

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

**March 26, 2015**



**Members Present:** Jan Plas, Barb Spalding, Ralph Tillotson, Greg Lane (phone), Sandra Libstorff, Peg Ball, Tom Biggs, Judy Ackley, Bob Wilson, Charles Londo, Dave Neal

**Members Absent:** Barbara Levin Bergman, Lisa Berry-Bobovski, Charles Coleman

**Staff Present:** Various staff from the 4 counties

**Others Present:** Jim Spalding, Brandie Gillette, Tom Renwick, Diane Heidt

- I. Call to Order  
Meeting called to order at 6:03 p.m. by Board Vice-Chair P. Ball
- II. Roll Call
- III. Audience Participation
  - None
- IV. Opening Remarks
  - Behavioral Health and Developmental Disabilities Administration (BHDDA) Director T. Renwick attended the meeting to provide information about the transition of CMH services in Washtenaw County.
  - T. Biggs provided an update on the transition of CMH services from WCHO to Washtenaw County:
    - D. Neal will be appointed to the WCHO board in April, and will replace B. Bergman on the Regional Board.
    - Washtenaw County Administrator Verna McDaniel is forming a new behavioral taskforce 2.0. The first taskforce's charge was to develop recommendations. The new taskforce will identify transitions steps and a timeframe that will include a start date of 10/1/15 for the new agency. The taskforce will include St. Joseph Mercy and U of M hospitals and the community.
- V. Questions and Answers

**What are the responsibilities of the Regional Board in relation to the change in Washtenaw from an organization to agency to potentially an authority?**

**Should the Region (PIHP) be exercising any authority during the transition to ensure the continuity of services to consumers in Washtenaw? (Where can we step in and when is it a local issue?)**

- T. Renwick provided an overview of what the state is contracting with the PIHP to do vs. CMHSP.
- The PIHP is responsible for Medicaid, behavioral health to individuals, SUD benefit, Healthy Michigan, MiChild. The PIHP must ensure the continuation of services contracted with Washtenaw.

- The CMHSP is responsible for local issues such as general funds, or other direct CMHSP contract concerns.
- Per T. Renwick, it's within the PIHP board's purview to decide where delegated functions (such as the shared health record) go.
- M. O'Hare provided an overview of the PCE contract arrangement for the electronic health record (EHR). The contract is still held at the WCHO. Per T. Renwick, the PIHP board has the authority to change the EHR arrangement, but the first step would be to revisit the contract language.

**What is the new obligation of the new organization to provide the same administrative-type services that have gone to WCHO before?**

- Per T. Renwick, if the WCHO ceases to exist then there's no ability to force the successor organization to assume any leftover WCHO responsibilities without a new agreement/negotiation.
- The PIHP should be looking for assurance that services are uninterrupted.

**If delegated activities are sub-delegated, does PIHP need to be a party to that arrangement?**

- Per T. Renwick, if sub-delegation wasn't permitted under the contract, then that needs to be considered for discussion.
- T. Renwick recommended that the PIHP ask to be a part of the taskforce 2.0, as the taskforce's decisions will have an impact on the region.

**Is there any budget impact to the region with these changes? (example: is Medicaid expected to pick up the legal expenses of redoing all of the founding documents or can that be charged to Washtenaw local dollars?)**

- There hasn't been dialog in the region yet regarding costs.
- T. Renwick noted that there's always a chance for CMH services to be bid out if things don't work within a region.

**Is there a concern for the partnership with these changes – is there a chance that the partnership forming the regional entity will be impacted during the transition?**

**How does the dissolution of the WCHO affect financial or other reporting obligations that occur after the new agency takes over (e.g. closing the year end books)**

- Contract language will need to be amended.

**Regarding the contract that the PIHP has with the WCHO as the CMHSP: does the region have any obligation to contract with the new agency if it has concerns about the delegation of functions or service provision?**

**Could the region be liable for something that occurred at the WCHO if a lawsuit is filed after the organization is dissolved (does any obligation default to the region that took place at one of the CMHSPs within the region?)**

- Per T. Renwick, any obligations probably won't fall to the successor organization, but attorney consultation will be needed.

Additional questions from staff:

**CSTS (as a service provider) has Joint Commission accreditation does that alone give them deemed status or will there be an additional certification process from the state to become the CMHSP?**

- The Mental Health Code requires each CMHSP to be certified by MDCH. MDCH would need to conduct a CMHSP review on the successor entity.

**What is the regional impact of the timeline for a CMH transition, i.e. state contract for GF, new board members for PIHP, timing of PIHP>CMH contracts?**

- As soon as there is a new entity in place the state and CMH will have GF discussions.
- PIHP will need to ensure no gap in services.

**Does the state need to formally designate and contract with the new CMH prior to the PIHP waiving procurement standards to contract with the new CMH entity in Washtenaw as the CMHSP?**

- The state will need to certify the new CMH before PIHP contracts are put in place. All 3 parties (state, PIHP, CMH) will need to work closely for these transition issues.

**What entity is liable for future closeouts of liabilities, what rolls up to the PIHP for Medicaid?**

- The PIHP is responsible for Medicaid matters.
- The state will handle any non-Medicaid related closeout with CMH.

**What entity is liable for any GF closeouts or issues that have already occurred?**

**What happens to the previous CMH's assets and liabilities, does everything go to the new CMH?**

- T. Renwick advised that the region should go back to original language of UCA for guidance.

**Is there any concern from the state related to the changes in Washtenaw, UCA entity, to County agency, to County Authority?**

- From state's perspective, assurances will be needed for GF and block grant funds.

**Would there be any special financial audits or auditors assuring the transitions are occurring appropriately related to financial assets and liabilities?**

- Compliance examination process.

**Washtenaw County (as part of this transition) intends to have an affiliation agreement with St. Joseph Mercy Hospital and the University of Michigan Hospital – does the PIHP have to be a party to those agreements? What if the Regional Board disagrees with the agreements?**

- Per T. Renwick, the PIHP would only need to be involved if the agreement relates to services being purchased or delegated. The CMHSP contract language regarding delegation and sub-delegation would also need to be reviewed for guidance.
- G. Lane noted other concerns:
  - Membership on the new taskforce team,
  - Audit (should there be one? what type?)
  - Need for measures to ensure proper oversight during the transition
  - Contract discussion
- T. Biggs recommended not waiting until the next regional board meeting to address concerns. The taskforce is moving fast. Questions that were posed at this meeting for the taskforce can be forwarded to the taskforce right away.
- D. Neal suggested forwarding questions and concerns directly to Washtenaw County Administrator Verna McDaniel, rather than working through the taskforce, which is addressing many local issues in addition to the CMH transition.
- T. Renwick acknowledged the work that the PIHP board has done and will do.
- The board thanked T. Renwick for his contributions to the meeting.

VI. Board Action

**Motion by T. Biggs, supported by J. Plas, to authorize the regional board chair and managing director to summarize tonight's discussion and concerns, and present them to Washtenaw County Administrator Verna McDaniel**  
**Motion carried**

VII. Adjournment

**Motion by R. Tillotson, supported by T. Biggs, to adjourn the meeting**  
**Motion carried**

Meeting adjourned at 7:35 p.m.

  
Lisa Berry-Bobovski, CMHPSM Board Secretary