

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

BOARD MEETING

Patrick Barrie Room

3005 Boardwalk Dr., Ste. 200, Ann Arbor, MI

Wednesday, August 13, 2025, 6:00 PM

To join by telephone:

1-616-272-5542

Phone conference ID: 432 410 964#

To join by computer:

[Click here to join the meeting](#)

Meeting ID: 270 663 910 263, Passcode: SkJqHU

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 6-11-2025 Meeting and Waive the Reading Thereof {Att. #1}	2 min
V. Audience Participation (3 minutes per participant)	
VI. Old Business	30 min
a. Information: CMHPSM Finance Reports {Att. #2}	
b. Action: Patrick Bridge Member Acknowledgement {Att. #3}	
VII. New Business	45 min
a. Action: FY2026 Draft Budget {Att. #4}	
b. Action: FY2025 Provider Stabilization {Att. #5}	
c. Action: Contracts {Att. #6}	
d. Information: CEO Authority Contracts {Att. #7}	
e. Information: Proposed PIHP Procurement Information {Att. #8}	
f. Information: Employee Engagement Survey Results {Att. #9}	
VIII. Reports to the CMHPSM Board	15 min
a. Information: SUD Oversight Policy Board – No June Meeting	
b. Information: CEO Report to the Board {Att. #10}	
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
June 11, 2025**

Members Present for In-Person Quorum: Judy Ackley, Rebecca Curley, LaMar Frederick, Molly Welch Marahar, Rebecca Pasko, Mary Pizzimenti, Alfreda Rooks, Mary Serio, Holly Terrill

Members Not Present For In-Person Quorum: Patrick Bridge, Bob King, Annie Somerville, Ralph Tillotson

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

Guests Present: Derek Miller of Roslund Prestage & Company

- I. Call to Order
Meeting called to order a 6:07 p.m. by Board Vice-Chair J. Ackley.
- II. Roll Call
 - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented
Motion by M. Welch Marahar, supported by H. Terrill, to approve the agenda
Motion carried unanimously
- IV. Consideration to Approve the Minutes of the April 9, 2025 Meeting and Waive the Reading Thereof
Motion by M. Welch Marahar, supported by H. Terrill, to approve the minutes of the April 9, 2025 meeting and waive the reading thereof
Motion carried unanimously
- V. Audience Participation
None
- VI. Old Business
 - a. Board Information: FY2024 Audit Report Presentation
 - D. Miller, Roslund Prestage & Company, presented the FY2024 audit report.
 - The auditing firm offered a clean opinion with the highest level of assurance.
 - b. Board Information: CMHPSM Finance Reports
 - M. Berg presented. Discussion followed.
- VII. New Business
 - a. Board Information: FY2025 Rate Amendment #3
 - J. Colaianne provided an update on the FY2025 rate amendment #3.
 - While the regional entity specific factors will go down slightly, it's projected that the region will receive approximately \$7 million in additional revenue during FY2025.

CMHPSM Mission Statement

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b. Board Action: FY2025 Budget Revision

- If the revenue projected in agenda item VII(a) is received in July, the region will move forward with the proposed budget revision if approved by the board.

Motion by M. Welch Marahar, supported by R. Curley, to approve the CMHPSM FY2025 budget amended to include additional autism revenue and increased autism expenses by the CMHSPs for regional 97153 services

Motion carried unanimously

Roll Call Vote

Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill

No:

Not present for in-person vote: P. Bridge, B. King, A. Somerville, R. Tillotson

c. Board Action: Contracts

- N. Adelman provided an overview of the requested contracts for the Healing and Recovering funds. Recommendations for allocations are related to infrastructure, vehicles, and technology.
- The Board previously approved the use of some of the Healing and Recovery funds as temporary funding for ARPA programming through today, 6/11/25, but the bulk of the funds are being spent on the requested projects.

Motion by M. Welch Marahar, supported by L. Frederick, to authorize the CMHPSM CEO to execute the contracts as presented

Motion carried unanimously

Roll Call Vote

Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill

No:

Not present for in-person vote: P. Bridge, B. King, A. Somerville, R. Tillotson

d. Board Action: ARPA and Healing and Recovery Funds

- In April, the Board approved use of some of the Healing and Recovery funds as temporary funding for ARPA programming through today, 6/11/25. Today's request is to extend the approval through 6/30/25. The approved extension would provide time to notify programs and give them time to shut down the projects. Several of the programs have other funds that can be used, but approximately one-half of the programs will probably have to end as of 6/30/25.
- The Board approved \$250,000 in April, which probably won't be fully utilized.
- There was a preliminary injunction to counter the stop work order that was effective on 4/12/25 for ARPA-funded programs. Per the injunction, ARPA funding was to be continued for the states that sued (including Michigan) but as of now the funds haven't been released. The stop work order is still in place.

Motion by M. Serio, supported by M. Pizzimenti, to authorize the CMHPSM CEO to execute the contracts as presented

Motion carried unanimously

Roll Call Vote

Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill

No:

Not present for in-person vote: P. Bridge, B. King, A. Somerville, R. Tillotson

e. Board Action: FY2025 Compliance Plan

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.

- Per C. Witherow, the Office of Inspector General (OIG) has a new requirement for Regional Board representation on the Regional Compliance Committee.
- The CMHPSM Regional Board is a policy governance board that is not involved in operational activities. J. Colaianne will have a discussion with the Regional Operations Committee (ROC) about the potential for board member participation on regional committees that could potentially be in compliance with the Regional Board bylaws and the regional operating agreement.
- In the spirit of the new OIG requirement, staff will provide more detailed compliance information directly to the board in regular reports.

Motion by M. Serio, supported by M. Welch Marahar, to approve CMHPSM Compliance Plan for FY2025/2026

Motion carried unanimously

- f. Board Information: FY2025 Q1 & Q2 QAPIP Status Report
 - C. Witherow presented. Discussion followed.

VIII. Reports to the CMHPSM Board

- a. Information: SUD Oversight Policy Board
 - Discussion at the May OPB meeting centered on funding.
 - There was also discussion regarding a change to the OPB bylaws, which will come to the Regional Board in August for approval of the amendment.
- b. Information: CEO Report to the Board
 - The annual employee engagement survey will be released in July 2025.
 - All required materials were submitted for the recent CMS-directed audit.
 - CMHPSM is now fully staffed with the addition of Operations Assistant Mary Alyateem.
 - The PIHP received notice that Hospital Rate Adjuster payments will increase substantially in FY2025.
- c. Information: Proposed PIHP Procurement Information
 - The state released a notification on 5/23/25 regarding the proposed PIHP procurement plan.
 - The PIHP procurement RFP is scheduled to be released later this summer.
 - Regarding the multi-party PIHP lawsuit against MDHHS on the FY2025 MDHHS-PIHP contract (related to ISF maximum, Waskul settlement and CCBHC language) the attorneys think there should be an update soon.

IX. Adjournment

Motion by M. Welch Marahar, supported by A. Rooks, to adjourn the meeting
Motion carried unanimously

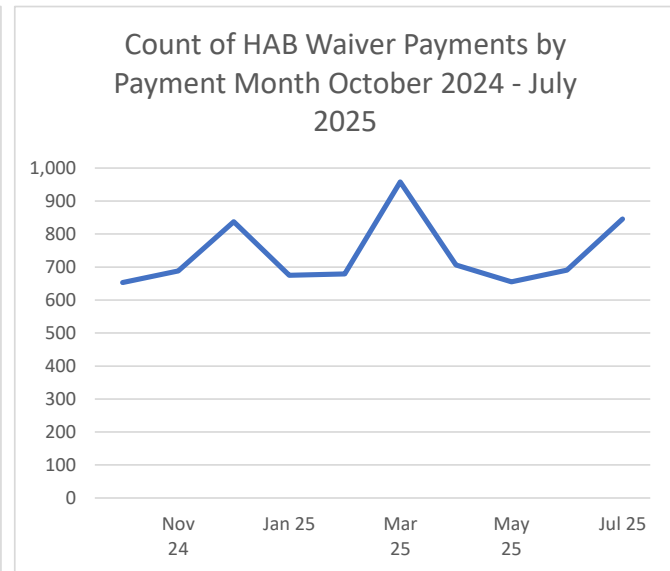
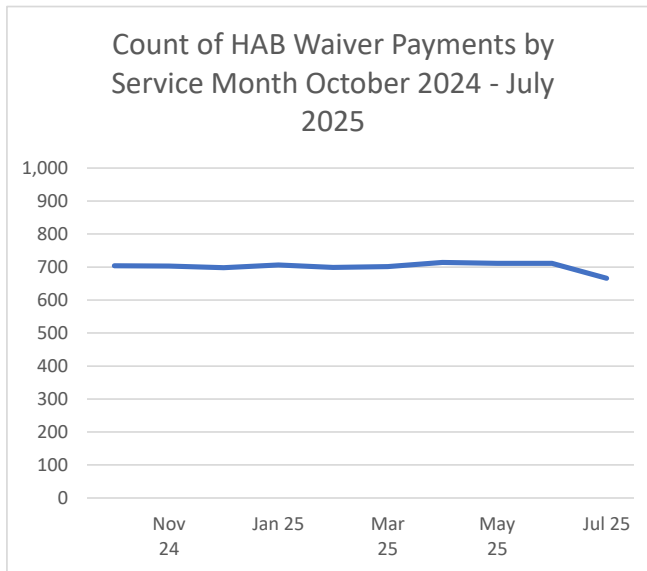
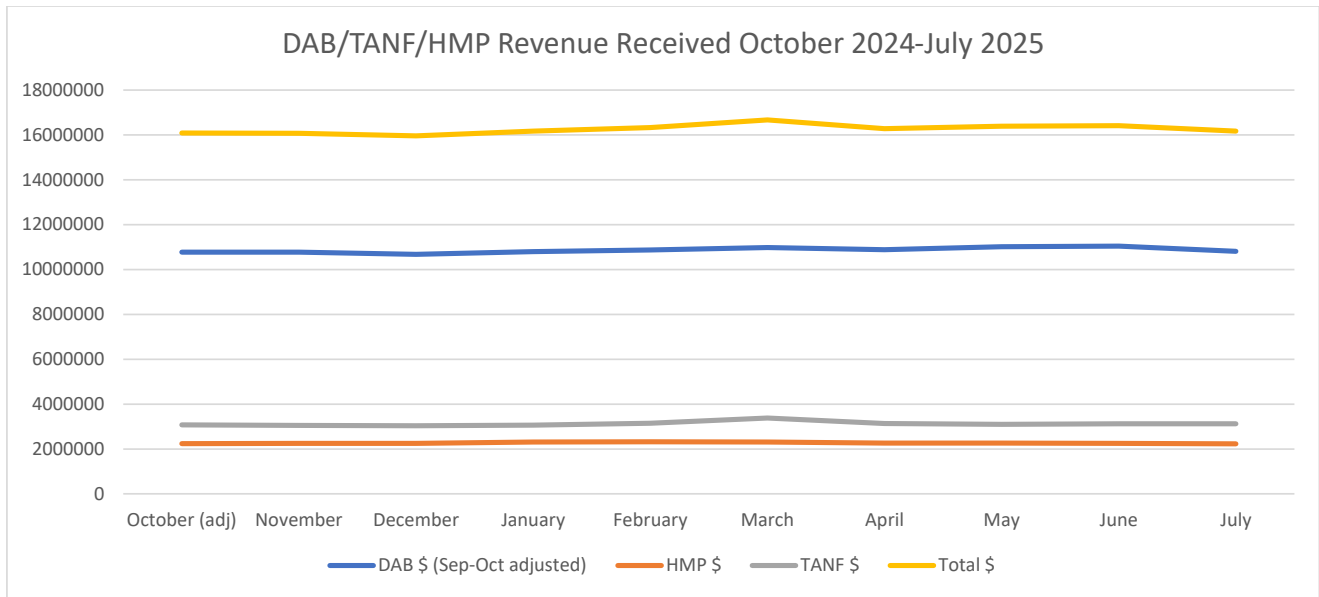
- The meeting was adjourned at 7:53 p.m.

Rebecca Pasko, CMHPSM Board Secretary

CMHPSM Mission Statement

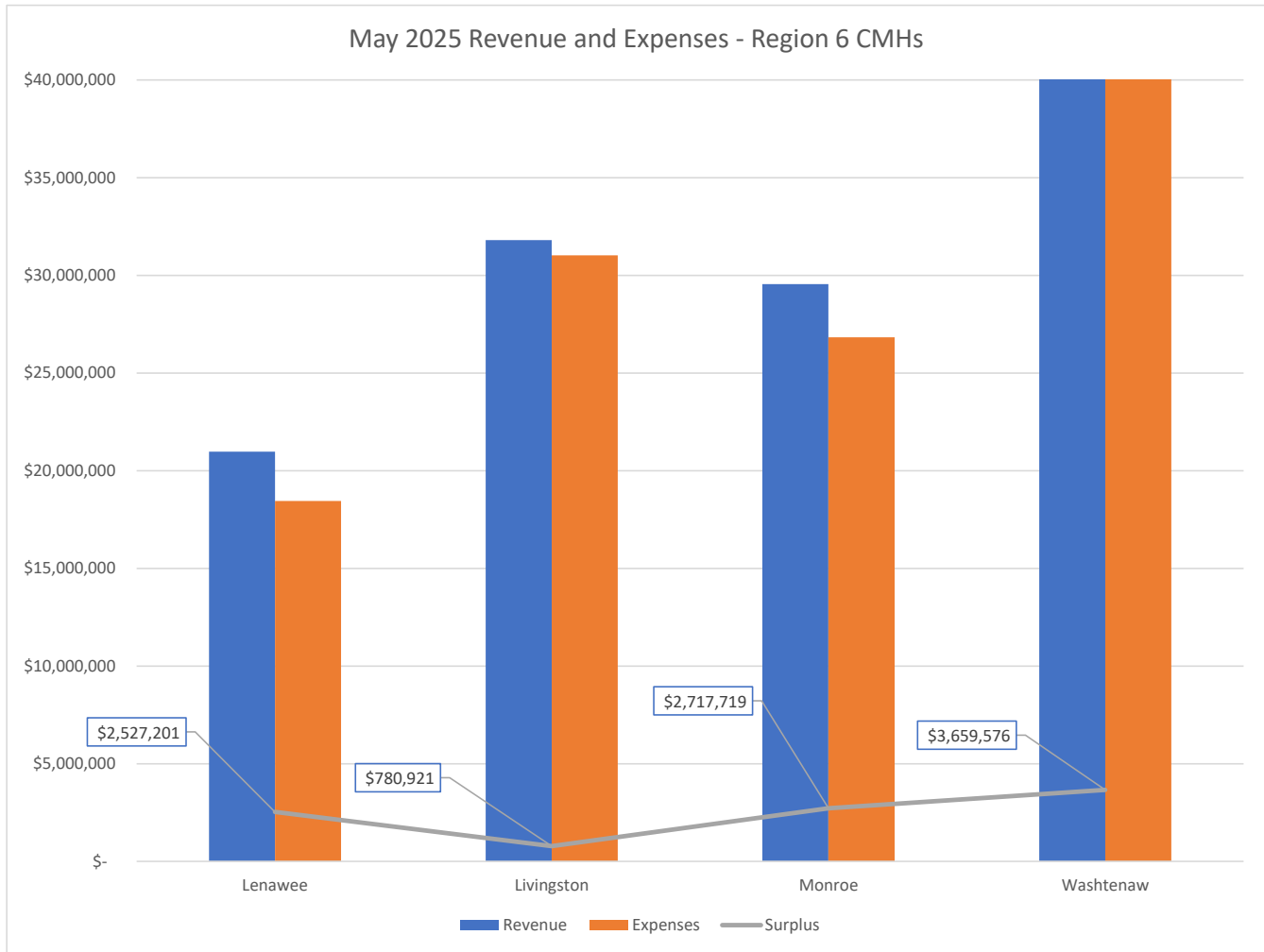
Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

Community Mental Health Partnership of Southeast Michigan
Financial Summary for June 30, 2025



June 2025	FY 2025 Budget	YTD Budget	June 2025 Actual	Actual to Budget	Percent Variance	Projected Year-End	Projected to Budget
MH Medicaid Revenue	287,130,663	208,347,997	217,817,308	9,469,311	4.5%	311,700,244	24,569,581
MH Medicaid Expenses	276,792,341	203,736,606	215,001,683	(11,265,078)	-5.5%	300,276,250	(23,483,909)
MH Medicaid Net	10,338,322	4,611,392	2,815,625	(1,795,767)	-49.5%	11,423,993	1,085,671
SUD/Grants Revenue	29,680,656	22,291,423	19,984,072	(2,307,351)	-10.4%	26,398,364	(3,282,292)
SUD/Grants Expenses	26,192,153	18,703,370	18,051,420	(651,949)	-3.5%	23,554,953	(2,637,200)
SUD/Grants Net	3,488,503	3,588,053	1,932,651	(1,655,402)	-46.1%	4,094,192	(645,092)
PIHP							
PIHP Revenue	2,059,480	1,544,610	1,592,047	47,437	3.1%	2,071,793	12,313
PIHP Expenses	3,181,456	2,352,067	2,104,913	(247,154)	10.5%	2,826,808	354,647
PIHP Total	(1,121,976)	(807,457)	(512,866)	294,591	-36.5%	(755,015)	366,960
Total Revenue	318,870,799	232,184,030	239,393,427	7,209,397	3.1%	340,170,400	21,299,601
Total Expenses	306,165,949	224,792,043	235,158,017	(10,365,974)	-4.6%	326,658,012	(20,492,063)
Total Transfers Out/ISF & PBIP			-			-	
Total Net	12,704,850	7,391,988	4,235,410	(3,156,577)	-36.0%	13,512,389	807,539

Regional CMH Revenue and Expenses
Regional Charts



May 2025	Lenawee	Livingston	Monroe	Washtenaw	Region 6
Medicaid Revenue	19,152,984	29,695,449	27,519,777	58,065,195	134,433,405
Healthy Michigan Revenue	1,818,768	2,104,546	2,028,207	4,593,231	10,544,752
Revenue Subtotal	20,971,752	31,799,995	29,547,984	62,658,426	144,978,157
Medicaid Expenses	(16,484,948)	(27,695,496)	(25,155,260)	(53,863,463)	(123,199,167)
Healthy Michigan Expenses	(1,959,603)	(3,323,578)	(1,675,005)	(5,135,387)	(12,093,573)
Expense Subtotal	(18,444,551)	(31,019,074)	(26,830,265)	(58,998,850)	(135,292,740)
Total Medicaid/HMP Surplus(Deficit)	2,527,201	780,921	2,717,719	3,659,576	9,685,417
Surplus Percent of Revenue	12.1%	2.5%	9.2%	5.8%	6.7%
CCBHC					
CCBHC Revenue			9,455,054	19,553,520	29,008,574
CCBHC Expenses			(10,754,022)	(18,147,988)	(28,902,010)
CCBHC Surplus/(Deficit)			(1,298,968)	1,405,532	106,564
ROSC 2nd Quarter 2025					
ROSC Revenue (Quarterly)	952,510	673,664			1,626,174
ROSC Expenses (Quarterly)	723,591	866,625			1,590,216
	228,919	(192,961)			35,958

SUMMARY PAGE

1. The following chart compares the liquid assets of CMHPSM at the start of FY 2025 to the end of the reporting period, June 30, 2025.

Asset Type	Description	September 2024	June 2025
Cash	Operations	3,857,082	4,662,236
	Total Cash	3,857,082	4,662,236
Investments	Money Market	2,804,901	12,945,660
	US Treasuries	10,622,728	10,954,223
	Total Investments	13,427,630	23,899,882
Total Liquid Assets		17,284,711	28,562,119

2. The graphs on page one depict a continued softening in our regional capitated payment revenue through July of 2025.
3. MDHHS has started a process of recoupment and repayment of all FY2025 capitated and waiver payments going from mid-July through mid-August. These payments are being recouped at the previous rates and repaid at revised rates. This process has resulted in increased Autism revenue for FY 2025.
4. Utilizing the revenue derived from this process, a total of \$3,380,687 was disbursed to the CMHs on August 1, 2025 to increase the Autism service reimbursement rate as required by state legislation. This disbursement was authorized at the June board meeting. An additional recoup and repayment process was done on August 7th which netted an additional \$1,692,897.
5. Page two of the summary report shows the status of the CMHSPs as of May 31, 2025. All of our regional CMHSP partners are reporting a surplus through May 2025.

FISCAL YEAR 2025 UPDATE

Medicaid

Overall, Medicaid payments are 4.5% above budget with Waivers, Autism, HRA and CCBHC coming in higher than budget and Medicaid and HMP lower. Waivers and CCBHC are pass-through payments to the CMHs. This results in overall payments to the CMHs being (5.5%) above budget.

SUBSTANCE USE

Healthy Michigan SUD revenue is (10.4%) below budget. Healthy Michigan Substance Use Service Revenue is lower than budget and Grant revenue is below budget. Substance Use expenses are 3.5% below budget.

PIHP Administration

PIHP revenue is 3.1% over budget due to increased estimated incentive revenue. PIHP expenses are (10.5%) below budget due to previously unfilled positions and lower Contracts and Other Expenses.

May 2025 OPB REPORT

The OPB report provides a more detailed view of how Healthy Michigan, Medicaid, PA2 and Grants fund the Substance Use services in Region 6. With the current ARPA stop work order, we expect FY 2025 Substance Use service expenses to start trending lower than FY 2024 expenses.

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues, Expenditures Transfers
Preliminary June 30, 2025

	Budget FY 2025	YTD Budget	YTD Actual	Actual to Budget	Percent Variance	Estimated Year-End	Projected O(U) Budget
MH/IDD/WAIVER SERVICES							
MEDICAID REVENUE							
Medicaid/Medicaid CCBHC	143,925,411	107,944,058	102,629,219	(5,314,840)	-4.9%	137,244,787	(6,680,624)
Medicaid Waivers	63,249,094	47,436,821	51,105,653	3,668,832	7.7%	69,689,744	6,440,650
Medicaid Autism	20,340,177	15,255,133	19,916,839	4,661,706	30.6%	28,040,063	7,699,886
HMP/HMP CCBHC	18,250,726	13,688,045	12,646,263	(1,041,782)	-7.6%	17,352,522	(898,204)
Prior Year Carry Forward	5,000,000	-	-	-	-	11,941,540	6,941,540
CCBHC	22,000,000	16,500,000	22,258,527	5,758,527	34.9%	29,502,985	7,502,985
Behavioral Health Home	1,365,255	1,023,941	934,368	(89,573)	-8.7%	1,275,723	(89,532)
HRA Revenue	13,000,000	6,500,000	8,326,440	1,826,440	0.0%	16,652,880	3,652,880
Medicaid Revenue	287,130,663	208,347,997	217,817,308	9,469,311	4.5%	311,700,244	24,569,581
MEDICAID EXPENDITURES							
IPATax	2,300,000	1,117,350	1,117,350	-	0.0%	2,234,700	(65,300)
HRA Payments	13,000,000	6,500,000	8,326,441	(1,826,441)	0.0%	16,652,882	(3,652,882)
Lenawee CMH							
Medicaid State Plan	19,736,600	14,802,450	14,802,450	(0)	0.0%	19,736,600	0
Medicaid Waivers	7,276,931	5,457,698	5,860,992	(403,294)	-7.4%	8,017,291	740,360
Healthy Michigan Plan	2,728,152	2,046,114	2,046,114	-	0.0%	2,728,152	-
Autism Medicaid	1,179,080	884,310	884,310	(0)	0.0%	1,595,342	416,262
Behavioral Health Homes	57,558	43,169	54,284	(11,116)	-25.7%	79,372	21,814
DHIP	-	-	22,768	(22,768)	-	42,889	42,889
Lenawee CMH Total	30,978,321	23,233,741	23,670,919	(437,178)	-1.9%	32,199,645	1,221,324
Livingston CMH							
Medicaid State Plan	28,217,708	21,163,281	21,163,281	(0)	0.0%	28,217,708	0
Medicaid Waivers	10,045,446	7,534,085	7,970,767	(436,683)	-5.8%	11,083,720	1,038,274
Healthy Michigan Plan	3,156,819	2,367,614	2,367,614	-	0.0%	3,156,819	-
Autism Medicaid	5,707,432	4,280,574	4,280,574	0	0.0%	6,529,941	822,509
Behavioral Health Homes	85,635	64,226	70,507	(6,281)	-9.8%	103,601	17,966
DHIP	-	-	38,653	(38,653)	-	76,776	76,776
Livingston CMH Total	47,213,040	35,409,780	35,891,396	(481,616)	-1.4%	49,168,565	1,955,525
Monroe CMH							
Medicaid State Plan	24,016,314	18,012,236	18,012,236	-	0.0%	24,016,314	-
Medicaid Waivers	11,937,044	8,952,783	9,328,480	(375,697)	-4.2%	12,610,498	673,454
Healthy Michigan Plan	3,659,040	2,744,280	2,744,280	-	0.0%	3,659,040	-
Autism Medicaid	2,221,455	1,666,091	1,666,091	-	0.0%	2,611,995	390,540
CCBHC Supplemental	8,624,000	6,468,000	7,517,971	(1,049,971)	-16.2%	11,758,563	3,134,563
CCBHC Base Capitation	6,450,000	4,837,500	4,837,500	-	0.0%	6,450,000	-
Behavioral Health Homes	376,937	282,703	161,916	120,787	42.7%	233,190	(143,747)
DHIP	-	-	30,181	(30,181)	-	79,953	79,953
Monroe CMH Total	57,284,790	42,963,593	44,298,655	(1,335,062)	-3.1%	61,419,552	4,134,762
Washtenaw CMH							
Medicaid State Plan	54,524,586	40,893,440	40,893,440	-	0.0%	54,524,586	-
Medicaid Waivers	32,991,767	24,743,825	27,143,054	(2,399,229)	-9.7%	37,238,454	4,246,687
Healthy Michigan Plan	7,874,111	5,905,583	5,905,583	(0)	0.0%	7,874,111	0
Autism Medicaid	7,980,152	5,985,114	5,985,114	(0)	0.0%	9,731,529	1,751,377
CCBHC Supplemental	12,936,000	9,702,000	14,442,579	(4,740,579)	-48.9%	19,403,303	6,467,303
CCBHC Base Capitation	9,137,500	6,853,125	6,853,125	0	0.0%	9,137,500	(0)
CCBHC Incentive	-	-	-	-	0.0%	-	-
Behavioral Health Homes	572,074	429,056	460,790	(31,735)	-7.4%	668,066	95,992
DHIP	-	-	13,237	(13,237)	-	23,358	23,358
Washtenaw CMH Total	126,016,190	94,512,143	101,696,923	(7,184,781)	-7.6%	138,600,906	12,584,716
Medicaid Expenditures	276,792,341	203,736,606	215,001,683	(11,265,078)	-5.5%	300,276,250	23,483,909
Medicaid Total	10,338,322	4,611,392	2,815,625	(1,795,767)	-38.9%	11,423,993	1,085,671

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues, Expenditures Transfers
Preliminary June 30, 2025

	Budget FY 2025	YTD Budget	YTD Actual	Actual to Budget	Percent Variance	Estimated Year-End	Projected O(U) Budget
SUD/GRANTS							
SUD/GRANTS REVENUE							
Healthy Michigan Plan SUD	11,456,681	8,592,511	7,805,004	(787,507)	-9.2%	10,260,724	(1,195,957)
Medicaid SUD	4,645,222	3,483,917	3,471,252	(12,664)	-0.4%	4,555,983	(89,239)
PA2 - Reserve Investment	179,082	134,312	129,780	(4,531)	-3.4%	129,781	
PA2 - Tax Revenue (Est)	1,824,100	981,366	981,366	0	0.0%	1,824,100	-
PA2 - Use of Reserve (Est)	0	417,640	417,640	0	0.0%	326,460	-
Federal/State Grants	10,884,517	8,163,388	6,695,365	(1,468,023)	-18.0%	8,601,150	(2,283,367)
Opioid Health Homes	691,054	518,291	483,665	(34,626)	-6.7%	700,166	9,112
SUD/GRANTS REVENUE	29,680,656	22,291,423	19,984,072	(2,307,351)	-10.4%	26,398,364	(3,282,292)
SUD/GRANTS EXPENDITURES							
SUD Administration							
Salaries & Fringes	1,229,497	898,478	738,395	(160,083)	17.8%	999,449	(230,047)
Indirect Cost Recovery	(371,452)	(278,589)	(253,589)	25,000	0.0%	(321,452)	50,000
SUD Administration	858,045	619,889	484,806	(135,083)	-21.8%	677,997	(180,047)
HMP/MEDICAID SUD SRVCS							
Lenawee	1,677,180	1,257,885	1,257,885	0	0.0%	1,677,180	-
Livingston	1,135,797	851,848	1,105,380	253,532	29.8%	1,769,627	(633,829)
Monroe	3,584,825	2,688,619	2,390,349	(298,269)	-11.1%	2,828,534	756,291
Washtenaw	5,934,881	4,451,160	4,533,634	82,474	1.9%	5,624,451	310,429
TOTAL	12,332,683	9,249,512	9,287,248	37,736	0.4%	12,332,683	-
GRANT/PA2 SUD SERVICES							
ARPA Grant Services	3,891,413	2,001,459	2,001,459	0	0.0%	2,001,459	1,889,954
Block Grant Services	3,616,666	2,712,500	1,879,522	(832,977)	-30.7%	2,511,921	1,104,745
State Opioid Response	2,300,000	1,725,000	1,733,394	8,394	0.5%	2,300,000	-
PA2 Services	1,824,100	1,368,075	1,399,006	30,931	2.3%	2,150,560	(326,460)
Other Grants	397,131	297,848	680,995	383,147	-128.6%	840,057	442,926
Gambling Prevention Grant	227,273	170,455	63,196	(107,259)	62.9%	126,365	(100,908)
Veteran Navigation	192,000	144,000	127,788	(16,212)	11.3%	163,338	(28,662)
TOTAL	12,448,583	8,419,336	7,885,360	(533,976)	-6.3%	10,093,701	2,354,882
SUD Health Homes	552,843	414,632	394,006	(20,626)	5.0%	450,572	(102,271)
SUD/Grants Expenditures	26,192,153	18,703,370	18,051,420	(651,949)	-3.5%	23,554,953	(2,637,200)
SUD/Grants Total	3,488,503	3,588,053	1,932,651	(1,655,402)	-46.1%	2,843,411	(645,092)
PIHP							
PIHP REVENUE							
Incentives (Est)	1,900,000	1,425,000	1,462,049	37,049	2.6%	1,900,000	-
Local Match	159,180	119,385	119,385	-	0.0%	159,180	-
Other Income	300	225	10,613	10,388		12,613	12,313
PIHP Revenue	2,059,480	1,544,610	1,592,047	47,437	3.1%	2,071,793	12,313
PIHP EXPENDITURES							
PIHP Admin							
Local Match	159,180	119,385	119,385	-	0.0%	159,180	-
Salaries & Fringes	1,769,276	1,292,932	1,240,698	(52,234)	-4.0%	1,699,598	(69,677)
Contracts & Other	1,250,000	937,500	744,071	(193,429)	-20.6%	966,777	(283,223)
PIHP Admin	3,178,456	2,349,817	2,104,154	(245,663)	10.5%	2,825,555	(352,900)
Board Expense	3,000	2,250	759	(1,491)	-66.3%	1,253	(1,747)
PIHP Expenditures	3,181,456	2,352,067	2,104,913	(247,154)	10.5%	2,826,808	(354,647)
PIHP Total	(1,121,976)	(807,457)	(512,866)	294,591	-36.5%	(755,015)	366,960
Organization Total	12,704,849	7,391,988	4,235,410	(3,156,577)	-42.7%	13,512,389	807,539
Totals							
Revenue	318,870,799	232,184,030	239,393,427	7,209,397	-3.1%	340,170,400	21,299,601
Expenses	306,165,950	224,792,043	235,158,017	(10,365,974)	4.6%	326,658,012	20,492,062
Net Before Transfers	12,704,849	7,391,988	4,235,410	(3,156,577)	-42.7%	13,512,389	807,539



Regional Board Action Request

Board Meeting Date: August 13, 2025

Action Requested: Approving the CMHPSM Regional Board Chair to sign a formal proclamation acknowledging the three fiscal years of service by Patrick Bridge to the PIHP region as a CMHPSM Regional Board member

Recommendation: Approval for the CMHPSM Board Chair to sign the proclamation



WHEREAS the Community Mental Health Partnership of Southeast Michigan through effective partnerships, ensures and supports the provision of quality integrated care that focuses on improving the health and wellness of people living in our region; and

WHEREAS Patrick Bridge, as of December 14, 2022, served as a member of the CMHPSM Regional Board, and strove to accomplish the mission of the Community Mental Health Partnership of Southeast Michigan as a Regional Board member; and

Now, therefore, the Community Mental Health Partnership of Southeast Michigan Regional Board of Directors does hereby proclaim their appreciation to Patrick Bridge for three fiscal years of service to the region, today August 13, 2025.

Bob King

CMHPSM Board Chair

SUMMARY OF FY2026 DRAFT BUDGET ASSUMPTION CONCERNS

An unusually large number of issues are not settled in the FY2026 budget process in comparison to previous budget years at this same time.

FY2026 Rates Not Finalized

In July, MDHHS announced that they were implementing a new method of calculating rates for PIHPs. In the past, MDHHS calculated rates for the entire state and then used an “entity specific factor” to come up with rates for each PIHP. For FY2026, MDHHS has indicated that they would calculate rates for each individual PIHP region. The state suggested they would present draft rates in the week of August 4th, we have not yet seen draft FY2026 rates.

To complicate this issue, throughout most of FY2025 we have seen a slow decline in the number of eligible individuals on our capitated payment list. While the actuaries adjust rates based upon projected enrollment, we have concerns about the continued decline in the Medicaid and Healthy Michigan eligible populations. The draft budget is calculated on a projection of eligible individuals that compares closely with a pre-pandemic population from FY2019.

As a placeholder, a 4% revenue increase over FY2025 was used for this draft FY2026 budget. MDHHS has scheduled a FY2026 Rate Setting Meeting for 8/14/2025. As such, the FY2026 budget to be presented at the September Regional Board meeting will reflect a more informed revenue projection.

CCBHC Direct Pay

MDHHS recently announced that they would begin directly paying CCBHCs and remove the associated revenue from the PIHP rate structure. Currently, both the base capitation amount and state supplemental payments for CCBHCs are directed through the PIHPs. PIHPs receive a management fee for their oversight of the CCBHCs.

In FY2026, MDHHS intends to bypass the PIHPs and pay the CCBHC directly for their submission of CCBHC service encounters to MDHHS. CMHPSM will lose a projected \$43M in revenue, if this plan is implemented on October 1, 2025. We are awaiting further details from MDHHS on the operationalization of this new CCBHC payment structure and hope to have more information prior to the September Regional Board meeting.

The FY2026 draft budget has a column showing where this funding will be lost and one small area where we may get additional fees.

Federal Grant Revenue

MDHHS issued initial grant awards for FY2026. CMS has given indications that these amounts may change.

Most of the grants received by CMHPSM revolve around substance use services. There will not be enough PA2 revenue to make up for the grant reductions seen in FY2025. A state law changed the PA2 distribution methodology from 50% County / 50% PIHP to 60% County / 40% PIHP, however PA2 revenue distributed to the PIHPs must minimally meet FY2022 amounts. As such, PA2 substance use service program funding in FY2026 will require careful consideration by the OPB Board at their August 2025 meeting.

The amounts used in the FY 2026 budget reflect the total amount of grants in the initial award from MDHHS and the minimum revenue expected for PA2. Only two of four FY2025 PA2 payments have been distributed to date.

Procurement

In May 2025, MDHHS announced an initiative to rebid the PIHPs. In this initiative, the number of geographic PIHP regions in Michigan will be reduced from 10 to 3. This potential restructuring is scheduled to take place October 1, 2026 per the current MDHHS procurement documents.

The draft FY2026 budget includes a “Procurement Incentives” row that identifies reserves that could be used within Board authority to incentivize and retain staff in their current roles while the CMHPSM continues as the PIHP for our geographic area. If procurement proceeds, we anticipate a policy that increases the level of severance payments, based upon staff remaining throughout the entire period their position is required. More information related to these policies will be brought forth for review in future Board meetings.

We also anticipate, if procurement proceeds, a period beyond FY2026 in which past and current fiscal years are contract-settled / “closed out” for our PIHP region. We are currently only contract-settled through FY2022 as of today.

FY 2026 DRAFT BUDGET ASSUMPTIONS

Revenue

01. Predicting a 4% decrease in member months capitated payments.
02. No solid rates for FY 2026.
03. 4% increase in rates assumed with new method of calculation by MDHHS implemented.

Expenses

01. 5% increase in payments to CMHs based on fee and service increases.
02. CMHPSM is fully staffed with 29 employees (28 FTE).
03. This budget assumes full staffing through September 2026.
04. This budget assumes a 3% increase in salary scale.
05. All budgeted salaries without procurement are \$2,639,313. Fringe rate is 33%.
06. Health benefits for FY 2026 will be bid in November 2026.

CONTINGENCIES

01. MDHHS is implementing a direct pay system for CCBHCs. This will reduce PIHP revenue by \$43M.
02. We have an allocation of FY 2026 grants from MDHHS and have been told they are subject to being reduced.
03. PA2 revenue and expenses are included with grants as final decisions will depend on available grant funding.
04. If CCBHCs are direct paid, CMHPSM will need to bill for services rendered.
05. MDHHS continues to pursue procurement of new PIHPs. If this happens, CMHPSM proposes salary incentives for employees to remain fully staffed through the end of 2026.

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues, Expenditures Transfers
FY 2026 Draft Budget

	Budget FY 2025	Estimated Year-End	FY 2026 Draft Budget	CCBHC Direct Pay
MH/IDD/WAIVER SERVICES				
MEDICAID REVENUE				
Medicaid/Medicaid CCBHC	143,925,411	137,244,787	133,422,994	12,500,000
Medicaid Waivers	63,249,094	69,689,744	69,240,667	
Medicaid Autism	20,340,177	28,040,063	29,042,666	
HMP/HMP CCBHC	18,250,726	17,352,522	15,957,933	
Prior Year Carry Forward	5,000,000	11,941,540	12,250,000	
CCBHC	22,000,000	29,502,985	-	31,023,433
Behavioral Health Home	1,365,255	1,275,723	1,306,743	
HRA Revenue	13,000,000	16,652,880	17,000,000	
Medicaid Revenue	287,130,663	311,700,244	278,221,003	43,523,433
MEDICAID EXPENDITURES				
IPATax	2,300,000	2,234,700	2,200,000	
HRA Payments	13,000,000	16,652,882	17,000,000	
Lenawee CMH				
Medicaid State Plan	19,736,600	19,736,600	20,723,430	
Medicaid Waivers	7,276,931	8,017,291	8,168,626	
Healthy Michigan Plan	2,728,152	2,728,152	2,864,560	
Autism Medicaid	1,179,080	1,595,342	1,692,138	
Behavioral Health Homes	57,558	79,372	72,535	
DHIP		42,889	-	
Lenawee CMH Total	30,978,321	32,199,645	33,521,289	-
Livingston CMH				
Medicaid State Plan	28,217,708	28,217,708	29,628,593	
Medicaid Waivers	10,045,446	11,083,720	11,145,910	
Healthy Michigan Plan	3,156,819	3,156,819	3,314,660	
Autism Medicaid	5,707,432	6,529,941	6,890,086	
Behavioral Health Homes	85,635	103,601	95,465	
DHIP		76,776	-	
Livingston CMH Total	47,213,040	49,168,565	51,074,714	-
Monroe CMH				
Medicaid State Plan	24,016,314	24,016,314	27,276,297	
Medicaid Waivers	11,937,044	12,610,498	13,099,118	
Healthy Michigan Plan	3,659,040	3,659,040	3,841,992	
Autism Medicaid	2,221,455	2,611,995	2,758,571	
CCBHC Supplemental	8,624,000	11,758,563	-	12,409,373
CCBHC Base Capitation	6,450,000	6,450,000	-	5,000,000
Behavioral Health Homes	376,937	233,190	222,283	
DHIP		79,953	-	
Monroe CMH Total	57,284,790	61,419,552	47,198,261	17,409,373
Washtenaw CMH				
Medicaid State Plan	54,524,586	54,524,586	59,896,156	
Medicaid Waivers	32,991,767	37,238,454	38,212,921	
Healthy Michigan Plan	7,874,111	7,874,111	8,267,817	
Autism Medicaid	7,980,152	9,731,529	10,289,752	
CCBHC Supplemental	12,936,000	19,403,303	-	18,614,060
CCBHC Base Capitation	9,137,500	9,137,500	-	7,500,000
CCBHC Incentive		-	-	
Behavioral Health Homes	572,074	668,066	614,907	
DHIP		23,358	-	
Washtenaw CMH Total	126,016,190	138,600,906	117,281,553	26,114,060
Medicaid Expenditures	276,792,341	300,276,250	268,275,817	43,523,433
Medicaid Total	10,338,322	11,423,993	9,945,186	-

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues, Expenditures Transfers
FY 2026 Draft Budget

	Budget FY 2025	Estimated Year-End	FY 2026 Draft Budget	CCBHC Direct Pay
SUD/GRANTS				
SUD/GRANTS REVENUE				
Healthy Michigan Plan SUD	11,456,681	10,260,724	10,297,467	
Medicaid SUD	4,645,222	4,555,983	4,583,011	
PA2 - Reserve Investment	179,082	129,781	248,000	
PA2 - Tax Revenue (Est)	1,824,100	1,824,100	1,824,000	
PA2 - Use of Reserve (Est)	0	326,460	-	
Federal/State Grants	10,884,517	8,601,150	7,272,581	
Opioid Health Homes	691,054	700,166	613,967	
SUD/GRANTS REVENUE	29,680,656	26,398,364	24,839,026	-
SUD/GRANTS EXPENDITURES				
SUD Administration			-	
Salaries & Fringes	1,229,497	999,449	1,561,540	
Procurement Incentives			390,385	
Indirect Cost Recovery	(371,452)	(321,452)	(271,452)	
SUD Administration	858,045	677,997	1,680,473	-
HMP/MEDICAID SUD SRVCS			-	
Lenawee	1,677,180	1,677,180	1,744,267	
Livingston	1,135,797	1,769,627	1,858,108	
Monroe	3,584,825	2,828,534	3,250,585	
Washtenaw	5,934,881	5,624,451	6,207,361	
TOTAL	12,332,683	11,899,792	13,060,321	-
GRANT/PA2 SUD SERVICES				
ARPA Grant Services	3,891,413	2,001,459	-	
Block Grant Services	3,616,666	2,511,921	3,798,988	
State Opioid Response	2,300,000	2,300,000	2,164,108	
PA2 Services	1,824,100	2,150,560	1,824,000	
Other Grants	397,131	840,057	210,591	
Gambling Prevention Grant	227,273	126,365	227,273	
Veteran Navigation	192,000	163,338	229,000	
TOTAL	12,448,583	10,093,701	8,453,960	-
SUD Health Homes	552,843	450,572	552,843	-
SUD/Grants Expenditures	26,192,153	23,122,062	23,747,597	-
SUD/Grants Total	3,488,503	3,276,302	1,091,429	-
PIHP				
PIHP REVENUE				
Incentives (Est)	1,900,000	1,900,000	1,900,000	
Local Match	159,180	159,180	159,180	
Other Income	300	12,613	200,000	
PIHP Revenue	2,059,480	2,071,793	2,259,180	-
PIHP EXPENDITURES				
PIHP Admin				
Local Match	159,180	159,180	159,180	
Salaries & Fringes	1,769,276	1,699,598	2,128,688	
Procurement Incentives			532,172	
Contracts & Other	1,250,000	966,777	1,375,000	
PIHP Admin	3,178,456	2,825,555	4,195,040	-
Board Expense	3,000	1,253		
PIHP Expenditures	3,181,456	2,826,808	4,195,040	-
PIHP Total	(1,121,976)	(755,015)	(1,935,860)	-
Organization Total	12,704,849	13,945,279	9,100,755	-
Totals				
Revenue	318,870,799	340,170,400	305,319,209	43,523,433
Expenses	306,165,950	326,225,121	296,218,454	43,523,433
Net Before Transfers	12,704,849	13,945,279	9,100,755	-



Regional Board Action Request – FY2025 Provider Stabilization Funding

Board Meeting Date: August 13, 2025

Action Requested: Allocate budgeted pass through funding to the CMHSPs to assist the regional provider network in delivering community living supports, overnight health and safety and licensed residential services. The 5% rate adjuster payment funding estimates are based upon actual services delivered by providers within our geographic region between October 1, 2024 and June 30, 2025 and services projected to be delivered by those providers between July 1, 2025 and September 30, 2025. Service provider rate adjuster payments will be made by the CMHSPs based upon actual services delivered throughout FY2025 and thus may differ from initial projections.

FY2025 Budget Adjustment	Medicaid	HMP	Total
Lenawee Services	\$ 632,691	\$ 32,504	\$665,195
Livingston Services	\$ 1,081,934	\$ 37,336	\$ 1,119,270
Monroe Services	\$ 1,186,676	\$ 16,083	\$1,202,759
Washtenaw Services	\$ 2,864,085	\$ 24,834	\$2,888,919
Total Funding for Region	\$5,765,387	\$110,757	\$5,876,387

Background: Rate adjuster eligible services are unlicensed community living supports, overnight health and safety, licensed community living supports and personal care services. This funding will be allocated to providers based upon actual service encounters, and to be utilized to cover services costs such as: direct care worker overtime, retention, and recruitment.

Recommend: Approval

Model Board Motion: *I move that the CMHPSM FY2025 budget CEO be authorized to execute the contracts listed within this attachment.*



Regional Board Action Request – Contracts

Board Meeting Date: August 13, 2025

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

Background:

The first contract request is a result of additional funding offered by MDHHS for the Michigan Partnership to Advance Coalitions (MI PAC) Partnerships for Success (PFS). Washtenaw County Health Department was the only regional coalition to request additional MDHHS funds. Their current funding is \$25,000. This additional request will add \$5,000 to their contract.

The second contract request is for FY2025 sustainability for the St. Joseph Center of Hope, the Engagement Center implemented by Catholic Charities of Southeast Michigan (CCSEM). CCSEM lost ARPA funds this year and has partnered with Monroe CMHA and Monroe County to work towards a new funding model that utilizes CCBHC and County Opioid Settlement funds. While this model is being developed for FY2026, staff are recommending an allocation of Healing and Recovery Funds to be used only if needed by CCSEM to remain operational 24/7 through the end of August 2025, after which they will switch to a 12 hour/7 days a week model. CMHPSM obtained MDHHS HRF pre-approval for this potential use this month.

The final contract request is for two Single Service Agreement (SSA) created between CMHPSM and Great Lakes Recovery Center, the only residential adolescent SUD Treatment facility in our state able to accommodate two youth for services at negotiated youth FFS service rates.

Organization – Background	Term	Funding Level	Funding Source	Agreement Type
Washtenaw County Health Department MI PAC PFS Prevention Coalition	7/1/2025 – 9/30/2025	Amendment from \$25,000 DNE to \$30,000 DNE	MDHHS Partnership for Success	Amendment
Catholic Charities of Southeast Michigan St. Joseph Center of Hope Engagement Center	8/1/2025 – 9/30/2025	Not to exceed \$50,000	Healing and Recovery Funds (HRF)	Amendment
Great Lakes Recovery Center Adolescent Residential SUD Treatment	8/1/2025 – 9/30/2025	Fee-for-service	Medicaid/ SABG	New Contract

Staff Recommendation: Approval

Model Board Motion: *I move that the CMHPSM CEO be authorized to execute the contracts listed within this attachment.*



Regional Board Notification – CEO Contract Authority Update

Board Meeting Date: August 13, 2025

Information:

The CMHPSM CEO utilized their CEO contract authority to authorize Gambling Prevention grant funding in the amount of \$20,000.00 to Detroit Radio Advertising Group. This funding will be used to run 600 0:30 gambling disorder prevention commercials between July 7 and September 19, 2025.

This authorization was necessitated by grant deadlines and was within the CMHPSM CEO contract authority \$25,000.00 limit.

Recommend: Informational Review, no action needed.

PROPOSAL INSTRUCTIONS

Department of Technology, Management, and Budget – Procurement

Prepaid Inpatient Health Plan (PIHP) Request for Proposal No. 250000002670

Solicitation Manager Name: Marissa Gove
 Direct Phone: 517-449-8952
 Email: Govem1@michigan.gov
 Main Phone: 1-855-MI-PURCH 1-855-647-8724

This is a Request for Proposal (RFP) for: Prepaid Inpatient Health Plan (PIHP)

RFP Timeline

Event	Time	Date
RFP issue date	N/A	Monday, August 4, 2025
Rate Setting Meeting	10:00 a.m. Eastern	Monday, August 11, 2025
Bidder's Conference	1:00 p.m. Eastern	Monday, August 11, 2025
Deadline for bidders to submit questions about this RFP	12:00 p.m. Eastern	Wednesday, August 20, 2025
Anticipated date the State will post answers to bidder questions on www.michigan.gov/SIGMAVSS	5:00 p.m. Eastern	Friday, August 29, 2025
Proposal deadline*	11:50 a.m. Eastern	Monday, September 29, 2025
Anticipated date of contract signature (start of transition period)	N/A	Tuesday, February 24, 2026
Contract effective date (services begin)	N/A	Thursday, October 1, 2026

***A bidder's proposal received at 11:50:01 a.m. Eastern is late and subject to disqualification.**

This RFP is subject to change. Check www.michigan.gov/SIGMAVSS for current information.

1. **PROPOSAL PREPARATION.** The State recommends reading **all** RFP materials prior to preparing a proposal, particularly these Proposal Instructions and the Vendor Questions Worksheet. Bidders must follow these Proposal Instructions and provide a complete response to the items indicated in the RFP Structure and Documentation table below. References and links to websites or external sources may not be used in lieu of providing the information requested in the RFP within the proposal. Include the bidder's company name in the header of all documents submitted with your proposal. **Note that all documents and information submitted as part of a proposal will become public record immediately upon receipt by the State. Proposals received by the State may be posted on the State's publicly available website after bidders are notified of the award recommendation.**

RFP Structure and Documentation

Document	Description	Bidder Response Instructions
Cover Page	Provides RFP title and number, important dates, and contact information for Solicitation Manager	Informational
Proposal Instructions	Provides RFP instructions to bidders	Informational
Confidential Treatment Form	Required verification on whether bidder's proposal contains confidential information	Bidder to complete and submit by proposal deadline
Vendor Questions Worksheet	Questions to bidders on background and experience	Bidder to complete and submit by proposal deadline
Contract Terms	Provides legal terms for a contract awarded through this RFP	Deemed accepted by bidder unless information required in the Evaluation Process section of this document is submitted by proposal deadline
Schedule A – Statement of Work	Statement of work	Bidder to complete and submit by proposal deadline
Schedule B – Pricing	Pricing for goods and services sought by the State through this RFP	Bidder to complete and submit by proposal deadline
Schedule C – Insurance Requirements	Insurance Requirements	Deemed accepted by bidder unless information required in the Evaluation Process section of this document is submitted by proposal deadline
Schedule D – Data Security Requirements for Hybrid Purchases	Data Security Requirements for Hybrid Purchases	Deemed accepted by bidder unless information required in the Evaluation Process section of this document is submitted by proposal deadline
Schedule E – Reporting Requirements	Reporting Requirements	Informational
Schedule F - HIPAA Business Associate Agreement	HIPAA Business Associate Agreement	Deemed accepted by bidder unless information required in the Evaluation

Document	Description	Bidder Response Instructions
		Process section of this document is submitted by proposal deadline
Schedule G – Definitions/Explanation of Terms	Definition of Terms	Informational
Schedule H - Medicaid Mental Health and Substance Use Disorder Payment Responsibility Grid	Medicaid Mental Health and Substance Use Disorder Payment Responsibility Grid	Informational
Schedule I – Network Adequacy Procedure	Network Adequacy Procedure	Informational
Schedule J – Narrative Submission Questions	Narrative Questions	Bidder to complete and submit by proposal deadline
Appendix 1 - PIHP Region Map	PIHP Region Map	Informational
Appendix 2 – Grant Agreement Samples	Samples of grant agreements	Informational

2. **CONTACT INFORMATION FOR THE STATE.** The sole point of contact for the State concerning this RFP is listed on the Cover Page. Contacting any other State personnel, agent, consultant, or representative about this RFP may result in bidder disqualification.

3. **OPTIONAL RATE SETTING MEETING AND BIDDER’S CONFERENCE.**

An optional Rate Setting Meeting and a separate Bidder’s Conference will be held on Monday, August 11, 2025 at 10:00 AM and 1:00 PM Eastern, respectively via Microsoft Teams.

The purpose of the Rate Setting Meeting is to discuss rate setting methodologies for the Contract. The purpose of the Bidder’s Conference is to discuss the overview of the RFP and process. Discussions, including answers given by the State at the meeting, are not official. To obtain an official answer to any questions, the Bidder must submit the question in writing via email to govern1@michigan.gov per **Section 5. Questions**.

Statements made by the Solicitation Manager or designee at a pre-proposal meeting are not considered modifications to the RFP. If, however, the Solicitation Manager determines modifications to the RFP are warranted after the meeting, modifications will be posted in writing on www.michigan.gov/SIGMAVSS as explained in the **Modifications** section of this document

Attendance at the Bidder’s Conference and Rate Setting Meeting is limited to 2 individuals per bidder. Subcontractor sign-in is permitted in lieu of the bidder as evidence of attendance. Accessibility requests for reasonable accommodations at the pre-proposal meeting should be made with the Solicitation Manager at least 3 business days prior to the date of the meeting. Accommodation requests received outside this time period cannot be guaranteed.

Bidders who plan on participating must RSVP to which meetings they plan on attending by no later than 5:00 p.m. Eastern on August 7, 2025. The RSVP response must be emailed to

govem1@michigan.gov and include the name of the Bidder's organization, and the names and email addresses of participants.

4. **MODIFICATIONS.** The State may modify this RFP at any time. Modifications will be posted on www.michigan.gov/SIGMAVSS. This is the only method by which the RFP may be modified.
5. **QUESTIONS.** Bidder questions about this RFP must be emailed to the Solicitation Manager no later than the time and date specified on the Cover Page. In the interest of transparency, only written questions are accepted. Answers to questions will be posted on www.michigan.gov/SIGMAVSS. **Submit questions using the format below;** a Microsoft **Excel format** or similar is suggested.

Q #	Document and Section	Page #	Bidder Question

6. **DELIVERY OF PROPOSAL.**

Electronic – The bidder must submit its proposal, all attachments, and any modifications or withdrawals electronically through www.michigan.gov/SIGMAVSS. The price proposal should be saved separately from all other proposal documents. The bidder should submit all documents in a modifiable (native) format (examples include but are not limited to Microsoft Word or Excel and Google Docs or Sheets). In addition to submitting documents in a modifiable format, the bidder may also submit copies of documents in PDF. Attachment file size is limited to 30 MB per document. Bidder's failure to submit a proposal as required may result in disqualification. The proposal and attachments must be fully uploaded and submitted prior to the proposal deadline. **Do not wait until the last minute to submit a proposal**, as the SIGMA VSS system requires the creation of an account and entry of certain information, in addition to uploading and submitting the materials. The SIGMA VSS system **will not** allow a proposal to be submitted after the proposal deadline identified in the solicitation Closing On/Closing Date fields (Summary view/Detail view), even if a portion of the proposal has been uploaded.

Questions on how to submit information or how to navigate in the SIGMA VSS system can be answered by calling **(517) 284-0540 or (888) 734-9749**. The Solicitation Manager will not provide assistance related to the submittal of the proposal and all attachments on the day of the proposal deadline. Responsibility for a complete submission lies with the bidder. **Note that all documents and information submitted in any manner as part of a proposal will become public record immediately upon receipt by the State. Proposals received may be posted by the State on the State's publicly available website after bidders are notified of the award recommendation.**

7. **MANDATORY MINIMUM REQUIREMENTS.** To avoid disqualification, the bidder must provide documentation in their application to support how the bidder's organizational structure meets one of the following requirement in Schedule A Section 1.1 General Requirements.

1. **Nonprofit Organization:** a corporation incorporated under the laws of this state, to carry out any lawful purpose or purposes that does not involve pecuniary profit or gain for its

directors, officers, shareholders, or members. Plans must include documentation of the non-profit application submitted to the Internal Revenue Service (IRS) or provide a determination letter approving non-profit status confirming tax-exempt status.

2. **Public Body / Governmental Entity:** a public entity as defined under MCL 15.321(b), including “the state including all agencies thereof, any public body corporate within the state, including all agencies thereof, or any non-incorporated public body within the state of whatever nature, including all agencies thereof.” This includes counties, municipalities, public authorities, and regional intergovernmental entities.
3. **Public University:** a state university as defined in MCL 380.501(f), referencing Article VIII, Sections 4, 5, and 6 of the Michigan Constitution of 1963, which include: “The University of Michigan, Michigan State University, Wayne State University, and other state universities governed by an elected or governor-appointed board with constitutional autonomy.”

Only proposals meeting the mandatory minimum requirement will be considered for evaluation.

8. EVALUATION PROCESS. The State will evaluate each proposal based on the following factors:

	Technical Evaluation Criteria	Weight
1.	Vendor Questions Worksheet - Experience	200
2.	Vendor Questions Worksheet – Excluding Experience	16
3.	Schedule A – Statement of Work, Section 1.1. General Requirements through Section 1.8. Required Functionality Relating to Data Retention, Disposal, and Retrieval	73
4.	Schedule A – Statement of Work, Section 2. Staffing, Organizational Structure, Governing Body, and Subcontractors through Section 6. Service-Level Agreement	31
5.	Schedule J - Narrative Submission Questions	790
	Total	1110

Proposals receiving 888 or more technical evaluation points will have pricing evaluated and considered for award.

The State may utilize all bidder information, without regard to a proposal’s technical score, to determine fair market value for goods or services sought. The State is not obligated to accept the lowest price proposal. If applicable, the State’s evaluation will include consideration of a bidder’s qualified disabled veterans/service-disabled veteran owned business(QDV/SDVOB) status under [MCL 18.1261\(8\)](#). Additional information on the SDVOB preference is available at: [Michigan.gov/SDVOB](#).

The State strongly encourages strict adherence to the Contract Terms. The State reserves the right to deem a bid non-responsive for failure to accept the Contract Terms. Nevertheless, the bidder may submit proposed changes to the Contract Terms in track changes (i.e., visible edits) with an explanation of the bidder’s need for each proposed change. Failure to include track changes with an explanation of the bidder’s need for the proposed change constitutes the

bidder's acceptance of the Contract Terms. General statements, such as that the bidder reserves the right to negotiate the terms and conditions, may be considered non-responsive. Failure to respond timely to requests for proposed changes to Contract Terms during ongoing negotiations may be cause for disqualification.

The State may but is not required to conduct an on-site visit to tour and inspect the bidder's facilities; require an oral presentation of the bidder's proposal; conduct interviews, research, reference checks, and background checks; and request additional price concessions at any point during the evaluation process.

Submit a Regional Proposal. Bidders must submit proposals by region as defined in the RFP, not by individual counties. Bidders may bid on more than one region; however, only one proposal submission is required when bidding on more than one region. Bidders must demonstrate the ability to be fully operational across the entire geographic area of the region for which they are submitting a proposal. Bidders that cannot provide services throughout the entire region will not be considered.

9. NOTICE OF DEFICIENCY. The State reserves the right to issue a **Notice of Deficiency** to bidders if the State determines after the proposal deadline that a portion of the RFP was deficient, unclear, or ambiguous. Failure to respond to a **Notice of Deficiency** timely may be cause for disqualification.

10. CLARIFICATION REQUEST. The State reserves the right to issue a **Clarification Request** to a bidder to clarify its proposal if the State determines the proposal is not clear. Failure to respond to a **Clarification Request** timely may be cause for disqualification.

11. RESERVATIONS. The State reserves the right to:

- a. Disqualify a bidder for failure to follow these instructions.
- b. Discontinue the RFP process at any time for any or no reason. The issuance of an RFP, your preparation and submission of a proposal, and the State's subsequent receipt and evaluation of your proposal does not commit the State to award a contract to you or anyone, even if all the requirements in the RFP are met.
- c. Consider late proposals if: (i) no other proposals are received; (ii) no complete proposals are received; (iii) the State received complete proposals, but the proposals did not meet mandatory minimum requirements or technical criteria; or (iv) the award process fails to result in an award.
- d. Consider an otherwise disqualified proposal if no other proposals are received.
- e. Disqualify a proposal based on: (i) information provided by the bidder in response to this RFP; (2) the bidder's failure to complete registration on www.michigan.gov/SIGMAVSS ; or (3) if it is determined that a bidder purposely or willfully submitted false or misleading information in response to the RFP.
- f. Consider prior performance with the State in making its award decision.
- g. Consider overall economic impact to the State when evaluating proposal pricing and in the final award recommendation. This includes but is not limited to: considering principal place of performance, number of Michigan citizens employed or potentially employed, dollars paid

to Michigan residents, Michigan capital investments, job creation, tax revenue implications, and economically disadvantaged businesses.

- h. Consider total-cost-of-ownership factors (e.g., transition and training costs) when evaluating proposal pricing and in the final award recommendation.
- i. Refuse to award a contract to any bidder that has failed to pay State taxes or has outstanding debt with the State.
- j. Enter into negotiations with one or more bidders on price, terms, technical requirements, or other deliverables.
- k. Award multiple, optional-use contracts, or award by Contract Activity.
- l. Evaluate the proposal outside the scope identified in the **Evaluation Process** section of this document if the State receives only one proposal.

12. AWARD RECOMMENDATION. The contract will be awarded to the responsive and responsible bidder who offers the best value to the State, as determined by the State. Best value will be determined by the bidder meeting the minimum point threshold and offering the best combination of the factors stated in the **Evaluation Process** section of this document, and price, as demonstrated by the proposal. The State will post an **Award Recommendation and Evaluation Synopsis** on www.michigan.gov/SIGMAVSS or in the manner it was originally published.

13. DEBRIEF MEETING AND BID PROTEST. The State will publish an **Award Recommendation and Evaluation Synopsis** which will provide instructions on how to request a debrief meeting.

If you wish to initiate a protest of the award, you must submit your written protest electronically at BidProtest-DTMB@michigan.gov no later than 5:00 p.m. Eastern, 10 business days after the **Award Recommendation and Evaluation Synopsis** is posted on SIGMA VSS. The State reserves the right to adjust this timing and will publish any change.

Additional information about the protest process is available at [DTMB - Programs and Policies \(michigan.gov\)](http://DTMB-Programs and Policies (michigan.gov)) under the “Bidder Protests” link.

14. STATE ADMINISTRATIVE BOARD. Contracts equal to \$250,000 or greater than require approval by the State Administrative Board. The State Administrative Board’s decision is final; however, its approval does not constitute a contract. The award process is not complete until the awarded contractor receives a contract fully executed by all parties.

15. GENERAL CONDITIONS. The State will not be liable for any costs, expenses, or damages incurred by a bidder participating in this solicitation. The bidder agrees that its proposal will be considered an offer to do business with the State in accordance with its proposal, including the Contract Terms, and that its proposal will be irrevocable and binding for a period of **180** calendar days from date of submission. If a contract is awarded to the bidder, the State may, at its option, incorporate any part of the bidder’s proposal into a contract. This RFP is not an offer to enter into a contract. This RFP may not provide a complete statement of the State’s environment or contain all matters upon which agreement must be reached. The bidder understands that their proposal will become public record immediately upon receipt by the State. Other than verified trade secrets, proposals submitted via www.michigan.gov/SIGMAVSS are the State’s property.

16. CONFIDENTIAL TREATMENT FORM AND THE FREEDOM OF INFORMATION ACT. As a public record, all portions of the bidder's proposal and resulting contract are subject to disclosure as required under Michigan's Freedom of Information Act (FOIA), MCL 15.231, et seq. However, the State may exempt some information from disclosure as permitted by law. Under MCL 18.1261(13)(b), records containing "a trade secret as defined under section 2 of the uniform trade secrets act, 1998 PA 448, MCL 445.1902," are exempt from disclosure under FOIA. In addition, "financial or proprietary information" submitted with a bidder's proposal is exempt from disclosure under FOIA. **A bidder's failure to comply with this Section is grounds for rejecting a bidder's proposal as non-responsive.** As a part of its proposal, each bidder must follow the procedure below.

- a. SUBMIT A COMPLETED CONFIDENTIAL TREATMENT FORM WITH YOUR BID.** Completion and submission of the Confidential Treatment Form (CT Form) is required regardless of whether the bidder seeks confidential treatment of information. **Failure to submit a completed CT Form may be cause for disqualification from the solicitation process. If a bidder fails to properly complete and submit the CT Form or otherwise fails to follow CT Form instructions, the proposal may be publicly disclosed in its entirety without redaction after an award recommendation.**

Complete and sign Section 1 of the CT Form if the bidder does NOT request confidential treatment of information contained in its proposal; or

Complete and sign Section 2 of the CT Form if the bidder requests confidential treatment of certain information. **Bidder must also submit a copy of the proposal with the trade secret, financial, and proprietary information redacted and clearly labeled as the "PUBLIC COPY."**

Failure to complete and sign a CT Form may result in disqualification of the bidder. **If a bidder fails to properly complete and submit the CT Form or otherwise fails to follow the CT Form instructions, the proposal, in its entirety, may be publicly disclosed by the State without redaction after an award recommendation.**

- b. FOIA REQUESTS.** If a FOIA request is made for a bidder's proposal, the Public Copy may be distributed to the public along with the bidder's CT Form. The CT Form is a public document and serves as an explanation for the redactions to the Public Copy. Do not put any trade secret, financial, or proprietary information in the CT Form. Do not redact the CT Form itself.
- c. NO ADVICE.** The State will not advise a bidder as to the nature or content of documents entitled to protection from disclosure under FOIA or other laws, as to the interpretation of such laws, or as to the definition of trade secret or financial or proprietary information. Nothing contained in this provision will modify or amend requirements and obligations imposed on the State by FOIA or other applicable law. The State is not obligated to notify a bidder if a FOIA request for bidder's proposal is received nor if bidder's proposal is made available to the public.
- d. FAILURE TO REQUEST CONFIDENTIAL TREATMENT.** Failure to request material be treated as confidential as specified herein relieves the State, its agencies, and personnel from any responsibility for maintaining material in confidence.
- e.** Bids containing a request to maintain an entire proposal as confidential may be rejected as non-responsive. Bidders may not request confidential treatment with respect to resumes,

pricing, and marketing materials. The State reserves the right to determine whether material designated as exempt by a bidder falls under MCL 18.1261 or other applicable FOIA exemptions. If a FOIA request is made for materials that the bidder has identified as trade secret, financial, or proprietary information, the State has the final authority to determine whether the materials are exempt from disclosure under FOIA.

- f.** Bidder forever releases the State, its departments, subdivisions, officers, and employees from all claims, rights, actions, demands, damages, liabilities, expenses and fees, which arise out of or relate to the disclosure of all or a portion of bidder's proposal submitted under this RFP. Bidder must defend, indemnify and hold the State, its departments, subdivisions, officers, and employees harmless, without limitation, from and against all actions, claims, losses, liabilities, damages, costs, attorney fees, and expenses (including those required to establish the right to indemnification), arising out of or relating to any FOIA request, including potential litigation and appeals, related to the portion of bidder's proposal submitted under this RFP that bidder has identified as a trade secret, or financial or proprietary information. The State will notify bidder in writing if indemnification is sought. The State is entitled to: (i) regular updates on proceeding status; (ii) participate in the defense of the proceeding; (iii) employ its own counsel; and to (iv) retain control of the defense, or any portion thereof, if the State deems necessary. Bidder will not, without the State's written consent (not to be unreasonably withheld), settle, compromise, or consent to the entry of any judgment in or otherwise seek to terminate any claim, action, or proceeding. If a State employee, official, or law is involved or challenged, the State may control the defense of that portion of the claim. Any litigation activity on behalf of the State, or any of its subdivisions under this Section, must be coordinated with the Department of Attorney General. An attorney designated to represent the State may not do so until approved by the Michigan Attorney General and appointed as a Special Assistant Attorney General.

Fully Public Option: PIHP Procurement Proposal Summary

Central Region Proposal

Governance

Structure Options - (UCA or RE)

Option 1 Initial Under Urban Cooperation Act

Due to very tight timeframes, propose that 5 Existing PIHPs (with support from Regional CMHSPs) enter an Intergovernmental Agreement (IA)

Option 2 Initial Under Regional Entity Section of the Mental Health Code
All After successful contract award and established operations:

33 CMHSP Adopt By-Laws
Transition from 5 PIHP IA to 44 County IA

Option 1 Initial Board Appointments by

PIHPs

Option 2 Initial Board Appointments by

Creating CMHSPs

All Board appointments must meet currently anticipated PIHP contract requirements or final RFP board composition requirements

Board Composition

Must meet known Board Composition Requirements as current published and as published in the final RFP

Could have Counties or Other Entities Appointed on a rotating basis (such as every three years); Some Appoint sitting members, others appoint alternates; other configuration options possible

To Be Determined

Exact number of Members could be more/less; board needs to be manageable in size but representative of the region

Counties/Michigan Association of Counties (MAC) Appointees

x

Advocate Groups Appointees

x

Primary/Secondary Consumers Appointees (at least 50%)

x

County Appointees

x - consideration for counties operating as provider

Board Operations

Public/Private

Public

Advisory Boards

SUD Oversight Policy Board

Yes

Consumer Advisory Board

Yes

CMHSP Advisory Board (Operations Committee)

Yes

Provider Advisory Board

Yes

Other councils/committees are possible (such as finance, quality, compliance, etc.)

Yes

Board Committees

Finance

Public; subset of governing board

Policy

Public; subset of governing board

Human Resources

Public; subset of governing board

Other committees as determined by board

Public; subset of governing board

Managed Care Functions (MEDICAID ONLY)

Retained by PIHP

Per MDHHS Requirements

Delegated

Per MDHHS Requirements and in compliance with Mental Health Code;
After conducting benefit/cost analysis make a determination on delegation of areas, if allowed

Utilization Management

Customer Service

Finance

Grievance & Appeal

Information Technology

Cost Only

Quality

Care Coordination

Credentialing/Provider Network

All Other Master Contract Required Functions

Managed Care Experience

Experience with consolidation of PIHPs

Over 30 plus years of PIHP Management (from 5 Central Region PIHPs)

Managed Care Accountability to the Board

Over 30 plus years of PIHP Management (from 5 Central Region PIHPs)

Experience with Waiver Management: SED, CW, HSW, HCBW, 1115, 1915i

Over 30 plus years of Waiver Management Experience (cc360, BHTEDs, WSA, CRM, etc.)

Accreditation / NCQA / Managed Behavioral Health Experience

x

Population Health Experience (Whole Health)

x

Consumer Voice

Board Appointments

x

PIHP Admin Group appointments (Quality, Customer Service, Clinical)

x

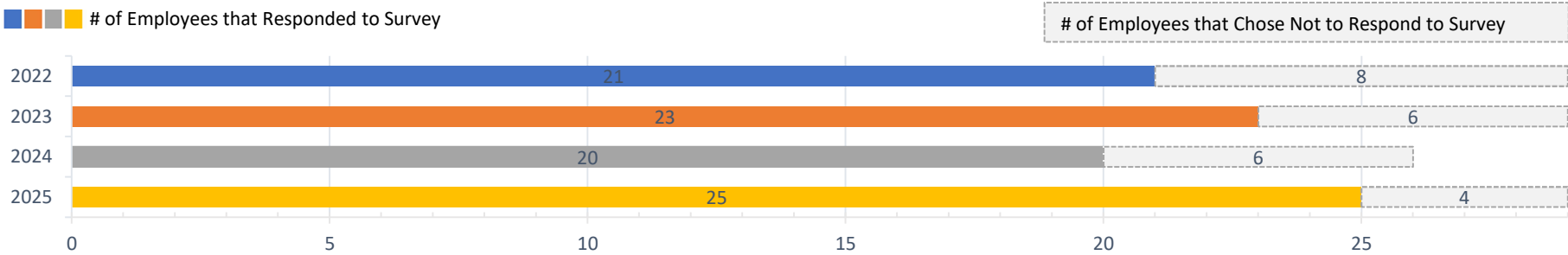
Fully Public Option: PIHP Procurement Proposal Summary

Central Region Proposal

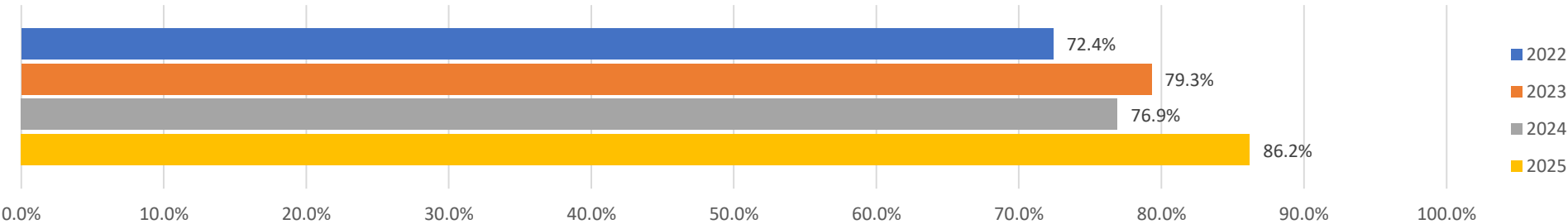
FINANCING/CMHSP Contracts	
Medicaid Contract	Subcontract / PEPM / Other Alternative Financing
Behavioral Health Home (other model supports)	MDHHS Case Rate
SUD Health Home	MDHHS Case Rate
CCBHC	MDHHS Direct or Approved PIHP Payment Model
SUD Contracts	
Treatment	FFS / Case Rate / Alternative Payment Models
Prevention	Cost Reimbursement
Risk Management	
ISF / Savings	Actuarially Sound/Max Allowed / MDHHS contract
PIHP Administration	
Cost	Cost Based
Indirect Rate	Zero
Profit	Zero
Local Distributions	
Performance Bonus Incentive Payments (PBIP) to Providers based on % of those meeting performance metric	Partial Retention at PIHP for regional initiatives based on local needs and advocacy as identified below; majority percentage Local Distribution to support local community needs
Behavioral Health Homes (BHH)/Substance Use Disorder Health Homes (SUDHH) local incentive distributions based on % of revenue for participants meeting metrics	Partial Retention at PIHP; Majority Percentage Local Distribution back to participating providers to support local community needs
Advocacy to support behavioral health services	From retained PIHP local portion, designate a percentage for use to support legislative and other advocacy efforts for the region
PUBLIC BENEFIT	
Transition Benefit	smooth transition to new entity; utilization of existing knowledge, systems; administrative efficiency; MDHHS systems experience
Implementation Benefit	smooth implementation planning, ensuring no gaps in beneficiary care; beneficiary provider consistency
Close-out Benefit	smooth closeout process with provider network and MDHHS
Transition of Regional Entity's (FY25 PIHPs-5)	
Transition	2-3 year dissolution of current regional entities as capacity is built in the new entity; transfer functions and staff to new entity in a planned and purposeful build (or buy)

CMHPSM Employee Engagement Survey Results

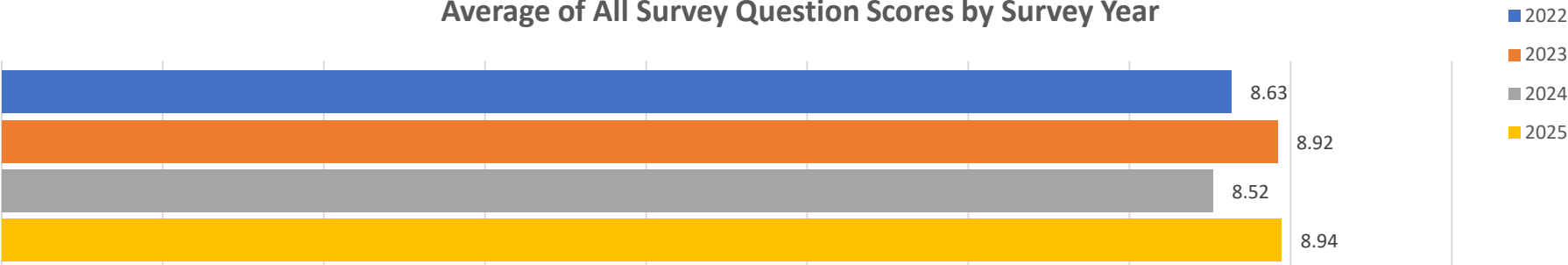
Employee Survey Response Count



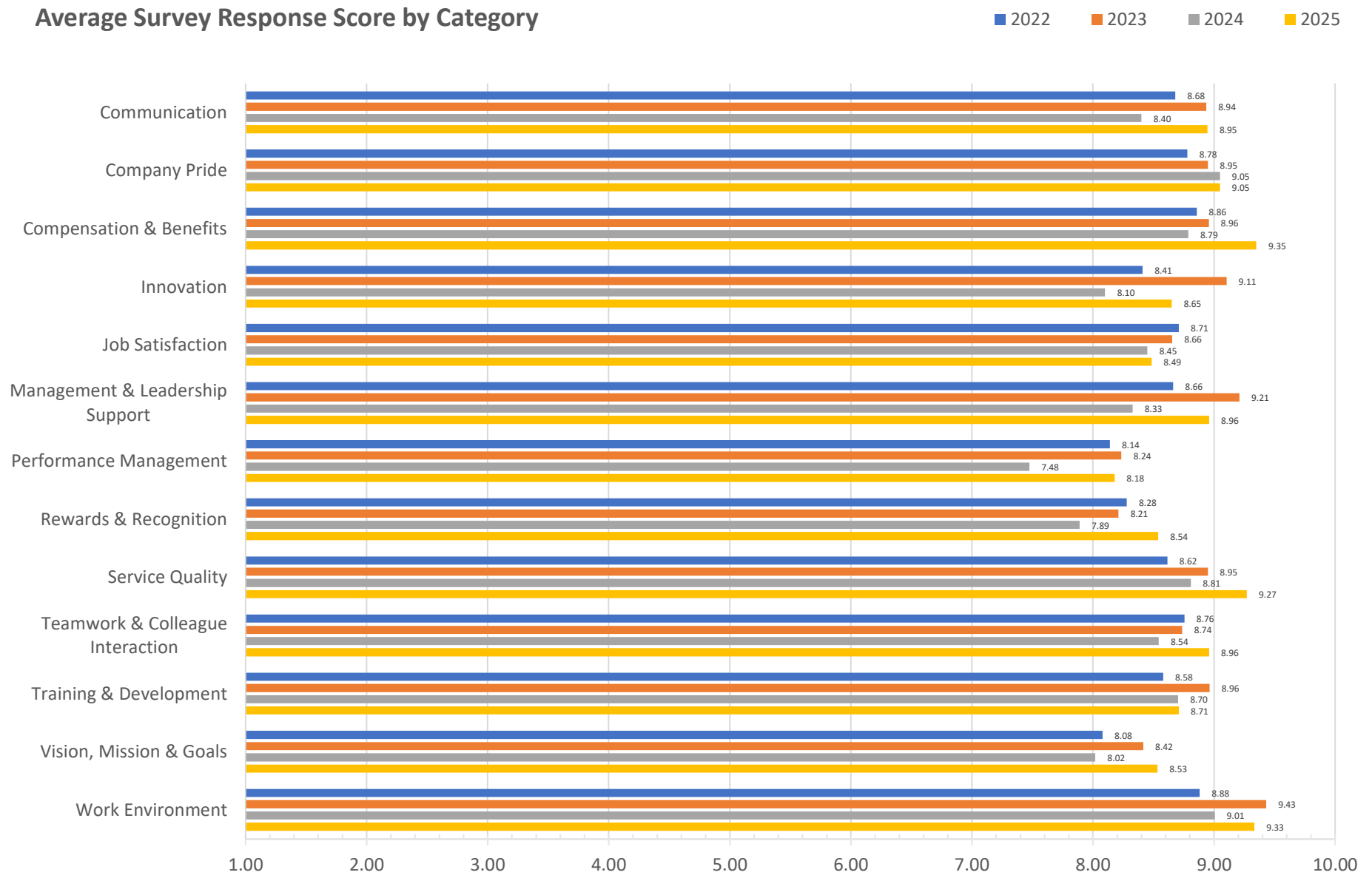
Survey Response Rate



Average of All Survey Question Scores by Survey Year



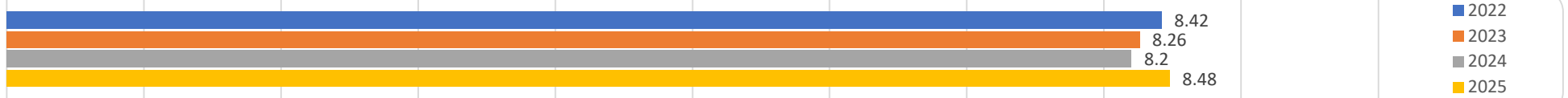
CMHPSM Employee Engagement Survey Results



CMHPSM Employee Engagement Survey Results

1 I understand how I contribute to the organization's mission and vision for the future.

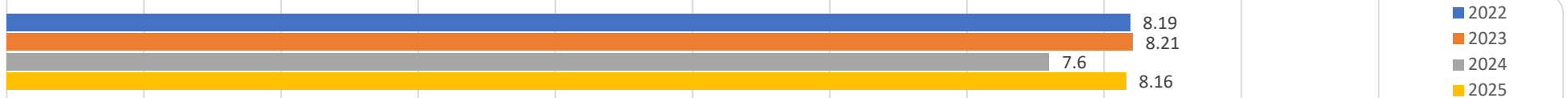
Category: Vision, Mission & Goals



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	1	1	0	0	3	2	7	7	8.42	21	
2023	0	0	1	0	0	0	6	3	9	4	8.26	23	-1.9%
2024	0	0	1	1	0	1	2	5	3	7	8.20	20	-0.7%
2025	0	1	0	0	0	2	4	2	6	10	8.48	25	+3.4%

2 Goals and objectives for my position within the organization are clearly defined.

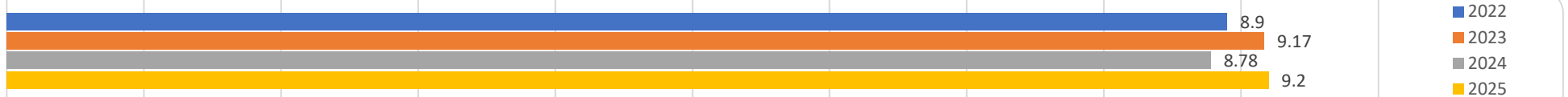
Category: Vision, Mission & Goals



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	1	0	1	2	2	3	6	6	8.19	21	
2023	1	0	0	0	0	0	4	7	6	5	8.21	23	+0.2%
2024	0	1	2	0	1	0	2	6	3	5	7.60	20	-7.4%
2025	0	1	0	1	1	2	2	1	11	6	8.16	25	+7.4%

3 I have confidence in this organization's leadership.

Category: Management & Leadership Support

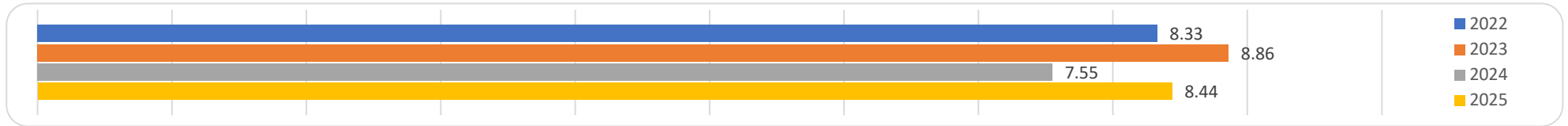


Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	0	2	1	3	6	9	8.90	21	
2023	0	0	0	1	0	0	2	0	7	13	9.17	23	+3.0%
2024	0	0	1	0	0	0	2	2	6	8	8.78	19	-4.3%
2025	0	0	0	0	0	0	2	4	6	13	9.20	25	+4.8%

CMHPSM Employee Engagement Survey Results

4 My manager clearly communicates their expectations of me.

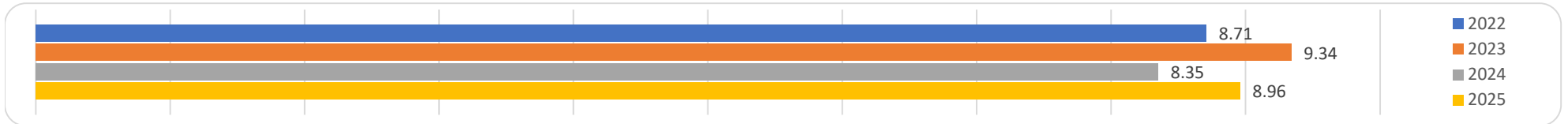
Category: Management & Leadership Support



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	2	0	3	0	4	3	9	8.33	21	
2023	0	0	0	1	0	0	1	5	7	9	8.86	23	+6.4%
2024	1	1	1	0	0	2	1	4	6	4	7.55	20	-14.8%
2025	0	0	0	1	1	3	2	0	10	8	8.44	25	+11.8%

5 My manager supports and encourages me.

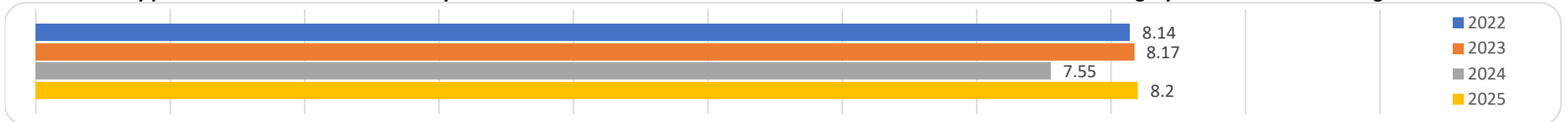
Category: Management & Leadership Support



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	2	3	0	2	1	13	8.71	21	
2023	0	0	0	0	0	1	0	3	5	14	9.34	23	+7.2%
2024	0	0	2	2	0	0	1	0	4	11	8.35	20	-10.6%
2025	0	0	0	0	0	1	4	2	6	12	8.96	25	+7.3%

6 My performance standards are clearly defined.

Category: Performance Management

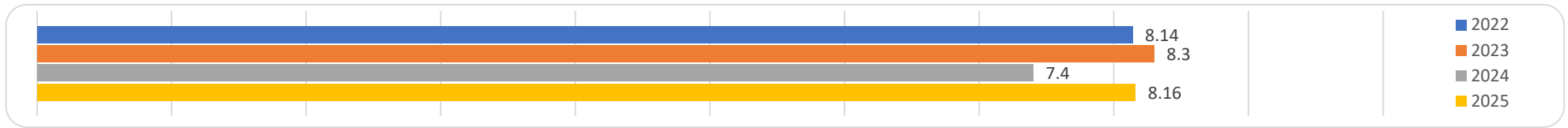


Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	1	0	1	3	2	3	3	8	8.14	21	
2023	0	0	0	1	1	1	3	6	6	5	8.17	23	+0.4%
2024	1	0	1	1	1	0	3	4	5	4	7.55	20	-7.6%
2025	0	0	0	1	1	2	3	3	9	5	8.20	24	+8.6%

CMHPSM Employee Engagement Survey Results

7 I receive frequent feedback on my performance and the quality of my work.

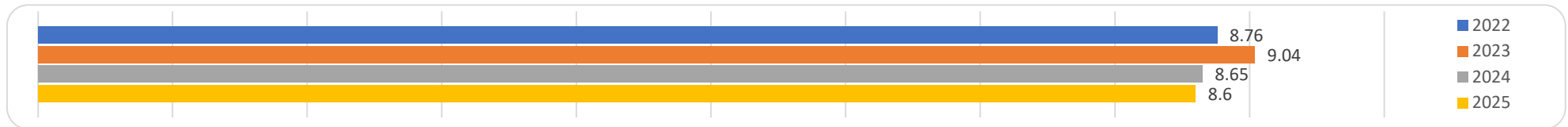
Category: Performance Management



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	2	2	1	1	3	4	8	8.14	21	
2023	0	0	0	1	1	1	2	7	4	7	8.30	23	+2.0%
2024	0	2	1	1	0	1	2	4	5	4	7.40	20	-10.8%
2025	0	0	1	0	1	3	2	4	6	7	8.16	24	+10.3%

8 I have the resources I need to do high-quality work.

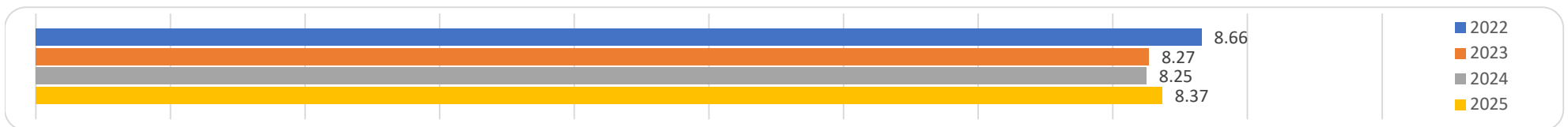
Category: Job Satisfaction



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	1	2	0	5	3	10	8.76	21	
2023	0	0	0	0	0	0	2	4	8	9	9.04	23	+3.2%
2024	0	0	0	0	0	1	2	6	5	6	8.65	20	-4.3%
2025	0	1	0	0	0	1	2	6	5	10	8.60	25	-0.6%

9 I have the opportunity to demonstrate what I do best in my role.

Category: Job Satisfaction

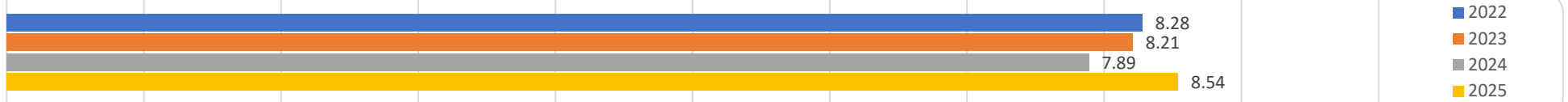


Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	1	2	1	4	4	9	8.66	21	
2023	0	0	0	1	1	0	3	7	4	6	8.27	22	-4.5%
2024	0	1	0	1	0	1	2	3	5	7	8.25	20	-0.2%
2025	0	1	1	0	1	0	2	3	7	9	8.37	24	+1.5%

CMHPSM Employee Engagement Survey Results

10 Recently, I have been recognized for doing good work.

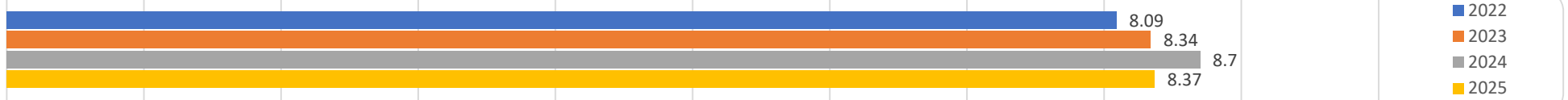
Category: Rewards & Recognition



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	2	3	0	6	2	8	8.28	21	
2023	0	0	0	0	1	2	5	5	3	7	8.21	23	-0.8%
2024	0	1	0	1	1	1	1	6	2	6	7.89	19	-3.9%
2025	0	1	0	1	0	1	1	5	4	11	8.54	24	+8.2%

11 The training I receive has given me the skills I need to do my job.

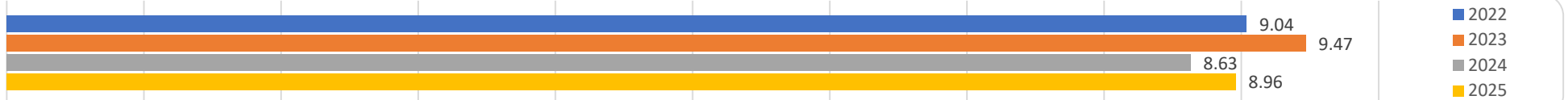
Category: Training & Development



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	1	1	0	1	5	3	2	8	8.09	21	
2023	0	0	0	0	3	0	2	5	7	6	8.34	23	+3.1%
2024	0	0	0	0	0	0	3	7	3	7	8.70	20	+4.3%
2025	0	0	0	1	0	0	4	7	7	5	8.37	24	-3.8%

12 I am encouraged to learn and develop new skills.

Category: Training & Development

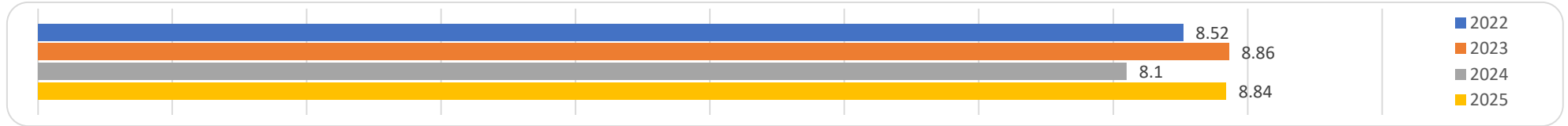


Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	0	1	3	2	3	12	9.04	21	
2023	0	0	0	0	0	0	0	2	8	13	9.47	23	+4.8%
2024	0	0	0	0	1	1	2	4	3	8	8.63	19	-8.9%
2025	0	0	0	0	2	0	1	4	5	13	8.96	25	+3.8%

CMHPSM Employee Engagement Survey Results

13 Communication is open and honest in this organization.

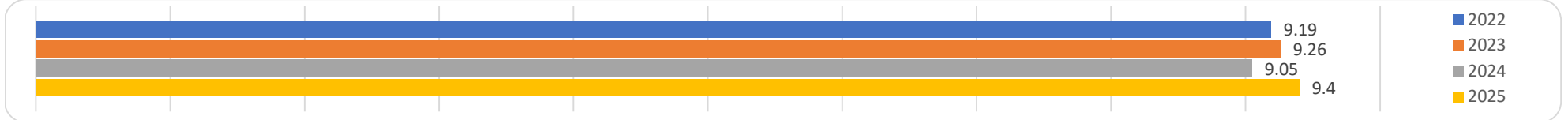
Category: Communication



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	2	1	4	1	3	10	8.52	21	
2023	0	0	0	0	0	2	1	6	3	11	8.86	23	+4.0%
2024	1	0	0	0	2	1	1	4	4	7	8.10	20	-8.6%
2025	0	0	0	1	0	1	1	5	6	11	8.84	25	+9.1%

14 I receive CMHPSM news and information in a timely fashion.

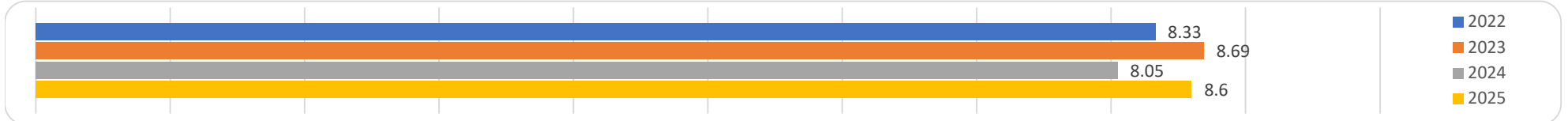
Category: Communication



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	0	1	1	2	6	11	9.19	21	
2023	0	0	0	0	0	0	0	5	7	11	9.26	23	+0.8%
2024	0	0	0	0	0	0	1	7	2	10	9.05	20	-2.3%
2025	0	0	0	0	0	1	0	2	7	15	9.40	25	+3.9%

15 I receive the information I need to do my job effectively.

Category: Communication



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	1	0	1	1	1	7	2	8	8.33	21	
2023	0	0	0	0	0	1	1	9	5	7	8.69	23	+4.3%
2024	0	0	0	2	1	0	3	5	3	6	8.05	20	-7.4%
2025	0	0	0	0	0	2	3	5	8	7	8.60	25	+6.8%

CMHPSM Employee Engagement Survey Results

16 Teamwork is encouraged and supported in my organization.

Category: Teamwork & Colleague Interaction



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	0	0	3	3	5	10	9.04	21	
2023	0	0	0	0	0	1	3	4	4	11	8.91	23	-1.4%
2024	0	0	0	0	0	1	4	3	3	9	8.75	20	-1.8%
2025	0	0	0	0	0	2	1	4	5	13	9.04	25	+3.3%

17 My colleagues are committed to doing quality work.

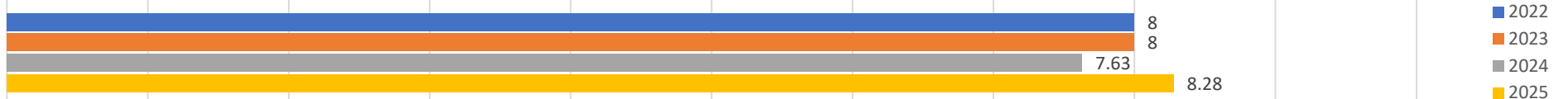
Category: Teamwork & Colleague Interaction



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	0	0	2	3	4	12	9.23	21	
2023	0	0	0	0	0	0	0	7	2	14	9.30	23	+0.8%
2024	0	0	0	0	0	0	0	6	3	11	9.25	20	-0.5%
2025	0	0	0	0	0	0	0	2	7	16	9.56	25	+3.4%

18 There is effective communication and cooperation between departments and work groups.

Category: Teamwork & Colleague Interaction

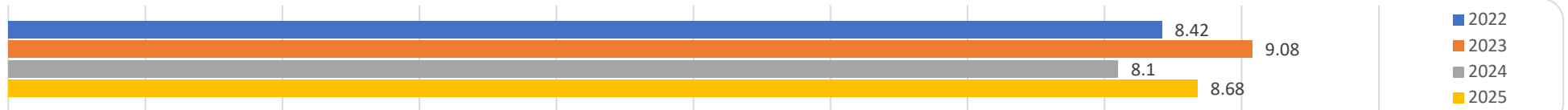


Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	0	5	2	6	4	4	8.00	21	
2023	0	0	0	1	1	2	5	5	2	7	8.00	23	0.0%
2024	0	1	2	0	0	0	1	8	4	3	7.63	19	-4.6%
2025	1	0	0	0	0	1	4	5	8	6	8.28	25	+8.5%

CMHPSM Employee Engagement Survey Results

19 My manager values my ideas, suggestions, and opinions.

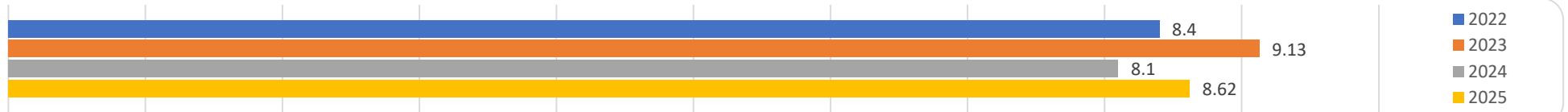
Category: Innovation



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	2	2	1	3	6	7	8.42	21	
2023	0	0	0	0	0	0	1	6	6	10	9.08	23	+7.8%
2024	1	1	0	1	0	0	2	2	5	8	8.10	20	-10.8%
2025	0	0	1	0	0	1	5	0	7	11	8.68	25	+7.2%

20 I am encouraged to find better ways to do my job.

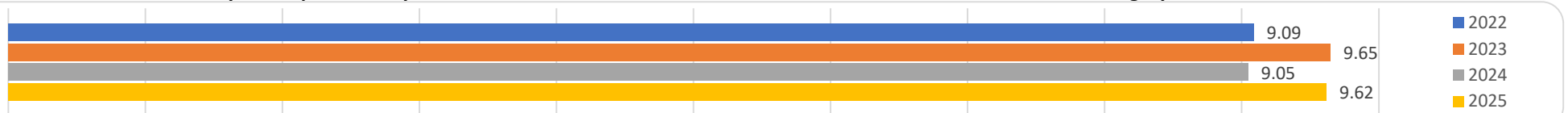
Category: Innovation



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	2	0	0	1	2	1	6	8	8.40	20	
2023	0	0	0	0	0	1	0	4	7	10	9.13	22	+8.7%
2024	1	1	0	0	1	0	2	3	4	8	8.10	20	-11.3%
2025	1	0	0	0	0	1	2	4	6	10	8.62	24	+6.4%

21 I feel safe in my work space/facility.

Category: Work Environment

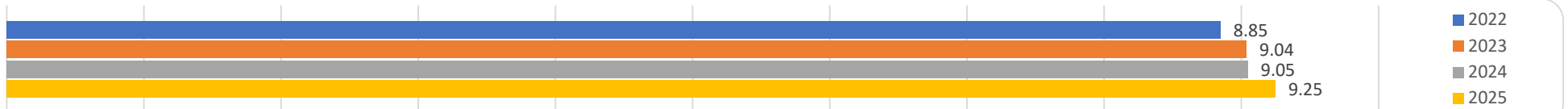


Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	1	0	1	0	4	1	14	9.09	21	
2023	0	0	0	0	0	0	1	1	3	18	9.65	23	+6.2%
2024	0	0	0	0	0	0	3	3	4	10	9.05	20	-6.2%
2025	0	0	0	0	0	0	0	2	5	17	9.62	24	+6.3%

CMHPSM Employee Engagement Survey Results

22 This organization produces high quality products and services.

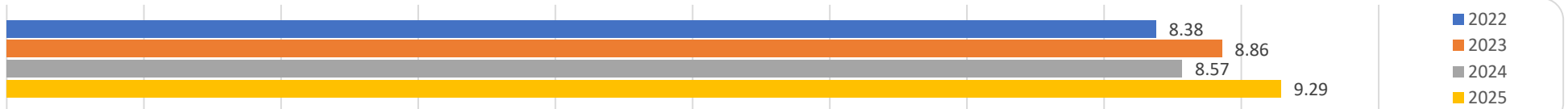
Category: Service Quality



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	1	1	1	3	5	9	8.85	20	
2023	0	0	0	0	0	1	0	5	7	9	9.04	22	+2.1%
2024	0	0	0	0	0	0	1	6	2	9	9.05	18	+0.1%
2025	0	0	0	0	0	0	0	4	10	10	9.25	24	+2.2%

23 This organization makes customer satisfaction its top priority.

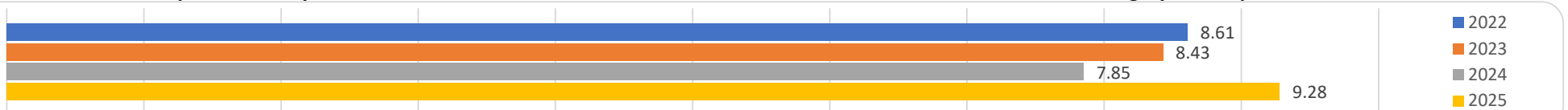
Category: Service Quality



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	0	2	5	4	3	7	8.38	21	
2023	0	0	0	0	0	1	1	6	6	8	8.86	22	+5.7%
2024	0	0	0	0	0	2	2	5	3	7	8.57	19	-3.3%
2025	0	0	0	0	0	0	0	4	9	11	9.29	24	+8.4%

24 I am compensated fairly for the work I do.

Category: Compensation & Benefits



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	0	2	1	6	6	6	8.61	21	
2023	1	0	0	0	0	0	3	6	6	7	8.43	23	-2.1%
2024	0	1	0	2	1	1	1	4	3	7	7.85	20	-6.9%
2025	0	0	0	0	0	0	1	3	9	12	9.28	25	+18.2%

CMHPSM Employee Engagement Survey Results

25 My salary is competitive with similar jobs I might find elsewhere.

Category: Compensation & Benefits



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	0	2	0	8	4	7	8.66	21	
2023	0	0	0	0	0	0	5	8	3	7	8.52	23	-1.6%
2024	0	0	1	0	1	1	0	5	3	7	8.38	18	-1.6%
2025	0	0	0	0	0	2	0	3	9	11	9.08	25	+8.4%

26 My benefits are comparable to those offered by other organizations.

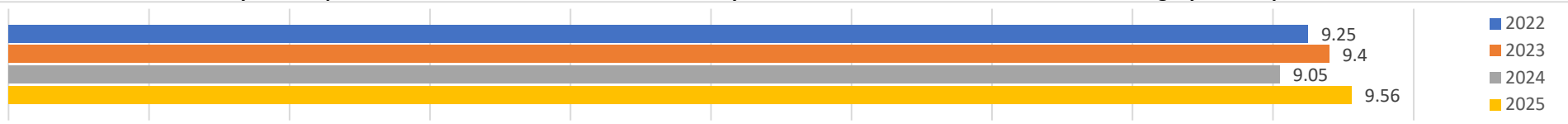
Category: Compensation & Benefits



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	1	0	0	0	0	2	5	3	9	8.65	20	
2023	0	0	0	0	0	0	1	3	8	10	9.22	22	+6.6%
2024	0	0	0	0	0	1	0	2	5	8	9.18	16	-0.4%
2025	0	0	0	0	0	0	0	1	9	14	9.54	24	+3.9%

27 I understand my benefit plan and where to find information about my benefits.

Category: Compensation & Benefits



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	0	0	1	3	6	10	9.25	20	
2023	0	0	0	0	0	0	0	4	5	13	9.40	22	+1.6%
2024	0	0	0	0	1	0	1	2	5	9	9.05	18	-3.7%
2025	0	0	0	0	0	0	0	1	9	15	9.56	25	+5.6%

CMHPSM Employee Engagement Survey Results

28 I am satisfied with my benefit package.

Category: Compensation & Benefits



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	0	1	1	7	4	7	8.75	20	
2023	0	0	0	0	0	0	1	4	7	10	9.18	22	+4.9%
2024	0	0	0	0	0	0	1	3	5	9	9.22	18	+0.4%
2025	0	0	0	0	0	0	2	2	5	16	9.40	25	+2.0%

29 I am satisfied with my paid time off.

Category: Compensation & Benefits



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	0	0	1	5	3	12	9.23	21	
2023	0	0	0	0	0	1	3	3	4	12	9.00	23	-2.5%
2024	0	0	0	0	0	1	1	4	4	10	9.05	20	+0.6%
2025	0	0	0	1	0	0	0	2	9	13	9.24	25	+2.1%

30 I am proud to work for this organization.

Category: Company Pride



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	0	0	4	3	1	13	9.09	21	
2023	0	0	0	0	1	0	0	4	5	13	9.21	23	+1.3%
2024	0	0	0	0	0	2	0	3	5	10	9.05	20	-1.7%
2025	0	0	0	0	0	0	2	3	5	15	9.32	25	+3.0%

CMHPSM Employee Engagement Survey Results

31 I feel that I'm making a difference in my community working for this organization.

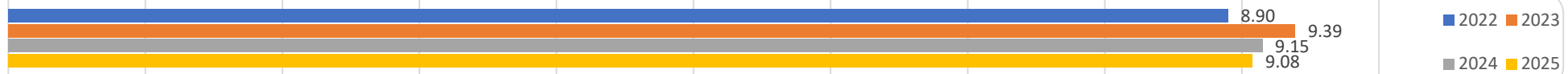
Category: Company Pride



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	1	0	0	0	2	7	5	6	8.47	21	
2023	0	0	0	0	1	1	0	7	7	7	8.69	23	+2.6%
2024	0	0	0	0	0	0	2	5	3	10	9.05	20	+4.1%
2025	0	0	1	0	0	0	1	6	6	9	8.78	23	-3.0%

32 I'm satisfied with the amount of flexibility I have in my work schedule and workspaces.

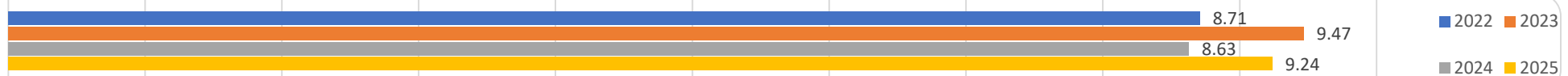
Category: Work Environment



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	2	0	0	1	3	2	13	8.90	21	
2023	0	0	0	0	0	0	1	3	5	14	9.39	23	+5.5%
2024	0	0	0	0	1	1	1	1	3	13	9.15	20	-2.6%
2025	0	0	0	0	0	3	0	3	5	14	9.08	25	-0.8%

33 If I experienced serious misconduct at work, I'm confident leadership would take action to rectify the situation.

Category: Management & Leadership Support

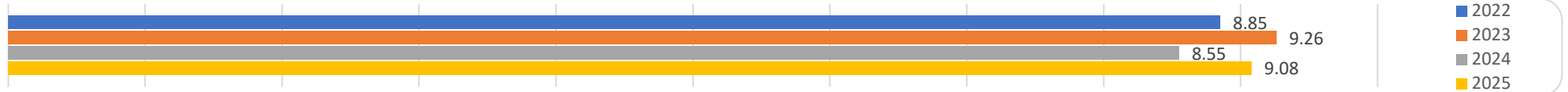


Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	1	1	3	3	3	10	8.71	21	
2023	0	0	0	0	0	0	1	1	7	14	9.47	23	+8.7%
2024	0	0	0	1	0	2	0	4	4	8	8.63	19	-8.9%
2025	0	0	0	0	0	2	0	2	7	14	9.24	25	+7.1%

CMHPSM Employee Engagement Survey Results

34 How likely is it you would recommend our organization as a place to work to others?

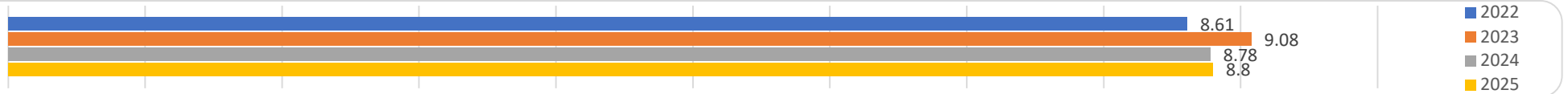
Category: Work Environment



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	1	0	1	2	2	4	11	8.85	21	
2023	0	0	0	0	1	0	0	3	6	13	9.26	23	+4.6%
2024	0	0	2	0	0	0	0	5	2	9	8.55	18	-7.7%
2025	0	0	0	0	0	2	1	3	6	13	9.08	25	+6.2%

35 I feel that I'm growing professionally being a part of this organization.

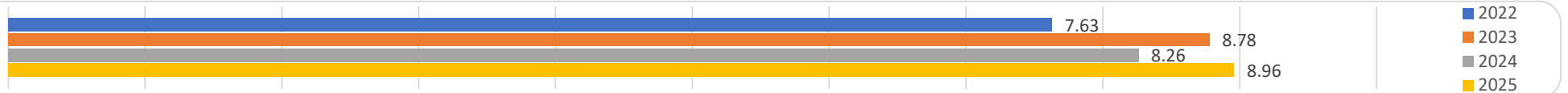
Category: Training & Development



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	1	0	0	2	1	4	3	10	8.61	21	
2023	0	0	0	1	0	0	1	3	6	12	9.08	23	+5.5%
2024	0	0	0	1	0	1	0	4	5	8	8.78	19	-3.3%
2025	1	0	0	0	1	0	1	3	7	12	8.80	25	+0.2%

36 The organization makes diversity, equity and inclusion a priority.

Category: Vision, Mission & Goals

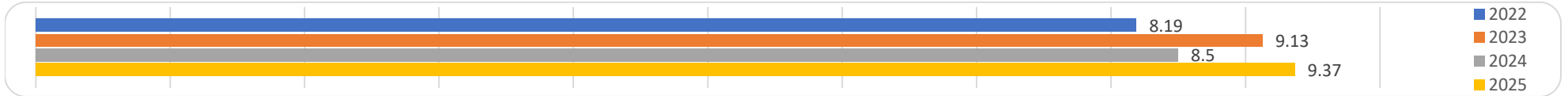


Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	1	1	3	4	3	4	3	7.63	19	
2023	0	0	0	0	0	2	2	3	8	8	8.78	23	+15.1%
2024	0	1	0	0	2	1	1	2	4	8	8.26	19	-5.9%
2025	0	0	0	0	0	2	2	3	6	12	8.96	25	+8.5%

CMHPSM Employee Engagement Survey Results

37 The organization cares about my mental well being.

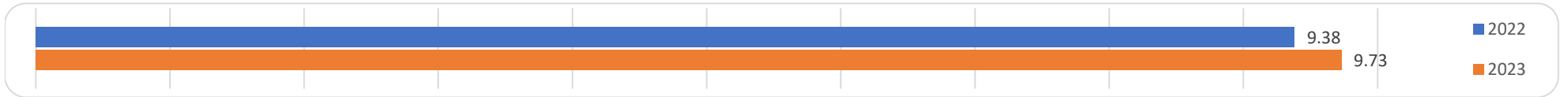
Category: Work Environment



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	2	3	1	5	3	7	8.19	21	
2023	0	0	0	0	0	0	1	3	11	8	9.13	23	+11.5%
2024	0	1	0	0	1	0	1	4	3	8	8.50	18	-6.9%
2025	0	0	0	0	0	1	0	2	7	14	9.37	24	+10.2%

38 (Old) I feel the organization has respected my general health and well-being during the COVID pandemic.

Category: Work Environment



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2022	0	0	0	0	0	1	0	2	5	13	9.38	21	
2023	0	0	0	0	0	0	0	0	6	17	9.73	23	

38 (New) I feel the organization's hybrid workplace / remote work policy is a valuable benefit.

Category: Work Environment



Survey	1	2	3	4	5	6	7	8	9	10	Average	Responses	Δ Previous Year
2024	0	0	0	0	0	0	0	1	2	16	9.78	19	
2025	0	0	0	0	1	0	0	2	3	19	9.52	25	-2.7%



CEO Report

Community Mental Health Partnership of Southeast Michigan

Submitted to the CMHPSM Board of Directors
August 7, 2025 for the August 13, 2025 Meeting

CMHPSM Update

- The CMHPSM conducted an all-staff meeting on July 14, 2025 and July 28, 2025. We are scheduled to meet on August 11, 2025 and August 25, 2025 where we will have fuller discussions on the MDHHS PIHP procurement effort.
- The CMHPSM leadership team continues to meet on a weekly basis on Tuesday mornings. We have expanded the first meeting of each month to include the three additional staff that supervise staff at the CMHPSM. These leadership/manager meetings will allow the CMHPSM to ensure standardization of human resource efforts related to the supervision of CMHPSM staff.
- The entire CMHPSM employee engagement survey results were sent to the Board, and the score summary is in the August Regional Board meeting packet. We are working on a short follow-up survey around certain categories of questions where we want more information on why employees responded the way they did.

CMHPSM Staffing Update

- Nicole Adelman is resigning effective September 2, 2025 as our Substance Use Services Director. We would like to congratulate Nicole on her new role as the Director of the Shelter Association of Washtenaw County. We would also like to thank Nicole for her years of work at the CMHPSM. Nicole joined the CMHPSM in 2018 and has been our Substance Use Services Director since 2019. I'm pleased that Nicole will be remaining within our geographic region in a role that impacts and assists the individuals we serve.
- We have posted Nicole's position with some edits to the job description and will be taking applicants through August 18, 2025. We hope to be able to fill her position relatively quickly.

Regional Update

- Our regional committees continue to meet using remote meeting technology and expect we will continue to do so until that option is no longer feasible.
- The Regional Operations Committee, which includes the four CMHSP directors and the CMHPSM CEO, continues to meet on a weekly basis.

Statewide Update

- We are continuing to monitor the PIHP rate changes being implemented for FY2025. All of our FY2025 payments will be recouped by MDHHS and subsequently repaid at the amended rates for each time period. The CMHPSM will be carefully monitoring all detailed payment information during all of this activity. MDHHS has provided the following schedule for FY2025 payment activity:

June 2025 Effective Rate Amendment This amendment will be reflected in July and subsequent PIHP capitation payments.
June 2025 recoup/repay anticipated schedule 7/17/2025: Recoup/repay of HSW-MC, CWP-MC, and SED-MC payments 8/14/2025: Recoup/repay of BHMA, MHMA-MHP, BHHMP, and MHHMP-MC.
January – May 2025 Amended Capitation Payments 7/31/2025: Anticipated date of recoup/repay activity.
November and December 2024 Amended Capitation Payments. 8/07/2025: Anticipated date of recoup/repay activity.
October 2024 Amended Capitation Payments. 8/21/2025: Anticipated date of recoup and repay activity.

Potential PIHP Procurement Update

- MDHHS released the PIHP Procurement RFP#250000002670 late afternoon Monday August 4, 2025. We anticipate a difficult road forward for our PIHP after initial analysis of the requirements currently provided.
- Procurement solicitation information has been shared with all staff persons, and we started a Teams channel specifically related to this topic. Staff can ask questions, have discussions and leadership will share up to date information within the channel.
- The proposed geographic regions have remained the same as pre-procurement information indicated. Our geographic region of Lenawee, Livingston, Monroe and Washtenaw counties is incorporated into the Central Region, which encompasses 44 Counties and 33 CMHSPs.

- Three types of entities are currently eligible to bid, non-profits, governmental entities and universities.
- Bids must be placed on entire MDHHS dictated regions, whether just one of the regions, two of the three, or all of the regions. There is the potential that more than one PIHP will be awarded a contract within a single region.
- The bid timeline is beyond aggressive and does not seem to leave much potential for governmental entities to be created by the required response date of September 29, 2025.
- The contract timeline of October 1, 2026 leaves very little time for changes that would be necessary in the structure of CMHSPs, becoming solely service providers, which I fear will severely impact the continuity, quality and availability of services for individuals served within our region.
- Individuals served would have a very different experience starting on October 1, 2026 as CMHSPs would not be able to perform managed care functions currently delegated to them such as access, customer services, provider network services, utilization management.

**This is a Request for Proposal (RFP) for:
Prepaid Inpatient Health Plan (PIHP)**

RFP Timeline

Event	Time	Date
RFP issue date	N/A	Monday, August 4, 2025
Rate Setting Meeting	10:00 a.m. Eastern	Monday, August 11, 2025
Bidder's Conference	1:00 p.m. Eastern	Monday, August 11, 2025
Deadline for bidders to submit questions about this RFP	12:00 p.m. Eastern	Wednesday, August 20, 2025
Anticipated date the State will post answers to bidder questions on www.michigan.gov/SIGMAVSS	5:00 p.m. Eastern	Friday, August 29, 2025
Proposal deadline*	11:50 a.m. Eastern	Monday, September 29, 2025
Anticipated date of contract signature (start of transition period)	N/A	Tuesday, February 24, 2026
Contract effective date (services begin)	N/A	Thursday, October 1, 2026

***A bidder's proposal received at 11:50:01 a.m. Eastern is late and subject to disqualification.**

This RFP is subject to change. Check www.michigan.gov/SIGMAVSS for current information.

- MDHHS has indicated that this website page would be updated related to their procurement process: [Specialty Behavioral Health Services](#)
- The CMHPSM is registered to attend both the rate setting meeting and bidder's conference related to this procurement effort scheduled for Monday August 11, 2025.
- We have been actively engaged in statewide "new central region" and current region discussions related to all aspects of this procurement initiative since its release. We will work to bring forward all reasonable alternatives for participation for our region, as well as potential actions related to the legality of the requirements and/or expected results derived from the current bid requirements.
- We will share more up-to-date information at the Board meeting on August 13, 2025.

Future Meetings

- We are planning to cover the following items at our upcoming CMHPSM Regional Board of Directors meetings:

September 17, 2025 Meeting

- FY2027 Procurement Response
- FY2026 Budget and Contracts Review
- Board Officer Election Sub-committee Appointment
- FY2026 Board Meeting Schedule
- FY2025 Quality Assessment and Performance Improvement Plan Status Report
- Employee Retention Plans for FY2026 and beyond

October 8, 2025 Meeting

- Board Officer Elections
- Board Member Conflict of Interest Form Updates
- FY2027 Procurement Update

Just a reminder that a quorum for the September 17, 2025 meeting is of the utmost importance, as we will be bringing all of our FY2026 contracts and our budget for Board review.

Respectfully Submitted,



James Colaianne, MPA