

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  
 REGULAR BOARD MEETING  
 Patrick Barrie Room  
 3005 Boardwalk Dr., Ste. 200, Ann Arbor, MI  
 Wednesday, March 9, 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 11-10-2021 and the 2-9-2022 Regular Meetings and Waive the Reading Thereof {Att. #1, 2}	2 min
V. Audience Participation (5 minutes per participant)	
VI. Old Business	20 min
a. Board Information - February Finance Report – FY2022 as of January 31 <sup>st</sup> {Att. #3}	
VII. New Business	50 min
a. Board Action – Proclamation for Greg Adams {Att. #4}	
b. Board Action – FY2022 Budget Revision {Att. #5, 5a}	
c. Board Action – FY2022 Q1 Provider Rate Adjuster Revenue {Att. #6}	
d. Board Action – FY2021 QAPIP Evaluation Summary {Att. #7,7a}	
e. Board Action – FY2022 QAPIP Plan Summary {Att. #8,8a}	
f. Board Action – Contracts {Att. #9}	
g. Board Action – SIS Position Request {Att. #10, 10a}	
h. Board Action – Operations Specialist {Att. #11, 11a}	
i. Board Information – CEO Review Committee Update	
VIII. Reports to the CMHPSM Board	20 min
a. Report from the SUD Oversight Policy Board (OPB) {Att. #12}	
b. Board Information - CEO Report to the Board {Att. #13}	
IX. Adjournment	

Supplemental Documents for Board Information:

- Full FY2021 QAPIP Evaluation
- Full FY2022 Plan

**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**

**November 10, 2021**

**\*Meeting held electronically via Zoom**



**Members Present:** Judy Ackley (Palmyra, MI), Greg Adams (Adrian, MI), Susan Fortney (physical location) (Petersburg, MI), Roxanne Garber (Howell, MI), Sandra Libstorff (Monroe, MI), Molly Welch Marahar (Ann Arbor, MI), Randy Richardville (Monroe, MI), Mary Serio (Oceola Township, MI), Sharon Slaton (Brighton Township, MI), Ralph Tillotson (Adrian, MI)

**Members Absent:** Bob King, Katie Scott

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

**Guests Present:**

- I. Call to Order  
Meeting called to order at 6:03 p.m. by Board Chair S. Slaton.
- II. Roll Call
  - An electronic quorum of members present was confirmed.
- III. Consideration to Adopt the Agenda as Presented  
**Motion by R. Tillotson, supported by S. Fortney, to approve the agenda**  
**Motion carried**  
Voice vote, no nays
- IV. Consideration to Approve the Minutes of the October 13, 2021 Regular Meeting and Waive the Reading Thereof  
**Motion by M. Welch Marahar, supported by J. Ackley, to approve the minutes of the October 13, 2021 regular meeting and waive the reading thereof**  
**Motion carried**  
Voice vote, no nays  
Molly, Judy
- V. Audience Participation  
None
- VI. Old Business
  - a. Board Review – October Finance Report – FY2021 as of September 30<sup>th</sup>
    - M. Berg presented.
- VII. New Business
  - a. September 30<sup>th</sup> Board Action – Contracts  
**Motion by R. Garber, supported by M. Welch Marahar, to authorize the CEO to execute the contracts as included within in the board action request**

**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**

Vote

Yes: Ackley, Adams, Fortney, Garber, Libstorff, Welch Marahar, Richardville, Serio, Slaton, Tillotson

No:

Absent: King, Scott

- b. Board Information – CEO Contract Authority
  - J. Colaianne advised of 2 annual invoices that were signed recently for the Community Mental Health Association of Michigan (CMHAM) and the Michigan Consortium of Healthcare Excellence (MCHE).
- c. Board Information – Draft FY2022 Risk Management Strategies
  - J. Colaianne shared the report that will be submitted to the state.
  - 2 strategies have been drafted. The difference between plans is the ability to repay the deficit with just FY2021 or both FY2021 and FY2022 surplus.

VIII. Reports to the CMHPSM Board

- a. Report from the SUD Oversight Policy Board (OPB)
  - J. Colaianne provided an overview of the October OPB meeting, which included discussions about the American Rescue Fund and SUD policies. Officer elections were also held.
  - OPB also discussed the resumption of in-person meetings beginning in January 2022, as required by the Open Meetings Act (OMA). Board members attending the meeting remotely will not be able to vote and will not count toward the quorum, starting on 1/1/22.
  - Regional Board Bylaws – J. Colaianne will review the bylaws to ensure they're in compliance with the OMA.
- b. CEO Report to the Board
  - J. Colaianne presented the CEO Report, which included updates from the CMHPSM, Region, and State. See CEO report in packet for details.

IX. Adjournment

**Motion by R. Tillotson, supported by S. Fortney, to adjourn the meeting**

**Motion carried**

Voice vote, no nays

Meeting adjourned at 6:53 p.m.

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Sandra Libstorff, CMHPSM Board Secretary

**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**

**February 9, 2022**

**\*Meeting held electronically via Zoom**



**Members Present:** Judy Ackley, Susan Fortney, Roxanne Garber, Molly Welch Marahar (phone), Randy Richardville (phone), Mary Serio, Sharon Slaton, Holly Terrill, Ralph Tillotson (phone)

**Members Absent:** Bob King, Sandy Libstorff, Katie Scott

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

**Guests Present:**

- I. Call to Order  
Meeting called to order at 6:05 p.m. by Board Chair S. Slaton.
- II. Roll Call
  - No quorum confirmed, less than the required 7 members in attendance in person.
- III. Consideration to Adopt the Agenda as Presented
  - Tabled due to the lack of a quorum.
- IV. Consideration to Approve the Minutes of the November 10, 2021 Regular Meeting and Waive the Reading Thereof
  - Tabled due to the lack of a quorum.
- V. Audience Participation  
None
- VI. Old Business
  - a. Board Review – February Finance Report – FY2022 as of December 31<sup>st</sup>
    - M. Berg presented.
- VII. New Business
  - a. Board Action – Proclamation for Greg Adams
    - K. Szewczuk provided an update on G. Adams.
  - b. Board Action – FY2022 Budget Revision
    - Tabled due to the lack of a quorum.
  - c. Board Action – FY2022 Q1 Provider Rate Adjuster Revenue
    - Tabled due to the lack of a quorum.
  - d. Board Action – FY2021 QAPIP Evaluation Summary
    - Tabled due to the lack of a quorum.
  - e. Board Action – FY2022 QAPIP Plan Summary
    - Tabled due to the lack of a quorum.
  - f. Board Action – Contracts

**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.***

- Tabled due to the lack of a quorum.
- g. Board Action – SIS Position Request
  - Tabled due to the lack of a quorum.
- h. Board Action – Operations Specialist
  - Tabled due to the lack of a quorum.
- i. Board Action – Establish CEO Review Committee
  - CEO Review Committee volunteers:
    - R. Garber. R. Tillotson and M. Serio.
  - M. Serio will chair the committee.
  - Committee will report back in March.

VIII. Reports to the CMHPSM Board

- a. Board Information – CEO Contract Authority
  - J. Colaianne provided an overview on the recent MORC contract that provides SIS training the region’s newly hired SIS Assessor.
- b. Board Information - CEO Report to the Board
  - Washtenaw CMH now manages SUD access, joining Monroe, Lenawee, and Livingston CMHs in that function. Per T. Cortes, the transition has gone very well.
  - The Regional Network Management Committee has a training site that’s been live since 12/1/22 that allows providers to do all of their training online. The PIHP pays less than \$100/month for the platform. J. Colaianne will send the board the link. S. Slaton requested that Mental Health First Aid be considered for the platform.

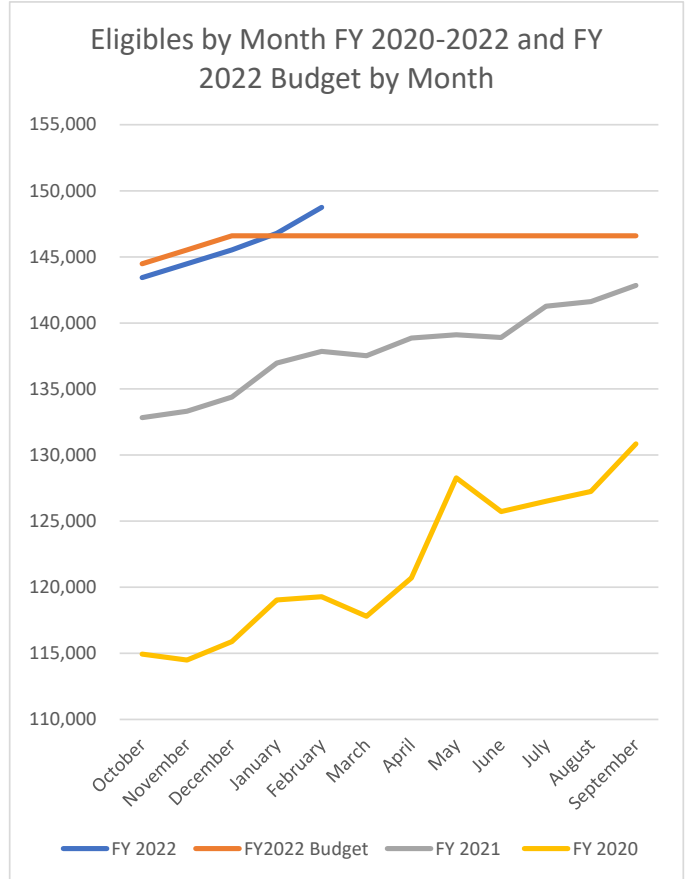
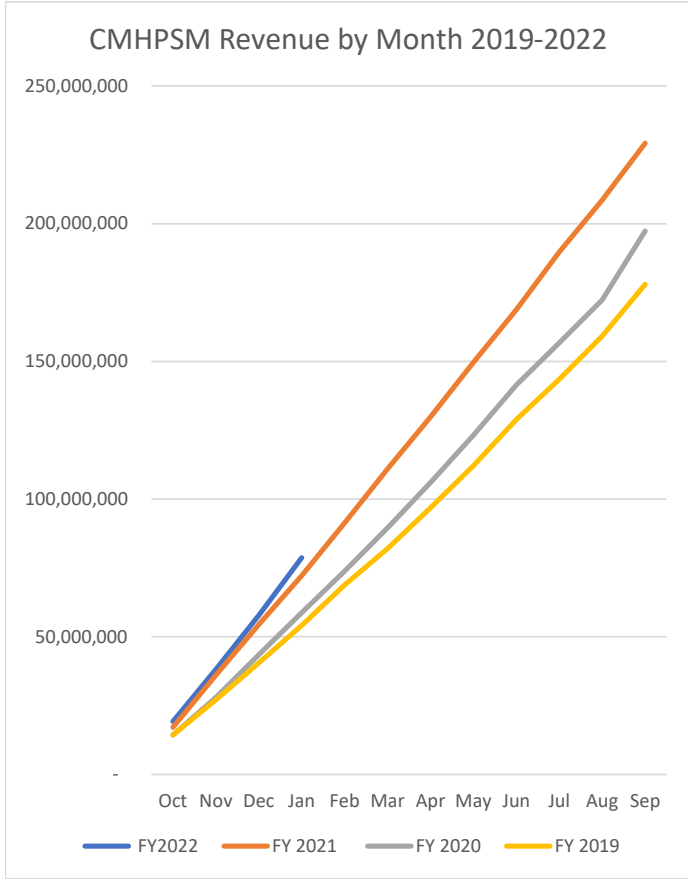
IX. Adjournment

Meeting adjourned at 6:43 p.m.

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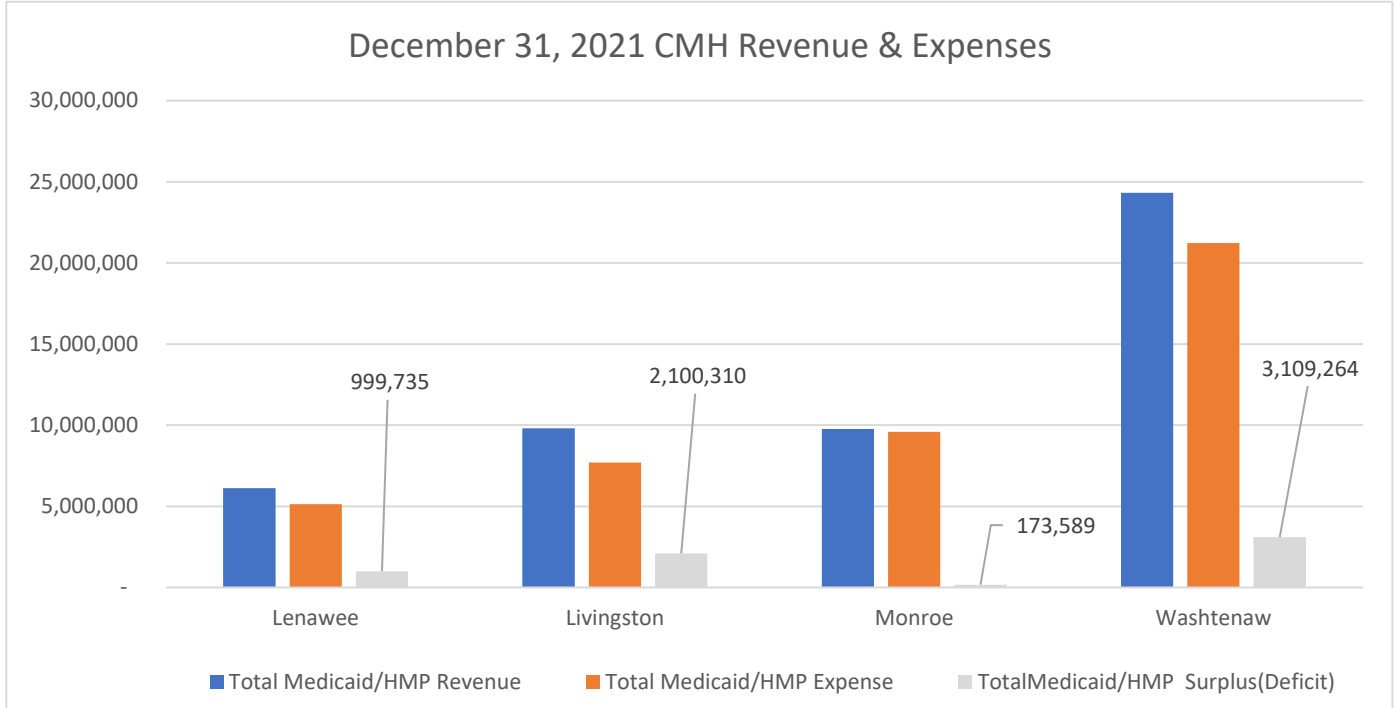
Sandra Libstorff, CMHPSM Board Secretary

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

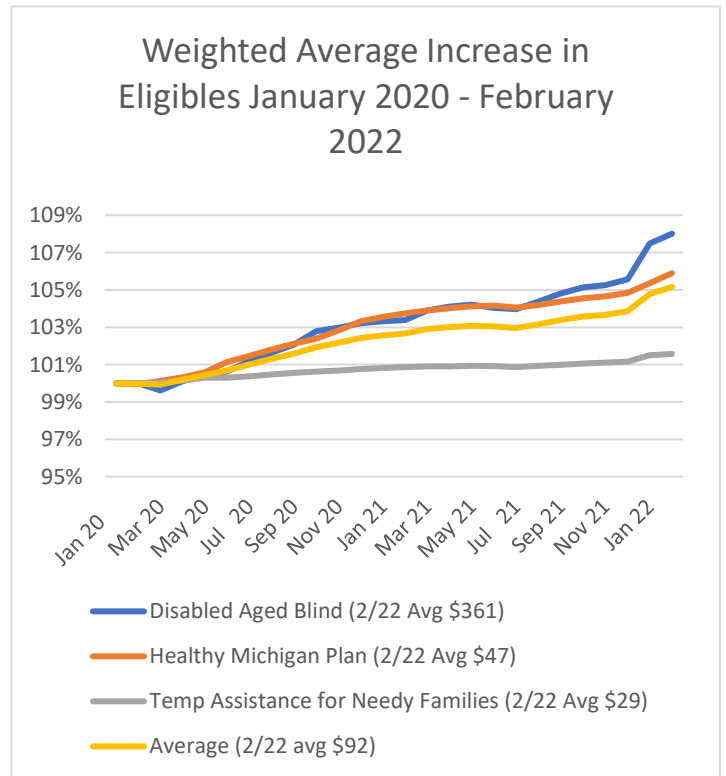
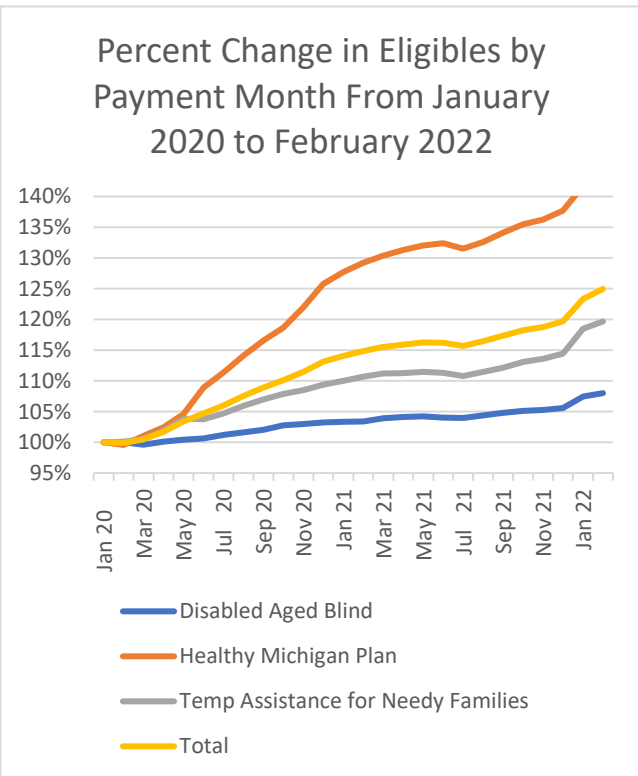


Operating Activities	Budget FY 2022	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End	Projected O(U) Budget
<b>MH Medicaid Revenue</b>	208,139,408	69,264,823	70,718,342	1,453,519	2.1%	225,780,898	17,641,490
<b>MH Medicaid Expenses</b>	200,042,833	66,453,711	68,193,651	1,739,940	-2.6%	209,792,995	9,750,162
<b>MH Medicaid Net</b>	8,096,575	2,811,112	2,524,691	(286,420)	-10.2%	15,987,903	7,891,328
<b>SUD/Grants Revenue</b>	25,318,450	7,677,378	6,798,400	(878,979)	-11.4%	23,860,931	(1,457,519)
<b>SUD/Grants Expenses</b>	21,431,797	7,007,938	6,184,780	823,158	11.7%	14,454,400	6,977,397
<b>SUD/Grants Net</b>	3,886,653	669,440	613,620	(55,821)	-8.3%	9,406,531	5,519,878
<b>PIHP</b>							
<b>PIHP Revenue</b>	3,485,088	1,161,696	1,148,479	(13,217)	-1.1%	2,945,582	539,506
<b>PIHP Expenses</b>	3,221,161	1,073,720	922,968	150,752	14.0%	2,208,180	1,012,981
<b>PIHP Total</b>	263,927	87,976	225,511	137,535	156.3%	737,402	(473,475)
<b>Total Revenue</b>	<b>236,942,946</b>	<b>78,103,897</b>	<b>78,665,221</b>	<b>561,324</b>	<b>-0.7%</b>	<b>252,587,411</b>	<b>15,644,465</b>
<b>Total Expenses</b>	<b>224,695,791</b>	<b>74,535,369</b>	<b>75,301,399</b>	<b>(766,029)</b>	<b>1.0%</b>	<b>226,455,575</b>	<b>1,759,784</b>
<b>Total Net</b>	<b>12,247,155</b>	<b>3,568,528</b>	<b>3,363,822</b>	<b>(204,706)</b>	<b>-5.7%</b>	<b>26,131,836</b>	<b>13,884,681</b>

Regional CMH Revenue and Expenses  
Regional Charts



Preliminary December 2021	Lenawee	Livingston	Monroe	Washtenaw	Region
Total Medicaid/HMP Revenue	6,128,143	9,802,130	9,761,087	24,327,289	50,018,649
Total Medicaid/HMP Expense	5,128,408	7,701,820	9,587,498	21,218,025	43,635,751
Total Medicaid/HMP Surplus(Deficit)	999,735	2,100,310	173,589	3,109,264	6,382,898



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

Summary Page

1. Operating cash was \$24,277,536 at the end of January 2022 compared to \$10,662,946 at the end of January 2021. The January 2022 number includes \$15,247 invested in CDs with the Bank of Ann Arbor.
2. Overall, the PIHP the revenue and surplus lines are within 1% of budget with the surplus exceeding budget by 5.7%.

Medicaid Mental Health

1. We are anticipating a change in capitation rates in April 2022.
2. Healthy Michigan – BH revenue is 10.2% under budget.
3. Waivers are over 7.8% higher than in the budget. This shows up as both Medicaid Revenue and Medicaid Expenses being higher than budget. All waiver revenue is passed through to the CMHs.
4. CCBHC is coming in at twice what was put into the budget.
5. The Medicaid surplus is 10.2% under budget due to the waiver pass-through.

Medicaid & Grant – SUD

1. Healthy Michigan SUD revenue is 6.5% over budget. SUD – DCW revenue is 11.9% over budget.
2. Final approval for COVID Grants was delayed.
3. Our OHH provider began billing services in January. We do not anticipate OHH revenue or expenses meeting budget in FY 2022.
4. The combination of #1 and #2 has reduced the level of SUD activity. Revenue is 11.4% below budget and expenses are 11.7% below budget.

PIHP

1. Incentives are over budget due to overall Medicaid revenue being over budget.
2. The Local Match was treated as unchanged in the first billing. Since then, the amount has been reduced and this change will be included in a future budget revision.
3. Other income is below budget due to changes in the SIS Department.
4. Contracts and other expenses are significantly below budget.
5. Overall, revenue is up down 1.1% and expenses are down 14%. This results in the net surplus being up significantly.



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

	Budget FY 2022	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End
<b>MEDICAID</b>						
<b>MEDICAID REVENUE</b>						
Medicaid (b) & 1115i	109,682,931	36,560,977	36,706,551	145,574	-0.4%	146,826,204
Medicaid Waivers	47,400,000	15,800,000	17,025,957	1,225,957	-7.8%	68,103,829
Healthy Michigan Revenue	19,334,370	6,444,790	5,788,763	(656,027)	10.2%	23,155,052
Medicaid Autism	15,284,485	5,094,828	4,957,748	(137,080)	2.7%	19,830,994
Prior Year Cary Forward	394,024	-	-	-	-	13,716,339
CCBHC	2,000,000	666,667	1,387,589	720,922	-108.1%	5,550,355
DCW Revenue	10,543,598	3,514,533	3,668,705	154,173	-4.4%	14,674,822
HRA MCAID Revenue	2,000,000	535,920	535,920	-	0.0%	2,000,000
HRA HMP Revenue	1,500,000	647,108	647,108	-	0.0%	1,500,000
<b>Medicaid Revenue</b>	<b>208,139,408</b>	<b>69,264,823</b>	<b>70,718,342</b>	<b>1,453,519</b>	<b>-2.1%</b>	<b>295,357,595</b>
<b>MEDICAID EXPENDITURES</b>						
IPA MCAID	1,881,435	402,758	402,758	-	0.0%	1,881,435
IPA HMP	206,960	49,779	49,779	-	0.0%	206,960
HRA MC	2,000,000	647,108	647,108	-	0.0%	2,000,000
HRA HMP	1,500,000	535,920	535,920	-	0.0%	1,500,000
<b>Lenawee CMH</b>						-
Medicaid (b) & 1115i	12,231,897	4,077,299	4,077,299	-	0.0%	16,309,196
Medicaid Waivers	5,183,354	1,727,785	1,739,062	(11,277)	-0.7%	6,956,248
Healthy Michigan Expense	3,939,840	1,313,280	1,313,280	-	0.0%	5,253,120
Autism Medicaid	1,104,200	368,067	368,067	-	0.0%	1,472,267
DCW Expense	1,911,509	637,170	637,170	-	0.0%	2,548,679
DHIP	-	-	31,991	(31,991)	-	127,966
<b>Lenawee CMH Total</b>	<b>24,370,801</b>	<b>8,123,600</b>	<b>8,166,869</b>	<b>(43,269)</b>	<b>-0.5%</b>	<b>32,667,476</b>
<b>Livingston CMH</b>						
Medicaid (b) & 1115i	19,292,732	6,430,911	6,430,911	-	0.0%	25,723,643
Medicaid Waivers	8,396,258	2,798,753	2,912,695	(113,942)	-4.1%	11,650,779
Healthy Michigan Expense	3,512,381	1,170,794	1,170,794	-	0.0%	4,683,175
Autism Medicaid	4,902,086	1,634,029	1,634,029	-	0.0%	6,536,114
DCW Expense	2,441,496	813,832	813,832	0	0.0%	3,255,326
DHIP	-	-	118,213	(118,213)	-	472,852
<b>Livingston CMH Total</b>	<b>38,544,953</b>	<b>12,848,318</b>	<b>13,080,472</b>	<b>(232,155)</b>	<b>-1.8%</b>	<b>52,321,890</b>
<b>Monroe CMH</b>						
Medicaid (b) & 1115i	22,010,469	7,336,823	7,336,823	-	0.0%	29,347,293
Medicaid Waivers	8,335,087	2,778,362	2,966,614	(188,252)	-6.8%	11,866,456
Healthy Michigan	2,738,896	912,965	912,965	-	0.0%	3,651,862
Autism Medicaid	2,173,235	724,412	724,412	-	0.0%	2,897,646
DCW Expense	3,092,304	1,030,768	1,030,767	1	0.0%	4,123,066
DHIP	-	-	23,098	(23,098)	-	92,393
<b>Monroe CMH Total</b>	<b>38,349,991</b>	<b>12,783,330</b>	<b>12,994,679</b>	<b>(211,348)</b>	<b>-1.7%</b>	<b>51,978,715</b>
<b>Washtenaw CMH</b>						
Medicaid (b) & 1115i	44,526,405	14,842,135	14,842,135	-	0.0%	59,368,540
Medicaid Waivers	26,470,353	8,823,451	9,351,744	(528,293)	-6.0%	37,406,976
Healthy Michigan Expense	6,284,880	2,094,960	2,094,961	(1)	0.0%	8,379,843
Autism Medicaid	5,886,723	1,962,241	1,962,241	-	0.0%	7,848,964
DCW Expense	8,020,332	2,673,444	2,673,444	-	0.0%	10,693,776
CCBHC	2,000,000	666,667	1,373,713	-	0.0%	5,494,851
DHIP	-	-	17,828	(17,828)	-	71,312
<b>Washtenaw CMH Total</b>	<b>93,188,693</b>	<b>31,062,898</b>	<b>32,316,066</b>	<b>(1,253,168)</b>	<b>-4.0%</b>	<b>129,264,263</b>
<b>Medicaid Expenditures</b>	<b>200,042,833</b>	<b>66,453,711</b>	<b>68,193,651</b>	<b>(1,739,940)</b>	<b>-2.6%</b>	<b>277,315,590</b>
<b>Medicaid Total</b>	<b>8,096,575</b>	<b>2,811,112</b>	<b>2,524,691</b>	<b>(286,420)</b>	<b>-10.2%</b>	<b>18,042,005</b>

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

	Budget FY 2022	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End
<b>SUD/GRANTS</b>						
<b>SUD/GRANTS REVENUE</b>						
Healthy Michigan Plan SUD	9,168,995	3,056,332	3,256,063	199,732	6.5%	13,024,254
Medicaid SUD	3,271,563	1,090,521	1,128,032	37,511	3.4%	4,512,129
SUD DCW	684,231	228,077	255,159	27,082	11.9%	1,020,636
PA2 - Tax Revenue	2,400,000	449,832	449,832	(1)	0.0%	1,799,326
PA2 - Use of Reserve (Est)	814,391			0		814,391
Federal/State Grants	8,504,270	2,834,757	1,673,959	(1,160,798)	-40.9%	6,888,399
Opioid Health Homes	475,000	17,860	35,355	17,495	49.5%	475,000
<b>SUD/Grants REVENUE</b>	<b>25,318,450</b>	<b>7,677,378</b>	<b>6,798,400</b>	<b>(878,979)</b>	<b>-11.4%</b>	<b>28,534,135</b>
				0		
				0		
<b>SUD/GRANTS EXPENDITURES</b>						
<b>SUD Administration</b>						
Salaries & Fringes	1,089,405	363,135	366,790	3,655	1.0%	1,467,160
Contracts	274,200	91,400	75,521	(15,879)	-17.4%	302,085
Board Expense	250	83		(83)	-100.0%	-
Other Expenses	76,782	25,594	32,161	6,567	25.7%	128,642
<b>SUD Administration</b>	<b>1,440,637</b>	<b>480,212</b>	<b>474,472</b>	<b>(5,741)</b>	<b>-1.2%</b>	<b>1,897,886</b>
<b>Lenawee SUD Services</b>	<b>2,515,259</b>	<b>838,420</b>	<b>844,873</b>	<b>6,454</b>	<b>0.8%</b>	<b>3,379,494</b>
<b>Livingston SUD Services</b>	<b>2,421,264</b>	<b>807,088</b>	<b>777,178</b>	<b>(29,910)</b>	<b>-3.7%</b>	<b>3,108,711</b>
<b>Monroe SUD Services</b>	<b>2,785,632</b>	<b>928,544</b>	<b>922,490</b>	<b>(6,054)</b>	<b>-0.7%</b>	<b>3,689,958</b>
<b>Washtenaw SUD Services</b>	<b>6,194,851</b>	<b>2,064,950</b>	<b>2,316,908</b>	<b>251,958</b>	<b>12.2%</b>	<b>9,267,633</b>
<b>Opioid Health Homes</b>	<b>403,982</b>	<b>18,661</b>	<b>18,661</b>	<b>0</b>	<b>0.0%</b>	<b>74,644</b>
<b>Veteran Navigation</b>	<b>180,000</b>	<b>60,000</b>	<b>47,736</b>	<b>(12,264)</b>	<b>-20.4%</b>	<b>190,944</b>
<b>COVID Grants</b>	<b>3,396,571</b>	<b>1,132,190</b>	<b>307,540</b>	<b>(824,650)</b>	<b>-72.8%</b>	<b>1,230,160</b>
<b>SOR II</b>	<b>1,190,000</b>	<b>396,667</b>	<b>324,765</b>	<b>(71,902)</b>	<b>-18.1%</b>	<b>1,299,060</b>
<b>Gambling Prevention Grant</b>	<b>200,000</b>	<b>66,667</b>	<b>18,590</b>	<b>(48,077)</b>	<b>-72.1%</b>	<b>74,361</b>
<b>Tobacco</b>	<b>4,000</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>-</b>
<b>Women's Specialty Services</b>	<b>699,601</b>	<b>233,200</b>	<b></b>	<b>(233,200)</b>	<b>-100.0%</b>	<b>-</b>
<b>SUD/Grants Expenditures</b>	<b>21,431,797</b>	<b>7,007,938</b>	<b>6,184,780</b>	<b>823,158</b>	<b>11.7%</b>	<b>24,739,120</b>
<b>SUD/Grants Total</b>	<b>3,886,653</b>	<b>669,440</b>	<b>613,620</b>	<b>(55,821)</b>	<b>-8.3%</b>	<b>3,795,015</b>
<b>PIHP</b>						
<b>PIHP REVENUE</b>						
Incentives (Est)	2,002,943	667,648	619,768	(47,880)	-7.2%	2,479,072
Local Match	1,259,140	419,713	470,252	50,539	12.0%	1,881,008
Other Income	223,005	74,335	58,459	(15,876)	-21.4%	233,836
<b>PIHP Revenue</b>	<b>3,485,088</b>	<b>1,161,696</b>	<b>1,148,479</b>	<b>(13,217)</b>	<b>-1.1%</b>	<b>4,593,916</b>
<b>PIHP EXPENDITURES</b>						
<b>PIHP Admin</b>						
Local Match	1,259,140	419,713	470,252	50,539	12.0%	1,881,008
Salaries & Fringes	1,083,419	361,140	327,844	(33,296)	-9.2%	1,311,375
Contracts	604,354	201,451	84,573	(116,879)	-58.0%	338,291
Other Expenses	272,248	90,749	40,299	(50,450)	-55.6%	161,198
<b>PIHP Admin</b>	<b>3,219,161</b>	<b>1,073,054</b>	<b>922,968</b>	<b>(150,086)</b>	<b>14.0%</b>	<b>3,691,872</b>
Board Expense	2,000	667	-	(667)	-100.0%	-
<b>PIHP Expenditures</b>	<b>3,221,161</b>	<b>1,073,720</b>	<b>922,968</b>	<b>(150,752)</b>	<b>14.0%</b>	<b>3,691,872</b>
<b>PIHP Total</b>	<b>263,927</b>	<b>87,976</b>	<b>225,511</b>	<b>(137,535)</b>	<b>156.3%</b>	<b>902,045</b>
<b>Organization Total</b>	<b>12,247,155</b>	<b>3,568,528</b>	<b>3,363,822</b>	<b>(204,706)</b>	<b>5.7%</b>	<b>22,739,065</b>
<b>Totals</b>						
Revenue	236,942,946	78,103,897	78,665,221	561,324	-0.7%	328,485,647
Expenses	224,695,791	74,535,369	75,301,399	(766,029)	1.0%	305,746,582
<b>Net</b>	<b>12,247,155</b>	<b>3,568,528</b>	<b>3,363,822</b>	<b>(204,706)</b>	<b>5.7%</b>	<b>22,739,065</b>



## Regional Board Action Request

Board Meeting Date: March 9, 2022

Action Requested: Approving the CMHPSM Board Chair to sign a formal proclamation acknowledging the four years of service by Greg Adams to the PIHP region as a CMHPSM Regional Board member

Recommendation: Approval for the CMHPSM Board Chair to sign the proclamation



WHEREAS the Community Mental Health Partnership of Southeast Michigan through effective partnerships, ensures and supports the provision of quality integrated care that focuses on improving the health and wellness of people living in our region; and

WHEREAS Greg Adams, beginning April 12, 2017, served as a member of the CMHPSM Regional Board, including as the Chair of the CEO Evaluation Committee for one term, and strove to accomplish the mission of the Community Mental Health Partnership of Southeast Michigan as a Regional Board member; and

**Now, therefore, the Community Mental Health Partnership of Southeast Michigan Regional Board of Directors does hereby proclaim their appreciation to Greg Adams for more than four years of service to the region, on this day, March 9, 2022.**

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Sharon Slaton

CMHPSM Board Chair



## Regional Board Action Request – FY2022 Budget Revision #1

Board Meeting Date: March 9, 2022

Action Requested: Approve the FY2022 budget revision as presented.

Background: The CMHPSM has received additional information which necessitates a budget revision for FY2022. Provider premium pay, provider stabilization, and a number of revenue changes necessitated the proposed budget revision.

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

Our contract, regional strategic plan and shared governance model require a balanced budget to be utilized in conjunction with our Financial Stability and Risk Management Board governance policy.

Recommend: Approval

## FY2022 Proposed Budget Revision #1

Budget Revisions	FY 2022	FY 2022	FY 2022	FY 2022
	YTD	Original	Budget	Revision 1
	Actual	Budget	Revision 1	Variance
<b>MH Medicaid Revenue</b>	52,141,140	208,139,408	226,405,853	18,266,445
<b>MH Medicaid Expenses</b>	50,471,187	200,042,833	209,462,928	9,420,095
<b>MH Medicaid Net</b>	1,669,953	8,096,575	16,942,925	8,846,350
<b>SUD/Grants Revenue</b>	4,923,603	25,318,450	25,422,223	103,773
<b>SUD/Grants Expenses</b>	3,613,600	21,431,767	20,734,080	(697,687)
<b>SUD/Grants Net</b>	1,310,003	3,886,683	4,688,143	801,460
<b>PIHP Revenue</b>	736,395	3,485,088	3,195,822	(289,266)
<b>PIHP Expenses</b>	552,045	3,221,161	2,983,351	(237,810)
<b>PIHP Total</b>	184,350	263,927	(212,471)	(476,398)
<b>Total Revenue</b>	<b>57,801,138</b>	<b>236,942,946</b>	<b>255,023,898</b>	<b>18,080,952</b>
<b>Total Expenses</b>	<b>54,636,832</b>	<b>224,695,761</b>	<b>233,180,359</b>	<b>8,484,598</b>
<b>Total Net</b>	<b>3,164,306</b>	<b>12,247,185</b>	<b>21,843,539</b>	<b>9,171,412</b>

## Summary Discussion for FY 2022 Proposed Budget Revisions 1

## Medicaid

1. Small changes were made to increase Waivers and decrease Healthy Michigan Revenue with total eligibles remaining unchanged.
2. An increase in Direct Care Worker passthrough is anticipated in April with the CMH payments increased to \$2.35/hour.
3. A provider stabilization payment is included in the budget revision.
4. With the delay in making deficit payments to the CMHs, the carry forward from FY 2021 was increased to \$13,716,339.
5. CCBHC state revenue was doubled to \$4,100,000.

## SUD

1. Healthy Michigan revenue was increased \$573,344.
2. PA2 Revenue was decreased \$600,000 and Reserve use was increased \$600,000 to reflect state estimates.
3. Grants are shown at their full awarded amount. We anticipate any unspent funds to roll forward to FY 2023.
4. One FTE is added to help administer the OHH, BHH and CCBHC starting in April.

## PIHP Administration

1. Local Match requirements are lowered to conform with state instructions.
2. One FTE SIS Assessor was added in April. The cost of this position is passed through to the CMHs.
3. One FTE Operations person was added in March.

## Assumptions for Budget Revision 1 – FY 2022

### Medicaid/Healthy Michigan

1. The total number of eligibles for the region will remain at the January 2022 level through FY 2022. The mix of payments will change as discussed below.
2. Waiver payments are just under \$3M higher based on actual revenue received during the first quarter.
3. Healthy Michigan revenue is reduced by \$2M based on payments received in the first quarter of FY 2022.
4. Based on preliminary FY 2021 FSR calculations, we will have a carry forward of over \$13M from FY 2021 to FY 2022. The revised calculation is based on not receiving permission from MDHHS to use our FY 2020 surplus to pay prior balances. The FSR is the final report of all revenues and expenditures in a fiscal year that the PIHP sends to the state.
5. Direct Care Worker wage pass through amounts are scheduled to have a significant rate increase in April 2022. The calculated amount of this increase is included in budget revision 1.
6. The waiver payments to all the CMHs will increase based on anticipated higher waiver revenue in the remainder of FY 2022.
7. The decrease in Healthy Michigan revenue is not passed through to the CMHs.
8. Anticipated provider stabilization payments to the CMHs and providers are included in this budget revision.
9. Based on the state portion of CCBHC revenue received in the first quarter, anticipated CCBHC revenue and expenses for Washtenaw have been increased to over \$4M.

### Substance Use Disorder

1. Healthy Michigan SUD payments are increased based on first quarter actuals.
2. SUD Direct Care worker payments are increased based on anticipated April 2022 increases.
3. Anticipated PA2 Revenue has been adjusted down (\$600,000) based on the state's projected revenue for FY 2022.
4. The use of PA2 Reserve has been increase by \$600,000 based on the change in PA2 revenue.
5. Federal/State Grants revenue and expenditures are budgeted at the full amount of the grant awards. Although it may not be possible to spend the full grant award, we anticipate any unspent funds to roll forward to future years.
6. SUD Administration was increased based on adding a full-time FTE in April 2022 to help with Health Homes and WSA.

#### PIHP Administration

1. Local Match requirements have been adjusted based on a letter from the state.
2. An increase in salaries and fringes reflects an increase of one FTE full-time SIS Assessor in April of 2022. The increase is matched by an increase in Other Income and has no impact on the bottom line of the budget.
3. Salaries and Fringes reflect the addition of one full-time FTE in March of 2022 for an Operations position.
4. Administrative percent of expenses:
  - a. FY 2019: 1.43%
  - b. FY 2020: 1.35%
  - c. FY 2021: 1.27%
  - d. FY 2022: 1.48%



**Community Mental Health Partnership of Southeast Michigan  
Preliminary Statement of Revenues and Expenditures  
For the Period Ending November 30, 2021**

	<b>Dec 31, 2021 Actual</b>	<b>Projected Year-End</b>	<b>Budget FY 2022</b>	<b>Budget R1 FY 2022</b>	<b>Difference</b>
<b>MEDICAID</b>					
<b>MEDICAID REVENUE</b>					
Medicaid (b) & 1115i	27,474,853	109,899,412	109,682,931	109,682,931	-
Medicaid Waivers	12,854,791	51,419,163	47,400,000	50,399,000	2,999,000
Healthy Michigan Revenue	4,320,720	17,282,881	19,334,370	17,334,370	(2,000,000)
Medicaid Autism	3,716,864	14,867,456	15,284,485	15,284,485	-
Prior Year Carry Forward		13,716,339	394,024	13,716,339	13,322,315
CCBHC	1,042,929	4,171,718	2,000,000	4,100,000	2,100,000
DCW Revenue	2,730,982	10,923,929	10,543,598	12,388,728	1,845,130
HRA MCAID Revenue		2,000,000	2,000,000	2,000,000	-
HRA HMP Revenue		1,500,000	1,500,000	1,500,000	-
<b>Medicaid Revenue</b>	<b>52,141,140</b>	<b>225,780,898</b>	<b>208,139,408</b>	<b>226,405,853</b>	<b>18,266,445</b>
<b>MEDICAID EXPENDITURES</b>					
IPA MCAID	402,758	1,881,435	1,881,435	1,881,435	0
IPA HMP	49,779	206,960	206,960	206,960	0
HRA MC		2,000,000	2,000,000	2,000,000	-
HRA HMP		1,500,000	1,500,000	1,500,000	-
<b>Lenawee CMH</b>		-			
Medicaid (b) & 1115i	3,057,974	12,231,897	12,231,897	12,231,897	0
Medicaid Waivers	1,311,998	5,247,992	5,183,354	5,286,571	103,217
Healthy Michigan Expense	984,960	3,939,840	3,939,840	3,939,840	(0)
Autism Medicaid	276,050	1,104,200	1,104,200	1,104,200	(0)
DCW Expense	477,877	1,911,509	1,911,509	2,007,084	95,575
Provider Stabilization				350,000	350,000
DHIP	19,284	77,135		-	-
<b>Lenawee CMH Total</b>	<b>6,128,143</b>	<b>24,512,573</b>	<b>24,370,801</b>	<b>24,919,592</b>	<b>548,792</b>
<b>Livingston CMH</b>					
Medicaid (b) & 1115i	4,823,183	19,292,732	19,292,732	19,292,732	(0)
Medicaid Waivers	2,207,106	8,828,423	8,396,258	8,789,844	393,586
Healthy Michigan Expense	878,095	3,512,381	3,512,381	3,512,381	(0)
Autism Medicaid	1,225,521	4,902,086	4,902,086	4,902,086	0
DCW Expense	610,374	2,441,495	2,441,496	2,563,571	122,075
Provider Stabilization				700,000	700,000
DHIP	57,851	231,404		-	-
<b>Livingston CMH Total</b>	<b>9,802,130</b>	<b>39,208,521</b>	<b>38,544,953</b>	<b>39,760,614</b>	<b>1,215,660</b>
<b>Monroe CMH</b>					
Medicaid (b) & 1115i	5,502,617	22,010,469	22,010,469	22,010,469	(0)
Medicaid Waivers	2,244,854	8,979,416	8,335,087	8,979,416	644,329
Healthy Michigan	684,724	2,738,896	2,738,896	2,738,896	(0)
Autism Medicaid	543,309	2,173,235	2,173,235	2,173,235	0
DCW Expense	773,075	3,092,300	3,092,304	3,246,919	154,615
Provider Stabilization				700,000	700,000
DHIP	12,508	50,033		-	-
<b>Monroe CMH Total</b>	<b>9,761,087</b>	<b>39,044,349</b>	<b>38,349,991</b>	<b>39,848,935</b>	<b>1,498,944</b>
<b>Washtenaw CMH</b>					
Medicaid (b) & 1115i	11,131,601	44,526,405	44,526,405	44,526,405	(0)
Medicaid Waivers	7,104,258	28,417,034	26,470,353	28,417,034	1,946,681
Healthy Michigan Expense	1,571,221	6,284,882	6,284,880	6,284,880	(0)
Autism Medicaid	1,471,681	5,886,723	5,886,723	5,886,723	0
DCW Expense	2,005,083	8,020,332	8,020,332	8,421,349	401,017
CCBHC	1,032,500	4,130,001	2,000,000	4,059,000	2,059,000
Provider Stabilization				1,750,000	1,750,000
DHIP	10,945	43,779		-	-
<b>Washtenaw CMH Total</b>	<b>24,327,289</b>	<b>97,309,156</b>	<b>93,188,693</b>	<b>99,345,391</b>	<b>6,156,698</b>
<b>Medicaid Expenditures</b>	<b>50,471,187</b>	<b>209,792,995</b>	<b>200,042,833</b>	<b>209,462,928</b>	<b>9,420,094</b>
<b>Medicaid Total</b>	<b>1,669,953</b>	<b>15,987,903</b>	<b>8,096,575</b>	<b>16,942,925</b>	<b>8,846,350</b>

**Community Mental Health Partnership of Southeast Michigan  
Preliminary Statement of Revenues and Expenditures  
For the Period Ending November 30, 2021**

	Dec 31, 2021 Actual	Projected Year-End	Budget FY 2022	Budget R1 FY 2022	Difference
<b>SUD/GRANTS</b>					
<b>SUD/GRANTS REVENUE</b>					
Healthy Michigan Plan SUD	2,435,585	9,742,339	9,168,995	9,742,339	573,344
Medicaid SUD	844,466	3,377,866	3,271,563	3,271,563	-
SUD DCW	190,902	763,610	684,231	803,971	119,740
PA2 - Tax Revenue	449,832	1,799,326	2,400,000	1,800,000	(600,000)
PA2 - Use of Reserve (Est)		814,391	814,391	1,414,391	600,000
Federal/State Grants	984,958	6,888,399	8,504,270	7,914,959	(589,311)
Opioid Healths Homes	17,860	475,000	475,000	475,000	-
<b>SUD/Grants REVENUE</b>	<b>4,923,603</b>	<b>23,860,931</b>	<b>25,318,450</b>	<b>25,422,223</b>	<b>103,773</b>
<b>SUD/GRANTS EXPENDITURES</b>					
<b>SUD Administration</b>					
Salaries & Fringes	272,974	1,091,895	1,089,405	1,129,367	39,962
Contracts	46,091	184,364	274,200	276,200	2,000
Board Expense	-	-	250	1,000	750
Other Expenses	20,413	81,651	76,782	78,342	1,560
<b>SUD Administration</b>	<b>339,477</b>	<b>1,357,910</b>	<b>1,440,637</b>	<b>1,484,909</b>	<b>44,272</b>
<b>Lenawee SUD Services</b>	<b>531,381</b>	<b>2,125,525</b>	<b>2,515,259</b>	<b>2,515,259</b>	<b>0</b>
<b>Livingston SUD Services</b>	<b>431,558</b>	<b>1,726,231</b>	<b>2,421,264</b>	<b>2,421,264</b>	<b>-</b>
<b>Monroe SUD Services</b>	<b>672,233</b>	<b>2,688,933</b>	<b>2,785,632</b>	<b>2,785,632</b>	<b>0</b>
<b>Washtenaw SUD Services</b>	<b>1,363,379</b>	<b>5,453,517</b>	<b>6,194,851</b>	<b>6,194,851</b>	<b>0</b>
<b>Opioid Health Homes</b>		<b>-</b>	<b>403,982</b>	<b>403,982</b>	<b>0</b>
<b>Veteran Navigation</b>	<b>35,396</b>	<b>141,582</b>	<b>180,000</b>	<b>180,000</b>	<b>-</b>
<b>COVID Grants</b>	<b>43,634</b>	<b>174,535</b>	<b>3,396,571</b>	<b>2,654,581</b>	<b>(741,990)</b>
<b>SOR II</b>	<b>142,861</b>	<b>571,443</b>	<b>1,190,000</b>	<b>1,190,000</b>	<b>-</b>
<b>Gambling Prevention Grant</b>	<b>12,086</b>	<b>48,346</b>	<b>200,000</b>	<b>200,000</b>	<b>-</b>
<b>Tobacco</b>			<b>4,000</b>	<b>4,000</b>	<b>-</b>
<b>Women's Specialty Services</b>	<b>41,595</b>	<b>166,379</b>	<b>699,601</b>	<b>699,601</b>	<b>-</b>
<b>SUD/Grants Expenditures</b>	<b>3,613,600</b>	<b>14,454,400</b>	<b>21,431,797</b>	<b>20,734,080</b>	<b>(697,717)</b>
<b>SUD/Grants Total</b>	<b>1,310,003</b>	<b>5,240,011</b>	<b>3,886,653</b>	<b>4,688,143</b>	<b>801,490</b>
<b>PIHP</b>					
<b>PIHP REVENUE</b>					
Incentives (Est)	464,826	1,859,302	2,002,943	2,002,943	0
Local Match	235,126	940,504	1,259,140	940,504	(318,636)
Other Income	36,444	145,776	223,005	252,375	29,370
<b>PIHP Revenue</b>	<b>736,395</b>	<b>2,945,582</b>	<b>3,485,088</b>	<b>3,195,822</b>	<b>(289,266)</b>
<b>PIHP EXPENDITURES</b>					
<b>PIHP Admin</b>					
Local Match	235,126	940,504	1,259,140	940,504	(318,636)
Salaries & Fringes	239,710	958,842	1,083,419	1,164,295	80,876
Contracts	53,133	212,531	604,354	604,354	0
Other Expenses	24,076	96,303	272,248	272,198	(50)
ISF Transfer/Repay		-		-	-
<b>PIHP Admin</b>	<b>552,045</b>	<b>2,208,180</b>	<b>3,219,161</b>	<b>2,981,351</b>	<b>(237,810)</b>
Board Expense	-	-	2,000	2,000	-
<b>PIHP Expenditures</b>	<b>552,045</b>	<b>2,208,180</b>	<b>3,221,161</b>	<b>2,983,351</b>	<b>(237,810)</b>
<b>PIHP Total</b>	<b>184,350</b>	<b>737,402</b>	<b>263,927</b>	<b>212,472</b>	<b>(51,455)</b>
<b>Organization Total</b>	<b>3,164,306</b>	<b>8,643,001</b>	<b>12,247,155</b>	<b>21,843,539</b>	<b>9,596,385</b>
<b>Totals</b>					
Revenue	57,801,138	252,587,410	236,942,946	255,023,898	18,080,952
Expenses	54,636,832	226,455,574	224,695,791	233,180,359	8,484,568
<b>Net</b>	<b>3,164,306</b>	<b>26,131,836</b>	<b>12,247,155</b>	<b>21,843,539</b>	<b>9,596,385</b>



**Regional Board Action Request – Provider Stabilization Funding**

Board Meeting Date: March 9, 2022

Action Requested: Review and approve the recommended funding to be allocated to the CMHSPs to assist the regional provider network in delivering essential face-to-face services at this time. A 15% rate adjuster funding amount was calculated based upon actual services delivered during FY2021 Q4, the following funding will be provided to the CMHSPs to pass through to our regional provider network. The actual rate adjuster payments will be made by the CMHSPs and for SUD services based upon actual services delivered in FY2022Q2.

	<b>Medicaid</b>	<b>HMP</b>	<b>Total</b>
<b>Lenawee</b>	\$352,329.65	\$16,163.18	\$368,492.83
<b>Livingston</b>	\$507,807.89	\$22,107.11	\$529,915.01
<b>Monroe</b>	\$666,503.90	\$7,082.35	\$673,586.25
<b>Washtenaw</b>	\$1,673,043.27	\$25,318.86	\$1,698,362.13
<b>Monroe SUD Services</b>	\$6,655.50	\$15,975.00	\$22,630.50
<b>Washtenaw SUD Services</b>	\$14,524.83	\$49,039.59	\$63,564.42
<b>Total Funding for Region</b>	\$3,220,865.05	\$135,686.08	\$3,356,551.13

Background: Rate adjuster eligible services are unlicensed community living supports, licensed community living supports and personal care services, SUD residential, skill building, supported employment and crisis residential. These funds will provide a one-time rate adjuster payment based upon actual services delivered from October 1, 2021 – December 31, 2021 which will allow providers to cover expense related delivering service during this period, including recruiting and retaining staff.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model: The CMHPSM Regional Board of Directors approves the CMHPSM budget.

Recommend: Approval



**Regional Board Action Request – Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP) for FY2021**

Board Meeting Date: March 9, 2022

Action Requested: Approve the Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP) for FY2021.

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



## **FY2021 Quality Assurance and Performance Improvement Evaluation (QAPIP) Executive Summary Report to the CMHPSM Board**

### **I. Overview** (QAPIP Eval sections I-VI, pages 4-16)

The Quality Assurance and Performance Improvement Plan (QAPIP) establishes a framework for quality and accountability for the safety of consumer care through the work of committees, workgroups, and performance measures. The QAPIP establishes processes that promote ongoing systematic evaluation of important aspects of service delivery. The program promotes sustained performance improvement, the safety of consumers through the delivery of services, and addresses PIHP and provider compliance with state standards.

The Clinical Performance Team (CPT), comprised of appointed staff and consumer representation from each of the four counties, provides oversight of the QAPIP.

### **VII. External Compliance and Quality Reviews** (QAPIP Eval pages 17-18)

#### **A. 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 FY2021 review of CMHPSM was the start of a new cycle, completed remotely by Health Services Advisory Group (HSAG), the entity with which the state contracts for EQR functions. Community Mental Health Partnership of Southeast Michigan demonstrated compliance in 52 of 65 elements, with an overall compliance score of 80 percent and positive feedback on the level of our documentation.

#### **B. EQR Validation of Performance Measures (Information Systems Capabilities Assessment Tool)**

HSAG conducted the performance measure validation remotely for FY2021, validating data collection and reporting processes used to calculate performance indicator rates. The final report September 2021 showed overall compliance.

#### **C. EQR Validation of Performance Improvement Projects (PIPs)**

HSAG conducted a remote review of the CMHPSM's compliance and performance with the PIP project: Patient(s) with Schizophrenia and Diabetes who had an HbA1c and LDL-C Test in June 2021. While most standards were met for an overall score of 90%, CMHPSM did not meet statistically significant improvement due to COVID-19 related barriers.

#### **D. MDHHS Waiver Site Review and SUD Administrative Review**

The state developed a plan to complete a combined full remote review of waivers and PIHP administration of SUD services in FY2022 from October to November of FY2022. Results of that review will be shared in the FY2022 QAPIP progress review mid FY2022.

### **VIII. Enhanced Compliance Monitoring** (QAPIP Eval pages 19-20)

#### **A. PIHP Compliance Review of the CMHSPs**

For FY2021 a new monitoring tool was created to focus on updated state and federal managed care requirements, with reviews of the CMHSPs planned towards the end of FY2021 into FY2022. Monitoring is focused on clinical compliance, care coordination, and specific PI indicators (i.e., FUA and FUH). The FY2020 review showed full compliance of staff qualifications for all four CMHSPs therefore this was waived in FY2021.

## B. PIHP FY2021 Substance Use Disorder (SUD) Prevention Provider Monitoring

FY2021 reviews moved to more specific monitoring tools, and modified based on COVID-19 related limitations. Ongoing consultation and remote progress reviews were conducted with providers. Providers completed a course correction documentation for those areas that did not produce anticipated results.

## C.PIHP FY2021 Substance Use Disorder Treatment Monitoring

For FY2020 monitoring SUD providers focused on accurately documenting and billing of telehealth services as a new factor of service provision, staff training qualifications, and performance with SUD access PI data.

For FY2021 new monitoring tools were developed, with a return to clinical compliance, accessibility, coordination of care, and compliance with administrative areas of use of the state required confidentiality consent form and appeals processes. SUD PI indicators changed in FY2021, and preliminary data shows our region is meeting or exceeding state performance requirements.

## IX. Modernization of the Region’s Electronic Health Record (QAPIP Eval page 20)

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.

The state required Milliman Care Guidelines (MCG) inner rater reliability system for decisions made with urgent/emergent services was implemented, and National Outcomes Measures were added to clinical documentation. Security and privacy updates were made as needed.

At the end of FY2021 a significant CPT coding and modifier systems change requires by the state was implemented, that included reporting new modifiers of staff credentials and number of persons served.

## X. QAPIP Evaluation Performance Improvement Projects (QAPIP Eval pages 21-37)

The state requires that each PIHP have two active performance improvement projects (PIPs). The state allowed PIHPs to choose one PIP (A below) and required the second PIP (B below).

### A. Performance Improvement Projects

#### 1. ADT Project (PIP chosen by the region)

Admission, discharge, and transfer (ADT) alerts received via the Michigan Health Information Network (MIHN) are used to identify and support consumers transitioning in and out of inpatient settings, reduce avoidable re-admissions, improve access to care, and improve health outcomes. Clinical protocols were developed for staff to use in providing follow up for ADTs.

FY2021 Results: Overall regional performance declined in the first two quarters of FY2021 and began some improvements in the last two quarters.

ADT Project	QI	QII	QIII	QIV
Lenawee	100%	100%	93%	74%
Livingston	87%	44%	57%	47%
Monroe	43%	80%	75%	85%
Washtenaw	84%	66%	82%	85%
<b>PIHP</b>	<b>83%</b>	<b>69%</b>	<b>77%</b>	<b>73%</b>

Performance depended on hospitals’ participation in the MI health information exchange, hospitals based in other states (with locations in Michigan) unable to participate, and service

issues relates to the COVID19 pandemic. **The state began a new cycle of PIP projects for FY2022 therefore this project has sunset as of 9/30/21.**

**2. Consumers with Schizophrenia and Diabetes who had an HbA1c and LDL-C Test (State required PIP)**

**Project Description:** This project aimed to improve the health and quality of life for consumers 18-64 years old with Schizophrenia and Bipolar Disorder who are using antipsychotic medications (SSD). CMHPSM implemented interventions to increase the proportion of those receiving a HbA1c and LDL-C test (diabetes screening). This project was developed as part of a state requirement for the PIP project overseen in federal reviews by HSAG.

**FY2021 Results\***

Lenawee CMHSP rates by quarter:	87% (QI)	75% (QII)	83% (QIII)
Livingston CMHSP rates by quarter:	63% (QI)	50% (QII)	57% (QIII)
Monroe CMHSP rates by quarter:	57% (QI)	46% (QII)	50% (QIII)
Washtenaw CMHSP rates by quarter:	49% (QI)	37% (QII)	45% (QIII)
<b>Total PIHP performance:</b>	<b>59% (QI)</b>	<b>47% (QII)</b>	<b>54% (QIII)</b>

*\*Measurement ended on 6/30/21*

The overall high in March 2020 of 70% began to drop from April 2020 into due to the COVID-19 pandemic barriers in getting completed. While new interventions were implemented and some CMHSPs met the goal, the overall regional rate declined, and the threshold was not met. The project ended in QII of this year on 4/30/21 at a 47% regional completion rate, with final measurements collected 6/30/21. **The state began a new cycle of PIP projects for FY2022 therefore this project has sunset as of 9/30/21.**

**B. Recent Additions to Performance Improvement Data Reported to MDHHS**

**1. Michigan Mission Based Performance Indicators**

Overall performance for indicators was generally met. Indicators 2 and 3 were established by the state to be baseline/informational only. CMHPSM still used the usual 95% benchmark for future access planning. The following indicators had patterns of corrective action for FY2021:

- Indicator 2: % Initial Assessment within 14 days of Request
- Indicator 3: % Start Services Within 14 Days of Assessment
- Indicator 10: % of readmissions of children and adults to an inpatient psychiatric unit within 30 days of discharge – corrections were CMH specific; the overall PIHP goal was met.

Part of these findings were from the state no longer allowing exceptions in data cleaning, and factors related to the COVID-19 pandemic.

**C. Critical and Sentinel Events**

Review of critical, sentinel, and risk event data for trends, appropriate use of root cause analyses, monitor CAPs, and verify compliance with policy & procedures. Timeliness of data entry was a focus for FY2021.

**D. Behavior Treatment Committee Data**

The CMHPSM revised its oversight of Behavior Treatment Committee data to enhance compliance with contract and regulatory requirements, and a threshold to determine the need to revise service plans.

**E. Special Quality Improvement Projects Chosen by the CMHPSM**

**1. Medication Labs Project**

This project supplanted the state required PIP and focused on increasing medication labs entered into the electronic health record for consumers prescribed an antipsychotic psychotropic medication and receiving services from CMH prescribers.

**FY2021 QI and QII Results:**

The target was achieved in FY2020 Quarters I and II. The rate dropped later in FY2020 due to the COVID-19 pandemic and continued to drop in FY2021, with a rate of 33% and 32% respectively.

**As the state began a new cycle of PIP projects for FY2022, this project sunset as of FY2021.**

**2. Regional Customer Services: Consumer Satisfaction Survey**

For FY2021 the customer services committee revised the customer satisfaction survey and expanded data analysis that includes CMHPSM grievance and appeals data, and National Core Indicators for the state of Michigan.

*Satisfaction Survey*

From FY2020 into FY2021, the survey was modified to address shifts in service provision and the expansion of telehealth due to the COVID-19 pandemic, to better understand how consumers were adjusting to these service delivery changes and plan for any limitations with telehealth expansion options.

**FY2021 Results:** Results were similar to FY2020 with a slight increase in positive feedback. Most responses preferred the option of both telehealth and face-to-face services.

Negative feedback included preferring face-to-face, not having technology, and quality of care.

*CMHPSM Grievance Data*

Grievances per county for FY2021, with trends reported by Regional Customer Services staff:

<b>Grievances</b>	<b>Lenawee</b>	<b>Livingston</b>	<b>Monroe</b>	<b>Washtenaw</b>	<b>Grand Total</b>
Access and Availability	11	2	21	9	43
Accommodations	1	0	0	1	2
Financial or Billing Matters	1	0	0	1	2
Provider Choice	18	13	0	8	39
Quality of Care	3	25	29	13	70
Service Environment	1	1	1	1	4
Other	0	2	1	0	3
<b>Grand Total</b>	<b>35</b>	<b>43</b>	<b>52</b>	<b>33</b>	<b>163</b>

The pandemic impacted many elements of care and barriers in receiving certain community based and shortage of provider staff. Staff worked to ensure care was provided when it was safe to do so, and transition plans made where needed.

*CMHPSM Consumer Appeals Data*

In FY2021 the CMHPSM Utilization Management/ Review Committee this committee partnered with Regional Customer Services and the Regional Consumer Advisory Committees to review what appeals data would be meaningful for their analysis of consumer experiences. Based on that process data sets were identified, and a summary report developed.



Type	Total	Upheld	Reversed	Withdrawn/ Dismissed	SUD Cases (within data)
Local Appeals	40	27	7	6	4
State Level Appeals	11	3	2	6	3

Appeal requests in continued to decline as the COVID-19 pandemic continued. In March 2021 SUD providers received training and were monitored on ensuring appeal requirements are being met in the SUD system of care.

Trends included an increased need to delay or suspend services due to the provider staffing crisis that was further exacerbated by the pandemic.

#### *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 for adults with IDD age 18 and older. The data was reviewed for any trends that apply to our region for which recommendations could be made to improve consumer experience in the NCI areas.

FY2021 Analysis: While the data does not provide regional/local specifics, opportunities for meaningful work may be an area of impact. The Regional Customer Services Committee began pursuing resources and networks to improve the analysis of this data, which will carry into FY2022.

### 3. Recovery Self-Assessment (RSA)

The FY2020 survey was updated in FY2021 to better reflect validation to the national survey and FY2021 administered in August/September using FY2020 survey results as the baseline.

Ratings remained relatively high. The Involvement domain scored the lowest in all four counties and will be further reviewed for potential FY2022 PI projects or improvements.

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

### 1. Care Coordination for High Consumer Utilizers Project

For FY2021, CMHPSM, the MHPs, and the CMHSPs continued to meet this indicator by meeting monthly to review consumers with high risk or high utilization of services and potential interventions to better serve and stabilize those consumers.

### 2. 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.

While the CMHPSM performed above the benchmark in FY2021, the PIHP received partial incentive due to a lower percentage performance with one MHP. CMHPSM worked with MHPs to improve the MHPs performance in this metric, with latest state FUH data above the benchmark.

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

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. FY2021 was baseline data year. In FY2022 the PIHPs and MHPs will be held to the state's defined 27% benchmark that includes reducing racial/ethnic disparities. The latest state report shows CMHPSM performing above the future benchmark.

## G. PIHP-Only Performance Bonus Measures

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

This project had 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.

This project was informational only for FY2021 to work on data validation, to be performance bonus based in FY2022 with age range changes. The CMHPSM track and trended percentages and disparities in racial or ethnic groups. Test data had successful outcomes, and state recognition of CMHPSM as a leader in innovative data practices to reach positive outcomes.

### 2. 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, to identify consumers eligible for case management of Veteran's Administration services. The FY2021 state report was submitted on time. For FY2022 CMHPSM will work on identifiers in the CRCT record that support increasing referrals, and for the VN project to provide education and outreach to CMHs.



**Regional Board Action Request – Annual Quality Assessment and Performance Improvement Program (QAPIP) Plan for FY2022**

Board Meeting Date: March 9, 2022

Action Requested: Approve the annual plan for quality assessment and improvement activities during the fiscal year 2022.

Background: The CMHPSM, as a Pre-paid Inpatient Health Plan is required, annually, to assess the need for improvement throughout the regional administrative and service functions and to prepare a plan to make quality improvements that will ensure that recipients of services are provided high quality, timely, cost-effective supports and services.

Connection to: PIHP/MDDHS Contract, AFP, Regional Strategic Plan and Shared Governance Model  
Quality Assessment/Performance Improvement Program and Standards

Recommend: Approval



## **FY2022 QAPIP Plan Executive Summary Report to the CMHPSM Board**

### **I. Overview (QAPIP Plan Sections I-VI)**

The QAPIP establishes a framework for quality and accountability for the safety of consumer care through the work of standing committees, ad hoc teams, and performance measures. The QAPIP establishes processes that promote ongoing systematic evaluation of important aspects of service delivery. The program promotes sustained performance improvement, the safety of consumers through the delivery of services, and addresses PIHP and provider compliance with state standards.

The Clinical Performance Team (CPT), comprised of appointed staff and consumer representation from each of the four counties, provides oversight of the QAPIP.

An evaluation of QAPIP performance from the previous year and its presentation to the board is required by the MDHHS contract with PIHPs.

The introduction and components of the FY2022 QAPIP Plan on pages 4-16 of the describes the structure, functions, roles, and systems in place to develop, implement, evaluate, and monitor all aspects of the QAPIP Plan.

### **VII. Performance Improvement Data (QAPIP Plan pages 17-19)**

The Michigan Department of Health and Human Services (MDHHS) delegates the collection and reporting of performance indicators to the PIHP, with requirements defined in the MDHHS-PIHP contract. CMHPSM uses these opportunities to inform its choice on Performance Improvement Projects. Review and analysis of this data falls under step 1 in the PIP guide/framework under section VI(C)).

#### **A. Michigan Mission Based Performance Indicators**

#### **B. Additional Data that CMHPSM reports to MDHHS (QAPIP Plan pages 17-19)**

The performance indicators measure dimensions of quality that include access/ timeliness for services, efficiency, and outcomes as defined in the Michigan Mission Based Performance Indicator System (MMBPIS). Data is reported quarterly or annually by the CMHPSM. Some data elements are solely data reporting, other indicators (i.e. access and timeliness of service) are held to the required thresholds of 95% or above for positive outcomes, or to deter certain outcomes such as a threshold below 15% for inpatient re-admissions. New indicators the state develops have a period of base line data collection prior to developing thresholds.

New required data elements (no threshold required) that began in FY2021 include:

- a. Provider Credentialing Data
- b. Appeals Data
- c. Grievance Data
- d. Service Denial Data
- e. Group and Staff Credentialing modifiers in claims/encounter reporting

### **VIII. QAPIP Plan Performance Improvement Projects (QAPIP Plan pages 20-21)**

#### **A. Performance Improvement Projects (PIPs)**

In FY2022 MDHHS transitioned to two new PI project requirements for a FY2022-2025 cycle. MDHHS and HSAG recommended the topic focus on the reduction of racial and ethnic disparities in healthcare and health outcomes, and for the PIHPs to conduct a PIP that includes identification of a measure or performance area where there is a disparity and focus on efforts to eliminate those disparities, addressing racial and ethnic disparities where indicated. Project 1 describes the project required by the state that includes oversight and auditing by the external quality review entity HSAG. For Project 2 the state description is less prescribed and not federally audited, with PIHP's able to choose a project that addresses local needs.

### 1. Reducing Racial Disparities Specific to No-Shows for the Initial Biopsychosocial Assessment (BPS) in Individuals Accessing CMH services

The literature review/research CMHPSM conducted found that individuals with greater health or social service needs are at higher risk for not attending an initial appointment for treatment and are more likely to have mental health risk factors, greater use of emergent or medical services, and legal problems. While CMHPSM did not find a significant disparity on the percentage of new persons receiving a completed bio-psycho-social assessment within 14 calendar days of a non-emergency request for service (per to Michigan Mission Based Performance Indicators (MMBPIS) Indicator #2), CMHPSM did find a racial/ethnic disparity in our region with no-shows for the initial assessment/ BPS in accessing CMH services. Data indicated that the Black/African American population had a significantly higher rate of no-shows than the White/Caucasian population.

Project Description: This project aims to reduce the disparity in no-shows related to MMBPIS indicator 2a. CMHPSM found disparities with this indicator between White/Caucasian and Black/African American populations. Therefore, CMHPSM will implement interventions to reduce these disparities between the two populations in the percentage of no-shows to a biopsychosocial assessment within 14 days of a non-emergency request for services. This Performance Improvement Project will be measured by HSAG.

FY2022 is an Intervention Year/Data Collection Gap Year with PIHPs submitting the project design and baseline data for the first year.

### 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.

Project Description: This project aims to increase the percentage of new persons for all populations during the quarter receiving a completed bio-psycho-social assessment within 14 calendar days of a non-emergency request for service for all populations. This incorporated MMBPIS Indicator 2 and will include implementing interventions to improve this overall rate while supporting PIP #1 (reducing the disparity in no-shows for this indicator).

Aims this Fiscal Year 2022:

1. Complete the study design and establish the CY 2021 baseline (no submission due)
2. Plan and implement an intervention during CY 2022 (no submission due)
3. Goal to align timeframes with PIP#1; implement intervention in CY 2022

### B. Performance Improvement Indicators Reported to MDHHS (QAPIP Plan pages 22-25) Michigan Mission Based Performance Indicators

These performance indicators are a subset of the overall MMBPIS structure outlined in Section VII of this QAPIP plan that focus on access and timeliness of services. Quarterly reporting is required by the MDHHS-CMHPSM contract. Performance is reviewed by the state and as part of federal external quality reviews with some involving bonus metrics with performance. Data is reviewed within the region on a quarterly basis at the CPT Committee. If performance falls below a set benchmark, relevant entities complete an action plan to improve the rate for that indicator.

## 2. Critical and Sentinel Events

The Regional Clinical Performance Team (CPT) reviews critical, sentinel, and risk event data to look for trends, appropriate use of root cause analyses, monitor CAPs, determine educational needs, and verify compliance with policy & procedures. Sentinel events and identified trends may require a root cause analysis and a CAP to prevent future occurrences.

## 3. Behavior Treatment Committee Data

Each local CMHSP conducts quarterly reviews of data on behavior treatment where intrusive or restrictive techniques or medications have been used to treat behavior and when physical management or 911 calls were used in a behavioral emergency and reports this data to the PIHP through the CPT Committee. The CMHSP's monitor whether the intrusive or restrictive techniques were approved by the beneficiary or guardian in the Person-Centered Plan and permitted by the Technical Requirement for Behavior Treatment Plans, and the PIHP monitors CMHSPs compliance with state requirements.

## 4. Regional Customer Services: Consumer Satisfaction Survey

CMHPSM conducts periodic quantitative (surveys) and qualitative (focus groups) assessments of consumer experiences representative of the consumers, and services offered. A random sample of consumers, families and/or guardians from all populations served are asked to participate in surveys. Other types of surveys/focus groups may be general or population specific depending on the topic. The Regional Customer Service Committee collects and analyzes the data to address issues of quality, availability, and accessibility of care. As a result of the analyses, PIPs and CAPs are implemented, and providers and consumers are notified of assessment results. The MDHHS-PIHP contract requires reporting of survey data. For FY2022 the CMHPSM will explore the use of surveys, and other opportunities for the voice of persons served, in the analysis and implementation of PIP Project 1 and PI Project 2 described in Section IV.

Since FY2021, the Regional Customer Service Committee expanded data analysis to incorporate other aspect of consumers experience with services and supports and make revisions to the customer satisfaction survey for all populations. This includes CMHPSM grievance data, CMHPSM consumer appeals data, and National Core Indicators for the state of Michigan and will continue in FY2022.

## 5. Recovery Self-Assessment (RSA)

The Recovery Self-Assessment Survey is delivered to providers that use the Recovery Oriented System of Care (ROSC) model. Data is collected from individuals who completed the survey online or on paper. Data from the survey should be entered electronically by early October of the year. Analysis and planning for improvements will begin early in FY2022. While the state no longer requires this survey, the region has decided to continue its use if or until a better survey is found.

### C. Shared Metrics Projects Between the CMHPSM, CMHSPs and the Michigan Medicaid Health Plans (QAPIP Plan pages 26-27)

#### 1. Care Coordination for High Consumer Utilizers Project

For FY2022 CMHPSM, the Mental Health Plans (MHP), and the CMHSPs will continue to meet monthly to review consumers with high risk or high utilization of services. Meetings discuss who to include in the project and potential interventions to better serve and stabilize them. Meeting shared metrics goals results in financial incentives for both PIHPs and MHPs.

#### 2. Follow-Up after Hospitalization for Mental Illness (30 days) (FUH)

This project will continue in FY2022, and monitors follow up after hospitalization for individuals (aged 6 and older) with a mental illness or self-harm diagnosis. Regional CPT and Electronic IM Operations (EOC) Committees explore how performance may be improved. As of FY2021 the state includes racial/ethnic disparities in their data and this will continue to F2022.

Meeting shared metrics goals results in financial incentives for both PIHPs and MHPs.

#### 3. Follow-Up after Emergency Department (ED) Visit for Alcohol and Other Drug Dependence—(FUA)

This project monitors follow up after an emergency department visit for individuals with an alcohol or other drug abuse diagnosis. Regional CPT and EOC Committees explore how performance may be improved. The age ranges for children and adults changed in FY21 to children aged 6-17 and adults 18+ and will continue in FY2022. As of FY2021 the state includes racial/ethnic disparities in their data, and this will continue to FY2022.

Meeting shared metrics goals results in financial incentives for both PIHPs and MHPs.

### D. PIHP-only Performance Bonus/Pay for Performance Measure (QAPIP Plan pages 28-29)

#### 1. Behavioral Health Treatment Episode Data Set (BHTEDS) and Veteran Services Navigator (VSN) Data Collection

This project aims to use BHTEDS to:

- Identify consumers eligible for services through the Veterans' Administration by verifying elements required for military/veteran status.
- Evaluate and review timeliness
- Develop interventions on local level to address barriers to timely data
- Examine data to ensure adherence to project protocols

Goals for FY2022 include developing ways to improve data related to eligibility for services through the Veterans' Administration.

Meeting PIHP-only metrics goals results in financial incentives for PIHPs.

#### 2. IET-AD: 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 initiated treatment within 34 days of the initiation visit.

The state plans this to be a performance bonus project beginning FY2022. During FY2021 the CMHPSM tracked and trended overall percentages, and statistically significant disparities in racial or ethnic groups. Test data has had successful outcomes, and the state has identified CMHPSM as a leader in innovative data practices to achieving positive outcomes. The state has established thresholds for points to be awarded in FY2022. FY2022 goals include improvements to SUD Access and data collection, including centralizing.

## **VII. Compliance and Quality Review (QAPIP Plan page 30)**

### **A. EQR Compliance Monitoring Review of Standards**

The second half of federal EQR standards for Medicaid Managed Care and MDHHS PIHP requirements will be conducted by HSAG during FY2022. CMHPSM will also incorporate the corrective action plan from the standards reviewed in FY2021.

### **B. EQR Validation of Performance Measures (Information Systems Capabilities Assessment Tool)**

HSAG will conduct the standard annual review of these measures and system capabilities for FY2022. Findings and opportunities will be included in the FY2022 QAPIP Evaluation. CMHPSM monitoring will include the documented timeframes of completed prescreens that was indicated in the FY2021 findings.

### **C. EQR Validation of Performance Improvement Projects (PIPs)**

The new FY2022-2025 PIP cycle and reporting plan determined by MDHHS and HSAG has FY22 as Intervention Year/Data Collection Gap Year with PIHPs submitting the project design and baseline data for the first year. CMHPSM will also use this time in FY2022 to focus on identifying barriers, developing interventions, and conducting analysis for any improvements that can be made as well as preparation for FY2023 data reporting.

### **D. Enhanced Compliance Monitoring**

Enhanced monitoring conducted by CMHPSM is planned for FY2022 as follows:

1. *PIHP Compliance Review of the CMHSPs*  
FY2022 monitoring will be a continuation of the standards addressed in FY2021 as well as oversight of corrective actions from PIHP and MDHHS review findings.
2. *PIHP FY2022 Substance Use Disorder (SUD) Prevention Provider Monitoring*  
FY2022 monitoring will include a focus on improvement in contractual requirements and policies.
3. *PIHP FY2022 Substance Use Disorder Treatment Monitoring*  
FY2022 monitoring tools will be updated based on findings from internal and external audits in FY2021. Areas of focus will include SUD Access systems and access and timeliness to SUD services.

## **X. Modernization of the Region's Electronic Health Record (QAPIP Plan Page 30)**

System changes and projects initiated in FY2021 will continue into FY2022, as well as ongoing monitoring. Any additional modernizations for FY2022 will be reported in the FY2022 QAPIP Evaluation.





Regional Board Action Request – Contracts

Board Meeting Date: March 9, 2022

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

- 1) The American Rescue Plan Act of 2021 (ARPA) includes an array of emergency aid delivered to states, localities, and other governments to reduce the extreme hardship many people and businesses are experiencing due to the COVID-19 pandemic, with funds required to be spent on specific services. Board approval is requested to fund providers seeking to provide support and services that include restoring cuts in public services caused by pandemic-induced revenue losses and avoid additional cuts, investing in people’s mental health, and improving supports for people with substance use disorders.
- 2) Revision of SUD Core Provider contracts for Dawn, Inc. and Home of New Vision to extend the fixed cost funding level and terms of the contract to the end of FY2022.
- 3) Approval to contract with two additional Opioid Health Home providers.

January/February Requests				
Organization - Background	Term	Funding Level	Funding Source	Agreement Type
<p><b>Macomb Oakland Regional Center (MORC), Inc. The Support Needs Assessment Center (SNAC)</b>                      To assist in completing Supports Intensity Scale (SIS) assessments for individuals aged 16 years and older who have an IDD/CI diagnosis, the comply with the state requirement that all eligible persons have a SIS assessment completed every 3 years.</p>	1/1/2022-9/30/2022	\$600 per assessment	Medicaid, Healthy Michigan	Contract
<p><b>St. Joseph Mercy Chelsea - Project Success-Dexter and Chelsea:</b> ARPA funded activities related to Evidence Based Prevention Programs.</p>	3/1/2022 – 9/30/2022	\$67,800	ARPA Block Grant	Amendment

January/February Requests				
Organization - Background	Term	Funding Level	Funding Source	Agreement Type
<b>Monroe County Opportunity Program: (MCOP)</b> - ARPA funded activities related to accessing behavioral health for disparate populations through supporting anchor institutions to increase access to substance use services.	3/1/2022 – 9/30/2022	\$25,000	ARPA Block Grant	Contract
<b>Monroe County Opportunity Program: (MCOP)</b> - ARPA funded activities related to telehealth hubs through reliable community space for telehealth sessions	3/1/2022 – 9/30/2022	\$25,000	ARPA Block Grant	Contract
<b>Monroe Community Opportunity Program (MCOP)</b> - ARPA funded activities related to youth community centers through prescribed program for youth (12-17) in need of recovery services and youth not in recovery but seeking a safe, drug and alcohol-free environment.	3/1/2022-9/30/2022	\$350,000	ARPA Block Grant	Contract
<b>Boys and Girls Club of Lenawee County-</b> ARPA funded activities related to prosocial activities for youth through sober events for youth in recovery or misusing substances.	3/1/2022 – 9/30/2022	\$2,500	ARPA Block Grant	Amendment
<b>Work-it Health</b> - ARPA funded activities related to telehealth technology through Provider updates to make telehealth more accessible (one year only)	3/1/2022 – 9/30/2022	\$75,000	ARPA Block Grant	Amendment
<b>The Connection Youth Services of Livingston Family Center</b> - ARPA funded activities related to prosocial activities for youth through sober events for youth in recovery or misusing substances.	3/1/2022 – 9/30/2022	\$2,500	ARPA Block Grant	Contract
<b>Ozone House</b> - ARPA funded activities related to prosocial activities for youth through sober events for youth in recovery or misusing substances.	3/1/2022 – 9/30/2022	\$2,500	ARPA Block Grant	Amendment
<b>Adrian College</b> - ARPA funded activities related to support for development of a new Collegiate Recovery Program.	3/1/2022-9/30/2022	\$25,000	ARPA Block Grant	Contract

January/February Requests				
Organization - Background	Term	Funding Level	Funding Source	Agreement Type
<b>Catholic Charities of Southeast MI</b> - ARPA funded activities related to recovery support services through Peer Recovery Supports including special populations	3/1/2022-9/30/2022	\$75,000	ARPA Block Grant	Amendment
<b>Ty's House</b> - ARPA funded activities related to recovery housing.	3/1/2022-9/30/2022	\$30,000	ARPA Block Grant	Amendment
<b>Dawn, Inc.</b> – Extend the fixed cost funding level and terms of the contract to the end of FY2022. The term for this fixed cost contract was previously approved to end 3/31/22. The original budget and proposed revised budget both allocated funding to cover the full year.	10/1/2021-9/30/2022	\$ 925,008 (increase of \$462,504)	Medicaid, Healthy Michigan, Block Grant, PA2	Contract
<b>Home of New Vision</b> – Extend the fixed cost funding level and terms of the contract to the end of FY2022. The term for this fixed cost contract was previously approved to end 3/31/22. The original budget and proposed revised budget both allocated funding to cover the full year.	10/1/2021-9/30/2022	\$ 1,211,004 (increase of \$605,502)	Medicaid, Healthy Michigan, Block Grant, PA2	Contract
<b>Passion of Mind</b> – Opioid Health Home	2/1/2022-9/30/2022	Per OHH Case Rate	OHH	Contract
<b>Family Medical Center</b> (Monroe and Lenawee Counties) - Opioid Health Home	4/01/2022-9/30/2022	Per OHH Case Rate	OHH	Contract

March Requests				
Organization - Background	Term	Funding Level	Funding Source	Agreement Type
<b>KWB Strategies</b> - an agency that has experience in working with organizations, including another PIHP, on evaluation and implementing needs assessments specific to gambling. KWB Strategies was awarded the Gambling Disorder Prevention Needs Assessment RFP to implement a four county, region-wide gambling prevention needs assessment.	2/1/2022-9/30/2022	\$10,000.00	Gambling Disorder Prevention Grant	Contract
<b>Geralyn Harris, Behavioral Health Consultant</b> – professional services contract to provide part-time Behavioral Health Home (BHH) Lead Entity functions on behalf of CMHPSM and regional CMHSP partners, including coordination with MDHHS.	3/1/2022 – 9/30/2022	Hourly contractor rate \$65/hour. Not to exceed \$45,500.	Administrative	Contract

CMHPSM Staff Recommendation:      Approval



Regional Board Action Request- SIS Assessor

Board Meeting Date: March 9, 2022

Action Requested: Approve the creation of an additional Supports Intensity Scale (SIS) Assessor position responsible for ensuring assigned SIS assessments are completed timely, reliably, and complies with all requirements.

Background: The State requires Supports Intensity Scale (SIS) Assessments be completed for all persons served age 16 years or older and above who have an IDD/CI diagnosis, and the SIS be administered by an independent assessor. The state also has plans to increase eligible persons to children under age 16. The increase in eligible persons and the number of SIS assessments needing to be completed exceeds the capacity of the number of current assessor positions. Therefore, an additional SIS Assessor position is recommended to meet the scope.

This position will work under the supervision of the Waiver Service Coordinator. The SIS Assessor job description places the position on Tier 1, which has a salary range of \$ 37,752 - \$53,040.

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

MDHHS contractually requires use of the SIS Assessment by PIHPs for all individuals aged 16 years old and above, who have an IDD/CI diagnosis, and the SIS be administered by an independent assessor free of conflict. The CMHPSM CEO Authority policy requires Board approval for the addition of a staff position.

Recommend: Approval



## Community Mental Health Partnership of Southeast Michigan Job Description

**Job Title:** Supports Intensity Scale (SIS) Assessor

**Supervision Received:** PIHP Waiver Coordinator

**Tier:** 1

**Salary Range:** 37,000 – 52,000 full time

**FLSA Exempt Status:** Exempt

**Position Status:** This position could be staffed part or full time

**Last Review/Approval:** 11/16/2018

### Job Summary

This professional level position is responsible for ensuring assigned SIS Interviews are completed in a timely, reliable, and respectful manner that is consistent with both CMHPSM philosophy and standards as well as consistent with AAIDD standards and validity pertaining to the Supports Intensity Scale tool. The SIS Interviewer is responsible for scheduling, rendering service, and completing any related documentation within the established timelines.

### Essential Duties and Responsibilities

- Participate in SIS training and remain current regarding American Association on Intellectual and Developmental Disabilities (AAIDD) standards associated with SIS.
- Maintain a minimum reliability status of “Qualified” in IRQRs conducted by an AAIDD recognized SIS Trainer
- As part of the SIS team, conduct a SIS assessment for each individual receiving services within the CMHPSM region in conjunction with the Person Centered Planning process.
- Provide interpretation and analysis of SIS results.
- Provide consultation on the development of the Individual Plan of Service (IPOS) that incorporates the results of the SIS assessment
- Present a favorable public image of the local agency by being helpful, supportive and polite to all individuals served and encountered stakeholders
- Participate in all required Periodic Drift Reviews and utilize feedback to maximize reliability, customer satisfaction, and minimize drift on an individual level and as a team member
- Compliance with all rules, regulations, laws, and standards associated with the Health Insurance Portability and Accountability Act (HIPAA)
- Comply with the continuing education and mandatory training requirements for the position
- Ability to perform the major responsibilities and essential activities of the position
- Services are rendered in a dependable and reliable manner
- All interaction with customers are conducted with dignity and respect

### Supervisory Responsibilities

- This position does not supervise other employees

### Other Duties and Responsibilities

- Special SIS related projects, as assigned
- Other duties as requested, directed or assigned

### **Education and Experience Requirements**

- Equivalent to a Bachelor's degree in Human Services related field (4 years of equivalent work experience may suffice for Bachelor's degree)
- At least one year of experience with individuals that have developmental or intellectual disabilities
- Experience and comfort with use of a computer application
- Or any equivalent combination of education, experience, and training that provides the required knowledge, skills, and abilities

### **Competencies Required**

- A belief in strength-based, inclusion focused perspective of individuals with disabilities
- An optimistic, collaborative approach to problem-solving
- Excellent communication and group facilitation skills
- Effective written and verbal communication skills
- The ability to work effectively with others
- Work independently with little guidance
- Professional appearance and attitude
- Ability to maintain composure and display tact and professionalism in all interactions
- Skill in resolving conflict and negotiating
- Ability to keep commitments and take responsibility for own actions
- 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 express ideas effectively and adapt message to audience orally and in writing
- Attention to detail and quality
- Ability to interpret and apply policies and procedures appropriately
- Knowledge of safety and security principles and a commitment to safety and security
- Ability to travel independently to various provider level facilities and programs and assigned work locations

### **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 various settings 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 possession of a valid Michigan driver's license or method of transportation to 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 \_\_\_\_\_

Position authorized by CMHPSM Regional Board Date: August 13, 2014

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

Employee \_\_\_\_\_ Date \_\_\_\_\_





Regional Board Action Request- Operations Specialist

Board Meeting Date: March 9, 2022

Action Requested: Approve the creation of one full-time Operations Specialist position at the CMHPSM.

Background: An increase in state and federal reporting and contractual requirements has necessitated the need for additional staffing resources through the addition of a CMHPSM Operations Specialist Position. The position would manage and coordinate certain functions related to contracts, regional provider networks, procurement, customer service, quality improvement, monitoring and auditing. The position would provide organization and operational skills across the four-county region and with external partners/stakeholders to ensure structures, composition and workplans support consistent implementation of these functions.

This position will work under the supervision of the Chief Operating Officer. The Operations Specialist job description places the position on Tier 2a, which has a salary range of \$50,648 – \$72,072.

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:** Operations Specialist

**Supervision Received:** Chief Operating Officer

**Tier:** 2a

**Salary Range:** 50,648 – 72,072

**FLSA Exempt Status:** Exempt

**Position Status:** Full-time

**Last Review/Approval:** Proposed (February 9, 2022)

### Job Summary

Under administrative supervision of the Chief Operating Officer, the Operations Specialist coordinates operations for the Community Mental Health Partnership of Southeast Michigan, a four-county prepaid inpatient health plan. The Operations department handles a broad range of organizational activities including both internal projects and external contracting and monitoring functions with the provider network. The Operations Specialist manages and coordinates certain functions related to maintaining contracts, regional provider network data, internal and external communications, procurement, customer service, quality improvement, monitoring and auditing. The Regional Operations Specialist provides organization and operational skills across the four-county region and with external partners/stakeholders to ensure structures, composition and workplans support consistent implementation of these functions.

### Essential Duties and Responsibilities

- Obtain, process, analyze, organize, and produce reports from various data sets utilized within the role.
- Interpret and communicate work procedures and company policies to internal and external employees.
- Maintain general organization and file management of regional operation functions including provider contracts, administrative contracts, provider communications, coordinating and submission of regional information to MDHHS or other payer organizations
- Compile data from multiple sources, generate reports, identify, and correct errors or discrepancies, and review against reporting submission criteria
- Communicate with external agencies to discuss and clarify data submission requirements; ensure adjustments are made when notified of changes to reporting requirements or procedures
- Make decisions about which data meet reporting requirements; ensure data are included on correct report and document reasons for decision to include/exclude
- Provide direction on data collection procedures to improve quality of data
- Provide regional and state partners with data that facilitates the provision of the highest quality of service
- Facilitate regional meetings to ensure information is disseminated, resources are available, and issues are resolved
- Diagnose, analyze, and resolve problems with systems and processes; determine and correct root causes
- Engage in process improvement activities to maintain complete and accurate data
- Review reports received from external agencies; identify and correct errors or discrepancies in data
- Meet with staff or providers to review and interpret data and reports
- Monitor data entry, assess training needs to improve reporting process; design and deliver training to staff and provider
- Develop, implement, and maintain processes to track and maintain contract functions, including but not limited to maintaining templates, ensuring execution of contracts, and tracking and reporting contract data.

- Develop, implement, and maintain processes related to provider network adequacy including contractual compliance, service analyses, financial reimbursement analyses, general and targeted provider communications and other operational initiatives.
- Develop, implement, and maintain processes related to vendor and service procurement and purchasing.
- Develop, implement, and maintain processes to track and manage PIHP auditing functions, including but not limited to assisting with audits, compilation of data, and outcomes/reporting writing, and monitoring corrective action plans.
- Develop, implement, and maintain processes to track and manage customer services data, including but not limited to assisting with data cleaning, data entry, compilation of data, and data reporting.
- Develop, implement, and maintain processes to track and manage PIHP quality improvement functions, including but not limited to assisting with data cleaning, data entry, compilation of data, and data reporting.
- Develop and monitor the phases of projects within the organization. Provide planning, budgeting, monitoring and reporting of individual projects. The CMHPSM administers a variety of internal, regional, external projects from ad-hoc one-time projects to sustained long-term initiatives.

### **Supervisory Responsibilities**

- This position does not supervise other employees but may direct, schedule or train other positions as directed by the COO.

### **Other Duties and Responsibilities**

- Special projects, as assigned
- Other duties as requested, directed, or assigned

### **Education and Experience Requirements**

- Equivalent to a bachelor's degree in Public Administration, Business Administration, Project Management, Contract Management, Operations Management, Social Work or other closely related fields  
At least one year of related experience; experience in a public agency or healthcare agency, preferred
- Or any equivalent combination of education, experience, and training that provides the required knowledge, skills, and abilities

### **Competencies Required**

- Knowledge of business and management principles involved in strategic planning, resource allocation, leadership technique and coordination of people and resources
- Knowledge of applicable laws, regulations, policies and procedures and ability to interpret and disseminate information
- Must be proficient in Microsoft Excel, Word, Outlook, proficiency in PowerPoint, Publisher, Visio a plus Ability to maintain composure and display tact and professionalism in all interactions
- Knowledge of reporting requirements, as defined by state and federal entities
- Knowledge of applicable laws and regulations and ability to interpret and disseminate information
- Skill in evaluating information to determine compliance with standards
- Ability to understand implications of new information for current and future decision-making
- Ability to identify, analyze and solve complex problems
- Skill in working with large amounts of data or information, interpreting records, identifying trends, detecting errors and preparing reports
- Ability to make timely decisions using sound and accurate judgment
- Skill in consulting with others when planning, making decisions and improving processes
- Ability to think strategically, identify threats and opportunities and plan for future needs
- Knowledge of the principles and application of project management and change management
- Skill in resolving conflict and negotiating
- Ability to keep commitments and take responsibility for own actions

- Ability to organize, prioritize and plan work activities and projects to meet deadlines
- Ability to work independently and collaborate as part of a team
- Ability to make timely decisions using sound and accurate judgment within specified constraints
- Ability to build and maintain effective working relationships with others
- Ability to express ideas effectively and adapt message to audience orally and in writing
- Ability to adapt to frequently changing circumstances and demands
- Ability to gather and or analyze data sets
- Ability to organize large amounts of documentation for data reporting or auditing purposes
- Ability to adapt verbal or written communication style to broad audience
- Ability to initiate and manage projects with little direction
- Ability to apply strategic thinking to complex situations
- Attention to detail and quality
- Ability to motivate self to complete tasks with minimal supervision
- Ability to interpret and apply policies and procedures appropriately
- Knowledge of safety and security principles and a commitment to safety and security

**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 possession of a valid Michigan driver’s license or method of transportation to 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 \_\_\_\_\_

Position authorized by CMHPSM Regional Board Date:

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

Employee \_\_\_\_\_ Date \_\_\_\_\_

**Oversight Policy Board Minutes  
February 24, 2022  
Meeting held electronically via Zoom software**

Members Present: Mark Cochran, Kim Comerzan, James Goetz, Ricky Jefferson (remote), Molly Welch Marahar, Dianne McCormick, Frank Nagle (remote), Dave Oblak, Carol Reader, Ralph Tillotson, Monique Uzelac, Tom Waldecker

Members Absent: Amy Fullerton, Susan Longsworth, Dave O'Dell

Guests:

Staff Present: Stephannie Weary, James Colaianne, Nicole Adelman, Matt Berg, CJ Witherow, Alyssa Tumolo, Rebecca DuBois, Danielle Brunk, Jessica Sahutoglu, Joelen Kersten, Kate Hendricks

Board Chair M. Cochran called the meeting to order at 9:35 a.m.

1. Introductions  
An in-person quorum of board members present was confirmed.
2. Approval of the Agenda  
**Motion by R. Tillotson, supported by M. Welch Marahar, to approve the agenda**  
**Motion carried**
3. Approval of the October 28, 2021 Oversight Policy Board minutes  
**Motion by T. Waldecker, supported by K. Comerzan, to approve the October 28, 2021 OPB minutes**  
**Motion carried**
4. Audience Participation
  - OPB would like other meeting location options for social distancing purposes.
  - R. Jefferson suggested the LRC as an OPB meeting location going forward.
5. Old Business
  - a. Finance Report
    - M. Berg presented.
  - b. FY22 American Rescue Plan Act Funding Update
    - OPB reviewed plan for funding allocations.
  - c. PA2/Block Grant Spending Plan FY23
    - Staff requested input and ideas from OPB regarding FY23 PA2 and block grant spending.
    - N. Adelman recommended to continue existing programs for the coming year, rather than awarding additional funding that may or may not be available going forward. OPB agreed with this approach.
6. New Business
  - a. Core Provider Service Model Review
    - The fee for service model will start in October 2022 for Washtenaw's former core providers, Home of New Vision and Dawn Farm instead of the original plan of April 1, 2022, if approved by Regional Board.

- M. Welch Marahar expressed concern for the continued availability of publicly-funded treatment beds, and how the PIHP will ensure that availability now that the access has been streamlined.
  - Nicole agreed that this is a concern, which is one reason for a 10/1/22 start date to provide time and dialogue with the former core providers to ensure availability.
  - This item will remain as a standing agenda item for OPB for now.
- b. Request for PA2 Funds for Livingston Women’s Specialty Service
- A missing FY18 payment was discovered during a Livingston County CMH audit.
  - PIHP has no record of submission, but CMH is sure they submitted.

**Motion by R. Tillotson, supported by J. Goetz, to approve \$11,058.50 in FY22 PA2 funds to Livingston County Community Mental Health Authority for the Livingston Women’s Specialty Services (WSS) Program for an outstanding FY18 invoice**  
**Motion carried**

- c. SUD Dashboard
- J. Sahutoglu presented.
  - Staff will bring the dashboard to the quarterly provider meetings going forward.
  - OPB would also like to review the dashboard on a quarterly basis.
- d. Naloxone Distribution and Regional Reports
- A. Tumolo and R. DuBois presented.
  - This data will be presented to OPB on a quarterly basis.
- e. Naloxone Policy
- HBV HCV, page 15 of packet: K. Comerzan advised that both Hepatitis B and Hepatitis C should be included.

**Motion by T. Waldecker, supported by D. McCormick, to approve the revised Naloxone policy, including K. Comerzan’s recommendation, noted above**  
**Motion carried**

- f. SUD Media Campaign Policy

**Motion by T. Waldecker, supported by R. Tillotson, to approve the revised SUD Media Campaign**  
**Motion carried**

7. Report from Regional Board
- No official meeting, no quorum.
8. SUD Director Updates
- a. CEO Update
- The Shirkey bill has momentum, will likely make it to the senate floor. If it passes in the Senate, the next step would be a move to the House.
  - The current plan is for staff to begin returning to the office in March.
- b. Opioid Health Homes
- Packard is the current OHH.

- Next month, Passion of Mind will be submitted to regional board for approval as an OHH, and Family Medical Center the following month.
- c. Military Cultural Competency Training
  - Veteran Navigator staff will be providing military cultural competency training across the region.

9. Adjournment

**Motion by R. Tillotson, supported by K. Comerzan, to adjourn the meeting**

**Motion carried**

- Meeting adjourned at 11:15 a.m.

**\*Next meeting: Thursday, March 24, 2022**

**Location 3005 Boardwalk, Suite 200; Patrick Barrie Room**

DRAFT



# **CEO Report**

## **Community Mental Health Partnership of Southeast Michigan**

**Submitted to the CMHPSM Board of Directors**  
**March 2, 2022 for the March 9, 2022 Meeting**



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*CMHPSM Update*

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- The CMHPSM had an all staff meeting on February 14, 2022. The February 28, 2022 all staff meeting was cancelled due to the lack of agenda items. We are scheduled to meet on March 14, 2022 and March 28, 2022.
- The CMHPSM leadership team is continuing to meet on a weekly basis while we are working remotely.
- Leadership staff created, graded, and have requested approval for two additional staff positions: an additional SIS assessor and an Operations Specialist. Those positions are being recommended to the Board for creation this month. We have also begun the process for reviewing an additional SUD treatment position.
- We submitted a number of reports recently in a timely manner in the last week. Year-end financial reports, provider stability updates, network adequacy and other reports are due at the end of February every year.

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*COVID-19 Update*

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- The CMHPSM office continues to be closed to the public outside of public Board meetings. We are set on a March 28, 2022 return to the yellow reduced capacity phase. The most recent version of the re-opening plan is continually shared with staff as it is updated. The leadership team is continuing to review statewide and county guidance related to best practices.
- We will continue to monitor recommendations around the projected return to full office capacity in the future.

**Re-Opening Plan Phases as of February 1, 2022**

Phase:	Essential Only Capacity	Limited Capacity	Reduced Capacity	Full Capacity
Office:	Office Closed	Limited Office Attendance and Office Closed to Public (Except for Board Meetings)	50% Capacity – 75% Capacity and Office Closed to Public (Except for Board Meetings)	100% Capacity – Office Open to Public
Projected Date Range for Phase:		8/31/2021 – 3/27/2022 (Projected)	3/28/2022 (Projected)	No Projection
Current Phase:		<b>X</b>		

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### *CMHPSM Staffing Update*

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- The CMHPSM currently has no open positions.
  - We have requested the approval of three additional positions in the revised budget for FY2022.
  - More information and links to job descriptions and application information can be found here: <https://www.cmhpsm.org/interested-in-employment>

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### *Regional Update*

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- 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.

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### *Statewide Update*

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- The PIHP has been represented at meetings with BHDDA related to COVID-19 pandemic responses that began in mid-March 2020. These meetings have been helpful in ascertaining the MDHHS response to COVID-19 and to provide our region's input to BHDDA. Beginning in July 2021 the meetings have transitioned to a bi-weekly schedule, more recently we have been meeting on a monthly basis.
- PIHP CEO meetings are being held remotely on a monthly basis. The PIHP CEOs last met on March 2, 2022.
- The PIHP CEO / MDHHS operations meeting with BHDDA leadership staff was February 3, 2022, our March meeting has been cancelled. 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.

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*Future Update*

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- The CMHPSM is working on a number of new integration initiatives:
  - BHH – Behavioral Health Home
  - CCBHC – Certified Community Behavioral Health Clinic
  - OHH – Opioid Health Home
- We recently applied for an ARPA grant with MDHHS related to the general fund service costs in CCBHC.
- We will be bringing our biannual strategic plan metric report to our April meeting. This report will cover our progress through March 31, 2022.

Respectfully Submitted,



James Colaianne, MPA