

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  
REGULAR BOARD MEETING  
Teleconference Meeting  
Wednesday, November 10, 2021  
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 10-13-2021 Regular Meeting and Waive the Reading Thereof {Att. #1}	2 min
V. Audience Participation (5 minutes per participant)	
VI. Old Business	20 min
a. Board Review - November Finance Report – FY2021 as of September 30 <sup>th</sup> {Att. #2}	
VII. New Business	50 min
a. Board Action – Contracts {Att. #3}	
b. Board Information – CEO Contract Authority {Att. #4}	
c. Board Information – Draft FY2022 Risk Management Strategies {Att. #5}	
VIII. Reports to the CMHPSM Board	20 min
a. Report from the SUD Oversight Policy Board (OPB) {Att. #6}	
b. CEO Report to the Board {Att. #7}	
IX. Adjournment	

**CMHPSM Mission Statement**

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

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  
REGULAR BOARD MEETING MINUTES**

**October 13, 2021**

**\*Meeting held electronically via Zoom**



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

**Members Absent:** Susan Fortney, Bob King, Katie Scott, Mary Serio

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

**Guests Present:**

- I. Call to Order  
Meeting called to order at 6:01 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. Garber, supported by G. Adams, to approve the agenda**  
**Motion carried**  
Voice vote, no nays
- IV. Consideration to Approve the Minutes of the September 8, 2021 Regular Meeting and Waive the Reading Thereof  
**Motion by R. Garber, supported by M. Welch Marahar, to approve the minutes of the September 8, 2021 regular meeting and waive the reading thereof**  
**Motion carried**  
Voice vote, no nays
- V. Audience Participation  
None
- VI. Election of Board Officers  
**Motion by R. Garber, supported by M. Welch Marahar, approve the following slate of officers for FY22**
  - **Chair: Sharon Slaton**
  - **Vice-Chair: Judy Ackley**
  - **Secretary: Sandy Libstorff****Motion carried**

**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.*

Vote

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

No:

Absent: Fortney, King, Scott, Serio

VII. Old Business

a. Board Review – October Finance Report – FY2021 as of August 31<sup>st</sup>

- M. Berg presented.

VIII. New Business

a. Board Action – Proclamation for Dr. Caroline Richardson

**Motion by R. Tillotson, supported by M. Welch Marahar, to authorize the CMHPSM Board Chair to sign the proclamation recognizing Dr. Richardson**

**Motion carried**

Voice vote, no nays

b. Board Action – Provider \$2.35 Premium Pay Passthrough

**Motion by M. Welch Marahar, supported by R. Garber, to approve the pass-through funding to include \$2.35/hour plus employer expenses for premium pay eligible services delivered in FY2022. State appropriated pass-through funding was included in the recently approved State of Michigan FY2022 budget**

**Motion carried**

Vote

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

No:

Absent: Fortney, King, Scott, Serio

c. Board Action – Contracts

**Motion by G. Adams, supported by M. Welch Marahar, to authorize the CEO to execute additional COVID FY2022 Block Grant funds, as well as the Women's Specialty Services (WSS) funds as presented contracts list**

**Motion carried**

Vote

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

No:

Absent: Fortney, King, Scott, Serio

d. Board Information – Signed Contracts Within CEO Authority

- J. Colaianne shared the details of the termination fee for the Mutual of Omaha service.

IX. Reports to the CMHPSM Board

a. Report from the SUD Oversight Policy Board (OPB)

- N. Adelman provided an overview of the September OPB meeting. OPB primarily reviewed FY22 block grant funding allocations. OPB plans to issue a resolution regarding the behavior health redesign proposals.

b. SUD Media Campaign Videos

- The region is relaunching the naloxone and stories of recoveries campaigns to spread the message of recovery. The campaigns will be released via Facebook, Pandora and at gas stations.

c. Strategic Plan FY2021 Q4 Metrics Report

**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.***

- J. Colaianne provided a status update.
- d. 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.

X. Adjournment

**Motion by M. Welch Marahar, supported by G. Adams, to adjourn the meeting**  
**Motion carried**

Meeting adjourned at 6:41 p.m.

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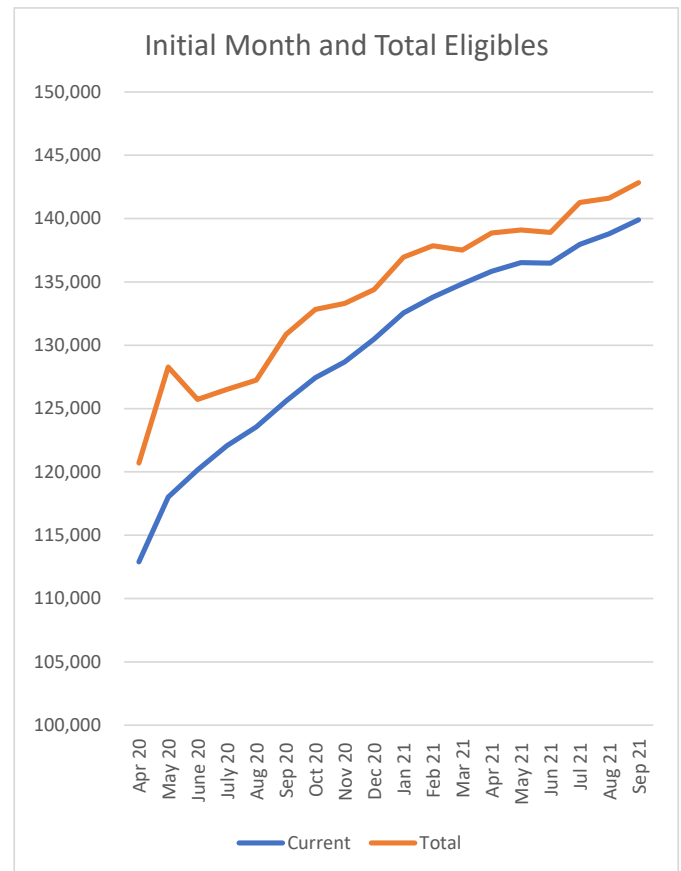
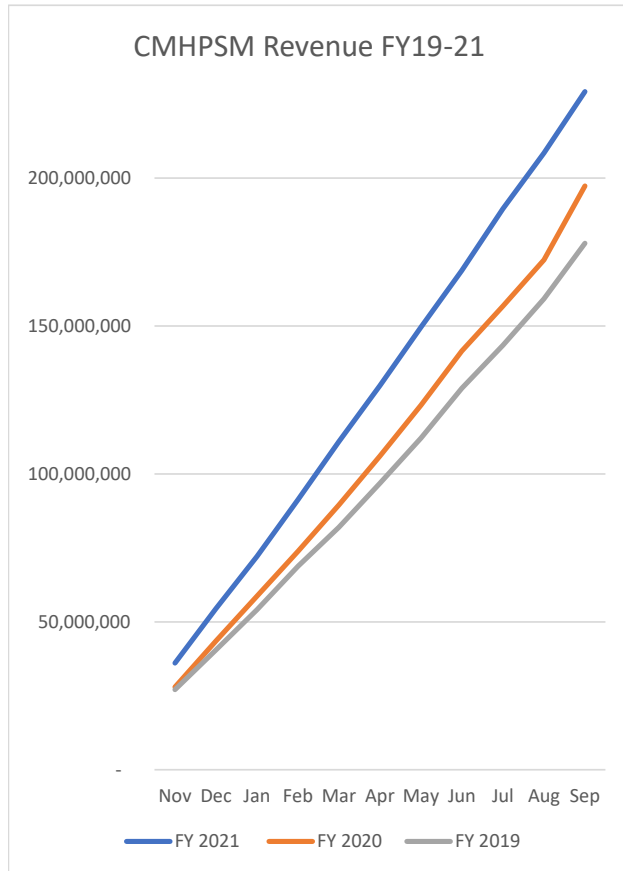
Sandra Libstorff, CMHPSM Board Secretary

DRAFT

**CMHPSM Mission Statement**

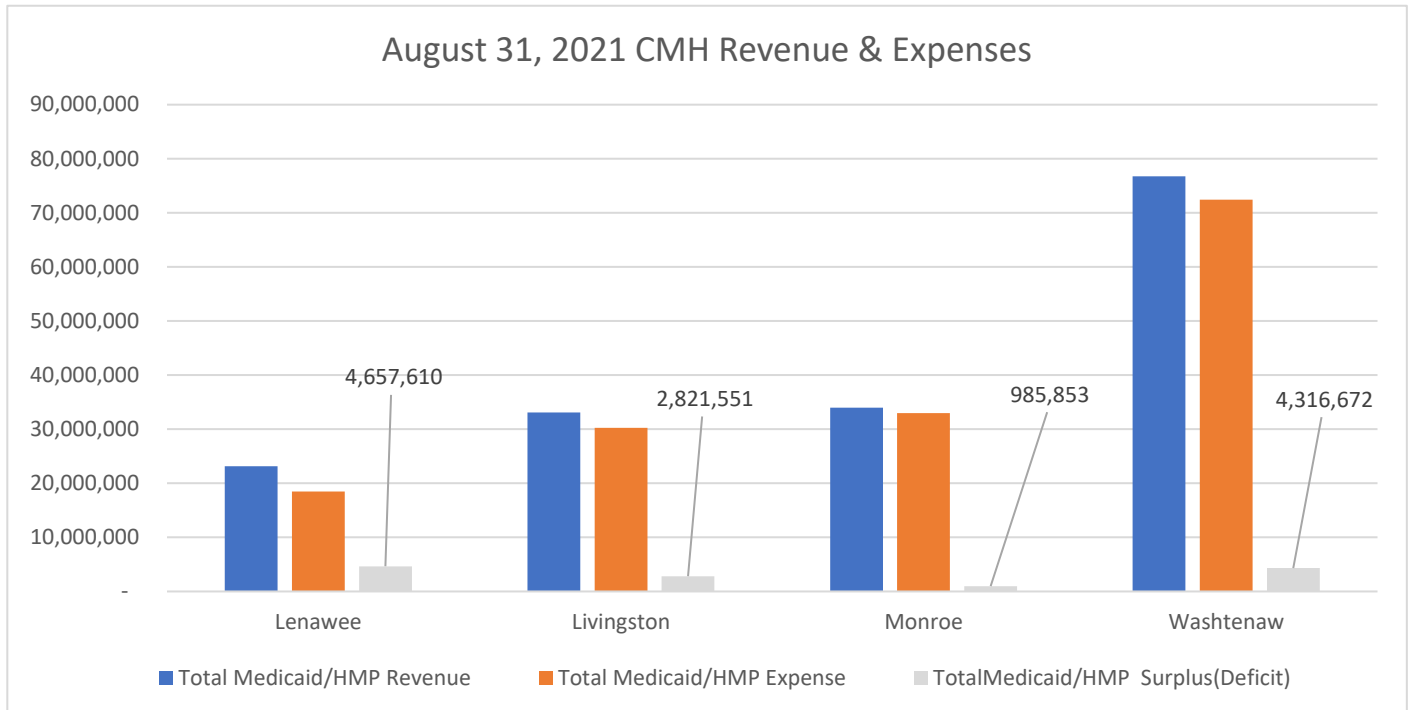
***Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.***

Community Mental Health Partnership of Southeast Michigan  
Financial Summary for September 30, 2021 (Preliminary)



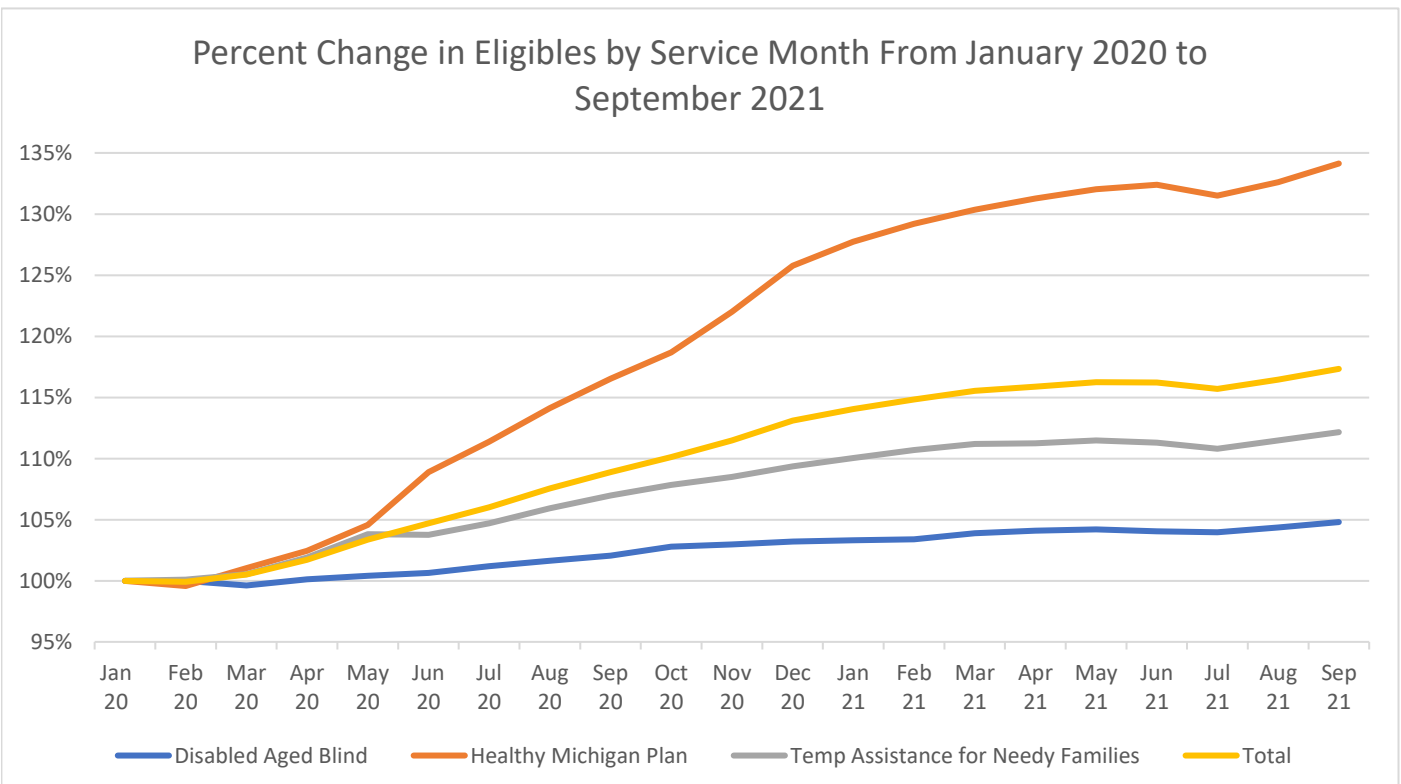
Operating Activities	Budget Revision 2	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End	Projected O(U) Budget
MH Medicaid Revenue	197,806,782	197,236,058	203,923,070	6,687,012	3.4%	197,806,782	-
MH Medicaid Expenses	184,286,886	183,716,163	191,032,013	7,315,850	-4.0%	184,286,886	-
MH Medicaid Net	13,519,896	13,519,895	12,891,057	(628,838)	-4.7%	13,519,896	-
SUD/Grants Revenue	20,854,569	20,854,568	21,979,767	1,125,199	5.4%	20,854,569	-
SUD/Grants Expenses	18,083,702	18,083,702	17,696,520	387,182	2.1%	18,083,702	-
SUD/Grants Net	2,770,867	2,770,866	4,283,247	1,512,381	54.6%	2,770,867	-
PIHP							
PIHP Revenue	3,156,410	3,156,410	3,329,913	173,503	5.5%	3,156,410	-
PIHP Expenses	10,265,795	10,265,795	10,257,764	8,031	0.1%	10,265,795	-
PIHP Total	(7,109,385)	(7,109,385)	(6,927,851)	181,534	-2.6%	(7,109,385)	-
<b>Total Revenue</b>	<b>221,817,761</b>	<b>221,247,036</b>	<b>229,232,750</b>	<b>7,985,714</b>	<b>3.6%</b>	<b>221,817,761</b>	<b>-</b>
<b>Total Expenses</b>	<b>212,636,383</b>	<b>212,065,660</b>	<b>218,986,297</b>	<b>(6,920,637)</b>	<b>-3.3%</b>	<b>212,636,383</b>	<b>-</b>
<b>Total Net</b>	<b>9,181,378</b>	<b>9,181,376</b>	<b>10,246,453</b>	<b>1,065,077</b>	<b>11.6%</b>	<b>9,181,378</b>	<b>-</b>

Regional CMH Revenue and Expenses  
Regional Charts



Preliminary June 2021	Lenawee	Livingston	Monroe	Washtenaw	Region*
Total Medicaid/HMP Revenue	23,151,172	33,097,043	33,974,448	76,769,356	166,992,019
Total Medicaid/HMP Expense	18,493,562	30,275,492	32,988,595	72,452,684	154,210,333
Total Medicaid/HMP Surplus(Deficit)	4,657,610	2,821,551	985,853	4,316,672	12,781,686

\*Totals Include DCW. About \$1M will lapse back to the state.



Community Mental Health Partnership of Southeast Michigan  
Preliminary Statement of Revenue and Expenses Notes  
Period Ending September 30, 2021

Summary Page

1. Operating cash was \$21,363,780 at the end of September 2021 compared to \$3,972,952 at the end of September 2020. The September 2021 number includes \$15,247 invested in CDs with the Bank of Ann Arbor.
2. Several closing entries remain for FY 2021, the largest being the cost settlement with the CMHs. Other significant entries include cost settlement with MDHHS for DCW funding and reconciling PA2 and Block Grant funding. These entries will not be finalized until February 2022. The 4<sup>th</sup> Quarter HRA funding and payments will occur in November. These do not impact the bottom line and are not reflected in the YTD budget.
3. SUD Surplus exceeded budget by 55%
4. Total PIHP Administrative Revenue exceeded budget by 5.5% due to increased PIHP incentives.
5. Net Surplus exceeded budget by 11.6%

Medicaid Mental Health

1. As of September 2021, all CMHs have received 4.0% more funding than was budgeted. This is due to increased DCW funding to cover the \$2.25/hour DCW Premium Rate along with the provider stabilization funding approved by the board.

Medicaid & Grant – SUD

1. Net SUD budget is higher by 55%.

PIHP

1. Total PIHP revenue is 5.5% over budget due to increased incentives.

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

	Budget Revision 2	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End
<b>MEDICAID</b>						
<b>MEDICAID REVENUE</b>						
Medicaid (b) & 1115i	104,894,463	104,894,463	104,758,044	(136,419)	0.1%	104,894,463
Medicaid Waivers	43,203,339	43,203,339	47,092,067	3,888,728	-9.0%	43,203,339
Healthy Michigan Revenue	16,494,475	16,494,475	16,763,780	269,305	-1.6%	16,494,475
Medicaid Autism	16,386,357	16,386,357	17,276,738	890,381	-5.4%	16,386,357
DCW Revenue	13,142,005	13,142,005	14,917,022	1,775,017	-13.5%	13,142,005
HRA MCAID Revenue	2,070,992	1,588,972	1,588,972	-	0.0%	2,070,992
HRA HMP Revenue	1,615,152	1,526,448	1,526,448	-	0.0%	1,615,152
<b>Medicaid Revenue</b>	<b>197,806,782</b>	<b>197,236,058</b>	<b>203,923,070</b>	<b>6,687,011</b>	<b>-3.4%</b>	<b>197,806,782</b>
<b>MEDICAID EXPENDITURES</b>						
IPA MCAID	1,505,148	1,505,148	1,567,140	(61,992)	-4.1%	1,505,148
IPA HMP	165,568	165,568	173,292	(7,724)	-4.7%	165,568
HRA MC	2,070,992	1,588,972	1,588,972	-	0.0%	2,070,992
HRA HMP	1,615,152	1,526,448	1,526,448	-	0.0%	1,615,152
<b>Lenawee CMH</b>						
Medicaid (b) & 1115i	11,899,678	11,899,678	12,317,305	(417,627)	-3.5%	11,899,678
Medicaid Waivers	4,860,945	4,860,945	4,966,414	(105,469)	-2.2%	4,860,945
Healthy Michigan Expense	2,841,193	2,841,193	2,853,482	(12,289)	-0.4%	2,841,193
Autism Medicaid	1,308,863	1,308,863	1,079,343	229,520	17.5%	1,308,863
DCW Expense	1,709,105	1,709,105	1,888,562	(179,457)	-10.5%	1,709,105
DHIP	36,579	36,579	46,066	(9,487)	-25.9%	36,579
<b>Lenawee CMH Total</b>	<b>22,656,362</b>	<b>22,656,362</b>	<b>23,151,172</b>	<b>(494,810)</b>	<b>-2.2%</b>	<b>22,656,362</b>
<b>Livingston CMH</b>						
Medicaid (b) & 1115i	17,044,272	17,044,272	16,799,096	245,176	1.4%	17,044,272
Medicaid Waivers	7,627,522	7,627,522	7,823,662	(196,140)	-2.6%	7,627,522
Healthy Michigan Expense	2,741,762	2,741,762	2,853,329	(111,567)	-4.1%	2,741,762
Autism Medicaid	4,957,208	4,957,208	5,411,455	(454,247)	-9.2%	4,957,208
DCW Expense	2,242,870	2,242,870	2,456,169	(213,299)	-9.5%	2,242,870
DHIP	122,800	122,800	181,086	(58,286)	-47.5%	122,800
<b>Livingston CMH Total</b>	<b>34,736,434</b>	<b>34,736,434</b>	<b>35,524,796</b>	<b>(788,362)</b>	<b>-2.3%</b>	<b>34,736,434</b>
<b>Monroe CMH</b>						
Medicaid (b) & 1115i	19,507,001	19,507,001	20,340,095	(833,095)	-4.3%	19,507,001
Medicaid Waivers	7,867,260	7,867,260	8,073,513	(206,253)	-2.6%	7,867,260
Healthy Michigan	2,622,026	2,622,026	2,622,504	(478)	0.0%	2,622,026
Autism Medicaid	2,570,743	2,570,743	2,118,850	451,893	17.6%	2,570,743
DCW Expense	2,802,471	2,802,471	3,073,407	(270,936)	-9.7%	2,802,471
DHIP	88,834	88,834	57,185	31,649	35.6%	88,834
<b>Monroe CMH Total</b>	<b>35,458,335</b>	<b>35,458,335</b>	<b>36,285,554</b>	<b>(827,219)</b>	<b>-2.3%</b>	<b>35,458,335</b>
<b>Washtenaw CMH</b>						
Medicaid (b) & 1115i	42,634,516	42,634,516	43,158,934	(524,419)	-1.2%	42,634,516
Medicaid Waivers	25,568,813	25,568,813	25,697,815	(129,002)	-0.5%	25,568,813
Healthy Michigan Expense	5,875,998	5,875,998	5,885,642	(9,644)	-0.2%	5,875,998
Autism Medicaid	4,657,841	4,657,841	4,885,006	(227,165)	-4.9%	4,657,841
DCW Expense	7,297,312	7,297,312	8,043,743	(746,431)	-10.2%	7,297,312
DHIP	44,417	44,417	28,063	16,354	36.8%	44,417
<b>Washtenaw CMH Total</b>	<b>86,078,896</b>	<b>86,078,896</b>	<b>87,699,203</b>	<b>(1,620,307)</b>	<b>-1.9%</b>	<b>86,078,896</b>
<b>Stabilization Funding</b>			<b>3,515,436</b>			
<b>Medicaid Expenditures</b>	<b>184,286,886</b>	<b>183,716,163</b>	<b>191,032,013</b>	<b>(7,315,850)</b>	<b>-4.0%</b>	<b>184,286,887</b>
<b>Medicaid Total</b>	<b>13,519,896</b>	<b>13,519,896</b>	<b>12,891,057</b>	<b>(628,839)</b>	<b>-4.7%</b>	<b>13,519,896</b>



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

	Budget Revision 2	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	8,582,533	8,582,533	9,027,850	445,316	5.2%	8,582,533
Medicaid SUD	3,147,681	3,147,681	3,254,929	107,247	3.4%	3,147,681
SUD DCW	368,995	368,995	316,462	52,532	14.2%	368,995
PA2 - Tax Revenue	1,272,429	1,272,429	1,838,116	565,687	44.5%	1,272,429
PA2 - Use of Reserve (Est)	1,228,947	1,228,947	974,783	(254,164)	-20.7%	1,228,947
Federal/State Grants	6,253,983	6,253,983	6,567,627	313,644	5.0%	6,253,983
<b>SUD/Grants REVENUE</b>	<b>20,854,568</b>	<b>20,854,568</b>	<b>21,979,767</b>	<b>1,125,198</b>	<b>5.4%</b>	<b>20,854,568</b>
				0		
<b>SUD/GRANTS EXPENDITURES</b>						
<b>SUD Administration</b>						
Salaries & Fringes	1,041,015	1,041,015	938,810	(102,205)	-9.8%	1,041,015
Contracts	230,354	230,354	273,704	43,351	18.8%	230,354
Board Expense	125	125	-	(125)		125
Other Expenses	89,851	89,851	101,923	12,073	13.4%	89,851
<b>SUD Administration</b>	<b>1,361,344</b>	<b>1,361,344</b>	<b>1,314,438</b>	<b>(46,906)</b>	<b>-3.4%</b>	<b>1,361,344</b>
<b>Lenawee SUD Services</b>	<b>2,463,883</b>	<b>2,463,883</b>	<b>2,159,225</b>	<b>(304,658)</b>	<b>-12.4%</b>	<b>2,463,883</b>
<b>Livingston SUD Services</b>	<b>2,078,904</b>	<b>2,078,904</b>	<b>2,142,452</b>	<b>63,548</b>	<b>3.1%</b>	<b>2,078,904</b>
<b>Monroe SUD Services</b>	<b>2,570,571</b>	<b>2,570,571</b>	<b>2,905,422</b>	<b>334,850</b>	<b>13.0%</b>	<b>2,570,571</b>
<b>Washtenaw SUD Services</b>	<b>5,933,306</b>	<b>5,933,306</b>	<b>6,474,091</b>	<b>540,786</b>	<b>9.1%</b>	<b>5,933,306</b>
<b>Veteran Navigation</b>	<b>93,521</b>	<b>93,521</b>	<b>89,461</b>	<b>(4,060)</b>	<b>-4.3%</b>	<b>93,521</b>
<b>SOR NCE</b>	<b>1,289,473</b>	<b>1,289,473</b>	<b>830,126</b>	<b>(459,347)</b>	<b>-35.6%</b>	<b>1,289,473</b>
<b>SOR II</b>	<b>1,400,000</b>	<b>1,400,000</b>	<b>1,039,930</b>	<b>(360,070)</b>	<b>-25.7%</b>	<b>1,400,000</b>
<b>Gambling Prevention Grant</b>	<b>200,000</b>	<b>200,000</b>	<b>150,649</b>	<b>(49,351)</b>	<b>-24.7%</b>	<b>200,000</b>
<b>Tobacco</b>	<b>4,000</b>	<b>4,000</b>	<b>7,783</b>	<b>3,783</b>		<b>4,000</b>
<b>Women's Specialty Services</b>	<b>688,699</b>	<b>688,699</b>	<b>582,944</b>	<b>(105,755)</b>	<b>-15.4%</b>	<b>688,699</b>
<b>SUD/Grants Expenditures</b>	<b>18,083,702</b>	<b>18,083,702</b>	<b>17,696,520</b>	<b>387,181</b>	<b>2.1%</b>	<b>18,083,702</b>
<b>SUD/Grants Total</b>	<b>2,770,867</b>	<b>2,770,867</b>	<b>4,283,247</b>	<b>1,512,380</b>	<b>54.6%</b>	<b>2,770,867</b>
<b>PIHP</b>						
<b>PIHP REVENUE</b>						
Incentives (Est)	1,772,921	1,772,921	1,917,814	144,892	8.2%	1,772,921
Local Match	1,259,140	1,259,140	1,259,140	-	0.0%	1,259,140
Other Income	124,349	124,349	152,959	28,611	23.0%	124,349
<b>PIHP Revenue</b>	<b>3,156,410</b>	<b>3,156,410</b>	<b>3,329,913</b>	<b>173,503</b>	<b>5.5%</b>	<b>3,156,410</b>
<b>PIHP EXPENDITURES</b>						
<b>PIHP Admin</b>						
Local Match	1,259,140	1,259,140	1,259,140	-	0.0%	1,259,140
Salaries & Fringes	1,001,015	1,001,015	966,767	(34,248)	-3.4%	1,001,015
Contracts	344,706	344,706	370,268	25,562	7.4%	344,706
Other Expenses	160,808	160,808	161,589	781	0.5%	160,808
ISF Transfer/Repay	7,500,000	7,500,000	7,500,000	(0)	0.0%	7,500,000
<b>PIHP Admin</b>	<b>10,265,670</b>	<b>10,265,670</b>	<b>10,257,764</b>	<b>(7,906)</b>	<b>0.1%</b>	<b>10,265,670</b>
Board Expense	125	125	-	(125)		125
<b>PIHP Expenditures</b>	<b>10,265,795</b>	<b>10,265,795</b>	<b>10,257,764</b>	<b>(8,031)</b>	<b>0.1%</b>	<b>10,265,795</b>
<b>PIHP Total</b>	<b>(7,109,385)</b>	<b>(7,109,260)</b>	<b>(6,927,851)</b>	<b>(181,534)</b>	<b>-2.6%</b>	<b>(7,109,385)</b>
<b>Organization Total</b>	<b>9,181,378</b>	<b>9,181,502</b>	<b>10,246,452</b>	<b>1,064,950</b>	<b>-11.6%</b>	<b>9,181,378</b>
Totals						
Revenue	221,817,761	221,247,037	229,232,750	7,985,713	-3.6%	221,817,761
Expenses	212,636,383	212,065,659	218,986,297	(6,920,638)	3.3%	212,636,383
Net	9,181,378	9,181,377	10,246,452	1,065,075	-11.6%	9,181,378



### Regional Board Action Request – Contracts

Board Meeting Date: November 10, 2021

Action(s) Requested: Approval for the CEO to execute the following contracts as included within this attachment. All PA2 funds have been approved by the Oversight Policy Board.

Organization - Background	Term	Funding Level	Funding Source	Agreement Type
<b>Livingston CMHA Stepping Stones Engagement Center</b> – COVID BG funding was previously approved to partially fund engagement centers. It was further discovered Livingston CMHA Engagement Center does not have the crisis response center required for COVID BG funding. Therefore, OPB approved the COVID BG funding of \$50,000 previously approved for the Livingston Engagement Center be transitioned to PA2 funds to cover the full funding amount approved for this provider.	10/01/2021 – 9/30/2022	Amount not to exceed: \$547,684.00	PA2, Block Grant Funds	Contract
<b>Lenawee CMHA Pathways Engagement Center</b> - COVID BG funding was previously approved to partially fund engagement centers. It was further discovered Lenawee CMHA Engagement Center does not have the crisis response center required for COVID BG funding. Therefore, OPB approved the COVID BG funding of \$50,000 previously approved for the Lenawee Engagement Center be transitioned to State Block Grant funds to cover the full funding amount approved for this provider.	10/01/2021 – 9/30/2022	Amount not to exceed: \$510,758.00	State Block Grant Funds, PA2 Funds	Contract
<b>Washtenaw County Sheriff's Office (WCSO)</b> - Washtenaw County Sheriff's Office is requesting SOR II funding to cover costs for the jail-based MAT program including prescriber time, counseling sessions, medications, medication and equipment delivery, drug testing, and supplies. This is a newly funded SOR program, and it is estimated services will be delivered to 100 participants during the fiscal year. WCSO had a different funding source that ended this year, and SOR funding is available through other unspent funds.	10/01/2021 – 9/30/2022	Amount not to exceed: \$123,000.00	State Opioid Response (SOR) II	Contract

Organization - Background	Term	Funding Level	Funding Source	Agreement Type
<b>Livingston CMHA Jail Based MAT</b> - MAT/MOUD related programming in the Livingston County Jail with a target audience of individuals with OUD. Includes coordinated outreach upon release to increase successful outcomes.	10/01/2021 – 9/30/2022	Amount not to exceed: \$83,430.00	State Opioid Response (SOR) II	Contract
<b>Livingston CMHA Project ASSERT</b> - a collaborative project for substance abuse recovery services by a peer in an emergency room setting, between LCMHA and St. Joseph Mercy Livingston Hospital.	10/01/2021 – 9/30/2022	Amount not to exceed: \$65,600.00	State Opioid Response (SOR) II	Contract

CMHPSM Staff Recommendation:      Approval



### Regional Board Notification – Contracts Within CEO Authority

Board Meeting Date: November 10, 2021

Action(s) Requested: Informational Review

Organization - Background	Funding Term	Funding Amount	Funding Source	Agreement Type
<b>Community Mental Health Association of Michigan</b> – The PIHPs do not pay member dues like the CMHSPs but do have a cost reimbursement arrangement with the CMHAM related to support provided by the association for a number of statewide PIHP initiatives and meeting space.	10/1/2021-9/30/2022	\$5,273.00	Administrative	Annual Invoice from CMHAM
<b>Michigan Consortium of Healthcare Excellence</b> – The CMHPSM is a partner of MCHE and participates in a MCHE joint purchase agreement related to MCG parity web software which is waiver required by MDHHS. The MCHE negotiating team negotiated a three-year extension of the MCHE-MCG agreement at a reduced cost. Our FY2022 share of the cost is reduced to \$20,739.12 from \$31,993.68 in FY2021.	10/26/2021 – 10/25/2022	\$20,739.12	Administrative	Annual Invoice from MCHE

Recommend: Informational Review, no action needed.

**FY2022 RISK MANAGEMENT STRATEGY  
COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN**

**1. FY2021 Year End Information (Consistent with the FY2021 Interim Financial Reports which are submitted to MDHHS):**

Expected balance of the Medicaid ISF:	\$ 7,335,246
Pay down prior year Medicaid Cost Settlements:	(\$ 9,974,638)
Projected Medicaid savings:	\$ 12,901,933
Expected balance of the Healthy Michigan ISF:	\$ 3,719,570
Pay down prior year Healthy Michigan Cost Settlements:	(\$ 5,057,958)
Projected Healthy Michigan savings:	\$ 6,542,336
<b>Expected CMHPSM Fund Balance:</b>	<b>\$ 15,466,489</b>

**2. A report of FY2022 projected Medicaid and Healthy Michigan capitation pre-payments and waiver expenditures for Medicaid beneficiaries for each CMHSP and the PIHP in total:**

<b><u>Budgeted/Projected Medicaid Revenue</u></b>	
FY2022 Capitation Revenue Including HSW and Autism	\$188,885,942
FY2021 Medicaid Savings	\$ 353,693
Total Medicaid Funding Available for FY2022	\$189,239,635
<b><u>FY2022 Budgeted/Projected Medicaid Expenditures</u></b>	
Lenawee CMHA	\$ 21,495,709
CMH of Livingston	\$ 35,675,517
Monroe County CMHA	\$ 35,699,529
Washtenaw County Community Mental Health	\$ 85,274,587
SUD Medicaid	\$ 1,945,190
Total Payments for Medicaid Services	\$178,145,341
<b>Total CMHPSM Medicaid Revenue</b>	<b>\$189,239,635</b>
<b><u>Budgeted/Projected Healthy Michigan Revenue</u></b>	
FY2022 Capitation Revenue	\$ 25,800,000
FY2021 Medicaid Savings	\$ 40,331
Total Medicaid Funding Available for FY2022	\$ 25,840,331
<b><u>FY2022 Budgeted/Projected Healthy Michigan Expenditures</u></b>	
Lenawee CMHA	\$ 2,875,092
CMH of Livingston	\$ 2,869,436
Monroe County CMHA	\$ 2,650,462
Washtenaw County Community Mental Health	\$ 5,914,106
SUD HMP	\$ 6,226,565
Total Payments for HMP Services	\$ 20,535,662
<b>Total CMHPSM Healthy Michigan Revenue</b>	<b>\$ 25,840,331</b>

The CMHPSM has budgeted to use only available current year Medicaid funding during FY2022.

- The CMHPSM is currently projecting that Medicaid revenue, including Autism and HSW funding will exceed Medicaid expenditures for FY2022.
- Any surplus Medicaid funds that may remain at the end of FY2022 are expected to be below the level that would require the lapsing of funds back to MDHHS. The CMHPSM is projected to have a Medicaid surplus in FY2022. Any surplus would be used to fund the CMHPSM ISF based on the amount of Medicaid revenue received during FY2022, enrollment changes and the potential risk in FY2022 and beyond as determined by an actuarial analysis. Surplus funds remaining after the consideration of adjustments to the ISF would be applied to Medicaid savings up to 7.5% of the FY2022 capitation revenue. The use of surplus funding for both ISF contributions and/or Medicaid Savings carry-forward would be in accordance with the PIHP contract.

The CMHPSM has budgeted to use all available and anticipated current year Healthy Michigan Plan funding during FY2022.

- The CMHPSM has budgeted to use only available current year Healthy Michigan Plan revenue, this funding is projected to exceed Healthy Michigan expenditures for FY2022.
- Any surplus Healthy Michigan funds that may remain at the end of FY2022 are expected to be below the level that would require the lapsing of funds back to MDHHS. The CMHPSM is currently projected to have some Healthy Michigan surplus in FY2022. Any surplus would, if necessary, be used to increase the CMHPSM ISF based on the amount of Healthy Michigan revenue received during FY2022, enrollment changes and the potential risk in FY2022 and beyond as determined by an actuarial analysis. Surplus funds remaining after the consideration of adjustments to the ISF would be applied to Healthy Michigan savings up to 7.5% of the FY2022 capitation revenue. The use of surplus funding for both ISF contributions and/or Healthy Michigan Savings carry-forward would be in accordance with the PIHP contract.

The CMHSPs within the CMHPSM region have undertaken internal cost containment strategies wherever possible during the past four fiscal years. The CMHPSM investment within the provider network through service rate increases has increased expenditures on medically necessary mental health services. Contracted service providers have struggled to maintain staffing levels as required by the needs of our served population and these rate increases were/are intended to allow providers to stay in business and staff our service sites. The COVID-19 pandemic has worsened the staffing concerns within our region, we greatly appreciate the efforts of MDHHS in relation to staff recruitment and retention through the provider premium pay passed through during Q3/Q4 in FY2020, FY2021, and legislatively appropriated for all of FY2022. The CMHPSM will continue to assess both revenue and expenses on an ongoing basis throughout FY2022 to continue the positive gains made in FY2021.

**3. Report on PIHP/CMHSP Risk Management Relationships**

The Community Mental Health Partnership of Southeast Michigan (CMHPSM) has a three-pronged strategy: an actuarially based allocation of funding to each of the four counties included in this partnership; an electronic claims verification system with regular monitoring; and the maintenance of sufficient Internal Service Fund levels when possible.

**ALLOCATION OF MENTAL HEALTH FUNDING**

Historically, the CMHPSM had been issuing Medicaid payments to the Community Mental Health Service Programs (CMHSPs) within the region based on prior years' costs. During FY2012, the CMHPSM contracted with Milliman, a Wisconsin based actuarial consultant knowledgeable about CMHSP operations, to analyze our client and cost data to provide a funding allocation model that uses risk weights developed from a regression model built from demographic, diagnosis, service experience, and the associated service funding, and cost data. The model was re-based by Milliman under a contract with the CMHPSM during FY2014. The re-basing by Milliman utilized updated service encounter experience data from the region to further refine risk weights associated with the funding allocation model.

The risk-based allocation percentage described above is utilized in conjunction with historical expense allocations and projected expenses developed at each CMHSP to ensure all medically necessary service costs are covered for required eligible individuals throughout our region. This funding model has been key to allocating revenue within the CMHPSM region in a fair and equitable manner between the CMHSPs when revenue has been sufficient.

**ELECTRONIC CLAIMS VERIFICATION & MONITORING**

The electronic record is a comprehensive system that includes the Individual Plan of Service (IPOS), authorization of services in accordance with the IPOS, Staff Activity Logs for directly provided services, and Claims verification for those services provided by contracted agencies. When a HIPAA-compliant claim is submitted, the system verifies that the service was authorized, checks the insurance coverage (i.e., if the consumer is a Medicaid enrollee, is enrolled in the Healthy Michigan, Habilitation Supports Waiver, SED Waiver, Child Waiver, or is a General Fund consumer) and identifies the CPT code and Business Unit (cost reporting unit) where the cost is to be recorded. If the service does not meet a number of verification processes (i.e. was not authorized, is above the approved fee schedule, is outside the authorized amount, scope or duration, etc.) the system issues a denial for payment. An individual consumer's Medicaid eligibility is updated weekly from the State's database. If Medicaid was approved retroactively, another file indicates which fund was initially charged so that it is then credited and the appropriate Medicaid fund is debited. This file is run monthly so that our financial system is updated with the most recent eligibility information and financial reports can accurately reflect the costs. For directly-provided services, a report is run that indicates the services by funding source so that staff costs, fixed costs, and administrative costs can be allocated to the appropriate funding source. This extensive data allows for the creation of numerous reports to assist in the analysis of utilization, consumers served, penetration rates, changes in eligibility, and changes in the demographic and/or diagnostic mix of consumers served.

**ASSURANCE OF FINANCIAL RISK PROTECTION-INTERNAL SERVICE FUNDS**

The CMHPSM had established a Medicaid Internal Services Fund (ISF) for purposes of risk protection. As of FY2021 year end the CMHPSM will begin with Medicaid Internal Services Funds again as we did in FY2020, however the region’s financial stability and risk reserve management board governance policy will continue to be utilized for FY2022 risk protection. In accordance with the MDHHS/PIHP contract, the ISF may be funded up to 7.5% of Medicaid revenues for the close of FY2021. The Medicaid ISF is a separate interest-bearing account and is not co-mingled with any other funding. Any surplus ISF funding remaining after the close out of FY2021, will be maintained in the ISF account.

In summary, the CMHPSM region will attempt to manage FY2022 expenses much like FY2021, by budgeting within the projected revenue to be received during FY2022, as we await determination of deficit repayment options. The CMHPSM and its partner CMHSPs have made every attempt to manage expenditures within available revenue and during FY2021 and our region currently projects a surplus of \$26 million within the FY2021 interim FSR. The CMHPSM projects that the FY2022 rates and CMHPSM assigned entity specific factors more closely aligns revenue with our service expenditures in comparison to the previous iteration of rates and geographic factors from FY2017 through FY2019. The FY2020 rate changes and partial implementation of the new entity factors increased our region’s revenue projection over FY2018 and 2019 levels. The fuller implementation of the geographic factors within the FY2022 rates, makes those rates more favorable than FY2021 and FY2020 and much more favorable than FY2017-19 rate sets.

The CMHPSM region has budgeted a significant contribution to the Medicaid Internal Services Fund for FY2022 to begin re-building the ISF based upon revenue projections for FY2022. The actual funding level of our ISF will be determined by our deficit repayment plan allowability and is reliant on FY2022 revenue meeting current projections.



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**1. FY2021 Year End Information (Consistent with the FY2021 Interim Financial Reports which are submitted to MDHHS):**

Expected balance of the Medicaid ISF:	\$ 7,335,246
Pay down prior year Medicaid Cost Settlements:	(\$ )
Projected Medicaid savings:	\$ 2,927,295
Expected balance of the Healthy Michigan ISF:	\$ 3,719,570
Pay down prior year Healthy Michigan Cost Settlements:	(\$ )
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<b>Expected CMHPSM Fund Balance:</b>	<b>\$ 15,466,489</b>

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FY2022 Capitation Revenue Including HSW and Autism	\$188,885,942
FY2021 Medicaid Savings	<u>\$ 11,569,477</u>
Total Medicaid Funding Available for FY2022	\$200,455,419
<b><u>FY2022 Budgeted/Projected Medicaid Expenditures</u></b>	
Lenawee CMHA	\$ 21,495,709
CMH of Livingston	\$ 35,675,517
Monroe County CMHA	\$ 35,699,529
Washtenaw County Community Mental Health	\$ 85,274,587
SUD Medicaid	<u>\$ 1,945,190</u>
Total Payments for Medicaid Services	\$178,145,341
<b>Total CMHPSM Medicaid Revenue</b>	<b>\$200,455,419</b>
<b><u>Budgeted/Projected Healthy Michigan Revenue</u></b>	
FY2022 Capitation Revenue	\$ 25,800,000
FY2021 Medicaid Savings	<u>\$ 1,319,264</u>
Total Medicaid Funding Available for FY2022	\$ 27,119,264
<b><u>FY2022 Budgeted/Projected Healthy Michigan Expenditures</u></b>	
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**Oversight Policy Board Minutes**  
**October 28, 2021**  
**Meeting held electronically via Zoom software**

Members Present: Mark Cochran (Monroe, MI), Kim Comerzan (Monroe, MI), Amy Fullerton  
(physical location) Lenawee County, MI), Ricky Jefferson (Ypsilanti Township, MI [non-  
voting]), John Lapham (Nashville, TN), Susan Longworth (Genoa  
Township, MI), Molly Welch Marahar (Ann Arbor, MI), Dave Oblak (Ann  
Arbor, MI), Dave O'Dell (Monroe, MI), Ralph Tillotson (Adrian, MI),  
Monique Uzelac (Ypsilanti, MI), Tom Waldecker (Carlton, MI)

Members Absent: Dianne McCormick, Frank Nagle, Carol Reader

Guests:

Staff Present: Stephannie Weary, James Colaianne, Nicole Adelman, Matt Berg, CJ  
Witherow, Alyssa Tumolo, Rebecca DuBois, Danielle Brunk

Board Chair M. Cochran called the meeting to order at 9:32 a.m.

1. Roll Call  
Electronic quorum confirmed.
2. Approval of the Agenda  
**Motion by R. Tillotson, supported by J. Lapham, to approve the agenda**  
**Motion carried**  
Voice vote, no nays
3. Approval of the September 23, 2021 Oversight Policy Board minutes  
**Motion by D. O'Dell, supported by J. Lapham, to approve the September 23, 2021 OPB minutes**  
**Motion carried**  
Voice vote, no nays
4. Audience Participation
5. Old Business
  - a. Finance Report
    - M. Berg presented.
  - b. FY22 American Rescue Plan Act Funding Update
    - N. Adelman provided an overview.
    - N. Adelman will follow up with the state on whether SUD Health Homes allow for Opioid Health Homes.
    - The state is pushing SAMHSA for a 12/1 start-date.
    - OPB members should forward any programming thoughts and ideas to N. Adelman. Staff will put together a proposal to OROSC.
6. New Business
  - a. PA2 Request for Livingston Co. Engagement Center  
**Motion by S. Longworth, supported by M. Uzelac, to approve \$50,000 in FY22 PA2 funds to Livingston County Community Mental Health Authority for the Livingston County Engagement Center**  
**Motion carried**

Vote

Yes: Cochran, Comerzan, Fullerton, Lapham, Longsworth, Welch Marahar, Oblak, O'Dell, Tillotson, Uzelac, Waldecker

No:

Absent: McCormick, Nagle, Reader

Non-voting: Jefferson

b. PA2 mini grant request

- Request is for \$1k Monroe I Matter Summit.
- N. Adelman has the authority to approve mini grants, but because of the region's PA2 struggles, OPB discussed status/plan for mini grants.
- OPB agreed to continue with FY22 mini grants, suspend mini grants for FY23.

c. Board Elections

**Motion by T. Waldecker, supported by J. Lapham, to install the officer slate as listed below for FY22**

**Motion carried**

<b>Chair</b>	<b>Mark Cochran</b>
<b>Vice Chair</b>	<b>Susan Longsworth</b>
<b>Secretary</b>	<b>Molly Welch Marahar</b>

Vote

Yes: Cochran, Comerzan, Fullerton, Lapham, Longsworth, Welch Marahar, Oblak, O'Dell, Tillotson, Uzelac, Waldecker

No:

Absent: McCormick, Nagle, Reader

Non-voting: Jefferson

- There were no nominations from the floor.

d. SUD Policy Updates

- Last month, OPB requested that the ROC propose a more succinct term to replace the proposed "consumer/individual served" policy language.
- After consulting with local recipients of service, ROC determined that "consumer/individual served" should be the consensus term for mental health policies and that SUD policies should use a different term, if preferred.

Motion by M. Welch Marahar, supported by S. Longsworth, to use the term "individual" in SUD policies to identify those who are receiving services

Motion carried

Vote

Yes: Cochran, Comerzan, Fullerton, Lapham, Longsworth, Welch Marahar, Oblak, O'Dell, Tillotson, Uzelac, Waldecker

No:

Absent: McCormick, Nagle, Reader

Non-voting: Jefferson

- OPB advised that "individual," "staff," "clinician," and other terms should be clearly defined in the policies.

e. Open Meetings Act

- Unless something changes in policy, public meetings will need to be conducted in-person again starting January 2022.
- There will need to be a quorum in the room, including at least 1 person from each county. Per the Open Meetings Act, only board members present in the room are

allowed to vote. Remote meeting attendees will be able to contribute to discussion but will not be able to vote.

- Staff will join the meetings via Zoom to maintain social distancing.
- f. Relaunch of Opioid Prevention Media Campaign
  - Campaign was originally funded by the STR grant.
  - It was released when the pandemic began, so the effectiveness of it was probably impacted by COVID.
  - Staff was able to find some money in the SOR no-cost extension and COVID block grant, were able to spend around \$35k to re-release. Social media will primarily be used for this campaign.
- 7. Report from Regional Board
  - Minutes were included in the packet.
  - The board approved the pass-through of \$2.35/hr. premium pay for a number of services, includes detox and residential, for all 4 counties.
- 8. SUD Director Updates
  - a. CEO Update {Att. #7}
    - CEO Report was included in the packet.
    - The Shirkey bill will move out of the senate subcommittee, which likely. The house bill isn't released from committee yet.
    - M. Welch Marahar expressed concern for transition options for SUD services, if needed. J. Colaianne noted that conversations have been happening at ROC and at the state PIHP level.
  - b. Staffing Update
    - Th SUD team is now fully staffed. Newest 2 staff members: SUD Program Coordinator Danielle Brunk and Veteran Peer Support Specialist Bob Bull.
  - c. Back to office plans
    - Leadership's decision-making is data-driven with the intention of safety for staff.
    - The office was scheduled to be reopened in a limited capacity on Monday 11/1, but Leadership has decided to push that back to 11/15, at which point there will be limited staff in the office and the office will remain closed to the public.
  - d. Return of SUD Dashboard
    - The SUD dashboard will begin to be presented at OPB meetings again, with a goal of starting in January.
- 9. Adjournment

**Motion by M. Uzelac, supported by M. Welch Marahar, to adjourn the meeting**  
**Motion carried**  
Voice vote, no nays

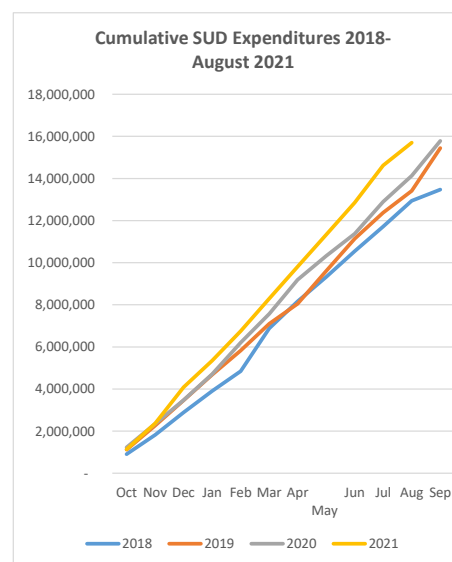
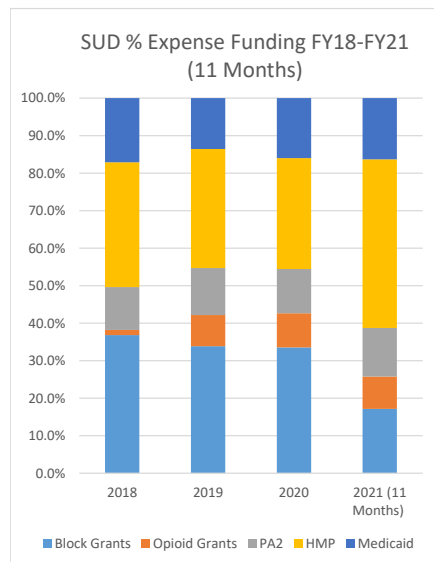
  - `Meeting adjourned at 10:48 a.m.

**\*Next meeting: Thursday, December 2, 2021**

**Location TBD: Zoom or 3005 Boardwalk, Suite 200; Patrick Barrie Room**

**Community Mental Health Partnership Of Southeast Michigan  
SUD SUMMARY OF REVENUE AND EXPENSE BY FUND  
August 2021 Preliminary FYTD**

Summary Of Revenue & Expense		Funding Source						Total Funding Sources	FY20 YTD
	Medicaid	Healthy Michigan	SUD - CBG/WSS	SUD - SOR/SOR II	Gambling Prev	SUD-PA2			
<b>Revenues</b>									
Funding From MDHHS	3,059,000	8,426,340	3,214,310	1,616,060	105,313		\$ 16,421,023	\$ 13,247,818	
PA2/COBO Tax Funding Current Year						1,641,302	\$ 1,641,302	\$ 1,690,426	
PA2/COBO Reserve Utilization						782,831	\$ 782,831	\$ 180,046	
Other	-	-	-	-	-	-	\$ -		
Total Revenues	\$ 3,059,000	\$ 8,426,340	\$ 3,214,310	\$ 1,616,060	\$ 105,313	\$ 2,424,133	\$ 18,845,155	\$ 15,118,290	
<b>Expenses</b>									
<u>Funding for County SUD Programs</u>									
CMHPSM				1,670,526	105,313		1,775,839	1,285,182	
Lenawee	358,658	941,486	245,210			423,678	1,969,031	2,068,509	
Livingston	201,555	678,931	756,207			346,045	1,982,739	1,674,198	
Monroe	443,659	1,082,218	765,087			505,985	2,796,950	2,365,850	
Washtenaw	757,154	3,013,899	1,152,751			1,148,423	6,072,227	5,718,661	
Total SUD Expenses	\$ 1,761,026	\$ 5,716,534	\$ 2,919,256	\$ 1,670,526	\$ 105,313	\$ 2,424,132	\$ 14,596,786	\$ 13,112,400	
Administrative Cost Allocation	190,497	618,379	295,054			-	\$ 1,103,930	\$ 659,552	
Total Expenses	\$ 1,951,523	\$ 6,334,913	\$ 3,214,310	\$ 1,670,526	\$ 105,313	\$ 2,424,132	\$ 15,700,716	\$ 13,771,952	
Revenues Over/(Under) Expenses	\$ 1,107,477	\$ 2,091,428	\$ 0	\$ (54,465)	\$ (0)	\$ 0	\$ 3,144,439	\$ 1,346,338	



FY 21 Utilization of PA2			
	Revenues	Expenditures	Revenues Over/(Under) Expenses
<b>PA2 by County</b>			
Lenawee	134,740	423,678	(288,938)
Livingston	422,788	346,045	76,743
Monroe	314,884	505,985	(191,101)
Washtenaw	768,890	1,148,423	(379,534)
<b>Totals</b>	<b>\$ 1,641,302</b>	<b>\$ 2,424,132</b>	<b>\$ (782,831)</b>
<b>Unallocated PA2</b>	<b>FY 21 Beginning Balance</b>	<b>FY21 Projected Utilization</b>	<b>FY21 Projected Ending Balance</b>
Lenawee	723,718	(303,683)	420,035
Livingston	3,647,264	120,842	3,768,106
Monroe	428,945	(176,335)	252,610
Washtenaw	2,039,452	(365,844)	1,673,609
<b>Total</b>	<b>\$ 6,839,379</b>	<b>\$ (725,020)</b>	<b>\$ 6,114,360</b>

FY 20 YE Over/(Under) Expenses
(106,259)
293,315
(35,395)
(302,772)
<b>\$ (151,111)</b>





# **CEO Report**

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

**Submitted to the CMHPSM Board of Directors**  
**November 3, 2021 for the November 10, 2021 Meeting**

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### *CMHPSM Update*

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- The CMHPSM had an all staff meeting on October 12, 2021. The October 25, 2021 all staff meeting was cancelled due to the CMHAM fall conference. We are scheduled to meet November 8, 2021 and November 22, 2021. The November 22 meeting will be focused on open enrollment for 2022 benefits with our benefits administrator.
- The CMHPSM leadership team is continuing to meet on a weekly basis while we are working remotely.
- Staff are continuing the redesign of the CMHPSM website and will begin an effort on standardizing formatting and design across our web presence. Updates with redesigned pages are published on Friday afternoons.
- The CMHPSM has successfully transitioned to Municipal Employee Retirement System (MERS) for our retirement plan with our October employee contributions and accumulated assets are set to be transferred in November within the blackout period.

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### *COVID-19 Update*

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- The CMHPSM office continues to be closed to the public and recently moved back to the orange limited capacity level on August 31, 2021. Washtenaw County remains in the high transmissibility status and is recommending masks for everyone while indoors. We determined that the benefits of coming to the office in a hybrid status were lost if masks were required in our personal offices. 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 are currently planning a return to the reduced capacity “yellow” phase for December and will continue to monitor recommendations around the projected return to full office capacity.

#### **Re-Opening Plan Phases as of November 3, 2021**

<b>Phase:</b>	<b>Essential Only Capacity</b>	<b>Limited Capacity</b>	<b>Reduced Capacity</b>	<b>Full Capacity</b>
<b>Office:</b>	<b>Office Closed</b>	<b>Limited Office Attendance and Office Closed to Public</b>	<b>50% Capacity – 75% Capacity and Office Closed to Public</b>	<b>100% Capacity – Office Open to Public</b>
<b>Projected Date Range for Phase:</b>		8/31/2021 – 12/5/2021 (Projected)	12/6/2021 (Projected)	No Projection
<b>Current Phase:</b>		<b>X</b>		

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### *CMHPSM Staffing Update*

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- The CMHPSM has multiple open positions and is accepting applications for:
    - Supports Intensity Scale Assessor (Currently accepting applications)
    - Finance Analyst -Part Time (Currently accepting applications)
    - The CMHPSM recently hired a Compliance and Quality Manager. Welcome to Drew Ling who started on Monday November 1, 2021.
    - 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 weekly 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 the meetings have transitioned to a bi-weekly schedule.
- PIHP CEO meetings are being held remotely on a monthly basis. We last met on November 3, 2021 and our next meeting is scheduled for December 1, 2021.
- The most recent PIHP CEO / MDHHS operations meeting was November 4, 2021 with BHDDA staff, our next meeting is scheduled for December 2, 2021. 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.
- The CMHAM Fall conference included an update from MDHHS Director Hertel and numerous sessions. Presentation materials have been shared with all staff through our Teams employee resource channel.
- Senate bills were voted out of the Senate Government Operations Committee on October 26, 2021. The proposed bills Senate Bills [597](#) and [598](#) are related to proposed behavioral health system redesign that is very similar to the failed 298 initiative. The bills were amended shortly before coming out of committee and the changes are worse for the public system. A CMHAM update on the changes can be found here: [2021 Shirkey Bill Amendments 102621.docx](#) *The most recent update will be provided verbally at the Board meeting.*
- Senate Bill 714 was unveiled and proposed \$348 million in one time Behavioral Health Supplemental funding. The American Rescue Plan and COVID funding is overwhelmingly focused on infrastructure, while our systems needs are more related to on-going services and workforce sustainability and development needs. *The most recent update will be provided verbally at the Board meeting.*
- The legislation in the House of Representatives is still expected to move out of the committee in the fall of 2021. *The most recent update will be provided verbally at the Board meeting.*

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*Future Business*

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- The CMHPSM will be bringing our FY2021 Quality Assessment and Performance Improvement Plan (QAPIP) Evaluation to our December Regional Board meeting. Our FY2022 Quality Assessment and Performance Improvement Plan will be brought to the January 2022 Regional Board meeting.

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read 'Ja Colaianne', is positioned above the printed name.

James Colaianne, MPA