

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  
REGULAR BOARD MEETING  
Teleconference Meeting  
Wednesday, March 10, 2021  
6:00 PM



**Dial-in Number Options:**

1-312-626-6799; 1-646 876-9923;  
or 1-346-248-7799

**Meeting ID: 443 799 086**

**Join by Computer:**

<https://zoom.us/j/443799086>

Please wait to be admitted from the  
Zoom waiting room at 6:00 pm.

Agenda

	<u>Guide</u>
I. Call to Order	1 min
II. Roll Call	2 min
III. Consideration to Adopt the Agenda as Presented	2 min
IV. Consideration to Approve the Minutes of the 2-10-21 Regular Meeting and Waive the Reading Thereof {Att. #1}	2 min
V. Audience Participation (5 minutes per participant)	
VI. Old Business	30 min
a. February Finance Report – FY21 as of January 31 <sup>st</sup> {Att. #2}	
b. Board Action – FY20 QAPIP Evaluation {Att. #3}	
c. Board Action – Conflict of Interest Waiver Review {Att. #4}	
d. CEO Evaluation Committee Update	
VII. New Business	45 min
a. Board Action – Contracts Approval {Att. #5}	
b. Board Action – Provider Premium Pay Regional Extension {Att. #6}	
c. Board Action – Provider Premium Pay Pass Through {Att. #6}	
VIII. Reports to the CMHPSM Board	20 min
a. Report from the SUD Oversight Policy Board (OPB)	
b. CEO Report to the Board {Att. #7}	
IX. Adjournment	

**CMHPSM Mission Statement**

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

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

**February 10, 2021**

**\*Meeting held electronically via Zoom software**



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

**Members Absent:** Charles Londo, Gary McIntosh, Katie Scott

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

**Others Present:** Laurie Lutomski, Kathy Homan

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

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

III. Consideration to Adopt the Agenda as Presented

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

**Motion carried**

Voice vote, no nays

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

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

**Motion carried**

Voice vote, no nays

V. Audience Participation  
None

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

**CMHPSM Mission Statement**

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

VII. New Business

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

CMHPSM Mission Statement

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

Absent: Garber\*, Londo, McIntosh, Scott

\*Garber was not present for this vote.

- e. Board Action – Provider Premium Pay Extension

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

**Motion carried**

Vote

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

No:

Absent: Garber\*, Londo, McIntosh, Scott

\*Garber was not present for this vote.

VIII. Reports to the CMHPSM Board

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

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

- b. CEO Report to the Board

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

IX. Adjournment

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

**Motion carried**

Voice vote, no nays.

) Meeting adjourned at 7:52 p.m.

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Judy Ackley, CMHPSM Board Secretary

Summary of Financial Package

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

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

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

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

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

## Community Mental Health Partnership of Southeast Michigan

### Preliminary Statement of Revenue and Expenses Notes

Period Ending January 31, 2021

#### DISCUSSION OF JANUARY 2021 RESULTS –

##### SUMMARY PACKAGE

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

##### ELIGIBLES CHART

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

##### MEDICAID MH

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

##### MEDICAID & GRANT – SUD

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

##### PIHP

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

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

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



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

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



## FY 20 QAPIP Evaluation Executive Summary Report to the CMHPSM Board

### I. Overview

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

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

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

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

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

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

Admission, discharge, and transfer (ADT) alerts received via the Michigan Health Information (MIHN) is used to identify and support consumers transitioning in and out of inpatient settings, reduce avoidable re-admissions, improve access to care, and improve health outcomes. Based on ADT alerts, there is a clinical protocol for staff to use in providing follow up for consumers.

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

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

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

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

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

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

FY20 Results:

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

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

**C. Medication Labs**

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

FY20 Results:

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

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

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

FY20 Results:

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

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

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

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

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

**A. Satisfaction Survey**

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

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

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

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

**B. CMHPSM Grievance Data**

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

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

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

**C. CMHPSM Consumer Appeals Data**

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











































