

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

BOARD MEETING

Patrick Barrie Room

3005 Boardwalk Dr., Ste. 200, Ann Arbor, MI

Thursday, October 12, 2022

6:00 PM

Dial-in Number Options:

1-312-626-6799, 1-646 876-9923, or
1-346-248-7799

Meeting ID: 443 799 086

Join by Computer:

<https://zoom.us/j/443799086>

Please wait to be admitted from the Zoom
waiting room at 6:00 pm.

Agenda

	<u>Guide</u>
I. Call to Order	1 min
II. Roll Call	2 min
III. Consideration to Adopt the Agenda as Presented	2 min
IV. Consideration to Approve the Minutes of the 9-22-2022 Special Meeting and Waive the Reading Thereof {Att. #1}	2 min
V. Audience Participation (5 minutes per participant)	
VI. Old Business	20 min
a. Board Information: September Finance Report – FY2022 as of August 31 st {Att. #2}	
VII. New Business	40 min
a. Board Action – Contract {Att. #3}	
b. Board Action – Position Request Grant Funded Priority Population Care Manager {Att. #4,4a}	
c. Board Action – FY2022 Quality Assurance Program Evaluation {Att. #5, 5a}	
d. Board Action - Board Officer Elections {Att. #6}	
VIII. Reports to the CMHPSM Board	20 min
a. FY2022 Q4 Strategic Metrics Update {Att. #7}	
b. No update from SUD Oversight Policy Board	
c. CEO Report to the Board {Att. #8}	
IX. Adjournment	

CMHPSM Mission Statement

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

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
September 22, 2022**

Members Present: Judy Ackley, Roxanne Garber, Bob King, Sandra Libstorff, Jim Neumann, Alfreda Rooks, Mary Serio, Sharon Slaton, Holly Terrill

Members Absent: Molly Welch Marahar, Randy Richardville, Katie Scott, Ralph Tillotson

Staff Present via Zoom: Kathryn Szewczuk, Stephannie Weary, James Colaianne, Matt Berg, Trish Cortes, Nicole Adelman, Connie Conklin, Stacy Pijanowski, Michelle Sucharski

Guests Present:

- I. Call to Order
Meeting called to order at 6:09 p.m. by Board Chair S. Slaton.
- II. Roll Call
 - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented
Motion by R. Garber, supported by A. Rooks, to approve the agenda
Motion carried
- IV. Consideration to Approve the Minutes of the 8-10-2022 Regular Meeting and Waive the Reading Thereof
Motion by J. Ackley, supported by R. Garber, to approve the minutes of the 8-10-2022 regular meeting and waive the reading thereof
Motion carried
- V. Audience Participation
None
- VI. Old Business
 - a. Board Information: August Finance Report – FY2022 as of July 31st
 - M. Berg presented.
- VII. New Business
 - a. Board Action - FY2023 Budget & Contracts
 - J. Colaianne and M. Berg presented.
 - J. Neumann requested to see a report about Washtenaw's experience in being a CCBHC. T. Cortes will provide a walk-through of the CCBHC model and Washtenaw's experience at the October Regional Board meeting. Any concerns/questions related to what board members would like to see should be sent to S. Weary.

Motion by S. Libstorff, supported by M. Serio, to approve the Fiscal Year 2023 budget and allocations as presented, including authorization for the CMHPSM CEO to sign the included FY2023 contracts

CMHPSM Mission Statement

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Motion carried

Roll Call Vote

Yes: Ackley, Garber, King, Libstorff, Rooks, Serio, Slaton, Terrill

No:

Abstain: Neumann

Absent: Welch Marahar, Richardville, Scott, Tillotson

b. Board Action - Employee Handbook

Motion by M. Serio, supported by R. Garber, to approve the CMHPSM employee handbook with the included revisions

Motion carried

Roll Call Vote

Yes: Ackley, Garber, King, Libstorff, Neumann, Rooks, Serio, Slaton, Terrill

No:

Absent: Welch Marahar, Richardville, Scott, Tillotson

c. Board Action - Erika Behm 5-Year Anniversary Recognition

Motion by R. Garber, supported by S. Libstorff, to approve the CMHPSM Board Chair to sign the formal proclamation acknowledging the five years of service by Erika Behm to the PIHP region as a CMHPSM employee

Motion carried

d. Board Action - Election Chair/Committee for October Officers Election

- B. King volunteered as Election Committee Chair. S. Weary will provide staff support.
- Regional Board reviewed proposed FY23 board meeting schedule with no objections.

VIII. Reports to the CMHPSM Board

a. SUD Oversight Policy Board

- J. Colaianne provided an overview of the August OPB meeting.

b. CEO Report to the Board

- J. Colaianne's report includes updates from staff, regional and state levels. Please see report in board packet for details.

IX. Board Discussion - CEO Contract Update

- S. Slaton has completed contract negotiations with J. Colaianne, as authorized by the board.
- The CEO Evaluation committee requested a 5-year term in the proposed contract; the previous contract had a 3-year term.

Motion by M. Serio, supported by J. Ackley, to authorize the Regional Board Chair to execute the CEO contract as written and presented

Motion carried

Roll Call Vote

Yes: Ackley, Garber, King, Libstorff, Rooks, Serio, Slaton, Terrill

No:

Abstain: Neumann

Absent: Welch Marahar, Richardville, Scott, Tillotson

X. Adjournment

Motion by R. Garber, supported by A. Rooks, to adjourn the meeting

CMHPSM Mission Statement

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

Motion carried

- Meeting adjourned at 7:23 p.m.

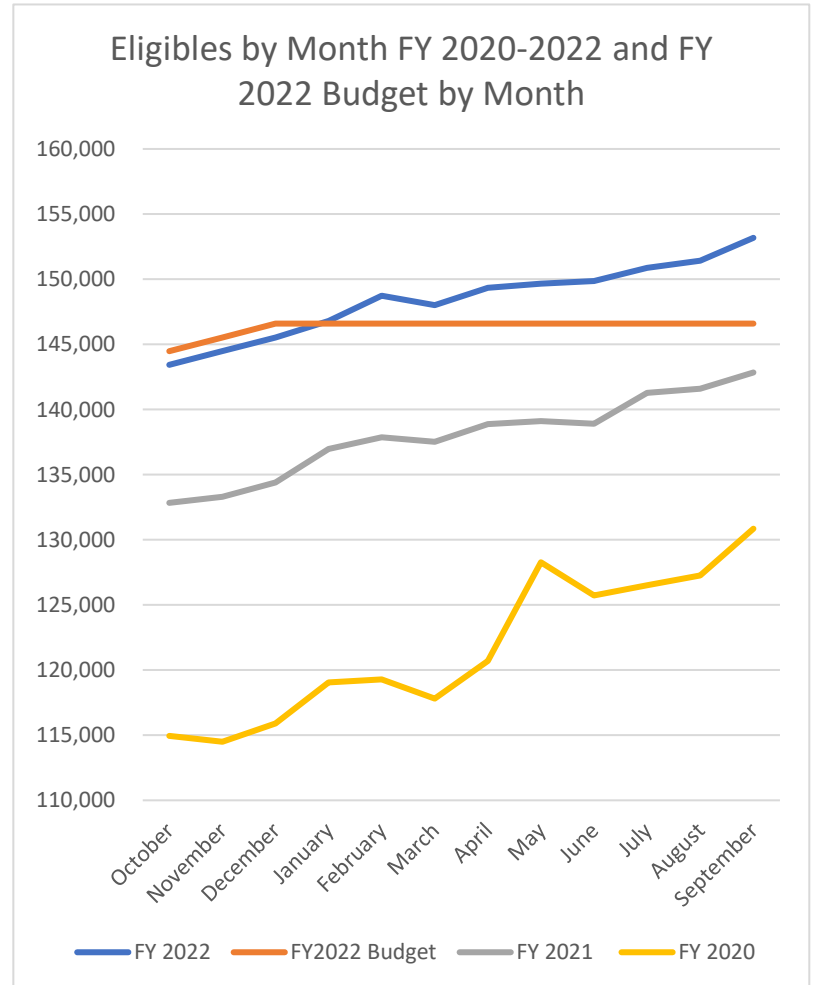
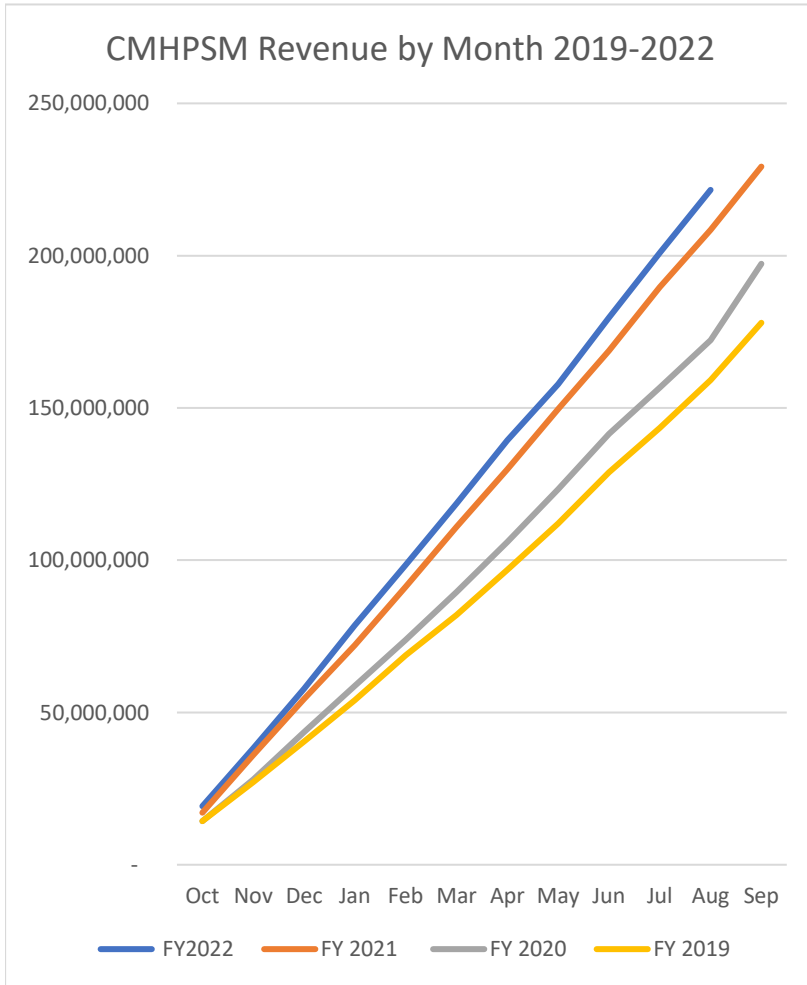
Sandra Libstorff, CMHPSM Board Secretary

DRAFT

CMHPSM Mission Statement

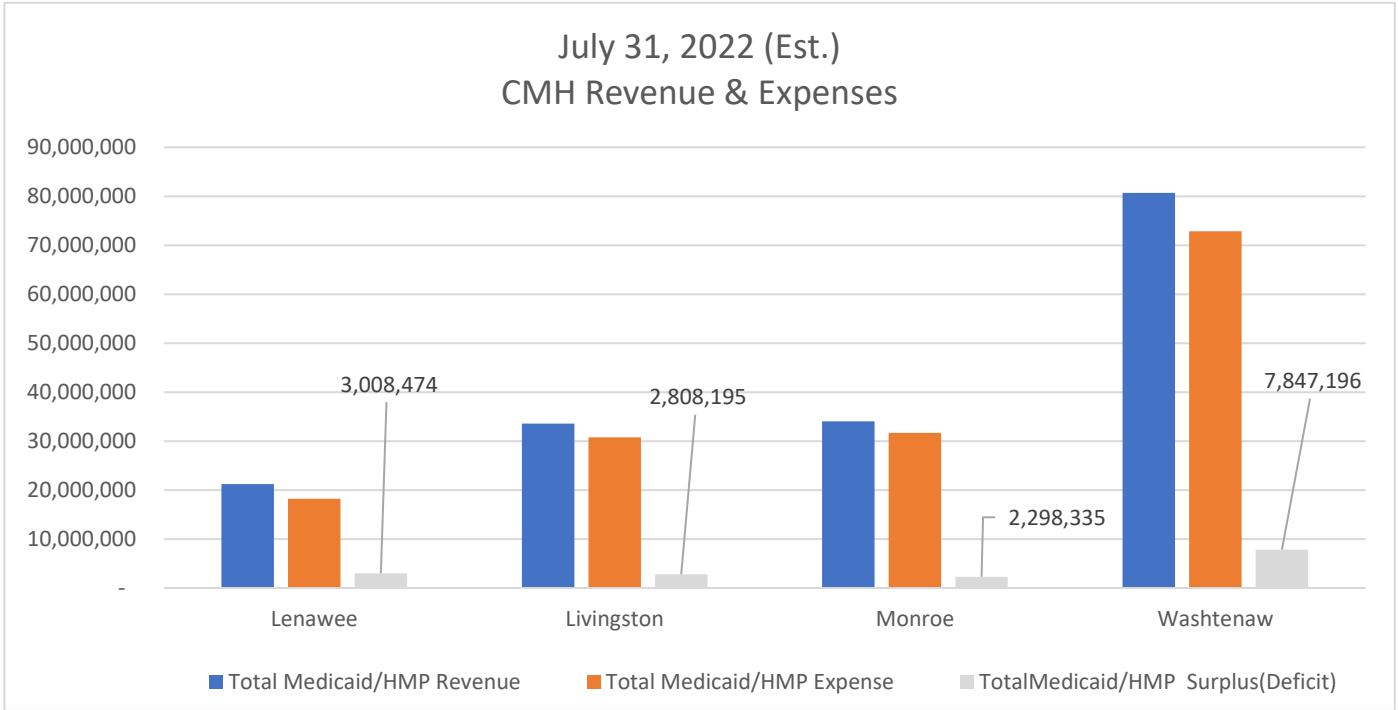
Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

Community Mental Health Partnership of Southeast Michigan
Financial Summary for August 31, 2022

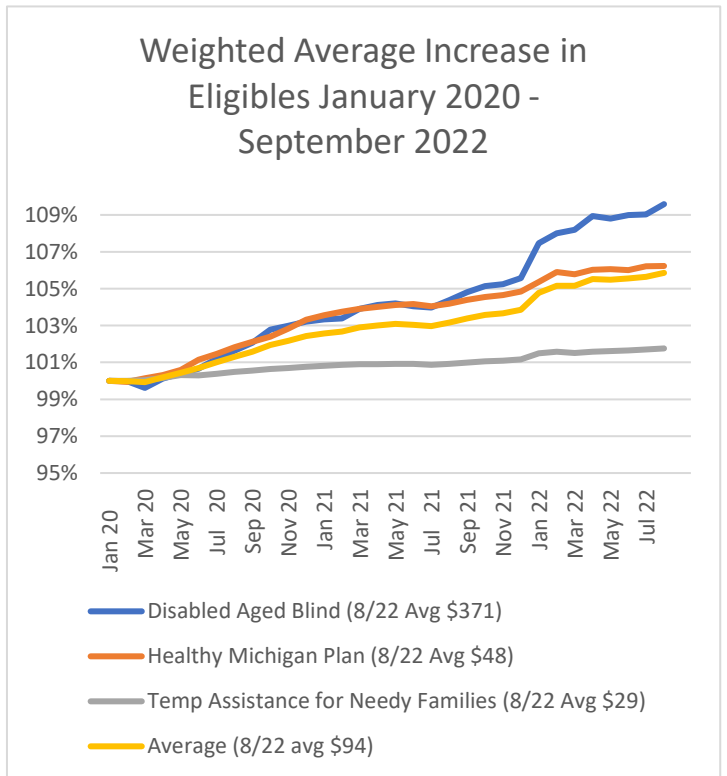
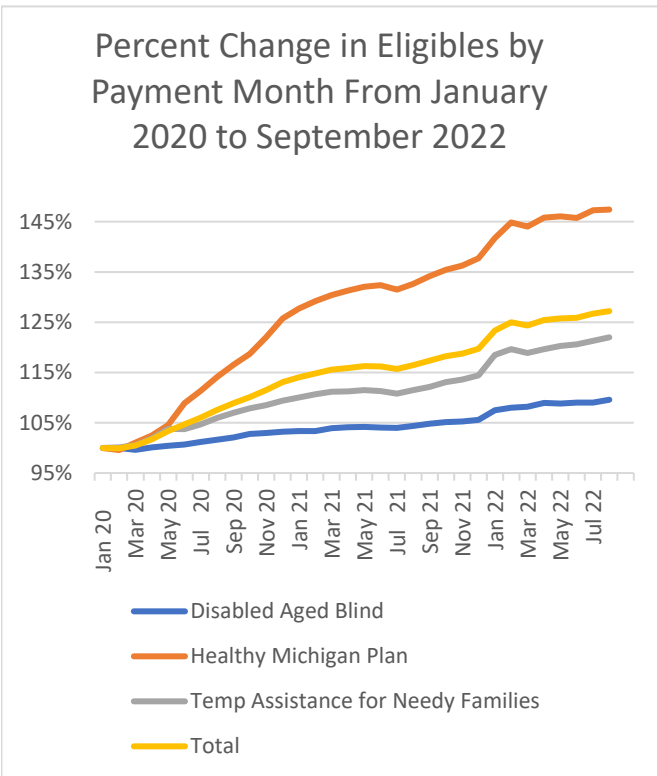


Operating Activities	Budget R1 FY 2022	YTD Budget	YTD Actual	Actual to Budget	Percent Variance	Projected Year-End	Projected to Budget
MH Medicaid Revenue	226,405,583	192,617,673	198,318,270	5,700,597	3.0%	225,780,898	(624,685)
MH Medicaid Expenses	209,462,928	186,234,098	193,427,181	(7,193,083)	-3.9%	209,792,995	330,067
MH Medicaid Net	16,942,655	6,383,576	4,891,089	(1,492,486)	-23.4%	15,987,903	(954,752)
SUD/Grants Revenue	25,422,223	20,588,029	21,421,664	833,635	4.0%	23,860,931	(1,561,292)
SUD/Grants Expenses	20,734,080	18,689,132	18,132,461	556,671	3.0%	14,454,400	(6,279,680)
SUD/Grants Net	4,688,143	1,898,896	3,289,203	1,390,306	73.2%	9,406,531	4,718,388
PIHP							
PIHP Revenue	3,195,822	2,925,796	2,861,035	(64,760)	-2.2%	2,945,582	(250,240)
PIHP Expenses	2,983,351	2,744,364	2,366,408	377,956	13.8%	2,208,180	(775,171)
PIHP Total	212,471	181,432	494,627	313,195	172.6%	737,402	524,931
Total Revenue	255,023,628	216,131,497	222,600,969	6,469,472	3.0%	252,587,411	(2,436,217)
Total Expenses	233,180,359	207,667,594	213,926,050	(6,258,457)	-3.0%	226,455,575	(6,724,784)
Total Net	21,843,269	8,463,904	8,674,919	211,015	2.5%	26,131,836	4,288,567

Regional CMH Revenue and Expenses
Regional Charts



July	Lenawee	Livingston	Monroe	Washtenaw	Region
Total Medicaid/HMP Revenue	21,232,374	33,592,442	34,002,285	80,692,007	169,519,108
Total Medicaid/HMP Expense	18,223,900	30,784,247	31,703,950	72,844,811	153,556,908
Total Medicaid/HMP Surplus(Deficit)	3,008,474	2,808,195	2,298,335	7,847,196	15,962,200
Surplus Percent of Revenue	14%	8%	7%	10%	9%



Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenue and Expenses Notes
Period Ending August 31, 2022

Summary Page

1. Operating cash was \$24,667,570 at the end of August 2022 compared to \$17,998,883 at the end of August 2021. The August 2022 number includes \$15,247 invested in CDs with the Bank of Ann Arbor.
2. Overall, the PIHP surplus line is 2.5% over budget.

Medicaid Mental Health

1. Medicaid revenue is 3.0% above budget due to increased Medicaid eligible individuals in the Region.
2. After the last meeting with MDHHS, we anticipate using \$3.2M of the \$4.1M in CCBHC revenue.

Medicaid & Grant – SUD

1. SUD revenue totals are 4.0% over budget. MDHHS requested that we submit August draws by September 9th. As most Grantees had not submitted billing by that date, Grant revenue is down on this report. The final September billing will adjust for this shortfall.
2. Opioid Health Homes is under budget for both revenue and expenses currently. OHH billings have been steadily increasing over the last three months
3. SUD Admin spending is 12.7% over budget due to the budget showing some contractual and other expenses in the PIHP Administration line.
4. Overall SUD spending is 3.0% under budget.
5. Healthy Michigan SUD and Medicaid SUD funding continues to exceed budget resulting in the SUD surplus being 78.3% over budget.

PIHP

1. PIHP Admin spending is 13.8% under budget.
2. Overall, revenue is slightly over budget and expenses are under budget, this results in the net surplus being 172.6% over budget.

FY 2018 and FY 2019 Deficit Update

1. MDHHS recently sent an email telling us that our prior year FSRs submitted with a negative ISF are under review.
2. The FY 2021 Financial audit lists the following amounts related to the FY 2018 and FY 2019 deficits:

Due from MDHHS – FY18 State Shared Risk	\$	7,517,412
Due from MDHHS – FY19 State Shared Risk		3,479,703
Due to Monroe CMHA		3,545,221
Due to Washtenaw County CMH		7,016,216

Total Due	\$	21,558,552

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues and Expenditures
For the Period Ending August 31, 2022

	Budget R1 FY 2022	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End
MEDICAID						
MEDICAID REVENUE						
Medicaid (b) & 1115i	109,682,931	100,542,687	102,749,119	2,206,432	-2.2%	109,682,931
Medicaid Waivers	50,399,000	46,199,083	47,161,237	962,154	-2.1%	50,399,000
Healthy Michigan Revenue	17,334,370	15,889,839	16,443,683	553,844	-3.5%	17,334,370
Medicaid Autism	15,284,485	14,010,778	13,722,381	(288,396)	2.1%	15,284,485
Prior Year Carry Forward	13,716,339	-	-	-	-	13,716,339
Behavioral Health Home			125,301			
CCBHC	4,100,000	3,758,333	3,813,896	6,638,263	-176.6%	4,100,000
DCW Revenue	12,388,728	9,801,001	10,396,597	(5,987,105)	61.1%	12,388,728
HRA MCAID Revenue	2,000,000	1,333,024	1,615,310	282,286	-21.2%	2,000,000
HRA HMP Revenue	1,500,000	1,082,928	2,290,746	1,207,818	-111.5%	1,500,000
Medicaid Revenue	226,405,853	192,617,673	198,318,270	5,700,597	-3.0%	226,405,853
MEDICAID EXPENDITURES						
IPA MCAID	1,881,435	1,318,395	1,318,395	0	0.0%	1,881,435
IPA HMP	206,960	146,488	146,488	(0)	0.0%	206,960
HRA MC	2,000,000	1,333,024	1,333,024	-	0.0%	2,000,000
HRA HMP	1,500,000	1,082,928	1,082,928	-	0.0%	1,500,000
Lenawee CMH						-
Medicaid (b) & 1115i	12,231,897	11,212,572	11,258,769	(46,196)	-0.4%	12,231,897
Medicaid Waivers	5,286,571	4,846,023	4,918,885	(72,862)	-1.5%	5,286,571
Healthy Michigan Expense	3,939,840	3,611,520	3,565,324	46,197	1.3%	3,939,840
Autism Medicaid	1,104,200	1,012,183	1,012,183	-	0.0%	1,104,200
DCW Expense	2,007,084	1,274,339	1,752,217	(477,878)	-37.5%	2,007,084
Stabilization	350,000	350,000	756,665	(406,665)		350,000
DHIP		-	54,760	(54,760)		109,519
Lenawee CMH Total	24,919,592	22,306,638	23,318,802	(1,012,164)	-4.5%	25,029,111
Livingston CMH						
Medicaid (b) & 1115i	19,292,732	17,685,004	17,763,393	(78,388)	-0.4%	19,292,732
Medicaid Waivers	8,789,844	8,057,357	7,915,794	141,563	1.8%	8,789,844
Healthy Michigan Expense	3,512,381	3,219,683	3,141,295	78,388	2.4%	3,512,381
Autism Medicaid	4,902,086	4,493,579	4,493,579	-	0.0%	4,902,086
DCW Expense	2,563,571	1,627,663	2,238,037	(610,374)	-37.5%	2,563,571
BHH			2,496			
Stabilization	700,000	529,915	1,079,682	(549,767)		700,000
DHIP			208,756	(208,756)		-
Livingston CMH Total	39,760,614	35,613,201	36,843,030	(1,229,829)	-3.5%	39,760,614
Monroe CMH						
Medicaid (b) & 1115i	22,010,469	20,176,264	20,307,287	(131,023)	-0.6%	22,010,469
Medicaid Waivers	8,979,416	8,231,131	8,363,925	(132,793)	-1.6%	8,979,416
Healthy Michigan	2,738,896	2,510,655	2,379,632	131,023	5.2%	2,738,896
Autism Medicaid	2,173,235	1,992,132	1,992,132	-	0.0%	2,173,235
DCW Expense	3,246,919	2,061,533	2,834,608	(773,075)	-37.5%	3,246,919
Stabilization	700,000	673,586	1,305,768	(632,182)		700,000
DHIP		-	40,042	(40,042)		-
Monroe CMH Total	39,848,935	35,645,301	37,223,393	(1,578,092)	-4.4%	39,848,935
Washtenaw CMH						
Medicaid (b) & 1115i	44,526,405	40,815,871	41,137,245	(321,374)	-0.8%	44,526,405
Medicaid Waivers	28,417,034	26,048,948	25,682,447	366,501	1.4%	28,417,034
Healthy Michigan Expense	6,284,880	5,761,140	5,439,768	321,372	5.6%	6,284,880
Autism Medicaid	5,886,723	5,396,163	5,396,163	0	0.0%	5,886,723
DCW Expense	8,421,349	5,346,888	3,698,046	1,648,842	30.8%	8,421,349
CCBHC	4,059,000	3,720,750	7,351,971	(3,631,221)	-97.6%	4,059,000
BHH			34,005			
Stabilization	1,750,000	1,698,362	3,386,704	(1,688,342)		1,750,000
DHIP		-	34,772	(34,772)		-
Washtenaw CMH Total	99,345,391	88,788,122	92,161,121	(3,372,999)	-3.8%	99,345,391
Medicaid Expenditures	209,462,928	186,234,098	193,427,181	(7,193,083)	-3.9%	213,631,448
Medicaid Total	16,942,925	6,383,576	4,891,089	(1,492,486)	-23.4%	12,774,406

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues and Expenditures
For the Period Ending August 31, 2022

	Budget R1 FY 2022	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End
SUD/GRANTS						
SUD/GRANTS REVENUE						
Healthy Michigan Plan SUD	9,742,339	8,930,477	9,279,305	348,828	3.9%	9,742,339
Medicaid SUD	3,271,563	2,998,933	3,168,404	169,472	5.7%	3,271,563
SUD DCW	803,971	627,890	724,470	96,580	15.4%	803,971
PA2 - Tax Revenue (Est)	1,800,000	899,663	1,391,724	492,061	35.4%	1,800,000
PA2 - Use of Reserve (Est)	1,414,391	426,603	1,007,809	581,205	57.7%	1,414,391
Federal/State Grants	7,914,959	6,269,046	5,685,936	(583,110)	-9.3%	7,914,959
Opioid Health Homes	475,000	435,417	164,016	(271,401)	-165.5%	475,000
SUD/Grants REVENUE	25,422,223	20,588,029	21,421,664	833,635	4.0%	25,422,223
				0		
				0		
SUD/GRANTS EXPENDITURES						
SUD Administration						
Salaries & Fringes	1,129,367	1,035,253	989,441	(45,812)	-4.4%	1,129,367
Contracts	276,200	253,183	267,469	14,285	5.6%	276,200
Board Expense	1,000	917	180	(737)	-80.4%	1,000
Other Expenses	78,342	71,814	277,305	205,491	286.1%	78,342
SUD Administration	1,484,909	1,361,167	1,534,394	173,227	12.7%	1,484,909
Lenawee SUD Services	2,515,259	2,305,654	2,073,522	(232,132)	-10.1%	2,515,259
Livingston SUD Services	2,421,264	2,219,492	2,037,384	(182,109)	-8.2%	2,421,264
Monroe SUD Services	2,785,632	2,553,496	2,795,407	241,911	9.5%	2,785,632
Washtenaw SUD Services	6,194,851	5,678,613	6,753,301	1,074,688	18.9%	6,194,851
Opioid Health Homes	403,982	53,246	97,588	44,342	83.3%	403,982
Veteran Navigation	180,000	165,000	139,542	(25,458)	-15.4%	180,000
COVID Grants	2,654,581	2,433,366	1,190,092	(1,243,274)	-51.1%	2,654,581
SOR II	1,190,000	1,090,833	909,886	(180,947)	-16.6%	1,190,000
Gambling Prevention Grant	200,000	183,333	83,633	(99,700)	-54.4%	200,000
Tobacco	4,000	3,630	3,630	0		4,000
Women's Specialty Services	699,601	641,301	514,082	(127,219)	-19.8%	699,601
SUD/Grants Expenditures	20,734,080	18,689,132	18,132,461	556,671	-3.0%	20,734,080
SUD/Grants Total	4,688,143	1,898,896	3,289,203	1,390,306	73.2%	4,688,143
PIHP						
PIHP REVENUE						
Incentives (Est)	2,002,943	1,786,031	1,732,717	(53,314)	-3.0%	6,930,869
Local Match	940,504	940,504	940,504	-	0.0%	3,762,016
Other Income	252,375	199,260	187,814	(11,446)	-5.7%	751,256
PIHP Revenue	3,195,822	2,925,796	2,861,035	(64,760)	-2.2%	11,444,140
PIHP EXPENDITURES						
PIHP Admin						
Local Match	940,504	940,504	940,504	-	0.0%	3,762,016
Salaries & Fringes	1,164,295	998,520	985,392	(13,128)	-1.3%	3,941,569
Contracts	604,354	553,991	299,491	(254,500)	-45.9%	1,197,965
Other Expenses	272,198	249,515	139,937	(109,578)	-43.9%	559,749
PIHP Admin	2,981,351	2,742,530	2,365,325	(377,206)	13.8%	9,461,299
Board Expense	2,000	1,833	1,083	(750)	-40.9%	2,000
PIHP Expenditures	2,983,351	2,744,364	2,366,408	(377,956)	13.8%	9,463,299
PIHP Total	212,471	181,432	494,627	313,195	172.6%	1,980,842
Organization Total	21,843,539	8,463,904	8,674,919	211,015	2.5%	19,443,390
Totals						
Revenue	255,023,898	216,131,497	222,600,969	6,469,472	-3.0%	263,272,216
Expenses	233,180,359	207,667,594	213,926,050	(6,258,457)	3.0%	243,828,826
Net	21,843,539	8,463,904	8,674,919	211,015	2.5%	19,443,390



Regional Board Action Request – Contracts

Board Meeting Date: October 12, 2022

Action(s) Requested: Approval for the CEO to execute the contracts/amendments listed below.

Organization - Background	Term	Funding Level	Funding Source	Agreement Type
<p>Supreme Felons – funding for the implementation of an Anchor Institution to ensure equitable access to prevention, treatment, and recovery services for diverse populations; locating and supporting evidenced-based practices for the population to reduce disparities in accessing services.</p>	<p>10/1/2022 - 9/30/2023</p>	<p>\$25,000</p>	<p>Grant Funded</p>	<p>New FY2023 Contract</p>

Recommend: Approval of grant funded contract.



Regional Board Action Request- SUD Priority Population Care Manager Position

Board Meeting Date: October 12, 2022

Action Requested: Approve the creation of one full-time block grant funded SUD Priority Population Care Manager position at the CMHPSM.

Background: MDHHS has determined that each of the PIHPs within the State of Michigan will be funded to staff this position through designated SUD community block grant funds.

This position will work under the supervision of the Substance Use Services Director. The SUD Priority Population Care Manager job description places the position on Tier 2A, which has a salary range of \$50,648 – \$72,072. This position and fringe benefits are well within the amount allocated by MDHHS and the expense for this position was included in our FY2023 budget. This position will be identified as grant funded within CMHPSM position control documentation and would be automatically eliminated without sufficient designated grant funding available to support the position.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model:

Recommend: Approval



Community Mental Health Partnership of Southeast Michigan Job Description

Job Title: SUD Priority Population Care Manager

Location: CMHPSM Offices

Supervision Received: Clinical Treatment Coordinator

Position #:

Position Payroll Tier: 2A

Salary Tier Range: \$56,946-\$82,580

FLSA Exempt Status: Exempt

Position Status: Full time

Updated: September 2022

Job Summary

Under supervision of the Clinical Treatment Coordinator, the SUD Priority Population Care Manager (PPCM) monitors and supports requests for services from individuals identified as priority populations to help ensure timely screening and admission to Substance Use Disorder (SUD) treatment services across the region. The SUD PPCM assists in ensuring Access departments and SUD Treatment providers are following MDHHS timeliness requirements. The PPCM will also ensure engagement activities are provided as well as other needed resources to address individuals' SUD related challenges, including assisting the individual in accessing resources for obtaining required state identification, insurance and other supportive needs. The PPCM may also provide support on treatment access issues and SUD care coordination efforts that may arise within the regional responsibilities of the PIHP.

Essential Duties and Responsibilities

- Engage priority populations identified through Access Departments, referrals from community agencies, Michigan Department of Corrections, and calls initiated by the individual
- Work closely with Access Departments to ensure timely screening processes continue to be in place
- Work closely with SUD Treatment providers to ensure effective and efficient processes are in place for timely admissions
- Knowledge of local resources to support priority population needs
- Establish and maintain effective working relationships with regional staff, SUD providers and State contacts
- Act as PIHP liaison with local MDOC supervisors and agents; regular communication with the MDOC, including probation/parole offices, to look for opportunities to collaborate and improve services for individuals returning to the community
- Provide regular outreach to community organizations and providers to raise awareness of services available
- Collaborate with Clinical Treatment Coordinator to clarify and resolve issues and ensure services are provided as contracted
- Provide consultation to treatment provider staff, CMH staff, hospital staff and court staff; analyze information to facilitate connection to necessary treatment, and plan or coordinate follow-up or aftercare programs for individuals to be discharged from treatment programs
- Enter data into electronic health record if needed

- Maintain data tracking for individuals served and submit quarterly data to MDHHS.
- Run reports in electronic health record daily, monthly and quarterly to ensure timeliness is occurring in real time, weekly/monthly to monitor and ensure Access and providers are ensuring timely services and following up with them as needed
- Review and analyze priority population timeliness by Access Departments and SUD provider network to ensure effective use of resources; share information with providers to verify accuracy; assess the need for additional providers and services
- Communicate with Access teams and SUD providers to ensure monitoring of dashboard metrics for regional performance related to priority populations
- Attend and participate in various state, regional and local workgroups, and other meetings to gain an understanding of MDHHS requirements, CMHPSM requirements and ensure data being provided is meeting these requirements
- Assist in identifying, analyzing, and resolving problems and possible solutions with regional systems and processes
- Assist in identifying training needs to improve data reporting; assist in designing and delivering training to SUD providers and other regional staff
- Participate in provider monitoring
- Participate in the requests for proposals (RFP) process for SUD treatment services; determine community needs, availability of services and goals for meeting needs; develop and write RFP scope of services; review and score RFPs received from bidders
- Other duties as assigned

Supervisory Responsibilities

- N/A

Education and Experience Requirements

- This position must have a Bachelor level education in a related human services field.
- At least 2 years of related experience including 2 years of substance abuse treatment services experience
- Knowledge of community resources
- Provider relations experience
- Experience working with populations with complex mental health and SUD needs

Licenses and Certifications

- Possession of a valid Driver's License is required
- CADAC preferred, or willingness to obtain CADAC during employment

Competencies Required

- Knowledge of substance use and mental health
- Knowledge of applicable laws, regulations, policies and procedures and ability to interpret and disseminate information
- Skill in resolving conflict and negotiating
- Ability to maintain composure and display tact and professionalism in all interactions
- Ability to keep commitments and take responsibility for own actions
- Ability to use an electronic health record

- Ability to organize, prioritize and plan work activities and projects to meet deadlines
- Ability to make timely decisions using sound and accurate judgment within specified constraints
- Ability to design and express ideas effectively and adapt message to audience orally and in writing
- Ability to work independently and maintain working relationships to collaborate as part of a team
- Skill in analyzing or interpreting data or information, identifying trends, detecting errors and preparing reports
- Ability to behave ethically, honestly and with integrity

Physical Demands and Work Environment

The physical demands and work environment described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Duties require sufficient mobility to work in a normal office setting and use standard office equipment including a computer, vision to read printed materials and a computer screen and hearing and speech sufficient to communicate in person or over the telephone.

Special Position Requirements

This position requires travel within the CMHPSM region and to meetings outside of the region when requested.

Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.

This document does not create an employment contract, implied or otherwise, other than an "at will" relationship.

This job description has been approved by:

Chief Executive Officer _____ Date _____

Employee signature below constitutes employee’s understanding of the requirements, essential functions and duties of the position.

Employee _____ Date _____



Regional Board Action Request – Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP) for FY2022

Board Meeting Date: October 12, 2022

Action Requested: Approve the Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP) for FY2022.

Background: The CMHPSM is committed to ensuring quality service provision through review of evidence and the monitoring of the health and welfare of the region’s recipients by developing a quality management program. Some of the key functions of a Quality Management Program includes developing and evaluating the QAPIP Program on an annual basis. The Annual Summary and Evaluation of the QAPIP is thoroughly reviewed by our regional committees and CMHSP partners.

Connection to: PIHP/MDHHS Contract, AFP, Regional Strategic Plan and Shared Governance Model

Recommend: Approval



**FY2022 Quality Assurance and Performance Improvement Plan (QAPIP)
Status Report to the CMHPSM Board
FY2022 Q1-3**

I. Overview

This report is an overview of the progress the CMHPSM region has made on the FY2022 Quality Assurance and Performance Improvement Plan (QAPIP) for FY2022 Q1-3 (October 1, 2021 – June 30, 2022). The QAPIP is a framework for quality and accountability for access to services and consumer care through the work of committees, workgroups, and performance measures. The performance projects in this plan are based on state and federal requirements, as well recommended regional projects based on more local data/trends that regional stakeholders have agreed would improve outcomes and care for the individuals we serve.

The Regional Clinical Performance Team (CPT) provides the primary implementation and oversight of the projects in the QAPIP, in partnership with other relevant regional committees. Regional CPT is comprised of appointed staff and consumer representation from each of the four counties.

II. Performance Improvement Projects (PIPs)

The state requires that each PIHP have two active performance improvement projects (PIPs) during a project cycle, with the current cycle being FY2022-FY2025. For this cycle the state required that one of the projects address racial and ethnic disparities in healthcare and health outcomes and focus on efforts to reduce/eliminate those disparities.

A. The first CMHPSM PIP project focuses on the identification of barriers and the development of targeted interventions, defined as:

- 1. Reduction of disparity rate between persons served who are African American/Black and White and miss their appointment for an initial assessment, also known as the initial BioPsychoSocial (BPS) assessment, and assist individuals in being able to schedule and keep their initial assessment for services in ways that reduce the racial disparities.**

CMHPSM conducted the necessary analysis and found a racial/ethnic disparity in our region with individuals not attending their initial assessment to access CMH services. Data indicated that the Black/African American population had a statistically significant higher rate of these missed appointments than the White/Caucasian population.

The state deemed FY2022 a gap year, in which barriers are to be identified, interventions to be defined, and what data will be collected and analyzed. PIHPs will not be held to performance measures and showing improvements compared to baseline data until FY2023.

Baseline data CMHPSM will use for this project includes Michigan Mission Based Performance Indicators (MMBPIS) Indicator #2a: *The percentage of new persons during the quarter receiving*

a completed bio-psycho-social assessment within 14 calendar days of a non-emergency request for service.

As of the end of FY2022 Q3 specific interventions to reduce the barriers that affect the racial disparities with this project have been developed and tracking of that data is set to begin 1/1/2023. The interventions include offering same day appointments, increasing types of reminder outreach, providing transportation assistance, providing staff education and scripts that are less stigmatizing, provide staff education on racial disparities and stigma in accessing behavioral health services.

The baseline data by which CMHPSM is establishing this PIP are based on FY2021 Q1-2 seen below as the racial disparity between the two populations in the percent of no-shows for the initial bio-psycho-social.

Initial Intake No-Show Rate, Black/African American:	167/728	= 22.9%
Initial Intake No-Show Rate, White:	326/2667	= 12.2%
Disparity: D = 22.9% - 12.2%		= 10.7%

Two of the counties in the CMHPSM region - Monroe and Washtenaw – have racial disparity in this indicator that meets statistically significant standards for reliable data. With this analysis, the Regional CPT Committee determined that Monroe and Washtenaw CMHSPs will be the leads in determining the interventions for the regions PIP project #1.

Both Lenawee and Livingston CMHSPs will still create and enact their own selected interventions that addresses the same overall access issue with CMHPSM PI project #2.

- B.** The state allowed PIHP regions to choose their topic for the second PIP project with no conditions. Since the analysis for the first PIP project involved the multiple risks that occur for people who do not access needed behavioral health care, the Regional CPT Committee agreed that addressing access to the initial assessment for all populations.

2. Overall increase in performance in new persons receiving a completed bio-psycho-social initial assessment within 14 calendar days of a non-emergency request for service.

This project also focuses on no-show rates related to MMBPIS Indicator 2 and will implement interventions to improve this overall rate while supporting PIP Project #1 (reducing the disparity in no-shows for this indicator).

FY2022 data will be reviewed as baseline data with performance thresholds set in FY2023.

IV. Michigan’s Mission-Based Performance Indicators (MMPBIS)

MDHHS indicators are established in the MDHHS PIHP contract and reported quarterly by the CMHPSM, with the values of improving access to services and reducing inpatient recidivism. Most indicators are held to the required thresholds of 95% or above, except inpatient discharges re-admitted within 30 days, which is below 15%.

Indicator Descriptions:

Indicator 1a. Percentage of New Persons Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition Was Completed Within Three Hours

Indicator 2*: The Percentage of New Persons During the Quarter Receiving a Completed Biopsychosocial Assessment within 14 Calendar Days of a Non-emergency Request for Service

Indicator 2e*: The Percentage of New Persons During the Quarter Receiving a Face-to-Face Service for Treatment or Supports Within 14 calendar days of a Non-emergency Request for Service for Persons with Substance Use Disorders

**Since the state stopped allowing exceptions for Indicators 2 and 2e, the state is in the process of setting new performance thresholds for these indicators.*

Indicator 3: Percentage of New Persons During the Quarter Starting any Medically Necessary On-going Covered Service Within 14 Days of Completing a Non-Emergent Biopsychosocial Assessment

Indicator 4: Percentage of Persons Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow-up Care Within 7 Days 95% Standard

Indicator 4b: Percentage of Discharges from a Substance Abuse Detox Unit Who are Seen for Follow-up Care Within 7 Days

Indicator 5: Percentage of Area Medicaid Recipients Having Received PIHP Managed Services

Indicator 10b: Percentage of Persons Readmitted to Inpatient Psychiatric Units Within 30 Calendar Days of Discharge From a Psychiatric Inpatient Unit

FY2022 Q1-3 Results:

Overall performance in FY2022 Q1-3 were generally met. Indicator #4: Percentage of Persons Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow-up Care Within 7 Days fell below the 95% benchmark for FY2022 Q1 and Q2. Interventions and corrective measure taken show meeting and exceeding the benchmark in FY2022 Q3.

Findings related to Indicator #2 were affected by the state no longer allowing exceptions in data cleaning, (such as consumers choosing an appointment date outside of the timeframes or rescheduling an appointment, and factors related to the COVID-19 pandemic. The CPT Committee oversees correction plans for these areas that are within 30 days of the quarter if a CMH falls below the benchmark. Corrections that involve staff error including retraining of staff.

CMHPSM MMBPIS Indicators

Cells highlighted in yellow indicate that the rate is less than 70% but there is no state threshold.

Indicator # and Population		2022_Q1		2022_Q2		2022_Q3	
1 Child	CMHPSM Total	(165/167)	98.80%	(150/151)	99.34%	(137/138)	99.28%
		(164/166)	98.80%	(149/150)	99.33%	(133/134)	99.25%
1 Adult	CMHPSM Total	(591/595)	99.33%	(607/614)	98.86%	(589/597)	98.66%
		(567/571)	99.30%	(585/592)	98.82%	(565/572)	98.78%
2 MI Child	CMHPSM Total	(207/306)	67.65%	(282/408)	69.12%	(202/317)	63.72%
		(199/292)	68.15%	(259/370)	70.00%	(191/295)	64.75%
		(85/133)	63.91%	(142/218)	65.14%	(99/167)	59.28%
	Washtenaw	(84/129)	65.12%	(124/187)	66.31%	(91/150)	60.67%
2 MI Adult	CMHPSM Total	(243/379)	64.12%	(412/778)	52.96%	(361/631)	57.21%
		(220/344)	63.95%	(327/618)	52.91%	(307/539)	56.96%
2 DD Child	CMHPSM Total	(49/69)	71.01%	(81/105)	77.14%	(55/84)	65.48%
		(49/68)	72.06%	(80/101)	79.21%	(54/79)	68.35%
2 DD Adult	CMHPSM Total	(20/36)	55.56%	(29/41)	70.73%	(25/40)	62.50%
		(19/32)	59.38%	(27/35)	77.14%	(23/37)	62.16%
2 SUD	CMHPSM Total	(708/1087)	65.13%	(636/1012)	62.85%	(636/1074)	59.22%
3 MI Child	CMHPSM Total	(158/215)	73.49%	(204/302)	67.55%	(192/263)	73.00%
		(152/208)	73.08%	(188/280)	67.14%	(184/250)	73.60%
3 MI Adult	CMHPSM Total	(189/234)	80.77%	(288/381)	75.59%	(313/424)	73.82%
		(178/219)	81.28%	(245/322)	76.09%	(265/366)	72.40%
3 DD Child	CMHPSM Total	(58/68)	85.29%	(69/87)	79.31%	(61/67)	91.04%
		(58/68)	85.29%	(69/86)	80.23%	(59/65)	90.77%
3 DD Adult	CMHPSM Total	(16/29)	55.17%	(26/36)	72.22%	(29/31)	93.55%
		(16/28)	57.14%	(24/34)	70.59%	(28/30)	93.33%
4 Child	CMHPSM Total	(35/39)	89.74%	(26/28)	92.86%	(41/41)	100.00%
		(35/39)	89.74%	(26/28)	92.86%	(41/41)	100.00%
4 Adult	CMHPSM Total	(167/175)	95.43%	(154/164)	93.90%	(154/156)	98.72%
4 SUD	CMHPSM Total	(80/81)	98.77%	(109/113)	96.46%	(107/107)	100.00%
10 Child	CMHPSM Total	(2/39)	5.13%	(0/33)	0.00%	(3/48)	6.25%
10 Adult	CMHPSM Total	(29/231)	12.55%	(21/236)	8.90%	(21/215)	9.77%
5 All	CMHPSM Total	(106/632)	16.77%	(129/877)	14.71%	(62/781)	7.94%

V. Regional Customer Services: Consumer Experience with Services and Supports

For FY2022 the Regional Customer Services committee ended their focus on experiences with telehealth and resumed satisfaction survey questions that addressed overall experiences.

A. Satisfaction Survey FY2022 Results

The FY2022 Satisfaction Survey results are currently being analyzed and recommendations to be presented to Regional CPT Committee and the Regional Consumer Advisory Committee. Questions and general results are below:

Survey Question	Response Rate Yes
I feel the agency is a comfortable place	94.46%
I feel respected when I call or see my CMH staff	96.41%
My phone calls are returned by the next day	87.29%
I saw my CMH staff within 15 minutes of my appointment	94.44%
I decide what is important when working with my CMH staff	93.91%
I understood what my CMH staff said today	98.33%
My CMH staff helps to achieve my goals	89.44%
My CMH Staff follow up about my physical health needs	80.89%
I feel able to complain or disagree with my CMH staff	91.14%
I know how to file a complaint	64.64%

Once the analysis is presented and recommendation completed the Regional Customer Services Committee will determine any performance improvement projects and share results with persons served and stakeholders through newsletters, committee updates, and annual reports.

B. CMHPSM Grievance Data

The following is the grievance data per quarter for FY2022 Q1-3. The highest rate of grievances was related to Access and Availability and Quality of Care.

FY2022 Q1	Lenawee	Livingston	Monroe	Washtenaw	PIHP Total
Grievance Type					
Accommodations	0	0	0	0	0
Financial/Billing	0	0	0	0	0
Provider Choice	10	1	0	2	13
Quality of Care	2	14	13	2	31
Access and Availability	3	4	5	2	14
Service Timeliness	0	1	0	0	1
Service Environment	2	0	0	0	2
Other	0	1	0	0	1
Total	17	21	18	6	62

FY2022 Q2	Lenawee	Livingston	Monroe	Washtenaw	PIHP Total
Grievance Type					
Accommodations	1	0	0	0	1
Financial/Billing	0	0	0	1	1
Provider Choice	4	1	0	1	6
Quality of Care	5	8	13	4	30
Access and Availability	0	1	3	2	6
Service Timeliness	0	1	0		1
Service Environment	0	0	0	0	0
Other	0	1	0	0	1
Total	10	12	16	8	46
FY2022 Q3	Lenawee	Livingston	Monroe	Washtenaw	PIHP Total
Grievance Type					
Accommodations	0	0	0	0	0
Financial/Billing	0	0	0	0	0
Provider Choice	0	1	0	1	2
Quality of Care	3	4	13	2	22
Access and Availability	3	1	12	3	19
Service Timeliness	0	0	0	0	0
Service Environment	0	1	0	0	1
Other	0	1	0	0	1
Total	6	8	25	6	45

C. CMHPSM Consumer Appeals Data

Consumer appeals data is maintained and monitored by the Fair Hearings Officers and regional representatives of the CMHPSM Utilization Management/ Review Committee. In FY2022 this committee partnered with Regional Customer Services and the Regional Consumer Advisory Committees (RCAC) to review what appeals data is collected quarterly, and what data would be meaningful for their analysis of consumer experiences. Based on that process data sets were identified, and a summary report developed. RCAC requested trends related to types of services and populations affected.

FY2022	Appeals	Upheld	Reversed	Withdrawn/ Dismissed	SUD Cases
Quarter 1	16	7	9	0	0
Quarter 2	4	3	1	0	0
Quarter 3	5	1	4	0	0
Totals	25	11	14	0	0

There was a significant reduction in appeals from the onset of the fiscal year into Quarter 3. Potential causes for this reduction are being reviewed, including access to and use of the appeals system with the need for audio/visual appeals during the pandemic, and how information is shared with persons served as a result of pandemic related communication changes.

D. National Core Indicators for Michigan

The National Core Indicators (NCI) program is a voluntary effort by state developmental disability agencies to track their performance using a standardized set of consumer and family/guardian surveys with nationally validated measures. The NCI provides an in-Person Survey to be used with adults with IDD age 18 and older. Areas included in the survey are: Residential Designation, Choice and Decision-Making, Work, Self-Direction, Community Inclusion, Participation and Leisure, Relationships, Satisfaction, Service Coordination, Community Access, Health, Wellness, Safety, Rights and Respect. There was no current data available during FY2022 for analysis.

VI. Recovery Self-Assessment (RSA)

The Recovery Self-Assessment Survey (RSA) survey assesses how effectively substance-use disorder (SUD) and community mental health (CMH) providers implement recovery focused services from the perspective of consumers, providers, and administrative staff, and is overseen by the CMHPSM Regional Co-Occurring Workgroup.. The survey was designed with the intent to accurately gain feedback from a variety of perspectives: Persons Served, Provider Staff, and Administrators.

Each survey was broken down into six domains: 1. Life Goals, 2. Involvement, 3. Diversity of Treatment Options, 4. Choice, 5. Individually Tailored Services, and 6. Inviting Space. Each survey question contained an answer choice based on a 5-point Likert Scale.

The FY2022 survey is in the process of being administered, with analysis of results expected at the end of the fiscal year and will be included in the FY2022 QAPIP Evaluation report.

VII. Shared Metrics Projects Between the CMHPSM, CMHSPs and the Michigan Medicaid Health Plans (MHPs) Joint Metrics

A. Care Coordination for High Consumer Utilizers Project

This project involves case coordination between the CMHPSM and MHPs of high-risk cases. In FY2022 Q1-3 the CMHPSM continued to meet this indicator by meeting monthly with MHPs to review consumers with high risk or high utilization of services, and potential interventions to better serve and stabilize those consumers.

B. Performance Bonus Joint MHP/PIHP Metrics

1. Follow-up after Hospitalization for Mental Illness (FUH)

This project monitors follow up after hospitalization for individuals (aged 6 and older) with a mental health diagnosis.

The CMHPSM continues to perform in this metric for both child and adults and measure above the Michigan Medicaid total with a benchmark set at 50%, with adult rates of 65.55% and children rates of 87.96%

2. Follow up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA) (baseline)

The indicator measures consumers 13 years and older with an Emergency Department (ED) visit for alcohol/drug dependence that had a follow up visit within 30 days, as a metric the PIHPs share with Medicaid Health Plans (MHPs). The most recent data from 12/31/2021 shows that the CMHPSM continues to be above the overall state average at 23.78% but is still below the benchmark of 27%. This is in part due to specific CMH and SUD services not included in the data even when follow up is occurring and barriers to the PIHP system being informed of persons in the ED with these needs.

VIII. PIHP-Only Performance Bonus Measures

A. IET: Initiation and Engagement of alcohol and other drug abuse or dependence treatment

This project has two measures for individuals ages 18 to 64 related to access in the SUD service system:

- 1) Percentage who initiated treatment within 14 days of an SUD diagnosis (initial assessment).
- 2) Percentage of beneficiaries who received services within 34 days of the initiation visit.

There is a significant delay in accessing this data from the State, with most current data dated from 12/30/2021.

The CMHPSM has begun to track, trend overall percentages, and statistically significant disparities. At CMHPSM's 38.89% rate, our region continues to stay above the total Michigan Medicaid rate of 38.59%. The state did not set required benchmarks for these indicators in FY2022.

B. BHTEDS: Behavioral Health Treatment Episode Data Set and Veteran Services Navigator

CMHPSM receives pay for performance by the state to improve and maintain data on BHTEDS military and veteran fields. This project uses BHTEDs to identify consumers eligible for case management of Veteran's Administration services. The FY2022 state report was submitted on time. Project analysis includes cross comparisons of veteran-related data to veteran navigator (VN) referrals. To improve performance, CMHPSM Information Management and veteran navigator staff are working on ways to better track identifiers in the electronic health record that support increasing referrals to the VN project, and to provide education and outreach to CMH Access departments on making VN referrals.

IX. Critical Incident and Sentinel Event Data

CMHPSM reviews quarterly critical, sentinel, and risk event data for trends, compliance with policy procedures and timeframes, use of root cause analyses where applicable, and potential performance improvement projects. There have been improvements data entry that is timely and meets since FY2022.

X. Behavior Treatment Data

The Clinical Performance Team reviews behavior treatment data quarterly where intrusive or restrictive techniques have been approved and used with beneficiaries. Data includes number of interventions and length of time the interventions were used per individual. In FY2022 Q1-2, CPT revised this review to identify where interventions were used three or more times in a 30-day period and provide guidance to local Behavior Treatment Committees on reviewing the consumer's plan for potential revisions to reduce the number of interventions. The analysis of this data is pending and will be included in the FY2022 QAPIP Evaluation report.

XI. Compliance and Quality Review

A. External Quality Review (EQR) - Compliance Monitoring Review of Standards

The EQR Compliance review is a three-year cycle in which half the Medicaid Managed Care standards are reviewed year one, the second half of standards reviewed year two, and a corrective action plan review for all standards in year three.

The FY2022 review of CMHPSM was conducted by Health Services Advisory Group (HSAG) in July 2022 with a review of standards: Grievance and Appeals Systems, Provider Selection, Confidentiality, Sub-contractual Relationships and Delegation, Practice Guidelines, Health Information and QAPIP. The results of the FY2022 HSAG EQR Compliance Review are still pending.

B. External Quality Review (EQR) - Validation of Performance Measures (Information Systems Capabilities Assessment Tool)

HSAG conducted the performance measure validation remotely for FY2022, validating data collection and reporting processes used to calculate performance indicator rates. The review was completed June 22nd and the region met requirements, with results including:

Strengths: How the region tracks access data directly in CRCT for all populations (including SUD) that reduces the risk of human error and allows nearly real-time oversight of data

Overall strength in our partnerships and consistent processes and systems used across all of its CMHSPs which ensures standardization in how all of the CMHSPs document within information systems supporting.

Opportunities: Minimal staff data errors.

C. External Quality Review (EQR) - Validation of Performance Improvement Projects (PIPs)

CMHPSM submitted the new PIP submission for the FY2022-25 as required in July 2022, which includes baseline measurements, barriers, interventions, and data analysis for PIP Project #1 The results of whether this submission met EQR requirements are still pending.

XII. Enhanced Compliance Monitoring

A. PIHP Compliance Review of the CMHSPs

For FY2022 the CMHPSM is implementing the new monitoring tool created in FY2021 to focus on updated state and federal managed care requirements and delegated functions, with reviews currently in progress. Review of functions delegated to the CMHSPs including clinical compliance, utilization management, network management, performance improvement.

A specific review of CMH and SUD access was initiated in FY2022 for all four CMHSPs and is also in process. Outcomes of these reviews will be included in the FY2022 QAPIP Evaluation report to the CMHPSM Board.

B. PIHP FY2022 Substance Use Disorder (SUD) Prevention Provider Monitoring

The CMHPSM conducted on site monitoring of SUD providers in FY2022 for all contractual and compliance requirements. Data analysis is being compiled and Outcomes of these reviews will be included in the FY2022 QAPIP Evaluation report to the CMHPSM Board.

C. PIHP FY2022 Substance Use Disorder (SUD) Prevention Provider Monitoring

CMHPSM FY2022 monitoring of prevention providers was completed September 2022. A statewide group is working on developing a statewide prevention monitoring tool for our monitoring and will have the ability to customize the monitoring to fit our needs as we deem fit.

D. Modernization of the Region's Electronic Health Record

Multiple enhancements were made to the system including to modules for Grievances and Appeals, Adverse Benefit Determination, Incident reporting, Letters, tracking of compliance with state waiver changes, and Performance Indicators. Some of the items are still in the early stages of implementation and continue to be re-configured to best meet state and federal requirements, the individuals we serve and those employees who utilizes these areas. Security and privacy updates were made as needed.

Regional Board Officers List

*Regional Board officer elections take place in October

FY 2022		
Chair	S. Slaton	Livingston
Vice-Chair	J. Ackley	Lenawee
Secretary	Sandra Libstorff	Monroe
FY 2021		
Chair	S. Slaton	Livingston
Vice-Chair	C. Richardson	Washtenaw
Secretary	J. Ackley	Lenawee
FY 2020		
Chair	S. Slaton	Livingston
Vice-Chair	C. Richardson	Washtenaw
Secretary	J. Ackley	Lenawee
FY 2019		
Chair	C. Londo	Monroe
Vice-Chair	S. Slaton	Livingston
Secretary	J. Ackley	Lenawee
FY 2018		
Chair	R. Tillotson	Lenawee
Vice-Chair	C. Londo	Monroe
Secretary	R. Garber	Livingston
FY 2017		
Chair	R. Tillotson	Lenawee
Vice-Chair	C. Londo	Monroe
Secretary	B. Cox	Livingston
FY 2016		
Chair	G. Lane	Monroe
Vice-Chair	L. Berry-Bobovski	Livingston
Secretary	B. Wilson	Lenawee
FY 2015		
Chair	G. Lane	Monroe
Vice-Chair	P. Ball	Washtenaw
Secretary	L. Berry Bobovski	Livingston
FY 2014		
Chair	G. Lane	Monroe
Vice-Chair	J. Plas	Livingston
Secretary	B. Wilson	Lenawee

The officers of this Board shall be Chairperson, Vice-Chairperson, and Secretary.

- Only one individual from each Partner may serve as an officer.
- The CMHPSM officers shall have one-year terms, or until such time as their successors are duly elected.
- Officers shall not serve more than 3 consecutive terms.
- To ensure that the Chairpersonship rotates, upon the completion of a third term serving as chairperson, a new Chairperson shall be an individual affiliated with another Partner.

FY2021-23 CMHPSM Strategic Plan Metrics / Milestones

The CMHPSM will report to the CMHPSM Board on a semi-annual basis on strategic plan metrics and milestones.

Current Report:
#4
9/30/2022

Summary: The following table indicates whether the current metric for the reporting period was either not applicable, Fully Met, Partially Met, In-Process or Not Met. Each overall strategic plan goal has one or more metrics assigned to it for each fiscal year covered in the strategic plan.

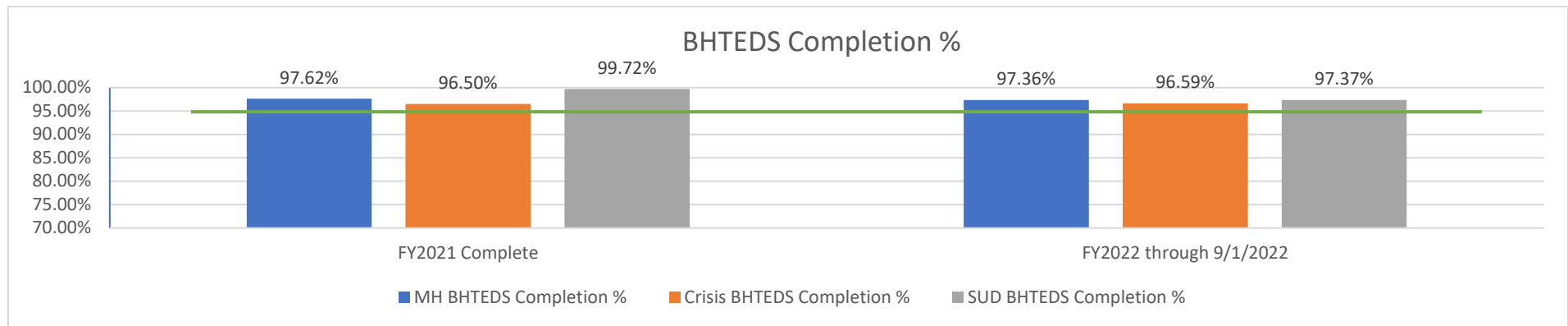
Summary

Strategic Plan Goal	Metrics Report 1: 3/31/2021	Metrics Report 2: 9/30/2021	Metrics Report 3: 3/31/2022	Metrics Report 4: 9/30/2022	Metrics Report 5: 3/31/2023	Metrics Report 6: 9/30/2023
#1	N/A	Metric Partially Met	Revised Metric In-Process	Revised Metric Fully Met		
#2	N/A	N/A	Metric In-Process	Metric In-Process		
#3	Metric Fully Met	Metric Fully Met	Metric In-Process	Metric Fully Met		
#4	N/A	Metric Not Met	Metric In-Process	Metric Fully Met		
#5	N/A	Metric Partially Met	Revised Metric In-Process	Revised Metric Fully Met		
#6	N/A	Metric Fully Met	Metric Fully Met	Metric Fully Met		
#7	Metric Fully Met	Metric Fully Met	Metric In-Process	Metric Partially Met		
#8	Metric Fully Met	Metric Fully Met	Revised Metric Fully Met	Revised Metric Fully Met		
#9	Metric Fully Met	Metric Fully Met	Metric In-Process	Metric Fully Met		
#10	Metric Fully Met	Metric Fully Met	Metric Fully Met	Metric Fully Met		
#11	Metric Fully Met	Metric Fully Met	Revised Metric In-Process	Revised Metric Fully Met		

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #4 9/30/2022: Revised FY2022 Metric Fully Met
<p>#1. Improve working relationships and financial expertise within our system, which includes the CMHPSM, regional CMHSPs and external service providers. (Lead Finance)</p>	<p>Conduct an in-depth analysis of the top 1-5 CPT service codes that account for the most service cost by Q4 of FY2021.</p>	<p>Conduct an in-depth analysis of the top 6-10 CPT service codes that account for the most service cost by Q4 of FY2022.</p> <p>Revised Metric: The ECC workgroup will focus it's monthly meetings on FY2022 code and modifier changes that are being implemented at the State level.</p>	<p>Original Metric: Conduct an in-depth analysis of the top 11-15 CPT service codes that account for the most service cost by Q4 of FY2023.</p> <p>Revised Metric: The ECC workgroup will focus it's monthly meetings on FY2023 code and modifier changes that are being implemented at the State level.</p>	<p>The ECC workgroup continues to meet and the group transitioned our focus to the many service coding changes that are to be implemented in this current fiscal year or FY2023. Current work centers around our skill building services (H2014) and a survey was recently released around this potential code and modifier reimbursement model revision. To some extent this goal has been altered by MDHHS mandated changes which are pre-empting internal analyses as originally planned.</p>

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #4 9/30/2022: FY2022 Metric In-Process
<p>#2. Increase the contribution amount to the CMHPSM Internal Service Fund (ISF) each year until the ISF is fully funded. (Lead Finance)</p>	<p>Increase contribution amount level over FY2020.</p>	<p>Increase contribution amount level over FY2021 until the ISF is fully funded.</p>	<p>Increase contribution amount level over FY2022 until the ISF is fully funded.</p>	<p>The CMHPSM is beginning the process of closing out FY2022 which ended on 9/30/2022. While we expect to have a full ISF, close out from FY2022 is still yet to be completed.</p> <p>The CMHPSM is projecting to have a fully funded ISF when closeout is completed.</p>

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #4 9/30/2022: FY2022 Metric Fully Met
#3. Improve the comprehensiveness and validity of the health data within our regional electronic health record: CRCT. (Lead IM)	Maintain overall BHTEDS completion rates to state 95% standard during FY2021. Improve crisis encounter BHTEDS completion to 80% during FY2021.	Maintain overall BHTEDS completion rates to state 95% standard during FY2022. Improve crisis encounter BHTEDS completion to 85% during FY2022.	Maintain overall BHTEDS completion rates to state 95% standard during FY2023. Improve crisis encounter BHTEDS completion to 95% during FY2023.	The CMHPSM and the partner CMHSPs have maintained overall BHTEDS completion rates above the 95% standard for both mental health, crisis, and SUD encounters in FY2022 after doing so in FY2021.



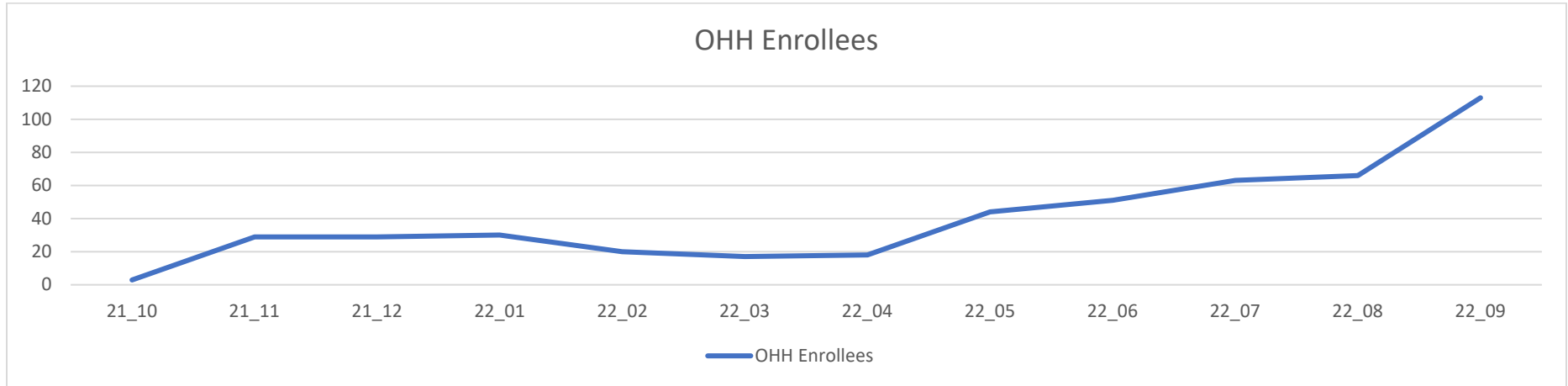
Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #4 9/30/2022: FY2022 Fully Met
#4. Improve the user experience for all users of our regional electronic health record: CRCT. (Lead: IM)	Create and release a CRCT user survey by Q3 of FY2021 to establish a user satisfaction baseline.	Re-issue a CRCT user survey by Q3 of FY2022 and maintain or increase user satisfaction scores over FY2021.	Re-issue a CRCT user survey by Q3 of FY2023 and maintain or increase user satisfaction scores over FY2022.	The CRCT user survey was released in November 2021 after this metric was delayed from FY2021, and results of the survey have been discussed at subsequent EHR Operations Committee meetings. This survey will act as the baseline satisfaction level with CRCT. Moving forward we will utilize the information obtained through this process to continually improve our electronic health record CRCT.

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #4 9/30/2022: Revised Metric Fully Met
<p>#5. Improve the financial stability and service capacity of our regional provider network. (Lead: Operations/Finance)</p>	<p>Conduct an in-depth analysis of the top 1-5 CPT service codes that account for the most service cost by Q4 of FY2021.</p>	<p>Conduct an in-depth analysis of the top 6-10 CPT service codes that account for the most service cost by Q4 of FY2022.</p> <p>Revised Metric: Maintain regional provider stability by passing through premium pay funding and provider stabilization funding when available.</p>	<p>Conduct an in-depth analysis of the top 11-15 CPT service codes that account for the most service cost by Q4 of FY2023.</p> <p>Revised Metric: Maintain regional provider stability by passing through premium pay funding and provider stabilization funding when available.</p>	<p>The CMHPSM region has passed through 88.1% of direct care worker premium pay in FY2021 and projects to spend to a similar level in FY2022 after closeout. During FY2022 the CMHPSM and our partner CMHSPs issued retro rate adjuster stabilization payments of 15% in FY2022 Q1 & Q2 and 20% in Q3 and Q4.</p> <p>The encounter costing and coding group continues to work through procedural code modifier and costing changes, related to the original metric.</p>

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #4 9/30/2022: Metric Fully Met
<p>#6. Improve documentation for all critically important CMHPSM functions. (Lead: Operations)</p>	<p>Review and approve process and procedure documentation for 100% of critically important functions by Q3 of FY2021.</p>	<p>Assess 100% of critically important process and procedure documentation for needed updates by Q3 of FY2022.</p>	<p>Assess 100% of critically important process and procedure documentation for needed updates by Q3 of FY2023.</p>	<p>All CMHPSM staff persons have been working on process and procedure documents related to critical functions. The CMHPSM leadership team is continuing to review and approve the processes and procedures that are developed. Existing processes and procedures are continually updated as needed.</p>

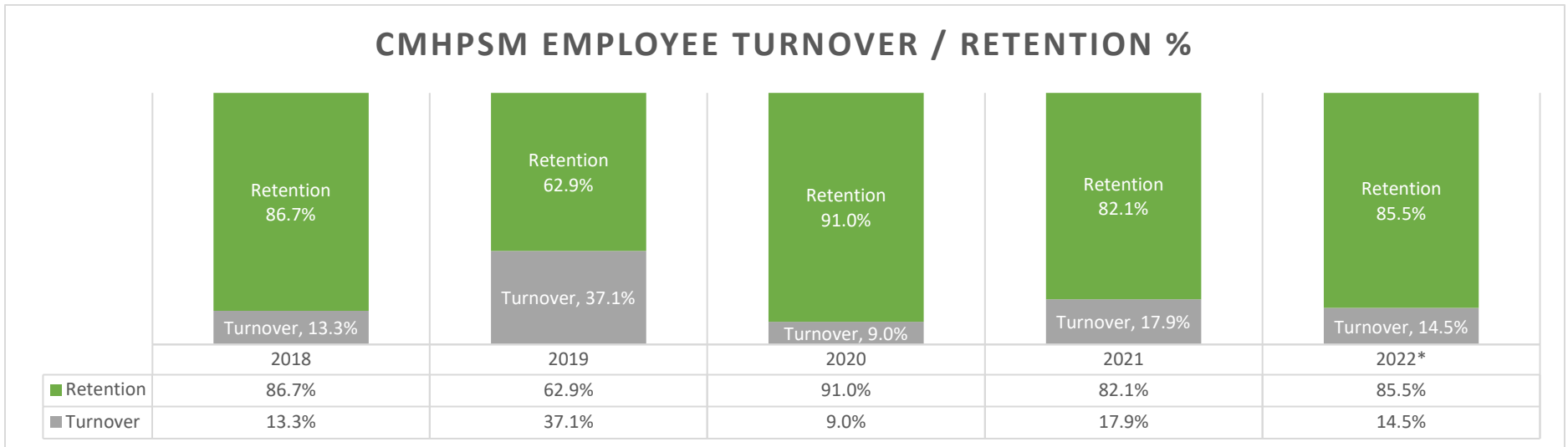
Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #4 9/30/2022: FY2022 Metric Partially Met
<p>#7. Improve regional compliance reviews to support components of the quadruple aim. (Lead: Operations)</p>	<p>Revise all compliance monitoring tools by end of Q1 of FY2021.</p>	<p>Revise all compliance monitoring tools by end of Q1 of FY2022.</p> <p>Create and issue provider survey for entities that are audited by the CMHPSM by Q4 of FY2022</p>	<p>Revise all compliance monitoring tools by end of Q1 of FY2023.</p> <p>Assess provider survey results for entities that are audited by the CMHPSM for areas of improvement to revise FY24 monitoring tools and processes.</p>	<p>The CMHPSM operations department led by CJ Witherow revised all monitoring tools to maintain compliance while increasing the efficiency and effectiveness of the reviews. CJ Witherow worked with the compliance committee, network management committee and key PIHP/CMHSP staff on these revisions wherever appropriate.</p> <p>A survey related to compliance has been delayed and was not completed in FY2022.</p>

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #4 9/30/2022: Revised Metrics Fully Met
<p>#8. Improve the capacity, effectiveness, and quality of SUD services. (Lead: SUD)</p>	<p>Assess regional SUD access across core providers.</p>	<p>Original Metric: Issue RFP for delegated core provider functions by Q2 FY2022. Develop timeline for procuring additional core provider functions during FY2022.</p> <p>Revised Metrics: Redesign Core Provider/Access process in Washtenaw County to align with other counties and increase access to services</p> <p>Expand programs to address SUD Strategic Plan, emerging issues and health disparities (Opioid Health Homes, community-based programs, youth programs)</p>	<p>Original Metric: Continue the re-design and procurement of the SUD core provider system.</p> <p>Revised Metric: Re-evaluate SUD services with regional community input to determine any improvements made and identify new or ongoing gaps in services.</p>	<p>On 1/1/2022 the CMHPSM transitioned to align Washtenaw core provider access with Lenawee, Livingston, and Monroe counties after assessing options in Washtenaw.</p> <p>The CMHPSM expanded programming in conjunction with the SUD strategic plan. During FY2022 the CMHPSM expanded our Opioid Health Home program to multiple providers. We have been managing a multitude of grant-based revenue sources related to programs as well.</p>



Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #4 9/30/2022: FY2022 Metric Fully Met
<p>#9. Ensure that the Regional SUD Strategic Plan is effectively implemented, and associated outcomes are monitored and reported to the OPB and Regional Boards. (Lead SUD)</p>	<p>Develop charge for SUD Operations Committee by Q1FY2021.</p> <p>Assess 100% of strategic initiative programming delivered semi-annually during FY2021.</p>	<p>Assess 100% of strategic initiative programming delivered semi-annually during FY2022.</p>	<p>Assess 100% of strategic initiative programming delivered semi-annually during FY2023.</p>	<p>The CMHPSM Substance Use Services Director has continued to join the first Regional Operations Committee meeting of each month and ROC focuses on SUD services at that meeting.</p> <p>The SUD team assessed all SUD strategic initiative programming during FY2022. The SUD Oversight Policy Board reviews these reports at their meetings.</p>

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #4 9/30/2022: FY2022 Metric Fully Met
#10. Assess CMHPSM internal human resources and related activities in conjunction with current and future potential PIHP functions. (Lead: CEO)	Develop process for employee development requests during Q1 FY2021.	Measure employee retention after implementation of employee engagement committee recommendations.	Improve or maintain employee retention percentage during FY2023.	The CMHPSM has tracked employee retention and has maintained turnover rate from 2021 during the first nine months of 2022. The CMHPSM Board approved cost-of-living adjustments for FY2023 and an adjustment to Tier 1 employees. We have evolved to a hybrid workplace which has also been helpful for employee retention and recruitment. Our FY2022 employee engagement survey results showed improvement or maintenance across all subject areas that were surveyed.



*2022 1/1/2022-9/30/2022

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #4 9/30/2022: FY2022 Metrics Fully Met
<p>#11. Implement engagement committee recommendations related to CMHPSM employee morale. (Lead: CEO)</p>	<p>Continue CEO updates and update employee handbook.</p> <p>Conduct employee satisfaction survey in February 2021.</p> <p>Conduct salary study for salary tiers by March 2021.</p>	<p>Continue CEO updates and update employee handbook during FY2022.</p> <p>Conduct employee satisfaction survey in August 2022.</p> <p>Develop formal staff on boarding process and procedure during Q1 FY2022.</p>	<p>Continue CEO updates and update employee handbook during FY2023.</p>	<p>The CMHPSM CEO has continued CEO updates through all of FY2022. Employee handbook was updated in FY2022 September 2022 and presented to the Board for review.</p> <p>Employee satisfaction / engagement survey was released in July 2022 and results were presented to the CMHPSM Board in August 2022.</p> <p>Onboarding process was documented and completed during FY2022 Q1.</p>



CEO Report

Community Mental Health Partnership of Southeast Michigan

Submitted to the CMHPSM Board of Directors
October 6, 2022 for the October 12, 2022 Meeting

CMHPSM Update

- The CMHPSM held all-staff meetings on September 12 and September 26, 2022. We are scheduled to meet in October on October 24, 2022 , our October 10, 2022 meeting will be cancelled due to a floating holiday.
- The CMHPSM leadership team is continuing to meet on a weekly basis.
- The CMHPSM hosted two MDHHS regional trainings in the past month, a children’s waiver training on September 29, 2022 and a SED waiver training on October 6, 2022.

COVID-19 Update

- The CMHPSM office entered a full hybrid office status on September 12, 2022 and remains in that status. The most recent version of the re-opening plan is continually shared with staff as it is updated.

Re-Opening Plan Phase as of October 6, 2022:

Phase:	Full Hybrid Capacity
Office:	100% Capacity Available – Office Open to Public
Projected Date Range for Phase:	September 12, 2022
Current Phase:	X

CMHPSM Staffing Update

- The CMHPSM currently has an open position that we are accepting applications for:
 - Compliance & Quality Manager
- More information and links to job descriptions and application information can be found here: <https://www.cmhpsm.org/interested-in-employment>

Regional Update

- The CMHPSM continues to update our general COVID-19 resources and information on our website: <https://www.cmhpsm.org/covid19>
- We have also established a webpage for provider information related to service delivery changes during this pandemic: <https://www.cmhpsm.org/covid19provider>
- Individuals receiving Behavioral Health and/or substance use disorder services can access targeted information at the following webpage: <https://www.cmhpsm.org/covid19consumers>
- Our regional committees continue to meet using remote meeting technology, the Regional Operations Committee will work with our committees to determine best practices moving forward related to in-person versus remote regional committee meetings.
- The Regional Operations Committee continues to meet on at least a weekly basis. The remote meetings are allowing our region to share best practices while obtaining a regional picture of our COVID-19 pandemic response.

Statewide Update

- PIHP CEO meetings are being held remotely on a monthly basis. The PIHP CEOs last met on October 4, 2022.
- The PIHP CEO / MDHHS operations meeting with MDHHS behavioral health leadership staff was held October 6, 2022. Included in the meetings are updates on the various emergency waivers and MDHHS COVID funding that impact our service delivery systems, funding, and requirements. I provide a summary of those meetings to our regional directors at our Regional Operations Committee meetings each month.
- Latest information on Michigan legislation will be shared at our Board meeting.

Future Update

- A Certified Community Behavioral Health Clinic (CCBHC) FY2022 recap report and programmatic overview presentation will be delivered by WCCMH staff at our December 14, 2022 meeting.

- CEO Updates and finance reports will be compiled and emailed to the Regional Board members for all months in which a Regional Board meeting isn't scheduled.
- Updated Regional Board Meeting Schedule for FY2023:

October 12, 2022
December 14, 2022
February 8, 2023
April 12, 2023
June 14, 2023
August 9, 2023
September 13, 2023

Respectfully Submitted,



James Colaianne, MPA