



**MONROE COMMUNITY MENTAL HEALTH AUTHORITY  
BOARD MEETING**

March 26, 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.

<b>I.</b>	<b>Call to Order</b>	<b><u>Guide</u> 01 min</b>
<b>II.</b>	<b>Roll Call</b>	<b>02 min</b>
<b>III.</b>	<b>Pledge of Allegiance</b>	<b>02 min</b>
<b>IV.</b>	<b>Motion to Adopt the Agenda as Presented</b>	<b>02 min</b>
<b>V.</b>	<b>Motion to Approve the Minutes from the March 19, 2025 Board Meeting and waive the Reading Thereof</b>	<b>02 min</b>
<b>VI.</b>	<b>Board Meeting Evaluation Report (<i>handout</i>)</b>	<b>05 min</b>
<b>VII.</b>	<b>Public Comments</b> <i>“The Board will listen respectfully to public comments but will not respond directly during the meeting. You can expect a follow up contact from the Chief Executive Officer or representative within 24 hours if your comment is about a specific problem or complaint. Comments shall be limited to 3 minutes”.</i>	<b>03 min/Person</b>
<b>VIII.</b>	<b>Presentations, Recognition, and Celebrations</b> a. Human Resources Report – Jim Brown b. Operations Report – Bridgitte Gates	<b>20 min</b>
<b>XI.</b>	<b>Board Committee Reports</b> a. <b>Committee Chair Reports</b> i. Bylaws & Policy ii. Executive iii. Community Relations	<b>05 min</b>

	b. <b>Motion to Place on File All Written Committee Reports</b>	<b>02 min</b>
<b>IX.</b>	<b>Items for Board Action</b>	<b>05 min</b>
	a. <b>Motion to Approve the Consent Agenda Less Item _____</b>	
	i. Service Contracts as Presented	
<b>X.</b>	<b>Authority and Regional Policy Review/Approval (<i>Executive Summary in Packet</i>)</b>	<b>02 min</b>
	a. <b>Motion to Approve the Authority Policy, Procedure, and Exhibits as Presented</b>	
	i. <b>Policy:</b> N/A	
	ii. <b>Procedure:</b> POC7083-P1 Expedited Behavior Plan Review Procedure POC7024-P1 Progress Review Procedure POC7069-P7 Screening Brief Intervention & Treatment (SBIRT) Procedure	
	iii. <b>Exhibit:</b> POC7083-E2 BTC Consent Form Exhibit POC7083-E4 BTC Emergency Review Form Exhibit POC7069-E21 SBIRT Screening Cheat Sheet Exhibit	
	iv. <b>Brochure:</b> N/A	
	v. <b>Rescind:</b> POC7083-E5 Emergency Use of Law Enforcement Form Exhibit POC7083-E6 Physical Intervention Debriefing Form Exhibit POC7083-E3 BTC Presentation Exhibit	
	vi. <b>Relocate:</b> N/A	
	b. <b>Motion to Approve the Regional Policies as Presented</b>	<b>02 min</b>
	i. <b>Policy:</b> FCM3025 Ability to Pay Policy RR8009 Consent to Treatment & Services Policy POP7094 Emergency and Post-Stabilization Services Policy FCM3023 Financial Audits of Contracts Policy RR8017 Office of Recipient Rights Policy PI6004 Performance Improvement Policy	
	ii. <b>Exhibit:</b> N/A	
<b>XII.</b>	<b>Relationship with the Region, County, and Others</b>	<b>05 min</b>
	a. Regional PIHP Board Meeting Minutes – Did not meet.	
	b. CMHAM Policy and Legislation Committee Report – Rebecca Pasko	
<b>XIII.</b>	<b>Items from the Chief Executive Officer</b>	<b>00 min</b>
	a. Chief Executive Officer’s Report ( <i>handout</i> ) – Lisa Graham	
<b>XIV.</b>	<b>New Business</b>	<b>03 min/person</b>
<b>XV.</b>	<b>Public Comments</b>	<b>01 min</b>
<b>XVI.</b>	<b>Adjournment</b>	

**The next regular scheduled meeting for the Monroe Community Mental Health Authority Board is for Wednesday, April 16, 2025 at 6:00pm.**

LG/dp 5:40pm



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

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

**Excused:** Pam Ray, Naomi Stoner, and Deb Staelgraeve

**Absent:**

**Staff:** Lisa Graham

**Guests:** 8 guests were present

**I. CALL TO ORDER**

The Board Chair, Mike Humphries, called the meeting to order at 6:02 p.m.

**II. ROLL CALL**

Roll Call confirmed a quorum existed.

**III. PLEDGE OF ALLEGIANCE**

The Pledge of Allegiance was led by Mike Humphries.

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

Ken Papenhagen moved to adopt the draft agenda as presented. Rebecca Pasko supported. Motion carried unanimously.

**V. CONSIDERATION TO APPROVE THE MINUTES FROM THE FEBRUARY 19, 2025 BOARD MEETING AND WAIVE THE READING THEREOF**

Catherine Bernhold moved to approve the minutes for the February 19, 2025 Board Meeting and waive the reading thereof. Rebecca Pasko supported. Motion carried unanimously.

**VI. BOARD MEETING EVALUATION REPORT**

The Board Meeting Evaluation Report from the February 19, 2025 Board Meeting was reviewed.

Catherine Bernhold expressed her disappointment that only 7 out of 11 evaluations were submitted and asked board members to take the time to complete following the Board Meeting or online.

Susan Fortney suggested to discuss at the Executive Committee.

Mike Humphries took a moment to recognize Reda Biniecki, Joan Canning, and John Burkardt, as they were appointed by the Monroe County Commissioner's at their Tuesday meeting to the Monroe CMH Authority Board of Directors. Their terms begin April 1, 2025 through March 30, 2028.

The month of March is the last month for board members Pam Ray and Catherine Bernhold. Their terms end March 30, 2025.

**VII. PUBLIC COMMENTS**

There were no public comments.

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

- a. Clinical Report – Crystal Palmer presented the Clinical Report Executive Summary for January and February:
  - i. MCMHA continues to recruit and hire staff for current vacancies, which is six (6) compared to 14 two months ago.
  - ii. To ensure accountability, the Data Analyst created a report within the system to monitor CCBHC quality measures.
  - iii. 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 no response.
  - iv. 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.
  - v. Crisis Mobile was deployed 63 times in January and February, which averaged 2.66 hours of face-to-face interaction time.
  - vi. 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.
  - vii. 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.
  - viii. 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.
  - ix. The data for incoming calls being answered is at 96% for FY25, which meets MCMHA's goal of 95%.
  - x. There were 274 appointments scheduled for the Benesh Building in FY25 with 85% occurring in the office.
  - xi. MCMHA currently has 62 enrollees in the Behavioral Health Home program.
- b. 2024 Patient Experience of Care Survey Report – Crystal Palmer commented that this survey is a requirement for CCBHC and is new to us and we are reviewing the data. Crystal provided a brief overview of the Executive Summary that was attached to the full report provided in the Board Packet.

Crystal Palmer commented that currently there is not a way to compare CCBHCs in the state of Michigan, however, if we are able to in the future, will bring those measures to the Board for review.

- c. Other Comments:
  - i. Rebecca Curley asked if CMH has sent a Peer Support Specialist to the ALCC for children. Crystal Palmer commented that we have and found we had very little success with children engaging with the peer. The last time attempt for engagement was August 2024.

**IX. ITEMS FOR BOARD CONSIDERATION**

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

**X. FISCAL FINANCE REPORT**

- a. Fiscal Finance Report: Ken Melvin presented the January financials, highlighting:
  - i. Revenue is trending/projected higher than last year, as expected. This is due to budgetary, and rate increases from the PIHP capitation and CCBHC.
  - ii. 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.
  - iii. 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.
  - iv. 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.
  - v. 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.
  - vi. Provider network expense is higher than anticipated as mentioned in the bullet above.
  - vii. The CCBHC Medicaid program is showing a surplus of \$446,821 through this reporting period. However, CCBHC non-Medicaid is trending over budget.
  - viii. Traditional State General Fund spending is lower than budgeted. This is a result of efforts around Medicaid enrollment and tracking of deductibles.
  
- b. Other Comments:
  - i. Ken Melvin commented that additional pages have been added to the financial report. The addition is monthly expenditures for the provider network and outside vendors. Finance submitted the FSR Report to the state this week and is wrapping up its financial audit.
  - ii. LaMar Frederick has concerns of Medicaid cuts and asked if Finance is hearing any information and how can we be prepared. Richard Carpenter commented that there are a number of conversations happening and the department is not communicating any position on this at this time. The informal conversation is that we will wait until there is something enacted at the federal level. From Richard's perspective, we as a system, need to articulate the value of the services that CCBHC can bring. There are a wide variety of communities that are CCBHC, and we need to be prepared to tell the story of the people that would not get services if we did not have this program. When the time comes that we have more concrete information, we will be prepared.
  - iii. Richard Carpenter provided a sneak preview of the financial audit. The results on paper were better than what we expected due to our conservative approach. Richard reminded the Board, there is a quality bonus payment related to CCBHC for 2024 but cannot accrue it until 2025. We don't know what we could earn and hoping that this will come in May. Other CCBHCs that earned it, it has been over 1 million. Let's say we get even half a million. instead of taking money out of the rainy-day fund we would have money to put into the rainy-day fund. If we do earn a bonus, it will be put in the rainy-day fund for 2025. From Richard's perspective, the CCBHC program lost a little money, it would have been a positive when considering the bonus payments and to consider this for 2025.
  - iv. The non-Medicaid issue continues. This is not a CCBHC caused issue. We do have an option to consider, and it is an operational consideration. We have the ability to decide on ability to pay.

Ken Melvin commented that we as an organization are recredentialing with Medicaid, however, we have not heard back if we have been accepted. There has been a delay there. Mike Humphries commented that any governmental sponsored health care plan through the ACA should pay at least something. Mike commented on the importance of credentialing and thinks to pursue this before we have a conversation about ability to pay.

Lisa Graham commented that these are good conversations to have, and it is an important conversation to have moving forward to really know what the cost of the decisions we are going to have to make regarding the non-Medicaid issue.

Richard Carpenter commented that there are other options to consider. What do the other CCBHCs do that have similar issues? There are 6 other CCBHC that now have a millage program that helps support them. When you talk about the different options, we need to be aware that the ability to pay option exists.

There is not a recommendation for the Board to consider right now, this was to start the thought process and begin the conversation. If a millage is attractive to the Board, then we can begin talking about it.

- v. We had one Billing & Claims Specialist position, and the primary responsibility was billing claims. Rehmann has been helping us to do those tasks while posting for this position as it has been vacant for some time. Lisa Graham would like to continue to post for another 3 months for this position and if at 3 months we still don't have a candidate, Rehmann has come up with a proposal that Lisa would bring to the Board for review and consideration. Since we have increased volume, there may be a need for two Billing & Claims Specialists.

**XV. NEW BUSINESS**

There was no new business.

**XVI. PUBLIC COMMENTS**

There were no public comments.

**XVII. BOARD MEMBER ANNOUNCEMENTS**

Dawn Asper commented on people needing services and the feeling of confidence when reports are being presented, it is encouraging.

Rebecca Pasko commented it was nice to see Richard Carpenter and thanked him for coming.

John Burkardt likes what is happening at the River Raisin Clubhouse and is looking forward to his additional three-year term as he was appointed by the County Commissioners at their Board Meeting earlier this week.

LaMar Frederick asked how the Bedford Business Fair went. Lisa Graham commented that there was the Bedford Business Fair and also the Veteran's event and will include information in the Directors Report for next week.

Rebecca Curley commented on enquiring about insurance so that when someone comes into Monroe CMH that we know what their benefits are and what their experience will be. Ken Melvin commented that they get connected with Brooke Berry right away for insurance information.

Mike Humphries thanked Richard Carpenter, CFO, for attending in addition to Ken Melvin, Deputy CFO. Mike asked the Board, that with 2 Board Meetings a month, if anyone has suggestions on other days of the week for meetings to email mike to discuss.

**XVIII. ADJOURNMENT**

Mike Humphries adjourned the meeting at 7:29pm.

Submitted by,

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Catherine Bernhold, Secretary

LG/dp  
3/21/25

# HUMAN RESOURCES PRESENTATION

## FY2025 / 1<sup>st</sup> Quarter

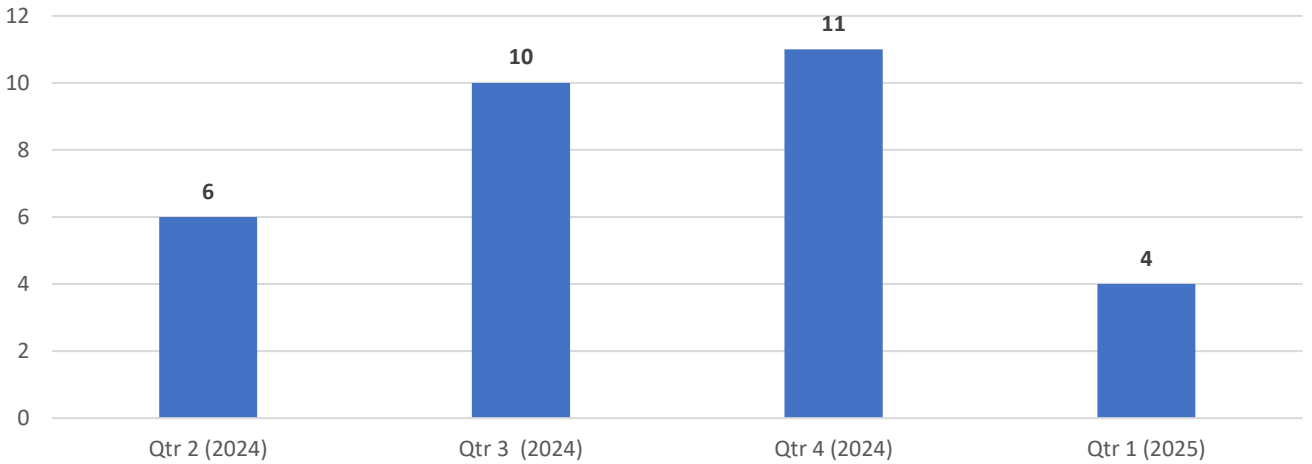
### QUALITY WORKFORCE

#### ***Strategic Plan Goal 1:***

*Recruit and Retain Qualified Staff and Competent Provider Staffing that Meets the Needs of our Community*

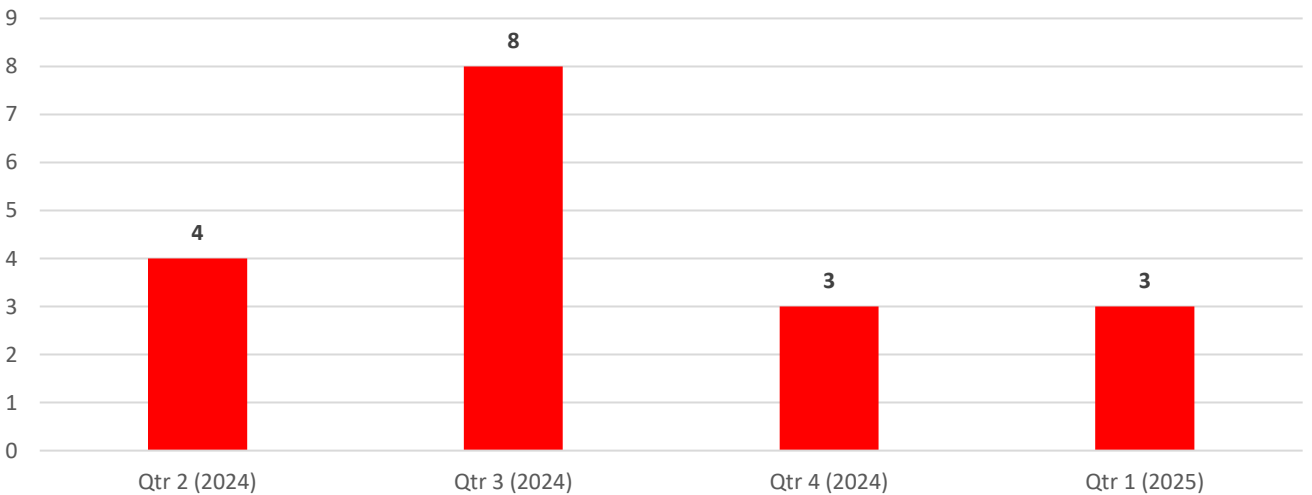
#### **NEW HIRES**

### New Hires (Quarterly)



#### **TERMINATIONS**

### Terminations (Quarterly)



## HUMAN RESOURCES PRESENTATION

### FY2025 / 1<sup>st</sup> Quarter

#### **CURRENT VACANCIES**

<b>Position</b>	<b>Department</b>	<b># Openings</b>
CSM	Child & Family	1
Eval & Admission Specialist (MCCC)	MI Adult	1
Children's ICM/Therapist	Child & Family	1
Peer Support Spec. (pt)	MI Adult	2
Program Assistant (PT)	PHS	1
Medical Director	PHS	1
Clubhouse Generalist	Clubhouse	1
Program Assistant	Operations	1
Transition Facilitator	Child & Family	1
Mobile Crisis Response Clinician	Access	1
Customer Services Admin Support	Customer Services	1
SUD Therapist	MI Adult	1

#### **GRIEVANCES**

Grievances Received 1 <sup>st</sup> Quarter	0	Status: N/A
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#### **EXIT INTERVIEWS**

##### *Enterprise Results*

Requested                      3

Completed:                    2

#### **CORPORATE TRAINING**

##### **1<sup>st</sup> Quarter Training Goals**

1. Increasing clinical skills to provide quality of care to the individuals we serve. These areas are identified by the standards of MDHHS and other funding source criteria, by peer reviewed audits, and to identified skill areas that require ongoing strengthening.

During this period the focus was on SOAP note compliance, AOT's, Crisis and Team Collaboration.

2. Continue to train all new staff and interns in the basic documentation, and clinical skills required as a clinician of MCMHA. This training is supportive with ensuring staff provide quality of care, feel confident in their roles at the agency, and ultimately improve our overall retention rates at the agency.

**Qtr. 1 Clinical Staff Trained 167**



## HUMAN RESOURCES PRESENTATION FY2025 / 1<sup>st</sup> Quarter

### TRUSTED COMMUNITY PARTNER

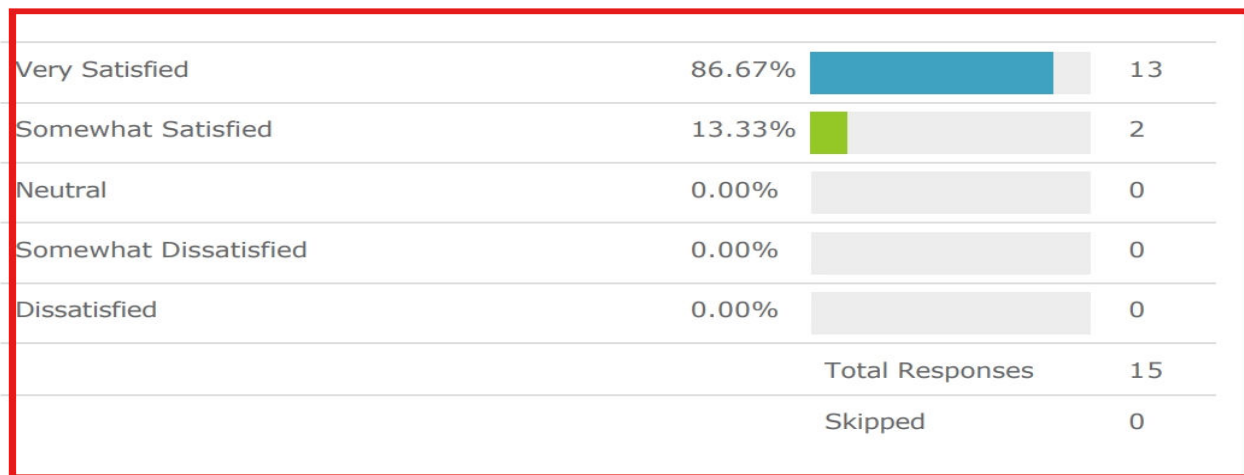
**Strategic Plan Goal 2:**

*Serve as a Responsive and Reliable Community Partner*

#### OTHER CLINICAL TRAININGS 1<sup>st</sup> Quarter

COURSE /TRAINING	INTERNAL STAFF	COMMUNITY MEMBERS
Mental Health First Aid	11	19
BPS	6	
CPI (certified)	23	
CPI Booster (re-certified)	16	
QPR	12	
IPOS	4	
Consumer Engagement	8	
LOCUS	4	

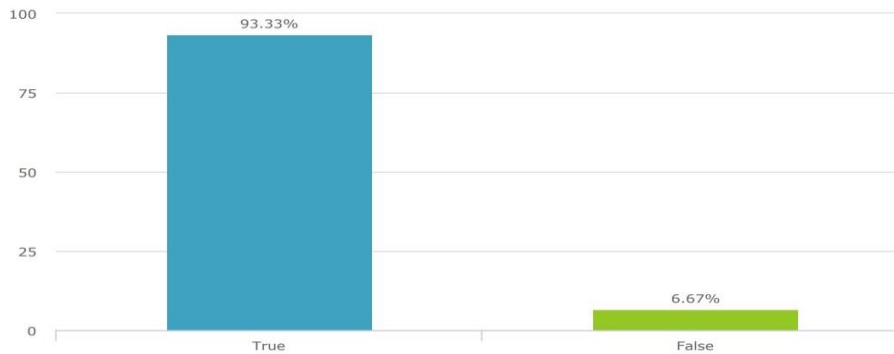
**Overall, how satisfied are you with the training you received today?**



# HUMAN RESOURCES PRESENTATION

## FY2025 / 1<sup>st</sup> Quarter

THE TRAINING TODAY ASSISTED ME WITH SKILLS TO BETTER ENGAGE THE CONSUMER .



### Compliance Department 1<sup>st</sup> Quarter

- Completion of the 2023 MDHHS 1915 (c) Waiver and BH 1915 (i) SPA site review. This review is required by the MDHHS contract to ensure compliance with the Children’s Waiver Program (CWP), Habilitation Supports Waiver (HSW), Waiver for Children with Serious Emotional Disturbance (SEDW), Substance Use Disorder Services (SUD), and 1915 (i) SPA services.
- Implementation of a BTC (Behavior Treatment Committee) Workgroup following corrective action from the 2023 MDHHS 1915 (c) Waiver and BH 1915 (i) SPA site review. Workgroup objectives include updating local BTC policies, developing BTC training for clinical staff, reviewing BTC expectations with contractual psychology providers, and auditing current behavior treatment plans for compliance with the MDHHS BTPRC Technical Requirements.
- Completion of the 2024 MDHHS Annual Submission Report required by the Michigan Mental Health Code. The report includes data on service waitlists, requests for service, disposition of service requests, stakeholder surveys, organizational needs assessment, and a cumulative community data set.
- Preparation for the 2025 External Quality Review (EQR) with HSAG (Health Services Advisory Group) and MDHHS to assess compliance with all Medicaid Managed Care Rule requirements. This year’s focus is on Emergency and Poststabilization Services, Provider Selection, Confidentiality, Grievance and Appeal Systems, Subcontractual Relationships and Delegation, Practice Guidelines, Health Information Systems, and the Quality Assessment and Performance Improvement Program (QAPIP).
- Preparation for the 3-day onsite 2025 Joint Commission survey. Professional accreditation is required every 3 years by the Michigan Mental Health Code and MDHHS contract. The survey includes an in-depth review of high-risk, high-volume populations, staff and consumer interviews, site and service location inspections, and evaluation of standards compliance.

# OPERATIONS REPORT

March 26, 2025

## TRUSTED COMMUNITY PARTNER

**Strategic Plan Goal 2:** *Serve as a Responsive and Reliable Community Partner*

### Revel Marketing

- Designed new business cards, stationery and envelopes
- Posters have been dropped off or QR code sent to libraries

### Mental Health Fun Day

- Scheduled for May 17<sup>th</sup> – more information to come

Continue to have a presence in the community.

## SERVICES PROMOTE RECOVERY

**Strategic Plan Goal 4:** *At All Levels of the Organization, Services Provided Meet the Needs of the Customer*

### Customer Services

#### **FY2025 Quarter 2 Grievances**

January: 8 grievances received

- 6 requests for new prescribers – 1 withdrawn, 4 granted, 1 denied
- 1 request for new CSM - granted
- 1 request to have a sooner appointment with prescriber – granted

February: 6 grievances received (2 requests for a new CSM/Prescriber came in on one grievance)

- 5 requests for new prescriber – 1 withdrew, 3 granted, and 1 pending
- 2 requests for new CSM – 1 granted and 1 pending

#### **Kiosks**

- January Data: 21 total responses for lobby and no responses for Benesh/Prescriber
  - Comments from consumers/guardians - traveling nurse
- February Data: 25 total responses for lobby, 6 responses from Prescriber hallway, and no responses for Benesh
  - One-star responses – lobby dirty, no transportation, outside unkept, and staff made appointment without checking with consumer.

Pulse for Good kiosk data attached for review.

#### **Swartz Home**

- Provider is secured
- Goal is to have keys to provider on 3/28/25 to move in and consumers on 4/1/25
- Will house 5 consumers

#### **Performance Provider Survey Results**

- Remain above 85% on staff retention
- Challenge continues to be in retention and recruitment, yet this also is a great success

# PULSE FOR GOOD DATA

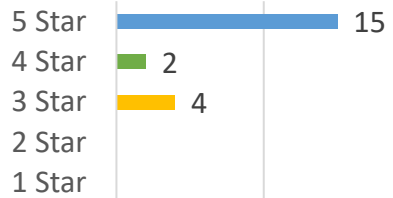


January 2025 / Location - Lobby Kiosk

Overall Rating: 4.46

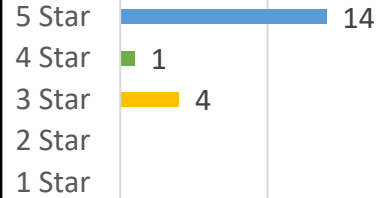
## How was your visit?

21 Responses / 4.24 Rating



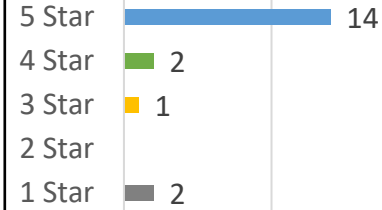
## Do you think this agency is a safe place to be?

19 Responses / 4.32 Rating



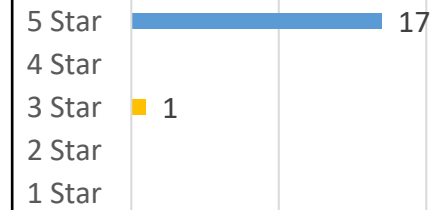
## How clean was it?

19 Responses / 4.37 Rating



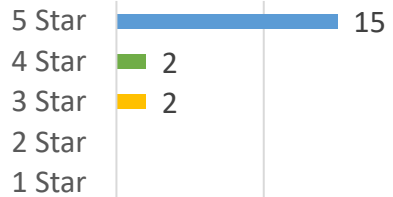
## How respectful was the staff?

18 Responses / 4.74 Rating



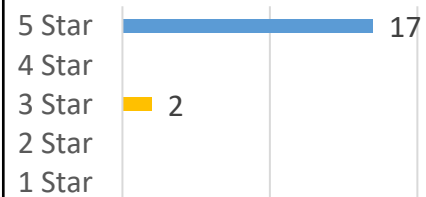
## How satisfied were you with scheduling your appointment?

19 Responses / 4.63 Rating



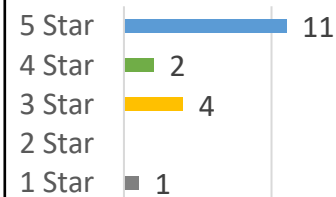
## How well did the appointment time work for you?

19 Responses / 4.68 Rating



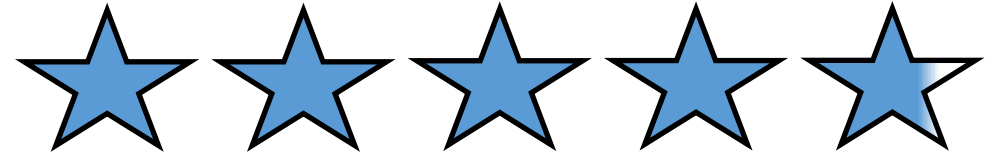
## How convenient is our location?

18 Responses / 4.22 Rating



# PULSE FOR GOOD DATA

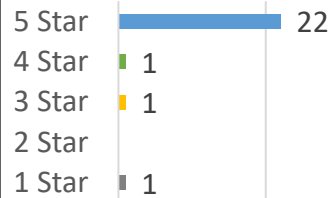
February 2025 / Location – Lobby Kiosk



Overall Rating: 4.79

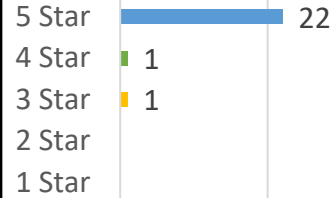
## How was your visit?

25 Responses / 4.72 Rating



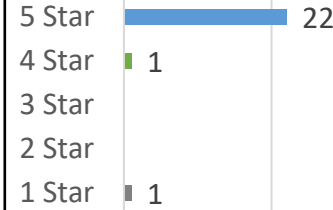
## Do you think this agency is a safe place to be?

24 Responses / 4.88 Rating



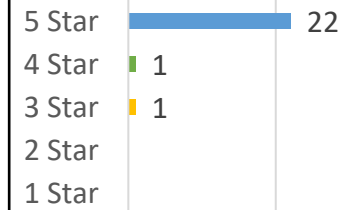
## How clean was it?

24 Responses / 4.79 Rating



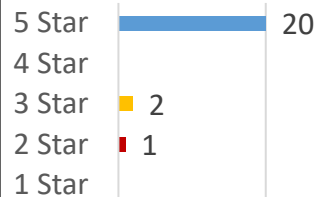
## How respectful was the staff?

24 Responses / 4.88 Rating



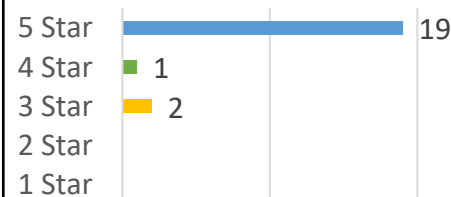
## How satisfied were you with scheduling your appointment?

23 Responses / 4.70 Rating



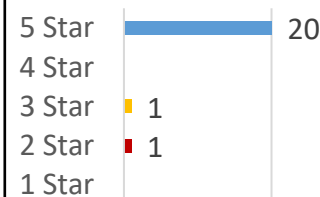
## How well did the appointment time work for you?

22 Responses / 4.77 Rating



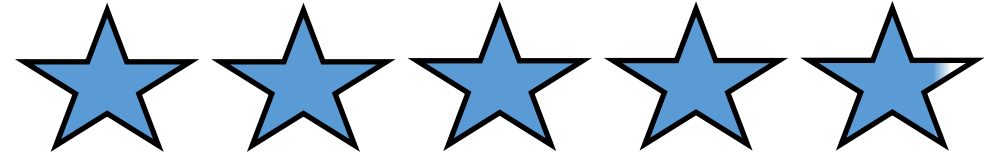
## How convenient is our location?

22 Responses / 4.77 Rating



# PULSE FOR GOOD DATA

February 2025 / Location – Prescriber Kiosk



Overall Rating: 4.83

How was your visit?

6 Responses / 5.00 Rating



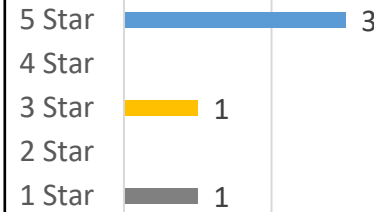
Do you think this agency is a safe place to be?

6 Responses / 5.00 Rating



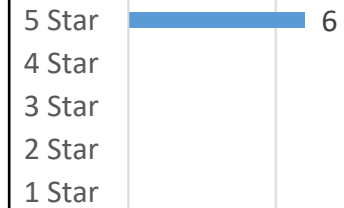
How clean was it?

5 Responses / 3.80 Rating



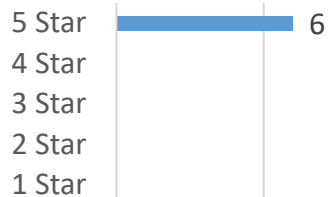
How respectful was the staff?

6 Responses / 5.00 Rating



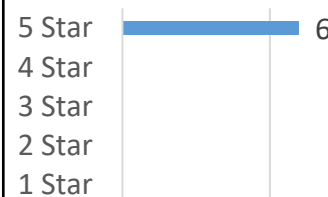
How satisfied were you with scheduling your appointment?

6 Responses / 5.00 Rating



How well did the appointment time work for you?

6 Responses / 5.00 Rating



How convenient is our location?

6 Responses / 5.00 Rating



# MCMHA Performance Indicator Survey: External Providers

FY 2025 Q1: October 1, 2024 – December 31, 2024

Surveyed Providers		Retention	Training Compliance
# Sent Out	# Responses	Average Staff Retention	Average Training Compliance
36	30	86.86%	98.70%

## Greatest Challenges

Category	# of Providers
Retention and recruitment	10
Training compliance	3
Rates for services	3
Empty bed vacancies	2
Billing issues	2
Communication with case managers	2
Empty program vacancies	1
Consumer illnesses	1
Transportation issues	1

## Greatest Successes

Category	# of Providers
Retention and recruitment	5
Increase in community activities	4
Expansion of services	4
Quality service	3
Consumer successes	2
Increase in consumers	2
Billing successes	1
Maintaining health and safety for staff and consumers	1
Training compliance	1

## Supported Employment

Number of Providers	Number of Supported Employment Consumers	Consumers at Least 6 Months Employed
1	5	5

## Drop-In Center

Number of Providers	Average Daily Attendance	Average Meals Per Day
N/A	N/A	N/A

The supported employment provider that responded was Life Enrichment Academy. We did not have any providers for the Drop-In Center respond to the survey this quarter.



**BOARD BYLAWS & POLICY COMMITTEE**  
**Thursday, March 20, 2025**  
**5:00pm**

**MAJOR COMMITTEE RESPONSIBILITIES**

1. Monitor and maintain the Board Bylaws and Board Governance Policy Manual
2. Review Authority and Regional Policy, Procedures, and Exhibits
3. Make recommendations to the full Board

**COMMITTEE MEMBERS**

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

**DRAFT MINUTES**

**I. CALL TO ORDER**

Catherine Bernhold called the meeting to order at 5:24pm. Catherine Bernhold, Susan Fortney, John Burkardt, Mike Humphries, and Lisa Graham. Pam Ray was excused.

**II. COMMITTEE BUSINESS**

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

<b>Policies:</b>	N/A	
<b>Procedures:</b>	POC7083-P1	Expedited Behavior Plan Review Procedure
	POC7024-P1	Progress Review Procedure
	POC7069-P7	Screening Brief Intervention & Treatment (SBIRT) Procedure
<b>Exhibits:</b>	POC7083-E2	BTC Consent Form Exhibit
	POC7083-E4	BTC Emergency Review Form Exhibit
	POC7069-E21	SBIRT Screening Cheat Sheet Exhibit
<b>Rescind:</b>	POC7083-E5	Emergency Use of Law Enforcement Form Exhibit
	POC7083-E6	Physical Intervention Debriefing Form Exhibit
	POC7083-E3	BTC Presentation Exhibit
<b>Relocate:</b>	N/A	

The committee has reviewed the Authority Policy, Procedures, and Exhibits and recommends that the Board approve at their March 26, 2025 meeting.

- b. Regional Policies

<b>Policies:</b>	FCM3025	Ability to Pay Policy
	RR8009	Consent to Treatment & Services Policy
	POC7094	Emergency Post-Stabilization Services Policy
	FCM3023	Financial Audits of Contracts Policy
	RR8017	Office of Recipient Rights Policy
	PI6004	Performance Improvement Policy

The committee has reviewed the Regional Policies and recommends that the Board approve at their March 26, 2025 meeting.

**III. REVIEW BOARD BYLAWS AND GOVERNANCE POLICY MANUAL**

- i. The committee reviewed the Board Bylaws and Governance Policy manual and amended language to correlate with the move to two Board Meetings per month.
- ii. The committee recommends sending the Board the amended documents for review and feedback. The committee will meet on April 16, 2025 to review Board feedback. If no feedback, the committee recommends submitting both documents to the full Board for consideration at the April 23, 2025 Board Meeting. The committee would then not meet until July 17, 2025 to begin the annual review of the Board Bylaws and Governance Policy Manual.

**IV. PARKING LOT**

- a. July: Review of Board Bylaws
- b. July: Review of Governance Policy Manual

**V. AJOURNMENT**

The meeting adjourned at 6:29pm.



**VI. NEXT MEETING**

The Next Meeting of the Board Bylaws & Policy Committee is scheduled for **Thursday, April 16, 2025** at 5:00pm.

Respectfully submitted,

*Catherine Bernhold (dp)*

Catherine Bernhold  
Committee Chair

3/21/25



**BOARD EXECUTIVE COMMITTEE**  
**Wednesday, March 19, 2025**  
**(Following Board Meeting)**

**MAJOR COMMITTEE RESPONSIBILITIES**

1. Form agenda for monthly meetings.
2. Monitor long term effectiveness of the Board and Board Committees.

**COMMITTEE MEMBERS**

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

**I. CALL TO ORDER**

Mike Humphries called the meeting to order at 7:42pm. Mike Humphries, Catherine Bernhold, Susan Fortney, and Lisa Graham were present.

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

- a. Board Agenda – Reviewed
- b. Presentation – HR Report and Operations Report

**III. ITEMS FOR DISCUSSION**

- a. The committee reviewed the agenda for the March 26, 2025 Board Meeting.

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

- a. Jan – Annual Recipient Rights Report
- b. Feb – CMHSP Annual Submission
- c. Apr – Appoint Nominating Committee
- d. May – Election of Officers and PIHP Board Representative
- e. Jun – Board Committee Sign Up
- f. Jul – Appoint Committee Members and Chairs
- g. Aug – Bylaws and Governance Policy Manual
- h. Sep – FY2026 Proposed Board Budget
- i. Nov – CMHAM Conferences and NATCON26 Conference, and 2026 Board Meeting Calendar
- j. Dec – Board and Executive Leadership Holiday Dinner Event – December 5, 2025

**V. AJOURNMENT**

The meeting adjourned at 7:56pm.

**VI. NEXT MEETING**

The Next Meeting of the Executive Committee is scheduled for **April 16, 2025** following the Board Meeting.

Respectfully submitted,

*Mike Humphries (dp)*

Mike Humphries  
Board Chairperson

3/21/25



## BOARD COMMUNITY RELATIONS AD-HOC COMMITTEE

Thursday, March 20, 2025

4:00pm

### MAJOR COMMITTEE RESPONSIBILITIES

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

### COMMITTEE MEMBERS

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

### DRAFT MINUTES

#### I. CALL TO ORDER

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

#### II. CLUBHOUSE TOUR

- a. Lisa Graham provided a tour of the new River Raisin Clubhouse for committee members.

#### III. CLUBHOUSE OPEN HOUSE

- a. Rebecca Pasko met with the Advisory Committee with Lisa Graham. The request is for two open house events. In May, there would be an open house specific to staff and other agencies that refer to the Clubhouse and it would be open from 9:00am to 5:00pm. A Cinco de Mayo theme. The second open house, Thursday, June 5, 2025, would be specific to community partners.

Rebecca Pasko suggested a fund raiser for a mural at the Clubhouse, however the Clubhouse cannot fund raise. Stephan Pietszak is checking with the Union to see if they could fund raise on behalf of the Clubhouse, or if they could secure donations. Rebecca also suggested that if a fund raiser could not be done, could consider donation of canned goods for the Clubhouse pantry. Susan Fortney suggested looking into a grant to secure funds for the mural.

Lisa Graham commented to River Raisin Clubhouse members that when thinking about the open house events, dream big. The Clubhouse is an underutilized service, and we want to invite people in the community to come see what we are all about. We are looking to create a document with what the Clubhouse is all about and include in a swag bag at the event.

Rebecca Pasko requested for "save the date" cards or flyers that include a phone number and/or QR code to know how many may attend. Make the card or flyers available to board members to start getting the information into the community, especially to those that consider donating.

Lisa Graham commented that Chantele Stefan's, Chair of the Clubhouse Advisory Board, requested board members to commit to being present at the open house and to ask five people they know to attend, each. Lisa Graham is also going to ask the same commitment from the Community Coalition members in hopes to get a lot of different people that normally do not attend our events.

Lisa Graham requested for Bridgitte Gates to review the remaining funds with Revel to do a Clubhouse video. Clubhouse National may also have a video that could be incorporated as well.

Lisa Graham commented that the River Raisin Clubhouse staff and members are planning the event and thanked committee members for their ideas and support to make both events a success.

#### IV. MENTAL HEALTH FUN DAY

- a. Lisa Graham provided a flyer for Mental Health Fun Day scheduled for May 17, 2025 from 11am-3pm to committee members and asked if they or anyone they know would be interested in volunteering and to share the details for Mental Health Day with others. Lisa would like to have board members attend to promote the event.

#### V. REVEL MARKETING UPDATE / FOLLOW-UP

- a. Bridgitte Gates provided an overview of follow up questions committee members had on additional cost for blogs, an external E-Newsletter, and ongoing Facebook posts with Revel boosts.
  - i. Susan Fortney suggested to ask people that come into the building, "how did you hear about us".
  - ii. Bridgitte commented that with current budget restraints, Phase 2 that included the blogs was brought to the committee for discussion. Rebecca Curley commented that it is good to discuss and have ideas about Phase 2 but financially we are not in a position to move forward until reviewing year end financials statements.
- b. Bridgitte Gates provided an over of follow up questions from committee members on MCMHA participating in the Mental Health Roundtable, posters and QR codes being distributed to Libraries at the request of the committee, and a list of all events MCMHA participated in 2024.

- i. Rebecca Pasko asked if Townships were provided with the MCMHA website link for their resources. Bridgitte Gates will follow up to see the status and report back next month.
- c. This year at the Monroe County Fair, the question “What do you do to feel better when you are sad or worried?” will be asked to children. Bridgitte Gates requested feedback from committee members on what to do with the written responses.
  - i. Committee members suggested displaying the written responses in a creative way in the lobby for everyone to view; create a booklet to promote mental health for children and consider adding coloring pages as well so that it could be left in the lobby for children to color.
  - ii. Committee members suggested asking what Revel could do and to look into grant opportunities to create the booklet.

**VI. NEXT AGENDA**

- a. Clubhouse Open House
- b. Mental Health Fun Day
- c. Revel Marketing Follow-Up

**VII. PARKING LOT**

- a. Mental Health Fun Day – May 17, 2025
- b. Town Hall – October 2025

**VIII. AJOURNMENT**

The meeting adjourned at 5:13pm.

**IX. NEXT MEETING**

The Next Meeting of the Board Community Relations Ad-Hoc Committee is scheduled for **Thursday, April 17, 2025** at 4:00pm in the Aspen Room.

Respectfully submitted,

*Rebecca Pasko (dp)*

Rebecca Pasko  
Committee Chair

3/21/25



# 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	
<b>Hospitals</b>						
HFHS Acadia Joint Venture, LLC DBA Henry Ford Health Behavioral Health Hospital  (Formerly known as Kingswood Hospital)	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.
<b>Community Living Supports (CLS) / Supported Employment / Respite</b>						
N/A						
<b>Autism / Waiver Services</b>						
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.  A Behavioral Identification Assessment is to determine and support the development of a Behavior Treatment Plan.
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	



## REVIEW AND APPROVAL / March 26, 2025

### Local (MCMHA) and Regional (CMHPSM) Policy, Procedure, and Exhibits

**Executive Summary:**

- There are three local procedures, three exhibits, and three to be rescinded. There are six regional policies.
- This document serves as an Executive Summary of the policies for review and approval at the March 26, 2025 Board Meeting.

LOCAL: Policy, Procedure, and Exhibits	Reason for Revision	Summary
POC7083-P1 Expedited Behavior Plan Review Procedure	3-Year Review	<b><u>Significant Changes:</u></b> There were no significant changes.
POC7024-P1 Progress Review Procedure	3-Year Review	<b><u>Significant Changes:</u></b> Grammar and reference amendments only.
POC7069-P7 Screening Brief Intervention & Treatment (SBIRT) Procedure	3-Year Review	<b><u>Significant Changes:</u></b> Language change from patient to individual and standards amendments.
POC7083-E2 BTC Consent Form Exhibit	3-Year Review	<b><u>Significant Changes:</u></b> Amendments to membership contact information.
POC7083-E4 BTC Emergency Review Form Exhibit	3-Year Review	<b><u>Significant Changes:</u></b> There were no significant changes.
POC7069-E21 SBIRT Screening Cheat Sheet Exhibit	3-Year Review	<b><u>Significant Changes:</u></b> Language amendments and additional cheat sheet criteria.

REGIONAL: Policy and Exhibits	Reason for Revision	Summary
FCM3025 Ability to Pay Policy	3-Year Review	<p><b><u>Purpose:</u></b> To establish a regional ability-to-pay policy in accordance with Michigan’s Mental Health Code, Act 258, 1974 as amended.</p> <p><b><u>Policy:</u></b> No person shall be denied services due to an inability to pay. Fees for each service are provided in accordance with all applicable laws, regulations and the requirements of payers and in keeping with sound accounting practices. Reimbursement is sought for all services provided in accordance with all applicable laws, regulations and the requirements of payers.</p> <p><b><u>Significant Changes:</u></b> Language update from consumers to individual served.</p>
RR8009 Consent to Treatment & Services Policy	Per MDHHS Office of Recipient Rights Policy Review	<p><b><u>Purpose:</u></b> The purpose of this policy is to establish guidelines which ensure that recipients receive notification of their rights, and that informed consent is obtained for all services provided.</p> <p><b><u>Policy:</u></b> It is the policy of the CMHPSM that informed consent shall be obtained, as defined in this policy, prior to the provision of services.</p> <p><b><u>Significant Changes:</u></b> Revised per changes in required MDHHS policy standards.</p>
POP7094 Emergency and Post-Stabilization Services Policy	3-Year Review	<p><b><u>Purpose:</u></b> To provide clarity and definition to the scope of behavioral health and substance use disorder (SUD) emergency services and post-stabilization care services covered by Community Mental Health Partnership of Southeast Michigan (CMHPSM). To ensure behavioral health emergency and post-stabilization services are provided for all consumers/individuals served within the CMHPSM region operate consistent with all applicable federal requirements and how they apply to emergency services and post-stabilization care services in the CMHPSM system of care.</p> <p><b><u>Policy:</u></b> Federal and State legal authorities require Medicaid managed care entities, including Prepaid Inpatient Health Plans (PIHPs), to provide coverage and payment for emergency services and post-stabilization care services. The definition and descriptions of emergency medical conditions, emergency services, and care services focus heavily on physical health and serious bodily impairment. However, the same coverage provisions and requirements for emergency services and post-stabilization care services are still applicable to the PIHP for the scope of services which it is responsible to provide to consumers/individuals served by Medicaid and the Healthy Michigan Plan.</p> <p>It is the policy of CMHPSM to ensure behavioral health emergency and post-stabilization services for its consumers/individuals served. CMHPSM shall operate consistent with all applicable federal requirements and how they apply to emergency room and hospital settings versus emergency services obtained through community provider locations.</p> <p><b><u>Significant Changes:</u></b> Definitions and Emergency Service standards were revised along with updating language from consumer to individual served.</p>

FCM3023 Financial Audits of Contracts Policy	3-Year Review	<p><b><u>Purpose:</u></b> To establish guidelines and standards regarding the financial audit obligations outlined in provider contracts, and to provide guidelines for exempting a contractual provider from the independent auditor requirements.</p> <p><b><u>Policy:</u></b> It is the policy of the CMHPSM that annual audits conform to Generally Accepted Auditing Standards (GAAS) and all applicable federal and state laws and regulations regarding accounting practices and standards.</p> <p><b><u>Significant Changes:</u></b> Language update from consumers to individual served.</p>
RR8017 Office of Recipient Rights Policy	Per MDHHS Office of Recipient Rights Policy Review	<p><b><u>Purpose:</u></b> The purpose of this policy is to establish guidelines regarding the development and function of an Office of Recipient Rights.</p> <p><b><u>Policy:</u></b> It is the policy of the CMHPSM that an Office of Recipient Rights shall be established and maintained to protect the rights of recipients in compliance with the Mental Health Code and Department of Health and Human Services Administrative Rules. The Office shall respond to any query or complaint submitted by or on behalf of recipients of CMHPSM Programs and contract agencies.</p> <p><b><u>Significant Changes:</u></b> Revised per changes in required MDHHS policy standards.</p>
PI6004 Performance Improvement Policy	3-Year Review	<p><b><u>Purpose:</u></b> To establish and ensure an integrated region-wide Performance Improvement (PI) system is implemented and operating in accordance with applicable standards of the Community Mental Health Partnership of Southeastern Michigan (CMHPSM).</p> <p><b><u>Policy:</u></b> The CMHPSM oversees the PI system and holds the overall responsibility for it. Each CMHSP Director ensures implementation within their agency and involvement of leadership at the regional level. PIHP Performance Improvement initiatives will be prioritized using decision making criteria covering high risk, high cost and problem prone areas and will be in alignment with the strategic plan.</p> <p>The designated Quality/Compliance/Program Integrity Manager is responsible for the implementation of this policy and ensuring the PI system operates in accordance with the Quality Assessment Performance Improvement Program (QAPIP) and other state/federal PI requirements. Central to the PI system is the Clinical Performance Team (CPT) as the regional PI committee, with CMHSP representation, standing committees, workgroups, and ad hoc PI teams.</p> <p>This PI system is responsible for overseeing and ensuring the quality of consumer/individual served care. The PI system shall address any issue in need of performance improvement, performance assurance and performance planning.</p> <p><b><u>Significant Changes:</u></b> There were no significant updates.</p>



<b>RESCIND: Policy and Exhibits</b>	<b>Reason for Rescind</b>
POC7083-E5 Emergency Use of Law Enforcement Form Exhibit	Not utilizing any longer.
POC7083-E6 Physical Intervention Debriefing Form Exhibit	Not utilizing any longer.
POC7083-E3 BTC Presentation Exhibit	Information no longer relevant.

# DIRECTOR'S REPORT

March 26, 2025

## QUALITY WORKFORCE

**Recipient Rights:** It is with mixed emotions that I report that Recipient Rights Officer, Shelley Koyl, has announced her plans to retire. Her last day is 4/18/25. Shelley has been instrumental in leading and maintaining MCMHA's positive Recipient Rights culture for over twenty years, and she will be sorely missed. MCMHA will be involved in the interview process, once Washtenaw secures candidates.

## SERVICES PROMOTE RECOVERY

**CCBHC Site Visit:** Staff from MDHHS will be onsite on 4/30 for our first CCBHC Site Visit. More details will follow.

**Joint Commission Survey:** MCMHA's leadership team is preparing all staff for our Joint Commission Survey which will occur sometime this summer. As a reminder, the Joint Commission typically gives short notice on their arrival, but we anticipate that they will be here sometime in the next 4-5 months.

## REGIONAL/STATE UPDATES:

**PIHP Procurement Survey:** Late last month, MDHHS issued a press release and a survey indicating that "in late 2025 or early 2026, MDHHS intends to ask for proposals for new contracts to administer the provision of specialty behavioral health services to people enrolled in Medicaid." Through the survey, MDHHS seeks recommendations and feedback for improving the program and updating contracts. MDHHS wants input from people enrolled in Medicaid behavioral health services, as well as their families, advocacy groups, and other interested parties. Since the press release, there have been many rumors, but no other official communication.

## TRUSTED COMMUNITY PARTNER

**Mental Health Fun Day:** May 17, 11-3

**River Raisin Clubhouse Open House:** Thursday, June 5, evening.

**Monroe County Fair:** 7/25 – 8/2/25

Respectfully Submitted,



Lisa Graham, LMSW