



COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING
705 N. Zeeb Road, Ann Arbor, MI 48103
January 14, 2015
6:00 pm

Agenda

	<u>Guide</u>
I. Call to Order	1 min
II. Roll Call	1 min
III. Consideration to Adopt the Agenda as Presented (Board Action)	2 min
IV. Consideration to Approve the Minutes of the 12-10-14 Regular Meeting and Waive the Reading Thereof (Board Action) {Attachment #1}	2 min
V. Audience Participation (5 minutes per participant)	
VI. Communications to the Regional Board	
a. Washtenaw/WCHO leadership changes	
VII. Managing Director Report to the Board	30 min
a. Regional Finance Report {Attachments #2}	
b. Requirement to conduct data analytics	
c. Monroe awarded Jail Diversion grant	
d. Update on DCH/PIHP activities/discussion	
VIII. Old Business	5 min
a. Managing Director Lease extension and Contract update	
IX. New Business	30 min
a. Employee Handbook and Human Resources policies (Board Action){Attachment #3}	
b. Vision and Goals Discussion {Attachment #4 and #5}	
i. Managing Director contract	
ii. Managing Director Search	
iii. Financial Policies/Principles {Attachment #6}	
iv. Shared Governance/One Business	
X. MACMHB information	5 min
XI. Adjournment	

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
December 10, 2014



Members Present: Jan Plas, Barbara Levin Bergman, Peg Ball, Tom Biggs, Lisa Berry-Bobovski, Barb Spalding, Judy Ackley, Charles Londo, Ralph Tillotson, Bob Wilson, Greg Lane (by phone)

Members Absent: Charles Coleman, Sandra Libstorff

Staff Present: Mary O'Hare, Jane Terwilliger, Connie Conklin, Sandy Keener, Stephannie Weary, Steve Holda, Marci Scalera, Marie Irwin, James Colaianne, Eric Kurtz

Others Present: Jim Spalding, Stacy Coleman, Dave Neal

- I. Call to Order
Meeting called to order at 6:05 p.m. by Board Vice-Chair P. Ball.

II. Roll Call

III. Consideration to Adopt the Agenda as Presented

Motion by B. Levin Bergman, supported by R. Tillotson, to approve the agenda
Motion carried

- IV. Consideration to Approve the Minutes of the November 12, 2014 Regular Meeting and Waive the Reading Thereof

Motion by T. Biggs, supported by L. Berry-Bobovski, to approve the minutes of November 12, 2014 and waive the reading thereof
Motion carried

- V. Audience Participation
- None
- VI. Communication to the Regional Board
- None
- VII. Managing Director Report to the Board
- a. Update on Benefits {Attachment #2}
 - All employee benefits are in place and active except retirement, which will be put into place in January.
 - As the organization grows in size, better benefit packages may become available.
 - b. Employee Handbook and Human Resources policies
 - The Board received the draft handbook. The draft will come back to the January Board meeting for approval.
 - The handbook has gone through legal review.
 - c. Regional Finance Report {Attachments #3a and #3b}
 - M. O'Hare presented a new report that showed a graph of monthly funding trends.
 - Details on SUD funding are now included in finance reports.

Attachment 1

- On a quarterly basis the 4 CMHSP finance directors and all the executive directors will meet to review and adjust revenue and expenses, which will be brought to the board for review.
- The Board requested that budgeted amounts go on the finance reports.
- d. Update on DCH/ PIHP activities/discussion
 - The statewide pilot dashboard is going to be released. Regions are currently filling out the information to populate it. The dashboard will include a region-to-region comparison, primarily financial comparisons. Regions will also to be able to compare among the CMHSPs within their regions.

VIII. Old Business

a. Risk Strategy FY 15 (Board Action) {Attachments #4 and #4a}

- Item number 2 on Risk Management Strategy should say *FY2014* Medicaid Savings, not *FY2013*.

Motion L. Berry-Bobovski, supported by J. Ackley, to approve adoption of the Risk Management Strategy for financial risk associated with the Medicaid Specialty Services Contract

Motion carried

b. Managing Director Contract authorization(Board Action) {Attachment #5}

- Before discussing this agenda item, the Board revisited a motion made at the December 11, 2013 board meeting. From that Board meeting's minutes:

Original 12/11/13 motion:	Motion by J. Plas, supported by M. McPherson, to establish a screening committee of county directors and at least 2 board members to initiate the interview process, and interview candidates, in a period of no more than 3 months
Friendly amendment:	L. Berry-Bobovski requested amendment to remove the 3-month stipulation, since the goal is to have permanent managing director by January, 2015
Friendly amendment:	J. Ackley suggested amending the number of board member slots on the committee as up to 4.
Final motion:	Motion to establish a screening committee of county directors and up to 4 board members to initiate the interview process, and interview candidates in the future. Motion carried via roll call vote.

Motion by T. Biggs, supported by B. Levin Bergman, to disregard the above motion from the December 11, 2013 Regional Board meeting

Motion carried

Motion by R. Tillotson, supported by T. Biggs, to Authorize the Regional Board Officers, with the Board Chair as point person, to work with Cohl, Stoker & Toskey, P.C. in finalizing a contract for Mary O'Hare as PIHP Managing Director and to negotiate the contract on behalf of the Regional Board which would include a percentage increase based on positive performance for 2014. The negotiated total compensation for 2015 will not exceed the approved budgeted amount for salary and fringe in the FY2015 budget.

Motion carried

- J. Plas requested that the search committee for managing director go on the January Board agenda.
 - M. O'Hare advised that she will only sign a 1-year contract.
- c. Appoint new members to OPB (Board Action) {Attachments #6a and #6b} Performance Review Report

Motion by B. Levin Bergman, supported by B. Wilson, to approve the Appointments to the SUD Oversight Policy Board listed below, as submitted by their respective CMHSP Boards

Motion carried

IX. New Business

a. Managing Director Authority - HR Policy

- Standard D allows for the some flexibility in the parameters of salary, but still requires that salaries stay within budget. Any proposed salary that goes above the budgeted amount will still have to come to the board for approval.
- Per L. Berry-Bobovski, the Board officers felt that it was more effective for the managing director to have the flexibility to negotiate salaries while staying within budget.
- Policy language to be amended to read "...budgeted for each respective position..." in Standard D.

Motion by T. Biggs, supported by L. Berry-Bobovski, to approve the PIHP Operations Policy as amended, Managing Director Authority Employee Position Control and Compensation

Motion carried as amended by roll call vote

Ackley	Y	Londo	Y
Ball	Y	Plas	N
Bergman	Y	Spalding	Y
Berry-Bobovski	Y	Tillotson	Y
Biggs	Y	Wilson	Y
Coleman	Absent	Lane	Y
Libstorff	Absent		

b. Join new MASACA organization and Appoint representative

- There are no dues for the region at this point. If in the future dues are required, the managing director will bring the issue back to the Board for a vote.

Motion by T. Biggs, supported by L. Berry-Bobovski, to approve membership of CMHPSM in the reorganized MASACA for purposes of providing a venue for on-going SUD planning, integration and sharing of best practices and approve the appointment of Marci Scalera, PIHP Clinical and SUD Services Director, to represent Region 6, CMHPSM through December, 2015

Motion carried by roll call vote

Ackley	Y	Londo	N
Ball	Y	Plas	N
Bergman	Y	Spalding	Y
Berry-Bobovski	Y	Tillotson	Y
Biggs	Y	Wilson	Y
Coleman	Absent	Lane	N
Libstorff	Absent		

c. Vision Discussion Framework

- The process for the vision and strategy work that will happen at the January and February Board meetings was discussed.

X. MACMHB Information

- None

XI. Other

- B. Levin Bergman will be calling into the meetings from Jan-March, 2015.
- E. Kurtz will retire from the WCHO as of December 27, 2014.
- Meeting notes:
 - There should be no interruptions while someone is speaking.
 - There should be better management of agenda item timeframes.

XII. Adjournment

Meeting adjourned at 7:40 p.m.

Community Mental Health Partnership of Southeast Michigan

FINANCIAL HIGHLIGHTS

November FYTD Report

1. Statement Of Revenue, Expense & Change Net Position:

a. Revenue

- Medicaid Revenue for November is up \$241,285 from October and continues to run under budget with YTD deficit of (\$620,999).
- Healthy Michigan revenue is trending slightly over budget.
- Health Home revenue for Washtenaw continues to be under budget. Revenue is tied directly to enrollees in the program.

b. Funding for CMHSP Partners

- While Traditional Medicaid funding from MDCH has been below the Budget amount, the Affiliate Partners have still been paid 1/12 of the amounts assumed for them in the Budget.
- FYTD Actual Affiliate Partner payments are greater than budget due to HMP payments (HMP funding from MDCH exceeds budget assumption).
- Lower than budget Health Home payments to Washtenaw offsets their higher HMP payment.

c. Funding for SUD Services

- Expenses are running under budget due to low/slow reporting for Prevention and Treatment services.
- CMHPSM will develop a report to show expenses that are incurred but not yet reported (IBNR) so that these expenses can be included in future reports.

d. CMHPSM Administrative Costs

- Expenses are running under budget overall. Salary and Fringe costs should increase as the CMHPSM becomes fully staffed with all benefits in place. The Administrative contracts (primarily WCHO staff costs) will also decrease as the CMHPSM employee transfers are completed

2. Statement Of Net Position:

- a. The Fund Balance of \$2,277,719 under the Operations Fund is restricted and not local in nature as it is for the Affiliate Partners. It represents surplus funding (both Carryforward and FY 2015) and ultimately will be cost settled and returned to MDCH is required.
- b. The Medicaid ISF Fund Balance is also restricted, and only represents the first transfer of ISF from WCHO to CMHPSM which took place in January 2014. The remaining ISF of \$4,415,720 was transferred from WCHO to CMHPSM in December, and represents to final transfer of PIHP related funds.

3. Summary Of Revenues & Expenses:

- a. As noted above, Medicaid Revenue is lower than budget. As the budget amounts of Medicaid Funding have been paid to the Affiliate Partners (CMHPSM Expense) this has created a Medicaid deficit. The deficit will be funded with either excess funding paid to the Affiliate Partners or ISF.
- b. As noted above, HMP Revenue is greater than budget. While the actual HMP Funding for each Affiliate Partner has been paid to each of them, the combination of higher State Funding and lower than budget requirement for use of the Substance Use Disorder portion of the funding, has resulted in an overall HMP surplus.
- c. The SUD Other surplus is consistent with the Budget which showed that there would be excess PA2 funding in FY 2015.

CMHPSM Strategies:

1. Track Traditional Medicaid Eligibles and HMP Enrollees to understand and project changes and how they will impact funding from MDCH.
2. As discussed when the Budget was approved, the CMHPSM and Affiliate Partners will cost settle CMHPSM funding provided with actual needs of the Affiliate Partners on a Quarterly basis.
3. The CMHPSM will support the Affiliate Partners to make sure Consumers are enrolled in the correct Benefit Program so that funding to the CMHPSM is maximized.
4. Policies will be put in place to support the allocation of funding (including ISF) to the Affiliate Partners. Policies will also support any re-allocation of funding as a result of the Quarterly Cost Settlement Process so that clear rationale describing the circumstances is made available (e.g., preventable versus non-preventable causes).

Community Mental Health Partnership of Southeast Michigan
STATEMENT OF NET POSITION
 For the Period Ending 11/30/2014

	Operations Fund	Medicaid ISF Fund
Assets		
Current Assets		
Cash Position	\$4,319,094	\$8,791,664 ①
Due From MDCH	972,167	0
Due From Affiliate Partners FY2014	2,893,667	0
Accounts Receivable, Net	142,951	0
Prepaid Items	141,261	0
Total Current Assets	\$8,469,140	\$8,791,664
Noncurrent Asset		
Cap. Assets Not Being Depreciated	0	0
Cap. Assets Being Depreciated, Net	0	0
Total Noncurrent Assets	\$0	\$0
Total Assets	\$8,469,140	\$8,791,664
Liabilities		
Accounts Payable	\$1,804,082	\$0
Accrued Liabilities	508,622	0
Due To MDCH	318,995	0
Due To Affiliate Partners FY2014	3,428,239	0
Unearned Revenue	131,482	0
Total Liabilities	\$6,191,420	\$0
Net Position		
Net Investment In Capital Assets	\$0	\$0
Restricted Fund Balance	2,277,720	8,791,664
Total Net Position	\$2,277,720	\$8,791,664

Notes:

① Includes Final Transfer of ISF funds from WCHO

Community Mental Health Partnership of Southeast Michigan
STATEMENT OF REVENUES, EXPENSES & CHANGES IN NET POSITION
For the Two Months Ending 11/30/2014

	Annual Budget	YTD Actual	YTD Budget	YTD Actual O/(U) Budget	
Operating Revenue					
Medicaid Capitation	\$134,000,000	\$21,712,334	\$22,333,333	\$(620,999)	
Medicaid Carryforward	4,230,523	705,087	705,087	-	
Healthy Michigan Plan	11,853,261	2,129,210	1,975,544	153,666	
Autism	199,791	0	33,299	(33,299)	
Medicaid Health Home - Washtenaw Only	1,129,388	53,504	188,231	(134,727)	
10% Health Home Match For Washtenaw	0	5,350	-	5,350	
MICChild	0	68,079	-	68,079	
SUD Community Grant	3,767,460	627,912	627,910	2	
SUD PA2 - Cobo Tax Revenue	3,717,346	619,558	619,558	-	
Other Revenue - Local Match and Block Grant	1,802,780	262,963	300,463	(37,500)	
Total Operating Revenue	\$160,700,549	\$26,183,997	\$26,783,425	\$(599,428)	1a.
Funding For CMHSP Partners					
Lenawee CMHSP	\$18,564,355	\$3,125,112	\$3,094,059	\$31,053	
Livingston CMHSP	23,315,961	3,901,544	3,885,994	15,550	
Monroe CMHSP	25,430,465	4,261,964	4,238,411	23,553	
WCHO CMHSP	66,361,425	10,911,751	11,060,238	(148,487)	
Total Funding For CMHSP Partners	\$133,672,206	\$22,200,371	\$22,278,702	\$(78,331)	1b.
Funding For SUD Services					
Lenawee County	\$1,022,761	\$124,571	\$170,460	\$(45,889)	
Livingston County	1,309,226	191,074	218,204	(27,130)	
Monroe County	1,143,346	118,930	190,558	(71,628)	
Washtenaw County	3,203,188	469,298	533,865	(64,567)	
Total Funding For SUD Services	\$6,678,521	\$903,873	\$1,113,087	\$(209,214)	1c.
Other Contractual Obligations					
Hospital Rate Adjuster	\$2,035,776	\$350,355	\$339,296	\$11,059	
USE and HICA Tax	9,903,982	1,612,937	1,650,664	(37,727)	
Local Match	1,577,780	262,963	262,963	-	
10% Health Home Match For Washtenaw	0	5,350	-	5,350	*
Total Other Costs	\$13,517,538	\$2,231,605	\$2,252,923	\$(21,318)	
CMHPSM Administrative Costs					
Salary & Fringe	\$1,384,053	\$66,517	\$230,676	\$(164,159)	
Administrative Contracts	363,245	166,135	60,541	105,594	
All Other Costs	182,894	3,246	30,482	(27,236)	
Total Administrative Expense	\$1,930,192	\$235,898	\$321,699	\$(85,801)	
Total Operating Expense	\$155,798,457	\$25,571,747	\$25,966,411	\$(394,664)	
Operating Income (Loss)	\$4,902,092	\$612,250	\$817,014	\$(204,764)	
Non-Operating Revenues					
Interest Revenue	\$0	\$0	\$0	\$0	
Change In Net Position	\$4,902,092	\$612,250	\$817,014	\$(204,764)	

Notes:

- 1a. Medicaid Eligibles have decreased in the last few months, HMP Enrollees are higher than the level assumed at the time the Budget was developed and Health Home Enrollees at Washtenaw are lower than the level assumed at the time the Budget was developed.
- 1b. The monthly Traditional Medicaid payments to the Affiliate Partners are 1/12 of the Budget amount while HMP payments are based on the Actual MDCH funding received. Health Home payments to Washtenaw are also based on the Actual MDCH funding received.
- 1c. Payments to SUD Service Providers are under budget due primarily to low/slow reporting by the Providers.
- * The 10% Health Home Match expense for Washtenaw is funded by Washtenaw (Revenue reported above).

CMHPSM
SUMMARY OF REVENUE AND EXPENSE
November 2014 FYTD

Att #2d - January 2015

Summary Of Revenue & Expense		Funding Source								Total Funding Sources
	Medicaid	MiChild	Autism -- Medicaid	Autism -- MiChild	Healthy Michigan	Health Home	SUD Other	Other		
Revenues										
Funding From MDCH	\$ 21,712,334.00	\$ 68,078.78	\$ -	\$ -	\$ 2,129,210.00	\$ 53,504.10	\$ 627,912.00	\$ -	\$ 24,591,038.88	
Carry Forward	705,087.00	-	-	-	-	-	-	-	705,087.00	
Local Revenue From Affiliates	-	-	-	-	-	-	-	262,963.00	262,963.00	
Local Match Health Homes	-	-	-	-	-	-	619,558.00	5,350.00	5,350.00	
PA2/COBO Tax Funding	-	-	-	-	-	-	-	-	619,558.00	
Redirected Funding	-	-	-	-	-	-	-	-	-	
Total Revenues	\$ 22,417,421.00	\$ 68,078.78	\$ -	\$ -	\$ 2,129,210.00	\$ 53,504.10	\$ 1,247,470.00	\$ 268,313.00	\$ 26,183,996.88	
Expenses										
Funding Payments To Partners										
Lenawee	\$ 2,869,964.14	\$ 10,240.30	\$ -	\$ -	\$ 244,907.29	\$ -	\$ -	\$ -	\$ 3,125,111.73	
Livingston	3,643,409.54	17,862.57	-	-	240,272.03	-	-	-	3,901,544.14	
Monroe	3,934,863.36	10,976.62	-	-	316,123.80	-	-	-	4,261,963.78	
Washtenaw	10,202,309.56	18,571.62	-	-	665,107.15	18,937.65	-	6,824.92	10,911,750.90	
Total Affiliate Payments	\$ 20,650,546.60	\$ 57,651.11	\$ -	\$ -	\$ 1,466,410.27	\$ 18,937.65	\$ -	\$ 6,824.92	\$ 22,200,370.55	
Funding for County SUD Programs										
Lenawee	\$ 40,482.00	\$ -	\$ -	\$ -	\$ 20,241.50	\$ -	\$ 63,847.50	\$ -	\$ 124,571.00	
Livingston	26,141.50	-	-	-	13,694.00	-	151,238.00	-	191,073.50	
Monroe	8,319.00	-	-	-	13,401.00	-	97,209.77	-	118,929.77	
Washtenaw	73,689.50	-	-	-	88,866.25	-	306,742.19	-	469,297.94	
Total SUD Expenses	\$ 148,632.00	\$ -	\$ -	\$ -	\$ 136,202.75	\$ -	\$ 619,037.46	\$ -	\$ 903,872.21	
Other Operating Costs										
Hospital Rate Adjuster Payment	\$ 350,354.93	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	350,354.93	
Local Match For Medicaid Draw Down	-	-	-	-	-	-	-	262,963.00	262,963.00	
Local Match Health Homes	-	-	-	-	-	-	-	5,350.00	5,350.00	
MH & SUD Use Tax	1,297,898.87	4,050.75	-	-	154,073.73	2,408.07	-	7,950.73	1,466,382.15	
MH & SUD HICA Claims Tax	139,335.56	510.59	-	68.94	6,640.24	-	-	-	146,555.33	
Total Operating Costs	\$ 1,787,589.36	\$ 4,561.34	\$ -	\$ 68.94	\$ 160,713.97	\$ 2,408.07	\$ -	\$ 276,263.73	\$ 2,231,605.41	
Personnel & Administrative Costs										
Administration	\$ 86,071.65	\$ 240.29	\$ -	\$ -	\$ 6,112.01	\$ -	\$ -	\$ -	\$ 92,423.95	
Compliance	1,633.07	4.56	-	-	115.97	-	-	-	1,753.60	
Finance	13,563.80	37.87	-	-	963.18	-	-	-	14,564.85	
Human Resources	748.76	2.09	-	-	53.15	-	-	-	804.00	
Information Management	41,417.10	115.63	-	-	2,941.06	-	-	-	44,473.79	
Network Management-Credentialing	81.32	0.23	-	-	5.78	-	-	-	87.33	
Service Supports/Assessments	9,282.04	25.91	-	-	659.12	-	-	-	9,967.07	
SUD Administration	11,810.61	-	-	-	10,822.96	-	49,190.03	-	71,823.60	
All Other	-	-	-	-	-	-	-	-	-	
Total Personnel & Admin. Costs	\$ 164,608.35	\$ 426.58	\$ -	\$ -	\$ 21,673.23	\$ -	\$ 49,190.03	\$ -	\$ 235,898.19	
Total Expenses	\$ 22,751,376.31	\$ 62,639.03	\$ -	\$ 68.94	\$ 1,785,000.22	\$ 21,345.72	\$ 668,227.49	\$ 283,088.65	\$ 25,571,746.36	
Revenues Over/(Under) Expenses	\$ (333,955.31)	\$ 5,439.75	\$ -	\$ (68.94)	\$ 344,209.78	\$ 32,158.38	\$ 579,242.51	\$ (14,775.65)	\$ 612,250.52	



Regional Board Action Request – CMHPSM Employee Handbook

Board Meeting Date: January 14, 2015

Action Requested: Approve the CMHPSM Employee Handbook.

Background: The Managing Director Authority – Employee Position Control and Compensation Policy requires that the Employee Handbook, which outlines personnel policies and compensation, will be approved annually by the Regional Board.

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

- Managing Director Authority – Employee Position Control and Compensation Policy, Standard J

RECOMMENDATION: Approval

SEEKING IMPACT BEYOND AUTHORITY & HONORING THE TRUST

October 2014 MACMHB Conference Plenary

Key Issues Update

Today I want to reflect on the importance of "Seeking Impact that Exceeds Authority", and "Honoring the Roles with Which We Have Been Entrusted".

Seeking impact beyond the boundaries of authority requires investing not only in processes over which we have full authority and control, but also measuring (with other partners) wellness, health and social outcomes for those we serve and the broader community.

The good news of today is that more payers (both public and private), cover behavioral health and habilitation services. Fewer people are completely without coverage, (thanks in great part to Healthy Michigan Plan). The public Community Mental Health (CMH) and Substance Abuse Prevention and Treatment (SAPT) systems are no longer the only payer for many of the formerly uninsured or underinsured, even if those commercial and other public systems cover a much narrower set of benefits not geared to a specialty population long term recovery and support needs. We are no longer the only authority on what is provided, how much and by whom.

To better illustrate the importance of "seeking impact beyond authority", it is helpful to examine some of the 2015 Strategic Plan Initiatives that Director Nick Lyon recently released. They are organized under the same four priorities of 2014. 1) To Promote, protect health wellness and safety; 2) Improve Outcomes for Children; 3) Transform the Healthcare System; and 4) Strengthen Workforce and Economic Development.

Some of the action plan initiatives within these priority areas fit neatly into familiar areas of our CMH and SAPT systems. Some action plan initiatives will blur boundaries of our familiar roles. Some will make us uncomfortable and even make us question the value of the structures we have so carefully built and nurtured over time.

Under Director Lyon's leadership we have a strategic plan that contains both more comfortable action steps and those that will move us out of our comfort zone and challenge us to seek impact beyond our authority.

First, under the strategic priority of:

A. PROMOTE PROTECT HEALTH WELLNESS SAFETY

1. Within the boundaries of our historical/typical roles:

- Ensure access to culturally and linguistically appropriate services for all Michigan residents.
- Adopt the Medication Assisted Treatment Guidelines.
- Continue to implement the 4x4 Plan to reduce obesity.
- Implement the recommendations of the Mental Health and Wellness Commission.
- Reduce prescription drug abuse and increase prescription compliance.
- Improve preparedness of local communities in emergency situations.
- Facilitate greater knowledge and understanding of behavioral health diseases and disorders.
- Improve access to FEDERAL benefits and LOCAL SERVICES for Veterans.

2. Beyond the Boundaries of our Authority/Familiarity

- Improve care coordination for individuals with high-frequency health care use for individuals with multiple chronic health conditions.
- Measure outcomes for improved behavioral health across payer and managing systems.
- Reduce disparities in health outcomes.
- Provide comprehensive population health monitoring.
- Encourage adoption of healthy behaviors and use of preventive services by newly insured populations.

To promote and protect health wellness and safety as required by law through Mental Health code and constitution necessitates seeking ways to impact health wellness and safety beyond the realms of authority and direct responsibility. I want to congratulate the persons in this audience who are presenting breakout workshops that are consistent with the actions noted in this priority. I counted more than ten such workshops, many of which look like they will challenge us to seek impact beyond boundaries of authority.

The second strategic priority, in the strategic plan released by Director Lyon is:

B. IMPROVING OUTCOMES FOR CHILDREN

1. The following action steps are in areas where we are building on things which are more familiar:
 - Reduce substance use disorders with children and youth.
 - Enhance efforts to identify and improve early intervention mental health services, including autism, for children and youth.

And, yet there are action items that really go beyond historical boundaries:

- Implement cross-system collaborative strategies to improve health outcomes from preconception through adolescence.

Again, congratulations and thank you to the breakout presenters who are addressing issues that fit within this second Strategic Priority. I counted six sessions that are relevant to this priority of Improving Outcome for Children

The third priority:

C. TRANSFORM THE HEALTHCARE SYSTEM:

Most of the action items in this strategic priority stretch our comfort zone. These will require the "...purposeful dialogue and courageous action" that Jim Haveman referenced in his recent "Winds of Change" article in the Connections Newsletter.

Highlights of the 2015 Action Items in this bold area include:

- Support an integrated multi-disciplinary delivery system, built on person centered care.
- Improve prevention and identification of fraud, waste and abuse to improve program accountability.
- Implement the requirements of the Healthy Michigan Plan and continue efforts to enroll Michiganders.

Thank you for your work addressing concerns about the high percentage of persons under 138% Federal Poverty Level (FPL) who were not yet in Healthy Michigan. Those CMHs who helped with the special site visits and all of you who are providing data are helping in great ways...thank you.

More action plans in this strategic area of transforming the health care system are:

- Support the development of Health Information Technology and Health Information Exchange efforts to improve communication, efficiency, customer experience, and health outcomes.
- Modernize the secure sharing and management of data.
- Strengthen mental health, substance abuse, and physical health integration to reduce chronic disease and comorbidities.
- Streamline payment and reimbursement processes for all providers that focus on quality and outcomes, rather than quantity.
- Implement the Blueprint for Health Innovation. (This model embodies many of the bold ideas I just listed.)

- Final item to highlight on this third strategic priority is to Implement the Medicaid-Medicare dual eligible demonstration, called MI Health Link.

I want to emphasize that Michigan took a very bold step with its dual eligible model. We are the only state that has been approved by Centers for Medicare and Medicaid Services (CMS) to implement a model that bridges traditional physical health managed care and specialty managed care carve out systems through Pre-paid Inpatient Health Plan (PIHPs) and CMHs. I want to thank the leadership of the four regions for working very hard, both PIHPs and ICOs) especially in these past few months.

The PIHPs and ICOs are forging new managed care territory in our state and as a model example for the nation. This is so relevant to another predictive point made in the Winds Of Change Article by Jim Haveman, that being: "The old models will be gone and will be replaced by ones that provide greater access to services, more technology, integration of care, and new treatment modalities." The success of MI Health Link in these four regions and the Blueprint Implementation regions will pave the way for these new models that serve all the health and wellness needs of those we exist to serve.

I want to take a minute to recognize and to thank Clint Galloaway and the others who contribute articles and book reviews to Connections that help promote that purposeful dialogue and challenge us to consider that courageous action. I applaud the workgroups underway to try to build a common vision and values document for the future. I applaud all of you for not shying away from challenging topics and issues.

Finally, let me highlight a few items in our fourth and final 2015 Strategic priority area:

D. STRENGTHEN WORKFORCE & ECONOMIC DEVELOPMENT:

- Implement strategies to support diversity and inclusion.
- Utilize measures and metrics to monitor progress, make decisions, and drive performance.
- Focus on transparency and open communication with stakeholders and partner agencies.
- Support competitive employment opportunities to retain a creative and diversified workforce. I applaud those of you who have made it a priority to try new ideas and bold models to try to increase integrated opportunities and employment.

To have success in the action items in these four strategic areas, it is time for that purposeful dialogue. It is time to ask the tough questions about continuing relevance of our systems and processes in an integrated delivery system and managed care world where outcomes are increasingly positive in all aspects of health and wellness for those we serve and our communities.

I want to take a few final minutes today to talk directly to those of you who are critical volunteers in this system, and challenge you to consider carefully the importance of your roles and the importance of you honoring the role entrusted to you.

Some of you fulfill multiple roles in this system. Raise your hand if you are both a CMH Board Member and a Regional Entity Board Member? Raise your hand if you are a single CMH PIHP, where you simultaneously are responsible for both the CMH work and the PIHP work of your county? Raise your hand if you are both a PIHP Substance Use Disorder (SUD) Advisory Board Member and a CMH Board Member?

Those of you who wear multiple hats have a very high calling and a difficult job. We in Michigan have continued to be allowed by CMS to operate a system where the managed care function is made up of entities represented by the very safety net public provider and network entities that are required to be utilized for services. If board members and executives do not honor carefully the trust that has been invested in you, this could be a system that is prone to significant conflict of interest, and over protection of individual interest over the good of all with whom you are entrusted in various roles.

Today's CMH/PIHP system is also prone to duplication of administrative processes that are not value added, layers of administration that take away from dollars that are intended for services.

It can also be prone to a weak managed care function that allows high variance of service quality and availability within a region where the regional entity board and staff do not have necessary access to tools and information to identify and address outliers in cost, quality and access, and hold its members accountable to the common standard of quality. Each of these is a serious threat to our public CMH/SAPT system continuing to play a leadership role in population health and wellness managed care models.

Core to the success of further development of our unique Michigan system with our rich heritage is the ability of each of you individually and you as a group to ensure that you are true to each role and the scope of each unique function when you change hats. And that you absolutely and always seek to maximize impact of dollars into services and processes that provide positive outcomes.

The role of CMH board member, PIHP RE board member, the single PIHP/CMH board member, and SUD advisory board are very different roles. When seated at a CMH board meeting you are entrusted with governing to ensure the comprehensive service array for three counties within the CMH, with great responsiveness and connection within your community and its needs, maximum choice and integration and ensuring you are doing so in the most cost effective, least duplicative manner possible.

When you change hats to the PIHP regional entity board member you are entrusted with ensuring that separate legal entity is true to all the BBA requirements in federal law, and ensuring that the policies and decisions of that PIHP RE work for the good of all within the region.

As a PIHP RE board member you no longer can think solely about your individual CMH and what is in its best interest over the interest of all within the region. As a PIHP RE board member your job is promoting equitable access to services, in the most efficient effective manner. Your role is not to promote the PIHP as a "pass through", nor is it to make sure PIHP policies protect the status quo at each CMH, nor is it to promote policies that protect your CMH when you know yours is not meeting the standards of cost and quality within the region. Nor is your role to build a PIHP that creates rigid processes that are not value added. This is a difficult balance, but a critical one about which you have been entrusted.

This system simply does not work in the future if each of you who wear multiple hats as both managed care entity/payer and CMH provider system are not careful to respect the importance of the differences in the responsibility and scope of your roles.

The system simply does not work if you are not serious about minimizing duplicative structures between provider administrations, Managers of Comprehensive Provider Networks administrations, core provider administrations, CMH administrations, and PIHP.

It simply does not work if you do not ensure the truly unique aspects of the PIHP are strong and functional, and ensure consistent compliance with BBA functions including ability to analyze, provide comparative data and use it to measure and address outliers in cost, quality, and ease access within your CMH members. Some of the PIHP regional entities are doing some exciting work together to explore data analytics tools together. As RE board members, I applaud you for supporting these efforts that when done well will empower the CMHs with great and useful information. This type of information will pave the way for our CMHs and our state to be strong contenders to apply to be one of the 8 Excellence in Mental Health care states soon to be afforded.

Even though there is much exciting work in data analytics, the MI Health Link (duals model), preparing for Blueprint, great integration efforts, recovery models, stigma reduction ,and more, I would like to point out some of the vulnerabilities I am seeing that we all need to address.

1. PIHPs--Must be serious about creating benchmark cost, quality, access metrics, and addressing and correcting outliers within individual CMHs; Must be serious and much more proactive about ensuring an adequate provider network for Applied Behavior Analysis--the Universities are doing good work here and can be great partners for you

locally and regionally; Must create stronger regional strategies for addressing crisis response systems for persons who need inpatient or crisis residential for persons with significant behavioral challenges;

2. CMHs- Must be serious about questioning what administratively needs to be provided directly by my CMH, versus utilizing resources within my community, or sharing administrative functions with a neighboring CMH or DHS office or other entity; CMHs must know where their costs and quality are highly varied as compared to other CMHs in their region; Must be willing to stand up for the service needs of individuals even when local leaders pressure diversion of dollars to defray increasing local costs of local infrastructure; CMHs Need to work to decrease the numbers of persons under 138% of FPL who are not yet on Healthy Michigan; CMHs need to carefully examine the degree of community integration and isolation within programs provided; CMHs need to ensure they and their providers bill all available payers exchange and commercial for whatever small array of services are covered even when all CMH services are not; CMHs need to ask tough questions about why Medicaid private provider contracts differ between CMHs in a common region and how can that be lessened.

3. State Leadership- Myself and my colleagues: Need to explore metrics and measures that both CMH/SAPT and Physical Health can collectively be responsible for; Need to continue to address regulatory and administrative barriers like those preventing people with mild/moderate illnesses from being able to choose the CMH provider for mental health service delivery; Prioritize recommendations of the MH & Wellness Commission to address gaps and barriers across state and local systems including reducing stigma and strengthen trauma and recovery oriented systems; Work hard to support the pilots and work to remove barriers to use Jail and prison Diversion tools such as Assisted Outpatient Treatment to divert persons into treatment versus incarceration; We need to prepare for exciting opportunities like the upcoming opportunities available through the "Excellence in Mental Health Act" sponsored by Senator Debbie Stabenow, to try to be one of the eight states that get to implement community behavioral health clinics; We need to build a Home and Community Based Services Transition Plan that continues to promote maximum integration and choice, and we need to work with all of you to make progress on all the action items highlighted above in the four strategic planning areas.

While we must acknowledge the examples of vulnerabilities, challenges and opportunities above and aggressively address them, we also need to take time to celebrate the breadth and depth of the successes in our state. The stories of meaningful community integration, recovery, and resilience and re invention are plentiful and we need to take time to celebrate them and let them help us motivate to take on the next vulnerability, and the next, and the next.

In summary: I am convinced that we as a system can prove that we are able to "seek impact beyond authority" and to "honor the complicated roles and functions entrusted to us" toward greater health and wellness of all we exist to serve within our communities and our state. In closing one final quote from the winds of change article: "...now is not the time to sit by and wait for the changes to sort themselves out. We need to be active in shaping the growth and future of Michigan. As Governor Snyder has said, a healthier Michigan is a stronger Michigan, and (we all) firmly believe that by continuing to work together we can provide the comprehensive, integrated services our consumers and our communities deserve".

Thank you,

Lynda Zeller, Deputy Director, Behavioral Health and Developmental Disabilities
Administration, Michigan Department of Community Health

Vision/Strategy Discussion

2015

A solid orange horizontal bar spanning the width of the slide at the bottom.

Framework for Discussion

Challenges for the Community Mental Health Partnership of Southeast Michigan

- How are these challenges threats and/or opportunities?
- What is our strategic approach to each of the challenges?
- Where should we focus our energy?
- What does our strategic approach mean for short term planning or priorities?
- Are there immediate actions that should be decided?

Challenges (known or potential)

Need for accountability and transparency in government

Advancements in personal technology and social networking

Push for cooperation and consolidation of local government

Push for shared services and shared resources

Increasing emphasis on the ability to analyze our data to make decisions

Focus on Population Health and improving outcomes

Care Management capability

Focus on wellness and prevention

Underserved adolescent population in health care

Challenges continued

Health Homes and Dual Eligible models

Changes to funding streams

Role of Medicaid Health Plans after the rebid

Future role of the PIHP in the Public Mental Health (Carve out of Medicaid Behavioral Health Services)

Decreased funding in other areas of social support systems (housing, transportation etc)

Integration of physical and behavioral health services

Integration of substance use disorder and mental health service delivery systems

Recommended Process

Review the Challenges Outlined on the Slides (add to or delete from list)

Determine how we will narrow the items to determine the focus of January/February meetings

Board members spend time between December and January meetings reviewing the list of challenges and selecting top five priorities (Board members may choose to include others on their CMH Boards in selecting priorities)

Recommended Process continued

January discussion:

- Narrow the list to top challenges
- Determine Board strategy to each of the top challenges (do we consider it a threat? Opportunity? Or both)
- What are the implications of these challenges?

February discussion:

- What actions could we or should we take to position ourselves for the challenges?
- What implications do these actions have on our governance structure, operating or policies?

REGIONAL FINANCE

FINANCIAL RISK MANAGEMENT AND RISK DISTRIBUTION

PRINCIPLES AND STRATEGIES

PARTNERSHIP VISION

Recognition as a model of excellence for a system of care that is confirmed by our customers' successes.

PARTNERSHIP MISSION

To assure the delivery of quality services to consumers so as to achieve their desired outcomes.

VALUES

Provide accurate and timely financial status reports to enable regional partners to make decisions to promote uniform access to quality care.

Maintain integrity of financial data and provide effective and efficient financial management and financial recommendations.

Work in partnership around financial issues and audits.

PRINCIPLES

Affiliates will share in the financial management responsibilities within our Region.

Regional Finance will develop methods of increasing the flexibility of funding sources so that Affiliates may offer consumer benefit packages that are standardized across the region.

Regional Finance will promote the adoption of service methodologies which are cost effective or represent "best value" approaches. Affiliates will identify their own or others' "best value" approaches for consideration of implementation regionally.

Affiliates will assure that all appropriate entitlements are obtained for consumers.

All Medicaid funds will be expended in accordance with the Medicaid Specialty Services Waiver, including Medicaid (b); Medicaid (b)3; and the Habilitation Services Waiver for all MH/DD and Substance Abuse consumers.

Affiliates will redirect their CMHSP General Funds to cover costs for Medicaid services when there are insufficient Medicaid dollars within the Region, including available Internal Services Funds.

Affiliates will utilize their other local funding to subsidize must-serve populations when Medicaid and CMHSP General Fund dollars are exhausted.

Affiliates will utilize their individual fund balances when there is an available fund balance amount that exceeds the appropriate level to maintain solvency.

Use of the Regional Internal Services Fund will be to fund the Medicaid-eligible must-serve population's medically necessary service needs.

Affiliates will bill all first and third party coverage to maintain a high level of revenue to offset costs. Procedures will include timely submission of bills, review of any denials, rebilling whenever a denial is inappropriate, and write-off procedures that insure only appropriate write-offs are completed.

The Regional Finance Committee will monitor budgets in accordance with these principles within the guidelines of generally accepted accounting standards and standards set forth in the Balanced Budget Act.

It is not the intent of these principles and strategies to create carry forward amounts or to inflate fund balance beyond a fiscally sound amount.

Reports will reflect these guiding principles to increase the transparency of financial management strategies.

STRATEGIES FOR THE APPLICATION OF SUB-CAPITATED AND CMHSP FUNDS

1. The PIHP will allocate Sub-Capitated Medicaid funds to each county for medically necessary services for Medicaid-covered consumers with the intent to maximize services within the Region.
2. Medicare, Commercial Insurances, and Ability-to-Pay revenue collections will be included in the (PA423) Special Fund Report to be used as local dollars in accordance with Special Fund regulations. Medicare collected for Medicare-Medicaid duals is not allowable as PA423 funds.
3. Medicaid funds within the Region, including available Internal Services Funds, will be exhausted prior to applying Community Mental Health Services Provider (CMHSP) General Funds to Medicaid costs that are beyond the available Medicaid funds.
4. CMHSP General Fund dollars must be used to cover the following services before any redirection is possible:
 - a. Crisis Pre-Admission Screening
 - b. State Facilities
 - i. State Share must be covered with CMHSP GF funds
 - ii. CMHSP Local Share must be covered with their own local funds

- c. CMHSP GF portion of Medicaid Spend Downs
 - d. Jail Diversion
- 5. CMHSP General Fund dollars will be redirected to cover shortfalls in the following programs:
 - a. Risk-based contractual agreements:
 - i. MI Child expenses that are beyond the MI Child Medicaid capitation.
 - ii. Child Waiver expenses that are beyond the Child Waiver fee-for-service revenue received from billing Medicaid directly.
 - iii. Unfunded ABW costs.
 - b. Other areas but only up to the limits of the risk corridor:
 - i. Spend Downs
 - ii. Remaining under-funded entitlements
- 6. Any remaining CMHSP GF funds will be used according to the following prioritization:
 - a. CMHSP Local System of Care for Indigent populations
 - i. Community inpatient for indigent population
 - ii. CMHSP GF Benefit Package may differ from Medicaid Benefit Package
 - iii. Regional agreement on a CMHSP GF Benefit Package will be necessary so that the shared management of funding can remain transparent.
 - b. CMHSP Local Community Benefit Programs
 - c. Allowable GF costs to subsidize Grant projects.
- 7. Individual County Local Funding includes funds received from local governments, interest earned, unrestricted donations, and allowable fees and collections reported as Special Funds under the PA423 program. Individual County Local funds will be used for the following purposes:
 - a. Medicaid Enhancement Match
 - b. Local Match obligations
 - i. 90/10% services for indigents
 - ii. Local share of State inpatient facilities
 - c. Any remaining unfunded entitlements.
 - d. Expand or enhance other non-entitled or non-mandated services.
 - e. CMHSP Local Community Benefit programs.
 - f. An individual county Local Fund Balance amount may be maintained for solvency purposes.
- 8. Medicaid Risk Corridor will be entered into in conjunction with the PIHP Contract with DCH.
 - a. Use of General Funds and local funds to supplement Medicaid shortfalls as outlined above will be applied only to the extent that there will be sufficient funds to meet the 7.5% risk obligation of this Risk Corridor.
 - b. Consideration of the financial status of the subsequent year may also be a factor in determining the amount of CMHSP General Funds and/or local funds that may be applied to Medicaid shortfalls prior to entering the Risk Corridor.

Att #6 – January 2015

October 2006



EMPLOYEE HANDBOOK

Community Mental
Health Partnership of
Southeast Michigan
Employee Policies and
Protocols

2015

Approved by the Community Mental
Health Partnership of Southeast
Michigan Regional Board xxxxxxx

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Welcome Statement

For those of you who are commencing employment with CMHPSM, let me extend a warm and sincere welcome. We are confident that you will find our organization a dynamic and rewarding place in which to work and we look forward to a productive and successful association. We are glad to have you with us.

For those of you who have been with us, thank you for your past and continued service.

I extend to you my personal best wishes for your success and happiness here at CMHPSM. We understand that it is our employees who provide the services that our customers rely upon, and who will grow and enable us to create new opportunities in the years to come.

Mary M. O'Hare
CMHPSM Managing Director

Scope, Purpose and Intent

We consider the employees of the Community Mental Health Partnership of Southeast Michigan to be one of its most valuable resources. This handbook has been written to serve as the guide for the employer/employee relationship.

As an employee, you may have questions regarding benefits, obligations, work rules, policies and procedures, and other related matters. It is the intent of this employee handbook to provide general information on personnel issues which are of common interest to many employees as well as guide you in your rights and obligations in your employment relationship with CMHPSM. In addition, there is a more detailed set of personnel policies and procedures available at www.CMHPSM.org. While this handbook's contents present an overview of CMHPSM policies and procedures, the actual policies should be consulted for more detailed information. Further questions or details should be discussed with your supervisor or the Regional Coordinator.

This personnel manual is applicable to personnel employed by the Community Mental Health Partnership of Southeastern Michigan (hereinafter referred to as "CMHPSM"). It is not applicable to any employee or group of employees which is now or will hereafter be included in a union bargaining unit or covered under a collective bargaining agreement.

Neither this handbook nor any other CMHPSM document confers any contractual right, either expressed or implied, to remain in CMHPSM's employ. Nor does it guarantee any fixed terms and conditions of your employment. Your employment is not for any specific time and may be terminated at will with or without cause and without prior notice by CMHPSM, or you may resign for any reason at any time. No supervisor or other representative of CMHPSM (except the Managing Director) has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the above, and any such agreement entered into by the Managing Director must be in writing.

CMHPSM reserves and retains, solely and exclusively, all rights to manage and operate its affairs and neither the constitutional nor the statutory rights, duties and obligations of CMHPSM will in any way whatsoever be abridged by the terms of this manual. The procedures, practices, policies and benefits described here may be modified or discontinued from time to time, within the sole discretion of CMHPSM. We will try to inform you of any changes as they occur. An employee cannot rely upon custom or prior practice. The fact that these policies may have been applied differently in the past does not affect their current or future enforcement.

SECTION I: Governing Principles of Employment

1.1 CMHPSM Vision, Mission and Values

Our Vision

The CMHPSM will be a comprehensive system of care working in an integrated fashion with substance abuse and primary healthcare systems so that the care and services provided better meet consumer needs in a more efficient and cost effective manner.

Our Mission

The mission of the CMHPSM is to provide quality behavioral health care that promotes recovery and wellness, fosters resilience and supports self-determination and empowerment so that individuals served in our four-county Affiliation are successful in achieving their personal goals and dreams.

Our Values

- Respect the diversity of our community and the people we serve
- Zero tolerance for stigma
- Coordinated and continuous care between and across healthcare systems and providers
- Meaningful partnerships with consumers and community stakeholders
- Learning organization disciplines of systems thinking, team learning, shared vision, personal mastery, and mental models
- Data based decision making
- Innovation and creativity
- Provide the best quality services to the most people at the best cost

1.2 CMHPSM Administration

The CMHPSM Board consists of thirteen (13) members; twelve (12) members from the four Partner agencies and one (1) from the Substance Use Disorder Oversight Policy Board. Three (3) representatives are appointed by each Partner agency. At least one (1) appointee from each Partner must be a primary or secondary consumer. Each member is appointed for a three-year term. The CMHPSM Board appoints a Managing Director who is responsible for day-to-day operations of the CMHPSM and reports to the CMHPSM Board.

1.3 Equal Employment Opportunity

CMHPSM provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, creed, color, religion, sexual orientation, sex, height, weight, familial status, marital status, age, national origin or disability in accordance with applicable federal, state and local laws. CMHPSM complies with applicable state and local laws governing nondiscrimination in employment. This policy applies to all terms and conditions or privileges of employment, including hiring, compensation and promotion.

CMHPSM expressly prohibits any form of unlawful harassment based race, creed, color, religion, sexual orientation, sex, height, weight, familial status, marital status, age, national origin, disability in accordance or any other legally protected classification. Improper interference with the ability of CMHPSM employees to perform their expected job duties is absolutely not tolerated.

1.4 Anti-Harassment Policy and Complaint Procedure

CMHPSM is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits unlawful discriminatory practices, including harassment. Therefore, CMHPSM expects that all relationships among persons in the office will be business-like and free of bias, prejudice and harassment.

Harassment or discrimination in the workplace based upon race, creed, color, sex, age, national origin, religion, marital status, height, weight, sexual orientation, disability, or any other protected status will not be tolerated, whether committed by or directed toward co-workers, supervisors, vendors/consultants, or those persons receiving services from CMHPSM.

Definitions of Harassment

Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. For the purposes of this policy, sexual harassment is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; b) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or c) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Harassment does not have to be of a sexual nature, however and can include offensive remarks about a person's sex. For example, it is illegal to harass a woman/man by making offensive comments about women/men in general.

Sexual harassment may include a range of subtle and not-so-subtle behaviors and may involve individuals of the same or different gender. Depending on the circumstances, these behaviors may include unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess or sexual deficiencies; leering, whistling or touching; insulting or obscene comments or gestures; display in the workplace of sexually suggestive objects or pictures; and other physical, verbal or visual conduct of a sexual nature.

The harasser can be the victim's supervisor, a supervisor in another area, a coworker or someone who is not an employee of the CMHPSM, such a vendor, consumer or contractor.

Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is verbal, written or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, citizenship, genetic information or any other characteristic protected by law or that of his/her relatives, friends or associates, and that a) has the purpose or effect of creating an hostile work environment; or b) otherwise adversely affects an individual's tangible employment opportunities.

Harassing conduct includes epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written or graphic material that denigrates or shows hostility or aversion toward an individual or group and that is placed on walls or elsewhere on the employer's premises or circulated in the workplace, on company time or using company equipment via e-mail, phone (including voice messages), text messages, tweets, blogs, social networking sites or other means.

CMHPSM Employee Handbook

Individuals Covered

These policies apply to all applicants and employees, whether related to conduct engaged in by fellow employees or someone not directly connected to CMHPSM (e.g., an outside vendor, contractor or consumer).

Complaint Process

Individuals who believe they have been the victims of conduct prohibited by this policy statement or who believe they have witnessed such conduct should immediately file a written complaint with the CMHPSM Regional Coordinator or Managing Director. If an employee has any questions regarding the reporting of such matters, he or she should contact the Regional Coordinator.

CMHPSM encourages the prompt reporting of complaints so that timely and constructive action can be taken before relationships become irreparably strained and to permit CMHPSM to undertake to address the matter.

Any reported allegations of harassment, discrimination or retaliation will be impartially investigated promptly. The investigation may include individual interviews with the parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge.

To the extent possible, the investigation will be conducted in a manner calculated to protect the privacy of the individuals involved, and the confidentiality of the complainant. However, no employee is promised strict or absolute confidentiality. Employees who become aware of complaints or investigations of harassment are expected to refrain from unnecessary and unprofessional discussions with coworkers concerning the individuals involved as such discussions may themselves be a form of retaliation or harassment.

Retaliation against an individual for reporting harassment or discrimination or for participating in an investigation of a claim of harassment or discrimination is a serious violation of this policy and, like harassment or discrimination itself, will be subject to disciplinary action. Acts of retaliation should be reported immediately and will be timely investigated and addressed.

If the investigation reveals that harassment has occurred, disciplinary action up to and including discharge will be taken. The nature of the discipline will depend upon the circumstances of each case. Complaints of harassment, discrimination or retaliation which are established to not have been made in good faith may be the subject of appropriate disciplinary action.

1.5 Safety

The health and safety of employees and others on CMHPSM property are of critical concern to CMHPSM. CMHPSM intends to comply with all health and safety laws applicable to our business. It is the responsibility of each employee to conduct all tasks in a safe and efficient manner complying with all local, state and federal safety and health regulations and program standards, and with any special safety concerns for use in a particular area or with a consumer.

All employees are must report unsafe conditions to their supervisors. CMHPSM follows the guidelines established by the Michigan Occupational Safety and Health Administration (MIOSHA) to insure the safety and well-being of all CMHPSM employees.

CMHPSM Employee Handbook

CMHPSM also follows procedures to comply with requirements of the Michigan "Right-To-Know" Law as it relates to CMHPSM operations including labeling of hazardous materials, procurement and proper placement of Material Safety Data Sheets (MSDS), development of a written Hazardous Communication Program, maintaining a chemical inventory and training of employees. The MSDS may be reviewed by employees and is available in the main kitchen area.

Any workplace injury, accident or illness must be reported to your supervisor as soon as possible, regardless of the severity of the injury or accident. Any employee involved in a work related accident or injury must (1) report that accident or injury to his/her immediate supervisor as soon as possible (ideally within 24 hours) after the injury and (2) fill out the proper reporting forms, i.e. Employee's Report of Injury. Failure to properly report an injury may disqualify an employee for benefits. It is the employee's responsibility to immediately notify their immediate supervisor or in the absence of the immediate supervisor, the next available supervisor of any injuries sustained while on the job. An employee who completes an accident report claiming their injury or illness is work related may be sent to a CMHPSM doctor or a prior approved medical facility or doctor.

Emergency Response Plan

The Emergency Response Plan is updated annually by the building safety committee. This plan outlines procedures for responding to situations including: fire, tornado warnings, severe thunderstorm warnings, disruptive persons, safe rooms, and first aid. The Emergency Response Plan is located on the CMHPSM shared drive. Quick reference guides are posted throughout the office to be readily available and easy to use in case of emergency. Safety training is provided to new employees at orientation and to all employees annually.

Inclement Weather or Other Emergency Closure

On occasion it may be necessary to delay the start of a workday, or close CMHPSM for an entire day, due to inclement weather or other emergency. The Managing Director makes the determination and a fan-out communication list is used to notify staff prior to working hours of any CMHPSM closures and procedures to follow in the event of inclement weather or other emergency. It is your responsibility to ensure that your contact information has been updated with your supervisor. Notifications of CMHPSM closings or delayed openings are also advertised on WAAM radio, AM 1600 or WEMU, FM 89.1.

1.6 Workplace Violence

CMHPSM is strongly committed to providing a safe workplace. The purpose of this policy is to minimize the risk of personal injury to employees and damage to CMHPSM and personal property.

All employees, consumers, vendors and contractors must be treated with courtesy and respect at all times. We do not expect you to become an expert in psychology or to physically subdue a threatening or violent individual. Indeed, we specifically discourage you from engaging in any physical confrontation with a violent or potentially violent individual. However, we do expect and encourage you to exercise reasonable judgment in identifying potentially dangerous situations.

Prohibited Conduct

Violence towards or conduct that threatens, intimidates or coerces another employee, consumer, vendor or contractor will not be tolerated. CMHPSM resources may not be used to threaten, stalk or harass anyone at the workplace or outside the workplace.

CMHPSM strictly prohibits and will not tolerate any threatened or actual workplace violence. This includes, but is not limited to, any of the following conduct in or around the work environment:

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Threatening injury or damage against a person or property;
Fighting or threatening to fight with another person;
Threatening to use a firearm or any other weapon;
Having unauthorized possession of a firearm or any other weapon while on CMHPSM premises or CMHPSM business;
Abusing or injuring another person;
Bullying which is defined as persistent, malicious, unwelcome, severe and pervasive mistreatment that which is intended to intimidate and creates a risk to the health and safety of the employee, whether verbal, physical or otherwise, at the place of work and/or in the course of employment;
Abusing or damaging property;
Using obscene or abusive language or gestures in a threatening manner;
Raising voices in a threatening manner;
Harassing behavior inconsistent with normal work relationship or stalking;

Procedures for Reporting Workplace Violence

Any violations of this policy should be immediately reported in writing to the Regional Coordinator or Managing Director. CMHPSM will not discipline employees for making a good faith complaint. When reporting a threat or incident of violence, the employee should be as specific and detailed as possible. Employees should not place themselves in peril, nor should they attempt to intercede, during an incident.

CMHPSM will promptly and impartially investigate reports of threats of violence or incidents of actual violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as possible. CMHPSM will not retaliate against employees making good-faith reports of violence, threats or suspicious individuals or activities. In order to maintain workplace safety and the integrity of its investigation, CMHPSM may suspend employees suspected of workplace violence or threats of violence, either with or without pay, pending investigation.

If CMHPSM determines, after an appropriate good faith investigation, that someone has violated these guidelines, they will be subject to prompt disciplinary action up to and including termination of employment.

If you are the recipient of a threat made by an outside party, please follow the steps detailed in this section. It is important for us to be aware of any potential danger in our offices. Indeed, we want to take effective measures to protect everyone from the threat of a violent act by an employee or by anyone else.

Intimate Partner Violence

Employees should promptly inform the Regional Coordinator of any protective or restraining order that they have obtained that lists the workplace as a protected area. Employees are encouraged to report safety concerns with regard to intimate partner violence. CMHPSM is committed to supporting victims of intimate partner violence by providing referrals to CMHPSM's employee assistance program (EAP) and community resources and providing time off for reasons related to intimate partner violence.

1.7 Drug and Alcohol-Free Workplace

To help ensure a safe, healthy and productive work environment for our employees and others, to protect CMHPSM property, and to ensure efficient operations, CMHPSM has adopted a policy of maintaining a workplace free of drugs and alcohol. This policy applies to all employees and other individuals who perform work for CMHPSM.

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To ensure a safe and efficient work place, CMHPSM will strictly enforce the following Rules:

1. No employee shall possess, distribute, use or be impaired by alcohol or illegal prohibited drugs on CMHPSM property, while on CMHPSM business, or during working hours, including rest and meal periods. "Illegal prohibited drugs" are those substances that are illegal to sell or possess under either State of Federal law and drugs which require a prescription if the employee does not possess a valid prescription.
2. Where management has reason to believe that an employee may be under the influence of drugs or alcohol, CMHPSM, at its discretion, may require the employee to submit to breath, urine or blood testing, at CMHPSM's expense, to determine the presence of drugs or alcohol. Refusal to submit to such testing may result in immediate dismissal.
3. Employees subject to the Drug-Free Work Place Act who are convicted of any criminal drug violation occurring in the workplace must report such conviction to their supervisor within five (5) days of the conviction.

Violation of this policy will result in disciplinary action, up to and including discharge. Law enforcement personnel shall be notified, as appropriate, when criminal activity is suspected.

CMHPSM sincerely desires to help employees who have alcohol or drug-related problems. We encourage employees to seek assistance before their substance abuse or alcohol misuse renders them unable to perform the essential functions of their jobs, or jeopardizes the health and safety of any CMHPSM employee, including themselves. It is the employee's responsibility to seek assistance. Requests for such a leave of assistance will be considered confidential. However, seeking assistance after disciplinary action has begun or is imminent will not preclude disciplinary action.

CMHPSM will assist and support employees who voluntarily seek help for such problems before becoming subject to discipline and/or termination under this or other policies. Such employees may be allowed to use accrued paid time off, placed on leaves of absence, referred to treatment providers and otherwise accommodated as required by law. Such employees may be required to document that they are successfully following prescribed treatment and to take and pass follow-up tests.

1.8 Tobacco-Free Workplace

NO use of tobacco or smoking will be allowed anywhere in any CMHPSM building or property. CMHPSM is a tobacco-free and smoke-free work place for the health, safety and well-being of all of its employees and visitors. The tobacco-free workplace policy applies to:

- All employees, temporary employees and student interns.
- All visitors (e.g. consumers or vendors) to the company premises.
- All contractors and consultants and/or their employees working on the company premises.
- All areas of CMHPSM buildings and adjacent parking areas.
- All CMHPSM-sponsored off-site conferences and meetings.

Employees who violate this policy will be subject to disciplinary action up to and including immediate discharge.

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SECTION II: EMPLOYMENT GUIDELINES

2.1 Working Hours and Schedule

Normal business hours are 8:30 a.m. to 5:00 p.m. Monday through Friday. The work week will normally consist of five (5) working days. To accommodate the needs of the CMHPSM, employees may be required to work specifically scheduled days or hours. Staffing and operational needs may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week. Employees may use flex time when planning their working hours, as approved by their supervisor. It is expected that employees will maintain an up-to-date electronic calendar using the shared calendaring system to communicate planned schedules and availability to the team and supervisor.

2.2 Work Break Periods

Lunch and Rest Breaks

Salaried employees, as they are paid a weekly salary regardless of the hours they work, may choose to take breaks as needed.

Lactation Breaks

For up to one year after a child's birth, any employee who is breastfeeding her child will be provided reasonable break times as needed to express breast milk for her baby. A private area will be designated for breastfeeding as necessary. An employee may use her private office area for milk expression if she prefers. Employees who work off-site or in other locations will also be accommodated with a private area as necessary. Contact your supervisor to make a request for lactation breaks and space.

2.3 Attendance and Punctuality

CMHPSM expects that all employees shall be punctual in reporting to work each day and attend work regularly. Vacation must be scheduled with one's supervisor in advance. PTO may be used in the case of emergency or sudden illness without prior scheduling.

If you know that you are going to be late or absent, it is your responsibility to notify your supervisor at the beginning of your workday, or prior to that, when possible. Not reporting to work and not calling to report the absence is a no-call/no-show and is a serious matter. The first instance of a no call/no show will result in a written warning. The second separate offense may result in termination of employment with no additional disciplinary steps. **A no call/no show lasting three days may be considered job abandonment and may be deemed an employee's voluntary resignation of employment.**

2.4 Employment Classification

All employees are designated as either nonexempt or exempt under state and federal wage and hour laws. The CMHPSM currently employs only exempt employees. The following is intended to help employees understand employment classifications and employees' employment status:

Exempt employees are generally managers or professional, administrative or technical staff who ARE exempt from the minimum wage and overtime provisions of the FLSA. Exempt employees hold jobs that meet the standards and criteria established under the FLSA by the U.S. Department of Labor. (Please contact the Regional Coordinator for more information about classification and eligibility for benefits.)

This classification does not guarantee employment for any specified period of time. The right to terminate the employment-at-will relationship at any time is retained by both the employee and CMHPSM.

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Job Descriptions

CMHPSM attempts to maintain job descriptions for all authorized positions. The contents of the job descriptions are within the sole discretion of CMHPSM. Each employee shall receive a written job description at time of hire and at every change thereafter. Each employee will review, sign and date their job description. Copies of job descriptions will be kept in individual personnel files. Job descriptions may be revised or altered at the sole discretion of CMHPSM as a means of operational efficiency and the changing nature of conducting business.

2.5 Payroll and Paycheck Procedures

CMHPSM employees are normally paid every other Friday. Each pay period covers the two (2) weeks ending on the Saturday before payday.

Altering, falsifying or tampering with time records is prohibited and shall subject the employee to discipline, up to and including discharge. Timesheets must be completed by the deadline given by your supervisor or payroll liaison via the online timesheet application. Employees may be required to submit a timesheet early if a holiday or approved vacation falls within the pay period.

CMHPSM currently requires employees to use direct deposit or a payroll debit card in compliance with the Michigan Wage and Fringe Benefit Act. CMHPSM will provide a written form to each employee to select debit card or direct deposit (and for the employee to provide account information for the direct deposit). With the exception of employees who currently are paid by direct deposit, an employee's failure to return their selection form within 30 days with the requisite account information shall result in payment by debit card. In addition, CMHPSM shall provide the following disclosures concerning the payroll debit card:

Terms and conditions of use, including a detailed list of fees associated with the card;
Means of accessing wages without cost;
Notice that use of card outside of an ATM network may result in additional fees ;
Instruction on making balance inquiries at no cost;
The right to elect to be paid by direct deposit rather than a debit card; and,
Notice that the payroll debit card does not provide access to a checking or savings account.

If an employee's marital status changes or the number of exemptions previously claimed increases or decreases, a new W-4 form must be submitted to the Regional Coordinator.

2.6 Safe Harbor

It is our policy and practice to accurately compensate employees and to do so in compliance with the Fair Labor Standards Act (FLSA). To ensure that you are paid properly and that no improper deductions are made, you must review your pay stubs promptly to identify and report all errors.

If you are classified as an exempt salaried employee (see section 2.4 Employment Classification), you will receive a salary which is intended to compensate you for all hours you may work for the CMHPSM. This salary will be established at the time of hire or when you become classified as an exempt employee. While it may be subject to review and modification from time to time, such as during salary review times, the salary will be a predetermined amount that will not be subject to deductions for variations in the quantity or quality of the work you perform.

Under federal and state law, your salary is subject to certain deductions. For example, unless state law requires otherwise, your salary can be reduced for the following reasons:

- When an exempt employee is absent from work for one or more full days for personal reasons other than sickness or disability;

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- When an exempt employee is absent for one or more full days due to sickness or disability if the deduction is made in accordance with a bona fide plan, policy or practice of providing compensation for salary lost due to illness;
- To offset amounts received as witness or jury fees, or for military pay;
- When an exempt employee does not perform any work during a workweek;
- For unpaid disciplinary suspensions of one or more full days imposed in good faith for workplace conduct rule infractions of major significance;
- For penalties imposed in good faith for infractions of safety rules of major significance;
- For weeks in which an exempt employee takes unpaid leave under the Family and Medical Leave Act; and
- Also, an employer is not required to pay the full salary in the initial or terminal week of employment. In these circumstances, either partial day or full day deductions may be made.

Deductions may be taken from your salary as permitted or required by law. This would include, but is not limited to, the employee portion of health, dental or life insurance premiums; state, federal or local taxes; social security; legal garnishments; and voluntary contributions to a retirement plan.

If you believe you have been subject to any improper deductions, you should immediately report the matter to your supervisor. If the supervisor is unavailable or if you believe it would be inappropriate to contact that person (or if you have not received a prompt and fully acceptable reply), you should immediately contact the Regional Coordinator. Reports of improper deductions will be promptly investigated. If it is determined that an improper deduction has occurred, you will be promptly reimbursed for any improper deduction made.

2.7 Performance and Salary Review

During the first year of employment, employees will normally receive performance reviews a minimum of two times; once near the end of the first six (6) months of employment and again near the one (1) year anniversary date. Once an employee has completed one (1) year of service, they will normally be reviewed every year thereafter during the CMHPSM-wide annual review period.

Employees will complete a self-evaluation performance review, submit the self-review to their supervisor and then meet with their supervisor to discuss the review. The performance review will be discussed, and both the employee and manager will sign the form to ensure that all strengths, areas for improvement and job goals for the next review period have been clearly communicated. Performance review forms will be retained in the employee's personnel file.

A positive performance review does not always result in an automatic salary increase, a promotion or continued employment. Compensation increases and the terms and conditions of employment, including job assignments, transfers, promotions and demotions are determined by and at the discretion of management.

Salary adjustments are occasionally requested or warranted at times other than the employee's scheduled annual salary reviews. Out-of-cycle salary increases must be preapproved by the Managing Director. The Regional Coordinator will review all salary increase/adjustment requests to ensure internal equity and compliance with company policies and guidelines. All requests must be approved by the CMHPSM Board.

Supervision and Work Plans

In addition to formal annual performance reviews, CMHPSM encourages regular meetings with your supervisor to discuss your job performance and work plan. Normally supervision sessions are scheduled as needed, but normally occur once per quarter. The purpose of these sessions is to recognize positive performance, improve poor performance and/or to address other issues in the work environment.

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To improve supervision, each employee should work with their supervisor to develop an annual work plan. This work plan shall be developed at the beginning of each annual review cycle. The work plan should be designed to meet the goals of the organization and the employee. The work plan should include goals such as targets for project completion, improved accuracy of work, and professional development where needed. The work plan should be reviewed at each quarterly supervision meeting to ensure the employee is on target to meet goals and to discuss where goals should be adjusted, added or removed and ways the supervisor may be able to remove obstacles to meeting identified goals.

2.8 Internal Transfers/Promotions

CMHPSM is dedicated to assisting employees in managing their careers and reaching their professional goals through promotion and transfer opportunities. Management prefers to promote from within and may first consider current employees with the necessary qualifications and skills to fill vacancies above the entry level. CMHPSM reserves the right to seek applicants solely from outside sources or to post positions internally and externally simultaneously. Management maintains the right to initiate transfers of employees between facilities to meet specified work requirements and reassignment of work requirements.

2.9 Separation of Employment and Eligibility for Rehire

Separation of employment within an organization can occur for several different reasons.

- **Resignation:** Although we hope your employment with us will be a mutually rewarding experience, we understand that varying circumstances cause employees to voluntarily resign employment. Resigning employees are encouraged to provide two weeks' notice, preferably in writing, to facilitate a smooth transition out of the organization. The employee will only receive payment for any actual hours worked during their last week of employment. However, CMHPSM reserves the right to provide an employee with two weeks' pay in lieu of notice in situations where job or business needs warrant such action. If an employee provides less notice than requested, the employer may deem that individual to be ineligible for rehire depending on the circumstances regarding the notice given.
- **Retirement:** Employees who wish to retire are required to notify their department director and CMHPSM in writing at least one (1) month before the planned retirement date.
- **Job abandonment:** Employees who fail to report to work or contact their supervisor for three (3) consecutive workdays shall be considered to have abandoned the job without notice, effective at the end of their normal shift on the third day. The supervisor shall notify the Regional Coordinator at the expiration of the third workday and initiate the paperwork to terminate the employee. Employees who are separated due to job abandonment are ineligible for rehire.
- **Discharge:** Employees of CMHPSM are employed on an at-will basis, and the company retains the right to discharge an employee at any time. Discharged employees may be deemed ineligible for rehire depending on the circumstances of the discharge.

As noted previously, all employees are employed at-will and nothing in this provision changes that status.

Return of Company Property

The separating employee must return all company property at the time of separation, including cell phones, keys, laptops, tablets, parking passes, credit or procurement cards, and identification cards. Failure to return some items may result in deductions from the final paycheck. An employee will be required to sign the Wage Deduction Authorization Agreement to deduct the costs of such items from the final paycheck.

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The separating employee shall contact the Regional Coordinator as soon as notice is given to schedule an exit interview. The interview will be on the employee's last day of work or another mutually agreed upon day.

Accrued vacation will be paid in the last paycheck. Fifty percent (50%) of accrued sick leave will be paid in the last paycheck for employees who retire or resign having provided at least two weeks written notice to CMHPSM and who have been with CMHPSM for more than five (5) years.

Health insurance terminates the last day of the month of employment, unless an employee requests immediate termination of benefits. Employees will be required to pay their share of the dependent health and dental premiums through the end of the month. Information for Consolidated Omnibus Budget Reconciliation Act (COBRA) continued health coverage will be provided.

Rehire

Former employees who left CMHPSM in good standing and were classified as eligible for rehire may be considered for reemployment. An application must be submitted to the Regional Coordinator, and the applicant must meet all minimum qualifications and requirements of the position, including any qualifying exam, when required.

Supervisors must obtain approval from the Managing Director or designee prior to rehiring a former employee. Rehired employees begin benefits just as any other new employee. Previous tenure will not be considered in calculating leave accruals or any other benefits.

An applicant or employee who is terminated for violating policy, who resigned in lieu of termination from employment due to a policy violation, or who resigned without providing two weeks written notice will be ineligible for rehire.

2.10 Background Checks

To ensure that individuals who join CMHPSM are well qualified and to ensure that CMHPSM maintains a safe and productive work environment, it is our policy to conduct pre-employment background checks on all applicants who accept an offer of employment. Background checks may include verification of any information on the applicant's resume or application form.

All offers of employment are conditioned on receipt of a background check report that is acceptable to CMHPSM. All background checks are conducted in conformity with the Americans with Disabilities Act, and state and federal laws. Reports are kept confidential and are only viewed by individuals involved in the hiring process.

If information obtained in a background check would lead CMHPSM to deny employment, a copy of the report will be provided to the applicant, and the applicant will have the opportunity to dispute the report's accuracy. Background checks include a criminal record check, although a criminal conviction does not automatically bar an applicant from employment.

Additional checks such as a driving record may be made on applicants for particular job categories if appropriate and job related.

Regular criminal background checks will be conducted for all current employees every three years. CMHPSM also reserves the right to conduct a background check for current employees.

Disclosing Certain Criminal Information.

All employees shall fully disclose to the Regional Coordinator any criminal felony or work-related misdemeanor convictions. Any employees that work directly with minors or who will have access to minor's records that are convicted of a felony or misdemeanor, including expressly any law relating to drugs or other controlled substances, or are charged with a felony, or are placed on the CPS Central Registry as a perpetrator, shall notify in writing the Regional Coordinator immediately, and in all cases, no later than five (5) days after such conviction, charge, or placement on the CPS Central Registry. An employee must disclose to the CMHPSM any conviction resulting from such pending charges as described in this Section. However, as required by Federal regulation, employees working with minors must disclose any arrests or charges related to child sexual abuse, child abuse, or child neglect and the disposition of such arrest or charges, and may also be required to certify that no case of child abuse or neglect has been substantiated against them.

2.11 Progressive Discipline

Every employee has the duty and the responsibility to be aware of and abide by existing rules and policies. Employees also have the responsibility to perform their duties to the best of their ability and to the standards as set forth in their job description or as otherwise established.

CMHPSM supports the use of progressive discipline to address issues such as poor work performance or minor misconduct. Our progressive discipline policy is designed to provide a corrective action process to improve and prevent a recurrence of undesirable behavior and/or performance issues. Our progressive discipline policy has been designed consistent with our organizational values, best practices and employment laws.

Outlined below are the steps of our progressive discipline policy and procedure. CMHPSM reserves the right to combine or skip steps in this process depending on the facts of each situation and the nature of the offense. The level of disciplinary intervention may also vary. Some of the factors that will be considered are whether the offense is repeated despite coaching, counseling and/or training; the employee's work record; and the impact the conduct and performance issues have on our organization.

The following outlines CMHPSM's progressive discipline process:

- **Verbal warning:** A supervisor verbally counsels an employee about an issue of concern, and a written record of the discussion is placed in the employee's file for future reference.
- **Written warning:** Written warnings are used for behavior or violations that a supervisor considers serious or in situations when a verbal warning has not helped change unacceptable behavior. Written warnings are placed in an employee's personnel file. Employees should recognize the grave nature of the written warning.
- **Performance improvement plan:** Whenever an employee has been involved in a disciplinary situation that has not been readily resolved or when an employee has demonstrated an inability to perform assigned work responsibilities efficiently, the employee may be placed on a Performance Improvement Plan (PIP). PIP status will last for a predetermined amount of time not to exceed 90 days. Within this time period, the employee must demonstrate a willingness and ability to meet and maintain the conduct and/or work requirements as specified by the supervisor and the organization. At the end of the PIP period, the PIP may be closed or, if established goals are not met, suspension or discharge may occur.

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- **Suspension with or without pay:** Senior management determines when this is an appropriate level for the offense and notifies the employee. A written record of the suspension is placed in the employee's file for future reference. If unacceptable behavior continues, discharge may occur.
- **Discharge:** Senior management determines when this is an appropriate level for the offense and notifies the employee. A written record of the termination is placed in the employee's file for future reference.

CMHPSM reserves the right to determine the appropriate level of discipline for any inappropriate conduct, including verbal and written warnings, PIP, suspension with or without pay, demotion and immediate discharge.

2.12 Business Expense Reimbursement

Expenses for Conferences and Travel

Employees will be reimbursed for reasonable expenses incurred in connection with approved travel on behalf of CMHPSM.

Travelers seeking reimbursement should incur the lowest reasonable travel expenses and exercise care to avoid the appearance of impropriety. If a circumstance arises that is not specifically covered in the travel policies, the most conservative course of action should be adopted.

Requests for reimbursement of mileage for travel between work sites and other sites for meetings, training or provider monitoring will be reimbursed at the Internal Revenue Service approved travel rate. Allowable mileage amounts between CMHPSM buildings are available from your supervisor.

Travel must be authorized in advance. Travelers should verify that planned travel is eligible for reimbursement before making travel arrangements. Expenses may include air travel, hotels, motels, meals, cab fare, rental vehicles, or gas and car mileage for personal vehicles. You should contact your supervisor in advance if you have any question about whether an expense will be reimbursed.

Upon completion of the trip, and within 30 days, the traveler must submit a Business Expense Reimbursement Form and supporting documentation to obtain reimbursement of expenses. Documentation is required for all expenses. Any expenses incurred during the conference that are not covered under the pre-registration process, must have supporting receipts submitted within two (2) business days of returning from the pre-approved conference.

Exempt employees will be paid their regular salary for weeks in which they travel.

SECTION III: BENEFITS

CMHPSM currently offers a flexible benefit program for all regular employees. This program allows each employee to choose those benefits that best meet their individual needs. The program year for the plan is January 1 through December 31, and is renewed on an annual basis.

For more information regarding benefits programs or who is eligible for coverage, please contact the Regional Coordinator.

3.1 Medical and Dental Insurance

CMHPSM currently offers regular full-time employees enrollment in medical and dental insurance coverage options as specified in plan documents. Employees have up to 30 days from their date of hire to make medical and dental plan elections. Once made, elections are fixed for the remainder of the plan year.

All qualified changes in family status (births, marriages, etc.) which may affect coverage must be reported to the Regional Coordinator within thirty (30) days of the event. It is the responsibility of the employee to notify CMHPSM of all changes. Please contact the Regional Coordinator to determine if a family status change qualifies under the Plan document and IRS regulations.

The Regional Coordinator is available to answer benefits plan questions and assist in enrollment as needed.

The terms of the insurance policies control the benefits provided thereunder and the employee's eligibility for benefits. CMHPSM reserves and retains the unilateral right to amend or terminate any benefit, benefit level, employer contribution or benefit plan. In the event there arises any conflict between this summary and the plan documents, the plan documents control.

3.2 Vision Insurance

CMHPSM's current vision plan covers employees' standard eye care examinations, lenses, frames, or contacts. Certain limitations apply and not all optical centers accept the current plan. A more detailed explanation of the plan and locations of optical centers that accept the CMHPSM plan are available in the summary plan booklet provided by the insurance company.

The terms of the insurance policies control the benefits provided thereunder and the employee's eligibility for benefits. CMHPSM reserves and retains the unilateral right to amend or terminate any benefit, benefit level, employer contribution or benefit plan. In the event there arises any conflict between this summary and the plan documents, the plan documents control.

3.3 Life and Accidental Death & Dismemberment Insurance

CMHPSM currently offers regular full-time employees an employer-paid basic group term life policy along with an accidental death and dismemberment policy. The terms of the insurance policies control the benefits provided thereunder and the employee's eligibility for benefits. CMHPSM reserves and retains the unilateral right to amend or terminate any benefit, benefit level, employer contribution or benefit plan. In the event there arises any conflict between this summary and the plan documents, the plan documents control. The Regional Coordinator is available to answer benefits plan questions and assist in enrollment as needed.

3.4 Worker's Compensation

The company is covered under statutory state workers' compensation laws. Employees who sustain work-related injuries must immediately notify their supervisor. Contact the Regional Coordinator for further information.

An employee receiving workers' compensation payments will not earn any PTO, nor shall they be eligible to receive holiday leave pay during the time off. In the event a regular employee is off work and is being compensated under the workers' compensation law for an on-the-job injury or illness, CMHPSM will continue for eligible employees for a maximum of six (6) months from the date of injury, to pay the premiums on medical, dental, disability and life insurance, if applicable. Thereafter, the employee may make arrangements to pay the premiums to continue those insurances, subject to the terms of the plan documents. All other fringe benefits will cease while on workers' compensation.

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Worker's Compensation is solely a monetary benefit and not a leave of absence. Employees who will be out of work must also request a formal leave of absence. (See Section IV – Leaves of Absence in this handbook for more information).

3.5 Unemployment Compensation

Unemployment compensation is designed to provide a temporary income for those who are out of work through no fault of their own. Depending upon the circumstances, employees may be eligible for unemployment compensation upon termination of employment with CMHPSM. The State of Michigan Unemployment Insurance Agency determines eligibility for unemployment compensation. CMHPSM pays the entire cost of this insurance program.

3.6 Social Security

The United State Government operates a system of mandated insurance known as Social Security. As a wage earner, employees are required by law to contribute a set amount of weekly wages to the trust fund from which benefits are paid. As employer, CMHPSM is required to deduct this amount from each paycheck an employee receives. In addition, CMHPSM matches employee contribution dollar for dollar, thereby paying one-half of the cost of employee Social Security benefits.

3.7 Retirement Benefits

Eligible employees will be automatically enrolled in the CMHPSM's 401(k) retirement plan. Pursuant to such automatic enrollment, unless an eligible employee either affirmatively elects to opt-out of the CMHPSM 401(k) retirement plan or affirmatively elects a different percentage to be contributed, CMHPSM will automatically deduct from each paycheck 3% of an employee's gross wages as the employee contribution to the retirement plan. The CMHPSM will match the first 3% of the employee's gross wages with an employer contribution equal to 100% of the employee's contribution. The CMHPSM will match an employee's contribution from 3% to 6% of the employee's gross wages with an employer contribution equal to the 50% employee's contribution. Upon becoming eligible to participate in the retirement plan, an employee will be provided with communication about the retirement plan, the CMHPSM's contributions, vesting requirements, and an employee's right to opt-out of the retirement plan.

<i>Employee Contribution Example</i>	<i>Employer Contribution Example</i>	<i>Total Contribution</i>
3%	3%	6%
Additional 1%	Additional .5%	7.5%
Additional 1%	Additional .5%	9%
Additional 1%	Additional .5%	10.5%

CMHPSM reserves and retains the unilateral right to amend or terminate any benefit, benefit level, employer contribution or benefit plan. In the event there arises any conflict between this summary and the plan documents, the plan documents control.

3.8 Short-Term and Long-Term Disability

Full-time employees are eligible to participate in the short-term and long-term disability plans, subject to all terms and conditions of the agreement between the CMHPSM and the insurance carrier.

This is solely a monetary benefit and not a leave of absence. Employees who will be out of work must also request a formal leave of absence. (See Section IV – Leaves of Absence in this handbook for more information).

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The terms of the insurance policies control the benefits provided thereunder and the employee's eligibility for benefits. CMHPSM reserves and retains the unilateral right to amend or terminate any benefit, benefit level, Employer contribution or benefit plan. In the event there arises any conflict between this summary and the plan documents, the plan documents control.

3.9 COBRA

Consolidated Omnibus Budget Reconciliation Act (COBRA) provides certain former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates. This coverage, however, is only available when coverage is lost due to certain specific events. Group health coverage for COBRA participants is usually more expensive than health coverage for active employees, since the employer typically pays a part of the premium for active employees while COBRA participants generally pay the entire premium themselves. Please contact the Regional Coordinator for more information.

3.10 Health Savings Account

CMHPSM employees participating in any of the basic health insurance plans, i.e. group medical, dental and/or vision, may elect to contribute to a health savings account to cover eligible health-care expenses. Questions regarding this policy should be directed to the Regional Coordinator. CMHPSM reserves and retains the unilateral right to amend or terminate any benefit, benefit level, employer contribution or benefit plan. In the event there arises any conflict between this summary and the plan documents, the plan documents control.

3.11 Employee Assistance Program (EAP)

CMHPSM sponsors a free Employee Assistance Program to help employees and their immediate family members who are experiencing personal problems such as stress, emotional or family problems, chemical or alcohol dependency, legal, or financial difficulties. Your involvement with the EAP is completely confidential. A non-CMHPSM agency provides the counseling. EAP counselors are available 24 hours a day, 7 days a week. You may get more information by calling, toll free: (888) 231-7015.

3.12 Domestic Partner Benefits

CMHPSM acknowledges the needs of a diverse workforce and fairness in providing benefits to our employees, their dependents, and their spouses and domestic partners. Therefore, if permitted by Michigan law domestic partners currently receive the same benefits that are available to spouses of company employees (e.g., *[insert applicable benefits, as allowed by plan documents such as medical insurance, dental insurance, beneficiary designations on retirement plans, sick leave, and bereavement leave]*).

Domestic partners are those individuals who meet the following criteria:

- At least 18 years old and mentally competent to consent to a contract.
- Not legally married to anyone.
- Not related by blood to a degree of closeness that would prohibit legal marriage in the State of Michigan.
- Have entered into the domestic partner relationship voluntarily and without reservation.
- Are jointly responsible for each other's common welfare and shared financial obligations.
- Intend to continue the domestic partner relationship indefinitely, with the understanding that the relationship can be terminated at any time by either partner.

Employees who wish to apply for domestic partner benefits must complete a Statement of Domestic Partnership. The original form will be kept in the Regional Coordinator's office. This original form will be kept on file indefinitely with CMHPSM and will be deemed effective until one of the following occurs:

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- The employee changes the partner designation by completing a new Statement of Domestic Partnership and returns the new form to CMHPSM.
- The employee requests removal of the document and completes a Statement of Termination of Domestic Partnership.

Benefits coverage for the domestic partner and his or her dependents will terminate at the end of the month in which the relationship ended.

SECTION IV: Time Off / Leaves of Absence

4.1 Holiday Leave

CMHPSM observes the following holidays each year:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve Day*
- Christmas Day
- New Year's Eve Day*

Should a holiday fall on a Saturday, the holiday will be observed on the preceding Friday. Should a holiday fall on a Sunday, the holiday will be observed on the following Monday. Should the Christmas Eve or New Year's Eve holiday fall on Friday, that holiday will be observed on the preceding Thursday. Should Christmas Eve or New Year's Eve fall on Saturday or Sunday, that holiday shall be observed the preceding Friday.

All full-time, regular employees receive four (4) floating holidays per year in addition to paid time off and CMHPSM's regular holidays. These four floating holidays allow employees to have additional paid leave to cover absences for personal reasons, such as religious observances or parent-teacher conferences, or to supplement vacation, sick and holiday leave.

Floating holidays are available at the beginning of each calendar year. Any employee hired before the end of the first half of the calendar year receives four (4) days; any employee hired during the second half of the calendar year receives two (2) floating holiday.

Floating holidays may only be used to cover full-day absences. They must be taken in the calendar year in which given. Under no circumstances will these days be carried over to the next calendar year, nor may they be cashed out if not taken or paid upon termination of employment.

A floating holiday must be scheduled and approved in advance by the employee's supervisor.

4.2 Paid Time Off

We know how hard you work and recognize the importance of providing you with time for rest, relaxation, illness, well-care and other appointments. We fully encourage you to get this rest and take care of yourself and your family by taking your paid time off. The paid time off (PTO) program combines vacation, sick and personal leave benefits into one comprehensive plan. PTO may be taken for any purpose including; vacation, personal illness or time off to care for dependents.

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All full-time employees will be eligible for PTO benefits. PTO leave will accrue beginning on the first day of employment. Any employee hired before the end of the first half of the calendar year receives eighteen (18) PTO days; any employee hired during the second half of the calendar year receives nine (9) PTO days. All eligible employees will receive an annual PTO accrual based on length of service on January 1st of each year, thereafter. To offer employees an incentive to stay with the CMHPSM, PTO annual accrual amounts will increase based on length of service and is earned according to the following schedule:

Length of service	Annual PTO Accrual
0-2 years	18 days per year (1.5 days per month)
3-5 years	21 days per year (1.75 days per month)
6 or more years	24 days per year (2.0 days per month)

To encourage employees to take regular time off, unused PTO shall not carry over from year-to-year and rather will be forfeited at the end of each year. Any PTO time not used prior to December 31st will be forfeited and is not compensable.

PTO days may be taken in half-day or full-day increments. If 4.0 hours or more are worked in a day, it is considered to be a full day of work and no PTO time must be taken.

Employees must ensure that they have enough accrued PTO available to cover the dates requested. All paid PTO leave hours must be exhausted before non-paid time may be used. If paid leave has been exhausted, one (or more) full day(s) will be deducted from an employee's salary for absences from work.

Employees may not take more than two consecutive weeks of paid leave at a time without written approval of the Managing Director. Limiting the amount of leave taken is intended to allow for better planning of coverage of work activities while the employee is absent.

PTO must be scheduled in advance and have supervisory approval, except in the case of illness or emergency. Employees must put any requests for three (3) or more consecutive days of leave time in writing. Where possible, these leave requests should be made at least two (2) weeks in advance of the requested leave. Requests shall be approved/denied by the employee's supervisor within three (3) business days of the request. Every effort will be made to grant your request, however, if too many people request the same period of time off, CMHPSM reserves the right to choose who may take time off during that period. Individuals with the longest length of service generally will be given preference. If the request for time off is denied, the supervisor should provide an appropriate reason on the form returned to the employee.

Requests of less than three (3) days must be made to the supervisor with as much advance notice as possible, with a minimum of one (1) day notice for any absence that will disrupt a work assignment or a deadline. Requests shall be approved/denied by the employee's supervisor within three (3) business days of the request. For scheduled time off, an employee must find coverage for any activities, duties or responsibilities that need to be addressed in their absence.

An employee who finds it necessary to use PTO for an emergency must notify their supervisor no later than two (2) hours after the start of the work day, if possible. In case of emergency, an employee must notify their supervisor of any activities, duties or responsibilities that will need to be covered. CMHPSM may require the employee provide verification of the emergency.

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Paid time off will be paid at the employee's base rate at the time the leave is taken. If a holiday falls during the employee's time off, the day will be charged to holiday leave rather than to PTO.

Employees returning to work from an illness or leave of absence may be required by their supervisor to submit a statement from their physician verifying their ability to work.

PTO is not accrued while an employee is on unpaid leave or when short- or long-term disability benefits are paid. A pro-rated adjustment to the annual accrual will be made in accordance with the length of the leave.

4.3 Bereavement Leave

Regular employees shall be granted bereavement leave with pay in the event of a death in the immediate family*. Employees shall be granted three (3) days of paid leave in cases when death has occurred in the immediate family. In cases of a death of a spouse, domestic partner, parent, sibling and children of the employee or the employee's spouse, an additional two (2) days of paid leave shall be granted to the employee.

An employee who wishes to take time off due to the death of an immediate family member should notify their supervisor immediately. Bereavement leave will be granted unless there are unusual business needs or staffing requirements.

The Managing Director may grant funeral leave to employees to attend the funeral of another CMHPSM employee.

*For purposes of this policy, immediate family is defined as: spouse, domestic partner, parent, brother, sister, child, stepchild, mother-in-law, father-in-law, sister-in-law, brother-in-law, aunts, uncles, nieces, nephews, grandparents, spouse's grandparents, parents and grandparents of employee's minor children, or someone with whom the employee has a legal relationship or a related member in an employee's household and all such relatives of one's spouse.

4.4 Jury Duty

CMHPSM realizes that it is the obligation of all U.S. citizens to serve on a jury when summoned to do so. All employees will be allowed time off to perform such civic service as required by law. You are expected, however, to provide CMHPSM with proper notice of your request to perform jury duty and with your verification of service. You also are expected to keep management informed of the expected length of your jury duty service and to report to work for the major portion of the day if you are excused by the court. If the required absence presents a serious conflict for management, you may be asked to try to postpone your jury duty.

Regular employees shall be eligible for a paid leave equal to their regular hourly wage/salary when they are assigned to jury duty. In order to receive payment, the employee must give the CMHPSM at least two (2) days prior notice that they have been summoned for jury duty, furnish satisfactory evidence that they reported for or performed jury duty on the day(s) for which they claim such payment and must submit payments received for jury duty to CMHPSM.

4.5 Personal Leave

If you are ineligible for any other leave of absence, under certain circumstances, CMHPSM may grant you a personal leave of absence without pay. A regular employee that has completed six (6) months of employment may request an unpaid personal leave of absence for a period not to exceed one-hundred eighty (180) days in any

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one calendar year. A written request for a personal leave should be presented to management at least two (2) weeks before the anticipated start of the leave. If the leave is requested for medical reasons and you are not eligible for leave under the federal Family and Medical Leave Act (FMLA) medical certification also must be submitted. Your request will be considered on the basis of staffing requirements and the reasons for the requested leave, as well as your performance and attendance records. Normally, a leave of absence will be granted for a period of up to eight (8) weeks. However, a personal leave may be extended if, prior to the end of your leave, you submit a written request for an extension to management and the request is granted.

During personal leave, employees will not earn PTO, nor paid for holidays which may fall during the leave period. Health insurance coverage can be continued during leave if an employee submits the employee share of monthly premium payments to the CMHPSM in a timely manner, subject to the terms of the plan documents. If employee fails to return from leave, the employee shall be liable for the full accrued costs of health insurance paid by CMHPSM during the leave.

When you anticipate your return to work, please notify management of your expected return date. This notification should be made at least one week before the end of your leave.

Upon completion of your personal leave of absence, CMHPSM will attempt to return you to your original job, or to a similar position, subject to prevailing business considerations. Reinstatement, however, is not guaranteed.

Failure to advise management of your availability to return to work, failure to return to work when notified, or your continued absence from work beyond the time approved by CMHPSM, will be considered a voluntary resignation of your employment.

4.6 Military Training Leave

CMHPSM is committed to protecting the job rights of employees absent on military leave. CMHPSM will comply with applicable federal and state law regarding military service and military leave. It is CMHPSM's policy that no employee or prospective employee will be subjected to any form of discrimination on the basis of that person's membership in or obligation to perform service for any of the Uniformed Services of the United States.

Employees shall be granted leave to perform National Guard or Military Reserve Duty in any branch of the Armed Forces of the United States of America. Upon presentation by a regular full-time employee of compensation records identifying the date of and payment made for the training program, CMHPSM shall pay the difference between their compensation for National Guard or Military Reserve Duty and their regular CMHPSM wage/salary for the period of their assigned National Guard or Military Reserve service up to a two (2) week maximum (75 hours) per year. You should give management as much advance notice of your need for military leave as possible so that we can maintain proper coverage while you are away.

4.7 Family and Medical Leave Act (FMLA) Leaves:

An eligible employee who has completed twelve (12) months of employment and worked at least 1250 hours in the past twelve (12) months may request an unpaid leave of absence for a period not to exceed twelve (12) weeks in any twelve (12) month period measured forward from the date the employee's FMLA leave first begins. The request should be in writing, must give the reason for the request and must give the expected duration of the leave. The leave may be taken for the following reasons:

1. A serious health condition that makes the employee unable to perform the functions of his/her position;
2. In order to care for the employee's spouse, child or parent if the person being cared for has a serious health condition;

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3. Because of the birth of a child of the employee, and in order to care for the child within twelve (12) months of the child's birth;
4. Because of the placement of a child with the employee for adoption or foster care, and in order to care for the child within twelve (12) months of the child's placement.
Unless leave is taken for the employee's own serious health condition or that of his or her child or spouse, the total leave taken by spouses when both are employed by the Employer is limited to twelve (12) months.

Intermittent Leave

Unless the CMHPSM agrees, leave for the birth or placement of the employee's child, or to care for the child within twelve (12) months of the child's birth or placement, may not be taken intermittently or on a reduced leave schedule. If medically necessary, leave for the employee's serious health condition or to care for a seriously ill spouse, child, or parent, may be taken intermittently or on a reduced leave schedule.

Substitution of Paid Leave

An employee is required to use all remaining annual allotted PTO for leave taken for the employee's serious health condition or to care for a seriously ill spouse, child, or parent. An employee is required to use all remaining annual allotted PTO for leave taken for the birth or placement of the employee's child, or to care for the child within twelve (12) months of the child's birth or placement.

Scheduling and Notice by Employees

When leave is taken for the birth or placement of the employee's child or to care for the child within twelve (12) months of the child's birth or placement, and the leave is foreseeable based on the expected birth or placement, the employee must provide not less than thirty (30) days notice before the date the leave is to begin. However, if the date of the birth or placement requires the leave to begin in less than thirty (30) days, the employee must provide such notice as is practicable.

When leave is taken for the employee's serious health condition, or to care for a seriously ill spouse, child or parent, and the leave is foreseeable based on planned medical treatment, the employee must make a reasonable effort to schedule the treatment so as not to unduly disrupt the CMHPSM operations, and must provide not less than thirty (30) days notice before the date the leave is to begin. If the date of treatment requires leave to begin in less than thirty (30) days, however, the employee must provide such notice as is practicable.

Medical Certification

When leave is taken for the employee's serious health condition, or to care for a seriously ill spouse, child or parent, CMHPSM may require certification issued by the health care provider of the employee or of the spouse, child, or parent of the employee, as appropriate. This certification must include the date the condition began, its probable duration, appropriate medical facts within the knowledge of the health care provider regarding the condition, and a statement that the employee is unable to perform his/her job function or is needed to care for a sick family member for a specified time.

For leave taken intermittently or on a reduced leave schedule, further certification requirements are as follows:

1. When there is planned medical treatment, the certification must include the dates on which treatment is expected and its duration.
2. When leave is taken for the employee's serious health condition, the certification must include a statement of the medical treatment necessary for such leave and its expected duration.

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3. When leave is taken to care for a seriously ill family member, the certification must include a statement that such leave is necessary for the care of the family member who has a serious health condition or will assist in his/her recovery, and the expected duration and schedule of the leave.

Second/Third Opinions and Re-certification

CMHPSM may require, at its own expense if not covered by insurance, a second medical opinion from a health care provider designated by CMHPSM, but not employed on a regular basis by CMHPSM. In the event of a dispute concerning the second certification, CMHPSM may require, at its own expense if not covered by insurance, a third opinion from a health care provider. The employee and CMHPSM must agree on the selection of the third health care provider whose opinion is binding on both parties. CMHPSM may require that the employee obtain subsequent re-certification on a reasonable basis.

Benefits During Leave

CMHPSM will continue to pay the Employer's portion of an employee's health insurance premiums for an eligible employee during the period the employee is on leave for any of the reasons under FMLA Subsections a-d above. The employee shall be responsible to pay his/her portion, if applicable, of health insurance premiums during the period the employee is on leave for any of the reasons under FMLA Subsections a-d above. If an employee's health insurance premium payment is more than 30 days late, CMHPSM upon 15 days notice to the employee may cease to continue the employee's health insurance coverage if the employee does not pay his/her portion of health insurance premium prior to the specific time. CMHPSM may recover the employee's share of any premium payments missed by the employee for any FMLA leave period during which the Employer maintains health coverage by paying the employee's share after the premium payment is missed. In all other circumstances, CMHPSM will not continue to pay health insurance premiums for an employee on an unpaid leave of absence. The employee may continue insurance coverage at his/her own expense during any unpaid leave of absence. The employee will not accumulate PTO nor be paid for the holidays which may fall during the period of unpaid leave. If the employee fails to return after the leave has expired due to circumstances within the employee's control, the Employer may recover from the employee any premiums which the CMHPSM paid to maintain medical coverage during the leave.

Return Rights

Upon return from a leave taken for a reason listed under FMLA Subsections a-d above, the employee will be returned to his/her former position or to a position equivalent in pay, benefits, and other terms and conditions of employment. In all other circumstances, the employee is not guaranteed that he/she will be restored to his/her former position or to an equivalent position. The decision will be at the discretion of the CMHPSM.

Service Member FMLA

The FMLA now entitles eligible employees to take leave for a covered family member's service in the Armed Forces ("Servicemember FMLA"). This policy supplements the County FMLA policy and provides general notice of employee rights to such leave. Except as mentioned below, an employee's rights and obligations to Servicemember FMLA Leave are governed by our existing FMLA policy.

Servicemember FMLA provides eligible employees unpaid leave for any one, or for a combination, of the following reasons:

1. A "qualifying exigency" arising out of a covered family member's active duty or call to active duty in the Armed Forces in support of a contingency plan; and/or

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2. To care for a covered family member who has incurred an injury or illness in the line of duty while on active duty in the Armed Forces provided that such injury or illness may render the family member medically unfit to perform duties of the member's office, grade, rank or rating.

Duration of Servicemember FMLA

When Leave Is Due To A "Qualifying Exigency": An eligible employee may take up to 12 workweeks of leave during any 12-month period. When Leave Is To Care for an Injured or Ill Service Member: An eligible employee may take up to 26 workweeks of leave during a single 12-month period to care for the service member. Leave to care for an injured or ill servicemember, when combined with other FMLA-qualifying leave, may not exceed 26 weeks in a single 12-month period. Servicemember FMLA runs concurrent with other leave entitlements provided under federal, state and local law.

SECTION V: GENERAL POLICIES

As the CMHPSM offices are located in a Washtenaw County building, the following rules apply to all CMHPSM employees.

5.1 Identification Cards and Sign-in Procedures

Photo identification cards are issued to all employees on their date of hire and must be worn and visible at all times while at work.

CMHPSM doors shall remain locked at all times. Your photo identification card should be used to enter the building. Employees are prohibited from loaning or providing the key card to another employee or individual. If your photo key card is lost, you must notify Washtenaw County Human Resources to obtain a replacement card.

For safety and security reasons it is important to assure an accurate account of all building occupants at any given time. You must sign-in/out upon entering/exiting the building at the beginning/end of your shift, for lunch breaks, or any other break where you leave the building.

5.2 Visitors

Friends, relatives and children of employees are not allowed in the working areas without checking in. All visitors will be escorted through the offices once notified of a visitor's arrival. It will be your responsibility to ensure the confidentiality of business and consumer information in accordance with the confidentiality policy.

5.3 Personal Mail

Personal mail should not be addressed to CMHPSM addresses. You may not use CMHPSM postage or other CMHPSM property for personal business.

5.4 Telephone Calls

Disruptions during working time can lead to errors and delays. Therefore, we ask that personal telephone calls be kept to a minimum.

5.5 Open Communication

CMHPSM is committed to creating the best work environment – a place where everyone's voice is heard, where issues are promptly raised and resolved, and where communication flows across all levels of the organization. Openness is essential to quickly resolve concerns, to recognize business issues as they arise, and to address the changing needs of our diverse workforce.

The essence of CMHPSM's Open Communication Policy is open communication in an environment of trust and mutual respect that creates a solid foundation for collaboration, growth, high performance and success across CMHPSM and its partner agencies.

It provides for a work environment where:

- Open, honest, appropriate, professional communication between employees and managers is a day-to-day business practice
- Employees may seek counsel, provide or solicit feedback, or raise concerns within the organization
- Managers hold the responsibility for creating a work environment where employees' professional and constructive input is welcome, advice is freely given, and issues are surfaced early and are candidly shared without the fear of retaliation when this input is shared in good faith

CMHPSM encourages employees to discuss any issues they may have with a coworker or supervisor directly with that person in an appropriate manner. If a resolution is not reached, employees should arrange a meeting with their supervisor. If the concern, problem, or issue is not properly addressed, employees should contact the Regional Coordinator. Retaliation against any employee for appropriate usage of Open Communication channels is unacceptable.

If you have a question or wish to discuss a possible violation, you should first discuss it with your supervisor. If you are not comfortable with that approach for any reason, or if no action is taken, please contact the Regional Coordinator.

5.6 Electronic Communication and Internet Use

CMHPSM's communication and computer systems (including CMHPSM-provided portable communication devices (PCDs) including cell phones, laptops and tablets) are intended for business purposes. All information stored through or stored in these systems including, but not limited to, voice communication and e-mail messages, as County information. CMHPSM has the capability and right to access, review, copy, modify and delete any information transmitted or stored in the system, including voice and e-mail messages. As such, users have no legitimate expectation of privacy in regard to their use of the systems. Those voice or computer files containing personal information of an employee as a result of an employee's making incidental use of the CMHPSM's communication and computer system for personal purposes, including the transmission of personal voice and e-mail messages, will be treated no differently than other files, i.e., the CMHPSM reserves the right to access, review, copy, modify, delete or disclose them for any purpose required by law, or which CMHPSM deems appropriate in its discretion. Accordingly, employees should not use the CMHPSM's communication or computer system to send, receive or store any information that they wish to keep private.

The following uses of the IT resources system are strictly prohibited, and violation of these policies may result in discipline, up to and including immediate discharge and, where appropriate, civil and/or criminal liability. The list of prohibited uses of IT resources is for illustration purposes only and is not intended to be all-inclusive.

1. Employees may not use equipment (such as printers) that consumes supplies (paper, toner) for personal use;

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2. CMHPSM's communication and computer systems may not be utilized to send or receive obscene, offensive or harassing messages or messages that disclose personal information of consumers without authorization;
3. CMHPSM's communication and computer systems may not be utilized to distribute incendiary statements which may incite violence or describe or promote the use of weapons or devices associated with terrorist activities;
4. CMHPSM's communication and computer systems may not be utilized to distribute, access or solicit sexually oriented messages or images;
5. CMHPSM's communication and computer systems may not be utilized for illegal purposes or in support of such activities including, but not limited to, piracy, cracking, extortion, blackmail;
6. CMHPSM's communication and computer systems may not be utilized for commercial purposes, partisan political purposes, product advertisement or "for-profit" personal activity;
7. CMHPSM's communication and computer systems may not be utilized for any sexually explicit use, whether visual or textual;
8. CMHPSM's communication and computer systems may not be utilized for duplicating, transmitting or using software which is not in compliance with software licensing agreements and/or unauthorized use of copyrighted materials or other person's original writings;
9. CMHPSM's communication and computer systems may not be utilized to disrupt the use or performance of CMHPSM authorized communication or computer resources or any other computer system or network;
10. Employees may not access or attempt to access computers, files, and company-provided equipment (such as cell phones and laptops) of another employee or to which the employee is not provided access as part of the employee's regular job duties.;
11. CMHPSM's communication and computer systems may not be utilized in a manner which does or may compromise the security of CMHPSM communication or computer resources including, but not limited to:
 - i. Accessing accounts within or outside the CMHPSM's computers and communication facilities for which you are not authorized or do not have a business need;
 - ii. Copying, disclosing, transferring, examining, renaming, or changing information or programs belonging to another user unless you are given express permission to do so by the person responsible for the information program;
 - iii. Knowingly or inadvertently spreading computer viruses.
 - iv. Distributing "junk mail" such as chain letters, advertisements or unauthorized solicitations.
 - v. Transmitting confidential information without proper security and authority.

The following guidelines have been established for using the Internet, company-provided PCDs, and e-mail in an appropriate, ethical and professional manner:

- Each person will set up a unique network password. Passwords must be changed every six months (or more frequently if you believe your password has been compromised).
- Individuals should not log onto the system using another's password.
- Individuals should not permit another to log on with their password.
- Individuals should not enter data under another person's password.
- Individuals using the computer system will not write down their password and place it at or near the terminal, such as putting their password on a note on the screen or under the keyboard.
- All conversations, text messages and emails must be professional.
- Employees should not open suspicious e-mails, pop-ups or downloads. Contact the CMHPSM Help Desk with any questions or concerns to reduce the release of viruses or to contain viruses immediately.
- Lost or stolen PCDs must be reported as soon as possible to prevent unauthorized use.

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- Internal and external e-mails are considered business records and may be subject to discovery in the event of litigation. Be aware of this possibility when sending e-mail within and outside the company.

Use of Cell Phones, Laptops or Tablets While Driving

Employees who drive on CMHPSM business must abide by all state or local laws prohibiting or limiting PCD use while driving. Further, even if usage is permitted, employees may choose to refrain from using any PCD while driving. "Use" includes, but is not limited to, talking or listening to another person or sending an electronic or text message via the PCD.

Regardless of the circumstances, including slow or stopped traffic, if any use is permitted while driving, employees should proceed to a safe location off the road and safely stop the vehicle before placing or accepting a call. If acceptance of a call is absolutely necessary while the employee is driving, and permitted by law, the employee must use a hands-free option and advise the caller that they are unable to speak at that time and will return the call shortly.

Under no circumstances should employees feel that they need to place themselves at risk to fulfill business needs.

Since this policy does not require any employee to use a cell phone while driving, employees who are charged with traffic violations resulting from the use of their PCDs while driving will be solely responsible for all liabilities that result from such actions.

Texting and emailing while driving is prohibited in all circumstances.

5.7 Social Media Use

Personal Social Media Use

CMHPSM respects the right of any employee to maintain a personal blog or webpage or to participate in a social networking site including, but not limited to, Facebook, Twitter and LinkedIn. Employees shall exercise good judgment and will conduct themselves according to existing CMHPSM policies while using social media. Use of social media for personal use at work is not work and should be limited to non-working time.

To protect CMHPSM interests and ensure employees focus on their job duties, employees must adhere to the following rules:

- Employees may not post on a blog or webpage or participate on a social networking site during working time. Employees may use social media for personal use but these activities must be done on their own time. However, all access of social media using CMHPSM equipment, email accounts or facilities will be subject to the terms of CMHPSM policies.
- All rules regarding confidentiality and proprietary business information apply in full to blogs, webpages, social networking and similar sites. Any information that cannot be disclosed through a conversation, note or email also cannot be disclosed in a blog, webpage, social networking or similar site.
- Do not use ewashtenaw.org email accounts when creating personal social media identities.
- Whether an employee is posting something on their own blog, webpage, social networking or similar site or on someone else's, if the employee mentions the CMHPSM and also expresses either a political opinion or an opinion regarding CMHPSM's actions, the poster must include the following disclaimer, "The opinions expressed on this site are my own and do not necessarily represent the views of the CMHPSM". This is necessary to preserve CMHPSM's good will in the community.
- Any conduct that is impermissible under the law if expressed in any other form or forum is impermissible if expressed through a blog, webpage, social networking or similar site. For example, posted material that is discriminatory, obscene, defamatory, libelous or threatening is forbidden. CMHPSM policies apply equally to employee social media usage.

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CMHPSM encourages all employees to keep in mind the speed and manner in which information posted on a blog, webpage, and/or social networking site is received and often misunderstood by readers. Be aware that the mere use of social media while at work may be perceived negatively:

- Personal use of social media at work is not work. Social media is inherently public or semi-public. This can create a public perception that staff are not working, along with date and time stamps on activity which can create a well-documented case of not working at a time when some might expect that work should be happening.
- Statements made online can become public and have a way of travelling beyond intended audiences. (It is true with email and text messaging and social media takes it to a different level.)

Employees must use their best judgment. Employees with any questions should consult with the Regional Coordinator and/or their supervisor. CMHPSM may monitor content on the Internet. Failure to follow these guidelines may result in discipline, up to and including termination.

Social Media Use on Behalf of CMHPSM

Any CMHPSM social media presence must be pre-approved by the Managing Director and comply with the Public Relations Information policy.

5.8 Attire and Grooming

It is important for all employees to project a professional image while at work by being appropriately attired. CMHPSM employees are expected to be neat, clean and well groomed while on the job. Clothing must be consistent with the standards for a business environment and must be appropriate to the type of work being performed.

CMHPSM is confident that you will use your best judgment regarding attire and appearance. Management reserves the right to determine appropriateness. Any employee who is improperly dressed will be counseled or in severe cases may be sent home to change clothes. Continued disregard of this policy may be cause for disciplinary action, which may result in termination. Please consult your supervisor for specific information regarding acceptable attire for your position.

If you believe a certain manner of dress, personal appearance or hygiene is necessary because of religious beliefs, medical condition or an otherwise legally protected reason, you must notify the Regional Coordinator of this reason, in writing, before you report to work. CMHPSM may require you to provide appropriate proof of this belief, condition or otherwise protected reason.

5.9 Ethics and Code of Conduct

All work shall be performed in an ethical and professional manner as determined by statute, code, accrediting organization standards, and professional organizations' code of conduct standards. This includes engaging in courteous, respectful relationships with coworkers, other health care providers, educational institutions, payers and consumers. Principles of autonomy, compassion, safety, privacy, informed consent, competence and other related principles shall be demonstrated. Any and all ethical and relationship questions, issues or dilemmas arising from work relationships should be discussed proactively with your supervisor.

Any employee who, during the course of employment, believes that he or she has been requested or required to engage in an illegal or unethical act, or who has observed another employee engaged in an illegal or unethical act, must report that fact immediately, in writing, to the Regional Coordinator who will promptly undertake to investigate the allegations and take remedial action, if necessary. If the Regional Coordinator is the individual about whom is the subject of the complaint, the employee shall notify the Managing Director. If such a report is

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made in good faith, CMHPSM will protect the reporting employee from any retaliation or other detrimental impact upon his or her employment.

Selected standards:

- All consumers, family members, community members, other treatment providers and internal colleagues shall be treated with the utmost respect, courtesy, compassion and dignity.
- All new employees shall be informed during orientation of their obligation to follow the Ethics and Conduct policy and its guidelines and shall provide written verification of having been informed. Any time there is a significant change made to this policy, all staff shall be informed and new signatures shall be obtained and placed in the personnel file.

Violations of any of the provisions or guidelines of this policy may be cause for disciplinary action up to and including immediate termination of employment.

5.10 Confidentiality

During the course of work, you may become aware of confidential information about our business or consumers. It is important that all such information remain confidential and not be disclosed improperly. Actions specifically prohibited or required include, but are not limited to:

- No person may access any confidential consumer or other information unless he/she has a need to know. The “need to know” is the minimum information needed to do his/her job.
- No person may disclose confidential consumer or other information unless properly authorized (see the Confidentiality & Access to Clinical Records Policy and the Disclosure Policy).
- Individuals must not leave printers unattended when they are printing confidential consumer or other information and the printer or fax is in an area where unauthorized individuals have access to the printer or fax machine. Fax paper should be removed from unsecured machines at the end of the workday, so confidential information will not be available to unauthorized persons.
- Each computer will be programmed to generate a screen saver when the computer receives no input for a specified period. Supervisors may specify an appropriate period and appropriate screen saver to protect confidentiality while keeping the computer available for easy use by authorized personnel.
- Users must log off the system or lock the workstation if he or she leaves the computer terminal for any period of time.
- All individuals will familiarize themselves with and comply with the Confidentiality & Access to Clinical Records Policy and the Disclosure Policy to avoid disclosure of confidential information by email, by telephone or in person.

Any employee who improperly discloses confidential information may be subject to disciplinary action up to and including termination.

5.11 Social Security Number Policy

Social Security numbers should be collected only where required by federal and state law or as otherwise permitted by federal and state law for legitimate reasons consistent with this Privacy Policy.

CMHPSM shall take reasonable measures to enforce this Privacy Policy and to correct and prevent the reoccurrence of any known violations. Any employees, who knowingly obtains, uses or discloses Social Security numbers for unlawful purposes or contrary to the requirements of this Privacy Policy shall be subject to discipline up to and including discharge. Additionally, certain violations of the Act carry criminal and/or civil sanctions. CMHPSM will cooperate with appropriate law enforcement or administrative agencies in the apprehension and

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prosecution of any person who knowingly obtains uses or discloses Social Security numbers through CMHPSM for unlawful purposes.

5.12 Conflicts of Interest

It is CMHPSM's policy that all employees avoid any actual or appearance of conflict between their personal interests and those of CMHPSM. The purpose of this policy is to ensure that WHCO's honesty and integrity, and therefore its reputation, are not compromised. The fundamental principle guiding this policy is that no employee should have, or appear to have, personal interests or relationships that actually, potentially or appear conflict with the best interest of the CMHPSM.

No employee of CMHPSM shall accept any gift or benefit in the form of service, loan, article or promise for their personal use while acting as a representative of CMHPSM.

It is your responsibility to report any actual or potential conflict that may exist between you (or your immediate family) and CMHPSM.

Employees with a conflict-of-interest question should seek advice from management. Before engaging in any activity, transaction or relationship that might give rise to a conflict of interest, employees must seek review from their manager or Regional Coordinator.

5.13 Publicity/Statements to Media

To ensure accuracy of representation, all written and verbal interactions with the media shall receive prior approval by the Managing Director or a designee of the Managing Director. No employees, unless specifically designated by the Managing Director, are authorized to make those statements on behalf of CMHPSM.

All publicity materials shall be reviewed and approved by either the Managing Director, an applicable committee, management team, or designee of the Managing Director, and shall adhere to applicable CMHPSM policies and MDCH Customer Services standards.

5.14 Nepotism, Employment of Relatives and Employee Relationships

CMHPSM wants to ensure that practices do not create situations such as conflict of interest or favoritism. This extends to practices that involve employee hiring, promotion and transfer. Close relatives, partners, those in a dating relationship or members of the same household are not permitted to be in positions that have a direct or general supervision reporting responsibility to each other. Close relatives are defined as husband, wife, domestic partner, father, mother, father-in-law, mother-in law, grandfather, grandmother, son, son-in-law, daughter, daughter-in law, uncle, aunt, nephew, niece, brother, sister, brother-in-law, sister-in-law, step relatives, cousins and domestic partner relatives.

If employees begin a dating relationship or become relatives, partners or members of the same household and if one party is in a supervisory position, that person is required to inform management, in writing, and the Regional Coordinator of the relationship. Those employees may not remain in a reporting relationship or in positions where one individual may affect the compensation or other terms or conditions of employment of the other individual. CMHPSM generally will attempt to identify other available positions, but if no alternative position is available, CMHPSM retains the right to decide which employee will remain with the CMHPSM.

In other cases such as personal relationships where a conflict or the potential for conflict arises, even if there is no supervisory relationship involved, the parties may be separated by reassignment or terminated from employment at the discretion of the CMHPSM. Accordingly, all parties to any type of romantic personal relationship must inform management.

5.15 Personnel Records

Personnel records are maintained in Regional Coordinator's for employees. These records include information on initial employment or re-employment, professional credentials, salary increases, promotion, demotions, disciplinary actions and other pertinent employment information. You may have access to review and have a copy made of your personnel file provided a representative of CMHPSM, or his/her designee, is present during the review. Personnel files may not be taken outside of the Regional Coordinator's office.

Managers and supervisors may only have access to personnel file information on a need-to-know basis. Personnel records are available to the Managing Director for review upon request.

Change of Name, Address or Telephone Number

It is your responsibility to keep your personnel records correct and up to date. Any time there is a change in your name, address, phone number, or other information about yourself, you must report that information to the Regional Coordinator, in order to amend the records, benefit, and tax forms, when necessary.

Emergency contact information must be updated on an annual basis. An out of date emergency contact or an inability to reach you in a crisis could cause a severe health or safety risk or other significant problem. It is your responsibility to keep this updated.

Note: Changes in an employee's status such as the birth of a child or a marriage should be immediately reported by the employee to the Regional Coordinator as the addition of dependents to insurance policies must occur within 30 days of the qualifying event.

5.16 References

CMHPSM will provide general information concerning the employee, such as date of hire, date of termination and positions held. Requests for reference information must be in writing and responses will be in writing. Please refer all requests for references to the Regional Coordinator.

Only the Regional Coordinator may provide references.

5.17 Outside Employment

While we hope that employment with the CMHPSM is fully rewarding to you and it is generally discouraged to have outside employment, employees may engage in outside or supplemental employment in accordance with the following limitations. In no case shall outside or supplemental employment conflict with or impair your responsibilities to the CMHPSM.

Any employee desiring to participate in outside or supplemental employment must obtain permission of the Managing Director in writing prior to engaging in outside or supplemental employment. All employees engaged in outside or supplemental employment shall:

- Not compete with, conflict with or compromise CMHPSM interests or adversely affect job performance and the ability to fulfill all job responsibilities.
- Nor perform any services for customers that are normally performed by CMHPSM.
- Not use of any CMHPSM facilities, supplies, files or equipment including the unauthorized use or application of any confidential information.
- Not solicit or conduct any outside business during paid working time nor use CMHPSM facilities or staff as a source of referral for private customers or clients,
- Not use the name of the CMHPSM as a reference or credential in advertising or soliciting customers or clients.

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- Maintain a clear separation of outside or supplemental employment from activities performed for CMHPSM, and
- Not cause any incompatibility, conflict of interest, or any possible appearance of conflict of interest, or any impairment of the independent and impartial performance of employee's duties.

CMHPSM shall not be liable, either directly or indirectly for any activities performed during outside or supplemental employment.

You are cautioned to carefully consider the demands that additional work activity will create before accepting outside employment. Outside employment will not be considered an excuse for poor job performance, absenteeism, tardiness, leaving early, refusal to travel or refusal to work overtime or different hours. If CMHPSM determines that an employee's outside work interferes with performance, the employee may be asked to terminate the outside employment.

5.18 Solicitation

The Managing Director may permit the solicitations of employees by fellow employees within the organization for charitable or non-profit causes. Any authorized solicitations shall be conducted so as to provide the least amount of disruption to operations. Solicitations by non-employees shall not be permitted at any time.

5.19 Political Activity

Every employee has the right to freely express his or her views as a citizen and to cast a vote as he or she may wish. Coercion for political purposes is strictly prohibited. Employees of federally aided programs are, however, prohibited from participation in partisan political activity under the Federal Hatch Political Activities Act. No employee may engage in political activities during the course of their paid work period, nor may they use their position for political purposes. Similarly, political contributions may not be requested of you as a condition of employment. Employees who wish to run for political offices may be required to take a leave of absence for that purpose. Certain federally funded employees must resign if they wish to run for partisan political offices.

5.20 Theft and Use of Property, Equipment or Facilities

The theft, attempted theft or neglect of property of CMHPSM, its visitors, consumers or employees is prohibited.

It is impossible to secure insurance coverage for personal equipment and valuables brought on CMHPSM premises. Employees are discouraged from having personal items in their office. Further, CMHPSM is not responsible for any damage to employee's personal belongings unless the employee's supervisor provided advance written approval for the employee to bring the personal property to work.

Equipment essential in accomplishing job duties is often expensive and may be difficult to replace. When using property, employees are expected to exercise care, perform required maintenance and follow all operating instructions, safety standards and guidelines. Employees will conform to all rules for use and treatment of CMHPSM facilities and property and will not use any CMHPSM property, equipment, facilities or staff for personal matters or gain. Your supervisor can answer any questions about your responsibility for maintenance and care of equipment used on the job.

Unauthorized use of CMHPSM property, equipment or facilities (including telephones, fax machines and duplicating equipment) is prohibited.

Intellectual Property

Employees also are prohibited from any unauthorized use of CMHPSM's intellectual property, such as audio and video tapes, print materials and software. CMHPSM, pursuant to Title XVII of the United States Code, owns all

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work made for hire by employees of the CMHPSM, whether completed partially or in their entirety during time for which the employee is compensated by CMHPSM, either by pay or compensatory time, unless CMHPSM and that employee expressly agree otherwise in writing. The CMHPSM shall initiate copyright applications for works which warrant copyright protection in order to guard against their use by unauthorized persons.

5.21 Required Training and Professional Development

A core set of trainings is available and must be completed on an annual or bi-annual basis based on the requirements of your position. Topics include, but are not limited to: Blood borne Infectious Disease; Recipient Rights and Confidentiality; Grievance and Appeals; Person Centered Planning; Limited English Proficiency; Cultural Competency; Ethics; and Employee Education for Compliance, Medicaid Integrity and Service Verification (see Exhibit H). Consult with your supervisor to determine which trainings are required for your position and to schedule these trainings.

Professional development options may also be available. Consult with your supervisor to determine which trainings are available and to schedule those trainings.

It is the policy of the CMHPSM to provide educational and professional development through conferences, workshops, and seminars. The CMHPSM will make this benefit available to as many different staff as possible over time.

5.22 Work Rules

CMHPSM strives to maintain a positive work environment. Each employee plays a role in fostering this environment. Accordingly, we all must abide by certain rules of conduct. Because everyone may not have the same idea about proper workplace conduct, the purpose of the work rules is to set forth some guidelines for conduct for employees to follow. All CMHPSM employees are expected to adhere to the following rules of conduct as well as the rules and policies previously stated. Violation of these work rules may result in disciplinary action, including possible discharge.

The following are examples of some, but not all, conduct which is unacceptable:

- Falsification or unauthorized altering of employment application information, records (payroll or program records), or CMHPSM records is prohibited.
- Falsification of public records, administrative or clinical documentation.
- Misuse/misappropriation of public funds.
- Violation of the Attendance Policy, including, but not limited to, irregular attendance, habitual lateness or unexcused absences.
- Falsification of information to secure leaves of absence or improper use leaves of absence.
- Violation of CMHPSM confidentiality policy or State or Federal laws regarding confidentiality.
- Violation of CMHPSM's Drug and Alcohol-free Workplace Policy.
- Violation of the Solicitation and Distribution Policy.
- Violation of CMHPSM's Harassment or Equal Employment Opportunity Policies.
- Violation of the Communication and Computer Systems Policy.
- Violation of safety rules and policies.
- Violation of the CMHPSM's Tobacco Free Workplace Policy.
- Violation of political activity restriction.
- Acceptance of gifts that may be construed as influencing a decision of CMHPSM or any other violation of the conflict of interest policy.
- Discourteous treatment of the public or other employees.

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- Fighting, threatening or disrupting the work of others or other violations of CMHPSM's Workplace Violence Policy. Willful acts that would endanger the lives and property of others.
- Carelessness or negligence which results in an injury to another employee, client or visitor.
- Unsatisfactory job performance; for example, inefficiency, negligence or incompetence in the performance of duties
- Refusal to accept or willful failure to carry out a reasonable and lawful instructions or assignment from a supervisory personnel (insubordination).
- Failure to attend any scheduled mandatory CMHPSM staff meeting.
- Willful or negligent destruction or damage to CMHPSM assets or to the equipment or possessions of another employee.
- Careless, negligent or improper use of County property or equipment.
- Stealing, removing or defacing CMHPSM property or a coworker's property.
- Performing work of a personal nature during working time.
- Illegal activity on CMHPSM premises (misdemeanor or felony) during work or non-work hours.
- Unauthorized possession of firearms, dangerous weapons or personal protection devices while on CMHPSM property or business.
- Instigating, aiding or participating in any illegal strike or work stoppage.
- Failing to maintain a license or other such certification which is required as a condition of holding that job.
- Conviction of a felony or plea of no contest.
- Conviction of a misdemeanor or plea of no contest which would adversely affect performance of employee's duties.
- Inefficiency, incompetency or neglect of duty.
- Conduct disruptive to other employees.
- Any other violation of CMHPSM policy.

This list is not intended to be an all-inclusive list of rules of conduct expected of employees. Further, the list may be added to, modified or supplemented by CMHPSM. Other types of behaviors can subject an employee to disciplinary action including discharge. Note that all employees are employed at-will and CMHPSM reserves the right to impose whatever discipline it chooses, or none at all, in a particular instance. The CMHPSM will deal with each situation individually and nothing in this handbook should be construed as a promise of specific treatment in a given situation. However, CMHPSM will endeavor to utilize progressive discipline but reserves the right in its sole discretion to terminate an employee at any time for any reason.

The observance of these rules will help ensure that our workplace remains a safe and desirable place to work.

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CMHPSM Complaint Procedure*

This complaint procedure will be applicable to regular CMHPSM employees covered under this handbook. Should any regular employee of CMHPSM to which this procedure is applicable have a complaint about the interpretation or application of personnel policies, the following steps will be taken:

Any complaint about an occurrence should be submitted within five (5) working days of the occurrence or when the employee shall reasonably have obtained knowledge of the occurrence.

The employee may make the complaint to their supervisor or the Managing Director. Where possible, the complaint should be made in writing. If the complaint is made verbally, a written record of the meeting with the Supervisor/Managing Director will be made. The complaint should be signed by the employee. The Supervisor will inform the Managing Director of the complaint immediately after being notified by the employee and provide written documentation. The Managing Director will, within ten (10) working days after receipt of the written complaint, give his/her decision in writing.

For employees who have been discharged and who have been employed for one (1) year or more, the Managing Director, within their sole discretion, may provide up to four (4) weeks of severance pay and continue health insurance premium payments for that time, provided the employee is not receiving unemployment benefits during that period and provided the employee executes CMHPSM's standard release agreement.

The decision of the Managing Director will be binding and final on all parties.

***Note:** This is not the complaint procedure for Recipient Rights complaints. Please review the Office of Recipient Rights policy for more information on the duty to report all suspected recipient rights violations and procedures to follow.

Employee Handbook Acknowledgment and Receipt

I have received my copy of the Employee Handbook.

The employee handbook describes important information about CMHPSM, and I understand that I should consult my supervisor regarding any questions not answered in the handbook. I have entered into my employment relationship with CMHPSM voluntarily and acknowledge that there is no specified length of employment. **Accordingly, either I or CMHPSM can terminate the relationship at will, with or without cause, at any time, so long as there is not violation of applicable federal or state law.**

I understand and agree that, other than the managing director, no manager, supervisor or representative of CMHPSM has any authority to enter into any agreement for employment other than at will; only the managing director has the authority to make any such agreement and then only in writing signed by the managing director of CMHPSM.

This handbook and the policies and procedures contained herein supersede any and all prior practices, oral or written representations, or statements regarding the terms and conditions of my employment with CMHPSM. By distributing this handbook, the organization expressly revokes any and all previous policies and procedures that are inconsistent with those contained herein.

I understand and agree that in consideration for my employment or continued employment that any claim or lawsuit arising out of my employment with, or my application for employment with, the CMHPSM or any of its elected or appointed officials or employees must be filed no more than one hundred and eighty (180) calendar days after the day of the employment action which is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than one hundred and eighty (180) calendar days, I agree to be bound by the one hundred and eighty (180) calendar days period of limitations set forth herein, and **I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

I understand that, except for employment-at-will status, any and all policies and practices may be changed at any time by CMHPSM, and the organization reserves the right to change my hours, wages and working conditions at any time. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify or eliminate existing policies. Only the managing director of CMHPSM has the ability to adopt any revisions to the policies in this handbook. I understand it is my responsibility to update this handbook as soon as replacement pages are distributed.

I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it. In the event that I am ever employed in a supervisory or management capacity for CMHPSM, I understand and agree it is my responsibility to understand, execute and enforce the policies and procedures established in this handbook to the employees under my direction.

Employee Signature

Date

Employee Name (PRINT)

TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE