.
- The average response time for Crisis Mobile was approximately 14.20 minutes, which is likely due to 71% of the calls from the 48161 and 48162 zip codes.
- There were multiple referral sources for Crisis Mobile; 65% were from the Monroe County Sheriff's Department and Monroe City Police; 33% were from Access Dept/CMH, and 2% were self-referral.
- Enrollment for the CCBHC has decreased by 60 members over the last two months. This is a 2.8% decrease in enrollment from the previous report.
- The data for incoming calls being answered is at 96% for FY25, which meets MCMHA's goal of 95%.
- There were 274 appointments scheduled for the Benesh Building in FY25 with 85% occurring in the office.
- MCMHA currently has 62 enrollees in the Behavioral Health Home program.

BOARD CLINICAL REPORT

March 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 March 10th:

- Case Service Manager – I/DD
- Case Service Manager – Adult (1 position)
- Peer Support Specialist (PT – 2 positions)
- Transition Facilitator (NEW)
- Wraparound Facilitator

It should be noted that this is not only the lowest vacancy report for FY25, but the lowest it has been in over a year for the clinical team.

To ensure we retain qualified staff, during the month of February, the CCBHC Program Director met with peer staff to discuss MCBAP credentialing opportunities to support MCMHA in providing high quality substance use disorder services. MCMHA is certified to provide SUD services through ASAM level 1, including co-occurring.

LEADERSHIP

Strategic Plan Goal 2: Assure Competent and Accountable Leadership

The January and February CCBHC Implementation meetings focused on the continued review of current Evidence Based Practices required as a CCBHC and identifying areas of strength and opportunities to ensure we are in full compliance with CCBHC requirements. Staff also explored opportunities for recommended EBPs. Additionally, the group reviewed common CCBHC-related encounter errors.

MCMHA's Data Analyst developed 3144: Monroe CCBHC PHQ Measures, a CRCT report allowing supervisors and directors to monitor 3 CCBHC quality metrics involving the PHQ-9: DEP-REM-6, CDF-AD, and CDF-CH.

- DEP-REM-6: calculates the percentage of clients (12 years of age or older) with Major Depression or Dysthymia who reach Remission Six Months (+/- 60 days) after an Index Event Date.
- CDF-AD: calculates the percentage of clients ages 18 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter.
- CDF-CH: percentage of clients aged 12-17 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter.

Updated as of 3/13/25

BOARD CLINICAL REPORT

March 2025

MCMHA's Data Analyst also developed a report to monitor the completion of the AUDIT tool required for SBIRT, and a 6-month follow up date. This will assist staff in monitoring adherence to the required Evidence-Based Practice SBIRT (Screening, Brief Intervention, and Referral to Treatment) as well as the CCBHC Quality Measure: ASC.

- ASC: Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling

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 of referring to 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 follows:

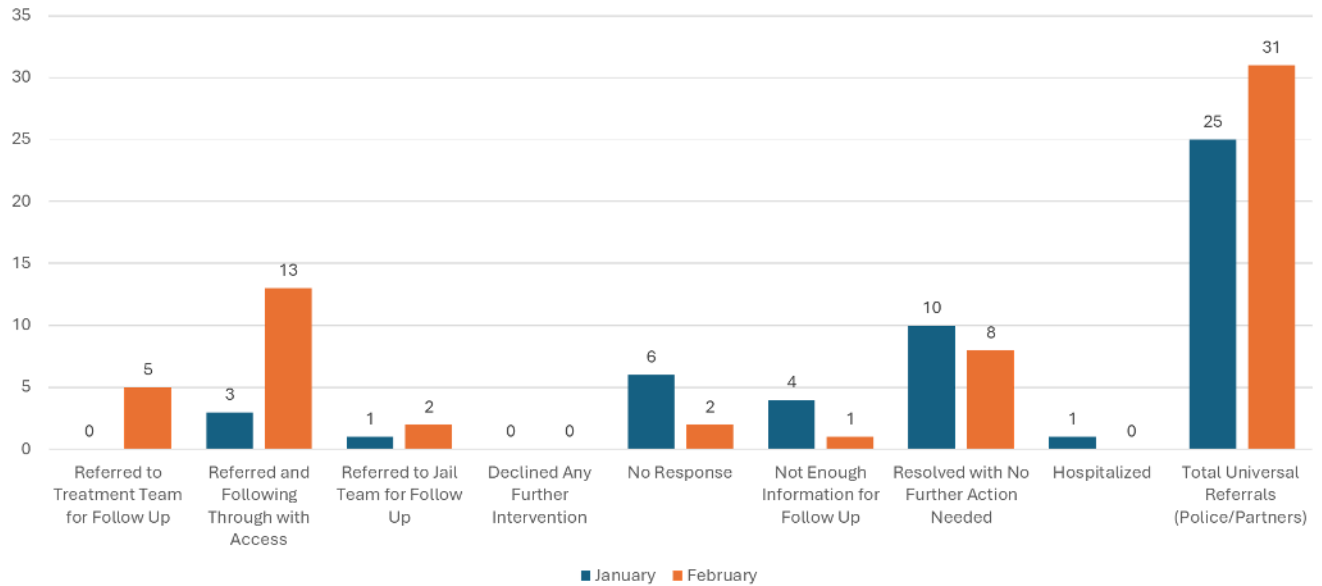
- Opportunity Center at the ALCC
- Salvation Army
- Disabilities Network
- Paula's House
- Fairview
- Saleh Center
- Health Department's Maternal and Child Health Services
- Monroe Housing Commission
- YMCA
- Michigan Works!
- Oaks of Righteousness
- ProMedica Physicians Monroe Pediatrics – Dr. Gandert

During the months of January and February, there have been 56 universal mental health referrals, including law enforcement and community referrals. The outcomes of these cases are as follows:

BOARD CLINICAL REPORT

March 2025

Universal Referrals



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 and Thursdays from 12-4pm for anyone interested. These days have 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 February, MCMHA Peer Support Staff provided two (2) 1:1 meetings/appointments and the peers did engage in three (3) programs/activities within the Opportunity Center. It should be noted that the Opportunity Center went through some staffing changes which impacted how data is being collected. Therefore, data was not collected during the month of January.

Outreach Activities

On January 29, 2025, Monroe CMHA hosted its second Mental Health Summit at Monroe County Community College's La-Z-Boy Center. 42 people attended, including representatives from community partners and community mental health staff. The event focused on decreasing stigma around Mental Health in Monroe County and coming together to bust barriers to accessing services. Monroe CMHA's CEO, Lisa Graham, and Sheriff Troy Goodnough provided a keynote detailing partnerships between mental health and law enforcement. Afterwards, attendees participated in roundtable discussions to problem solve together. Several community partnerships were strengthened during the event and new ones were formed. We are so grateful to everyone that attended and shared their insight and expertise.

The Director of Access/Crisis/Diversion and Crisis Mobile Supervisor met with Director Tolstedt (City of Monroe Director of Public Safety) to review utilization of crisis mobile and brainstorm continuous improvement strategies for working together with Dispatch regarding what information is provided, when crisis mobile is dispatched and for what calls. The Crisis Mobile Supervisor is also providing

Updated as of 3/13/25

BOARD CLINICAL REPORT

March 2025

outreach throughout the community with all the shelters to ensure they have information about crisis services and any ideas for improvements of our crisis services.

On February 19th, MCMHA staff met with Catholic Charities and ProMedica to discuss partnering for the expansion of our Behavioral Health Urgent Care (BHUC). Initial talks were positive with more information and details forthcoming.

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

No updates. This will be addressed 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 and #2) regarding data from the Crisis Mobile Response Team for the months of January and February.

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.

BOARD CLINICAL REPORT

March 2025

Zip Code	Location	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Total
48101	Ann Arbor	0	0	0	0	0	0
48103	Ann Arbor	0	0	0	0	0	0
48104	Ann Arbor	1	0	0	0	0	1
48105	Ann Arbor	0	0	0	0	0	0
48111	Belleville	0	0	0	0	0	0
48117	Carleton	5	2	0	2	2	11
48131	Dundee	0	0	1	1	1	3
48133	Erie	6	3	1	0	1	11
48134	Flat Rock	0	0	0	0	0	0
48135	Garden City	0	0	0	0	0	0
48140	Ida	0	0	1	0	0	1
48144	Lambertville	0	0	2	1	2	5
48145	LaSalle	0	0	0	1	0	1
48153	Maybee	0	0	0	0	0	0
48157	Luna Pier	1	0	1	1	2	5
48159	Maybee	1	3	4	0	1	9
48160	Milan	1	0	0	3	2	6
48161	Monroe	20	22	13	30	25	110
48162	Monroe	17	11	10	9	16	63
48164	New Boston	0	0	0	0	0	0
48166	Newport	2	10	5	8	2	27
48177	Samaria	0	0	0	0	0	0
48179	South Rockwood	0	0	0	0	0	0
48182	Temperance	8	2	0	2	3	15
48191	Willis	0	0	0	0	0	0
48198	Ypsilanti	0	0	0	0	0	0
48214	Detroit	0	0	0	0	0	0
48336	Fowlerville	0	0	0	0	0	0
48817	Corunna	0	0	0	0	0	0
49221	Adrian	0	0	0	1	0	1
49267	Ottawa Lake	0	1	0	1	1	3
49270	Petersburg	1	0	0	1	0	2
49276	Riga	0	0	0	0	0	0
Total		63	54	38	61	58	274

Below the table provided indicates out of the total number of 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%
January 2025	89%	49%

Updated as of 3/13/25

BOARD CLINICAL REPORT

March 2025

February 2025	79%	50%
----------------------	-----	-----

Crossroad Clubhouse

The River Raisin Clubhouse has now completely moved into the new location. The Clubhouse Advisory Board and Director of the Clubhouse are targeting community partners to give pitches about the Clubhouse in an effort to increase membership and utilize the CIP grant. This will be occurring over the next quarter to assist with boosting membership.

The River Raisin Clubhouse was interviewed by Devon Rucker for Monroe County News reviewing the opportunities provided to our community that the clubhouse has to offer. This is part of the plan to get the word out there on what the Clubhouse has to offer and to invite community members to come and tour our new facility. Stephan Pietszak, Clubhouse Director, and a Clubhouse Member participated and represented the program well displaying a warm and welcoming environment.

Additionally, the Clubhouse has participated in a radio interview on February 4th with Monroe County Radio with Bob Vergiels and a video with Cole McNew on What's Happening Wednesdays. Stephan Pietszak has a scheduled speaking engagement with the Monroe Rotary Club on March 25th with the focus of getting the word out there on our new location and what the Clubhouse has to offer. A meeting is scheduled with MPACT In March to discuss resuming the Rise television show.

There are currently 50 authorized members of the clubhouse with an average of 14 members that attend on a daily basis.

As a result of getting the word out about our new location, the Clubhouse has had 4 new members join the Clubhouse this week. The new referrals were walk-ins that heard about us via the FB video that had over 700 views and 100+ shares. The agency referrals have also increased, giving more opportunities for those we serve to join and be a part of a growing community group.

The members have a book club and will be inviting the public to join them once a month at the Monroe County Library main branch on M-50.

Certified Community Behavioral Health Clinic (CCBHC)

As of February, there were 2,058 members currently enrolled in CCBHC through the WSA, which is a decrease of 60 enrollees or 2.8% since last reported in January (Note: These numbers reflect both January and February data). This number will continue to fluctuate as consumers enroll and disenroll in services. This remains to be around 80% of our consumers.

As a reminder, CCBHC Quality Metric reporting has shifted to align with the calendar year. Therefore, CCBHC Quality Metrics for Quarter 1 will be reported in April 2025.

As of January 31, 2025, PCE implemented a fix by editing the demographic data we collect in CRCT so that Monroe and Washtenaw can accurately capture and report veteran status in CCBHC Quality Metric reports.

Also, PCE/CRCT added a follow up radio button at the end of the AUDIT in the BPS. This is a fix for our CCBHC Quality Reporting that was previously missing. This allows staff to indicate if follow-up counseling was performed after a positive alcohol screening.

Updated as of 3/13/25

BOARD CLINICAL REPORT

March 2025

During the month of February, MCMHA staff, including program directors, began exploring technology to enhance our current crisis services and increase fidelity to the CCBHC-required “Air Traffic Control” Crisis Module. PCE/CRCT has the capacity to build a GPS-enabled Crisis Module in the existing system. MCMHA staff also received a demonstration from VelloHealth Software, which integrates with PCE and would help address this need as well. Additional information is forthcoming.

MDHHS alerted MCMHA that they will be conducting a Site Visit for Cohort 2 CCBHC sites with MCMHA’s scheduled date of April 30, 2025. MCMHA will receive additional information about the site visit soon.

Annually, MDHHS requires MCMHA to conduct two (2) Patient Experience of Care (PEC) surveys – one for youth and one for adults – as part of our Certified Community Behavioral Health Clinic (CCBHC) quality metrics from April 2024 – September 2024. Please see the 2024 Patient Experience of Care Survey Report Monroe Community Mental Health Authority – December 2024. (Attachment #3)

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 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.

MCMHA has had a total enrollment of 131 cases with active enrollment of 66 individuals. Enrollment has decreased during this past month due to consumers no longer wishing to continue in the program, meeting their goals and consumers that have passed away. The current trend across all affiliates is during the annual review, the individual served felt they have met their goal or are requesting that they no longer need to participate in this program. Our nurses continue to review completed Personal Health Reviews (PHRs) for appropriate candidates for this program and are having success in identifying these individuals to discuss enrollment opportunities with them. The goal is to enroll up to two (2) consumers per month into the program.

Transition to Independence Process (TIP)

The TIP Model emphasizes youth voice and choice and supports youth and young adults with their transition to adulthood. The TIP Model is a strength-based, youth-driven framework that was developed for working with youth and young adults (14-29 years old) with emotional/behavioral difficulties. We are moving forward with program implementation in March as the Children’s Case Management Team is fully staffed.

Monroe County Community College (MCCC)

We have hired and are in the process of training a new Evaluation & Admission (E&A) Therapist staff for our collaboration with MCCC. It is estimated that the new staff will be stationed full-time at the college

Updated as of 3/13/25

BOARD CLINICAL REPORT

March 2025

by March 10th. During the time this position was vacant, other MCMHA staff provided some of the required services.

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 (12 Enrolled) This waiver makes it possible for children, under the age of 18, to have a documented developmental disability, meet the requirement for Intermediate Care Facility (IFC) and need for habitative medical and/or behavioral care in the home, to receive Medicaid.

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 require hospitalization.

Habilitation Supports Waiver (HAB Waiver/120 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. *Enrollees decreased by one due to a case being suspend during a nursing home stay. We continue to have HAB applications pending. Two applications are pending with MDHHS, and two applications are collecting the required information and documentation.*

MISCELLANEOUS

Call Volume Data

Below is the call volume data for Fiscal Year 25.

	October-24	November-24	December-24	January-25	February-25
Incoming Calls	5027	3943	2340	3791	2831
Incoming calls minus abandon calls	4906	3808	2224	3534	2757
Calls Answered	4557	3487	2057	2498	2486
Missed/Abandoned Calls	121	135	116	257	345
Abandoned Calls	462	430	274	280	74
% incoming calls answered	91%	88%	88%	66%	88%
% incoming calls answered minus abandon calls	98%	97%	95%	93%	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.

Updated as of 3/13/25

BOARD CLINICAL REPORT

March 2025

As stated previously, MCMHA is setting an internal goal of 95% of calls answered. As you can see, for the first five months of Fiscal Year 2025, we **average 96%**, which is meeting our goal.

Caseload Report

This report will be provided quarterly (December, March, June, and September).

<u>Service</u>	<u>Desired Caseload Size</u>	<u>Current Average Caseload</u>	<u>Notes</u>
Case Management (Child SED)	45	57	Currently 367 youth with SED or IDD diagnosis receiving case management.
Wraparound Services 6 SED Waiver 31 Wraparound	10-12	16.5	Caseload assignment cannot exceed a ratio of one (1) facilitator to twelve (12) child/youth and family teams or no more than 15 with 3 in transition to close. Due to the loss of one team member, the remaining two workers are seeing additional families.
Home Based Services (SED & I/EMH) 45 SED 29 IMH	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 same case limit rules apply to the Infant and Early Childhood (0-6year olds) 'Home-based' team.
Case Management (Adult I/DD)	45	52	Overtime is being utilized to meet the needs of consumers as needed. The team and supervisor are sharing management of the overage due to being down a team member. 336 cases are held on this team. *
Case Management (BHT/HAB/CWP-I/DD Waiver Teams)	45	57	Both children and adults who are diagnosed with an I/DD and on a waiver are monitored by this team. 235 cases are held on this team. Caseloads are high due to a vacancy that will be filled in March.
Outpatient Therapy (Child MI)	20-25	21	Targeted case management/outpatient caseloads are managed depending on the frequency of sessions per week/month. A new therapist is building caseload to capacity.
Parent Support Partners (PSP)	31	15	This is a peer delivered service for parents whose child is diagnosed with an SED or I/DD.
Youth Peer Support Services (PT)	10	6	The YPSS is building capacity now that she has obtained her certification.
Certified Peers	35	46	This team provides peer support services to consumers who are in the medication-assisted treatment (MAT) program.

Updated as of 3/13/25

BOARD CLINICAL REPORT

March 2025

Jail Diversion Case Management	30-40	19	This team provides case management services to those who are incarcerated.
MH Court Case Management	25	31	Persons served in this program are part of the mental health court. (6 cases are currently in transition State court Administrative Office known as SCAO only allows 25 at a time.)
Monthly Case Management (Adult MI)	55	55.1	This team provides monthly case management to consumers.
Bi-Monthly Case Management (Adult MI)	80	65	This team provides case management services to consumers who only require it every other month.
Meds Only Case Management (Adult MI)	100	87.5	This team provides case management services to consumers whose goal is only medication management; therefore, the frequency is decreased based on the need.
Therapist (Adult MI)	40/50	33	This team provides outpatient therapy to adults who are diagnosed with an SMI.
Certified Peer Support Specialist (FT)	40	29	This team provides peer support services to consumers diagnosed with SMI.
Certified Peer Support Specialist (PT)	30	29	This team provides peer support services to consumers diagnosed with SMI. (1 vacancy)
ACT	50 for Team	32	Assertive Community Treatment team provides services to those diagnosed with an SMI in a team model.

Select Month:: 2025 - 01 (1) ▾



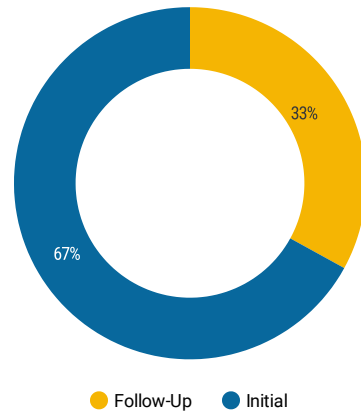
Monroe County CMH Crisis Mobile Utilization Report

Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

55

Mo...	Init...	#	%
2025 - 01	Follow-Up	18	33%
2025 - 01	Initial	37	67%



1 - 2 / 2 < >

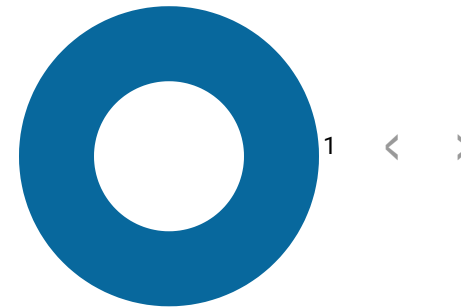
Month	Contact Type	Hours
2025 - 01	Indirect Contact (Phone/Email/Other)	0
2025 - 01	Contact Attempt	0
2025 - 01	Face-To-Face	109.15

Average Face-to-Face Interaction Time (Hours)

3.03

Month	Avg F2F Contact
2025 - 01	3.03

● Face-To-Face ● Contact Attempt



Select Month:: 2025 - 01

(1) ▾

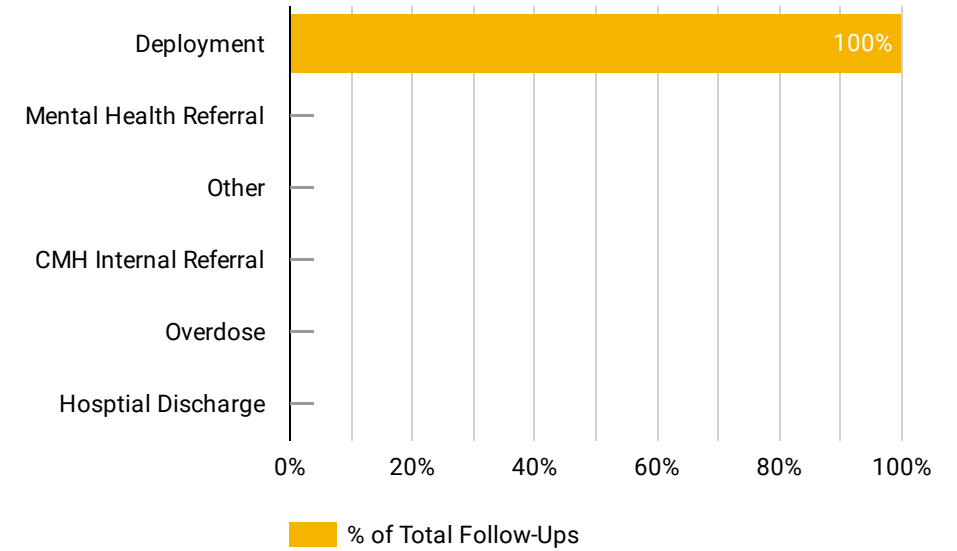


Monroe County CMH Crisis Mobile Utilization Report

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

Note: Tracking for follow-ups started October 2024

Month ① ▲	Type ② ▲	#	%
2025 - 01	CMH Internal Referral	0	0%
2025 - 01	Deployment	18	100%
2025 - 01	Hospital Discharge	0	0%
2025 - 01	Mental Health Referral	0	0%
2025 - 01	Other	0	0%
2025 - 01	Overdose	0	0%

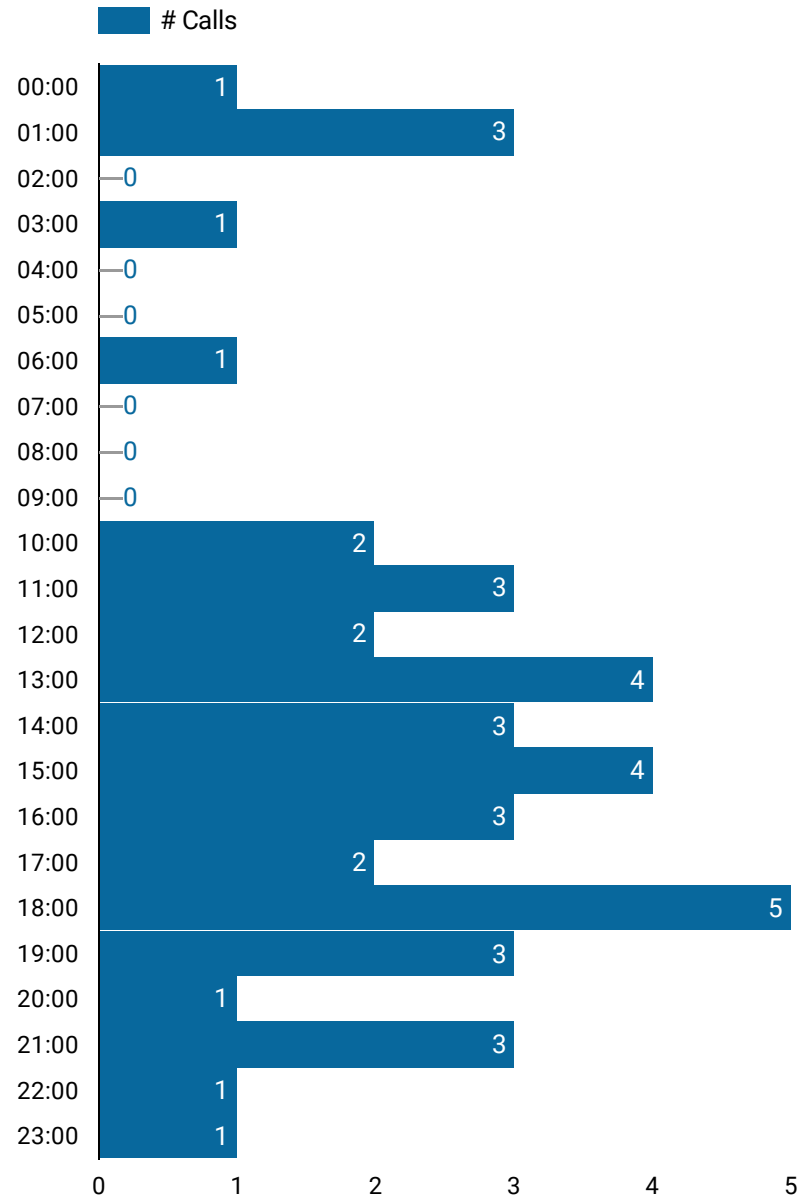


Select Month:: 2025 - 01

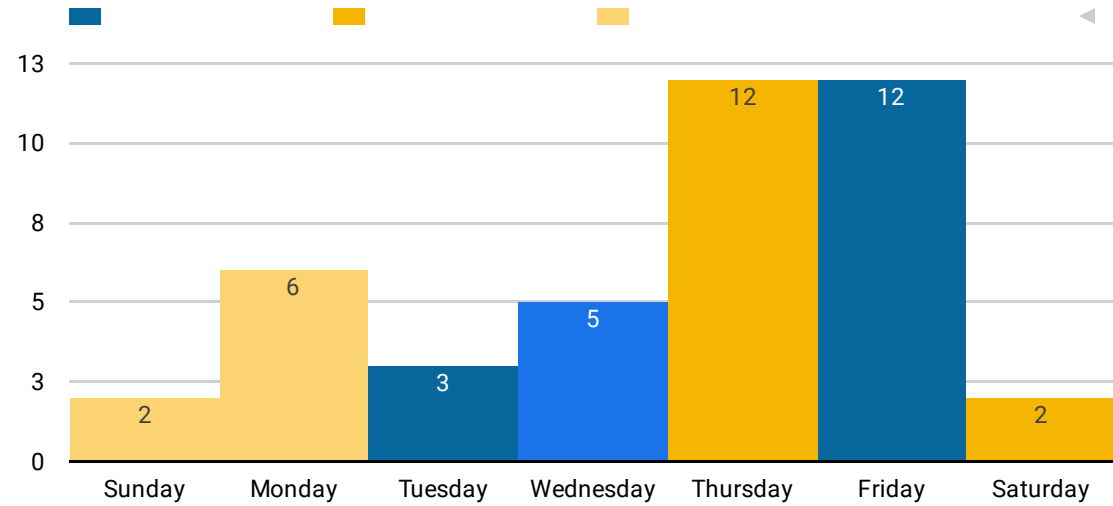
(1) ▾

Time of Calls

Calls, by hour:



Calls, by Weekday:



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

Average Response Time (Minutes)

13.11

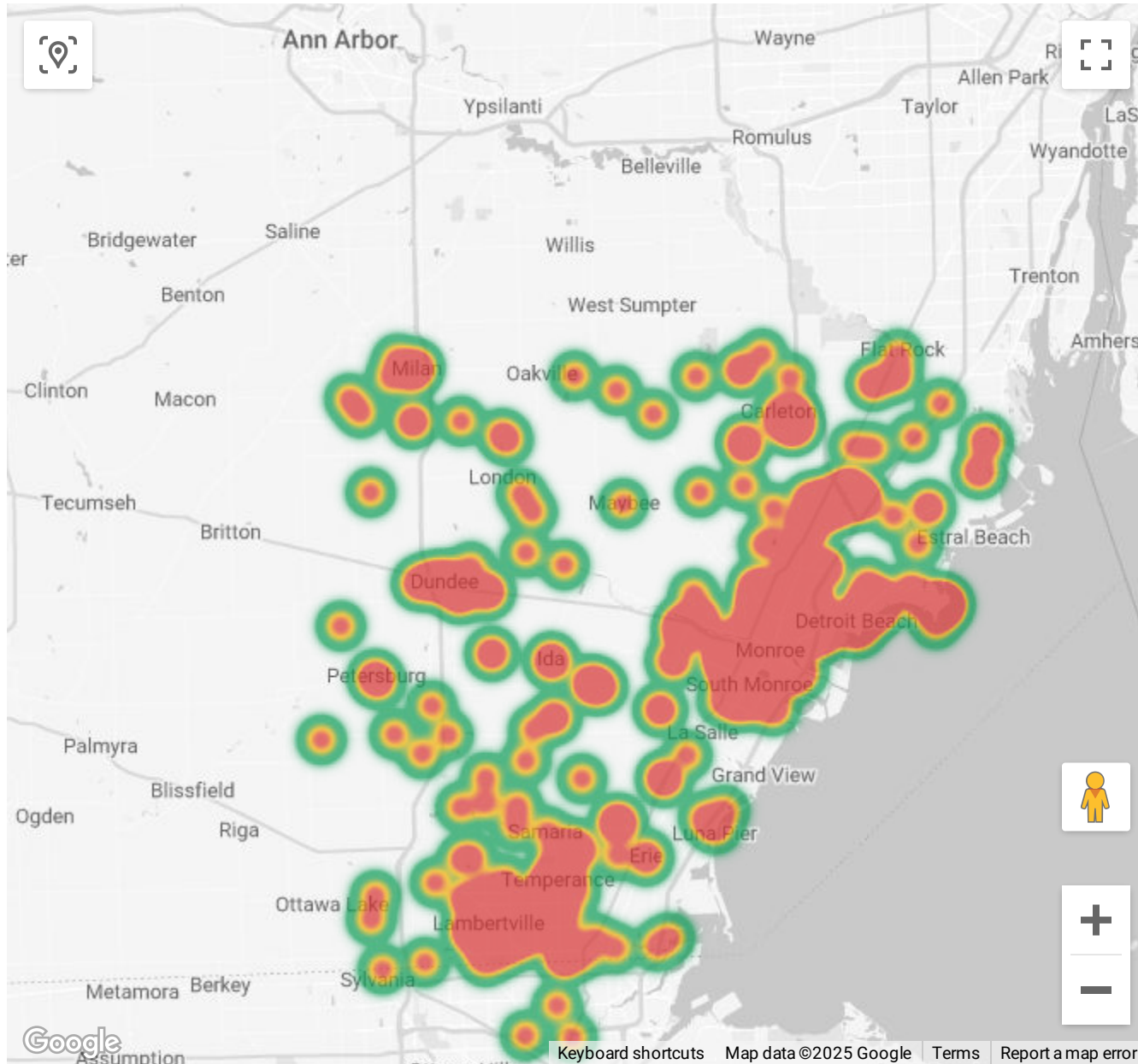
Month	Avg. Response Time ▾
2025 - 01	13.11

Select Month:: 2025 - 01

(1) ▾

Location

Mapping of locations deployed to:

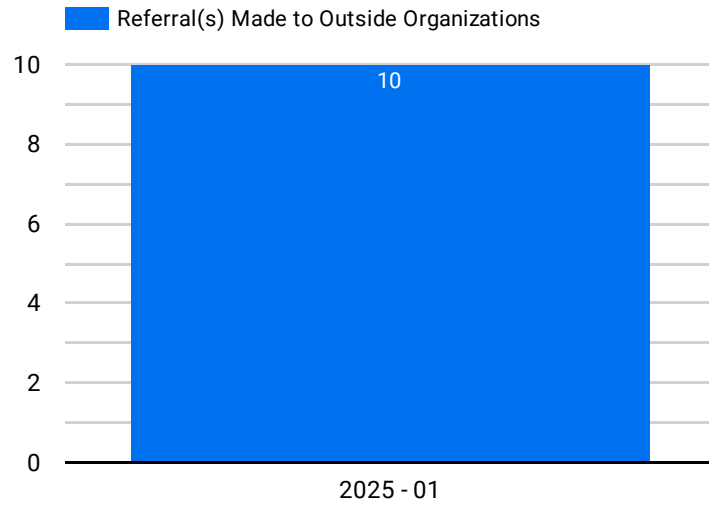


Month	Zipcode	#	%
2025 - 01	48182	2	5%
2025 - 01	48160	3	8%
2025 - 01	48173	0	0%
2025 - 01	48166	2	5%
2025 - 01	48117	2	5%
2025 - 01	48134	0	0%
2025 - 01	48161	14	38%
2025 - 01	48162	14	38%

Select Month:: 2025 - 01

(1) ▾

Number of referrals made and where they were referred to:



Mo...	Referred To:	#	%
2025 - 01	Arrowhead Behavioral Health	0	0%
2025 - 01	Behavioral Health Treatment	0	0%
2025 - 01	CMH	11	58%
2025 - 01	Family Counseling and Shelter Services of Monroe	0	0%
2025 - 01	Fire Station	0	0%
2025 - 01	Gabby's Ladder	0	0%
2025 - 01	Harbor Light	2	11%
2025 - 01	Henry Ford Wyandotte	0	0%
2025 - 01	Holistic Wellness	0	0%
2025 - 01	Lemon Tree	0	0%
2025 - 01	MCOP	0	0%
2025 - 01	Michigan Works	0	0%
2025 - 01	Monroe County Animal Control	0	0%
2025 - 01	Paula's House	0	0%
2025 - 01	ProMedica ER	3	16%
2025 - 01	Pure Psych	0	0%
2025 - 01	RAW	0	0%
2025 - 01	Resource Flyer	0	0%
2025 - 01	SUD Treatment	0	0%
2025 - 01	Salvation Army Harbor Light	2	11%
2025 - 01	St. Joe's	1	5%

Select Month:: 2025 - 01

(1) ▾

Where Referrals are Coming From:

		Month / # Calls
Deployed by:		2025 - 01
Monroe County Sheriff's Dept.		20
ACCESS		13
CMH		5
Monroe City Police		3
Police Mental Health Referral		1
Self		1
Mobile Crisis Follow Up		0

Primary Issue or Diagnosis:

(New question starting 12/2023)

		Month / #
Issue/Diagnosis		2025 - 01
Thought Disorder		24
Suicidal Ideation		11
Substance Abuse		1
Neurocognitive		2
Homicidal Ideation		1
Environmental		3
Domestic Violence		0

Select Month:: 2025 - 01

(1) ▾

Consumers, New and Repeats:

	Month ① ▲	New or Repeat Cons... ② ▲	#
1.	2025 - 01	New	26
2.	2025 - 01	Repeat	20

Select Month:: 2025 - 01

(1) ▾

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

			Month / # / %
			2025 - 01
Race		#	%
White		35	90%
Unknown		1	3%
Refused to Provide		1	3%
Multiracial		2	5%

Select Month:: 2025 - 01

(1) ▾

Number of calls per population - Age

			Month / # / %
			2025 - 01
Age		#	%
0 to 9		0	0%
10 to 17		8	21%
18 to 28		9	23%
29 to 39		5	13%
40 to 50		3	8%
51 to 61		8	21%
62 to 72		4	10%
73 to 83		1	3%
84 to 94		1	3%
95 +		0	0%
Not Collected		0	0%

Select Month:: 2025 - 02 (1) ▾



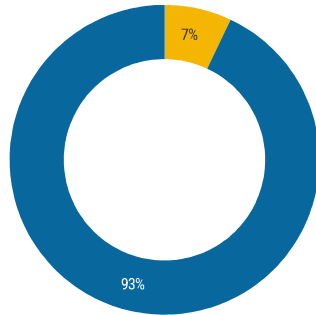
Monroe County CMH Crisis Mobile Utilization Report

Deployments - Number of encounters, Number of Follow Ups:

Total Crisis Mobile Deployments

29

Mo...	Init...	#	%
2025 - 02	Follow-Up	2	7%
2025 - 02	Initial	27	93%



● Follow-Up ● Initial

1 - 2 / 2 < >

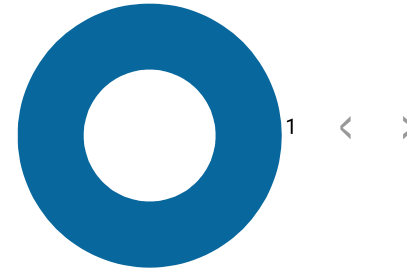
Month	Contact Type	Hours
2025 - 02	Indirect Contact (Phone/Email/Other)	0
2025 - 02	Contact Attempt	0
2025 - 02	Face-To-Face	89.45

Average Face-to-Face Interaction Time (Hours)

2.29

Month	Avg F2F Contact
2025 - 02	2.29

● Face-To-Face ● Contact Attempt



Select Month:: 2025 - 02

(1) ▾

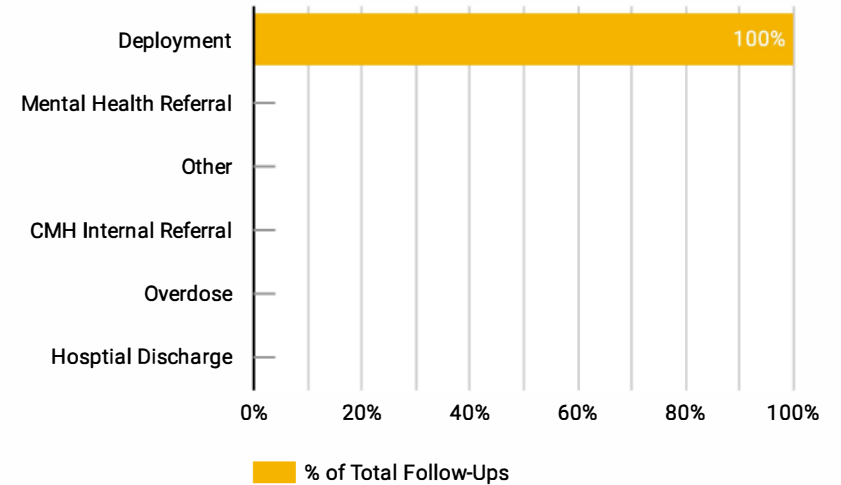


Monroe County CMH Crisis Mobile Utilization Report

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

Note: Tracking for follow-ups started October 2024

Month	Type	#	%
2025 - 02	CMH Internal Referral	0	0%
2025 - 02	Deployment	2	100%
2025 - 02	Hospital Discharge	0	0%
2025 - 02	Mental Health Referral	0	0%
2025 - 02	Other	0	0%
2025 - 02	Overdose	0	0%



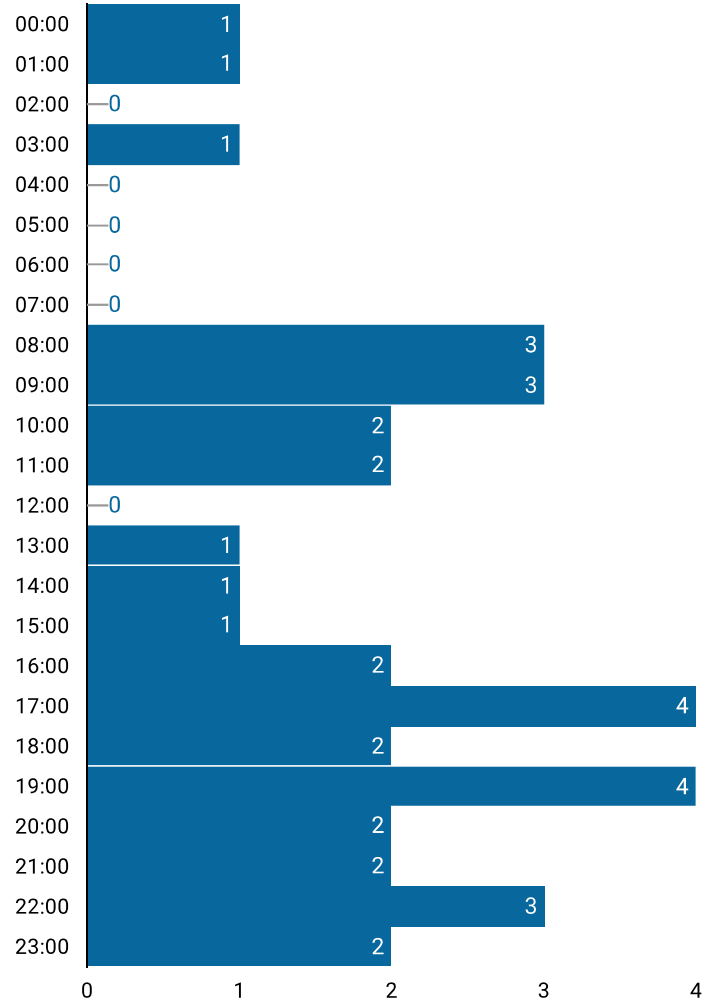
Select Month:: 2025 - 02

(1) ▾

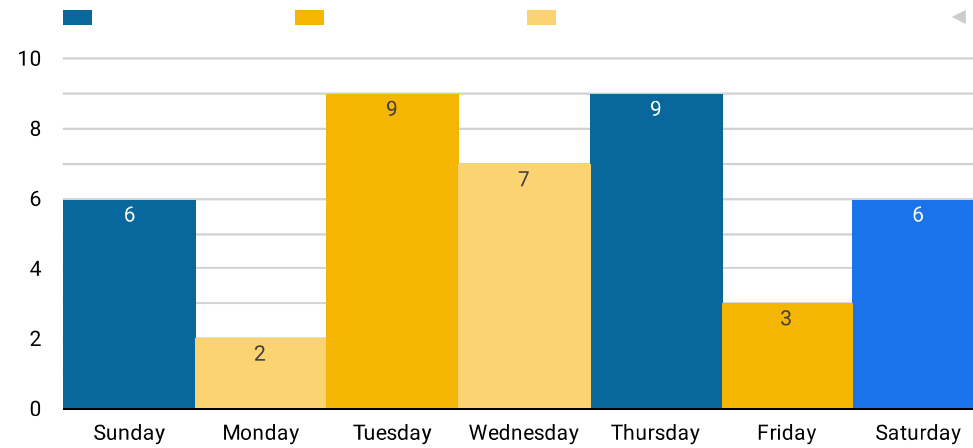
Time of Calls

Calls, by hour:

Calls



Calls, by Weekday:



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

Average Response Time (Minutes)

15.3

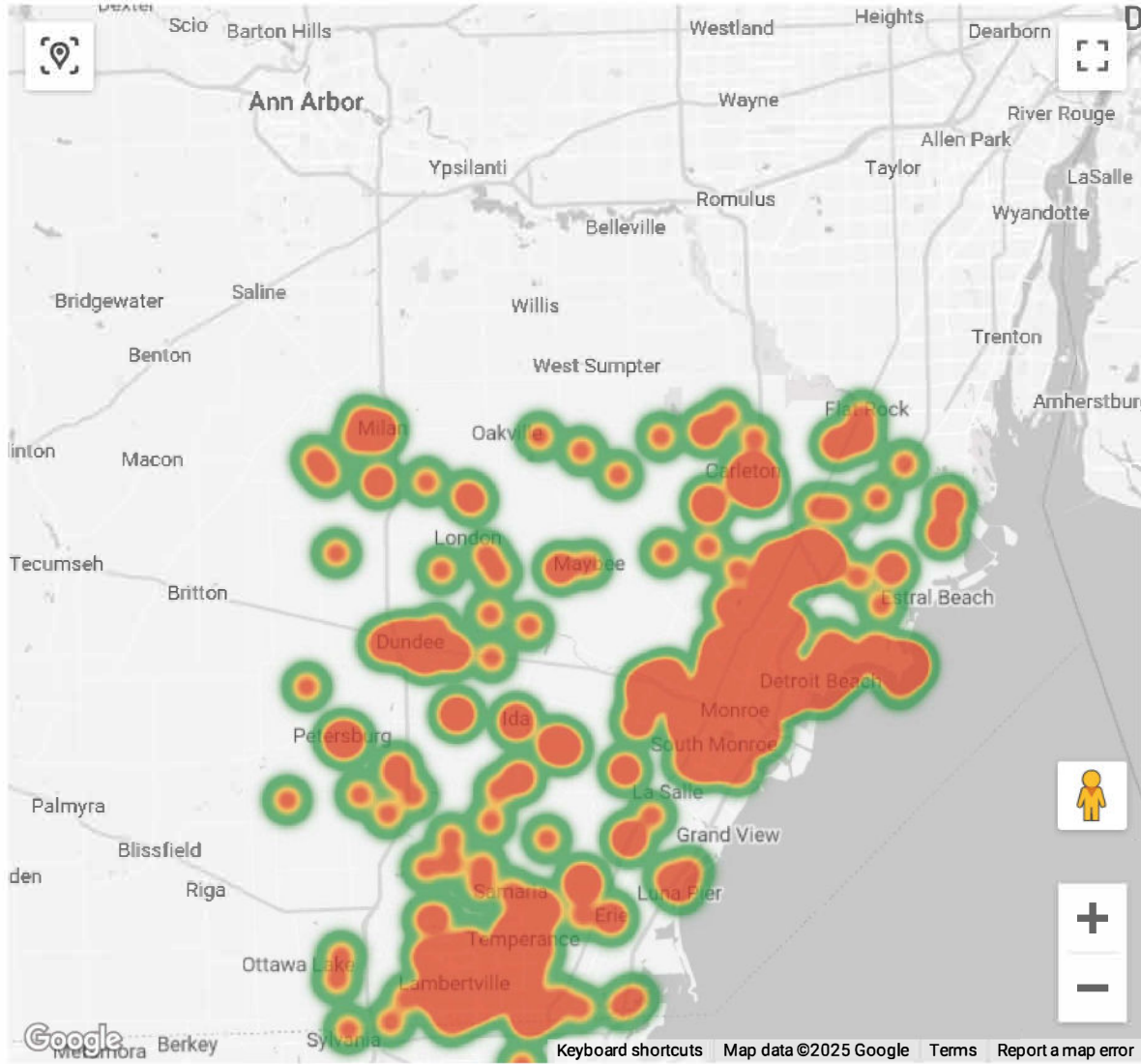
Month	Avg. Response Time ▾
2025 - 02	15.3

Select Month:: 2025 - 02

(1) ▾

Location

Mapping of locations deployed to:

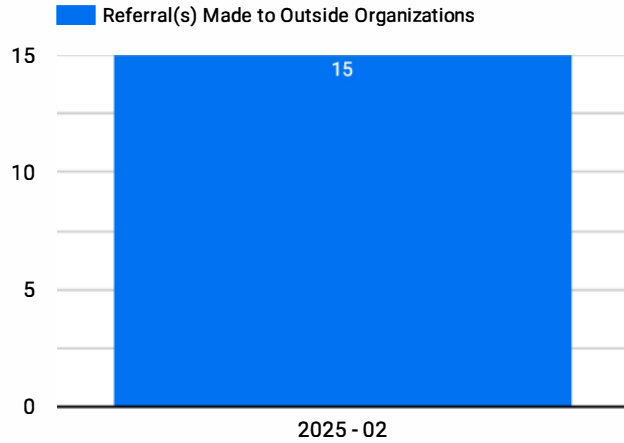


Month ▾	Zipcode	#	%
2025 - 02	48182	3	10%
2025 - 02	48160	1	3%
2025 - 02	48173	0	0%
2025 - 02	48166	4	13%
2025 - 02	48117	2	6%
2025 - 02	48134	0	0%
2025 - 02	48161	13	42%
2025 - 02	48162	6	19%

Select Month:: 2025 - 02

(1) ▾

Number of referrals made and where they were referred to:



Mo...	Referred To:	#	%
2025 - 02	Arrowhead Behavioral Health	0	0%
2025 - 02	Behavioral Health Treatment	0	0%
2025 - 02	CMH	7	39%
2025 - 02	Family Counseling and Shelter Services of Monroe	0	0%
2025 - 02	Fire Station	0	0%
2025 - 02	Gabby's Ladder	0	0%
2025 - 02	Harbor Light	2	11%
2025 - 02	Henry Ford Wyandotte	0	0%
2025 - 02	Holistic Wellness	0	0%
2025 - 02	Lemon Tree	0	0%
2025 - 02	MCOP	0	0%
2025 - 02	Michigan Works	0	0%
2025 - 02	Monroe County Animal Control	0	0%
2025 - 02	Paula's House	0	0%
2025 - 02	ProMedica ER	2	11%
2025 - 02	Pure Psych	1	6%
2025 - 02	RAW	0	0%
2025 - 02	Resource Flyer	0	0%
2025 - 02	SUD Treatment	4	22%
2025 - 02	Salvation Army Harbor Light	2	11%
2025 - 02	St. Joe's	0	0%

Select Month:: 2025 - 02

(1) ▾

Where Referrals are Coming From:

		Month / # Calls
Deployed by:		2025 - 02
Monroe County Sheriff's Dept.		21
Monroe City Police		7
CMH		5
ACCESS		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		2025 - 02
Thought Disorder		10
Suicidal Ideation		10
Substance Abuse		7
Neurocognitive		0
Homicidal Ideation		0
Environmental		5
Domestic Violence		1

Select Month:: 2025 - 02

(1) ▾

Consumers, New and Repeats:

	Month ⓘ ▲	New or Repeat Cons... ⓘ ▲	#
1.	2025 - 02	New	26
2.	2025 - 02	Repeat	13

Select Month:: 2025 - 02

(1) ▾

Number of Narcan Kits Distributed:

Narcan Kits Distributed

0

Number of calls per population - Race

			Month / # / %
			2025 - 02
Race		#	%
White		32	94%
Other Race		1	3%
Multiracial		1	3%

Select Month:: 2025 - 02

(1) ▾

Number of calls per population - Age

			Month / # / %
			2025 - 02
Age		#	%
0 to 9		0	0%
10 to 17		3	9%
18 to 28		7	21%
29 to 39		10	29%
40 to 50		5	15%
51 to 61		2	6%
62 to 72		6	18%
73 to 83		0	0%
84 to 94		1	3%
95 +		0	0%
Not Collected		0	0%

2024 Patient Experience of Care Survey Report

Monroe Community Mental Health Authority
– December 2024



Table of Contents

Executive Summary.....	3
Adult Survey & Youth Survey Results.....	4
Appendices.....	8

Executive Summary

There are two versions of the Patient Experience of Care Surveys required annually as part of the Certified Behavioral Health Clinic (CCBHC) Michigan Demonstration: one for adults and one for youth. Both surveys ask questions related to:

- Access
- Quality & Appropriateness
- Outcomes
- Participation in Treatment Planning
- General Satisfaction

The youth survey additionally asks questions related to:

- Social Connectedness
- Functioning

Summary of Adult Results

Of the 330 survey invitations sent, 34 adults responded to the 2024 survey which is a response rate of 10%. Most respondents chose to complete the survey on paper prior to a scheduled appointment.

Overview

The highest domain was general satisfaction with services with 84% of adults responding in favor. The lowest domain was outcomes with only 67% of adults responding in favor of positive outcomes.

Summary of Youth Results

Of the 330 survey invitations sent, 35 youth responded to the 2024 survey which is a response rate of 10%. Most respondents chose to complete the survey on paper prior to a scheduled appointment.

Overview

The highest domains were participation in treatment planning and cultural sensitivity of staff with services with 83% of youth responding in favor. The lowest scoring domain was the outcome domain with only 71% of youth responding in favor of positive outcomes.

Introduction & Survey Overview

The Mental Health Statistics Improvement Program (MHSIP) Survey is a standardized and highly validated survey utilized nationally to assess consumer satisfaction with services. The adult survey is 44 questions, and the youth version is 35 questions. Each survey assesses consumer satisfaction in specific domains: Access, Quality & Appropriateness, Outcomes, Participation in Treatment Planning, & General Satisfaction. Additionally, the youth survey asks questions related to Social Connectedness and Functioning. The survey is required annually for all Certified Community Behavioral Health Clinics (CCBHCs) as a state-reported quality metric.

Sample

A random sample of 330 youth and 330 adults was developed by MCMHA's Data Analyst. Consumers were picked at random out of all consumers who had received a CCBHC service 10/1/2023 – 4/25/2024.

Survey Administration

All selected consumers were sent a survey invitation post card in the mail indicating their ability to complete the survey online (via internet link/QR code) or could complete a paper copy available at MCMHA. The survey was incentivized by offering the chance to win a \$25 gift card randomly selected at the end of the administrative period. Additional attempts at soliciting survey responses were through coordination with case managers, Clubhouse Director, and ACT Supervisor who provided an opportunity for consumers to complete the survey. MCMHA front desk/reception staff also provided selected consumers with an opportunity to complete the survey online or on paper prior to their appointment.

Survey Limitations

The MHSIP domains are highly validated and patient experience of care surveys are considered immensely valuable by leading experts. However, the inability for CCBHC clinics to change or modify the survey limits the ability to ask clarifying questions, add, or delete any questions. Additionally, Fiscal Year 24 was the first year Monroe CMHA attempted to collect consumer satisfaction data utilizing this survey and therefore is unable to accurately compare data to previous year data.

Survey Length

The length of the survey likely deterred some respondents. The surveys may take 10-15 minutes to complete and is 2-3 pages when printed. Additionally, respondents with mental or cognitive challenges may have affected their ability to accurately respond to some questions. Caregivers are allowed and encouraged to assist survey participants.

Survey Timing

The survey sample includes services between October and April 2024. Survey responses were collected from May 1, 2024, until September 30, 2024.

Response Rates

The response rate for both the youth and adult surveys was 10%. 35 out of 330 youths responded and 34 out of 330 adults responded.

Monroe Demographics

Monroe County has a population of 155,609. Monroe County's median household income is \$69,563 with an employment rate of 56.3%. Just over half of Monroe's citizens identify as female, 21.1% are under 18 years of age, and 19.3% are over the age of 65. Monroe County is 93.9% Caucasian with Hispanic being the largest minority group at 4.0%.

Demographics

Adult

Most adult survey respondents identified as white (79.31%) with black/African American coming in second (24.14%). Figure 1 in appendices. This suggests that there may be an over-representation of black/African American in Monroe's consumer pool as compared to the general Monroe County population data available at this time. 92.86% of adult respondents identified as non-Hispanic/Latino with 7.14%, or 2 respondents, endorsing Mexican, Hispanic, or Latino origin. Figure 2 in appendices. 51.72% of respondents identified as female and 44.83% identified as male, with 1 person identifying as other. Figure 3 in appendices. 46.43% of adult respondents indicated they have been receiving services for more than two years and 10.71% of respondents indicated they have been receiving services for less than 6 months. The remaining respondents were even with 14.29% indicating they have been in services for 6 months to 1 year, 1 to 2 years, and unknown. As expected, the overwhelming majority of respondents endorsed receiving mental health services (68.97%), 24.14% endorsed receiving Mental Health and Substance Use (co-occurring) services and 6.9% reported unknown. Figure 5 in appendices.

Youth

91.18% of youth survey respondents identified as white and 17.65% identified as black. 2 individuals identified as American Indian/Alaskan Native, 1 as Native Hawaiian/Pacific Islander, and 3 as unknown. Figure 14 in appendices. 85.29% of youth respondents identified as non-Hispanic/Latino, 2 respondents identified Mexican, Hispanic, or Latino ethnicity, and 3 identified as unknown. Figure 15 in appendices. Most youth respondents identified as male (55.88%) and 38.24% identified as female. 2 individuals identified as other. Figure 16 in appendices. 38.24% of youth respondents have been in services for more than 2 years, 23.53% have been in services 6 months to 1 year, 17.65% have been in services for 1 to 2 years, 14.71% have been in services for less than 6 months, and 2 individuals were unknown. Figure 17 in appendices. 85.29% of youth respondents indicated they were receiving mental health services only, 2.94% (1 person) endorsed receiving Mental Health and Substance Use (co-occurring) services, and 11.76% reported unknown. Figure 18 in appendices.

Domain Satisfaction

Adult

84% of the adult survey participants responded positively about general satisfaction with services. 75% of participants responded positively about access. 71% of participants responded positively about quality and appropriateness and participation in treatment planning. Only 67% of adult participants responded positively about outcomes.

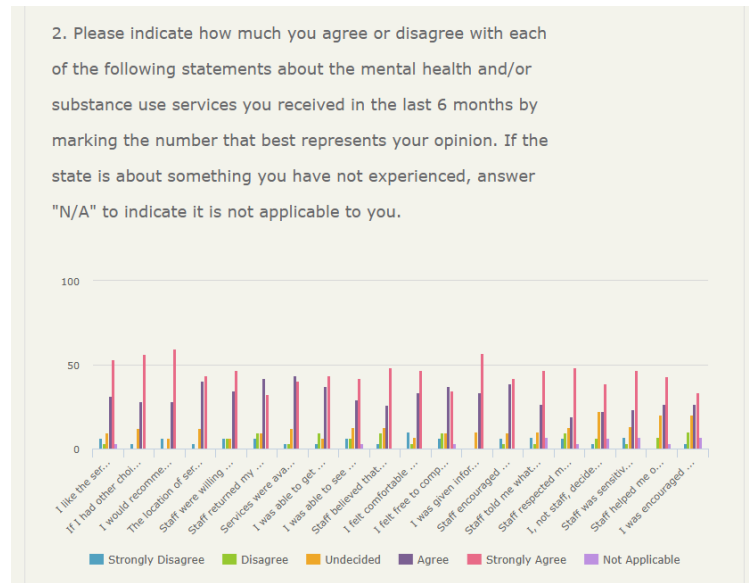


Figure 7-1 Adult Satisfaction

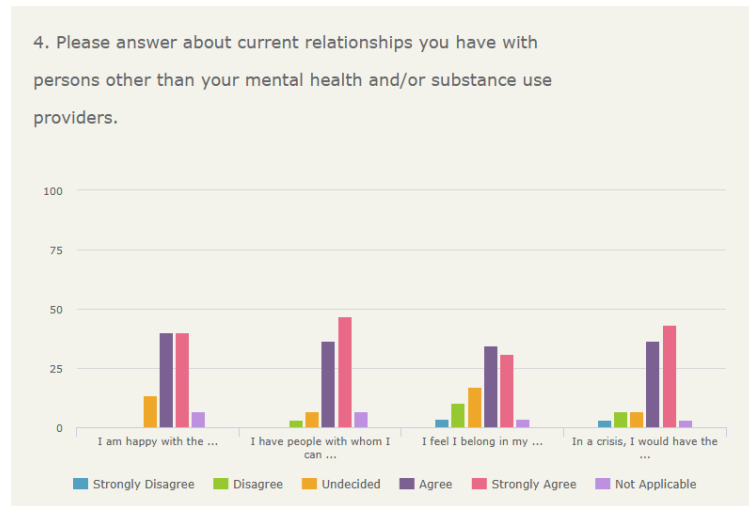


Figure 7-2 Adult Satisfaction

Youth

83% of youth participants responded positively about cultural sensitivity of staff and participation in treatment planning. 80% of youth participants responded positively about access and for general satisfaction with services. However, only 71% responded positively about outcomes.

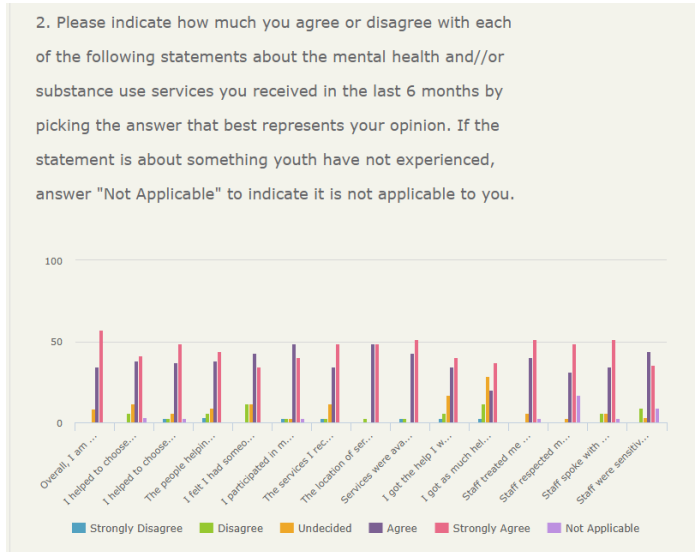


Figure 19-1 Youth Satisfaction

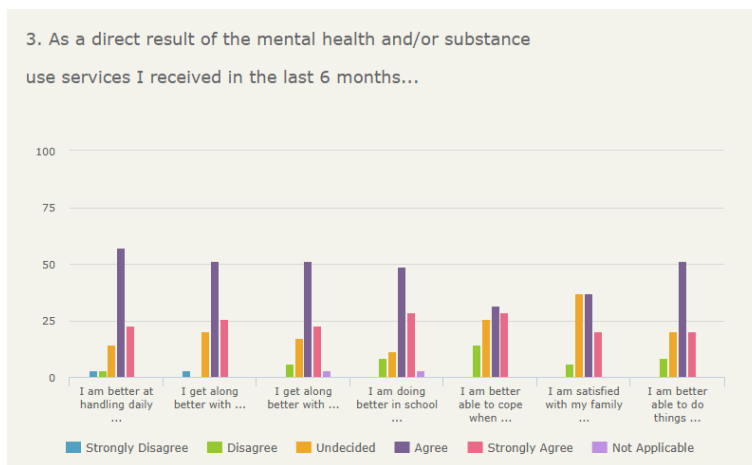


Figure 19-2 Youth Satisfaction

Conclusion

The results from the FY24 Patient Experience of Care surveys will be utilized to improve access to and quality of care in the next fiscal year and beyond. FY24 was a learning opportunity and a chance to collect baseline data. Additional efforts will be put in place to improve consumer response rates in future data collection efforts.

Appendices

Adult Graphs & Tables

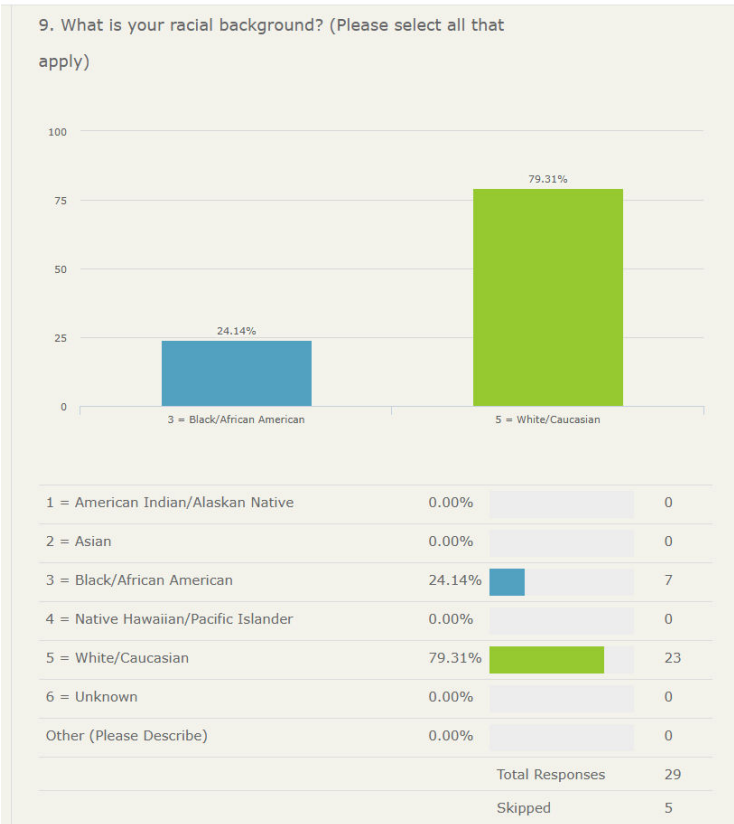
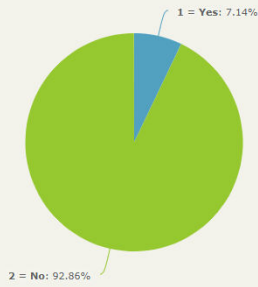


Figure 1 Adult Racial Background

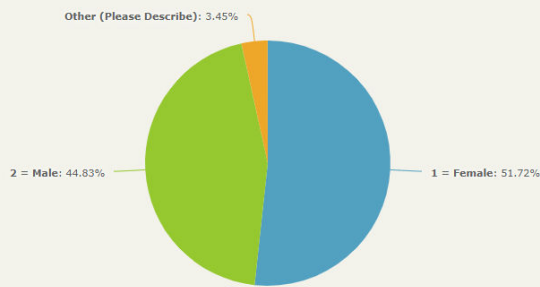
10. Are you of Mexican, Hispanic, or Latino origin?



1 = Yes	7.14%	<div style="width: 7.14%;"></div>	2
2 = No	92.86%	<div style="width: 92.86%;"></div>	26
3 = Unknown	0.00%	<div style="width: 0.00%;"></div>	0
Total Responses			28
Skipped			6

Figure 2 Adult Ethnic Background

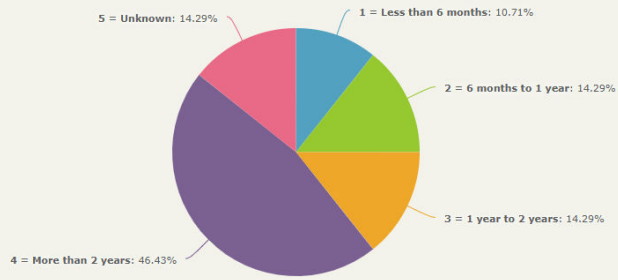
7. What is your gender?



1 = Female	51.72%	<div style="width: 51.72%;"></div>	15
2 = Male	44.83%	<div style="width: 44.83%;"></div>	13
3 = Trans female	0.00%	<div style="width: 0.00%;"></div>	0
4 = Trans male	0.00%	<div style="width: 0.00%;"></div>	0
5 = Unknown	0.00%	<div style="width: 0.00%;"></div>	0
Other (Please Describe)	3.45%	<div style="width: 3.45%;"></div>	1
Total Responses			29
Skipped			5

Figure 3 Adult Gender

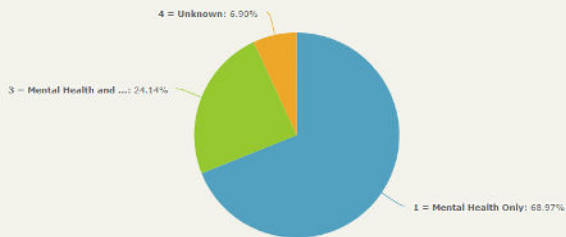
6. How long have you received these services?



1 = Less than 6 months	10.71%	3
2 = 6 months to 1 year	14.29%	4
3 = 1 year to 2 years	14.29%	4
4 = More than 2 years	46.43%	13
5 = Unknown	14.29%	4
Total Responses		28
Skipped		6

Figure 4 Adult Length of Services

5. Are you currently receiving mental health and/or substance use services?



1 = Mental Health Only	68.97%	20
2 = Substance Use Only	0.00%	0
3 = Mental Health and Substance Use	24.14%	7
4 = Unknown	6.90%	2
Total Responses		29
Skipped		5

Figure 5 Adult Type of Service

2. Please indicate how much you agree or disagree with each of the following statements about the mental health and/or substance use services you received in the last 6 months by marking the number that best represents your opinion. If the state is about something you have not experienced, answer "N/A" to indicate it is not applicable to you.

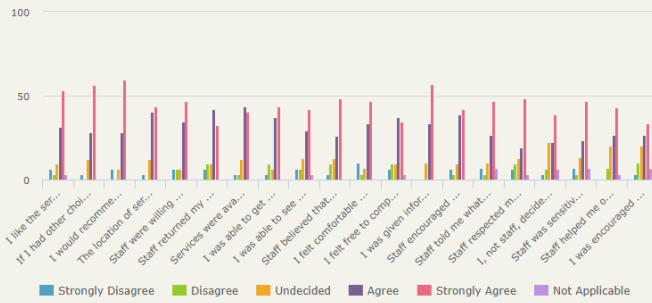


Figure 7-1 Adult Satisfaction

4. Please answer about current relationships you have with persons other than your mental health and/or substance use providers.

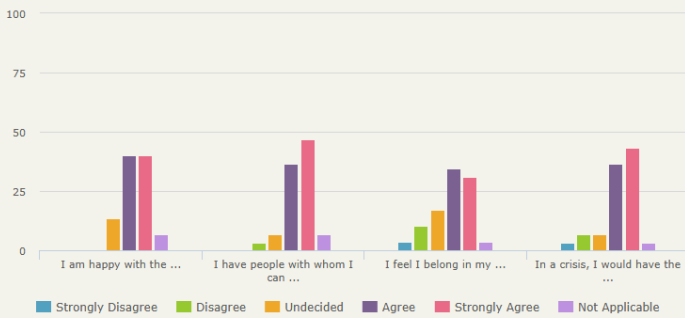


Figure 7-2 Adult Satisfaction

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Responses
I like the services that I received.	2 6.25%	1 3.12%	3 9.38%	10 31.25%	17 53.12%	1 3.12%	32
If I had other choices, I would still get services from the same agency.	1 3.12%	0 0.00%	4 12.50%	9 28.12%	18 56.25%	0 0.00%	32
I would recommend the same agency to a friend or family member.	2 6.25%	0 0.00%	2 6.25%	9 28.12%	19 59.38%	0 0.00%	32
The location of services was convenient (parking, public transportation, distance, etc.)	1 3.12%	0 0.00%	4 12.50%	13 40.62%	14 43.75%	0 0.00%	32
Staff were willing to see me as often as I felt it was necessary.	2 6.25%	2 6.25%	2 6.25%	11 34.38%	15 46.88%	0 0.00%	32
Staff returned my calls within 24 hours.	2 6.45%	3 9.68%	3 9.68%	13 41.94%	10 32.26%	0 0.00%	31
Services were available at times that were good for me.	1 3.12%	1 3.12%	4 12.50%	14 43.75%	13 40.62%	0 0.00%	32

Figure 8 Adult Table 1

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Responses
I was able to get all the services I thought I needed.	1 3.12%	3 9.38%	2 6.25%	12 37.50%	14 43.75%	0 0.00%	32
I was able to see a psychiatrist when I wanted to.	2 6.45%	2 6.45%	4 12.90%	9 29.03%	13 41.94%	1 3.23%	31
Staff believed that I could grow, change, and recover.	1 3.23%	3 9.68%	4 12.90%	8 25.81%	15 48.39%	0 0.00%	31
I felt comfortable asking questions about my treatment and medication.	3 10.00%	1 3.33%	2 6.67%	10 33.33%	14 46.67%	0 0.00%	30
I felt free to complain.	2 6.25%	3 9.38%	3 9.38%	12 37.50%	11 34.38%	1 3.12%	32
I was given information about my rights.	0 0.00%	0 0.00%	3 10.00%	10 33.33%	17 56.67%	0 0.00%	30
Staff encouraged me to take responsibility for how I live my life.	2 6.45%	1 3.23%	3 9.68%	12 38.71%	13 41.94%	0 0.00%	31
Staff told me what side effects to watch out for.	2 6.67%	1 3.33%	3 10.00%	8 26.67%	14 46.67%	2 6.67%	30

Figure 9 Adult Table 2

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Responses
Staff respected my wishes about who is and who is not to be given information about my treatment.	2 6.45%	3 9.68%	4 12.90%	6 19.35%	15 48.39%	1 3.23%	
I, not staff, decided my treatment goals.	1 3.23%	2 6.45%	7 22.58%	7 22.58%	12 38.71%	2 6.45%	
Staff was sensitive to my cultural background (race, religion, language, etc.).	2 6.67%	1 3.33%	4 13.33%	7 23.33%	14 46.67%	2 6.67%	
Staff helped me obtain the information I needed so that I could take charge of managing my mental health and/or substance use condition.	0 0.00%	2 6.67%	6 20.00%	8 26.67%	13 43.33%	1 3.33%	
I was encouraged to use consumer-run programs (support groups, drop in centers, warm line, etc.).	1 3.33%	3 10.00%	6 20.00%	8 26.67%	10 33.33%	2 6.67%	
Total Responses							3

Figure 10 Adult Table 3

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Responses
I deal more effectively with daily problems.	1 3.23%	4 12.90%	5 16.13%	10 32.26%	10 32.26%	1 3.23%	31
I am better able to control my life.	1 3.23%	2 6.45%	3 9.68%	12 38.71%	12 38.71%	1 3.23%	31
I am better able to deal with crisis.	1 3.23%	5 16.13%	3 9.68%	9 29.03%	12 38.71%	1 3.23%	31
I am getting along better with my family.	1 3.45%	0 0.00%	5 17.24%	8 27.59%	13 44.83%	2 6.90%	29
I do better in social situations.	3 10.00%	3 10.00%	4 13.33%	10 33.33%	9 30.00%	1 3.33%	30
I do better in school and/or work.	1 3.33%	2 6.67%	5 16.67%	7 23.33%	9 30.00%	6 20.00%	30
My housing situation has improved.	0 0.00%	0 0.00%	5 16.67%	8 26.67%	11 36.67%	6 20.00%	30

Figure 11 Adult Table 4

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Responses
My symptoms are not bothering me as much.	2 6.67%	4 13.33%	3 10.00%	9 30.00%	11 36.67%	1 3.33%	30
I do things that are more meaningful to me.	1 3.45%	1 3.45%	5 17.24%	11 37.93%	10 34.48%	1 3.45%	29
I am better able to take care of my needs.	0 0.00%	3 10.00%	4 13.33%	9 30.00%	13 43.33%	1 3.33%	30
I am better able to handle things when they go wrong.	1 3.45%	3 10.34%	7 24.14%	5 17.24%	11 37.93%	2 6.90%	29
I am better able to do things that I want to do.	0 0.00%	2 6.67%	5 16.67%	10 33.33%	12 40.00%	1 3.33%	30

Figure 12 Adult Table 5

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Responses
I am happy with the friendships I have.	0 0.00%	0 0.00%	4 13.33%	12 40.00%	12 40.00%	2 6.67%	30
I have people with whom I can do enjoyable things.	0 0.00%	1 3.33%	2 6.67%	11 36.67%	14 46.67%	2 6.67%	30
I feel I belong in my community.	1 3.45%	3 10.34%	5 17.24%	10 34.48%	9 31.03%	1 3.45%	29
In a crisis, I would have the support I need from family or friends.	1 3.33%	2 6.67%	2 6.67%	11 36.67%	13 43.33%	1 3.33%	30
Total Responses							30
Skipped							4

Figure 13 Adult Table 6

Youth Graphs & Tables

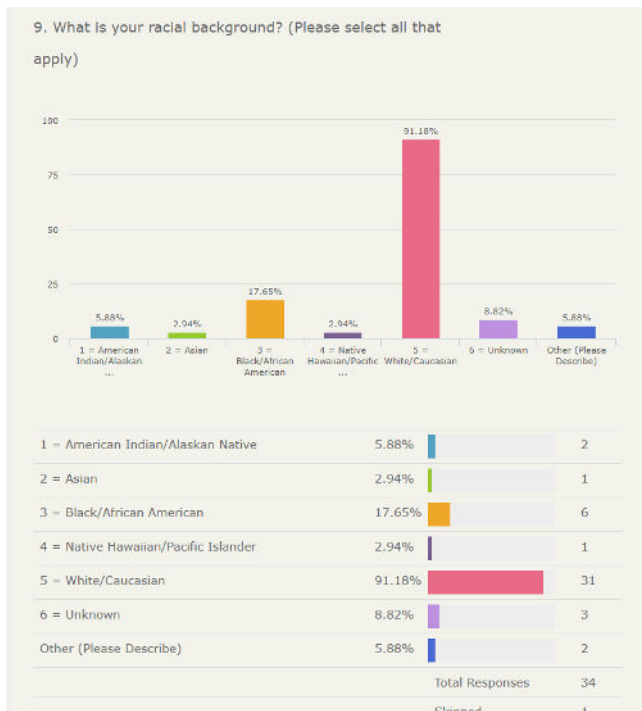
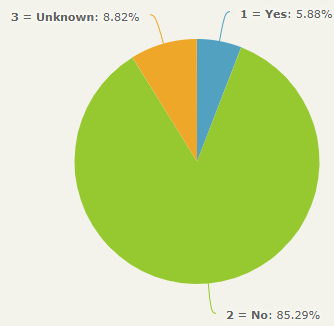


Figure 14 Youth Racial Background

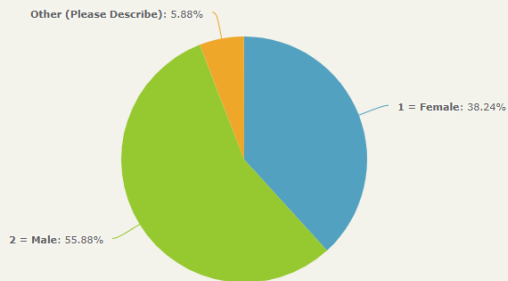
10. Are you Mexican, Hispanic, or Latino origin?



1 = Yes	5.88%	2
2 = No	85.29%	29
3 = Unknown	8.82%	3
Total Responses		34
Skipped		1

Figure 15 Youth Ethnic Background

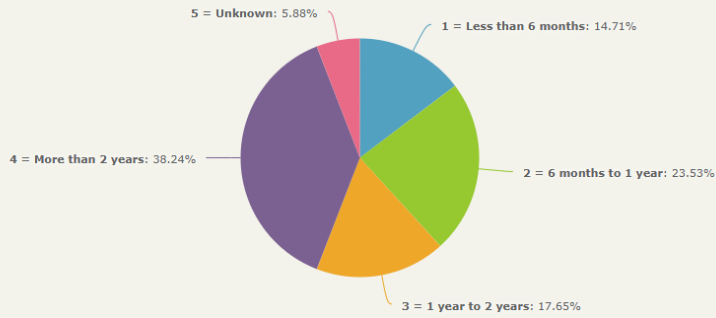
7. What is your gender?



1 = Female	38.24%	13
2 = Male	55.88%	19
3 = Trans female	0.00%	0
4 = Trans male	0.00%	0
5 = Unknown	0.00%	0
Other (Please Describe)	5.88%	2
Total Responses		34
Skipped		1

Figure 16 Youth Gender

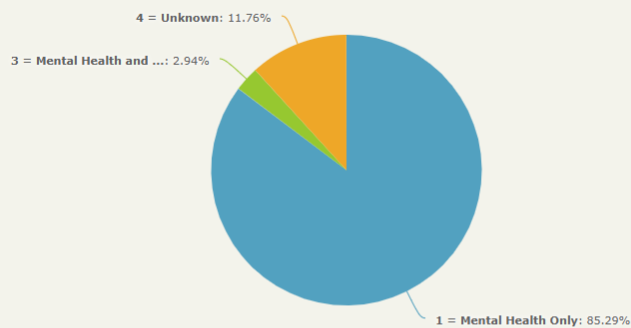
6. How long have you received these services?



1 = Less than 6 months	14.71%		5
2 = 6 months to 1 year	23.53%		8
3 = 1 year to 2 years	17.65%		6
4 = More than 2 years	38.24%		13
5 = Unknown	5.88%		2
Total Responses			34
Skipped			1

Figure 17 Youth Length of Service

5. Are you currently receiving mental health and/or substance use services?



1 = Mental Health Only	85.29%		29
2 = Substance Use Only	0.00%		0
3 = Mental Health and Substance Use	2.94%		1
4 = Unknown	11.76%		4
Total Responses			34
Skipped			1

Figure 18 Youth Type of Service

2. Please indicate how much you agree or disagree with each of the following statements about the mental health and/or substance use services you received in the last 6 months by picking the answer that best represents your opinion. If the statement is about something youth have not experienced, answer "Not Applicable" to indicate it is not applicable to you.

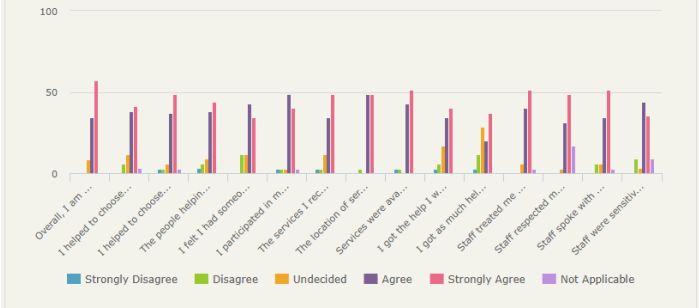


Figure 19-1 Youth Satisfaction

3. As a direct result of the mental health and/or substance use services I received in the last 6 months...

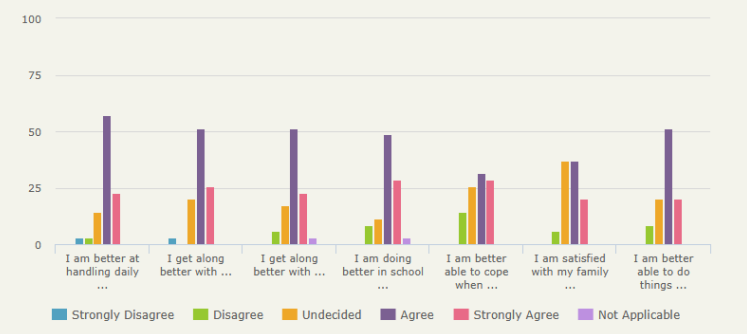


Figure 19-2 Youth Satisfaction

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Responses
Overall, I am satisfied with the services I received.	0 0.00%	0 0.00%	3 8.57%	12 34.29%	20 57.14%	0 0.00%	35
I helped to choose my services.	0 0.00%	2 5.88%	4 11.76%	13 38.24%	14 41.18%	1 2.94%	34
I helped to choose my treatment goals.	1 2.86%	1 2.86%	2 5.71%	13 37.14%	17 48.57%	1 2.86%	35
The people helping me stuck with me no matter what.	1 2.94%	2 5.88%	3 8.82%	13 38.24%	15 44.12%	0 0.00%	34
I felt I had someone to talk to when I was troubled.	0 0.00%	4 11.43%	4 11.43%	15 42.86%	12 34.29%	0 0.00%	35
I participated in my own treatment.	1 2.86%	1 2.86%	1 2.86%	17 48.57%	14 40.00%	1 2.86%	35
The services I received were right for me.	1 2.86%	1 2.86%	4 11.43%	12 34.29%	17 48.57%	0 0.00%	35

Figure 20 Youth Table 1

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Responses
The location of services was convenient for me.	0 0.00%	1 2.86%	0 0.00%	17 48.57%	17 48.57%	0 0.00%	35
Services were available at times that were convenient for me.	1 2.86%	1 2.86%	0 0.00%	15 42.86%	18 51.43%	0 0.00%	35
I got the help I wanted.	1 2.86%	2 5.71%	6 17.14%	12 34.29%	14 40.00%	0 0.00%	35
I got as much help as I needed.	1 2.86%	4 11.43%	10 28.57%	7 20.00%	13 37.14%	0 0.00%	35
Staff treated me with respect.	0 0.00%	0 0.00%	2 5.71%	14 40.00%	18 51.43%	1 2.86%	35
Staff respected my family's religious or spiritual beliefs.	0 0.00%	0 0.00%	1 2.86%	11 31.43%	17 48.57%	6 17.14%	35
Staff spoke with me in a way that I understood.	0 0.00%	2 5.71%	2 5.71%	12 34.29%	18 51.43%	1 2.86%	35
Staff were sensitive to my cultural or ethnic background.	0 0.00%	3 8.82%	1 2.94%	15 44.12%	12 35.29%	3 8.82%	34

Figure 21 Youth Table 2

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Responses
I am better at handling daily life.	1 2.86%	1 2.86%	5 14.29%	20 57.14%	8 22.86%	0 0.00%	35
I get along better with family members.	1 2.86%	0 0.00%	7 20.00%	18 51.43%	9 25.71%	0 0.00%	35
I get along better with friends and other people.	0 0.00%	2 5.71%	6 17.14%	18 51.43%	8 22.86%	1 2.86%	35
I am doing better in school and/or work.	0 0.00%	3 8.57%	4 11.43%	17 48.57%	10 28.57%	1 2.86%	35
I am better able to cope when things go wrong.	0 0.00%	5 14.29%	9 25.71%	11 31.43%	10 28.57%	0 0.00%	35
I am satisfied with my family life right now.	0 0.00%	2 5.71%	13 37.14%	13 37.14%	7 20.00%	0 0.00%	35

Figure 22 Youth Table 3

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Responses
I am better able to do things I want to do.	0 0.00%	3 8.57%	7 20.00%	18 51.43%	7 20.00%	0 0.00%	35

Figure 23 Youth Table 4

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Responses
I know people who will listen and understand me when I need to talk.	0 0.00%	0 0.00%	1 2.86%	21 60.00%	13 37.14%	0 0.00%	35
I have people that I am comfortable talking with about my problems.	1 2.86%	0 0.00%	4 11.43%	17 48.57%	13 37.14%	0 0.00%	35
In a crisis, I would have the support I need from family or friends.	1 2.86%	2 5.71%	2 5.71%	15 42.86%	15 42.86%	0 0.00%	35
I have people with whom I can do enjoyable things.	0 0.00%	1 2.86%	2 5.71%	16 45.71%	16 45.71%	0 0.00%	35

Figure 24 Youth Table 5



MCMHA Finance Board Action Request

Service Contract(s) and Amendments

Wednesday, March 19, 2025

Action Requested: Consideration to approve Mental Health Service Contract(s) / Amendments as presented:

PROVIDER	CONTRACT TERM	SERVICE DESCRIPTION	FY2022-2024 RATE / UNIT	FY2024-2026 RATE / UNIT	ADDITIONAL INFORMATION
Hospitals					
HFHS Acadia Joint Venture, LLC DBA Henry Ford Health Behavioral Health Hospital <i>(Formerly known as Kingswood Hospital)</i>	3/1/25-9/30/26	Inpatient Hospitalization		\$906.40	Per diem This is a new contract but at the same time it is not. Acadia Health purchased Kingswood Hospital. Kingswood has since closed as this new hospital has opened. A new contract needs to be completed as Kingswood was bought out and all of their information is changing. Acadia Health has also built a new facility in West Bloomfield Township.
Community Living Supports (CLS) / Supported Employment / Respite					
N/A					
Autism / Waiver Services					
Psych Resolutions	10/1/24-9/30/26	Behavioral Identification Assessment		\$450.00	Encounter These are existing contracts that have a change in coding that occurred by the State.
Psych Resolutions - DCO	10/1/24-9/30/26	Behavioral Identification Assessment		\$450.00	Encounter
Wallace Pyschservices	10/1/24-9/30/26	Behavioral Identification Assessment		\$450.00	Encounter A Behavioral Identification Assessment is to determine and support the development of a Behavior Treatment Plan.



MONROE
COMMUNITY
MENTAL
HEALTH

January 2025

Board Report

Table of Acronyms

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

Monthly Highlights

- Page 6 - Revenue is trending/projected higher than last year, as expected. This is due to budgetary and rate increases from the PIHP capitation and CCBHC.
- Page 6 - Spending is largely in line with the prior year with the exception of provider network. We expect to have increased costs as we pushed out DCW increases and targeted specialized residential rates. We also have a conservative IBNR estimate to account for other potential increases and ABA rate changes.
- Page 6 - expecting to add \$30,825 to fund balance. Amount continues to trend down as we try to reduce non-Medicaid spending and increase service delivery to Medicaid individuals.
- Page 7 - Revenue is trending/projected higher than budget for medicaid as we see slight increases for waiver payments. CCBHC revenue is lower than expected as we have lags with T-1040 reporting. County appropriation revenue is lower than budgeted due to timing. We expect to receive the full budget.
- Page 7 - Salary and benefit expense are trending lower than budget in total. Mostly due to lower than anticipated benefit costs in addition to vacancies of staff positions.
- Page 7 - Provider network expense is higher than anticipated as mentioned in the bullet above.
- Page 10 - The CCBHC Medicaid program is showing a surplus of \$446,821 through this reporting period. However, CCBHC non-medicare is trending over budget.
- Page 11 - Traditional State General Fund spending is lower than budgeted. This is a result of efforts around Medicaid enrollment and tracking of deductibles.

BASIC FINANCIAL STATEMENTS

MONROE CMH

Statement of Position

October 1, 2024 through January 31, 2025

	January 31 Balance	Balance September 30 2024	Over (Under)
ASSETS & DEFERRED OUTFLOWS			
Current:			
Cash and cash equivalents	\$ 10,596,234	\$ 5,602,890	\$ 4,993,344
Accounts receivable, net	689,126	739,020	(49,894)
Due from PIHP	6,061,521	8,121,198	(2,059,677)
Due from State of Michigan	208,442	150,602	57,840
Due from other governmental units	158,236	327,297	(169,061)
Prepaid items	270,764	268,264	2,500
Total current	17,984,323	15,209,272	2,775,051
Noncurrent:			
Capital assets not being depreciated	47,000	47,000	-
Capital assets being depreciated, net	1,870,565	1,803,341	67,224
Deferred outflows - Pension & OPEB	2,069,826	2,069,826	-
Total noncurrent	3,987,391	3,920,167	67,224
Total assets and deferred outflows	21,971,714	19,129,439	2,842,275
LIABILITIES & DEFERRED INFLOWS			
Current			
Accounts payable	3,984,812	5,622,038	(1,637,226)
Accrued liabilities	4,822,147	374,209	4,447,938
Due to State of Michigan	4,382,162	4,382,162	(0)
Unearned revenue	-	0	(0)
Long-term debt, due within one year	-	-	-
Compensated absences, due within one year	49,458	49,458	-
Total current liabilities	13,238,579	10,427,868	2,810,711
Noncurrent			
Long-term debt, due beyond one year	839,117	839,117	0
Compensated absences, due beyond one year	312,600	312,600	(0)
Lease liability	164,401	164,401	(0)
Net pension liability	4,065,865	4,065,865	-
Net OPEB liability (asset)	(439,438)	(439,438)	-
Deferred inflows - leases	27,586	27,586	(0)
Deferred inflows - Pension/OPEB	3,795,324	3,795,324	(0)
Total noncurrent liabilities	8,765,455	8,765,456	(1)
Total liabilities and deferred inflows	22,004,034	19,193,323	2,810,710
NET POSITION			
Net investment in capital assets	1,725,578	1,658,354	(67,224)
Unrestricted	(1,757,898)	(1,722,239)	35,659
Total net position	\$ (32,320)	\$ (63,885)	\$ 31,565

MONROE CMH

Statement of Activities

October 1, 2024 through January 31, 2025

	Mental Health YTD	Projected Annual Activities	Prior Year Total Activities	Over (Under)
Operating revenue				
Capitation:				
Medicaid	\$ 14,974,251	\$ 44,922,753	\$ 41,723,255	\$ 3,199,498
Medicaid - Settlement	(256,033)	(768,099)	(3,303,941)	2,535,842
Healthy Michigan	1,219,680	3,659,040	2,860,301	798,739
Healthy Michigan - Settlement	(166,079)	(498,237)	202,429	(700,666)
CCBHC	2,782,309	8,346,927	7,655,612	691,315
CCBHC - Settlement	1,306,082	3,918,246	1,197,466	2,720,780
Behavior Health Home	87,977	263,931	290,138	(26,207)
State General Funds	576,661	1,729,983	1,625,736	104,247
State General Funds - Carryover	-	-	-	-
County appropriations	249,451	748,353	997,803	(249,450)
Charges for services	21,441	64,323	174,511	(110,188)
Other grants	400,424	1,201,272	1,339,557	(138,285)
Other revenue	314,970	944,910	554,137	390,773
Total operating revenue	21,511,134	64,533,402	55,317,004	9,216,398
Operating expenses				
Administation				
Salaries	748,483	2,245,449	2,090,165	155,284
Benefits	560,343	1,681,029	1,596,646	84,383
Other	723,916	2,171,748	2,789,826	(618,078)
Internal Services				
Salaries	2,537,002	7,611,006	6,885,346	725,660
Benefits	1,745,488	5,236,464	5,236,464	-
Other	657,991	1,973,973	2,175,365	(201,392)
Provider Network Services	13,719,892	41,159,676	32,493,556	8,666,120
Facility costs	218,264	654,792	727,493	(72,701)
Vehicle costs	13,422	40,266	116,021	(75,755)
Grant expenses	420,467	1,261,401	1,107,462	153,939
Room & Board	135,041	405,123	345,733	59,390
GASB 68 & 75 Adjustment	-	-	(5,985,888)	5,985,888
Total operating expenses	21,480,309	64,440,927	49,578,190	14,862,737
Change in net position	30,825	92,475	5,738,813	\$ (5,646,338)
Net position, beginning of year	(63,145)	(63,145)	(5,802,698)	
Net position, end of year	\$ (32,320)	\$ 29,330	\$ (63,885)	

MONROE CMH

Statement of Activities

Mental Health - Budget to Actual

October 1, 2024 through January 31, 2025

	Annual Budget	YTD Budget	YTD Actual	Over (Under) YTD Budget
Operating revenue				
Capitation:				
Medicaid	\$ 44,657,457	\$ 14,885,819	\$ 14,974,251	\$ 88,432
Medicaid - Settlement	(1,307,613)	(435,871)	(256,033)	179,838
Healthy Michigan	3,659,040	1,219,680	1,219,680	-
Healthy Michigan - Settlement	(181,675)	(60,558)	(166,079)	(105,521)
CCBHC	10,829,775	3,609,925	2,782,309	(827,616)
CCBHC - Settlement	2,205,775	735,258	1,306,082	570,824
Behavior Health Home	376,937	125,646	87,977	(37,669)
State General Funds	1,634,610	544,870	576,661	31,791
County appropriations	997,803	332,601	249,451	(83,150)
Charges for services	47,247	15,749	21,441	5,692
Other grants	1,540,594	513,531	400,424	(113,107)
Other revenue	194,312	64,771	314,970	250,199
Total operating revenue	64,654,262	21,551,421	21,511,134	(40,287)
Operating expenses				
Administration				
Salaries	2,304,421	768,140	748,483	(19,657)
Benefits	4,511,186	1,503,729	560,343	(943,386)
Other	2,696,140	898,713	723,916	(174,797)
Internal Services				
Salaries	8,550,222	2,850,074	2,537,002	(313,072)
Benefits	3,107,517	1,035,839	1,745,488	709,649
Other	1,796,182	598,727	657,991	59,264
Provider Network Services	35,738,574	11,912,858	13,719,892	1,807,034
Facility costs	1,248,821	416,274	218,264	(198,010)
Vehicle costs	54,322	18,107	13,422	(4,685)
Grant expenses	1,984,628	661,543	420,467	(241,076)
Other expenses	-	-	-	-
Room & Board	776,755	258,918	135,041	(123,877)
Total operating expenses	62,768,767	20,922,922	21,480,309	557,387
Change in net position	1,885,494	628,498	30,825	(597,673)
Net position, beginning of year	(63,145)	(63,145)	(63,145)	-
Net position, end of year	\$ 1,822,349	\$ 565,353	\$ (32,320)	\$ (597,673)

INCOME STATEMENT BY FUND SOURCE

MONROE CMH

Fiscal 2024 Revenues and Expenses by Fund Source

October 2024 through January 2025

Medicaid	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Revenue	\$ 44,657,457	\$ 14,885,819	\$ 14,974,251	\$ 88,432
PIHP Redirect to CCBHC	(5,577,300)	(1,859,100)	(1,257,678)	601,422
1st/3rd Party Revenue	-	-	3,704	3,704
Expense	\$ 37,772,544	12,590,848	13,464,243	873,395
Revenue over/(under) expenses	\$ 1,307,613	\$ 435,871	\$ 256,033	\$ (179,837)

Healthy Michigan	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Revenue	\$ 3,659,040	\$ 1,219,680	\$ 1,219,680	\$ -
PIHP Redirect to CCBHC	(1,171,834)	(390,611)	(204,081)	186,530
1st/3rd Party Revenue	-	-	-	-
Expense	\$ 2,305,531	768,510	849,520	81,010
Revenue over/(under) expenses	\$ 181,675	\$ 60,558	\$ 166,079	\$ 105,521

CCBHC Medicaid	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Cap Revenue	\$ 5,070,273	\$ 1,690,091	\$ 1,257,678	\$ (432,413)
PIHP Supp Revenue	7,109,531	2,369,844	2,782,309	412,465
1st/3rd Party Revenue	42,396	14,132	1,246	(12,886)
Expense	12,273,772	4,091,257	4,132,398	41,141
Retain as local	1,780,966	593,655	546,980	(46,675)
Revenue over/(under) expenses	\$ (1,832,538)	\$ (610,846)	\$ (638,145)	\$ (27,299)

CCBHC Healthy Michigan	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Cap Revenue	\$ 1,065,304	\$ 355,101	\$ 204,081	\$ (151,020)
PIHP Supp Revenue	1,514,469	504,823	-	(504,823)
1st/3rd Party Revenue	-	-	-	-
Expense	2,641,224	880,408	972,178	91,770
Retain as local	311,785	103,928	(100,160)	(204,088)
Revenue over/(under) expenses	\$ (373,237)	\$ (124,412)	\$ (667,937)	\$ (543,525)

Total PIHP Sources	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Revenue	\$ 56,326,939	\$ 18,980,166	\$ 18,976,240	\$ (3,926)
1st/3rd Party Revenue	42,396	14,132	4,949	(9,183)
Expense	54,993,071	18,331,024	19,418,339	1,087,315
Retain as local in FY 25	2,092,751	697,584	446,821	(250,763)
Revenue over/(under) expenses	\$ (716,487)	\$ (34,310)	\$ (883,970)	\$ (849,660)

MONROE CMH

Fiscal 2024 Revenues and Expenses by Fund Source

October 2024 through January 2025

CCBHC Medicaid	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Cap Revenue	\$ 5,070,273	\$ 1,690,091	\$ 1,257,678	\$ (432,413)
PIHP Supp Revenue	8,942,069	2,980,690	3,420,454	439,765
1st/3rd Party Revenue	42,396	14,132	1,246	(12,886)
Expense	12,273,772	4,091,257	4,132,398	41,141
Revenue over/(under) expenses	\$ 1,780,966	\$ 593,655	\$ 546,980	\$ (46,675)

CCBHC Healthy Michigan	2025 Budget	YTD Budget	2025 Actual	Over (Under)
PIHP Cap Revenue	\$ 1,065,304	\$ 355,101	\$ 204,081	\$ (151,020)
PIHP Supp Revenue	1,887,706	629,235	667,937	38,702
1st/3rd Party Revenue	-	-	-	-
Expense	2,641,224	880,408	972,178	91,770
Revenue over/(under) expenses	\$ 311,785	\$ 103,928	\$ (100,160)	\$ (204,088)

CCBHC NonMedicaid	2025 Budget	YTD Budget	2025 Actual	Over (Under)
State CCBHC Revenue	\$ -	\$ -	\$ -	\$ -
1st/3rd Party Revenue	-	-	-	-
Expense	1,858,972	619,657	780,188	160,531
Redirect from GF	1,858,972	619,657	780,188	160,531
Revenue over/(under) expenses	\$ -	\$ -	\$ -	\$ -

ALL CCBHC Combined	2025 Budget	YTD Budget	2025 Actual	Over (Under)
All CCBHC Revenue	\$ 16,965,351	\$ 5,655,117	\$ 5,550,151	\$ (104,966)
1st/3rd Party Revenue	42,396	14,132	1,246	(12,886)
Expense	16,773,968	5,591,323	5,884,764	293,441
Redirect from GF	1,858,972	619,657	780,188	160,531
Revenue over/(under) expenses	\$ 2,092,751	\$ 697,584	\$ 446,821	\$ (250,763)

MONROE CMH

Fiscal 2024 Revenues and Expenses by Fund Source

October 2024 through January 2025

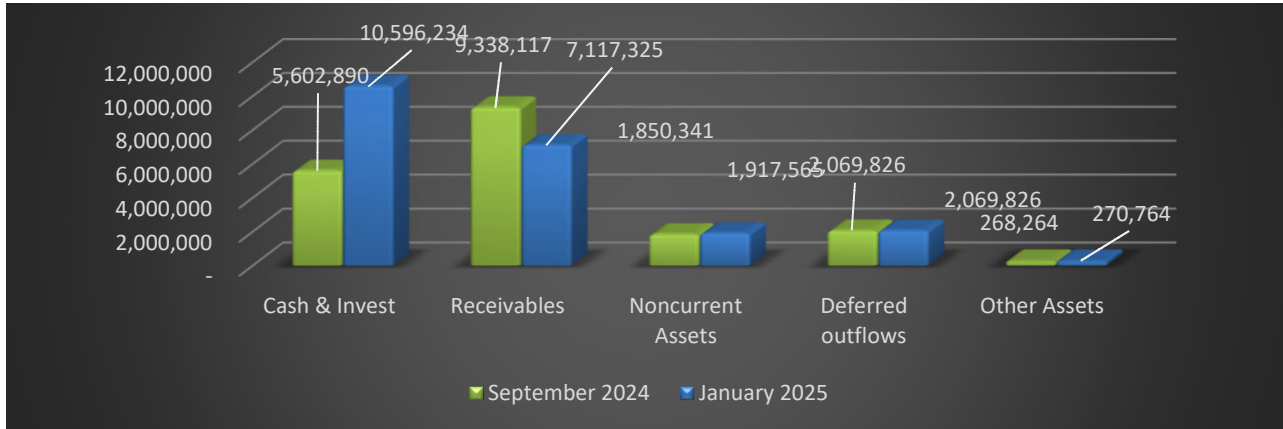
State General Fund	2025 Budget	YTD Budget	2025 Actual	Over (Under)
Revenue	\$ 1,634,610	\$ 544,870	\$ 677,702	\$ 132,832
Expense	3,747,623	1,249,208	848,216	(400,992)
Redirect to Other Programs	(1,858,972)	(619,657)	(780,188)	(160,531)
Redirect from Other Programs	3,971,985	1,323,995	950,702	(373,293)
Revenue over/(under) expenses	\$ -	\$ -	\$ -	\$ -
All Other Grants/Local	2025 Budget	YTD Budget	2025 Actual	Over (Under)
Revenue	\$ 4,133,744	\$ 1,377,915	\$ 961,857	(416,058)
Expense	2,017,302	672,434	427,150	(245,284)
Redirects	(3,971,985)	(1,323,995.00)	(950,702)	373,293
Revenue over/(under) expenses	\$ (1,855,543)	\$ (618,514)	\$ (415,995)	\$ 202,519
Total Non PIHP Sources	2025 Budget	YTD Budget	2025 Actual	Over (Under)
Revenue	\$ 5,768,354	\$ 1,922,785	\$ 1,639,559	\$ (283,226)
Expense	7,623,897	2,541,299	2,055,554	(485,745)
CCBHC Retain as local	2,092,751	697,584	446,821	(250,763)
Revenue over/(under) expenses	\$ 237,208	\$ 79,069	\$ 30,825	\$ (48,244)

TRENDS AND PAYMENTS

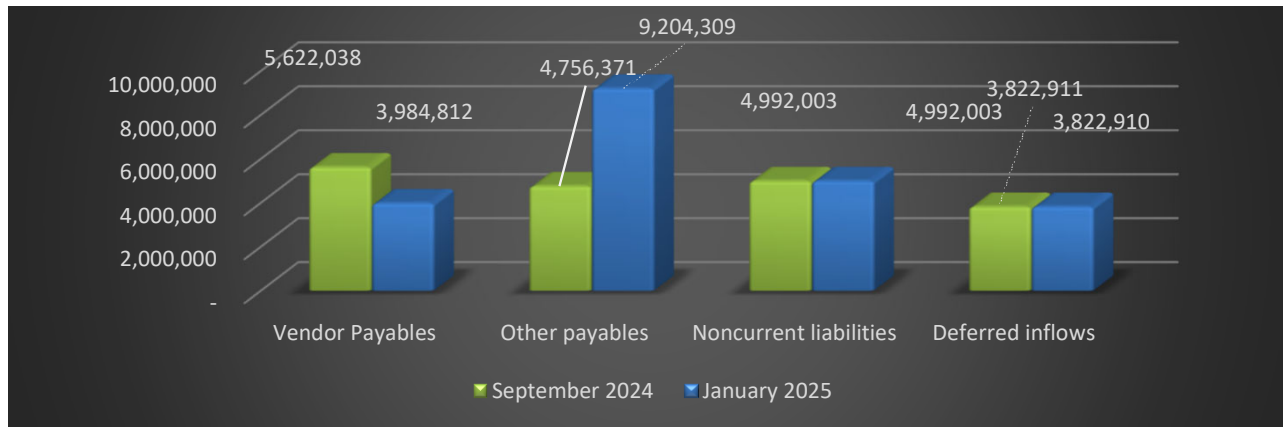
MONROE CMH

Comparative Charts September 2024 & January 2025

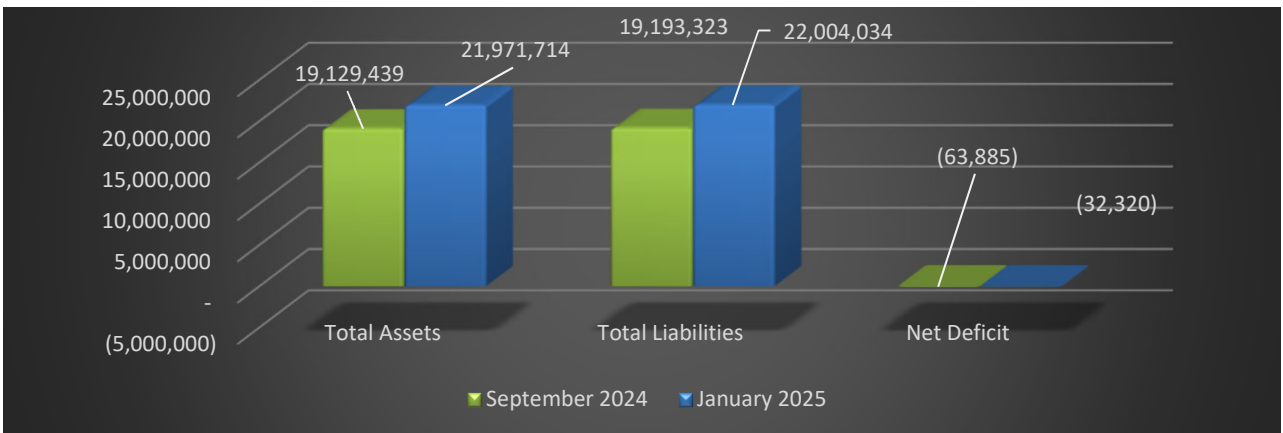
Assets



Liabilities



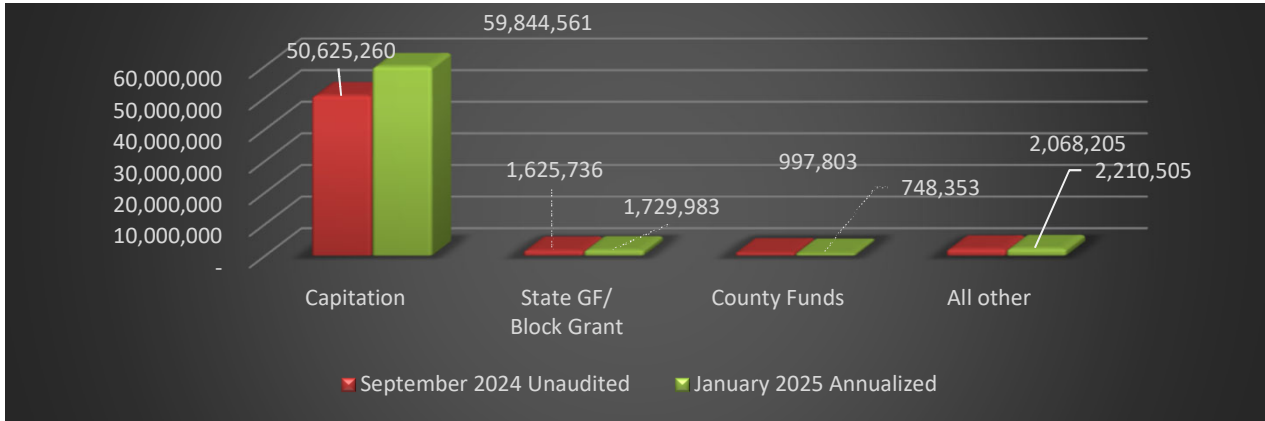
Net Position



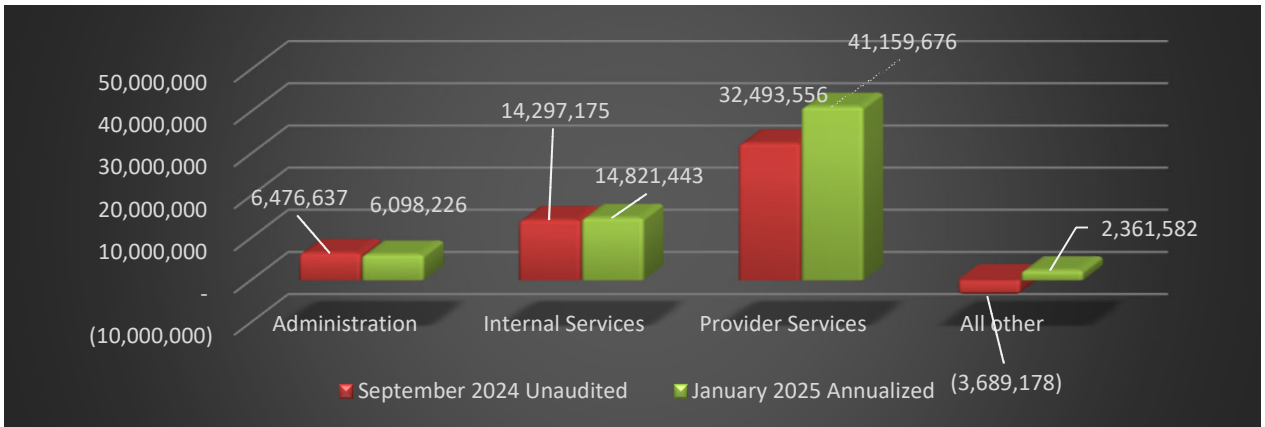
MONROE CMH

Comparative Charts September 2024 Unaudited & January 2025 Annualized

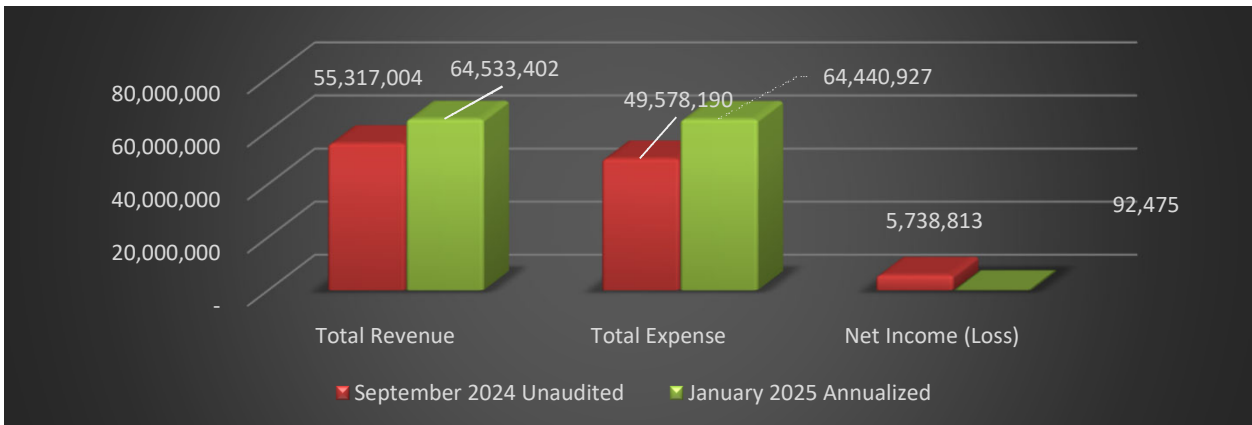
Revenues



Expenses



Net Income

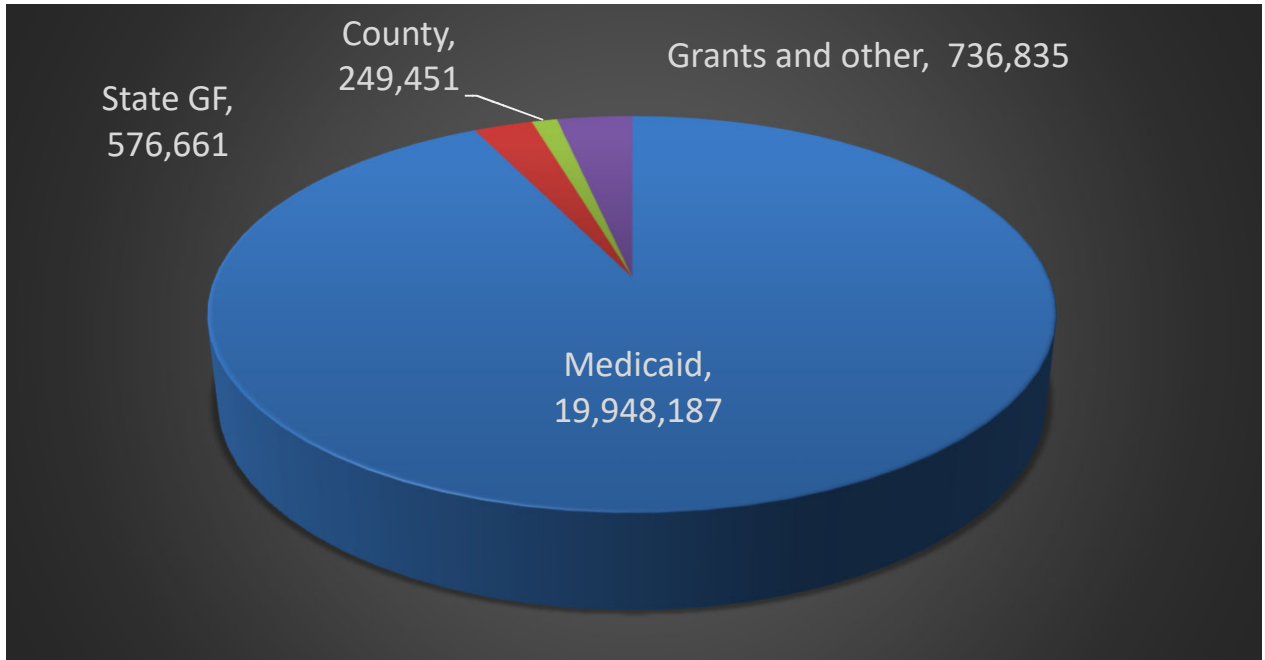


MONROE CMH

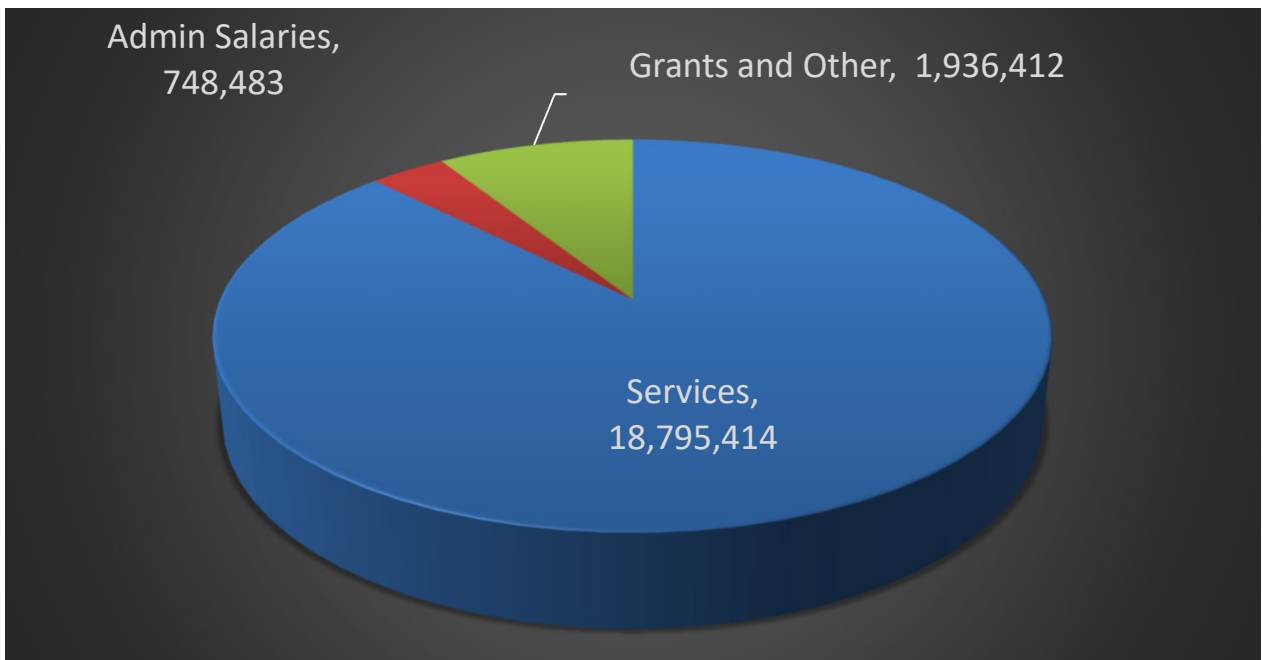
January 2025 Trends

Sources and Uses

Revenues by Source



Expenditures by Category



MONROE CMH

January 2025 Payments by Vendor - Provider Network

Vendor Name	January 2025
A Heart That Cares, LLC	\$ 13,137
ABA INSIGHT, LLC	54,910
ADULT LEARNING SYSTEM, INC	36,811
ADVANCED THERAPEUTIC SOLUTIONS, LLC	932
ARKAY, INC	2,362
BEACON SPECIALIZED LIVING SERVICES, INC.	115,320
CENTRIA HEALTHCARE, LLC	20,946
CHITTER CHATTER PC	105,549
CHOICES W/SELF DETERMINATION, LLC	8,737
CHS GROUP, LLC	39,091
COMMUNITY LIVING NETWORK	20,320
CSDD C/O SAFEGUARD ACCOUNTING	36,737
EISENHOWER CENTER	170,690
FLATROCK MANOR, INC	292,335
FOREST VIEW PSYCHIATRIC HOSPITAL	9,244
FRIENDS WHO CARE, INC.	13,399
GOODWILL INDUSTRIES OF SE MICH, INC	26,544
GUARDIANTRAC, LLC	140,169
HAVENWYCK HOSPITAL	39,016
HELP AT HOME, LLC	2,292
HOME - COMMUNITY SUPPORTED LIVING ARRANGEMENTS	18,782
HOPE NETWORK BEHAVIORAL HEALTH	16,894
ILLUMINATE ABA SERVICES LLC	13,315
LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH AUTHORITY	25,489
LUTHERAN CHILD AND FAMILY SERVICE OF MICHIGAN, INC	3,575
MACOMB RESIDENTIAL OPPORTUNITIES, INC	202,443
MASTROFRANCESCO, A.F.C.	149,202
PHC OF MI, INC	37,730
PROGRESSIVE RESIDENTIAL SERVICES	244,640
PROMEDICA MONROE REGIONAL HOSPITAL	70,645
RESIDENTIAL OPPORTUNITIES, INC	5,474
SABRINA R. CORBIN	145,542
ST. JOSEPH MERCY HOSPITAL	17,930

MONROE CMH

January 2025 Payments by Vendor - Admin/Other

Vendor Name	January 2025
8X8 INC.	\$ 4,658
ACCIDENT FUND INSURANCE COMPANY OF AMERICA	9,892
AFLAC	3,266
AFSCME UNION / LOCAL 2529	2,223
AMERICAN HTG, CLG, & REFRIG, INC	208
APPLIED INNOVATION	938
ARA FAMILY HOLDINGS, LLC	2,388
B & L OFFICE MACHINES	110
BBH VENTURES, LLC	5,744
BELLE TIRE DISTRIBUTORS	240
BESTCO BENEFIT PLANS, LLC	49,535
BLUENET	2,745
CANON	842
CHARTER COMMUNICATIONS	288
CINTAS CORP - 306/K11	587
CITY OF MONROE	443
CLIA LABORATORY PROGRAM	248
COGNIZANT TRIZETTO SOFTWARE GROUP, INC.	142
COMMUNITY FOUNDATION OF MONROE COUNTY	50
CONTRACT SERVICE GROUP	1,192
COUNTY OF MONROE	12
COUNTY OF WASHTENAW, MICHIGAN	26,602
Culligan of Ida	106
DELTA DENTAL PLAN OF MICHIGAN	8,999
DIGIMATICS, INC.	42
DOCUMENT MANAGEMENT SOLUTIONS	552
DTE ENERGY	5,570
DYKEMA GOSSETT, PLLC	6,500
ENFIELD VILLAGE CONDOMINIUM	187
FRAME'S PEST CONTROL, INC.	124
GO SIGN ME UP	5,644
GROSS ELECTRIC	123
GUTTERMAN, PAUL Y.	14,250
HEALIA, INC	1,500
IBM CORPORATION	546
INT CTR FOR CLUBHOUSE DEVELOPMENT	863
IRIS TELEHEALTH MEDICAL GROUP, PA	56,500
JASWANT S BAGGA	31,200
JAY'S WALLCOVERING	2,400
KIMBERLY S. SANDERLIN	250
KOHLER'S FLOOR & WALL COVERINGS	475
KONICA MINOLTA BUSINESS SOLUTIONS USA INC.	13,803
LAMOUR PRINTING CO.	156

MONROE CMH

January 2025 Payments by Vendor - Admin/Other

LANGUAGELINE SOLUTIONS	62
LASCALA IT SOLUTIONS, INC	16,287
Lawyers Title	2,500
LEGAL SHIELD	480
LOCUMTENENS.COM	28,950
LOUIS BALOGH	1,713
LOWES	413
MCLAUGHLIN PROPERTIES LLC	13,900
MICHIGAN GAS UTILITIES	3,592
MIDWEST FIBER HOLDINGS LP	1,550
MONROE CENTER, LLC.	6,250
MONROE COUNTY CLERK	12
Monroe Lock and Safe Company	197
MONROE SENIOR CITIZENS CENTER, INC	614
MUTUAL OF OMAHA	45,489
NEW DIRECTIONS PEER RECOVERY CENTER	10,700
O'REILLY AUTO PARTS	184
PAN AMERICAN LANGUAGES & SERVICES, INC.	600
PANCONES AUTO, LLC	843
PHILLIP ARCHER, MD	6,975
PRASAD SERVICES , PLLC	4,800
PURCHASE POWER / PITNEY BOWES	1,000
QUANTUMLINK COMMUNICATIONS	79
REHMANN LLC	92,359
REPUBLIC SERVICES #259	1,665
SIEB PLUMBING & HEATING, INC.	2,064
SNOW CHIU WU	1,710
ST. PIERRE ACE HARDWARE INC.	189
SUPERIOR VISION SERVICES, INC.	4,131
T MOBILE USA, INC.	3,013
TELEVOX INC.	673
THE SALVATION ARMY	3,292
THE SHERWIN-WILLIAMS COMPANY	207
THERAPEUTICS, LLC	41,815
TM GROUP	1,940
UNIFIRST MANUFACTURING CORP	546
UNITED WAY OF MONROE CO, INC.	33
WOLVERINE INVESTMENT PROPERTIES, LLC	4,488
YOUNG MEN'S CHRISTIAN ASSOCIATION OF MONROE MICH	904
ZANE A GAGNE	3,350