



COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
 REGULAR BOARD MEETING
 705 N. Zeeb Rd, Ann Arbor, MI
 Wednesday, July 13, 2016
 6:00 PM

Agenda

	<u>Guide</u>
I. Call to Order	1 min
II. Roll Call	2 min
III. Consideration to Adopt the Agenda as Presented	2 min
IV. Consideration to Approve the Minutes of the 6-8-16 Regular Meeting and Waive the Reading Thereof (Board Action) {Attachment #1}	2 min
V. Audience Participation (5 minutes per participant)	
VI. Old Business	20 min
a. May Finance Report {Attachment #2}	
b. Board Action Request {Attachment #3}	
Consideration to Approve FY15/16 2nd Amended Budget	
c. MACMHB Report	
VII. New Business	30 min
a. Board Action Request {Attachment #4}	
Consideration to Approve the Modified Language to the CMHPSM SUD Oversight Policy Board By-Laws	
b. Board Action Request {Attachment #5}	
Consideration to Approve the Appointment of Dave O'Dell as the Monroe CMH Representative to the Oversight Policy Board	
c. Board Action Request {Attachment #6, 6a}	
Approve the signature of the Chief Executive Officer on the 3-year lease agreement between the CMHPSM and Washtenaw County for office space on the second floor of 705 N. Zeeb, Ann Arbor, MI 48103	
VIII. PIHP CEO Report to the Board	15 min
a. Report from the SUD Oversight Policy Board (OPB)	
IX. Adjournment	

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

June 8, 2016



Members Present: Greg Lane, Sandra Libstorff, Lisa Berry-Bobovski, Judy Ackley, Barb Cox, Bob Wilson, Kent Martinez-Kratz, Jan Plas (phone)

Members Absent: Patricia Spriggel, Charles Londo, Robin Damschroder, Ralph Tillotson, Charles Coleman

Staff Present: Connie Conklin, Sandy Keener, Stephannie Weary, Trish Cortes, Jane Terwilliger, Suzanne Stolz, Matt McDaniels, Jane Goerge, Kristen Ora, Jessica Sahutoglu, Anne Marshall, Mike Harding

Others Present: Lori Lutomski

- I. Call to Order
Meeting called to order at 6:00 p.m. by Board Chair G. Lane
- II. Roll Call
- III. Consideration to Adopt the Agenda as Presented

**Motion by J. Ackley, supported by B. Cox, to approve the agenda
Motion carried**

- IV. Consideration to Approve the Minutes of the May 11, 2016 Regular Meeting and Waive the Reading Thereof

**Motion by K. Martinez-Kratz, supported by L. Berry-Bobovski, to approve the minutes of May 11, 2016 Regular Meeting and waive the reading thereof
Motion carried**

- V. Audience Participation
- VI. PIHP Managing Director Report to the Board
 - a. April Finance Report
 -) S. Stolz presented the report. Discussion followed.
 - b. SUD Monitoring Presentation
 -) A. Marshall and J. Goerge provided an overview of SUD services and monitoring.
 - c. Electronic Health Record (EHR) Update
 -) M. McDaniels provided an update on the efforts currently underway that will lead to the release of the Request for Information (RFP) for the EHR.
 -) The projected date for a final decision for the EHR vendor is November of this year.
 - d. 2016 Hill Day Summary
 -) J. Terwilliger reported on the 2016 Hill Day, which took place in Washington, D.C.
 - e. Michigan FY 2017 Budget Update
 -) J. Terwilliger shared the FY 17 DHHS Conference Committee Recommendations for the budget.

VII. Old Business

a. Board Action Request

Consideration to Approve Section 4 of the CMHPSM Board Governance Policy Manual

Motion by J. Ackley, supported by K. Martinez-Kratz, to approve section 4 of the CMHPSM Governance Policy Manual

Motion carried

b. MACMHB Report

) C. Conklin advised of a Steering Committee meeting that will take place on Friday, 6/10.

VIII. New Business

a. Board Action Request

Consideration to Approve the Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP)

Motion by L. Berry-Bobovski, supported by K. Martinez-Kratz, to approve the Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP)

Motion carried

b. Board Action Request

Consideration to Approve the Annual Plan for Quality Assessment and Improvement Activities During Calendar Year 2016

Motion by J. Plas, supported by B. Cox, to approve the Annual Plan for Quality Assessment and Improvement Activities During Calendar Year 2016

Motion carried

IX. Adjournment

Motion by K. Martinez-Kratz, supported by L. Berry-Bobovski, to adjourn the meeting
Motion carried

Meeting adjourned at 7:24 p.m.



Financial Highlights
For the Period Ending May 31, 2016

Statement Of Revenue and Expenses:

1. Revenue

-) Medicaid Revenues are over budget due to increased eligibles trending for the remainder of the year, corresponding budget amend is presented
-) Medicaid Carryforward and Healthy Michigan Plan Carryforward are under budget due to recognition at year end for the closing process for financial reporting status.
-) Autism Medicaid is under budget due to timing. Autism is payment delayed. Payments are five months in arrears.
-) SUD Block Grant and PA2 revenues are under budget due to timing of payments and delayed implementation of programs. Expenditures correlate with revenues.

2. Expenditures

-) SUD Expenditures are under budget and correlate with revenues.
-) Administrative costs are under budget due to timing of conferences and vacant positions.

CMHPSM Strategies:

1. CMHPSM will collaborate with CMHSP's to establish a consistent and reasonable methodology to balance the budget as a PIHP in whole.
2. CMHPSM will continue to trend Traditional Medicaid Eligibles and HMP Enrollees to project deviations of funding from MDHHS. Eligibility files will be used to verify current revenue streams and to trend for the remainder of the fiscal year.
3. A final budget amendment will be presented to the board in September.
4. CMHPSM will coordinate with CMHSP's to continue to monitor budgets regularly, maintain a shared decision model, and present recommendations to the board.

Community Mental Health Partnership of Southeast Michigan
Statement of Revenues and Expenditures
For the Period Ending April 30, 2016

	1st Amend Budget	YTD Actual	YTD Budget	YTD Actual O/(U) Budget	2nd Amend Budget	Increase (Decrease) Budget	
Operating Revenue							
Medicaid Capitation	\$134,282,264	\$92,816,215	\$89,521,509	\$3,294,705	\$137,613,945	3,331,681	1
Medicaid Carryforward	1,473,549	-	982,366	(982,366)	1,473,549	-	a
Healthy Michigan Plan	12,188,927	8,071,463	8,125,951	(54,489)	12,188,927	-	
Healthy Michigan Carryforward	5,224,847	-	3,483,231	(3,483,231)	5,224,847	-	a
Autism	1,661,715	330,278	1,107,810	(777,532)	1,661,715	-	b
Medicaid Health Home-Washtenaw Only	419,801	519,401	279,867	239,534	419,801	-	c
10% Health Home Match Washtenaw	41,980	51,940	27,987	23,953	41,980	-	
SUD Community Grant	3,767,460	2,471,427	2,511,640	(40,213)	3,767,460	-	
SUD PA2 - Cobo Tax Revenue	2,105,798	565,372	1,403,865	(838,493)	2,105,798	-	d
Local Match	1,577,780	1,125,839	1,051,853	73,986	1,577,780	-	
Other Revenue	217,567	27,834	145,045	(117,211)	217,567	-	
Total Revenue	\$162,961,688	\$105,979,769	\$108,641,125	\$(2,661,356)	\$166,293,369	\$3,331,681	
Funding For CMHSP Partners							
Lenawee CMHSP	16,987,987	11,322,121	\$11,325,325	(3,204)	17,137,987	150,000	2
Livingston CMHSP	23,466,599	15,576,251	15,644,399	(68,149)	23,871,599	405,000	2
Monroe CMHSP	25,356,719	17,168,782	16,904,479	264,303	25,931,719	575,000	2
Washtenaw CMHSP	64,704,549	44,089,869	43,136,366	953,503	65,954,549	1,250,000	2
Total Funding For CMHSP Partners	\$ 130,515,854	\$ 88,157,023	\$87,010,569	\$1,146,453	\$ 132,895,854	\$2,380,000	
Funding For SUD Services							
Lenawee County	1,278,823	651,895	\$852,549	(200,653)	1,278,823	-	
Livingston County	1,614,420	778,919	1,076,280	(297,361)	1,614,420	-	
Monroe County	1,506,177	880,344	1,004,118	(123,774)	1,506,177	-	
Washtenaw County	4,026,893	2,767,907	2,684,595	83,312	4,026,893	-	
Total Funding For SUD Services	\$ 8,426,313	\$ 5,079,065	\$5,617,542	\$(538,477)	\$ 8,426,313	\$0	
Other Contractual Obligations							
Hospital Rate Adjuster	2,122,900	1,450,008	\$1,415,267	34,741	2,122,900	-	
USE and HICA Tax	9,967,501	6,708,016	6,645,001	63,015	10,492,516	525,015	
Local Match	1,577,780	1,125,839	1,051,853	73,986	1,577,780	-	
10% Health Home Match Washtenaw	41,980	53,220	27,987	25,233	41,980	-	
Total Other Costs	\$13,710,161	\$9,337,083	\$9,140,107	\$196,976	\$ 14,235,176	\$525,015	
CMHPSM Administrative Costs							
Salary & Fringe	1,768,037	1,013,155	\$1,178,691	(165,536)	1,768,037	-	
Administrative Contracts	1,031,952	739,974	687,968	52,006	1,031,952	-	
Board Expense	12,980	2,997	8,653	(5,656)	12,980	-	
All Other Costs	168,136	79,687	112,091	(32,404)	168,136	-	
Total Administrative Expense	\$2,981,105	\$1,835,812	\$1,987,403	\$(151,591)	\$2,981,105	\$0	
Risk Reserve Provision	\$2,581,623		1,721,082	(1,721,082)	\$2,581,623	\$0	
Contribution to Fund Balance/Carry Forward	\$4,746,632		3,164,421	(3,164,421)	\$5,173,298	\$426,666	
Total Expense	\$162,961,688	\$104,408,983	\$108,641,125	\$(4,232,142)	\$166,293,369	\$2,905,015	
Revenues over (under) Expenditures	\$0	\$1,570,786	\$0				

a - Timing difference, recognition will occur at year end corresponding to expenditures and close out with MDHHS.

b - Timing difference, Autism benefit receipts delayed.

c - Correlates with Home Health expenditures, budget to be amended.

d - Funding of partners is on a cash basis, these amount do not reflect the partners projected use of fund sources

1 - Increase of Medicaid due to increase in eligibles trended for remainder of the year and corresponding taxes related.

2 - Budget increase to partners for community living supports rate increases.

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
Projected Summary by Funding Source
FY 2015/2016

		Current Budget	Projected Use of Funding Source	Over (Under) Final Budget to Actual
M E D I C A I D	Lenawee	15,450,000	14,150,000	(1,300,000)
	Livingston	21,405,000	21,535,580	130,580
	Monroe	23,675,000	23,825,000	150,000
	Washtenaw	59,950,000	58,450,000	(1,500,000)
	Medicaid Total	120,480,000	117,960,580	(2,519,420)
	H M P	Lenawee	1,500,000	1,500,000
Livingston		1,800,000	1,851,830	51,830
Monroe		2,000,000	1,649,156	(350,844)
Washtenaw		5,200,000	5,300,000	100,000
HMP Total		10,500,000	10,300,986	(199,014)

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
Projected Summary by Funding Source
FY 2015/2016

	2nd Amend Budget	FY15 Carryforward	Total FY15 Revenues	Admin & Operations	Projected YTD use by affiliates	Projected YTD Expenditures	Budgeted Contribution to Risk Reserve	Projected Revenues over (under) Expenditures
MEDICAID	137,613,945	1,473,549	139,087,494	17,289,838	117,960,580	135,250,418	1,241,349	2,595,727
HMP	12,188,927	5,224,847	17,413,774	3,194,943	10,300,986	13,495,929	1,340,274	2,577,571
TOTALS	149,802,872	6,698,396	156,501,268	20,484,781	128,261,566	148,746,347	2,581,623	5,173,298

	<u>HMP</u>	<u>Medicaid</u>
Maximum Allowable Funding of ISF based on FY15	1,241,349	10,144,554
Medicaid ISF Ending Balance	-	8,804,280
Allowable additional Funding based on FY15 (Proposed Contribution to ISF in FY16)	1,241,349	1,340,274
Projected Revenues over (under) Expenditures available for Carryforward	2,577,571	2,595,727



Regional Board Action Request

Board Meeting Date: July 13, 2016

Action Requested: Approve the FY15/16 2nd Amended Budget as presented.

Background: The budget has been updated to reflect current rates, eligible projections and trending. The budget includes a recommendation to make a contribution to the risk reserve based on current forecasts.

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

PIHP/MDCH Contract Section 8.0 Contract Financing

Recommend: Approval



Regional Board Action Request

Board Meeting Date: July 13, 2016

Action Requested: Approve the modified language to the CMHPSM SUD Oversight Policy Board By-Laws.

Background:

The CMHPSM SUD OVERSIGHT POLICY BOARD (OPB) is requesting minor modifications to their By-Laws to further provide clarity to the process for membership removal (highlighted below).

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

The CMHPSM OPB reviews issues regarding substance use disorder services regionally and serves as the advisory board to the CMHPSM regional board. Membership is a combination of 2 appointments from each county commission and 2 recommended members by each CMH board. There should be at least one consumer/person in recovery from each county on the board.

Recommend: Approval

BY-LAWS

REGION 6 SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN (CMHPSM)

ARTICLE I – Name

Pursuant to Section 287 (5) of Public Act 500 of 2012 states, “A department-designated community mental health entity [PIHP/Regional Entity] shall establish a substance use disorder oversight policy board for Lenawee, Livingston, Monroe and Washtenaw Counties. This BOARD shall be named the **REGION 6 SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD** hereafter called the **OVERSIGHT POLICY BOARD (OPB)**.”

ARTICLE II – Objectives of the OPB

To assist the **CMHPSM** Regional Board by:

- A. Providing an opportunity for individuals within the applicant’s service delivery area to comment upon the issuance of a substance use disorders services license.
- B. Assisting in the development of a comprehensive substance use disorders service delivery plan.
- C. Providing review and recommendations to the **CMHPSM** Regional Board of the progress and effectiveness of services delivered in accordance with the plan.
- D. Assuring that a mechanism exists for community input on substance use disorders needs and services throughout the region.
- E. Providing such other assistance to the **CMHPSM** as necessary.

ARTICLE III – Membership of the OPB

- A. The OPB shall be made up of a maximum of SIXTEEN (16) members, four (4) appointed from each member County.
 - 1. Two representatives from Lenawee County, appointed by the Lenawee County Board of Commissioners, two (2) representatives from Livingston County, appointed by the Livingston County Board of Commissioners, two (2) representatives from Monroe County, appointed by the Monroe County Board of Commissioners and two (2) representatives from Washtenaw County, appointed by the Washtenaw County Board of Commissioners. The

remaining two (2) members from each county will be appointed by the CMHPSM Regional Board with recommendations from each respective Community Mental Health Board.

2. Each county must have at least one member representing the recovery community, or a person with lived experience.
3. Community representatives/ shall reside in the county represented.

B. Vacancies during Term of Office:

1. All vacancies shall be filled by the respective appointing bodies.
2. All vacancies shall be filled only until expiration of the term.

C. Length of Term:

1. All representatives shall serve three-year terms, starting October 1, of the year appointed.
2. Initial terms shall be staggered to ensure that no more than one-third of OPB members turn over each year.
3. Appointments shall be effective upon approval of the respective appointing body.
4. All reappointments shall be made by the respective appointing body.

D. Attendance:

1. Meeting attendance may be face to face or through electronic participation via phone or video conference when available.
2. Conference call participation must be arranged prior to the meeting.

E. ~~Termination~~ Removal and Resignation:

1. A member must resign in writing to the appointing body and to the CMHPSM Board.
2. An OPB member may be removed for lack of attendance. In the absence of a written resignation, three (3) consecutive absences from regularly scheduled meetings or three (3) absences within a twelve (12) month period would require a review by the OPB. The review may result in a recommendation for appointment of a new member by the respective appointing board. A vote of three-fourths (3/4) of the OPB is required for recommendation of removal and reappointment without prior notification or four (4) consecutive absences regardless of notification would require a request for reappointment.

~~2. In the absence of a written resignation, three (3) consecutive absences from regularly scheduled meetings without prior notification or four (4) consecutive absences regardless of notification would require a request for reappointment.~~

ARTICLE IV – Meetings

- A. Regular meetings shall be scheduled at least six times per year, at least once each quarter, with each county being the site for at least one meeting during the calendar year.
- B. Written notification and agenda shall be made at least one week in advance of all regularly scheduled meetings.
- C. Special meetings may be called by the Chairperson or Acting Chairperson of the OPB or by four (4) members of the OPB.
- D. OPB members must receive prior notification, in writing, of special meetings.
- E. Eight (8) active members of the OPB shall constitute a quorum, *with* representation from each county. In the case of a less than full membership, 50% plus one (1) with representation from each county will constitute a quorum.
- F. Electronic/Telephone votes will only be counted if there is a quorum present at the meeting.
- G. Motions shall be passed by a majority vote of those present AND via Electronic/Telephone.
- H. All regular and special meetings are open to the public, pursuant to the Open Meetings Act. Minutes will be made available.

Article V - Conflict Of Interest Policy.

The OBP shall adopt and adhere to a conflict of interest policy which shall require, among other things, the disclosure to the Board Chairperson and any committee chairperson any actual or possible conflicts of interest. This includes any OPB members who are current employees of licensed providers. All board members will annually disclose any conflicts of interest while serving on the board.

ARTICLE VI – Officers

- A. The Chairperson, Vice-Chairperson, and Secretary shall be elected by the OPB. Elections shall be held annually in October.
- B. Duties and Responsibilities:

1. The Chairperson shall:
 - a. Call meetings.
 - b. Preside over meetings.
 - c. Appoint special committees as deemed necessary.
 - d. Serve ex-officio on all committees with the right to vote.
 - e. Make appointments as necessary.
2. The Vice-Chairperson shall, in the absence of the Chairperson, assume the duties of the Chairperson.
3. The Secretary shall:
 - a) Assure that minutes are kept and distributed
 - b) Keep attendance of members at meetings.
 - c) Assume the responsibilities and duties of the Chairperson in the absences of the Chairperson and Vice-Chairperson
4. The Officers shall serve one year terms, and may be renewed.

ARTICLE VII – Amendments

- A. The By-laws may be amended by a majority vote of the total membership of the OPB, provided that notice of proposed amendments is made available in writing to members at least two weeks in advance.
- B. Amendments shall not become effective until they have been reviewed and approved by the Community Mental Health Partnership of Southeast Michigan.
- C. Notification of Amendments shall be sent to the appointing Board of Commissioners in each partner county.

ARTICLE VIII – COMMITTEES

- A. Ad Hoc Committees may be formed by the OPB at any time and shall act only on the direction of the OPB.
- B. Committee membership may include individuals other than OPB Members, but each Committee must have a least one OPB member appointed to it.

ARTICLE IX

- A. For all items not otherwise covered in the By-Laws, Roberts Rules of Order shall apply.

ADOPTED BY THE CMHPSM ON: August 13, 2014
REVISED: MAY 26, 2016



Regional Board Action Request

Board Meeting Date: July 13, 2016

Action Requested:

Approve appointment of Dave O'Dell as the Monroe CMH Representative to the Oversight Policy Board

Background:

Monroe CMH representative on the CMHPSM OPB was vacant. Mr. O'Dell will assume the 3 year term in the 2nd year.

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

The OPB serves as an advisory board to the CMHPSM on issues related to substance use disorders.

Recommend: Approval

David (Dave) O'Dell

321 W 4th st #3, Monroe, MI 48161 | (734)344-0240 | ddodell1@att.net

May 20, 2016

To Whom It May Concern:

I am elated to have the opportunity to become a Board Member of the OPD at CMHPSM. I have been a member of The Alcoholics Anonymous and Narcotic Anonymous Fellowships for almost 13 years. After many years of Addiction/Alcoholism, including many run-ins with Law Enforcement, I became clean and sober at the Monroe Salvation Army Harbor Light Treatment Center in 2003. I am a very passionate and focused advocate for the Recovering Community and for the Recovery Programs in Monroe County. I engage and guide addicts and alcoholics into the recovery process, and help to keep them on track, almost on a daily basis. I also sponsor and mentor many with addiction problems.

After three neck surgeries, and becoming medically retired, I became bored, sitting at home and decided to attend a Monroe County Substance Abuse Coalition meeting. The Chief Assistant Monroe County Prosecutor, who knew me well, was in attendance and urged me to become a member because of my past experiences. So, I became a member and have not ever looked back. I have pretty much dedicated my life to helping others to Achieve and Maintain Sober lifestyles, which helps in maintaining my own Sobriety

I have also been married for 35 years; have three grown children and three Grandkids with another on the way.

I very much look forward to this opportunity, and welcome any questions that you may have in your consideration.

Sincerely,

Dave O'Dell

David (Dave) O'Dell

321 W 4th st #3, Monroe, MI 48161 | (734) 344-0240 | ddodell1@att.net

Education

Airport High School Carleton, Michigan 48177

High School Diploma June 1979

Employment

Syigma Network – Food Distribution Warehouse

600 Ternes Drive, Monroe MI 48162

Fork Lift Operator/ Restocker

May 2004 – November 2010 (medically retired)

United State Army

Improved TOW Vehicle (ITV) Operator Nov 1982 - April 1984

Company Clerk/Training NCO April 1984 – June 1986

Rank Attained- Corporal

August 1982 – June 1986

Medically Disabled Veteran as of 2010

Community Advocacy & Involvement

- J Fellowship of Alcoholics Anonymous and Narcotics Anonymous – Member since 2003
- J AA Home Group Monroe Thursday Night Open Meeting - Secretary and Group Service Representative
- J Monroe County Intergroup AA Corrections - Chairperson since 2006 (Taking AA into the Monroe County Jail both Downtown and the Dormitory.)
- J Monroe County Substance Abuse Coalition – Recovery Sector Representative since 2013
 - o Treatment and Recovery Task Force Committee Member
 - o Prevention and Awareness Task Force Committee Member
 - o Monroe County Drug Summit Planning Committee since its Formation in 2013
 - o Awarded the Volunteer of the Year Award by the Coalition and The Monroe County Prosecutors Office in 2014 and 2015
- J Salvation Army Harbor Light Advisory Board - Member since Oct 2015
- J Monroe County 1st District Veterans Treatment Court – Board Member and Mentor since its formation in August 2014
- J Human Services Collaborative Network of Monroe County – Community Representative

-) Teens with Family Addictions and Teens Facing Addiction (TFA) – Co-founder and Teen Facilitator
-) CCAR Certified Peer Recovery Coach

References

Judge Terrence Bronson – 1st District Judge (734) 240-71344

Renee Shaw – Director Monroe Harbor Light (734) 384-3404

April Demers – Friend and Administrative Director of MCSAC (734) 637-6485



Regional Board Action Request

Board Meeting Date:

July 13, 2016

Action Requested:

Approve the signature of the Chief Executive Officer on the 3-year lease agreement between the CMHPSM and Washtenaw County for office space on the second floor of 705 N. Zeeb, Ann Arbor, MI 48103.

Background:

All-inclusive annual cost of \$88,668.00 per year for three-year term beginning August 1, 2016 running through July 31, 2018. The all-inclusive lease price includes all utilities and building maintenance costs. More details are included on the CMHPSM space plan summary document.

Connection to PIHP/MDCH Contract, Regional Strategic Plan or Shared Governance Model:
Administrative office space located in a centralized location of the four County region.

Recommend:

Approval

CMHPSM Space Plan Summary

Board Approval: CMHPSM Space Lease Renewal with Washtenaw County

The CMHPSM is seeking to renew its lease with Washtenaw County for its office space on the second floor of 705 N. Zeeb, Ann Arbor 48103 beginning August 1, 2016. The CMHPSM leased 4,955 square feet office space from August 1, 2015 to July 30, 2016 at an annual all-inclusive annual cost of \$497,960.35 or \$19.77/sq foot annually. All building maintenance, supplies, utilities are covered under the all-inclusive rate. The CMHPSM has negotiated a three year lease extension for the same office with a 3% increase for the first year, and a fixed rate for years two and three of the lease.

Term	Annual Square Footage Rate	Total Annual All-Inclusive Rate Cost
Old Lease 8/1/15 – 7/31/2016	\$ 19.77	\$ 97,960.35
New Lease 8/1/16 – 7/31/2017	\$ 20.36	\$ 88,668.00
New Lease 8/1/17 – 7/31/2018	\$ 20.36	\$ 88,668.00
New Lease 8/1/18 – 7/31/2019	\$ 20.36	\$ 88,668.00

In addition, Washtenaw County and the CMHPSM have negotiated a shared meeting room arrangement to the benefit of both parties for the 1200 square foot Patrick Barrie meeting room to ensure the space is efficiently utilized. During the three year lease term, the CMHPSM will pay for 50% or 600 sq. ft. of the Patrick Barrie room, and will retain primary scheduling rights for meeting space. Washtenaw County departments will be able to schedule the Patrick Barrie meeting when available. Washtenaw County will pay all construction costs related to the accessibility of the meeting space and security of the CMHPSM office space adjoining the meeting room.

Even with the 3% rate increase, the decrease in square footage charged to the CMHPSM (from 4,955 sq. ft. to 4,355 sq. ft.) will reduce the total annual cost for the lease in comparison to the prior year’s lease.

Board Information: Office Space Changes

The CMHPSM CEO has approved a re-configuration of the leased space to better utilize the floor plan and account for CMHPSM and regional CMH staff space needs.

A brief summary of the changes that will be completed:

-) Uninstall cabinets and countertop from hallway east of Patrick Barrie room. Re-install a portion of the cabinets in the hallway leading to the CMHPSM kitchen, and another portion near the entrance to the Patrick Barrie room.
-) Purchase and install three used cubicles and used desks from Washtenaw County for staffing drop-in work space. Cubicles will be installed in the lobby outside the Patrick Barrie room better utilizing that square footage.
-) Move, wire and install copy machine/printer to a more convenient location within the lobby leading to the Patrick Barrie room.

Total expected cost for these office space changes to be is currently estimated at less than \$5,000, well below the CEO’s \$25,000 procurement threshold. These costs will be covered within the CMHPSM’s administrative budget.



Community Mental Health Partnership of Southeast Michigan

Board Governance Policy Manual

POLICY TABLE OF CONTENTS

- 1. Mission and Values**
 - 1.0 Mission, Vision and Values
 - 1.1 Bylaws and Policy Review and Amendment

- 2. CEO Responsibilities**
 - 2.0 CEO Responsibilities
 - 2.1 Treatment of Consumers
 - 2.2 Treatment of Staff
 - 2.3 Compensation and Benefits
 - 2.4 Financial Policies
 - 2.5 Emergency CEO Succession
 - 2.6 Communication and Support to the Board
 - 2.7 Community Resources

- 3. Governance Process**
 - 3.0 Governing Style
 - 3.1 Board Responsibilities/Duties
 - 3.2 Board Member Ethics
 - 3.3 Board Chair's Role
 - 3.4 Policy Review and Amendment
 - 3.5 Cost of Governance

- 4. Board-CEO Linkage**
 - 4.0 Governance-Management Connection
 - 4.1 CEO's Responsibilities
 - 4.2 Monitoring CEO Performance

Section 1: *MISSION, VISION AND VALUES*

1.0 *MISSION/VISION AND VALUES*

The Mission/Vision and Values of the CMHPSM are:

Mission: To provide quality behavioral healthcare that promotes recovery and wellness, fosters resilience and supports self-determination and empowerment so that individuals served in the four county region that comprises the CMHPSM are successful in achieving their personal goals and dreams.

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

Values:

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

1.1 *BYLAWS AND POLICY REVIEW AND AMENDMENT*

The Board will review the regional mission, vision, and values statements for relevance to current needs and interest of the four county partners at least every two years. The Board will ensure stakeholder involvement in the review of the mission/vision and values.

Section 2: CEO RESPONSIBILITIES

2.0 EXECUTIVE RESPONSIBILITIES

The CEO shall ensure that all practices, activities, decisions, and/or organizational circumstances shall be lawful, prudent and in compliance with commonly accepted business and professional ethics. The CEO will recommend either new or revised Board Governance policies to address areas of non-compliance.

2.1 TREATMENT OF CONSUMERS

With respect to interactions with and services provided to consumers or those applying to be consumers, the CEO shall ensure the CMHPSM has an established process that is followed to monitor conditions and procedures employed across the four county region so that services and supports are provided in a manner that is dignified, respectful, appropriate, not unnecessarily intrusive, and promotes safety. The manner in which services and supports are provided shall be in accordance with the CMHPSM Mission and Vision statements.

2.2 TREATMENT OF STAFF

The CEO shall promote conditions for the staff that are fair, dignified, respectful, organized, and clear.

Further, by way of example, but not limited to the following:

1. Operate with written personnel rules which: (a) clarify rules for staff, (b) provide for effective handling of grievances, and (c) protect against wrongful conditions, such as nepotism and preferential treatment for personal reasons.
2. Have a process for exit interviews and staff satisfaction surveys.
3. Ensure each employee of the CMHPSM shall have due process in the event of an adverse disciplinary action.
4. Within fiscal constraints, provide necessary resources to staff for the performance of their job duties.
5. Staff shall have annual performance appraisals.

2.3 COMPENSATION AND BENEFITS

The CEO shall administer board approved competitive compensation and benefits.

2.4 FINANCIAL POLICIES

The CEO shall ensure the financial policies and practices of the CMHPSM meet state and federal

requirements and are compliant with Generally Accepted Accounting Practices (GAAP).

Further, by way of example, but not limited to the following:

1. Financial Policies and amendments related to:
 - A. Procurement—approved 2014
 - B. Investments—approved 2014
 - C. CEO Scope of Authority—approved 2014
 - D. CEO Authority for Position Control—approved 2014
 - E. Financial Risk Management—in development

shall be approved by the Board.

2. The CEO and CFO shall review the financial policies annually and make recommendations to the Board for amendments when needed.

2.5 EMERGENCY CEO SUCCESSION

To protect the CMHPSM from sudden loss of CEO Services, the CEO shall have no fewer than two other executives familiar with Board and CEO issues and processes.

2.6 COMMUNICATION AND SUPPORT TO THE BOARD

The CEO shall keep the Board informed and supported in its work.

Further, by way of example, but not limited to the following:

1. Submit monitoring data required to the Board (see policy on Monitoring CEO Performance) in a timely, accurate, and understandable fashion, directly addressing provisions of Board Policies being monitored.
2. Keep the Board informed of relevant trends, anticipated adverse media coverage, threatened or pending lawsuits and material external and internal changes, particularly changes in the assumptions upon which any Board Policy has previously been established.
3. Advise the Board if, in the CEO'S opinion, the Board is not in compliance with its own policies on Governance Process and Board – CEO Linkage, through the Board Chair.
 - a) If there is a breakdown in the relationship between the Board Chair and the CEO, the CEO shall inform the full CMHPSM Board of the breakdown.
 - b) In the event the CMHPSM Board is unable to resolve the issues, the leadership of the CMHSPs that appoint the CMHSP members to the CMHPSM Board shall meet to address the issues and develop recommendations for the CMHPSM Board to act upon.

4. Marshal for the Board information from as many staff and external perspectives, on issues and options as needed for fully informed Board choices.
5. Provide a mechanism for official Board communications.
6. The CEO shall provide a compliance report to the Board at least annually and any time there are any violation at either the CMHPSM or the CMHSPs. This report shall include a review of the implementation of operational policies to ensure that areas of noncompliance are identified and addressed before the noncompliance results in sanctions from regulatory bodies.
7. Report in a timely manner an actual or anticipated noncompliance with any Board Policy.

2.7 REGIONAL RESOURCES

The CEO shall be informed and take advantage of collaboration, partnerships and innovative relationships with agencies and organizations, including state, regional and county specific resources. The CEO shall also stay abreast of current affairs as they apply to this industry through conferences and seminars.

Section 3: GOVERNANCE PROCESS

3.0 GOVERNING STYLE

The Board will govern with an emphasis on (a) outward vision, (b) diversity in viewpoints, (c) strategic leadership, (d) clear distinction of Board and CEO roles, (e) collective rather than individual decisions and, (f) proactivity.

The Board must insure that all divergent views are considered in making decisions, yet must resolve into a single organizational position. Once a decision is made the Board must speak in one voice publicly.

Accordingly:

1. The Board will establish written policies reflecting the Board's values and perspectives. The Board's major policy focus will be on the intended long-term impacts outside the organization, not on the administrative or programmatic means of attaining those effects.
2. The Board will enforce discipline whenever needed. Discipline will apply to matters such as attendance, preparation for meetings, violation of policies, and disrespect for roles.
3. Continual Board development will include orientation of new Board Members and periodic Board discussion of process improvement.
4. The Board will listen respectfully to citizen comments and assure that an internal process is in place to follow up on the concerns expressed.

3.1 BOARD RESPONSIBILITIES/DUTIES

The Board will ensure appropriate organizational and CEO performance and promote a link between the regional community and the CMHPSM.

Further, by way of example, but not limited to the following:

1. Meetings

- (a) Attend Board meetings
- (b) If unable to attend Board meetings provide advance notice to the CEO and Board Chair
- (c) Be prepared and on time
- (d) Listen with an open mind
- (e) Participate in discussion and encourage dialogue
- (f) Make decisions in the best interest of the PIHP region
- (g) Speak with one voice after a decision has been made

2. Board Member Personal Development

- (a) Complete Board orientation and training
- (b) Commit to ongoing development of Board Member skills

3. Operational Policies

- (a) Relevant operational policies applicable to the Board are included by reference (i.e. CMHPSM Travel Expense Reimbursement Policy)

3.2 BOARD MEMBER ETHICS

The Board commits itself and its members to ethical, businesslike, and lawful conduct, including proper use of authority and appropriate decorum when acting as Board Members.

Further, by way of example, but not limited to the following:

1. Operate with the best interest of the PIHP region in mind.
2. Recuse from conflict of interest.
3. Board Members will not use their board position to obtain employment in the organization for themselves, family members, or close associates. Should a Board Member apply for employment, he or she must first resign from the Board.
4. Board Members shall not attempt to exercise individual authority over the organization.
5. The Board will not evaluate, either formally or informally, any staff other than the CEO.
6. Board Members will respect confidentiality.

3.3 BOARD CHAIR'S ROLE

The Board Chair assures the integrity of the Board's process and, represents the Board to outside parties. The Board Chair has no authority to make decisions about policies created by the Board nor authority to supervise or direct the CEO.

3.4 POLICY REVIEW AND AMENDMENT

1. The Board Bylaws and Board Policies shall be reviewed in April of every year.
2. Board Policies may be suspended, rescinded, or amended by 3/4 of the serving membership and will be superseded by any change in federal or state law.

3.5 COST OF GOVERNANCE

The Board will invest in its governance capacity.

Accordingly:

1. Board members shall be compensated at the rate of the appointing CMHSP per meeting for attendance at all Board meetings, assigned committee meetings, workshops, required training, and other Board approved functions. Board members are entitled to one meeting allowance per day.
2. Travel expenses shall be reimbursed by the appointing CMHSP
3. The Board shall be informed of its budget and expenses.

Section 4: BOARD-CEO LINKAGE

4.0 GOVERNANCE-MANAGEMENT CONNECTION

The Board shall appoint a CEO of the Community Mental Health Partnership of Southeast Michigan who meets the standards of training and experience established by the Michigan Department of Health and Human Services (MDHHS). The Board shall establish general policy guidelines within which the CEO shall execute the duties and responsibilities of a Pre-Paid Inpatient Health Plan as required by state and federal laws, rules, regulations, and the Medicaid Specialty Supports and Services contract with the MDHHS.

4.1 CEO'S RESPONSIBILITIES

The CEO of the CMHPSM shall function as the chief executive and administrative officer of the PIHP and shall execute and administer the program in accordance with the approved annual plan and operating budget, the general policy guidelines established by the Board, the applicable governmental procedures and

policies, and the provisions of the Mental Health Code. The CEO has the authority and responsibility for supervising all employees. The terms and conditions of the CEO's employment, including tenure of service, shall be as mutually agreed to by the Board and the CEO and shall be specified in a written contract.

4.2 MONITORING CEO PERFORMANCE

There will be systematic and objective monitoring of the CEO's job performance and achievement of organizational goals as agreed upon.

Adopted the 8th of June 2016

Board Chairperson

Date

Board Secretary

Date