

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
 REGULAR BOARD MEETING
 Teleconference Meeting
 Wednesday, March 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 2-10-21 Regular Meeting and Waive the Reading Thereof {Att. #1}	2 min
V. Audience Participation (5 minutes per participant)	
VI. Old Business	30 min
a. February Finance Report – FY21 as of January 31 st {Att. #2}	
b. Board Action – FY20 QAPIP Evaluation {Att. #3}	
c. Board Action – Conflict of Interest Waiver Review {Att. #4}	
d. CEO Evaluation Committee Update	
VII. New Business	45 min
a. Board Action – Contracts Approval {Att. #5}	
b. Board Action – Provider Premium Pay Regional Extension {Att. #6}	
c. Board Action – Provider Premium Pay Pass Through {Att. #6}	
VIII. Reports to the CMHPSM Board	20 min
a. Report from the SUD Oversight Policy Board (OPB)	
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**

February 10, 2021

***Meeting held electronically via Zoom software**



Members Present: Judy Ackley (Palmyra, MI), Greg Adams (Adrian, MI), Susan Fortney (Petersburg, MI), Roxanne Garber (Brighton Township, MI), Bob King (Ann Arbor, MI), Sandra Libstorff (Monroe, MI), Molly Welch Marahar (Ann Arbor, MI), Caroline Richardson (Ann Arbor, MI), Sharon Slaton (Brighton Township, MI), Ralph Tillotson (Adrian, MI)
(physical location)

Members Absent: Charles Londo, Gary McIntosh, Katie Scott

Staff Present: Kathryn Szewczuk, Stephannie Weary, James Colaianne, CJ Witherow, Matt Berg, Nicole Adelman, Michelle Sucharski, Victor Absil, Dana Darrow, Lisa Jennings

Others Present: Laurie Lutomski, Kathy Homan

I. Call to Order
Meeting called to order at 6:01 p.m. by Board Chair S. Slaton.

II. Roll Call
J An electronic quorum of members present was confirmed.

III. Consideration to Adopt the Agenda as Presented

Motion by R. Tillotson, supported by B. King, to approve the agenda

Motion carried

Voice vote, no nays

IV. Consideration to Approve the Minutes of the January 13, 2021 Regular Meeting and Waive the Reading Thereof

Motion by J. Ackley, supported by S. Fortney, to approve the minutes of the January 13, 2021 regular meeting and waive the reading thereof

Motion carried

Voice vote, no nays

V. Audience Participation
None

VI. Old Business
a. February Finance Report – FY21 as of December 31st
J M. Berg presented. Discussion followed.
b. CEO Evaluation Committee Update

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 B. King advised that the 3 committee members (B. King, G. Adams, C. Londo) recommend using a SWOT analysis, a process that has been used successfully for reviewing Washtenaw CCMH's executive director.
- J All board members and J. Colaianne would complete the SWOT analysis.
- J J. Colaianne will forward the results of his previous interim review for board members to consider during the SWOT analysis.
- J Board members should return their completed SWOT analysis to S. Weary within the next 2 weeks, which will be forwarded to the CEO Evaluation Committee.
- J The Board will receive results in advance of discussion at the April Regional Board meeting.

VII. New Business

- a. Board Information – CMHPSM Compliance Plan Executive Summary
 - J V. Absil presented the FY21 Compliance Plan executive summary.
- b. Board Information – Employee Engagement Survey Summary
 - J J. Colaianne presented a summary of the recent employee engagement survey, along with the previous survey's results.
 - J The Employee Engagement Committee and organization will once again focus on the lower 5 scoring questions from recent survey as targets for improvement.
- c. Board Action – Jason Newberry 5-Year Anniversary Recognition
 - J J. Colaianne shared an overview of Jason's contributions to the region.
Motion by S. Fortney, supported by B. King, to approve the CMHPSM Board Chair to a sign formal proclamation acknowledging the five years of service by Jason Newberry to the PIHP region as a CMHPSM employee
Motion carried
Voice vote, no nays
- d. Board Action - CMHPSM Salary Scale Adjustment Proposal
 - Original Motion:
Motion by B. King, supported by M. Welch Marahar, to approve the proposed 6% cost of living adjustment to be implemented over a three-year period to be included in future budgets as indicated
 - Friendly Amendment:
Motion by C. Richardson, supported by G. Adams, to amend the above motion to be for 2% for the first year only, and for subsequent cost of living adjustments to be revisited for consideration in the future
Motion carried
Vote
Yes: Ackley, Adams, King, Libstorff, Welch Marahar, Richardson, Slaton
No: Fortney, Tillotson
Absent: Garber*, Londo, McIntosh, Scott
*Garber was not present for this vote.
 - Final Motion
Motion by B. King, supported by M. Welch Marahar, to approve a 2% cost of living adjustment for the first year only, and for subsequent cost of living adjustments to be revisited for consideration in the future
Motion carried
Vote
Yes: Ackley, Adams, King, Welch Marahar, Richardson, Slaton
No: Fortney, Libstorff, Tillotson

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.

Absent: Garber*, Londo, McIntosh, Scott

*Garber was not present for this vote.

- e. Board Action – Provider Premium Pay Extension

Motion by B. King, supported by J. Ackley, to approve a one-month extension of \$2/hour provider premium pay for services delivered for the month after MDHHS funding expires, currently funding from MDHHS for provider premium pay is set to expire on February 28, 2021

Motion carried

Vote

Yes: Ackley, Adams, Fortney, King, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson

No:

Absent: Garber*, Londo, McIntosh, Scott

*Garber was not present for this vote.

VIII. Reports to the CMHPSM Board

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

) J. Colaianne provided an overview of discussion at the most recent OPB meeting, including PA2 funding cuts.

- b. CEO Report to the Board

) J. Colaianne provided updates for PIHP, regional and state activities.

IX. Adjournment

Motion by G. Adams, supported by B. King, to adjourn the meeting

Motion carried

Voice vote, no nays.

) Meeting adjourned at 7:52 p.m.

Judy Ackley, CMHPSM Board Secretary

Summary of Financial Package

Preliminary Balance Sheet		
Description	Jan 2020	Jan 2021
Operating Cash	3,690,317	10,927,273
Restricted Cash	6,992,496	6,560,910
Due from Others	16,856,842	15,516,143
Prepaid	102,263	65,642
Capital Assets	32,500	4,333
Total Assets	27,674,418	33,074,302
Payables & Accruals	193,234	1,008,221
Due to Others	30,136,168	26,901,416
Deferred Revenue	6,992,496	6,560,910
Fund Balance	(9,647,479)	(1,396,245)
Total Liabilities & Fund Balance	27,674,418	33,074,302

FY20 to FY21 Comparison	FY20	FY21	Difference
Revenue at January 31	58,743,210	73,220,133	14,476,923
Annual Revenue Projected	176,721,332	210,354,456	33,633,124

Operating Activities	Budget Revision 1	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End	Projected O(U) Budget
MH Medicaid Revenue	184,778,844	63,087,843	65,480,783	2,392,940	3.8%	187,070,049	2,291,205
MH Medicaid Expenses	175,782,427	60,209,348	59,749,958	(459,390)	0.8%	179,219,235	(3,436,808)
MH Medicaid Net	8,996,417	2,878,495	5,730,825	2,852,330		7,850,814	(1,145,603)
SUD/Grants Revenue	20,141,007	6,713,669	6,683,044	(30,625)	-0.5%	20,141,007	-
SUD/Grants Expenses	17,905,527	5,968,509	5,354,018	614,491	10.3%	17,905,527	-
SUD/Grants Net	2,235,480	745,160	1,329,026	583,866		2,235,480	-
PIHP							
PIHP Revenue	3,143,400	1,047,800	1,056,306	8,506	0.8%	3,143,400	-
PIHP Expenses	7,920,516	2,640,172	2,561,813	78,359	3.0%	7,920,516	-
PIHP Total	(4,777,116)	(1,592,372)	(1,505,507)	86,865		(4,777,116)	-
Total Revenue	208,063,251	70,849,312	73,220,133	2,370,821	3.3%	210,354,456	2,291,205
Total Expenses	201,608,470	68,818,029	67,665,789	(1,152,240)	-1.7%	205,045,278	3,436,808
Total Net	6,454,781	2,031,283	5,554,344	3,523,061		5,309,178	(1,145,603)

Schedule of non-HSW Eligibles Paid by Service Month and Month of Payment

Count	Service Month												Eligibles
Payment Month	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Jan 2021	in Payment
Feb 2020													-
Mar 2020	110,478												110,478
Apr 2020	4,448	111,702											116,150
May 2020	2,627	5,593	117,438										125,658
June 2020	653	1,105	2,923	120,165									124,846
July 2020	486	770	1,495	3,208	122,074								128,033
Aug 2020	179	382	463	735	1,933	123,559							127,251
Sep 2020		217	463	653	1,234	2,682	125,602						130,851
Oct 2020			353	592	759	1,268	2,414	127,449					132,835
Nov 2020				248	482	627	1,068	2,206	128,682				133,313
Dec 2020					163	360	422	800	2,161	130,494			134,400
Jan 2021				(2)	(10)	231	409	500	952	2,320	132,563		136,963
Feb 2021				(16)	(6)	(11)	228	398	458	1,076	1,940	133,790	137,857
	118,871	119,769	123,135	125,583	126,629	128,716	130,143	131,353	132,253	133,890	134,503	133,790	
Eligible Per Service Month													

Community Mental Health Partnership of Southeast Michigan

Preliminary Statement of Revenue and Expenses Notes

Period Ending January 31, 2021

DISCUSSION OF JANUARY 2021 RESULTS –

SUMMARY PACKAGE

1. Operating cash continues to be strong. Restricted cash is the projected FY20 ending balance.
2. Cost settlements for FY2020 have not yet been received from the CMHs and are not reflected in these numbers.
3. As of the end of January, we project a \$5.3M FY21 surplus. This is down from December due to the inclusion of one month's PIHP funded Direct Care Worker Premium.

ELIGIBLES CHART

4. February eligibles were 133,790. This marks the 11th straight month that eligibles paid in the month of service has increased.

MEDICAID MH

5. Healthy Michigan Revenue continues to outpace Medicaid Revenue, currently at 43% over budget.
6. The Waiver payments continue to lag behind budget. An analysis of payments shows that 8-10% of waiver payments are delayed by one month. This has been consistent throughout FY21 and we expect final payments in October 2021 to make up any shortfall.
7. The amounts projected over budget in revenue reflect two months of DCW from the state. The expenses projected to be over budget signify 2 months of state funded DCW spending and one month of PIHP funded DCW spending.

MEDICAID & GRANT – SUD

8. SUD Healthy Michigan and Medicaid Revenue are over budget with SUD Medicaid at 6% over budget and SUD HMP 31% over budgeted revenue.
9. SUD expenses in general are down, mostly due to grant expenditures being slow and some decreases due to utilization. Grant expenditures did pick up significantly in the last month and may return to budget in February.
10. The state has not yet provided updated revenue numbers for PA2. The amount shown for PA2 Reserve use is the difference between estimated revenues and actual expenses at January 31.

PIHP

11. Overall, expenses are well below budget at the PIHP and revenues are very modestly over budget.

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues and Expenditures
For the Period Ending January 31, 2020

	Budget Revision 1	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End	Projected O(U) Budget
MEDICAID							
Revenue							
Medicaid (b) & 1115i	100,227,725	33,409,242	34,337,975	928,733	-2.8%	100,227,725	-
Medicaid Waivers	47,522,594	15,840,865	15,496,664	(344,201)	2.2%	47,522,594	-
Healthy Michigan Revenue	11,338,209	3,779,403	5,421,303	1,641,900	-43.4%	11,338,209	-
Medicaid Autism	17,453,508	5,817,836	5,862,716	44,880	-0.8%	17,453,508	-
DCW Revenue	3,436,808	3,316,498	3,440,590	124,092	-3.7%	5,728,013	2,291,205
HRA MCAID Revenue	2,400,000	520,000	517,748	(2,252)	0.4%	2,400,000	-
HRA HMP Revenue	2,400,000	404,000	403,788	(212)	0.1%	2,400,000	-
Medicaid Revenue Total	184,778,844	63,087,843	65,480,783	2,392,940	-3.8%	187,070,049	2,291,205
Medicaid Expenditures							
IPA MCAID	1,435,656	478,552	376,287	102,265	21.4%	1,435,656	-
IPA HMP	363,771	121,257	41,392	79,865	65.9%	363,771	-
HRA MC	2,400,000	520,000	517,748	2,252	0.4%	2,400,000	-
HRA HMP	2,400,000	404,000	403,788	212	0.1%	2,400,000	-
Lenawee CMH							-
Medicaid (b) & 1115i	13,021,996	4,340,665	4,359,727	(19,062)	-0.4%	13,021,996	-
Medicaid Waivers	5,263,221	1,754,407	1,630,051	124,356	7.1%	5,263,221	-
Healthy Michigan Expense	1,736,392	578,797	578,797	(0)	0.0%	1,736,392	-
Autism Medicaid	1,308,863	436,288	436,288	0	0.0%	1,308,863	-
DCW Expense	471,057	424,780	424,780	0	0.0%	942,114	471,057
Lenawee CMH Total	21,801,529	7,534,937	7,429,643	105,295	1.4%	22,272,586	471,057
Livingston CMH							-
Medicaid (b) & 1115i	17,516,241	5,838,747	5,889,578	(50,831)	-0.9%	17,516,241	-
Medicaid Waivers	7,907,882	2,635,961	2,494,849	141,112	5.4%	7,907,882	-
Healthy Michigan Expense	2,341,762	780,587	780,587	(0)	0.0%	2,341,762	-
Autism Medicaid	4,957,208	1,652,403	1,652,403	(0)	0.0%	4,957,208	-
DCW Expense	541,442	542,554	542,554	(0)	0.0%	1,082,883	541,442
Livingston CMH Total	33,264,534	11,450,252	11,359,971	90,280	0.8%	33,805,976	541,442
Monroe CMH							-
Medicaid (b) & 1115i	19,562,477	6,520,826	6,554,184	(33,358)	-0.5%	19,562,477	-
Medicaid Waivers	7,930,401	2,643,467	2,587,076	56,391	2.1%	7,930,401	-
Healthy Michigan	2,622,026	874,009	874,009	0	0.0%	2,622,026	-
Autism Medicaid	2,570,743	856,914	856,914	(0)	0.0%	2,570,743	-
DCW Expense	745,182	687,178	687,178	0	0.0%	1,490,364	745,182
Monroe CMH Total	33,430,829	11,582,394	11,559,361	23,033	0.2%	34,176,011	745,182
Washtenaw CMH							-
Medicaid (b) & 1115i	42,789,402	14,263,134	14,272,665	(9,531)	-0.1%	42,789,402	-
Medicaid Waivers	25,803,740	8,601,247	8,535,528	65,718	0.8%	25,803,740	-
Healthy Michigan Expense	5,755,998	1,918,666	1,918,666	-	0.0%	5,755,998	-
Autism Medicaid	4,657,841	1,552,614	1,552,614	0	0.0%	4,657,841	-
DCW Expense	1,679,127	1,782,296	1,782,296	(0)	0.0%	3,358,254	1,679,127
Washtenaw CMH Total	80,686,108	28,117,956	28,061,769	56,188	0.2%	82,365,235	1,679,127
Medicaid Expenditures Total	175,782,427	60,209,348	59,749,958	459,390	0.8%	179,219,235	3,436,808
Medicaid Total	8,996,416	2,878,495	5,730,825	2,852,330		7,850,814	(1,145,602)

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues and Expenditures
For the Period Ending January 31, 2020

	Budget Revision 1	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End	Projected O(U) Budget
SUD/Grants							
SUD/Grants REVENUE							
Healthy Michigan Plan SUD	6,576,809	2,192,270	2,873,405	681,136	31.1%	6,576,809	-
Medicaid SUD	3,114,807	1,038,269	1,100,502	62,233	6.0%	3,114,807	-
Federal Grants	3,104,284	1,034,761	1,985,278	950,517	91.9%	3,104,284	-
PA2 - Tax Revenue (Est)	1,897,721	632,574	345,769	(286,805)	-45.3%	1,613,063	(284,658)
PA2 - Use of Reserve (Est)	2,297,687	765,896	358,340	(407,556)	-53.2%	2,582,345	284,658
State Grants	3,149,699	1,049,900	19,750	(1,030,150)	-98.1%	3,149,699	-
SUD/Grants REVENUE Total	20,141,007	6,713,669	6,683,044	(30,625)	-0.5%	20,141,007	(0)
				0			
				0			
SUD/Grants EXPENDITURES							
All SUD Administration							
Salaries & Fringes	1,219,036	406,345	279,059	(127,287)	-31.3%	1,219,036	-
Contracts	338,248	112,749	70,052	(42,697)	-37.9%	338,248	-
Board Expense	225	75	0	(75)		225	-
Other Expenses	130,169	43,390	25,463	(17,926)	-41.3%	130,169	-
All SUD Administration Total	1,687,678	562,559	374,574	(187,985)	-33.4%	1,687,678	-
Lenawee County SUD Services	2,302,979	767,660	705,695	(61,965)	-8.1%	2,302,979	-
Livingston County SUD Services	2,015,739	671,913	664,542	(7,371)	-1.1%	2,015,739	-
Monroe County SUD Services	2,429,023	809,674	881,685	72,011	8.9%	2,429,023	-
Washtenaw County SUD Services	5,815,042	1,938,347	1,994,408	56,061	2.9%	5,815,042	-
Veteran Navigation	100,000	33,333	28,406	(4,927)	-14.8%	100,000	-
SOR NCE	1,289,473	429,824	288,600	(141,224)	-32.9%	1,289,473	-
SOR II	1,372,924	457,641	213,562	(244,080)	-53.3%	1,372,924	-
Gambling Prevention Grant	200,000	66,667	7,475	(59,192)	-88.8%	200,000	-
Tobacco	4,000	1,333	0	(1,333)		4,000	-
Women's Specialty Services	688,669	229,556	195,072	(34,485)	-15.0%	688,669	-
		-					
SUD/Grants Total Expenditures	17,905,527	5,968,509	5,354,018	614,491	10.3%	17,905,527	-
SUD/Grants Total	2,235,480	745,160	1,329,026	583,866		2,235,480	(0)
PIHP							
PIHP REVENUE							
Incentives (Est)	1,673,565	557,855	598,852	40,997	7.3%	1,673,565	-
Local Match	1,259,140	419,713	417,713	(2,000)	-0.5%	1,259,140	-
Other Income	210,695	70,232	39,742	(30,490)	-43.4%	210,695	-
PIHP Revenue Total	3,143,400	1,047,800	1,056,306	8,506	0.8%	3,143,400	-
PIHP Expenses							
PIHP Admin							
Local Match	1,259,140	419,713	419,713	(0)	0.0%	1,259,140	-
Salaries & Fringes	937,508	312,503	318,757	6,254	2.0%	937,508	-
Contracts	424,845	141,615	121,938	(19,677)	-13.9%	424,845	-
Other Expenses	296,973	98,991	34,738	(64,253)	-64.9%	296,973	-
ISF Transfer/Repay	5,000,000	1,666,667	1,666,667	0	0.0%	5,000,000	-
PIHP Admin Total	7,918,466	2,639,489	2,561,813	(77,675)	-2.9%	7,918,466	-
Board Expense	2,050	683	-	(683)		2,050	-
PIHP Expenses Total	7,920,516	2,640,172	2,561,813	(78,359)	-3.0%	7,920,516	-
PIHP Total	(4,777,116)	(1,592,372)	(1,505,507)	86,865		(4,777,116)	-
Organization Total	6,454,780	2,031,283	5,554,344	3,523,061		5,309,178	(1,145,603)
	208,063,251	70,849,312	73,220,133	2,370,821	(0)	210,354,456	2,291,205
	201,608,470	68,818,029	67,665,789	995,522	0	205,045,278	3,436,808



FY 20 QAPIP Evaluation Executive Summary Report to the CMHPSM Board

I. Overview

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.

II. Performance Improvement Projects (pages 6-10 of the QAPIP Evaluation)

The state requires each PIHP have two active performance improvement projects. For the PIPs leading up to/ending in FY21, the state allowed PIHPs to choose one PIP (A below) and required the second PIP (B below).

A. ADT Project (This PIP was chosen by the region)

Admission, discharge, and transfer (ADT) alerts received via the Michigan Health Information (MIHN) is 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. Based on ADT alerts, there is a clinical protocol for staff to use in providing follow up for consumers.

FY20 Results: Overall regional and local performance has improved this past year.

ADT Project	2019	2020
Lenawee	88%	100%
Livingston	85%	100%
Monroe	82%	83%
Washtenaw	43%	71%
PIHP	82%	88%

Performance was dependent on to the participation of hospitals and the health information exchange they use, as hospitals based in other states (with locations in Michigan) cannot provide ADT data in the MIHN.

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

Research identifies individuals with schizophrenia are at greater risk and higher prevalence rates for diabetes, and diabetes raises risk for cardiovascular disease. Drawing HbA1c and LDL-C tests for these individuals helps determine if one has abnormal lab values, which would assist in

comprehensive assessment and treatment planning for improved health outcomes. The agreed upon performance target was set at 71.6% of completed lab rates.

FY20 Results:

Lenawee CMHSP rates by quarter:	65% (QI), 68% (QII), 65% (QIII) and 65% (QIV)
Livingston CMHSP rates by quarter:	71% (QI), 88% (QII), 87% (QIII) and 76% (QIV)
Monroe CMHSP rates by quarter:	56% (QI), 60% (QII), 59% (QIII) and 52% (QIV)
Washtenaw CMHSP rates by quarter:	60% (QI), 63% (QII), 54% (QIII) and 61% (QIV)
Total PIHP performance:	65%,(QI), 68% (QII), 65% (QIII), and 65% (QIV)

The rate reached an overall high in March 2020 at 69%. Beginning April 2020 the number began to drop due to the COVID-19 pandemic that brought a variety of barriers to consumers being able to get labs completed. CMHPSM is currently in our second remeasurement period with new interventions to address these barriers designed by the Integrated Health Workgroup. This PIP will sunset at the end of FY21 and the state will be assigning a new PIP for FY22.

C. Medication Labs

This project focused on increasing medication labs entered into the electronic health record for consumers prescribed an antipsychotic psychotropic medication and receiving medication reviews, as such medications may contribute to various metabolic syndromes such as cardiovascular disease and type II diabetes. Prescribers' access to these lab values can further inform prescribing practices healthcare integration. This project also supplants the state required PIP noted in item B above.

FY20 Results:

The target percentage to be met was set at 44.8%, which was achieved in Quarters I and II. Like the PIP Project, the rate began to drop at the end of Q2 due to the COVID-19 pandemic that brought a variety of barriers to consumers being able to get labs completed.

IV. MMBIS Indicators (pages 10-12 of the QAPIP Evaluation)

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

FY20 Results:

Overall performance for Quarters I and II for all indicators were met. Two indicators that consistently did not meet the 95% threshold for all populations during Quarters III and IV were:
Indicator 2: % Initial Assessment within 14 days of Request, and
Indicator 3: % Start Services Within 14 Days of Assessment

Part of these findings were related to the state no longer allowing exceptions to be made in the data cleaning, such as when consumers wanted an appointment date outside of the timeframes. There also appeared to be factors related to the COVID-19 pandemic starting in QIII that affected performance in these areas. The CPT Committee will be overseeing correction plans for these areas into FY21.

V. Regional Customer Services: Consumer Experience with Services and Supports (pages 12-20 of the QAPIP Evaluation)

For FY 20 the goals were to expand data analysis that incorporated other aspect of consumers experience with services and supports and make revisions to the customer satisfaction survey for

all populations served. The expansion of data analysis included: CMHPSM grievance data, CMHPSM consumer appeals data, and National Core Indicators for the state of Michigan.

A. Satisfaction Survey

In FY20, due to the COVID-19 pandemic, there was a significant shift in the provision of services, with the state allowing the expansion of telehealth with certain services. There were also COVID-19 related limitations to conducting satisfaction surveys that resulted, resulting in more remote survey practices. CMHPSM therefore decided to conduct a survey of consumer experiences with telehealth services to better understand how consumers were adjusting to these service delivery changes, and to plan for any limitations with telehealth expansion options.

FY 20 Results: Results varied with a slightly greater number of positive feedback. Feedback became more positive over time as the system worked out barriers and acclimated to technology needs in the transition.

Positive feedback included being able to attend appointments more easily for those who've had transportation issues, the overall convenience and flexibility, feeling safer from potential exposure to COVID-19.

Negative feedback included not having technology to participate (Wi-Fi, cell phones, computers), the burnout of most meetings, school, etc. being remote and concerns for privacy at home.

B. CMHPSM Grievance Data

The following is an analysis of grievances per county for FY20, with trends reported by Regional Customer Services staff.

	Lenawee	Livingston	Monroe	Washtenaw
Total Grievances	69	30	69	70
Grievance Type				
) Accommodation	02	00	00	04
) Financial	02	00	05	03
) Provider Choice	50	06	00	05
) Quality of Care	07	15	30	18
) Service Concerns/availability	05	08	28	27
) Service Timeliness	01	00	00	00
) Service environment	01	00	02	03
) Recommendations/suggestions	00	00	00	00
) Other	00	00	03	08
) Blank	01	01	01	02

The global pandemic impacted many elements of care. The largest number of grievances involved service concerns/availability related to the inability to attend vocational programming or have in home ABA services, and inability to ensure social distancing, leading to barriers in receiving certain services. Staff worked to ensure care was provided when it was safe to do so, and transition plans were made where needed. Provider stability will need to be a focus as COVID-19 pandemic risks carry into FY21.

C. CMHPSM Consumer Appeals Data

Consumer appeals data is maintained and monitored by the Fair Hearings Officers and regional representatives of the CMHPSM Utilization Management/ Review Committee. In FY20 this committee partnered with Regional Customer Services and the Regional Consumer Advisory Committees to review what appeals data is collected quarterly, and what data would be meaningful for their analysis of consumer experiences. Based on that process data sets were identified, and a summary report developed.

County	Number of Suspensions or Reductions
Number of Appeal Requests	Number of Terminations
Number of Expedited Appeals requested	Medicaid/Non-Medicaid Specify if HSW, CWP, or ABA(autism)
Number of Expedited Appeals Denied	Number of Local Appeals
Number of Cases Where Actions & Date of Notice within correct time frames	Number of State Level Hearing/Appeals
Number of Notices Out of Compliance with Timeframes	Number of Internal/Local Appeal Timeframes Met
Service(s) Involved	Number Upheld
Number of Appeals Per the Service (Won't match # of Appeals as 1 appeal can involve multiple services)	Number Reversed
Number of Denials	Number Withdrawn/ Dismissed
	Trends

FY20 results: A total of 58 appeals were requested, and of those 32 were upheld, 11 were reversed (in favor of the consumer) and 15 were withdrawn/dismissed, including if an agreement was reached or the consumer no longer wished to appeal. There was a decline in appeal requests as the COVID-19 pandemic continued, some of which was attributed to state directives that the pandemic was not a viable legal reason to change services. Recommendations included a regional training for SUD providers to ensure appeal requirements are being met.

D. National Core Indicators for Michigan

The National Core Indicators (NCI) program is a voluntary effort by state developmental disability agencies to track their performance using a standardized set of consumer and family/guardian surveys with nationally validated measures. The NCI provides an in-Person Survey to be used with adults with IDD age 18 and older. Areas of life and service experiences included in the survey are: Residential Designation, Choice and Decision-Making, Work, Self-Direction, Community Inclusion, Participation and Leisure, Relationships, Satisfaction, Service Coordination, Access (op community), Health, Wellness, Safety, Rights and Respect. The data was reviewed for any trends that apply to our region for which recommendations could be made to improve consumer experience in those areas.

FY20 Analysis: As the data does not provide regional/local specifics, the Regional Customer Services Committee will pursue the following ways to improve the analysis of this data:

-) Seek input from Consumer Advisory Councils for feedback and potential areas for performance improvement.
-) The region will explore the new MDHHS employment database launched in FY21 that may better provide regional local data about work experiences that can inform potential areas for performance improvement.

VI. Recovery Self-Assessment (pages 20-24 of the QAPIP Evaluation)

This is the fifth year that the RSA has been used in CMHPSM's region and comparisons were made between the data from 2016 to 2020 to assess and measure how effectively the substance-use disorder (SUD) and community mental health (CMH) providers implement recovery focused services from the perspective of consumers, provider staff, and administrative staff. The FY20 survey was updated to better reflect validation to the national survey. Subsequent annual survey comparisons will therefore use the FY20 survey results as the baseline period. County specific action plans are in process.

VII. Shared Metrics Projects Between the CMHPSM, CMHSPs and the Michigan Medicaid Health Plans (MHPs) Joint Metrics (pages 25-27 of the QAPIP Evaluation)

A. Care Coordination for High Consumer Utilizers Project

This involves case coordination between the CMHPSM and MHPs of high-risk cases. CMHPSM received a full score of 100 and the full financial bonus incentive for FY20.

B. Performance Bonus Joint MHP/PIHP Metrics

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

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

While the CMHPSM performed above the benchmark for all four quarter in FY20, this is a joint metric shared with the Medicaid Health Plans (MHPs) and the PIHP did not receive a full score or the full incentive (received partial incentive) due to a lower percentage performance by one of the MHPs.

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

The PIHP shares performance on this metric with Medicaid Health Plans. 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. This measure is informational only for FY20 and will address racial/ethnic disparities in FY21 and FY22.

VIII. PIHP-Only Performance Bonus Measures (pages 27-28 of the QAPIP Evaluation)

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

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

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

This project is informational only for FY 20 and FY21, it will be performance bonus based for FY22. The CMHPSM has begun to track, and trend 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.

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

CMHPSM is incentivized through pay for performance by the state to improve and maintain data on BHTEDS military and veteran fields. The data identifies consumers eligible for services through the Veteran's Administration for case management follow up.

The CMHPSM received the full performance incentives for this metric in FY20.

IX. Critical Incident Data (page 29 of the QAPIP Evaluation)

CMHPSM reviews quarterly critical, sentinel, and risk event data for trends, compliance with policy procedures and timeframes, use of root cause analyses where applicable, and potential performance improvement projects.

No trends were identified in FY20 that resulted in any recommendations for performance improvement projects.

X. Compliance and Quality Review (pages 29-31 of the QAPIP Evaluation)

A. EQR Compliance Monitoring Review of Standards

The EQR auditor HSAG performed a remote review of the CMHPSM. For FY 20, MDHHS selected for HSAG to audit the PIHP's corrective action plans (CAP) on the full set of standards evaluated in the previous two years (2017-18 and 2018-19).

FY20 results was 100% on 16 out of 17 standards with one standard scoring 78%. The total overall score was 99% and a 22% overall increase from the previous year.

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

HSAG conducted the performance measure validation remotely for FY20, validating data collection and reporting processes used to calculate performance indicator rates. CMHPSM received a full compliance score for FY20.

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. For FY20, CMHPSM met all applicable critical elements of the evaluation except for achieving a statistically significant improvement over the baseline related to COVID-19 barriers.

XI. Enhanced Compliance Monitoring (pages 31-35 of the QAPIP Evaluation)

A. PIHP Compliance Review of the CMHSPs

The FY20 review was conducted remotely and included review of clinical standards, performance improvement indicators and verification of staff qualifications.

Clinical findings showed all CMHSPs had policies, procedures, and practices in place that met contractual requirements. Most findings were related to staff documentation and training needs of those practices, which was a focus of corrective action.

For staff qualifications all CMHSPs had scores of full compliance with no findings.

A baseline review of the MMBPIS indicators and assessment of the implementation of CMHSP corrective actions for QI and QII of FY20 were reviewed with all CMHSPs compliant in this area.

B. PIHP FY20 Substance Use Disorder (SUD) Prevention Provider Monitoring

FY20 reviews were modified based on COVID-19 related limitations both in the ability to implement prevention programs and prevention provider monitoring. 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 FY20 Substance Use Disorder Treatment Monitoring

FY20 reviews were conducted remotely and modified based on COVID-19 related factors and included a clinical risk review of SUD providers implementation of telehealth services. Findings were related to providing all evidence of staff qualifications, and performance with SUD access PI data. SUD PI indicators are changing in FY21 and preliminary data shows our region is meeting or exceeding state performance requirements.

SUD providers showed overall compliance with accurately documenting and billing for the implementation of telehealth services that was a new factor of service provision for FY20.

D. Modernization of the Region's Electronic Health Record

Multiple enhancements were made to the system including Community Living Supports, Grievance and Appeals, Letters, and Performance Indicators Modules, and over 34 systems enhancements. The state required Milliman Care Guidelines (MCG) level of care documentation with urgent/emergent services were implemented, and National Outcomes Measures were added to clinical documentation. Security and privacy updates were made as needed.



Regional Board Action Request – Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP) for FY20

Board Meeting Date: March 10, 2021

Action Requested: Approve the Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP) for FY20.

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



Regional Board Action Request – Conflict of Interest Review

Board Meeting Date: March 10, 2021

Action Requested: Approve a resolution acknowledging and/or waiving potential conflicts of interest as disclosed by CMHPSM Regional Board members, Oversight Policy Board members and CMHPSM employees that were required to attest to any such arrangements.

Background: The attached conflict of acknowledgements or waiver requests require CMHPSM Board review. Any potential conflicts of interest must be disclosed per our Conflict of Interest Policy and all records of waivers, conflict of interest stipulations or other requirements derived from the CMHPSM Board review will be maintained within the CMHPSM's records.

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

The CMHPSM must apply a conflict of interest policy and the Board by policy must review potential conflicts of interest for waivers where appropriate.

Recommend: Approval

EXHIBIT B

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN CONFLICT OF INTEREST WAIVER

Review of the Disclosed Financial Interest

In accordance with the requirements of the Community Mental Health Partnership of Southeast Michigan's (the "Entity") Conflict of Interest Policy, the Entity Board has undertaken appropriate due diligence review and deliberation regarding the Financial Interest disclosed by [the individuals listed within this form] on the Financial Interest Disclosure Statement (the "Statement") attached as Exhibit A.

Board Resolution Granting Conflict of Interest Waiver

At the conclusion of such due diligence review and deliberation, at its meeting on [March 10, 2021], the Board passed the resolution attached as Exhibit B in which it determined that it is not, with reasonable efforts, able to obtain a more advantageous arrangement from a person other than [Interested Person(s)] and the Financial Interest disclosed on the Statement is not so substantial as to be likely to affect the integrity of services which the Entity may expect from [Interested Person(s)] and granted this Conflict of Interest Waiver under the terms described below.

Conflict of Interest Waiver Terms and Conditions

Name of Interested Person(s):

Judy Ackley, Lenawee CMH
Greg Adams, Lenawee CMH
Ralph Tillotson, Lenawee CMH
Roxanne Garber, Livingston CMH
Gary McIntosh, Livingston CMH
Sharon Slaton, Livingston CMH
Susan Fortney, Monroe CMH
Sandra Libstorff, Monroe CMH
Charles Londo, Monroe CMH
Bob King, Washtenaw County CMH
Caroline Richardson, Washtenaw County CMH
Katie Scott, Washtenaw County CMH

Description of Financial Interest:

All identified individuals are CMHSP Board members of a local CMHSP Board as listed above.

Description of the Transaction, Arrangement, Proceeding or Matter to which the Financial Interest Applies:

All identified individuals are CMHSP Board members of a local CMHSP Board as listed above. The CMHPSM Board members have a structural arrangement to be disclosed, as the four

regional CMHSP Boards have created the CMHPSM and are appointed as 12 of the 13 members of the CMHPSM Board.

Interested Person's Role in the Transaction, Arrangement, Proceeding or Matter:

All identified individuals are CMHSP Board members of a local CMHSP Board as listed above.

Scope of Waiver and Restrictions, if any:

This Conflict of Interest Waiver shall cover all matters [the individuals listed above] may undertake as part of his/her official duties with the Entity concerning any matters arising between the Entity and the [their local CMHSP identified above].

Chairperson of the Board

Date: _____

Sharon Slaton

(Print Name)

EXHIBIT A
**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
(CMHPSM)**

FINANCIAL INTEREST DISCLOSURE STATEMENT

Definitions

Compensation. Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

Covered Person. A “Covered Person” refers to all persons covered by this policy and includes:

- Members of the CMHPSM’s Board (Directors)
- Officers of CMHPSM
- Individuals to whom the board delegated authority
- Employees, agents, or contractors of CMHPSM who have responsibilities or influence over CMHPSM similar to that of officers, directors, or trustees; or who have or share the authority to control \$100 or more of CMHPSM’s expenditures, operating budget, or compensation for employees.

Conflict of interest. A conflict of interest refers to a situation where a Covered Person has a real or seeming incompatibility between one’s financial or personal private interests and the interest of the CMHPSM. This type of situation arises when a Covered person; the Covered Person’s Family member; or the organization that the Covered Person serves as an officer, director, trustee, or employee, has a financial or personal interest in the entity in which the Covered Person participates or proposes to participate in a transaction, arrangement, proceeding or other matter.

Family Member means a spouse, parent, children (natural or adopted), sibling (whole or half-blood), father-in-law, mother-in-law, grandchildren, great-grandchildren, and spouses of siblings, children, grandchildren, great grandchildren, and all step family members, wherever they reside, and any person(s) sharing the same living quarters in an intimate, personal relationship that could affect business decisions of the Covered Person in a manner that conflicts with this Policy.

Financial Interest. A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- A. An ownership or investment interest in, or serves in a governance or management capacity for, any entity with which CMHPSM has a transaction or arrangement;
- B. A compensation arrangement with CMHPSM or with any entity or individual with which CMHPSM is negotiating a transaction or arrangement; or
- C. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CMHPSM is negotiating a transaction or arrangement;
- D. A financial interest is not necessarily a conflict of interest. Under Article III, section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Affirmation of Conflict of Interest Policy

By my signature below, I agree that I:

Have received a copy of the CMHPSM's Conflict of Interest Policy;

Have read and understand the CMHPSM's Conflict of Interest Policy;

Understand that I am a Covered Person under the Conflict of Interest Policy;

Agree to comply with the CMHPSM's Conflict of Interest Policy;

Have disclosed below all Financial Interests which I may have; and

Will update the information I have provided on this Statement in the event that the information changes and/or a new Financial Interest arises.

Disclosure of Financial Interests

By my signature below, I certify that I or one of my Family Members has the Financial Interest(s) described below. (Please attach additional pages, if necessary.) I understand that the CMHPSM's Board may request further information about the Financial Interests described below, and that I agree to cooperate with providing such information. If I have not disclosed any information below, it is because I am not aware that I or any of my Family Members has a Financial Interest.

No Disclosures

☐ Check if no disclosures, then proceed to the signature section.

Disclosure #1

Name and Contact Information for Individual with Financial Interest:

Maureen (Molly) Welch Marahar

Individual's Relationship to You:

☒

Self

☐

Other, specify: _____

Description of Financial Interest:

As a seconded employee to the Michigan Department of Health & Human Services, I receive compensation as an employee from the primary entity with which CMHPSM contracts for funding.

Disclosure #2

Name and Contact Information for Individual with Financial Interest:

Individual's Relationship to You: ☐ Self
☐ Other, specify: _____

Description of Financial Interest:

Disclosure #3

Name and Contact Information for Individual with Financial Interest:

Individual's Relationship to You: ☐ Self
☐ Other, specify: _____

Description of Financial Interest:

I certify that the above information is accurate and complete to the best of my knowledge, information and belief.

Maureen Welch Marahar

02/22/2021

Signature

Date

Maureen Welch Marahar

Typed or Printed Name

Board of Director

Title/Position with Entity

Please return this form, signed and dated, to the Entity's Chief Executive Officer.

EXHIBIT A
**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
(CMHPSM)**

FINANCIAL INTEREST DISCLOSURE STATEMENT

Definitions

Compensation. Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

Covered Person. A “Covered Person” refers to all persons covered by this policy and includes:

- Members of the CMHPSM’s Board (Directors)
- Officers of CMHPSM
- Individuals to whom the board delegated authority
- Employees, agents, or contractors of CMHPSM who have responsibilities or influence over CMHPSM similar to that of officers, directors, or trustees; or who have or share the authority to control \$100 or more of CMHPSM’s expenditures, operating budget, or compensation for employees.

Conflict of interest. A conflict of interest refers to a situation where a Covered Person has a real or seeming incompatibility between one’s financial or personal private interests and the interest of the CMHPSM. This type of situation arises when a Covered person; the Covered Person’s Family member; or the organization that the Covered Person serves as an officer, director, trustee, or employee, has a financial or personal interest in the entity in which the Covered Person participates or proposes to participate in a transaction, arrangement, proceeding or other matter.

Family Member means a spouse, parent, children (natural or adopted), sibling (whole or half-blood), father-in-law, mother-in-law, grandchildren, great-grandchildren, and spouses of siblings, children, grandchildren, great grandchildren, and all step family members, wherever they reside, and any person(s) sharing the same living quarters in an intimate, personal relationship that could affect business decisions of the Covered Person in a manner that conflicts with this Policy.

Financial Interest. A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- A. An ownership or investment interest in, or serves in a governance or management capacity for, any entity with which CMHPSM has a transaction or arrangement;
- B. A compensation arrangement with CMHPSM or with any entity or individual with which CMHPSM is negotiating a transaction or arrangement; or
- C. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CMHPSM is negotiating a transaction or arrangement;
- D. A financial interest is not necessarily a conflict of interest. Under Article III, section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Affirmation of Conflict of Interest Policy

By my signature below, I agree that I:

Have received a copy of the CMHPSM's Conflict of Interest Policy;

Have read and understand the CMHPSM's Conflict of Interest Policy;

Understand that I am a Covered Person under the Conflict of Interest Policy;

Agree to comply with the CMHPSM's Conflict of Interest Policy;

Have disclosed below all Financial Interests which I may have; and

Will update the information I have provided on this Statement in the event that the information changes and/or a new Financial Interest arises.

Disclosure of Financial Interests

By my signature below, I certify that I or one of my Family Members has the Financial Interest(s) described below. (Please attach additional pages, if necessary.) I understand that the CMHPSM's Board may request further information about the Financial Interests described below, and that I agree to cooperate with providing such information. If I have not disclosed any information below, it is because I am not aware that I or any of my Family Members has a Financial Interest.

No Disclosures

☐ Check if no disclosures, then proceed to the signature section.

Disclosure #1

Name and Contact Information for Individual with Financial Interest:

Mark Cochran (self)

Individual's Relationship to You:

☒

Self

☐

Other, specify: _____

Description of Financial Interest:

I serve as chair of the Monroe County Substance Abuse Coalition, an organization funded by CMHPSM.

Disclosure #2

Name and Contact Information for Individual with Financial Interest:

Individual's Relationship to You: ☐ Self
☐ Other, specify: _____

Description of Financial Interest:

Disclosure #3

Name and Contact Information for Individual with Financial Interest:

Individual's Relationship to You: ☐ Self
☐ Other, specify: _____

Description of Financial Interest:

I certify that the above information is accurate and complete to the best of my knowledge, information and belief.



02/22/2021

Signature

Date

Mark Cochran

Typed or Printed Name

Chair of Board

Title/Position with Entity

Please return this form, signed and dated, to the Entity's Chief Executive Officer.



Regional Board Action Request – Contracts

Board Meeting Date: March 10, 2021

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

Organization - Background	Term	Funding Level	Funding Source	Agreement Type
MILO Detroit - The Michigan Gambling Disorder Prevention Projects (MGDPPs) were established to fund effective problem gambling prevention, education, outreach, and treatment programs in the state. Funds provided to the PIHP are specifically and solely for gambling disorder prevention projects. The CMHPSM Gambling Disorder Prevention Project Regional Workgroup chose an education/awareness media campaign focused on youth and parents for all four counties as an effective strategy for these funds. Through an RFQ procurement process the marketing and communications company MILO Detroit was awarded the grant. MILO Detroit will develop and implement a comprehensive media campaign using marketing modes/materials to maximize impact, to be developed and approved in partnership with CMHPSM, the regional Gambling Disorder Prevention Workgroup, and MDHHS. MILO Detroit has produced local and nationally recognized communication campaigns and worked with many government, healthcare, non-profit, industry and trade associations, and initiative-based campaigns.	4/1/2021 – 9/30/2021	Amount not to exceed: \$75,000.00	MDHHS Gambling Disorder Prevention Media Campaign Grant Funds	New Contract

CMHPSM Staff Recommendation: Approval



Regional Board Action Request – Provider Premium Pay Extension

Board Meeting Date: March 10, 2021

Action Requested: Approval to increase CMHSP funding allocations to include \$2.00/hour premium pay plus employer expenses funding for premium pay eligible services delivered for the month of April 2021 utilizing CMHPSM regional funding if legislation funding a \$2.25/hour provider premium pay does not become law prior to April 1, 2021. State appropriated pass-through funding for March 2021 and April 2021 will override CMHPSM premium pay funding if/when available.

Background: The first Michigan Department of Health and Human Services (MDHHS) FY21 supplemental budget included funding for the implementation of provider premium pay for services delivered during the first two months of 2021, the state funding expired on February 28, 2021. The estimated cost to implement the provider premium pay increase for April 2021 for mental health and substance use disorders by County: Lenawee \$159,891, Livingston \$178,335, Monroe \$220,673 and Washtenaw \$541,100.

Action Requested: Approval to increase CMHSP funding allocations to include a \$2.25/hour premium pay plus employer expenses funding for premium pay eligible services delivered from March 1, 2021 through September 30, 2021 if legislation funding this provider premium pay pass through becomes law.

Background: As of this writing, legislation has been proposed that will increase the provider premium pay to \$2.25/hour retroactive to March 1, 2021 which will continue through September 30, 2021. Provider premium pay pass through funding from MDHHS for any approved period of time during FY2021 will be utilized prior to any CMHPSM Board approved funding if/when it is approved.

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

The stability of the CMHPSM provider network is of highest importance to our region and fulfills PIHP/MDHHS contract requirements and COVID-19 provider stabilization plan requirements.

Recommend: Approval for both actions.



CEO Report

Community Mental Health Partnership of Southeast Michigan

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

CMHPSM Update

- J Our CMHPSM all staff meetings were held on January 11, 2021 and January 25, 2021. The leadership team surveyed all staff on preferred meeting frequency and began meeting on a monthly basis in February. The CMHPSM leadership team is continuing to meet on a weekly basis while we are working remotely.
- J The Board Governance conflict of interest policy was distributed to all CMHPSM staff, who were required to complete an individual attestation to disclose any potential conflicts of interest and will do so on an annual basis. All potential conflicts and/or disclosures for CMHPSM employees, CMHPSM Oversight Policy Board members and/or CMHPSM Regional Board members will be presented to the CMHPSM Regional Board for review per policy.

COVID-19 Update

- J The CMHPSM office continues to be closed to the public and have had limited essential staff visiting the office to take care of work that can only be done while on site. Our leadership team continues to review guidance from the State, we have returned to the limited capacity orange phase of our re-opening plan. The most recent version of the re-opening plan is continually shared with staff as it is updated.
- J Planning around a safe return to the office has begun to determine the best plan for when individuals can return to the office. We will continue to monitor the functionality and productivity levels of staff working from home during the pandemic.

Re-Opening Plan Phases as of February 28, 2021

Phase:	Essential Only Capacity	Limited Capacity	Reduced Capacity	Full Capacity
Office:	Office Closed	Limited Office Attendance and Office Closed to Public	50% Capacity – 75% Capacity and Office Closed to Public	100% Capacity – Office Open to Public
Projected Date Range for Phase:	11/18/2020 – 1/17/2021 (Projected)	1/18/2021 (Projected) – 4/30/2021 (Projected)	5/1/2021 (Projected) – 7/31/2021 (Projected)	8/1/2021 (Projected)
Current Phase:		X		

CMHPSM Staffing Update

- J The CMHPSM has one open position:
 - o A Supports Intensity Scale Assessor position is now being actively recruited. The CMHPSM held off on filling this position during the pandemic, but with the availability of vaccines and our current SIS assessment backlog the decision was made to begin seeking applications to re-fill this position.
- J Anyone interested in obtaining additional information about open CMHPSM positions should visit our website: <https://www.cmhpsm.org/interested-in-employment>

Regional Update

- J The CMHPSM continues to update our general COVID-19 resources and information web presence: <https://www.cmhpsm.org/covid19>
- J We have also established a webpage for provider information related to service delivery changes during this pandemic:
<https://www.cmhpsm.org/covid19provider>
- J Individuals receiving Behavioral Health and/or Substance Use Disorder services can access targeted information at the following webpage:
<https://www.cmhpsm.org/covid19consumers>
- J The CMHPSM established a webpage and email address for individuals, organizations, or suppliers to contact us in relation to personal protection equipment donations or supply availability. CMHPSM regional needs are published here <https://www.cmhpsm.org/donations> and those interested can contact us through email at: donation@cmhpsm.org or at our direct number: 734-344-6079.
- J The Regional Operations Committee continues to meet on at least a weekly basis. The remote meetings are allowing our region to share best practices while obtaining a regional picture of our COVID-19 pandemic response.

Statewide Update

- J The CMHPSM submitted our regional provider network stabilization status update on February 28, 2021. We will continue to work with the regional CMHSPs to maintain provider network stability. Reports will continue to be submitted to MDHHS on the last day of each month through at minimum our fiscal year 2021 (September 30, 2021). Our region continues to meet regionally and advocate with all stakeholders on the necessity of provider stability to the health and safety of our individuals.

- J 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. The meetings have at times slowed in frequency but overall communication with the BHDDA has remained consistent and effective.
- J The CMHPSM and partner CMHs continue to advocate for a relaxation of the H2015 CLS billing changes that were imposed on October 1, 2020, which are negatively impacting our service providers. We are scheduled to meet with MDHHS on this topic in a statewide format and are continuing to move forward with potential technological fixes where possible.
- J PIHP CEO meetings are continuing on a monthly basis through a remote meeting.
- J Supplemental budget legislation has made it out of the Michigan House and Senate allocating provider premium pass-through funding at \$2.25/per hour plus employer costs for the period of March 1, 2021 through September 30, 2021. We are awaiting notice of this supplemental budget becoming law and MDHHS operationalization of the funding increase.
- J As of March 3, it appears that many of the items within the \$2.3 billion supplemental budget are going to be targeted for line-item vetoes. Specifically, the measures that tie funding to a reduction in the executive branch's control over public health powers are seemingly headed towards the Governor's veto.
- J The most recent PIHP CEO / MDHHS operations meeting occurred on March 4, 2021 with BHDDA staff, our next meeting is scheduled for April 1, 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.

Future Business

- J We will be bringing our first semi-annual update on the CMHPSM strategic plan metrics to the April CMHPSM Board meeting. Staff will be presenting information on the applicable FY2021 strategic plan goals and updates on all pertinent strategic plan metrics.
- J Per the timeline indicated in our Board Governance Policy Manual the CMHPSM will be bringing any potential revisions to the Board Governance Policy Manual, Board Governance policies, and CMHPSM Board Bylaws to the April 2021 CMHPSM Board meeting.
- J It is expected that we will have enough information on our region's finances to necessitate a budget update at the April 2021 Board meeting.

-) The CMHPSM is finalizing a proposal to request a salary tier increase to one of our Supports Intensity Scale (SIS) assessor positions which is necessitated by a job description revision which expands the scope and responsibilities of this position to a SIS Quality Lead assessor. The CMHPSM will bring this request to our April 2021 Board meeting.
-) We are awaiting legislative updates related to the Michigan Open Meetings Act. Our offices do not have the necessary square footage to comply with current social distancing and capacity per square foot requirements. The Michigan Open Meetings Act was last amended on December 28, 2020 to include the following:
- c. *Electronic Public Meetings: Public bodies may hold wholly or partly electronic meetings by telephonic or video conferencing in the following circumstances:*
 - i. *Before March 31, 2021 and retroactive to March 18, 2020 for any circumstance, including, but not limited to, the above circumstances requiring accommodation of absent members of a public body.*
 - ii. *On or after March 31, 2021 through December 31, 2021 for only the above circumstances requiring accommodation of absent members of a public body. However, electronic meetings due to a local state of emergency or state of disaster may only be held if a member resides in the affected area or the public body at-large holds its meetings in the affected area.*
 - iii. *After December 31, 2021 only when a member is absent due to military duty.*

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read "James Colaianne".

James Colaianne, MPA